



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

October 18, 2024

Carivia Holmes

[Carivia.Holmes@adventhealth.com](mailto:Carivia.Holmes@adventhealth.com)

**No Review**

**Record #:** 4617  
**Date of Request:** October 8, 2024  
**Facility Name:** AdventHealth Home Health  
**FID #:** 954059  
**Business Name:** AdventHealth Home Health and Hospice, Inc.  
**Business #:** 3891  
**Project Description:** Change in licensee and facility name  
**County:** Henderson

Dear Ms. Holmes:

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 representation in your request and 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. **As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.**

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

Sincerely,

Ena Lightbourne, 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



Via Email  
October 8, 2024

Ena Lightbourne  
Health Planning and Certificate of Need  
NC Department of Health and Human Services  
809 Ruggles Drive  
Raleigh, NC 27603

**Re:** AdventHealth Home Health and Hospice Division Corporate Restructuring  
AdventHealth Home Care Western North Carolina  
License Number: HC0911  
Facility ID: 954059

Dear Ms. Ena Lightbourne,

AdventHealth's home care and hospice services are distinct legal entities under AdventHealth's corporate footprint. While they all are subsidiary entities of our parent corporation, Adventist Health System Sunbelt Health Care Corporation, (AHSSHC) each one has a distinct path to the sole member AHSSHC. Following a recent corporate reassignment of duties, AdventHealth aims to optimize and streamline these entities through a corporate reorganization.

Through this corporate reorganization, AdventHealth is seeking to bring efficiencies by having all subsidiaries be aligned to one entity, AdventHealth Home Health and Hospice, Inc. Once aligned, management of these entities will be under AdventHealth's Primary Health Division, whose central goal is to provide whole-person primary health care in a manner that improves patient outcomes and takes advantage of the operational efficiencies possible through the wide reach of AdventHealth as an institution.

As we process the regulatory changes, the goal is that AdventHealth Home Health and Hospice, Inc., whose sole member will be AHSSHC, will become the license holder for all home health and hospice entities within the AdventHealth footprint by transferring all assets from each home health and hospice entity to AdventHealth Home Health and Hospice, Inc. and assigning each entities Medicare CCN and NPI. AdventHealth Home Health and Hospice, Inc. will register to do business in each state where AdventHealth has a home health or hospice entity along with all required regulatory filings



AdventHealth is committed to extending the healing ministry of Christ through preeminent, faith-based, consumer-focused clinical care and we feel that this redesign of our home health and hospice entities will help in our ultimate goal of helping those who we serve feel whole. Please contact me at 813-334-1183 or [melissa.mora@adventhealth.com](mailto:melissa.mora@adventhealth.com) should you have additional questions or need additional information related to our corporate reorganization.

Sincerely,

A handwritten signature in black ink, appearing to read "Melissa Mora", with a long horizontal line extending to the right.

Melissa A. Mora, Esq.  
Divisional Chief Legal Officer,  
Primary Health Division

Enclosure: Pre-Post Closing Organizational Chart

# AdventHealth Home Health and Hospice Division Corporate Restructuring

## Pre-Closing Structure (Current State)

## Post-Closing Structure (Future State) Effective 01/01/2025

Adventist Health System Sunbelt Healthcare  
Corporation  
Tax ID: 59-2170012

Fletcher Hospital, Inc.  
Tax ID: 56-0543246

d/b/a AdventHealth Home  
Care Western North Carolina  
**NPI:** 1992740468  
**CCN:** 347195  
**License Number:** HC0911

Adventist Health System Sunbelt Healthcare  
Corporation  
Tax ID: 59-2170012

AdventHealth Home Health and Hospice, Inc.  
Tax ID: 59-2935928

**New d/b/a**  
AdventHealth Home Health  
**NPI:** 1992740468  
**CCN:** 347195  
**License Number:** TBD

**From:** [Holmes, Carivia](#)  
**To:** [Lightbourne, Ena](#); [Waller, Martha K](#)  
**Cc:** [Stancil, Tiffany C](#); [CLEMENTS, Lisa](#)  
**Subject:** [External] No Review Request - AdventHealth Home Care Western North Carolina  
**Date:** Tuesday, October 8, 2024 10:27:42 AM  
**Attachments:** [NC CON Re-Org Letter 10082024.pdf](#)  
**Importance:** High

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Good morning,

Thank you, Martha, for taking the time to speak with us last week regarding the corporate restructuring of our home health division effective January 1, 2025.

We have attached the letter of intent and enclosed the pre/post-closing structure as required for the “No Review Request.”

Please feel free to contact us if you have any questions or require any additional information.

Thank you,

**Carivia A. Holmes**

AdventHealth

Manager | [Regulatory Advocacy](#)

C: 850-212-2115 - Mobile

O: 407-357-1769 – Direct Line

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