

**EXHIBIT 30**

**MODEL LETTER TO FACILITY RETURNING APPLICATION NOT  
ACCOMPANIED BY REQUIRED CERTIFICATE OF NEED  
(WHERE APPLICABLE)**

**(Date)**

Facility Director Name

Facility Name

Address

City, State, ZIP Code

Dear **(Facility Director Name)**:

To constitute a valid application for **(initial approval, expansion)** as a supplier of End-Stage Renal Disease (ESRD) services, the Request for Approval, Form CMS-3402, must be accompanied by evidence of **(name of State)** Certificate of Need approval.

Since your application is not accompanied by the required documentation, we have no alternative but to return it to you. You may reapply at any time, submitting the documentation with your Request for Approval.

If you desire further information, we will be glad to assist you.

Sincerely yours,

Director State Agency

Enclosure:

cc: CMS RO