



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 1, 2020

Robert A. Leandro
robleandro@parkerpoe.com

No Review

Record #: 3437
Facility Name: Hospice Cleveland County
FID #: 953867
Business Name: Hospice of Cleveland County, Inc.
Business #: 982
Project Description: Change in ownership through affiliation and change in ownership of real property
County: Cleveland

Dear Mr. Leandro:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence 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 that correspondence is not governed by, and therefore, does not currently require a certificate of need. 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.

You may need to contact the Agency's Acute Care and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

[Handwritten signature of Ena Lightbourne]

Ena Lightbourne
Project Analyst

[Handwritten signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Robert A. Leandro

Partner

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Atlanta, GA
Charleston, SC
Charlotte, NC
Columbia, SC
Greenville, SC
Raleigh, NC
Spartanburg, SC
Washington, DC

November 17, 2020

VIA ELECTRONIC MAIL: martha.frisone@dhhs.nc.gov

Martha Frisone, Chief
Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Re: Hospice of Cleveland County's Request for No Review Determination

Dear Ms. Frisone:

Our law firm represents Hospice of Cleveland County, Inc., a tax exempt nonprofit entity. Hospice of Cleveland County is in the process of completing a transaction in which it will be affiliating with Hospice & Palliative Care Charlotte Region (HPCCR), which is also a nonprofit entity. This affiliation will result in HPCCR becoming the sole member of Hospice of Cleveland County, with the authority to appoint its Board.

Hospice of Cleveland County also currently provides services from two locations. As part of this transaction, the ownership of the real property at one of the locations will be transferred to a newly created foundation. The foundation will then lease the building to Hospice of Cleveland County, which will continue operating its hospice at the facility. The operations will not change as a result of this transaction.

We do not believe the transactions described above necessarily constitute a change of ownership or otherwise require that notice be provided to the CON Section. However, out of an abundance of caution we are hereby providing notice of this transaction to the Agency.

I greatly appreciate your attention to this matter. If you have any questions, please feel free to contact me directly.

Sincerely,

A handwritten signature in black ink that reads 'Robt A. Leandro'.

Robert A. Leandro

RAL:clr

From: [Frisone, Martha](#)
To: [Waller, Martha K](#)
Subject: Fwd: [External] FW: Letter to Martha Frisone re HPCCR for No Review Determination.pdf
Date: Tuesday, November 17, 2020 5:56:22 PM
Attachments: [Letter to Martha Frisone re HPCCR for No Review Determination.pdf](#)

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From: Leandro, Robert A. <robbleandro@parkerpoe.com>
Sent: Tuesday, November 17, 2020 5:41:13 PM
To: Frisone, Martha <martha.frisone@dhhs.nc.gov>
Subject: [External] FW: Letter to Martha Frisone re HPCCR for No Review Determination.pdf

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Martha,

Please find the following request attached. Let me know if you have any questions.

Robb

Robert Leandro
Partner

Find our latest health care analysis [here](#).



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From: Reid, Christina L.
Sent: Tuesday, November 17, 2020 3:01 PM
To: Leandro, Robert A. <robbleandro@parkerpoe.com>
Cc: Payne, Lindsey H. <lindseypayne@parkerpoe.com>
Subject: Letter to Martha Frisone re HPCCR for No Review Determination.pdf

Attached is the letter as a PDF that can be sent to Ms. Frisone. Please let me know if you need anything else.

Christina Reid
Legal Professional Assistant
919.835.4688

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