



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

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Drexdal Pratt
Division Director

October 7, 2013

Jim Swann, Director of Operations, Certificate of Need
Fresenius Medical Care
3717 National Drive, Suite 206
Raleigh NC 27612

No Review

Facility or Business: BMA Fuquay-Varina
Project Description: Addition of in-center self-care dialysis training and support
County: Wake
FID #: 980755

Dear Mr. Swann:

The Certificate of Need Section (CON Section) received your letter of September 26, 2013 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

Moreover, you need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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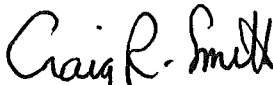
Mr. Swann
October 7, 2013
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Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,



Michael J. McKillip, Project Analyst



Craig R. Smith, Chief
Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR



**FRESENIUS
MEDICAL CARE**

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September 26, 2013

Mr. Craig R. Smith, Chief
Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
809 Ruggles Drive
Raleigh, North Carolina 27603

Re: Request for No Review Determination / Add In-Center Self-Care Dialysis at
BMA Fuquay-Varina / Wake County
FID: 980755

Dear Mr. Smith:

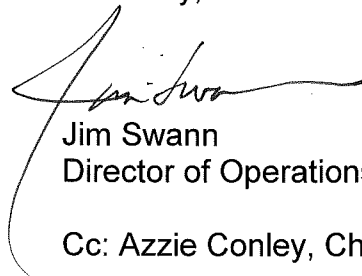
BMA requests a no review determination by the Certificate of Need Section, allowing BMA to add In-Center Self Care Dialysis training and support at the BMA Fuquay-Varina dialysis facility.

At this time BMA is experiencing a request by some dialysis patients to perform self-care treatment at the BMA Fuquay-Varina dialysis facility. As you will know, Self-Care dialysis allows the patient to perform virtually all aspects of the dialysis treatment. This type of treatment is an option for many patients who may otherwise perform home hemo-dialysis but lack a qualified partner/family member to participate. The staff of the dialysis facility are able to function in the capacity of the treatment partner.

BMA respectfully requests a No Review Determination from the CON Section.

If you have any questions please contact me at 919-896-7230, or email jim.swann@fmc-na.com.

Sincerely,



Jim Swann
Director of Operations, Certificate of Need

Cc: Azzie Conley, Chief, Licensure and Certification