



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Drexdal Pratt
Division Director

September 28, 2015

Hunter Diefes
2334 S. 41st Street
Wilmington, NC 28403

No Review

Record #: See Attachment A
Facility Name: See Attachment A
FID #: See Attachment A
Business Name: Liberty Home Care II, LLC
Business #: 2299
Project Description: Change in designation of each office from "branch" to "parent"
County: See Attachment A

Dear Mr. Diefes:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of September 17, 2015 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.

However, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections 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 in your correspondence. 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 this office. 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



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-715-4413

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

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

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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.

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Tanya S. Rupp
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

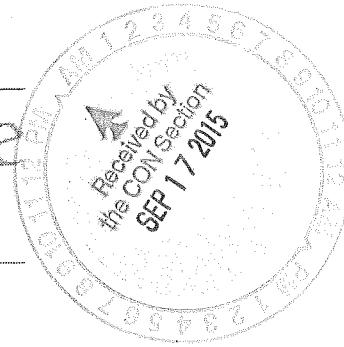
cc: Acute and Home Care Licensure and Certification Section, DHSR
Construction Section, DHSR
Kelli Fisk, Program Assistant

Attachment A

NAME OF FACILITY	TYPE OF FACILITY	TOWN	COUNTY	FID #	RECORD ID #	BUSINESS ID #
Liberty Home Care and Hospice	Hospice	Smithfield	Johnston	050624	1743	2299
Liberty Home Care and Hospice	Hospice	Dunn	Harnett	050585	1744	2299
Liberty Home Care and Hospice	Hospice	Pinehurst	Moore	050522	1745	2299
Liberty Home Care and Hospice	Hospice	Sanford	Lee	050675	1746	2299
Liberty Home Care and Hospice	Hospice	Siler City	Chatham	050955	1747	2299
Liberty Home Care and Hospice	Hospice	Thomasville	Davidson	050521	1748	2299
Liberty Home Care and Hospice	Hospice	Wadesboro	Anson	050584	1749	2299



Liberty Healthcare Management



2334 S. 41st Street • Wilmington, NC 28403
 (910) 815-3122 • FAX: (910) 815-3111

September 17, 2015

Martha Frisone, Assistant Chief
 Certificate of Need Section, NC DHSR, NC DHHS
 809 Ruggles Drive
 Raleigh, NC 27603

RE: Request for a Letter of No Review

Dear Ms. Frisone,
 Liberty Home Care II, LLC, Provider Number 341537, requests a letter of no review from the Certificate of Need Section regarding a change in office designations from "Branch" to "Parent". These designations are classifications created by Medicare. This change from Branch to Parent will not affect the service area of any office nor will it affect the services provided by those offices. This change will not impact the rates charged by the facility. Residents and patients will experience no change whatsoever resulting from this designation change. Specifically, the following offices will change from the Branch classification to the Parent classification:

Bus id 2299

LIBERTY HOME CARE II LLC Hospice Offices - Provider Number 341537

NR ID	BRANCH	TELEPHONE #	FAX #	MEDICARE #	MEDICAID #	DSF LIC. #	FID
1743 ✓	LHC and Hospice Smithfield, NC Johnston 1317 North Bright Leaf Blvd. Suite #C, Smithfield, NC 27577	919-989-6792	919-989-8519	341537	3421537	HOS3069	050624 ✓
1744 ✓	LHC and H Dunn, NC Harnett 105 Hunt Valley Drive, Dunn, NC 28334	910-892-6427	910-892-1592	341537	3421537	HOS3067	050585 ✓
1745 ✓	LHC and H Pinehurst, NC Moore 300 W. Pennsylvania Avenue, Southern Pines, NC 28387	910-246-9882	910-246-9885	341537	3421537	HOS3050	050522 ✓
1746 ✓	LHC and H Sanford, NC Lee 1005 Carthage Street, Sanford, NC 27331	919-774-9522	919-774-8560	341537	3421537	HOS3086	050675 ✓
1747 ✓	LHC and H Siler City, NC Chatham 401 E. Third Street, Siler City NC 27344	919-742-4843	919-742-5337	341537	3421537	HOS3149	050955 ✓
1748 ✓	LHC and H Thomasville, NC Davids, 336-472-1080 1007 Lexington Avenue, Thomasville, NC 27360	336-472-1080	336-472-1060	341537	3421537	HOS3051	050521 ✓
1749 ✓	LHC and H Wadesboro, NC Anson 119 W. Wade Street, Wadesboro, NC 28170-2136	704-694-5992	704-694-9627	341537	3421537	HOS3064	050584 ✓

According to the CMS State Operations Manual, the following guidelines should be used when making a determination as to whether a proposed HHA unit is a branch as defined at 42 CFR Part 484.2:



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“**Branch office** means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and is located sufficiently close to share administration, supervision, and services in a manner that renders it unnecessary for the branch independently to meet the conditions of participation as a home health agency.”

“**Parent home health agency** means the agency that develops and maintains administrative controls of subunits and/or branch offices.”

The current Parent office for these branches is located in Raeford, NC and branches are located up to 80 miles away in the case of the Thomasville branch. In order to be a branch office the parent staff must be able to supervise and support the branch staff, and the physical distance between parent and branch should be sufficiently close to allow for daily sharing of administration, supervision, and services. These individual branch offices have been operating independently with their own administrative staff essentially since inception. This change in designation will simply reclassify the offices to their appropriate CMS designation.

Because this is a change in federal classification only, and will have no material impact on the operation of the agencies or the services provided, Liberty Home Care II, LLC respectfully requests this Letter of No Review.

With Regards,

A handwritten signature in black ink, appearing to read "Hunter Diefes", with a stylized flourish at the end.

Hunter Diefes, Director of Financial Planning
Liberty Healthcare Management, Inc.
hdiefes@libertyhcare.com
(910) 512-0155