
CHAPTER 3

CERTIFICATE OF NEED

REVIEW CATEGORIES AND SCHEDULE

Certificates of need are required prior to the development of new institutional health services. Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted pursuant to 10A NCAC 14C .0202. For proposals which include more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- Policy AC-3 projects.

Category B: Nursing and Adult Care Services

- new nursing facilities or beds;
- relocation of existing or approved nursing facility beds within the same service area;
- relocation of nursing facility beds pursuant to Policy NH-6;
- transfer of nursing facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds;
- relocation of existing or approved adult care home beds within the same service area;
- relocation of adult care home beds to a contiguous county pursuant to Policy LTC-2; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category C: Psychiatric, Substance Use Disorder or Intellectual Disability Services

- new psychiatric facilities or beds;
- relocation of existing or approved psychiatric beds within the same service area;
- transfer of psychiatric beds from state psychiatric hospitals pursuant to Policy PSY-1;
- new substance use disorder facilities or beds;
- relocation of existing or approved substance use disorder beds within the same service area;
- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Chapter 858 of the 1983 Session Laws, Policy ICF/IID-1, Policy ICF/IID-2, Policy ICF/IID-3 or Policy ICF/IID-4.

Category D: Dialysis Services

Category D.1

- new certified dialysis stations pursuant to the facility need methodology;
- new kidney disease treatment centers pursuant to the county need methodology; and
- new certified dialysis stations pursuant to the county need methodology.

Category D.2

- relocation of existing kidney disease treatment centers;
- relocation of existing certified dialysis stations pursuant to Policy ESRD-2; and
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services.

Category E: Surgical Services

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facility within the same service area.

Category F: Home Health and Hospice Services

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. 131E-176(14o);
- diagnostic centers as defined in G.S. 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- intraoperative magnetic resonance scanners acquired pursuant to Policy TE-2; and
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3.

Category I: Gastrointestinal Endoscopy Services

- new or additional gastrointestinal endoscopy rooms as defined in G.S. 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for certificate of need applications requiring review. However, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application filing deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated filing deadline for a specific need determination in the North Carolina State Medical Facilities Plan, an applicant must refer to the applicable need determination table for that service in the related chapter in the Plan. Applications for certificates of need for new institutional health services not specified in other chapters of the Plan shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if the need determination is zero. Need determinations for additional dialysis stations pursuant to the “county need” or “facility need” methodologies shall be reviewed in accordance with the provisions of Chapter 14.

In order to give Certificate of Need sufficient time to provide public notice of review and public notice of public hearings as required by G.S. 131E-185, the deadline for filing certificate of need applications is 5:30 p.m. on the 15th day of the month preceding the “CON Beginning Review Date.” In instances when the 15th day of the month falls on a weekend or holiday, the filing deadline is 5:30 p.m. on the next business day. The filing deadline is absolute and applications received after the deadline shall not be reviewed in that review period. Applicants are strongly encouraged to complete all materials at least one day prior to the filing deadline and to submit material early on the “Certificate of Need Application Due Date.”

Table 3A: 2019 Certificate of Need Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2019			C	D.2						
March 1, 2019	A	B			E	F	G	H	I	J
April 1, 2019			C	D.1						
May 1, 2019	A	B			E	F	G	H		J
June 1, 2019			C	D.2					I	
July 1, 2019	A				E	F	G	H		J
August 1, 2019		B	C	D.2						
September 1, 2019	A		C		E			H	I	J
October 1, 2019				D.1			G			
November 1, 2019	A	B			E	F		H		J
December 1, 2019				D.2				H	I	J

For further information about specific schedules, timetables, and certificate of need application forms, contact:

**North Carolina Division of Health Service Regulation
 Certificate of Need
 2704 Mail Service Center
 Raleigh, North Carolina 27699-2704**

Phone: (919) 855-3873