

REQUIRED STATE AGENCY FINDINGS

FINDINGS

C = Conforming

CA = Conforming as Conditioned

NC = Nonconforming

NA = Not Applicable

Decision Date: June 17, 2026

Findings Date: June 17, 2026

Project Analyst: Chalice L. Moore

Co-Signer: Lisa Pittman

Project ID #: F-12765-26

Facility: Harrisburg Dialysis Center

FID #: 070392

County: Cabarrus

Applicant: Total Renal Care of North Carolina, LLC

Project: Add no more than 2 in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations upon project completion

REVIEW CRITERIA

G.S. 131E-183(a): The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

C

Total Renal Care of North Carolina, LLC (hereinafter referred to as “the applicant”) proposes to add no more than two in-center dialysis stations pursuant to Condition 2 of the facility need methodology for a total of no more than 30 stations and peritoneal support and training upon project completion upon project completion.

Need Determination (Condition 2)

Chapter 9 of the 2026 State Medical Facilities Plan (SMFP) provides a county need methodology, and a facility need methodology for determining the need for new dialysis stations. According to the 2026 SMFP, Table 9B, page 127, the county need methodology shows there is no county need determination for additional dialysis stations in Cabarrus County.

However, the applicant is eligible to apply for additional dialysis stations in an existing facility pursuant to Condition 2 of the facility need methodology in the 2026 SMFP, if the utilization rate for the facility as reported in the 2026 SMFP is at least 75 percent or 3.0 patients per station per week, as stated in Condition 2.a. The utilization rate reported for Harrisburg Dialysis is 76.79% or 3.071 patients per station per week, based on 86 in-center dialysis patients and 28 certified dialysis stations (86 patients /28 stations = 3.071; $3.071 / 4 = 0.76775$ or 76.78%).

As shown in Table 9D, page 132 of the 2026 SMFP, based on the facility need methodology for dialysis stations, the potential number of stations needed at Harrisburg Dialysis Center is up to five additional stations: thus, the applicant is eligible to apply to add up to five stations during the 2026 SMFP review cycle pursuant to Condition 2 of the facility need methodology.

The applicant proposes to add no more than two new stations to the facility, which is less than the 2026 SMFP calculated facility need determination for up to 5 stations pursuant to Condition two of the facility need methodology; therefore, the application is consistent with Condition 2 of the facility need determination for dialysis stations.

Policies

There is one policy in the 2026 SMFP that is applicable to this review, Policy *GEN-5: Access to Culturally Competent Healthcare*.

Policy *GEN-5: Access to Culturally Competent Healthcare* states:

A certificate of need (CON) applicant applying to offer or develop a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will provide culturally competent healthcare that integrates principles to increase health equity and reduce health disparities in underserved communities. The delivery of culturally competent healthcare requires the implementation of systems and training to provide responsive, personalized care to individuals with diverse backgrounds, values, beliefs, customs, and languages. A certificate of need applicant shall identify the underserved populations and communities it will serve, including any disparities or unmet needs of either, document its strategies to provide culturally competent programs and services, and articulate how these strategies will reduce existing disparities as well as increase health equity.

CON applications will include the following:

The applicant shall, in its CON application, address each of the items enumerated below:

Item 1: *Describe the demographics of the relevant service area with a specific focus on the medically underserved communities within that service area. These communities shall be described in terms including, but not limited to: age, gender, racial composition; ethnicity; languages spoken; disability; education; household income; geographic location and payor type.*

Item 2: Describe strategies it will implement to provide culturally competent services to members of the medically underserved community described in Item 1.

Item 3: Document how the strategies described in Item 2 reflect cultural competence.

Item 4: Provide support (e.g., best-practice methodologies, evidence-based studies with similar communities) that the strategies described in Items 2 – 3 are reasonable pathways for reducing health disparities, increasing health equity and improving the health outcomes to the medically underserved communities within the relevant service area.

Item 5: Describe how the applicant will measure and periodically assess increased equitable access to healthcare services and reduction in health disparities in underserved communities.

Demographics

In Section B, page 20, the applicant provided the following table that reflects the patient demographics at Harrisburg Dialysis Center.

Harrisburg Dialysis Center Last Full FY before Submission of the Application		
Group	% of Total Patients Served	% of the Population of the Service Area
a. Low-income persons	80.0%	
b. Racial and ethnic minorities	57.0%	57.0%
c. Women	59.5%	59.5%
d. Handicapped persons	100.0%	7.9%
e. The Elderly	38.0%	14.0%
f. Medicare beneficiaries	69.4%	n/a
g. Medicaid beneficiaries	10.6%	n/a
h. Language: English	93.4%	83.4%
i. Language: Other	6.7%	16.6%
j. High school graduate or higher	n/a	92.1%
k. Percent of population – Urban*	n/a	82.7%
l. Percent of population – Rural*	n/a	17.3%

*County-level Urban and Rural information for the 2020 Census (Updated September 2023),
<https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html>

Strategies to Provide Culturally Competent Services

In Section B, pages 20-21, the applicant adequately describes the strategies it would implement to provide culturally competent services to members of the medically underserved community it identified in the table above and how progress will be assessed. The information provided by the applicant is reasonable and supports the determination that the applicant's proposal will provide culturally competent services.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Information publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on the following:

- The applicant adequately demonstrates that the application is consistent with the facility need methodology in the 2026 SMFP.
- The applicant adequately demonstrates that the application is consistent with Policy *GEN-5* based on:
 - The applicant adequately describes the demographics of Cabarrus County.
 - The applicant adequately describes its strategies to provide culturally competent services to medically underserved communities. Additionally, the applicant will implement a process to regularly review health equity data to identify health equity disparities and subsequently develop plans to address these disparities.
 - The applicant described how it will measure and periodically assess increased equitable access to healthcare services and reduction in health disparities including assessing data and performance for different patient populations and reviewing the data and plan annually.

(2) Repealed effective July 1, 1987.

(3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, ... persons [with disabilities], the elderly, and other underserved groups are likely to have access to the services proposed.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

Patient Origin

On page 107, the 2026 SMFP defines the service area for dialysis stations as *“the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay and Graham counties and Avery, Mitchell, and Yancey counties.”* Thus, the service area for this facility consists of Cabarrus County. Facilities may also serve residents of counties not included in their service area.

The following table illustrates historical patient origin.

Harrisburg Dialysis				
County	Last Full FY 01/01/2025 to 12/31/2025			
	# of in-center Patients	% of Total	# of Peritoneal Dialysis Patients	% of Total
Cabarrus	66	77.60%	31	75.61%
Gaston	1	1.20%	1	2.44%
Iredell	1	1.20%		0.00%
Mecklenburg	11	12.90%	7	17.07%
Rowan	2	2.40%		0.00%
Stanly			2	4.88%
Other States	4	4.70%		0.00%
Total	85	100.00%	41	100.00%

Source: Section C, page 23

The following table illustrates projected patient origin.

Harrisburg Dialysis				
County	Second Full FY 01/01/2029 to 01/01/2029			
	# of in-center Patients	% of Total	# of Peritoneal Dialysis Patients	% of Total
Cabarrus	76.2414	80.10%	35	77.8%
Gaston	1	1.00%	1	2.22%
Iredell	1	1.00%		
Mecklenburg	11	11.50%	7	15.56%
Rowan	2	2.10%		
Stanly			2	4.44%
Other States	4	4.20%		
Total	95.2414	100.00%	45	100.00%

Source: Section C, page 24

In Section C, pages 24-25, and the Form C Utilization subsection of Section Q, the applicant provides the assumptions and methodology used to project patient origin. The applicant's assumptions are reasonable and adequately supported because they are based on the historical (CY2025) patient origin for the facility.

Analysis of Need

In Section C, page 26, the applicant explains why it believes the population projected to utilize the proposed services needs the proposed services. The applicant states:

"There is a facility need determination of five stations for Harrisburg Dialysis, which has 28 existing stations, as reported in Tables 9D and 9A of the 2026 SMFP...We demonstrate that an additional two stations will be well utilized by the population to be served, this facility's current and projected in-center patients. The addition of stations serves to increase capacity and proactively address the issues of growth and access at this facility. Dialysis patients spend a significant amount of time in their facilities preparing for and receiving treatment – three times a week for in-center

patients. The additional stations provide opportunities to open appointment times on the more desirable first shift.”

The information is reasonable and adequately supported based on the following:

- The applicant demonstrates eligibility to add dialysis stations to its facility under Condition 2 of the facility need methodology, as stated in the 2026 SMFP. The discussion regarding need methodology found in Criterion (1) is incorporated herein by reference.
- The applicant adequately demonstrates need based on the facility’s projected growth in the patient population.

Projected Utilization

In Section Q, page 1, Form C the applicant provides historical and projected utilization, as illustrated in the following table.

Form C Utilization	Last Full FY CY2025	Interim Full FY CY2026	Interim Full FY CY2026	1st Full FY CY 2028	2nd Full FY CY 2029
In-Center Patients					
# of Patients at the Beginning of the Year	86.00	85.00	87.42	89.94	92.54
# of Patients at the End of the Year	85.00	87.42	89.94	92.54	95.54
Average # of Patients during the Year	85.50	86.21	88.68	91.24	93.89
# of Treatments / Patients / Year	141.05	148.20	148.20	148.20	148.20
Total # of Treatments	12,060.00	12,776.59	13,142.35	13,521.55	13,914.68
Home Hemodialysis Patients					
# of Patients at the Beginning of the Year	0.00	0.00	0.00	0.00	0.00
# of Patients at the End of the Year	0.00	0.00	0.00	0.00	0.00
Average # of Patients during the Year	0.00	0.00	0.00	0.00	0.00
# of Treatments / Patients / Year	0.00	0.00	0.00	0.00	0.00
Total # of Treatments	0.00	0.00	0.00	0.00	0.00
Peritoneal Dialysis Patients					
# of Patients at the Beginning of the Year	44.00	41.00	42.00	43.00	44.00
# of Patients at the End of the Year	41.00	42.00	43.00	44.00	45.00
Average # of Patients during the Year	42.50	41.50	42.50	43.50	44.50
# of Treatments / Patients / Year	143.27	148.20	148.20	148.20	148.20
Total Patients	6,089.00	6,150.30	6,298.50	6,446.70	6,594.90
# of Patients at the Beginning of the Year	130.00	126.00	129.42	132.94	136.54
# of Patients at the End of the Year	126.00	129.42	132.94	136.54	140.24
Average # of Patients during the Year	128.00	127.71	131.18	134.74	138.39
# of Treatments / Patients / Year	141.79	148.20	148.20	148.20	148.20
Total # of Treatments	18,149.00	18,926.89	19,440.85	19,968.25	20,509.58

In Section Q, pages 83-84, the applicant provides the assumptions and methodology used to project utilization, which is summarized below.

In-Center Assumptions

In Section C, page 25, and in Form Utilization C Section Q, the applicant provides the projected utilization for Harrisburg Dialysis Center, as illustrated in the following table.

Harrisburg Dialysis Center	In-Center Dialysis Stations	In-Center Dialysis Patients
Station count and patient census at the facility as of 12/31/2025.	28	$66 + 19 = 85$
The facility's patient census is projected forward a year to 12/31/2026.		$66 \times 1.037 = 68.42357$
The patients from outside Cabarrus County are added. This is the ending census for the first interim full year.		$68.42 + 19 = 87.42$
The facility's patient census is projected forward a year to 12/31/2027.		$68.42 \times 1.037 = 70.93613$
The patients from outside Cabarrus County are added. This is the ending census for the second full interim year.		$70.94 + 19 = 89.94$
The proposed project is projected to be certified on 01/01/2028. This is the station count at the beginning of the project's first full fiscal year (FY1).	$28 + 2 = 30$	
The facility's patient census is projected forward a year to 12/31/2028.		$70.94 \times 1.037 = 73.54096$
The patients from outside Cabarrus County are added. This is the ending census for FY1.		$73.54 + 19 = 92.54$
The facility's patient census is projected forward a year to 12/31/2029.		$73.54 \times 1.037 = 76.24$
The patients from outside Cabarrus County are added. This is the ending census as of the project's second full fiscal year (FY2).		$76.24 + 19 = 95.24$

Source: Section C, page 25

Based on the calculations above, by the end of FY1 Harrisburg Dialysis is projected to have:

- 93 patients / 30 certified stations = 3.10 patients / station
- $3.10 / 4 = 0.775$ or 77.5% utilization rate

In Section C, page 24, and in the Form C Utilization subsection of Section Q, the applicant provides the assumptions and methodology used to project patient utilization, which are summarized below.

- Projections for patient utilization begin with the patient population at Harrisburg Dialysis as of December 31, 2025. The census, as reported in the facility's December 2025 ESRD Data Collection form, included 85 in-center patients. Of these 85 patients, 66 lived in the service area, Cabarrus County and 19 lived outside of the service area.
- The period of growth begins January 1, 2026 and is calculated forward to December 31, 2029. No growth calculations were performed for the patients living outside of Cabarrus County.
- The first full FY is projected to be January 1, 2028 to December 31, 2028.
- The second full FY is projected to be January 1, 2029 to December 31, 2029.
- The applicant used the facility's Average Annual Change Rate for the Past Five Years (5YAACR) for the in-center patients living in Cabarrus County which is 3.7%. The

applicant states that no growth calculations were performed for the patients living outside of Cabarrus County.

Home Patient Methodology:

In Section C, page 25, and Section Q, the applicant provides the projected utilization for home patients as illustrated in the following table:

Harrisburg Dialysis Center	Peritoneal Dialysis
Home patient census at the facility as of 12/31/2025.	41
The facility's home patient census is projected forward a year to 12/31/2026.	$41 + 1 = 42$
The facility's home patient census is projected forward a year to 12/31/2027.	$42 + 1 = 43$
The facility's home patient census is projected forward a year to 12/31/2028.	$43 + 1 = 44$
The facility's home patient census is projected forward a year to 12/31/2029.	$44 + 1 = 45$

Source: Section C page 25

- The period of growth begins January 1, 2026 and is calculated forward to December 31, 2029. The Harrisburg Dialysis home program trained 13 PD patients in 2025. For a variety of reasons, not all patients who are trained to perform home dialysis stay on the modality (transplant, medically necessary modality change, patient choice, etc.). The following home patient projections assume that the facility's home census will grow at a rate of at least one patient per year during the period of growth.
- Projections for patient utilization begin with the home patient population at Harrisburg Dialysis as of December 31, 2025. The census, as reported in the facility's December 2025 ESRD Data Collection form, included 41 PD patients.
- FY1 is projected to be January 1, 2028 to December 31, 2028.
- FY2 is projected to be January 1, 2029 to December 31, 2029.

In Section C, page 27, the applicant states that the facility will offer peritoneal training and support services.

The following table provides the historical and projected utilization for peritoneal dialysis patients training.

Harrisburg Dialysis Center	# of Peritoneal Dialysis Patients Trained
Last Full FY	13
Interim Full FY	14
Interim Full FY	15
1 st Full FY of Operation	16
2 nd Full FY of Operation	17

Source: Section C, page 27

The following table demonstrates the projections for Peritoneal Dialysis (PD) patients:

Harrisburg Dialysis Center	Peritoneal Dialysis
The total number of patients trained in home modalities last FY.	13
The total number of home patients trained at the facility is projected forward a year to 12/31/2026. This is the total number of home patients trained in Interim Year One.	$13 + 1 = 14$
The total number of home patients trained at the facility is projected forward a year to 12/31/2027. This is the total number of home patients trained in Interim Year 2.	$14 + 1 = 15$
The total number of home patients trained at the facility is projected forward a year to 12/31/2028. This is the total number of home patients trained in FY1.	$15 + 1 = 16$
The total number of home patients trained at the facility is projected forward a year to 12/31/2029. This is the total number of home patients trained in FY2.	$16 + 1 = 17$

Source: Section C, page 28

- At least 13 PD patients will be trained in the first full year of operation.
- The total number of patients trained in in the home-training program at the facility will grow at a rate of at least one training patient per year during the period of growth.

Projected utilization is reasonable and adequately supported based on the following:

- Harrisburg Dialysis Center bases the projections of the future patient population to be served on the facility census as of December 31, 2025
- The period of growth begins January 1, 2026 and is calculated forward to December 31, 2029. The home patient projections assume that the facility's home census will grow at a rate of at least one patient per year during the period of growth.

Access to Medically Underserved Groups

In Section C, page 29, the applicant states:

“By policy, the proposed services will be made available to all residents in the service area without qualifications. The facility will serve patients without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability and socioeconomic groups of patients in need of dialysis.

We will make every reasonable effort to accommodate all patients, especially those with special needs such as those with disabilities, patients attending school or patients who work. Dialysis services will be provided six days per week with two patient shifts per day to accommodate patient need.

Harrisburg Dialysis will help uninsured/underinsured patients with identifying and applying for financial assistance; therefore, services are available to all patients including low-income persons, racial and ethnic minorities, women, disabled persons, elderly and other under-served persons.”

In Section C, page 29, the applicant provides the estimated percentage of total patients to be served for each medically underserved group, as shown in the following table.

Medically Underserved Groups	Estimated Percentage of Total Patients during the Second Full Fiscal Year
Low-income persons	80.0%
Racial and ethnic minorities	57.0%
Women	59.5%
Persons with Disabilities	100.0%
Persons 65 and older	38.0%
Medicare beneficiaries	69.4%
Medicaid recipients	10.6%

Source: Section C, page 29

The applicant adequately describes the extent to which all residents of the service area, including underserved groups, are likely to have access to the proposed services based on the applicant’s history of providing services to medically underserved groups.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons,

racial and ethnic minorities, women, ... persons [with disabilities], and other underserved groups and the elderly to obtain needed health care.

NA

The applicant does not propose to reduce a service, eliminate a service, or relocate a facility or services. Therefore, Criterion (3a) is not applicable to this review.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

CA

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

In Section E, page 38, the applicant describes the alternatives it considered and explains why each alternative is either more costly or less effective than the alternative proposed in this application to meet the need. The alternatives were considered:

- **Maintain the status quo.** The applicant states, “This alternative was dismissed given the growth rate at the facility.
- **Relocate stations from another DaVita facility.** The applicant states, “*The three other DaVita facilities in Cabarrus County are operating at less than 75% capacity. However, relocating stations from any of the three facilities would negatively impact teammate scheduling and operations as well as treatment scheduling for the patients presently served by these facilities:*
 - *Hickory Ridge Dialysis and Cannon Dialysis operate three days a week to meet the needs of their patients and the scheduling requirements of the physicians.*
 - *Copperfield Dialysis is already approved to relocate 2 stations to a Cabarrus Home Training (Proj ID# F-12465-24)”*

The applicant adequately demonstrates that the alternative proposed in this application is the most effective alternative to meet the need for the following reasons:

- The application is conforming to all statutory and regulatory review criteria.
- The applicant provides credible information to explain why it believes the proposed project is the most effective alternative.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for the reasons stated above. Therefore, the application is approved subject to the following conditions:

- 1. Total Renal Care of North Carolina, LLC. (hereinafter certificate holder) shall materially comply with all representations made in the certificate of need application.**
 - 2. Pursuant to Condition 2 of the facility need determination in the 2026 SMFP, the certificate holder shall develop no more than two dialysis stations for a total of no more than 30 stations at Harrisburg Dialysis Center upon completion of this project.**
 - 3. Progress Reports:**
 - a. Pursuant to G.S. 131E-189(a), the certificate holder shall submit periodic reports on the progress being made to develop the project consistent with the timetable and representations made in the application on the Progress Report form provided by the Healthcare Planning and Certificate of Need Section. The form is available online at: <https://info.ncdhhs.gov/dhsr/coneed/progressreport.html>.**
 - b. The certificate holder shall complete all sections of the Progress Report form.**
 - c. The certificate holder shall describe in detail all steps taken to develop the project since the last progress report and should include documentation to substantiate each step taken as available.**
 - d. The first progress report shall be due November 1, 2026.**
 - 4. The certificate holder shall develop and implement strategies to provide culturally competent services to members of its defined medically underserved community that are consistent with representations made in the certificate of need application.**
 - 5. The certificate holder 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.**
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

Capital and Working Capital Cost

In Section Q, Form F.1a, the applicant projects the following capital costs:

Harrisburg Dialysis Center Capital Cost	
Medical Equipment	\$27,000
Non-Medical Equipment	\$13,500
Furniture	\$4,000
Total Capital Cost	\$44,500

Source: Section Q, Form F.1a

In Section F, page 41, the applicant states the proposed project does not require any working capital.

Exhibit F contains a letter, dated March 6, 2026, from Davita's Chief Accounting Officer documenting the availability of the funds for the capital costs of the project.

Financial Feasibility

The applicant provided pro-forma financial statements for the first two full fiscal years of operation following completion of the project. In Form F.2, in Section Q, the applicant projects that revenues will exceed operating expenses in the first two full fiscal years following completion of the project, as shown in the table below:

Harrisburg Dialysis Center	First Full FY CY2027	Second Full FY CY2028
Total Treatment	19,968	20,510
Total Gross Revenues (Charges)	\$8,625,315	\$8,852,101
Total Net Revenue	\$8,065,064	\$8,276,662
Average Net Revenue Per Treatment	\$404	404
Total Operating Expenses (Costs)	\$4,774,062	\$4,893,655
Average Operating Expense per Treatment	\$239	\$239
Net Income	\$3,291,002	\$3,383,007

The assumptions used by the applicant in preparation of the pro-forma financial statements are provided in Forms F.2, F.3 and F.4 in Section Q. The applicant adequately demonstrates that the financial feasibility of the proposal is reasonable and adequately supported based on the following:

- The applicant adequately documented availability of funds for the capital costs of the project.
- The applicant adequately explains the assumptions used to project revenue, such as projected reimbursement rates, and operating costs, such as salaries.
- Projected utilization is based on reasonable and adequately supported assumptions. See the discussion regarding projected utilization in Criterion (3) which is incorporated herein by reference.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion because the applicant adequately demonstrates sufficient funds for the capital costs and the operating needs of the proposal and that the financial feasibility of the proposal is based upon reasonable projections of costs and charges.

- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

On page 107, the 2026 SMFP defines the service area for dialysis stations as *“the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay and Graham counties and Avery, Mitchell, and Yancey counties.”* Thus, the service area for this facility consists of Cabarrus County. Facilities may also serve residents of counties not included in their service area. According to Table 9A, page 114 of the 2026 SMFP, there are four existing or approved dialysis facilities and one home training facility in Cabarrus County, as shown in the following table:

Cabarrus County Dialysis Facility	Certified Stations 12/31/2024	Number In- Center Patients 12/31/2024	Utilization
Cabarrus Home Training	0	0	0.00%
Cannon Dialysis	11	21	47.73%
Copperfield Dialysis	27	80	74.07%
Harrisburg Dialysis Center	28	86	76.79%
Hickory Ridge Dialysis	15	28	46.67%

Source: Table 9A in 2026 SMFP, page 114

In Section G, page 47, the applicant explains why it believes its proposal would not result in the unnecessary duplication of existing or approved dialysis services in Cabarrus County. The applicant states:

“Based on the facility need methodology in the 2026 SMFP under Condition 2, Harrisburg Dialysis qualifies to add up to 5 dialysis stations....

... we demonstrate the need that Harrisburg Dialysis has for adding stations. While adding stations at this facility does increase the number of stations in Cabarrus County, it is based on the facility need methodology. It ultimately serves to meet the needs of

the facility's growing population of patients referred by the facility's admitting nephrologists. The addition of stations, therefore, serves to increase capacity rather than duplicate any existing or approved services in the service area."

The applicant adequately demonstrates that the proposal will not result in an unnecessary duplication of existing or approved services in the service area based on the following:

- The applicant proposes to increase the number of dialysis stations at Harrisburg Dialysis Center is based on Condition 2 of the facility need determination in the 2026 SMFP.
- The applicant adequately demonstrates that the two proposed dialysis stations are needed in addition to the existing or approved dialysis stations in Cabarrus County.

Conclusion

The Agency reviewed the:

- Application
 - Exhibits to the application
 - Information which was publicly available during the review and used by the Agency
- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations training upon the completion of this project.

In Section Q, Form H, the applicant provides current and projected full-time equivalent (FTE) staffing for the proposed services, as illustrated in the following table:

Position	Current FTE Staff	Projected FTE Staff	
	As of 2/28/2026	First Full FY	Second Full FY
Administrator	1.00	1.00	1.00
Registered Nurses (RNs)	3.50	3.75	3.75
Home Training Nurse	1.00	1.00	1.00
Technicians (PCT)	10.50	11.25	11.25
Dietician	1.00	1.00	1.00
Social Worker	1.00	1.00	1.00
Administration/Business Office	1.00	1.00	1.00
Other (Describe)- Biomedical Tech	0.50	0.50	0.50
Total	19.50	20.50	20.50

The assumptions and methodology used to project staffing are provided in Section Q. Adequate operating expenses for the health manpower and management positions proposed by the applicant are budgeted in Form F.4. In Section H, pages 50-51, the applicant describes the

methods used to recruit or fill new positions and its existing training and continuing education programs.

The applicant adequately demonstrates the availability of sufficient health manpower and management personnel to provide the proposed services based on the following:

- The facility is an existing facility, and the applicant bases its staffing on its historical experience providing dialysis services at the facility.
- The applicant has existing policies regarding recruitment, qualifications for staff, training, and continuing education.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

Ancillary and Support Services

In Section I, page 53, the applicant identifies the necessary ancillary and support services for the proposed services. On page 53-55, the applicant explains how each ancillary and support service is or will be made available. The applicant adequately demonstrates that the necessary ancillary and support services will be made available.

Coordination

In Section I, page 55, the applicant describes its existing and proposed relationships with other local health care and social service providers and provides letters verifying these relationships in Exhibit I.2. The applicant adequately demonstrates that the proposed services will be coordinated with the existing health care system based on its established relationships with several healthcare providers and social service agencies in the area.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

NA

The applicant does not project to provide the proposed services to a substantial number of persons residing in Health Service Areas (HSAs) that are not adjacent to the HSA in which the services will be offered. Furthermore, the applicant does not project to provide the proposed services to a substantial number of persons residing in other states that are not adjacent to the North Carolina county in which the services will be offered.

- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates: (a) The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and (b) The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
- (i) would be available under a contract of at least 5 years duration;
 - (ii) would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - (iii) would cost no more than if the services were provided by the HMO; and
 - (iv) would be available in a manner which is administratively feasible to the HMO.

NA

- (11) Repealed effective July 1, 1987.
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by

other persons, and that applicable energy saving features have been incorporated into the construction plans.

NA

The applicant does not propose to construct any new space or renovate any existing space. Therefore, Criterion (12) is not applicable to this review.

- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and ... persons [with disabilities], which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
- (a) The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

C

In Section L, page 64, the applicant provides the historical payor mix for CY2025 as shown in the table below.

Last Full FY before Submission of Application CY2025 Harrisburg Dialysis Center				
	In-Center Dialysis		Peritoneal Dialysis	
Payment Source	# Patients	% Patients	# Patients	% Patients
Self-Pay	0	0.0%	0	0.0%
Insurance*	8	9.4%	14	34.1%
Medicare*	59	69.4%	24	58.5%
Medicaid*	9	10.6%	0	0.0%
Other -VA	9	10.6%	3	7.3%
Total	85	100.0%	41	100.0%

* Including any managed care plans.

In Section L, page 65, the applicant provides the following population comparison of the service area.

Harrisburg Dialysis Center	Percentage of Total Patients Served ^	Percentage of the Population of the Service Area *
Female	40.5%	50.9%
Male	59.5%	49.1%
Unknown	0.0%	0.0%
64 and Younger	62.0%	86.0%
65 and Older	38.0%	14.0%
American Indian	0.0%	0.9%
Asian	2.5%	7.8%
Black or African-American	52.9%	22.5%
Native Hawaiian or Pacific Islander	0.0%	0.1%
White or Caucasian	43.0%	65.9%
Other Race	1.7%	2.8%
Declined / Unavailable	-	-

Sources: US Census Bureau

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the applicant adequately documents the extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved. Therefore, the application is conforming to this criterion.

- (b) Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and ... persons [with disabilities] to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;

C

Regarding any obligation to provide uncompensated care, community service or access by minorities and persons with disabilities, in Section L, page 66, the applicant states it has no such obligation.

In Section L, pages 66, the applicant states that during the 18 months immediately preceding the application deadline no patient civil rights access complaints have been filed against Harrisburg Dialysis Center.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

C

In Section L, page 67, the applicant projects the following payor mix during the second full fiscal year of operation following completion of the project, as illustrated in the following table.

Harrisburg Dialysis Center Projected Payor Mix during the 2nd Full FY 01/01/2029 to 12/31/2029				
	In-Center		Peritoneal Dialysis	
Payment Source	# Patients	% Patients	# Patients	% Patients
Self-Pay	0.00	0.00%	0.00	0.00%
Insurance*	8.96	9.40%	15.37	34.10%
Medicare*	66.11	69.40%	26.34	58.50%
Medicaid*	10.08	10.60%	0.00	0.00%
Other-VA	10.08	10.60%	3.29	7.30%
Total	95.24	100.00%	45.00	100.00%

*Including any managed care plans

As shown in the table above, during the second full fiscal year of operation, the applicant projects that 69.4 percent of in-center patients will be Medicare recipients, 10.6 percent of in-center services will be provided to Medicaid recipients, and projects that 58.5 percent of peritoneal patients will be Medicare recipients, 0.0 percent of peritoneal services will be provided to Medicaid recipients

On page 67, the applicant provides the assumptions and methodology it uses to project payor mix during the second full fiscal year of operation following completion of the project. The projected payor mix is reasonable and adequately supported because it is based on the historical payor mix at Harrisburg Dialysis Center.

In Section L, page 67, the applicant projects the total number of patients to be served by the entire facility at a reduced cost to the patient in each of the first three full FYs of operation., as illustrated in the following table.

	1 st Full FY	2 nd Full FY	3 rd Full FY
Estimated # of Patients to be Served at a Reduced Cost to the Patient	9	9	9

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (d) That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

C

In Section L, page 68, the applicant adequately describes the range of means by which patients will have access to the proposed services.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion.

- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

In Section M, page 70, the applicant describes the extent to which health professional training programs in the area have access to the facility for training purposes and provides supporting documentation in Exhibit M-1. The applicant adequately demonstrates that health professional training programs in the area have access to the facility for training purposes because

Harrisburg Dialysis Center - has offered the facility as a clinical learning site for nursing students from King's College.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application

Based on that review, the Agency concludes that the application is conforming to this criterion for all the reasons described above.

- (15) Repealed effective July 1, 1987.
- (16) Repealed effective July 1, 1987.
- (17) Repealed effective July 1, 1987.
- (18) Repealed effective July 1, 1987.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost-effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

C

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations upon the completion of this project.

On page 107, the 2026 SMFP defines the service area for dialysis stations as *“the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay and Graham counties and Avery, Mitchell, and Yancey counties.”* Thus, the service area for this facility consists of Cabarrus County. Facilities may also serve residents of counties not included in their service area. According to Table 9A, page 114 of the 2026 SMFP, there are four existing or approved dialysis facilities and one home training facility in Cabarrus County, as shown in the following table:

Cabarrus County Dialysis Facility	Certified Stations 12/31/2024	Number In- Center Patients 12/31/2024	Utilization
Cabarrus Home Training	0	0	0.00%
Cannon Dialysis	11	21	47.73%
Copperfield Dialysis	27	80	74.07%
Harrisburg Dialysis Center	28	86	76.79%
Hickory Ridge Dialysis	15	28	46.67%

Source: Table 9A in 2026 SMFP, page 114

Regarding the expected effects of the proposal on competition in the service area, in Section N, page 72, the applicant states:

“The expansion of Harrisburg Dialysis will have no effect on competition in Cabarrus County. Although the addition of stations at this facility could serve to provide more patients another option to select a provider that gives them the highest quality service and better meets their needs, this project primarily serves to address the needs of a population already served (or projected to be served, based on historical growth rates) by DaVita. The expansion of Harrisburg Dialysis will enhance accessibility to dialysis for our patients, and by reducing the economic and physical burdens on our patients, this project will enhance the quality and cost effectiveness of our services because it will make it easier for patients, family members and others involved in the dialysis process to receive services.”

Regarding the impact of the proposal on cost effectiveness, in Section N, page 72, the applicant states:

“The expansion of Harrisburg Dialysis will enhance accessibility to dialysis for current and projected patients and, by reducing the economic and physical burdens on our patients, this project will enhance the quality and cost effectiveness of our services because it will make it easier for patients, family members and others involved in the dialysis process to receive services. As noted in Form H, with additional capacity, greater operational efficiency is possible which positively impacts cost-effectiveness. ...DaVita is committed to providing quality care to the ESRD population and, by policy, works to make every reasonable effort to accommodate all of its patients. ...the facility will serve patients without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability and, by policy, works to make every reasonable effort to accommodate all of its patients.”

See also Sections C, F, and Q of the application and any exhibits.

Regarding the impact of the proposal on quality, in Section N, page 72, the applicant states:

“DaVita is committed to providing quality care to the ESRD population and, by policy, works to make every reasonable effort to accommodate all of its patients.”

See also Sections B, C and O of the application and any exhibits.

Regarding the impact of the proposal on access by medically underserved groups, in Section N, page 72, the applicant states:

“... the facility will serve patients without regard to race, color, national origin, gender, sexual orientation, age, religion, or disability and, by policy, works to make every reasonable effort to accommodate all of its patients.”

See also Sections C and L of the application and any exhibits.

The applicant adequately describes the expected effects of the proposed services on competition in the service area and adequately demonstrates the proposal would have a positive impact on cost-effectiveness, quality, and access because the applicant adequately demonstrates that:

- 1) The proposal is cost effective because the applicant adequately demonstrated: a) the need the population to be served has for the proposal; b) that the proposal would not result in an unnecessary duplication of existing and approved health services; and c) that projected revenues and operating costs are reasonable.
- 2) Quality care would be provided based on the applicant’s representations about how it will ensure the quality of the proposed services and the applicant’s record of providing quality care in the past.
- 3) Medically underserved groups will have access to the proposed services based on the applicant’s representations about access by medically underserved groups and the projected payor mix.

Conclusion

The Agency reviewed the:

- Application
- Exhibits to the application
- Information which was publicly available during the review and used by the Agency

Based on that review, the Agency concludes that the application is conforming to this criterion based on all the reasons described above.

- (19) Repealed effective July 1, 1987.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

The applicant proposes to add no more than two in-center dialysis stations at Harrisburg Dialysis Center pursuant to Condition 2 of the facility need methodology for a total of no more than 30 dialysis stations and peritoneal support and training upon the completion of this project.

On Form O, in Section Q, the applicant identifies the kidney disease treatment centers located in North Carolina owned, operated, or managed by the applicant or a related entity. The applicant identifies a total of 104 existing or approved kidney disease treatment facilities located in North Carolina.

In Section O, page 77, the applicant states that, during the 18 months immediately preceding the submittal of the application, there were no incidents resulting in an Immediate Jeopardy violation that occurred in any of these facilities. After reviewing and considering information provided by the applicant and considering the quality of care provided at all 105 facilities, the applicant provides sufficient evidence that quality care has been provided in the past. Therefore, the application is conforming to this criterion.

(21) Repealed effective July 1, 1987.

G.S. 131E-183 (b): The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

C

The Criteria and Standards for End Stage Renal Disease Services promulgated in 10A NCAC 14C .2200 are applicable to this review. The application is conforming to all applicable criteria, as discussed below.

10 NCAC 14C .2203 PERFORMANCE STANDARDS

(a) An applicant proposing to establish a new kidney disease treatment center or dialysis facility shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first 12 months of operation following certification of the facility. An applicant may document the need for less than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for less than 10 stations.

-NA- Harrisburg Dialysis Center is an existing facility. Therefore, this Rule is not applicable to this review.

(b) An applicant proposing to increase the number of dialysis stations in:

- (1) *an existing dialysis facility; or*
- (2) *a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need; shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first 12 months of operation following certification of the additional stations.*

- C- In Section C, page 31, and on Form C in Section Q, the applicant projects to serve 93 patients on 30 stations, or a rate of 3.10 in-center patients per station per week (93 patients / 30 stations = 3.10, by the end of the first operating year following project completion. The discussion regarding projected utilization found in Criterion (3) is incorporated herein by reference.
- (c) *An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.*
- NA- The applicant does not propose to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training. Therefore, this Rule does not apply.
- (d) *An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.*
- NA- The applicant does not propose to increase the number of home hemodialysis stations. Therefore, this Rule does not apply.
- (e) *An applicant shall provide all assumptions, including the methodology by which patient utilization is projected.*
- C- In Section C, pages 24-25, and in the Form C Utilization subsection of Section Q, the applicant provides the assumptions and methodology it used to project utilization of the facility. The discussion regarding projected utilization found in Criterion (3) is incorporated herein by reference.