



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

December 6, 2017

Paula Vinson
3854 American Way, Suite A
Baton Rouge, LA 70816

No Review

Record #: 2450
Facility Name: Amedisys Hospice Care
FID #: 130100
Business Name: Amedisys Hospice, LLC
Business #: 2652
Project Description: Add Gates and Pasquotank counties to current multi-county geographic service area served by the Plymouth Office in Washington County
County: Washington

Dear Ms. Vinson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of November 27, 2017 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 Acute and Home Care Licensure and Certification Section 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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

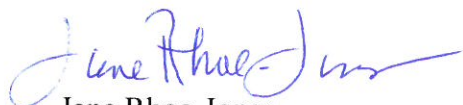
AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER



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.

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,



Jane Rhoe-Jones
Project Analyst



Martha J. Frisone, Chief
Healthcare Planning and Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR



com copy
ATTN: Jane Rhoe-Jones

November 27, 2017

NC Department of Health & Human Services
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive
Raleigh, NC 27603

RE: Submittal of request to expand Geographica Service Area for:

Parent: **Amedisys Hospice, L.L.C.**
d/b/a Amedisys Hospice Care
201 E. Water Street
Plymouth, NC 27962-1301
License Number:
Medicare Provider Numer:
NPI Number:

HOS4596
34-1598
1518205277



Dear Ms. Joyce,

In keeping with the one-hour drive time recommendation, the above-referenced parent hospice agency is requesting to add Gates and Pasquotank counties to their service area. The agency believes it could effectually service patients in these additional counties. The current geographic service area includes the counties of Beaufort, Bertie, Chowan, Hertord, Hyde, Martin, Perquimans, Pitt, Tyrell, and Washington.

Due to previous phone conversations I understand this request will be reviewed and either approved or rejected. I patiently await your response. Thank you for your consideration

If further information is required, please call Patricia Goff at 225-299-3701 or via email patricia.goff@amedisys.com.

Sincerely,

Paula Vinson
Director, Regulatory

PV/pg