



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

November 2, 2017

Anderson M. Shackelford
Williams Mullen
301 Fayetteville Street, Suite 1700
Raleigh, NC 27601

No Review

Record #: 2429
Facility Name: Well Care Home Health, Inc.
FID #: 943723
Business Name: Well Care Home Health of the Triad, Inc.
Business #: 2739
Project Description: Split current License No. HC0496 into two separate licenses: one for home health services and one for hospice services
County: Davie

Dear Mr. Shackelford:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter dated October 31, 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

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

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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.

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,



Celia C. Inman
Project Analyst



Martha J. Frisone
Chief, Healthcare Planning and Certificate of Need

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

WILLIAMS MULLEN

Direct Dial: 919.981.4312
ashackelford@williamsmullen.com

October 31, 2017



Martha Frisone, Chief
North Carolina Department of Health & Human Services
Healthcare Planning & Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive, Edgerton Building
Raleigh, NC 27603

**Re No Review Request for Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc. (Facility ID 943723)
5380 US Highway 158, Suite 210
Advance, NC 27006**

Dear Ms. Frisone:

My firm represents Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc. ("Well Care"), which has a license to provide home health services. The license specifically includes a full range of home health services as well as hospice services. These services are listed on a single license – License No. HC0496.

Well Care would like to work with the Acute and Home Care Licensure & Certification Section to have its current license (License No. HC0496) divided into two separate licenses – one for its licensed hospice services and the other for all the remaining home health services. After the licenses are divided, Well Care will continue providing all the remaining home health services under the existing license with hospice services under the newly issued, separate license (to be issued under the name of a newly-formed entity, Well Care Hospice, Inc.).

Because Well Care is already licensed to provide all the above identified services, the issuance of a separate license for its hospice business would not constitute the development of a new healthcare service requiring any certificate-of-need review.

As such, we respectfully request that you confirm that no certificate-of-need review would be required prior to the Acute and Home Care Licensure & Certification Section issuing separate licenses for the services identified above.

If you have any questions or should you need additional information, please let me know at your earliest convenience. If possible, I would greatly appreciate receiving your response letter either via email at ashackelford@williamsmullen.com or by fax at 919-981-4300 (email is preferred). Thank you in advance for your prompt attention to this request.

WILLIAMS MULLEN

October 31, 2017

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If you should need anything further, please feel free to contact me.

Sincerely yours,

Anderson M.

ams

cc Zac Long
Wanda Coley
Joy Heath

WILLIAMS MULLEN

Direct Dial: 919.981.4312
ashackelford@williamsmullen.com

October 31, 2017



Martha Frisone, Chief
North Carolina Department of Health & Human Services
Healthcare Planning & Certificate of Need Section
Division of Health Service Regulation
809 Ruggles Drive, Edgerton Building
Raleigh, NC 27603

**Re Request for Material Compliance Determination
Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc.
(Facility ID 943723)
5380 US Highway 158, Suite 210
Advance, NC 27006**

Dear Ms. Frisone:

My firm represents Well Care Home Health of the Triad, Inc. d/b/a Well Care Home Health, Inc. ("Well Care") which presently holds License No. HC0496. As you may recall, Well Care acquired the Agency from Davie County in 2016, which was preceded by Well Care providing prior written notice to your office pursuant to N.C. Gen. Stat. § 131E-184(a)(8). At that time, your office confirmed that Well Care's acquisition was an exempt transaction, and no certificate-of-need was filed by Well Care at that time.

Well Care would now like to work with the Acute and Home Care Licensure & Certification Section to have its current license (License No. HC0496) divided into two separate licenses – one for hospice services and the other for the home health services. After the licenses are divided, Well Care will continue providing home health services under its current license, with hospice services under the newly issued, separate license. A no-review request for this "splitting" of Well Care's existing license will be submitted to your office under separate cover.

After the licenses are split, Well Care anticipates transferring the hospice license to a newly-formed entity, Well Care Hospice, Inc. In our telephone conversation yesterday, you indicated that before doing so (and before submitting its no-review request), Well Care must first seek a determination of material compliance. As such, please allow this letter to serve as Well Care's formal request for a material compliance determination.

If you have any questions or should you need additional information, please let me know at your earliest convenience. If possible, I would greatly appreciate receiving your response either via email at ashackelford@williamsmullen.com or by fax at 919-981-4300 (email is preferred). Thank you in advance for your prompt attention to this request.

WILLIAMS MULLEN

October 31, 2017
Page 2

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