



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 26, 2025

Taylor Spell
tspell2@capefearvalley.com

Exempt from Review – Replacement Equipment

Record #: 4927
Date of Request: September 17, 2025
Facility Name: Cape Fear Valley Medical Center
FID #: 030360
Business Name: Cumberland County Hospital System, Inc.
Business #: 578
Project Description: Replace linear accelerator
County: Cumberland

Dear Mr. Spell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the Varian linear accelerator to replace the Varian Trilogy Model LA9 linear accelerator. This determination is based on your representations that the existing unit will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Cynthia Bradford
Project Analyst

Micheala Mitchell
Chief

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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

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September 16, 2025

Ms. Tanya Saporito

Project Analyst, Healthcare Planning & Certificate of Need Section

Division of Health Service Regulation

N.C. Department of Health and Human Services

2704 Mail Center Service

Raleigh, NC 27699-2704

RE: Replacement of Linear Accelerator at Cape Fear Valley Medical Center/
Cumberland County

Ms. Saporito:

The purpose of this letter is to give the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency") prior written notice pursuant to NCGS § 131E-184(f) that Cape Fear Valley Medical Center ("CFVMC") plans to replace a linear accelerator located on the hospital's main campus.

The existing linear accelerator is situated in the CFVMC cancer center, which is located on the hospital's main campus. The equipment has been in service at CFVMC for 13 years and has exceeded its useful life. CFVMC intends to replace the existing linear accelerator in the same location with a new Varian linear accelerator. The existing linear accelerator will be removed from CFVMC and returned to the vendor when the replacement linear accelerator is installed.

Pursuant to NCGS § 131 E-184(f): The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to



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demonstrate that it meets the exemption criteria of this subsection.

The replacement of the linear accelerator at CFVMC falls within the parameters of this exemption. Specifically:

1. The equipment being replaced is currently located on the CFVMC main campus.
2. A CON was issued for the linear accelerator that will be replaced (M-8133-08).
3. This letter serves as prior written notice to the Department.

Please see Attachment A for a copy of the replacement equipment comparison table, which demonstrates the proposed linear accelerator is comparable to the equipment being replaced.

The estimated project cost for the replacement linear accelerator is \$5,657,845, which includes equipment and renovations to accommodate the replacement equipment. Attachment B contains a copy of the estimated capital cost.

CFVMC requests that the Division of Health Service Regulation make a determination that the replacement of the linear accelerator, as proposed herein, does not constitute new institutional health services and is thus exempt from certificate of need review.

Please contact me at 910.615.7529 or tspell2@capefearvalley.com regarding any questions concerning this request.

Sincerely,

A handwritten signature in cursive script that reads "Taylor Spell".

Taylor Spell, CPA
Senior Finance & Strategic Planning Analyst
Cape Fear Valley Health System

ATTACHMENT A
REPLACEMENT EQUIPMENT COMPARISON TABLE

	CFVMC LINAC
Type of Existing Equipment	Linear Accelerator
Manufacturer of Existing Equipment	Varian Trilogy
CON Project ID, if applicable	M-8133-08
Tesla Rating for MRI Being Replaced	N/A
Model Number - Existing	LA9 Varian Trilogy
Serial Number - Existing	972
Provider's Method of Identifying Equipment	LA9
Specify if Mobile or Fixed	Fixed
Mobile Trailer Serial Number / VIN #	N/A
Mobile Tractor Serial Number / VIN #	N/A
Date Acquired	6/1/2012
Does Provider Hold Title to Equipment or Have a Capital Lease?	Own
Specify if Equipment Was/Is New or Used When Acquired	New
Total Capital Cost of Project (Including Construction, etc.) <See Attachment B>	\$5,657,845
Total Cost of Equipment	\$4,921,834
Location Where Operated	Cape Fear Valley Medical Center
Number of Times Equipment was Used to Provide a Health Service during the 12 months prior to the Date of the Written Notice	Equipment is used Monday - Friday to perform an average of 20 treatments per day. Approximately 5,500 treatments per year since the equipment was installed.
Type of Procedures Currently Performed on Existing Equipment	Radiation Treatments
Type of Procedures New Equipment is Capable of Performing	Radiation Treatments

New Equipment

Manufacturer of New Equipment	Varian
Tesla Rating for New MRI	N/A
Model Number - New Equipment	TBD
Serial Number - New Equipment	TBD

Attachment B**LINAC Replacement Equipment: Capital Cost**

Projected Capital Cost Form:	Cost
Building Purchase Price	
Purchase Price of Land	
Closing Costs	
Site Preparation	
Construction / Renovation Contract (s)	\$736,011
Landscaping	
Architect / Engineering Fees	
Medical Equipment	\$4,921,834
Non-Medical Equipment	
Furniture	
Consultant Fees (specify)	
Financing Costs	
Interest during Construction	
Other (Specify)	
TOTAL CAPITAL COSTS	\$5,657,845

From: [Taylor Spell](#)
To: [Tanya, Saporito](#)
Cc: [Sandy Godwin](#); [Stancil, Tiffany C](#)
Subject: [External] CFVMC LINAC Replacement - Exemption Request
Date: Tuesday, September 16, 2025 5:54:42 PM
Attachments: [image001.png](#)
[CFVMC LINAC Replacement Letter.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Tanya,

Happy Tuesday! I have attached an exemption request for the replacement of one of our linear accelerators located on the campus of Cape Fear Valley Medical Center. Please let me know if you have any questions.

Have a great day!

Thank you,
Taylor

Taylor Spell, CPA | Senior Finance & Strategic Planning Analyst

Cape Fear Valley Health System | 101 Robeson Street, Suite 303 | Fayetteville, NC 28301

Office: 910-615-7529 | tspell2@capefearvalley.com



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