



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

October 8, 2025

Joseph Johnson
facilitylicensure@centerwellhomehealth.com

No Review

Record #: 4845
Date of Request: July 16, 2025
Facility Name: CenterWell Home Health
FID #: 923657
Business Name: Capital Care Resources, LLC
Business #: 336
Project Description: Provide services to residents of Gaston County
County: Mecklenburg

Dear Joseph Johnson:

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
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

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

Sincerely,

Chalice L. Moore

Chalice L. Moore
(Monitoring Project Analyst)
Project Analyst

Micheala Mitchell

Micheala Mitchell
Chief

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



Joseph C. Johnson
Licensure & Certification Analyst
6330 Sprint Parkway, Suite 300
Overland Park, KS 66211
(joseph.johnson3@centerwellhomehealth.com)
Tel: (913) 814-2206
Fax: (913) 814-2029

SENT VIA ELECTRONIC MAIL

July 2, 2025

Division of Health Service Regulation
Acute and Home Care Licensure and Certificate Section
ATTN Inga Gaines
2717 Mail Service Center
Raleigh, NC 27699
DHSR.homecare@dhhs.nc.gov
inga.m.gaines@dhhs.nc.gov

**Re: Additional Geographic Service Area
Capital Care Resources, LLC
License Number: HC0138**

To Whom It May Concern:

We are writing on behalf of our client, Capital Care Resources, LLC ("CCR"), a Georgia limited liability company, to provide notice of CCR's plans to expand its geographic service area. CCR is registered with the Division of Health Service Regulation as a certified home health agency with a license address of 11111 Carmel Commons Blvd, Suite 350-B, Charlotte, NC 28226. This notice is submitted pursuant to 10A N.C. Admin. Code 13J .1001(g).

CCR's current geographic service area is Mecklenburg and Iredell Counties, however, they plan to expand their geographic service area to Gaston County. The purpose for this geographic expansion is to provide *non-certified* home care services, including physical therapy, occupational therapy, and speech language therapy to patients. CCR will not be providing certified home health services beyond the scope of its current license and geographic service area.

We will provide additional documentation as you may request. If you require any information submission or have any additional questions, please do not hesitate to contact me by phone at 913-814-2206, or via e-mail at facilitylicensure@centerwellhomehealth.com.

Sincerely,

A handwritten signature in blue ink that reads "Joseph Johnson".

Joseph Johnson
Manager - Licensing and Certification Department
CenterWell Home Health

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] Capital Care Resources, LLC - NC State License HC0138 - Geographic Service Area Expansion for Medicare Part B Services
Date: Wednesday, July 16, 2025 1:59:35 PM
Attachments: [image001.png](#)
[GSA HC0138 -Service Area Expansion Request.pdf](#)

Tiffany-

Can you log this and assign it to Chalice. It appears to be a no review.

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: Johnson, Joseph <Joseph.Johnson2@CenterWellHomeHealth.com>
Sent: Wednesday, July 9, 2025 6:06 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Cc: Facility Licensure <facilitylicensure@centerwellhomehealth.com>
Subject: [External] Capital Care Resources, LLC - NC State License HC0138 - Geographic Service Area Expansion for Medicare Part B Services

You don't often get email from joseph.johnson2@centerwellhomehealth.com. [Learn why this is important](#)

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Good Evening,

I am contacting you on behalf of Capital Care Resources, LLC regarding a request for Licensee HC0138, located in Charlotte, NC. I was directed by Inga Gaines to submit the following to your office for review.

Please find attached a request to expand the current licensee's service area to include Gaston County for *non-certified* home care services. Please send any response or request for information to facilitylicensure@centerwellhomehealth.com.

Thank you,
Joseph Johnson, Esq.

Interim Manager - Licensing and Certification Department

Licensing & Certification Analyst

CenterWell Home Health

6330 Sprint Parkway, Suite 300

ATTN: Licensing

Overland Park, KS 66211-1157

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