



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

July 18, 2014

Gusti McGee
Amedisys, Inc
5959 S. Sherwood Forest Blvd
Baton Rouge, LA 70816

No Review

Facility or Business: Amedisys Hospice Care
Project Description: Relocate hospice branch office within the same county
County: Brunswick
FID #: 100075

Dear Ms. McGee:

The Certificate of Need Section (CON Section) received your letter dated June 25, 2014 on July 1, 2014 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Acute and Home Care Licensure and Certification and Medical Facilities Planning Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

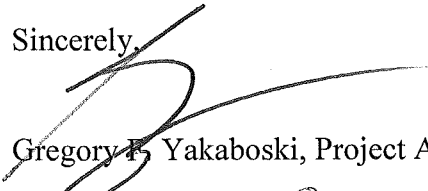
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Ms. McGee
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Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Sincerely,



Gregory B. Yakaboski, Project Analyst



Martha J. Frisone, Interim Chief
Certificate of Need Section

cc: Medical Facilities Planning Branch, DHSR
Acute and Home Care Licensure and Certification Section, DHSR

Amedisys, Inc.

5959 S. Sherwood Forest Blvd

Baton Rouge, LA 70816

Office: (225)292-2031 | Fax: 225.295.9678

amedisys.com

Received by the CON Section
JUL 1 2014
sent via email to DHSR.homecare@dhhs.nc.gov

June 25, 2014

DHSR
Acute and Home Care Licensure and Certification Section
Attn: Change of Address
2712 Mail Service Center
Raleigh, NC 27699-2712

Re: Notification for an *Impending* Change in Address for BRANCH Hospice agency of:

Parent: Amedisys Hospice, LLC
Amedisys Hospice Care
30 Three Hunts Drive, Suite C
Pembroke, NC 28372-7317
Federal Tax ID No: 270078073
Medicare No.: 34-1596
NPI No.: 1154652428

BRANCH: Amedisys Hospice, LLC
Amedisys Hospice Care
790 Sunset Blvd. N., Suite 8
Sunset Beach, NC 28468
North Carolina License No.: HOS4018
Medicaid No.: 11524652428

Dear Sir or Madam:

This letter is to serve as our written notification of an *Impending Change of the Physical and Mailing Address* for the above referenced *BRANCH Hospice agency, effective July 30, 2014*.

Old Address:
790 Sunset Blvd. N., Suite 8
Sunset Beach, NC. 28468
County: Brunswick
910-579-6687 (Telephone No.)
910-579-9486 (Fax No.)

New Physical and Mailing Address
1729 Southport Supply Road
Bolivia, NC 28422-7679
County: Brunswick
910-579-6687 (Telephone No.) *
910-579-9486 (Fax No.) *

This relocation will not involve a change in County.

**Telephone and fax numbers will change as a result of the relocation. This information will be provided in the Completed notification letter.*



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Licensure & Certification Section
June 25, 2014
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Please note that on the effective date of the relocation, the following will be notified of the Change in Address:

- FI/MAC
- CLIA
- MEDICAID
- QIO
- DMA-Division of Medical Assistance

If further information is required, please contact me at 877-246-5088 or via email at gusti.mcgee@amedisys.com .

Sincerely,



Gusti McGee, MBA/HCM
Director, Regulatory
GM/kvr

Copy to:

CON
NC Department of Health and Human Services
Certificate of Need
2704 Mail Service Center
Raleigh, NC 27696-2704