



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

November 2, 2017

Anderson M. Shackelford
Williams Mullen
301 Fayetteville Street, Suite 1700
Raleigh, NC 27601

Exempt from Review – Acquisition of Facility

Record #: 2431
Facility Name: Well Care Home Health, Inc.
Type of Facility: HC
FID #: 943723
Acquisition by: Well Care Hospice, Inc.
Business #: 2740
County: Davie

Dear Mr. Shackelford:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of October 31, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, Well Care Hospice, Inc. may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to obtain instructions for changing ownership and licensee of the existing facility. Note that pursuant to N.C. Gen. Stat. §131E-181(b): "*A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.*"

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a

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



separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Celia C. Inman
Project Analyst



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

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

WILLIAMS MULLEN

Direct Dial: 919.981.4312
ashackelford@williamsmullen.com

October 31, 2017



Martha Frisone, Chief
North Carolina Department of Health & Human Services
Healthcare Planning & Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive, Edgerton Building
Raleigh, NC 27603

**Re: Prior Written Notice Pursuant to N.C. Gen. Stat. § 131E-184(a)(8)
Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc.
(Facility ID 943723)
5380 US Highway 158, Suite 210
Advance, NC 27006**

Dear Ms. Frisone:

My firm represents Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc. (“Well Care”), operating pursuant to License No. HC0496. Pursuant to N.C. Gen. Stat. § 131E-184(a)(8), I write to provide prior written notice of my client’s plans, as described below.

Well Care would like to work with the Acute and Home Care Licensure & Certification Section to have its current license (License No. HC0496) divided into two separate licenses – one for its licensed hospice services and the other for home health services. After the licenses are divided, Well Care will continue providing home health services under its current license, with hospice services under the newly issued, separate license. A no-review request for this “splitting” of Well Care’s existing license will be submitted to your office under separate cover. After the licenses are split, Well Care Hospice, Inc., owned by Well Care, will become the owner and license holder for the hospice service.

The acquisition of “an existing health service facility, including equipment owned by the health service facility at the time of acquisition” is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). A “health service facility” is defined by N.C. Gen. Stat. § 131E-176(9b) to include a home health agency office as well as a hospice office.

Based on the foregoing, it is our understanding that our client’s plans are exempt from certificate of need review pursuant to N.C. Gen. Stat. Section 131E-184(a)(8). Accordingly, Well Care respectfully requests confirmation that, based on the CON law currently in effect, the proposal described above is not governed by, and, therefore, does not currently require a certificate of need.

If you have any questions or should you need additional information, please let me know at your earliest convenience. If possible, I would greatly appreciate receiving your response letter either via

WILLIAMS MULLEN

October 31, 2017

Page 2

email at ashackelford@williamsmullen.com or by fax at 919-981-4300 (email is preferred). Thank you in advance for your prompt attention to this request.

Please let us know of any questions or additional information that may be required. Thank you for your attention to this request.

Sincerely yours,

Anderson M.

ams

cc Zac Long
Wanda Coley
Joy Heath