



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

June 18, 2024

Sarah Ware

Sarah.ware@centerwellhomehealth.com

No Review

Record #: 4466
Date of Request: June 10, 2024
Facility Name: CenterWell Home Health
FID #: 031025
Business Name: Eastern Carolina Home Health Agency, LLC
Business #: 3829
Project Description: Provide services to patients in Hyde and Tyrell counties
County: Beaufort

Dear Ms. Ware:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described 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.

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,

Gregory F. Yakaboski
Project Analyst

Micheala Mitchell
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

From: [Ware, Sarah](#)
To: [Yakaboski, Greg](#)
Subject: [External] FW: Request for a Letter of No Review - Home Health CON
Date: Tuesday, June 11, 2024 12:42:05 PM
Attachments: [image001.png](#)
[Washington, NC - Request for Letter of No Review CON.pdf](#)

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Good Morning Greg,

Per our phone call, I wanted to clarify the request in our letter. Our service area is Beaufort County and we are not seeking to expand the service area. We are seeking to provide service to patients in the Counties of Hyde and Tyrell. If you need more information, let me know! Thank you!

Thank you,

Sarah Ware, JD

Senior Licensure & Certification Analyst
CenterWell Home Health
6330 Sprint Parkway, Suite 300
ATTN: Licensing
Overland Park, KS 66211-1157
E-mail: Sarah.Ware@centerwellhomehealth.com
facilitylicensure@centerwellhomehealth.com
Telephone: (913) 814-2237
Fax: (913) 814-2029



From: Ware, Sarah <Sarah.Ware@centerwellhomehealth.com>
Sent: Thursday, June 6, 2024 3:39 PM
To: michaela.mitchell@nc.dhhs
Subject: Request for a Letter of No Review - Home Health CON
Good Afternoon Miss Mitchell,

Please see attached letter regarding a request to add two counties to the service area of an existing Home Health Facility.

The two counties fall within 90 minutes of the facility.

Please return a Letter of No Review to add the counties of Hyde and Tyrell to the existing service area.

Let me know if you need any more information.

Thank you,

Sarah Ware, JD

Senior Licensure & Certification Analyst
CenterWell Home Health
6330 Sprint Parkway, Suite 300
ATTN: Licensing
Overland Park, KS 66211-1157
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Sarah Ware
Licensure & Certification
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Overland Park, KS 66211
sarah.ware@centerwellhomehealth.com
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Tel: (913) 814-2237
Fax: (913) 814-2029

SENT VIA ELECTRONIC MAIL : micheala.mitchell@dhhs.nc.gov

June 6, 2024

Ms. Micheala Mitchell
Chief, Certificate of Need
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Request for a Letter of No Review - Addition of Counties to Service Area
Eastern Carolina Home Health Agency, LLC
d/b/a CenterWell Home Health
1700 West 5th Street, Suite 470
Washington, NC 27889-4004
License # HC0329

Dear Ms. Mitchell,

The above mentioned Home Health Facility is seeking to add two counties to the service area **effective July 8, 2024**. Both additional counties are within a 90-minute service area of the facility which is located in Beaufort County.

The two counties are listed below:

- Hyde County
- Tyrell County

Please return a letter of no review for the extension of the existing service area for the facility listed above. You may reach me at (913) 814-2237, or, via email at sarah.ware@centerwellhomehealth.com, if you have any questions or require more information.

Sincerely,

Sarah Ware

Sarah Ware
Licensing and Certification Department

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Cc: [Pittman, Lisa](#)
Subject: FW: [External] Request for a Letter of No Review - Home Health CON
Date: Thursday, June 6, 2024 4:56:12 PM
Attachments: [image001.png](#)
[Washington, NC - Request for Letter of No Review CON.pdf](#)

Hi Tiffany,

Would you mind logging and assigning the attached?

Thank you.

Micheala Mitchell, JD
[NC Department of Health and Human Services](#)
[Division of Health Service Regulation](#)
Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center
Raleigh, NC 27699-2704
Office: 919 855 3879
Micheala.Mitchell@dhhs.nc.gov

From: Ware, Sarah <Sarah.Ware@centerwellhomehealth.com>
Sent: Thursday, June 6, 2024 4:52 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] Request for a Letter of No Review - Home Health CON

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Good Afternoon Miss Mitchell,

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The two counties fall within 90 minutes of the facility.

Please return a Letter of No Review to add the counties of Hyde and Tyrell to the existing service area.

Let me know if you need any more information.

Thank you,
Sarah Ware, JD

Senior Licensure & Certification Analyst
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