



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

April 26, 2023

Angela Kelly
Licensing@msahealthcare.com

No Review

Record #: 4180
Date of Request: April 17, 2023
Facility Name: Medi Home Hospice
FID #: 041396
Business Name: MSA Home Health and Hospice of NC, Inc.
Business #: 2313
Project Description: Relocation of a home hospice agency within the same county
County: Robeson

Dear Ms. Kelly:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Tanya M. Saporito
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [Tanya, Saporito](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] CON Move notice _ request _ 4035
Date: Tuesday, April 18, 2023 1:14:43 PM
Attachments: [4035 CON Letter.doc](#)

Hi Tiffany,

I've already saved the letter in my S drive; will you please just log this?

Thank you SO much.

Tanya Saporito, J.D. *I work from home and in the office. Email is the best way to contact me.*

Project Analyst

[Division of Health Service Regulation](#), Certificate of Need
[NC Department of Health and Human Services](#)

Office: 919-855-3873

Tanya.saporito@dhhs.nc.gov

809 Ruggles Drive, Edgerton Building
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From: Angela Kelly <AKelly@msahealthcare.com>
Sent: Monday, April 17, 2023 2:55 PM
To: Tanya, Saporito <tanya.saporito@dhhs.nc.gov>
Cc: licensing <licensing@msa-corp.com>
Subject: [External] CON Move notice _ request _ 4035

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Hi Tanya,

Please see attached move notice and request to continue our servicing area with our current CON.

If anything else is needed please let me know.

Thank you

Angela Kelly
Contract Analyst/Team Lead
MedAmerica Department



Medical Services of America, Inc.
Office: 803-957-0500 ext 7915
Fax: 803.358.5741

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