

10A NCAC 14C .2203 is proposed for amendment under temporary procedures as follows:

**10A NCAC 14C .2203 PERFORMANCE STANDARDS**

(a) ~~An applicant proposing to establish a new End Stage Renal Disease facility shall document the need for at least 10 stations based on utilization of 3.2 patients per station per week as of the end of the first operating year of the facility, with the exception that the performance standard shall be waived for a need in the State Medical Facilities Plan that is based on an adjusted need determination.~~ An applicant proposing to establish a new kidney disease treatment center or dialysis facility shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first 12 months of operation following certification of the facility. An applicant may document the need for less than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for less than 10 stations.

(b) ~~An applicant proposing to increase the number of dialysis stations in an existing End Stage Renal Disease facility or one that was not operational prior to the beginning of the review period but which had been issued a certificate of need shall document the need for the additional stations based on utilization of 3.2 patients per station per week as of the end of the first operating year of the additional stations.~~ An applicant proposing to increase the number of dialysis stations in:

(1) an existing dialysis facility; or

(2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need;

shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first 12 months of operation following certification of the additional stations.

(c) An applicant shall provide all assumptions, including the methodology by which patient utilization is projected.

*History Note: Authority G.S. 131E-177(1); 131E-183(b);  
Temporary Adoption Eff. January 1, 2003; January 1, 2002;  
Eff. April 1, 2003;  
Amended Eff. August 1, 2004;  
Temporary Amendment Eff. January 1, 2005;  
Amended Eff. November 1, 2005;  
Temporary Amendment Eff. February 1, 2006;  
Amended Eff. November 1, 2006;  
Temporary Amendment Eff. February 1, 2010;  
Amended Eff. November 1, 2010;  
Temporary Amendment Eff. February 1, 2020.*