

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

February 20, 2018

Sandy Godwin 1638 Owen Drive Fayetteville, NC 28304

### **Exempt from Review**

Record #:

2518

Business Name:

Cape Fear Valley Health System

Business #:

335

Project Description:

Develop a physician office building in Lumberton with an urgent care

center and imaging department

County:

Robeson

Dear Ms. Godwin:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter dated January 29, 2018 and supplemental information received on February 13, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(9). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Agency's Construction, Radiation Protection and Acute and Home Care Licensure and Certification Sections 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 Agency. 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;

# HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV TELEPHONE 919-855-3873 Sandy Godwin February 20, 2018 Page 2

(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.

If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Tanya S. Rupp Project Analyst

Martha J. Frisone

Chief, Healthcare Planning and Certificate of Need Section

cc: Construction Section, DHSR

Acute and Home Care Licensure and Certification Section, DHSR

Radiation Protection Section, DHSR

Sharetta Blackwell, Program Assistant Healthcare Planning, DHSR

### Rupp, Tanya

From:

Sandy Godwin <stgodwin@capefearvalley.com>

Sent:

Tuesday, February 13, 2018 4:25 PM

To:

Rupp, Tanya

Subject:

[External] RE: Exemption Request dated January 29, 2018

**Attachments:** 

Summary of Equipment cost for CFVHS Robeson Imaging Center 2 13 2018.pdf

CAUTION: External email. Do not click links or open attachments unless verified. Send all suspicious email as an attachment to Report Spam.

Hey Tanya,

I apologize for the delay. I was out of the office a couple of days last week.

Per your request from Tuesday, February 06, 2018 regarding the CFVHS Imaging Center Exemption Request dated January 29, 2018, I have attached a list of the equipment we intend to include in the Robeson Imaging Center in Lumberton.

The attached document also includes a list of all the IT equipment and construction costs associated with making the equipment operational. Also, the equipment costs includes necessary taxes.

Please let me know if you need any additional documentation.

Thanks so much, Sandy

Sandy Godwin 

| Corporate Director | Financial Planning & Analytics Cape Fear Valley Health System | 1638 Owen Drive | Fayetteville, NC 28304 Office (910) 615-6852 | Cell (910) 818-3079 | stgodwin@capefearvalley.com

From: Rupp, Tanya [mailto:tanya.rupp@dhhs.nc.gov]

Sent: Tuesday, February 06, 2018 3:47 PM

To: Sandy Godwin

Subject: Exemption Request dated January 29, 2018

Hi Sandy,

I received your request for an exemption from Certificate of Need Review pursuant to N.C. Gen. Stat. §131-184(a)(9) for construction of a Medical Office Building. In your letter, you indicate that the project calls for the development of an urgent care center and imaging center, and you state that the total cost of that project will be below \$500,000.

However, in order for the Agency to make a determination that the capital cost of the project is below \$500,000.00, please submit a detailed list of all the medical diagnostic equipment to be acquired by the facility which cost ten thousand dollars (\$10,000) or more, and the cost of each item. After we receive that information, we will be better able to make a determination regarding the proposal and whether it is exempt from review.

Thank you in advance. Please feel free to submit your response via email. Please do not hesitate to contact me if you have any questions. Have a good day!

### Tanya S. Rupp, JD

Project Analyst
Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3873 office Tanya.rupp@dhhs.nc.gov

809 Ruggles Drive 2704 Mail Service Center Raleigh, NC 27699-2704



Nothing Compares ~

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# CFVHS Robeson Imaging Center - Total Capital Expenditure

Equipment

\$316,057.38

IT

\$8,720.10

Construction

\$159,075.12

Total

\$483,852.60

# **CFVHS Robeson Imaging Center - Imaging Equipment**

Item	Quantity	
GE CT Scanner	1	\$ 201,600.00 1
Bracco Injector	1	\$ 20,950.00
Phillips Ultrasound	1	\$ 4,000.00 ×
Ultrasound Stretcher	1	\$ 3,901.38 >
Siemens DR X-Ray Unit	1	\$ 78,645.00 🗸
Trophon	1	\$ 6,961.00 X
Trash Cans	3	\$ 35.37 ⊁
BP Cuffs	3	\$ 124.89 ×
		\$ 316,057.38

# **CFVHS Robeson Imaging Center - IT Equipment**

Item	Quantity	Price E	ach	Total	
Network Drops	5	\$	275.00	\$	1,375.00
Tablets	3	\$	2,035.08	\$	6,105.24
<b>Tablet Protector Case</b>	3	\$	80.49	\$	241.47
Tablet Pen	3	\$	45.00	\$	135.00
Tablet Keyboard	3	\$	104.00	\$	312.00
					\$8,168.71
		Tax TOTAL			\$551.39 <b>\$8,720.10</b>

# **CFVHS Robeson Imaging Center - Construction Costs**

Construction Cost Original Contract Base Sum	\$ 100,113.60
Imaging Room Shielding Cost	25,893.00
Change Order re: Imaging Room Door Modifications Change Order re: Casework and Solid Surface Adds Change Order re: Flooring Credit Change Order re: X-ray Support Structure Change Order re: Additonal X-ray Support & Electrical Work Total Change Orders	2,477.00 2,853.26 (456.89) 4,900.00 6,500.00 \$ 16,273.37
Site Costs Lumberton Electrical Connection Soft Costs Other	\$ 1,924.45 \$ 14,870.70 \$ 16,795.15
Total Project Construction Cost	\$ 159,075.12



January 29, 2018

BEHAVIORAL HEALTH CARE

BLADEN COUNTY HOSPITAL

CAPE FEAR VALLEY MEDICAL CENTER

CAPE FEAR VALLEY
REHABILITATION CENTER

HEALTH PAVILION NORTH

HIGHSMITH-RAINEY
SPECIALTY HOSPITAL

BLOOD DONOR CENTER

CANCER CENTER

CARELINK

CAPE FEAR VALLEY HOMECARE & HOSPICE, LLC

CUMBERLAND COUNTY EMS

FAMILY BIRTH CENTER

HEART & VASCULAR CENTER

HEALTHPLEX

LIFELINK CRITICAL CARE TRANSPORT

PRIMARY CARE PRACTICES

SLEEP CENTER

Tanya Rupp, Project Analyst Division of Health Service Regulation Health Planning and Certificate of Need Section 2704 Mail Service Center Raleigh, NC 27699-2704 Heceived by

Heceived by

Heading Control of

BW 12335 FID 030360 NR 2518

**RE:** Cape Fear Valley Health System MOB - Lumberton

Dear Ms. Rupp:

Cape Fear Valley Health System is renovating an existing office building to create a medical office building in Lumberton, North Carolina. The total capital expenditure associated with the project is estimated to be less than the \$2,000,000 capital expenditure threshold defined in G.S.131-176(16)(b) as a new institutional health service. Therefore, we believe that this project does not meet the definition of a new institutional health service and that it does not require CON review or approval. Further, the development of a medical office building, regardless of the total capital expense, is not subject to CON review in accordance with G.S.131-184(a)(9), unless the project includes a new institutional health service is developed or offered in the building.

The project includes the development of an urgent care center and the development of an imaging center. However, the total cost of all the medical diagnostic equipment which cost ten thousand dollars (\$10,000) or more acquired for the imaging center does not exceed five hundred thousand dollars (\$500,000). In determining that the cost of the diagnostic equipment acquired was less than five hundred thousand dollars (\$500,000), CFVHS considered the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making the equipment operational. The capital expenditure for the equipment includes either the fair market value of the equipment or the cost of the equipment, whichever is greater. The total cost of the imaging equipment and construction associated with making the equipment operational is less than \$500,000. Therefore, the project does not include the development of a "Diagnostic Center" as defined in G.S.131-176(7a). Therefore, there will be no institutional health service developed or offered in the building.

CFVHS requests that the Division of Health Service Regulation make a determination that the proposed medical office building does not constitute a new institutional health service and is thus exempt from certificate of new review.



If you have any questions concerning this request please do not hesitate to call me at (910) 615-6852.

BEHAVIORAL HEALTH CARE

BLADEN COUNTY HOSPITAL

CAPE FEAR VALLEY MEDICAL CENTER

CAPE FEAR VALLEY REHABILITATION CENTER

HEALTH PAVILION NORTH

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BLOOD DONOR CENTER

CANCER CENTER

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CUMBERLAND COUNTY EMS

FAMILY BIRTH CENTER

HEART & VASCULAR CENTER

HEALTHPLEX

CRITICAL CARE TRANSPORT

PRIMARY CARE PRACTICES

SLEEP CENTER

Sincerely,

Landy J. Lodwin **Executive Director for Corporate Planning** 

Cape Fear Valley Health System