

**EXHIBIT 153**

**NOTICE OF TECHNICAL DENIAL - CERTIFICATE OF NEED  
DENIED (APPLICANT INSISTS ON A DETERMINATION DESPITE  
CERTIFICATE OF NEED DENIAL)**

**(Date)**

Provider Name  
Address  
City, State, ZIP Code

Dear **(Provider Name)**:

RE: Provider Number **(Provider Number)** (if assigned)

This is in response to your request to participate in Medicare's End Stage Renal Disease (ESRD) program. For us to approve your application for **(initial approval) (expansion-addition of a new service) (advance approval)** as a supplier of ESRD services, the Request for Approval, Form CMS-3402, must be accompanied by evidence of **(name of State) Certificate of Need approval**.

We note that the State agency having jurisdiction has denied your request for Certificate of Need. Accordingly, we have no alternative but to deny your application on the basis of non-compliance with Federal regulations, 42 CFR 405.2135, which requires Certificate of Need approval.

**(Insert statement where expansion involved)**--The denial of your current expansion request has no effect on your previously approved participation in the end-stage renal disease program.

If you believe that this determination is not correct, you may request that it be reconsidered. The request must be submitted in writing to this office within 60 days of the date you receive this notice. You may submit with the reconsideration request any additional information that you feel may have a bearing on the determination.

Sincerely yours,

Associate Regional Administrator  
(or its equivalent)