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## CHAPTER 3

### CERTIFICATE OF NEED

### REVIEW CATEGORIES AND SCHEDULE

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A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC<sup>1</sup> 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into 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 or periods 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, including but not limited to burn and neonatal;
- 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**

##### Category B.1

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

##### Category B.2 (Relocation of Existing Beds to Another Service Area)

- relocation of existing nursing home facility beds to another service area pursuant to Policy NH-6; and
- relocation of existing adult care home beds to a another service area pursuant to Policy LTC-2.

<sup>1</sup> North Carolina Administrative Code

### **Category C: Intellectual Disability Services**

- 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 Policy ICF/IID-5.

### **Category D: Dialysis Services**

#### Category D.1 (County or Facility Need)

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

#### Category D.2 (Relocation to a Contiguous County)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations to a contiguous county pursuant to Policy ESRD-2.

#### Category D.3 (All Other Proposals)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations within the same service area;
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services;
- development of or expansion of a kidney disease treatment center on a hospital campus pursuant to Policy ESRD-3; and
- all other proposals involving dialysis services that do not fit into Category D.1 or D.2.

### **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 facilities 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 1<sup>st</sup> Review Cycle only);
- intraoperative magnetic resonance imaging 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 CON applications requiring review. However, except for proposals involving new dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan (SMFP) will have only one scheduled review date and one corresponding application deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated application deadline for a specific need determination in the SMFP, an applicant must refer to the applicable need determination table for that service in the related chapter in the SMFP. Applications for CONs for new institutional health services not specified in other chapters of the SMFP shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if there is no need determination.

In order to give Certificate of Need staff sufficient time to provide public notice of review and public notice of public hearings as required by G.S. § 131E-185, pursuant to 10A NCAC 14C.0203(b), the deadline for filing CON applications is **5:00 p.m.** on the 15<sup>th</sup> day of the month preceding the “CON Beginning Review Date.” In instances when the 15<sup>th</sup> day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application 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 application deadline and to submit material early on the application deadline.

**Table 3A: 2024 CON Application Review Schedule**

| <b>CON Beginning Review Date</b> | <b>Category (All HSAs)</b> |     |   |     |   |   |   |   |   |   |
|----------------------------------|----------------------------|-----|---|-----|---|---|---|---|---|---|
| February 1, 2024                 |                            |     | C | D.3 |   |   |   |   |   |   |
| March 1, 2024                    | A                          | B.1 |   |     | E | F | G | H | I | J |
| April 1, 2024                    |                            |     | C | D.1 |   |   |   |   |   |   |
| May 1, 2024                      | A                          | B.2 |   |     | E | F | G | H |   | J |
| June 1, 2024                     |                            |     | C | D.2 |   |   |   |   | I |   |
| July 1, 2024                     | A                          |     |   |     | E | F | G | H |   | J |
| August 1, 2024                   |                            | B.1 | C | D.1 |   |   |   |   |   |   |
| September 1, 2024                | A                          |     | C |     | E |   |   | H | I | J |
| October 1, 2024                  |                            |     |   | D.3 |   |   | G | H |   |   |
| November 1, 2024                 | A                          | B.1 |   |     | E | F |   | H |   | J |
| December 1, 2024                 |                            |     |   | D.1 |   |   |   |   | I |   |

For further information about specific schedules, timetables, and CON 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**