



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEV DUTTA SANGVAI • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 18, 2025

Daniel Thompson
dthompson@wellcarehealth.com

No Review

Record #: 5030
Date of Request: December 5, 2025
Facility Name: Well Care Home Health of the Triad
FID #: 943723
Business Name: Well Care Home Health of the Triad, Inc.
Business #: 2739
Project Description: Expand home care services to Anson, Ashe, Burke, Caldwell, Caswell, Chatham, Cleveland, Gaston, Lee, Moore, Orange, Union, and Watauga counties
County: Davie

Dear Mr. Thompson:

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,

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704
www.ncdhs.gov/dhsr • TEL: 919-855-3873

*Yolanda W. Jackson*

Yolanda W. Jackson  
Project Analyst

*Micheala Mitchell*

Micheala Mitchell  
Chief

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



Date: 12/5/2025

To: NC DHHS – Healthcare Planning and Certificate of Need Section

Re: Request to expand geographic service area for Well Care Home Health of the Triad

License: HC0496

Facility ID: 943723

To whom it may concern:

Please accept this letter as notification that Well Care Home Health of the Triad requests a no-review letter for license # HC0496 to provide services to the residents of the following counties: Anson, Ashe, Burke, Caldwell, Caswell, Chatham, Cleveland, Gaston, Lee, Moore, Orange, Union, and Watauga.

If any additional information is needed, please do not hesitate to contact:

Daniel Thompson

Vice President, Compliance and Quality

[dthompson@wellcarehealth.com](mailto:dthompson@wellcarehealth.com)

910-622-5491

Sincerely,

Daniel Thompson

VP, Compliance and Quality



**From:** [Jackson, Yolanda W](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** Fw: [External] Request to add additional counties for HC0496 and HOS4966  
**Date:** Monday, December 8, 2025 11:09:24 AM  
**Attachments:** [WC Hospice- Territory Expansion Request.docx](#)  
[WCHH of the Triad- Territory Expansion Request.docx](#)

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Please see the attached no review requests.

Sent from my T-Mobile 5G Device

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**From:** Daniel Thompson <dthompson@wellcarehealth.com>  
**Sent:** Monday, December 8, 2025 10:01:07 AM  
**To:** Jackson, Yolanda W <yolanda.jackson@dhhs.nc.gov>  
**Cc:** Daniel Thompson <dthompson@wellcarehealth.com>  
**Subject:** [External] Request to add additional counties for HC0496 and HOS4966

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Good Morning,

Please find attached a request for a no review determination to add additional geographic territory to the licenses HC0496 and HOS4966.

Thank you!

**Daniel Thompson**

Vice President, Compliance and Quality | Well Care Health

Cell: 910.622.5491 | dthompson@wellcarehealth.com

***Keeping our communities healthy, happy, and at home.***

WellCareHealth.com

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