



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

VIA EMAIL ONLY

January 25, 2018

Cathleen Adams  
Cathleen.Adams@msj.org

**No Review**

**Record #:** 2475  
**Facility Name:** CarePartners Rehabilitation Hospital  
**FID #:** 923508  
**Business Name:** Community CarePartners  
**Business #:** 2394  
**Project Description:** Store an additional portable dialysis unit onsite  
**County:** Buncombe

Dear Ms. Adams:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of January 17, 2018 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.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section 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 in your correspondence. 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 this office. 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

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

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



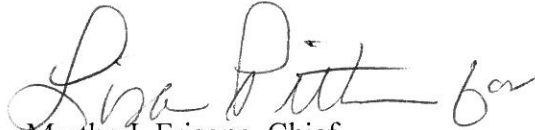
original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Julie M. Faenza  
Project Analyst



Martha J. Frisone, Chief  
Healthcare Planning and Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

January 17, 2018



Cathleen Adams, MBA, RN, CENP  
Community CarePartners  
68 Sweeten Creek Road  
Asheville, NC 28803

**No Review Request**

Project ID#: **B-11180-16/B-11342-17**

Facility Name: **CarePartners Rehabilitation Hospital**

Facility ID#: **923508**

County: **BUNCOMBE**

Project Description: **Provide inpatient dialysis services through the addition of two portable inpatient dialysis units/Buncombe County.**



**Re: Request for “No Review” for an additional portable dialysis machine to be used as a replacement when needed for failure and maintenance of two portable dialysis machines already certified.**

Dear Ms. Faenza,

This is a **No Review** request for an additional portable dialysis machine to be stored at CarePartners in the previously certified work room as a replacement machine for emergent use in case of failure, needed maintenance and/or repairs on the two certified portable dialysis machines.

The addition of the portable dialysis machine replacement will not increase the number of patients that receive dialysis. Due to the rehab hospital being a free standing facility, any patient receiving dialysis treatments would need to be transported to acute care if the current portable machines become unavailable. A replacement machine on site would obviate the need for transport to acute care for dialysis services.

**CarePartners believes the proposed project is exempt from CON review under G.S. 131E-184(a)(7) which states:**

- (a) Except as provided in subsection (b), the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following: (7) To provide replacement equipment.

**G.S.131E-176(22a) defines “Replacement Equipment” as:**

(22a) "Replacement equipment" means equipment that costs less than two million dollars (\$2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced.

CarePartners rents the portable dialysis machines through a contract with Total Renal Care of North Carolina, dba DaVita and the contract remains unchanged since the previous review. CarePartners will not purchase dialysis machines therefore the cost of the additional machine is less than two million dollars (\$2,000,000).

Since CarePartners project costs less than \$2,000,000 and is being done for the sole purpose of replacing comparable equipment that is currently in use, the proposed project meets the definition of “replacement equipment”, and is exempt from CON review. Specifically:

- a) The proposed project meets the definition of the replacement equipment found in G.S. 131E-176(22a) in that an additional portable dialysis machine is being brought on site for the sole purpose of replacing the comparable equipment that is currently in use and otherwise disposed of when replaced.
- b) The cost of the equipment is less than \$2,000,000. There are no increased costs associated with the current contract through Total renal Care of North Carolina dba DaVita and CarePartners.
- c) By this letter, CarePartners is providing prior written notice to the Department.

If you require additional information or clarification, please contact me at 828-274-6186.

Sincere regards,



Cathleen Adams  
Chief Nursing Officer  
Community CarePartners  
68 Sweeten Creek Road  
Asheville, NC 28803  
(254) 760-7996  
Cathleen.Adams@msj.org