

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

**ROY COOPER** GOVERNOR

MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

August 3, 2017

Paula Vinson 3854 American Way, Suite A Baton Rouge, LA 70816

No Review

Record #: 2277

Facility Name:

**Amedisys Hospice Care** 

FID #:

130100

**Business Name:** 

Amedisys Hospice, LLC

Business #:

Project Description: Change of address within Plymouth

County:

Washington

Dear Ms. Vinson:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters of May 10, 2017 and June 28, 2017 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 they have 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 TELEPHONE 919-855-3873 Paula Vinson August 3, 2017 Page 2

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,

Jane Rhoe-Jones

Project Analyst

Martha J. Frisone, Chief

Healthcare Planning and Certificate of Need Section

cc:

Acute and Home Care Licensure and Certification Section, DHSR Paige Bennett, Assistant Chief, Healthcare Planning, DHSR



June 28, 2017

# sent via FedEx and email to DHSR.homecare@dhhs.nc.gov

DHSR-Acute and Home Care Licensure & Certification

Attn: Change of Address-Nancy Joyce
Facility Licensing & Investigations Section

2712 Mail Service Center Raleigh, NC 27699-2712

RE:

Notification of a Completed Change of Address for:

Parent:

Amedisys Hospice, LLC

d/b/a Amedisys Hospice Care

1072 US Highway 64 W Plymouth, NC 27962-9396

Tax ID Number:

Medicare Number: NPI Number:

NC License Number: Medicaid Number:

**CLIA Number:** 

27-0078073

Deft

34-1598

1518205277

HOS4596

1518205277 34D2053883

Dear Ms. Joyce:

This letter is to provide written notification of the Completed Change of the Physical and Mailing Address for the above-referenced home health agency, effective June 28, 2017.

Old Address:

1072 US Highway 64 W

Plymouth, NC 27962-9396

County: Washington

252-791-0490 (Telephone Number)

252-791-0545 (Fax Number)

New Address:

201 E Water Street

Plymouth, NC 27962-1301

County: Washington

252-791-0490 (Telephone Number)

252-791-0545 (Fax Number)

This relocation will not involve a change in County.

Telephone and Fax numbers will not change as a result of this relocation.

If further information is required, please contact me at (225)-299-3548 or by email at paula.vinson@amedisys.com.

Sincerely,

Paula Vinson

Director, Regulatory

PV/pg

## Copy to:

## **CON**

NC Department of Health and Human Services Certificate of Need 2704 Mail Service Center Raleigh, NC 27696-2704

## FI/MAC

# **DMA-DIV OF MED ASSIST**

acela Kasen

North Carolina Dept of Human Services 2501 Mail Service Center Raleigh, NC 27699-2501

#### **MEDICAID**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Medical Assistance 2501 Mail Service Center Raleigh, NC 27699-2501

## **CLIA**

**QIO** 







May 10, 2017

sent via email to <a href="mailto:DHSR.homecare@dhhs.nc.gov">DHSR.homecare@dhhs.nc.gov</a> and FedEx

**DHSR** 

Acute and Home Care Licensure & Certification

Attn: Change of Address

Facility Licensing & Investigations Section

2712 Mail Service Center Raleigh, NC 27699-2712

RE: Notification of an Impending Change of Address for

Parent:

Amedisys Hospice, LLC

d/b/a Amedisys Hospice Care

1072 US Highway 64 W Plymouth, NC 27962-9396

Tax ID Number: Medicare Number:

NPI Number: NC License Number:

Medicaid Number:

CLIA Number:

27-0078073

34-1598

1518205277

HOS4596

1518205277

34D2053883

Dear Sir or Madam:

This letter is to provide written notification of an **Impending Change of the Physical and Mailing Address** for the above-referenced hospice agency, effective **June 27, 2017**.

Old Address:

1072 US Highway 64 W

Plymouth, NC 27962-9396

County: Washington

252-791-0490 (Telephone Number)

252-791-0545 (Fax Number)

New Address:

201 E Water Street

Plymouth, NC 27962-1301

County: Washington

252-791-0490 (Telephone Number)

252-791-0545 (Fax Number)

This relocation will involve a change in County. Per Pat Goth

Telephone and Fax numbers will not change as a result of this relocation.

Please note, that on the date of relocation, the following will be notified of the **Change of Relocation**:

- FI/MAC
- MEDICAID
- DMA-Division of Medical Assistance

Thank you for your assistance in this matter. If further information is required, please contact me at (225)-299-3548 or by email at paula.vinson@amedisys.com.

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Sincerely

Paula Vinson

Director, Regulatory

PV/pg

## Copy to:

**CON** 

NC Department of Health and Human Services Certificate of Need 2704 Mail Service Center Raleigh, NC 27696-2704