

North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Drexdal Pratt  
Division Director

September 18, 2015

Cullin B. Hughes  
900 W. 48<sup>th</sup> Place, Suite 900  
Kansas City, MO 64112-1895

**No Review**

**Record #:** See Attachment A  
**Facility Name:** See Attachment A  
**FID #:** See Attachment A  
**Business Name:** Advanced Homecare Management, Inc.  
**Business #:** 2283  
**Project Description:** Change in indirect ownership management structure of agencies  
**County:** See Attachment A

Dear Mr. Hughes:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of August 31, 2015 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that 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.

However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if it has any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Julie Halatek  
Project Analyst



Martha J. Frisone  
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Assistant Chief, Healthcare Planning

### ATTACHMENT A

<b>Name of Agency</b>	<b>FID #</b>	<b>County</b>	<b>Business ID #</b>	<b>Record ID #</b>
CareSouth Homecare Professionals	944069	Polk	2283	1722
CareSouth Homecare Professionals	954111	Rutherford	2283	1723
CareSouth Homecare Professionals	923981	McDowell	2283	1724



900 W. 48th Place, Suite 900, Kansas City, MO 64112-1895 • 816.753.1000

Received by  
the CON Section  
AUG 31 2015

August 31, 2015

Cullin B. Hughes  
(816) 360-4121  
(816) 753-1536 Fax  
chughes@polsinelli.com

**CONFIDENTIAL**

**VIA ELECTRONIC MAIL**

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Health Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Attn: Martha Frisone  
Martha.Waller@dhhs.nc.gov

**Re: Transaction Involving CareSouth HHA Holdings of Western Carolina, LLC  
License No. HC-0435; Facility ID 923981  
License No. HC-0445; Facility ID 954111  
License No. HC -0436; Facility ID 944069**

Dear Ms. Frisone:

Our firm is counsel to Advanced Homecare Management, Inc., a Delaware corporation doing business as Encompass Home Health & Hospice (“**Encompass**”). This letter is to inform you of a transaction that is expected to close on or about October 1, 2015 involving Encompass and CareSouth HHA Holdings of Western Carolina, LLC (“**CareSouth Western Carolina**”), and to request a letter of “no review” in relation to its Certificate of Need. CareSouth Western Carolina owns and is certified by the North Carolina Department of Health and Human Services Division of Health Service Regulation (“**DHSR**”) to operate three home health agencies in North Carolina, which operate under the name CareSouth Homecare Professionals. These home health agencies are located at the following address:

- 816 West Mills St., Columbus NC 28722
- 1211 North Main St., Marion, NC 28752
- 431 South Main St., Suite 5, Rutherfordton, NC 28139

For your reference, the current ownership structure of CareSouth Western Carolina (i.e., before the transaction) is illustrated by the diagram attached to this letter as Exhibit A.

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Atlanta Chicago Dallas Denver, Kansas City Los Angeles Nashville New York Phoenix St. Louis San Francisco Washington, D.C. Wilmington  
Polsinelli PC, Polsinelli LLP in California

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Attn: Martha Frisone  
August 31, 2015  
Page 2

As a result of the transaction, Encompass will become the owner of CareSouth Western Carolina's grandparent entity, CareSouth Health System, Inc., a Delaware corporation ("CareSouth"). The transaction is being effected through a merger of CareSouth with a wholly-owned subsidiary of Encompass named EHH Merger Sub Corporation, a Delaware corporation. The ownership structure of CareSouth Western Carolina after the transaction is illustrated by the diagram attached to this letter as Exhibit B.

Based on the foregoing, our reading of applicable statutes and administrative regulations, and conversations with representatives of DHSR, we believe that the above-described transaction will not create "new institutional health services" that will require a new Certificate of Need application under N.C. Gen. Stat. §131E-176 and 178. As a result, we are requesting that you provide us with a "no review letter" confirming that no action is needed by DHSR.

Further, it is important to note that none of the following will change in connection with the transaction:

- CareSouth Western Carolina's Federal tax identification number;
- The physical addresses of the home health agencies;
- The NPI or Medicare Provider Number of the home health agencies;
- The type, quantity, and quality of home health services offered by the home health agencies; and
- The key personnel of the home health agencies, including the Administrator and Director of Nursing.

Please confirm that this letter is sufficient notice of the above-described transaction to qualify for your issuance of a "no review letter". If not, please let me know what other materials, if any, we must submit or other actions we must take in advance of or after the closing.

Thank you in advance for your assistance. We will send a follow-up letter after the transaction has been consummated to confirm the date of closing. If you have any questions in the interim, please call me at (816) 360-4121 or e-mail me at [chughes@polsinelli.com](mailto:chughes@polsinelli.com).

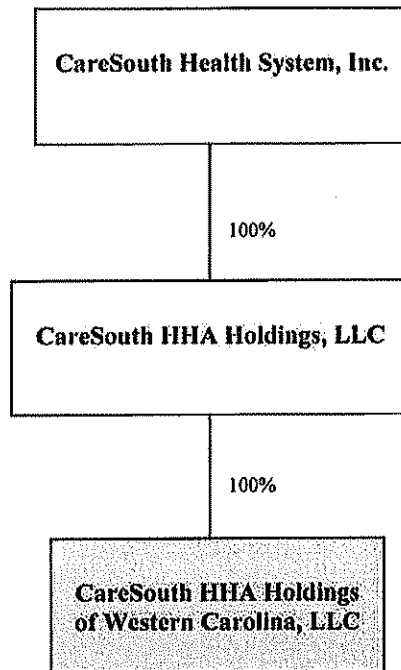
Sincerely,

A handwritten signature in black ink, appearing to read "C. Hughes".

Cullin B. Hughes

Encs.

**Exhibit A**  
**Ownership Structure Prior to the Transaction**



**Exhibit B**  
**Ownership Structure After the Transaction**

