



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

RESPONSE REQUIRED

December 30, 2019

Karen Gorby
120 Riverview Street
Franklin, NC 28734

Conditional Approval

Project ID #: A-11751-19
Facility: MH Angel Medical Center, LLLP
Project Description: Cost overrun for Project ID #A-11427-17 (construct a replacement hospital with no more than 30 acute care beds, three shared operating rooms and one gastrointestinal endoscopy procedure room)
County: Macon
FID #: 190376

Approved Capital Expenditure: \$23,900,360
Conditions of Approval: See Attachment A
Approved Timetable: See Attachment B
Last Date to Appeal: January 29, 2020
Required State Agency Findings: Enclosed

Dear Ms. Gorby:

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 review of the application or applications if the review was competitive, consideration of the Certificate of Need Law and regulations promulgated thereunder, the State Medical Facilities Plan, written comments if any, responses to comments if any, and other publicly applicable information.

The conditional approval is valid only for the approved capital expenditure shown above. If the capital cost will exceed the approved capital expenditure amount by more than 115%, the applicant must first obtain a new certificate of need.

Response to the conditions in Attachment A 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 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 approved timetable for this project is found in Attachment B.

Note: The applicant shall not begin developing this project until after the certificate of need has been issued and the certificate of need will not be issued until the applicant has documented that all

conditions that must be met prior to issuance of the certificate of need have been met. Furthermore, if the project requires that plans be submitted to the Construction Section, those plans will not be reviewed or approved until after the certificate of need has been issued.

The Certificate of Need law provides that any affected person has thirty (30) days after the date of the decision to file a petition for a contested case on this approval. Further, if you are aggrieved by any of the conditions you may file a petition for a contested case hearing in accordance with N.C. Gen. Stat. §150B, Article 3. 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. Effective October 1, 2009, OAH requires a filing fee with submittal of petitions for contested cases. Please direct all questions regarding this fee to the OAH Clerk's Office (919-431-3000).

N.C. Gen. Stat. §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:

Lisa G. Corbett
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 thirty day appeal period which ends on the date shown above. If a contested case petition is filed with OAH within the thirty day appeal period, the certificate will not be issued until the appeal is resolved.

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,



Tanya M. Saporito
Project Analyst



Fatimah Wilson
Team Leader

Enclosures:

Attachment A: Conditions of Approval
Attachment B: Approved Timetable
Required State Agency Findings

cc: Acute & Home Care Licensure & Certification Section, DHSR
Construction Section, DHSR

Attachment A
Conditions of Approval

1. MH Angel Medical Center, LLLP shall materially comply with the representations in this application and the representations in Project I.D. #A-11427-17. Where representations conflict, MH Angel Medical Center, LLLP shall materially comply with the last made representation.
2. MH Angel Medical Center, LLLP shall develop a replacement hospital with no more than 30 acute care beds, three shared operating rooms, and one gastrointestinal endoscopy procedure room upon completion of this project and Project ID# A-11427-17.
3. Upon completion of this project and Project I.D.# A-11427-17, MH Angel Medical Center, LLLP shall take the necessary steps to de-license 29 acute care beds at MH Angel Medical Center.
4. The total combined capital expenditure for both projects is \$68,900,360, an increase of \$23,900,360 over the capital expenditure of \$45,000,000 previously approved in Project I.D. #A-11427-17.
5. MH Angel Medical Center, LLLP shall not acquire as part of this project any equipment that is not included in the project's proposed capital expenditures in Section Q of the application and that would otherwise require a certificate of need.
6. MH Angel Medical Center, LLLP shall develop and implement an energy efficiency and sustainability plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes.
7. No later than three months after the last day of each of the first three full years of operation following initiation of the services authorized by this certificate of need, MH Angel Medical Center, LLLP shall submit, on the form provided by the Healthcare Planning and Certificate of Need Section, an annual report containing the:
 - a. Payor mix for the services authorized in this certificate of need.
 - b. Utilization of the services authorized in this certificate of need.
 - c. Revenues and operating costs for the services authorized in this certificate of need.
 - d. Average gross revenue per unit of service.
 - e. Average net revenue per unit of service.
 - f. Average operating cost per unit of service.
8. MH Angel Medical Center, LLLP 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.

Attachment B
Approved Timetable

1. Financing Obtained _____ November 15, 2019
2. Drawings Completed _____ June 15, 2020
3. Land Acquired _____ October 15, 2019
4. Construction / Renovation Contract(s) Executed _____ September 13, 2020
5. 25% of Construction / Renovation Completed
(25% of the cost is in place) _____ January 28, 2021
6. 50% of Construction / Renovation Completed _____ June 14, 2021
7. 75% of Construction / Renovation Completed _____ October 29, 2021
8. Construction / Renovation Completed _____ March 15, 2022
9. Equipment Ordered _____ November 15, 2021
10. Equipment Installed _____ May 14, 2022
11. Equipment Operational _____ June 13, 2022
12. Building / Space Occupied _____ July 13, 2022
13. Licensure Obtained _____ July 28, 2022
14. Services Offered _____ October 1, 2022
15. First Annual Report _____ January 1, 2026