



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

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Drexdal Pratt  
Division Director

**RESPONSE REQUIRED**

December 21, 2015

Dawn Allen  
PO Box 2487  
Albemarle, NC 28002

**Conditional Approval**

Project ID #: F-11071-15  
Facility: Carolina Farms Group Home #1  
Project Description: Transfer one ICF/IID bed from J. Iverson Riddle Development Center to the Carolina Farms Group Home #1 for a total of six ICF/IID beds upon project completion  
County: Stanly  
FID #: 010049

Dear Ms. Allen:

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 a review of the applications submitted for this cycle and after consideration of the Certificate of Need Law, G.S. 131E-175 et. seq. and regulations promulgated there under, the State Medical Facilities Plan, and other applicable information. Attached to this letter are the required findings made with respect to your application. The applicant shall not proceed with the construction, offering or development of this project until the certificate of need is issued. Further, the Agency shall not issue the certificate of need until all applicable conditions of approval have been met pursuant to G.S. 131E-187(a). The conditions are as follows:

1. GHA Autism Supports, Inc. shall materially comply with all representations made in the certificate of need application and in supplemental information provided. In those instances where representations conflict, GHA Autism Supports, Inc., shall materially comply with the last made representation.



**Healthcare Planning and Certificate of Need Section**

www.ncdhhs.gov

Telephone 919-855-3873 • Fax 919-715-4413

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

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

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2. Upon project completion, GHA Autism Supports, Inc. shall be certified for no more than six (6) ICF/IID beds at Carolina Farms Group Home #1.
3. GHA Autism Supports, Inc. shall serve no more than six (6) adults at Carolina Farms Group Home #1 who have severe to profound developmental disabilities.
4. The actual Medicaid per diem reimbursement rate shall be determined by the Division of Medical Assistance in accordance with 10A NCAC 22G .0301.
5. GHA Autism Supports, Inc. shall acknowledge acceptance of and agree to comply with all conditions stated herein to the Healthcare Planning and Certificate of Need Section in writing prior to issuance of the certificate of need.

**Response to the above conditions 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.**

The conditional approval is valid only for a capital expenditure of \$75,000. If a cost overrun occurs that exceeds the approved capital expenditure amount, a new certificate of need may be required as determined by G.S. 131E-176(16)(e).

The applicant should be aware that according to the Certificate of Need law any affected person shall have thirty (30) days after the date of decision to file a petition for a contested case on this approval. Further, if you are aggrieved by the conditions of the decision you may file a petition for a contested case hearing in accordance with G.S. 150B, Article 3, as amended. This petition must be filed with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, North Carolina 27699-6714 within thirty (30) days of the date of this decision. [Note: Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to OAH Clerk's Office (919-431-3000).]

G.S. 150B-23 provides that a party filing a petition must also serve a copy of the petition on all parties to the petition. Therefore, if you file a petition for a contested case hearing, you must serve a copy of the petition on the Department of Health and Human Services by mailing a copy of your petition to:

Emery Milliken  
Department of Health and Human Services,  
Office of Legal Affairs,  
Adams Building – Room 154  
2001 Mail Service Center  
Raleigh, North Carolina, 27699-2001

It is requested that a copy of the petition also be served on the Agency.

The certificate of need will not be issued before the completion of this 30 day period ending January 20, 2016. If a contested case request is received within the thirty (30) day period, the certificate will not be issued until the appeal is resolved (10A NCAC 14C .0208).

The timetable for completion of the project is the timetable outlined in the certificate of need application, unless an adjustment has been made by the Agency because the review period was extended. The timetable for this project is as follows:

Approval of Final Drawings by the Construction Section, DHSR _____	March 1, 2016
Ordering Equipment _____	March 2, 2016
Arrival of Equipment _____	March 21, 2016
Operation of Equipment _____	March 21, 2016
Occupancy/Offering of Services/Certification of Beds _____	April 1, 2016

If the decision is appealed, the timetable set forth in this letter will be adjusted accordingly before the Certificate of Need is issued. Please contact this office if any clarification of this decision is required.

Please refer to the Project ID # and Facility ID # (FID) in all correspondence.

Sincerely,

Gregory F. Yakaboski  
Project Analyst

Fatimah Wilson  
Team Leader, Certificate of Need

Attachment

cc: Mental Health Licensure & Certification Section, DHSR  
Kelli Fisk, Program Assistant, Healthcare Planning

**CERTIFICATE OF SERVICE**

I hereby certify that I have served the foregoing notice of **conditional approval** on the following person by placing a copy in an official depository of the United States Postal Service in a postage-paid, first class envelope addressed as follows:

Dawn Allen  
213 North Second Street  
Albemarle, NC 28001

Project ID #: F-11071-15  
FID #: 010049

This the 21<sup>st</sup> day of December, 2015.

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Gregory F. Yakaboski  
Project Analyst, Certificate of Need