



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 30, 2025

Regina Allen

[Licensing@msahealthcare.com](mailto:Licensing@msahealthcare.com)

**No Review**

**Record #:** 5042  
**Date of Request:** December 18, 2025  
**Facility Name:** Albemarle Home Care and Hospice  
**FID #:** 980718  
**Business Name:** MSA Home Health and Hospice of NC, Inc.  
**Business #:** 2313  
**Project Description:** Serve residents of Camden, Chowan, Currituck, Dare, Gates, Perquimans, Bertie, Hertford and Northampton  
**County:** Pasquotank

Dear Ms. Allen:

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.**

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

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Regina Allen  
December 30, 2025  
Page 2

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

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Yakaboski', with a long horizontal flourish extending to the right.

Gregory F. Yakaboski  
Project Analyst

A handwritten signature in black ink, appearing to read 'Micheala Mitchell', written in a cursive style.

Micheala Mitchell  
Chief

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

# Corporate Headquarters



December 18, 2025

Tiffany Stancil  
Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health & Human Services  
2704 Mail Service Center Raleigh, North Carolina 27699-2704

**Re: Certificate of Need – No Review Request**

**Site: MSA Home Health and Hospice of NC, Inc.  
DBA: Albemarle Home Care and Hospice  
1129 Horseshoe Road  
Elizabeth City, NC 27909**

**TIN: 474993299  
NPI: 1104291244  
License: HOS1677  
Facility ID: 980718**

Dear Ms. Stancil,

I trust you are well. Our agency servicing **Pasquotank** County, Albemarle Home Care and Hospice (*fid 980718*), would like to service residents that reside in other counties.

We would like to confirm that we can service the following additional counties: **Pasquotank, Camden, Chowan, Currituck, Dare, Gates, Perquimans, Bertie, Hertford and Northampton.**

We believe that this is a no review request. Attached is a copy of our license. We greatly appreciate your assistance with this process and please outreach if you need additional information.

Best regards,

Regina Allen  
Managed Care Licensing & Credentialing Liaison  
Mail: P.O. Box 609 – Lexington, SC 29071  
Phone: (803) 957-0500 Ext 6075  
Email: [Licensing@msahealthcare.com](mailto:Licensing@msahealthcare.com)

171 Monroe Lane • Lexington, SC 29072 • P.O. Box 609 (29071-0609)  
PHONE (803) 957-0500 • FAX (803) 358-5741

**MEDICAL SERVICES OF AMERICA, INC.**  
[www.MedicalServicesofAmerica.com](http://www.MedicalServicesofAmerica.com)

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 1, 2026, this license is issued to*

***MSA Home Health and Hospice of NC, Inc.***

*to operate a hospice agency known as*

***Albemarle Home Care and Hospice***

*located at 1129 Horseshoe Road*

*Elizabeth City NC 27909*

*County: Pasquotank*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2026*

***Facility ID: 980718***

***License Number: HOS1677***

***Hospice Services:***

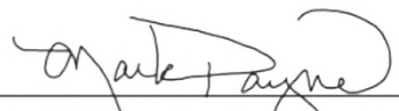
*Hospice Home Services.*

*This agency is authorized to provide Medicare-certified hospice services.*

Authorized by:



Secretary, N.C. Department of Health and  
Human Services



Director, Division of Health Service Regulation

**From:** [Regina Allen](#)  
**To:** [Stancil, Tiffany C](#)  
**Cc:** [licensing; Yakaboski, Greg](#)  
**Subject:** [External] HOS1677 CON - No Review Request 12-18-25  
**Date:** Thursday, December 18, 2025 2:00:23 PM  
**Attachments:** [HOS1677 - 4383 CON No Review Request 12-18-25.pdf](#)  
**Importance:** High

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Good afternoon,

Please see attached what we believe to be a no review request to service residents that reside in additional counties for our facility, Albemarle Home Care and Hospice (fid 980718). Please let us know if anything else is needed to process this request.

Best regards,

*Regina Allen*

Managed Care Licensing Liaison



Medical Services of America, Inc.

PO Box 609

Attn: Licensing Dept.

Lexington, SC 29071

Phone: 803.957.0500 Ext 6075

Fax: 803.358.5741

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