

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

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE DIRECTOR

December 13, 2017

James C. Wrenn, Jr. 111 Gilliam Street Oxford, NC 27565

No Review

Record #: 2455

Facility Name: Amazing Grace of WNC, LLC

Business Names: S&S Companion Care of Forest City NC, LLC

S&S Forest City NC, LLC

Business #s: 2752

2753

Project Description: Acquire existing non-Medicare certified home care agency

County: Rutherford

Dear Mr. Wrenn:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of December 7, 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

#### HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

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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.

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

Juli Halatik

Martha J. Frisone, Chief

Healthcare Planning and Certificate of Need Section

cc:

Acute and Home Care Licensure and Certification Section, DHSR Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

## Halatek, Julie F

From:

Amy Erwin <aee@hopperhickswrenn.com>

Sent:

Friday, December 08, 2017 3:29 PM

To:

Frisone, Martha; Halatek, Julie F

Subject:

[External] Amazing Grace of WNC, LLC

**Attachments:** 

scan0073.pdf

**CAUTION:** External email. Do not click links or open attachments unless verified. Send all suspicious email as an attachment to report.spam@nc.gov.

Please find attached a no review regarding the above referenced matter/agency. If you need anything else or have any questions, please let me know.

### THANKS!

Amy E. Erwin NC Certified Paralegal Hopper, Hicks & Wrenn, PLLC 111 Gilliam Street (delivery) P.O. Box 247 (mail) Oxford, NC 27565

(919) 693-8161 (telephone) (919) 693-9938 (facsimile)

# HOPPER, HICKS & WRENN, PLLC

N. Kyle Hicks James C. Wrenn, Jr. Holly W. Batten Gerald T. Koinis C. Gill Frazier, H Telephone: (919) 693-8161 www.hopperhickswrenn.com

Oxford Office: PO Box 247 111 Gilliam Street Oxford, NC 27565 Creedmoor Office:

December 7, 2017

PO Box 686 106 W. Church St., Ste. E Creedmoor, NC 27522

Ms. Martha Frisone, Chief
Ms. Julie Halatek. Project Analyst
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
North Carolina Department of Health and Human Services
2704 Mail Service Center
Raleigh, NC 27699-2704

Via first class mail and e-mail transmission to martha.frisone@dhhs.nc.gov and Julie.Halatek@dhhs.nc.gov

RE: Confirmation that acquisition of Amazing Grace of WNC, LLC is not subject to Article 9, Chapter 131E of the North Carolina General Statutes

Dear Ms. Frisone and Ms. Halatek:

Our clients, S&S Companion Care of Forest City NC, LLC and S&S Forest City NC, LLC, are planning to acquire a home care agency (as defined by N.C. Gen. Stat. §131E-136(2)) currently known as Amazing Grace of WNC, LLC ("Amazing Grace") (the home care agency is hereinafter referred to as the "Agency"). The Agency's office is located at 838 Oakland Rd., Spindale, NC 28160 (the "Real Property"). The Real Property is currently owned by the Amazing Grace. S&S Forest City NC, LLC will acquire the Real Property and S&S Companion Care of Forest City NC, LLC will be the licensee that operates the Agency.

The purpose of this letter is to provide prior notice of this acquisition, which we believe is not subject to Certificate of Need ("CON") review, to the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "CON Section"). We seek confirmation that our clients' acquisition of the Agency as outlined above is not subject to review by the CON Section.

The Agency is a "home care agency" as that term is defined in N.C. Gen. Stat. § 131E-136(2)<sup>1</sup>. The Agency is not currently certified to receive Medicare or Medicaid reimbursement for providing nursing care, therapy, medical social services, and home health aide services on a part-time, intermittent basis and will not be certified to receive Medicare or Medicaid reimbursement for providing nursing care, therapy, medical social services, and home health aide

<sup>&</sup>quot;'Home care agency' means a private or public organization that provides home care services." N.C. Gen. Stat. §131E-136(2).

services on a part-time, intermittent basis after the acquisition. Therefore, it is our opinion that the Agency is not a "home health agency" as defined at N.C. Gen. Stat. § 131E-136(4)<sup>2</sup> and, as a result, is not subject to Article 9, Chapter 131E of the North Carolina General Statutes.

Please provide us with written confirmation that this transaction is not governed by and is not subject to Article 9, Chapter 131E of the North Carolina General Statutes. If you require additional information to consider this request, please contact us at (919) 693-8161 or on my cell phone at (919) 939-1012. Thank you for your consideration of this request.

Sincerely,

James C. Wrenn, Jr.

JCWjr/gtk

<sup>&</sup>lt;sup>2</sup> "Home health agency' means a home care agency which is certified to receive Medicare and Medicaid reimbursement for providing nursing care, therapy, medical social services, and home health aide services on a parttime, intermittent basis as set out in G.S. 131E-176(12), and is thereby also subject to Article 9 of Chapter 131E." N.C. Gen. Stat. §131E-136(4).