

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

ROY COOPER GOVERNOR

MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

January 26, 2017

Ruth C. Schwartz 12900 Foster, Suite 400 Overland Park, KS 66213

Exempt from Review – Acquisition of Facility

Record #:

2135

Facility Name:

Harnett County Home Health Agency

Type of Facility: Home Health Agency

FID #:

943785

Acquisition by:

KAH Development 12, LLC

Business #:

2544

County:

Harnett

Dear Ms. Schwartz:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) determined that based on your letter of January 4, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(8). Therefore, KAH Development 12, LLC may proceed to acquire the above referenced health service facility without first obtaining a certificate of need. However, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to obtain instructions for changing ownership of the existing facility. Note that pursuant to N.C. Gen. Stat. §131E-181(b): "A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need."

It should be noted that this Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this Agency and a

# HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV TELEPHONE: 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603 MAILING ADDRESS: 2704 MAIL SERVICE CENTER •RALEIGH, NC 27699-2704 AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

Ruth C. Schwartz January 26, 2017 Page 2

separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

Tanya S. Rupp Project Analyst Martha J. Frisone

Assistant Chief, Certificate of Need

cc:

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





#### January 4, 2017

Ms. Tanya Rupp, CON Project Analyst, Via Email Address: <a href="mailto:Tanya.Rupp@dhhs.nc.gov">Tanya.Rupp@dhhs.nc.gov</a>
Ms. Veronica Moore, Support Staff, Via Email Address: <a href="mailto:Veronica.Moore@dhhs.nc.gov">Veronica.Moore@dhhs.nc.gov</a>
Division of Health Service Regulation
Healthcare Planning & Certificate-of-Need Section
North Carolina Department of Health & Human Services
809 Ruggles Drive, Edgerton Building
Raleigh, NC 27603

RE:

Transfer of Ownership Notice – Harnett County Home Health Agency 307 Cornelius Harnett Blvd. Lillington, NC 27546-0400

Facility ID: 943785 License #: HC0503

Dear Ms. Rupp:

Please accept this written request for a determination of exemption from certificate-of-need review in accordance with N.C.G.S. 131E-184(a)(8) for the acquisition of an existing health care facility providing home health care services.

Harnett County Home Health Agency owns and operates a state-licensed and Medicare-approved home health agency located at the above address. Through a limited asset purchase transaction, KAH Development 12, LLC, a Kindred Health Care subsidiary, ("Buyer") will assume ownership and file all applicable state license and Medicare certification change of ownership forms with the Department's Acute & Home Care Licensure & Certification Section.

Pending execution of an asset purchase agreement and receipt of the required regulatory approvals, the Buyer will continue operating the health care facility in Harnett County. The proposed transfer of ownership is expected to be completed on or around February 1, 2017.

Whereas the proposed transfer of ownership will not constitute the development of a new institutional health service or in any way materially affect the State Health Plan, I am respectfully requesting your office to issue an exemption from certificate-of-need based on the facts represented in this letter. Please forward your response to the undersigned at your earliest convenience via email or fax. Thanking you in advance for your time and assistance in this matter.

Best Regards,

Ruth C. Schwartz

Assistant Vice President, Licensing & Certification

Kindred at Home

12900 Foster, Suite 400 Overland Park, KS 66213

(Email) ruth.schwartz@gentiva.com

(PH) 913-814-2288

(Toll Free) 800-677-2244, ext. 2288

(Fax) 913-814-4270

12900 Foster, Overland Park Kansas 66213 - 913.814.2800

www.kindredathome.com

C 3616 Kerdral & Hone CM: 185v35 G

# Rupp, Tanya

From:

Schwartz, Ruth < Ruth.Schwartz@gentiva.com>

Sent:

Wednesday, January 11, 2017 3:39 PM

To:

Rupp, Tanya

Subject:

RE: Request for CON Exemption

#### Tanya,

I hadn't heard and thanks for the update. Could you send me a scanned copy via email on Friday so that I receive before "snail" mail gets the letter to me? Thanks for your assistance and take care.

Ruth

From: Rupp, Tanya [mailto:tanya.rupp@dhhs.nc.gov]

Sent: Wednesday, January 11, 2017 11:06 AM

To: Schwartz, Ruth

Subject: [EXTERNAL] RE: Request for CON Exemption

Hi Ruth,

Yes, I have received your request. We have had adverse weather issues here for the past three days, so I have not been in the office. I will do my best to get your response in Friday's mail.

Will that be okay?

Thank you – please feel free to call me if you need to, at 919-855-3886.

#### Tanya S. Rupp, JD

Project Analyst

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section North Carolina Department of Health and Human Services

919-855-3873 office Tanya.rupp@dhhs.nc.gov

809 Ruggles Drive 2704 Mail Service Center Raleigh, NC 27699-2704



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From: Schwartz, Ruth [mailto:Ruth.Schwartz@gentiva.com]

Sent: Monday, January 09, 2017 1:01 PM To: Rupp, Tanya < tanya.rupp@dhhs.nc.gov> Subject: FW: Request for CON Exemption

Good Afternoon Tanya. Want to confirm with you that you have received attached request and if you can give me an ETA on when to expect your response?

We anticipate filing the state license CHOW paperwork this week and will need to include a copy of the CON response, if at all possible.

Regards, Ruth

#### Ruth C. Schwartz

Assistant Vice President, Licensing & Certification Kindred at Home, Formerly Gentiva Health Services 12900 Foster, Suite 400Overland Park, KS 66213 Tel: 913-814-2288 or 800-677-2244, ext. 2288

Fax: 913-814-4270 www.kindredathome.com

From: Schwartz, Ruth

Sent: Wednesday, January 04, 2017 3:30 PM

To: Rupp, Tanya

Cc: veronica.moore@dhhs.nc.gov Subject: Request for CON Exemption

Importance: High

Ms. Rupp,

Please accept the attached letter requesting CON exemption. I would appreciate receiving your response at your very earliest convenience either by email for fax so that we may proceed with filing the necessary change of ownership state license and certification paperwork with the Division of Health Service Regulation, Acute and Home Care, Licensure & Certification Section.

Regards,

### Ruth C. Schwartz

Assistant Vice President, Licensing & Certification Kindred at Home, Formerly Gentiva Health Services 12900 Foster, Suite 400Overland Park, KS 66213 Tel: 913-814-2288 or 800-677-2244, ext. 2288

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