

Carolinas HealthCare System

James E.S. Hynes Chairman

Michael C. Tarwater, FACHE Chief Executive Officer

> Joseph G. Piemont President & COO

> > February 8, 2011

Ms. Elizabeth K. Brown, Chief Medical Facilities Planning Section Division of Health Service Regulation NC Department of Health and Human Services 2714 Mail Service Center Raleigh, North Carolina 27699-2714 DPS Health Planning
RECEIVED
FEB US 2011
Medical Facilities
Manning Section

Dear Ms. Brown:

Within the last ten days, it has come to our attention that there is a significant data issue for Mecklenburg County in Table 12A of the 2011 State Medical Facilities Plan (SMFP). Because of a change in ownership during the licensure year, Table 12A is missing data from one of the largest home health agencies operating in Mecklenburg County. As a result of this data issue, there is an allocation of two home health agencies in Mecklenburg County when, in fact, there is no need for any additional home health agencies in this county.

The facts of the situation are summarized below:

	As required by 10A NCAC 13J .0903(f), CMC-Home Care notified the Acute and Home Care Licensure and Certification Section of its pending change of ownership on March 23, 2009. See Attachment 1.
	On July 1, 2009, Healthy@Home acquired CMC-Home Care (License #HC1038).
0	In late November 2009, Healthy@Home submitted its 2010 Licensure Renewal Application noting correctly that the data contained within the Application were for the period July 1, 2009 through September 30, 2009, not the full fiscal year 2009. See Attachment 2, the 2010 Licensure Renewal Application, Section B.
	As CMC-Home Care was no longer operating a home health agency after July 1, 2009, it was not required to submit a 2010 Licensure Renewal Application.

Given that Healthy@Home had only three months of data to report for fiscal year 2009 and that CMC-Home Care was not required to file a 2010 Licensure Renewal Application, Table 12A in the 2011 SMFP reflects only three months of data from what has historically been the single largest home health agency in Mecklenburg County. The following table shows the total number of patients served by CMC-Home Care and the total number served by all providers of Mecklenburg County since fiscal year 2006.

Fiscal Year	CMC-Home Care	Total Mecklenburg
(SMFP)	Mecklenburg County Patients	County Patients
FY 08 (2010)	4;134	13,644
FY 07 (2009)	3,645	12,466
FY 06 (2008)	3,548	12,108

In contrast to the three prior years, the 2011 SMFP shows that Healthy@Home served a total of only 1,312 patients in fiscal year 2009 (which accurately reflects the three months of data that Healthy@Home reported) and the total number of Mecklenburg County patients served dropped to only 11,507. Data from the subsequent 2011 Licensure Renewal Application for Healthy@Home further demonstrate the significance of this issue. As noted in Attachment 3, Healthy@Home-Carolinas Medical Center is reporting a total of 4,174 Mecklenburg County patients served in fiscal year 2010, consistent with the growing trend of patients served by CMC-Home Care since 2006.

Once we became aware of this issue, we were able to access the old computer system utilized by CMC-Home Care to pull the missing data for October 1, 2008 through June 30, 2009. For those nine months of fiscal year 2009, CMC-Home Care served 3,188 Mecklenburg County patients. Thus, combined, CMC-Home Care and Healthy@Home served a total of 4,500 Mecklenburg County patients in fiscal year 2009; the number of Mecklenburg County patients served by all providers thus totals to 14,415. Attachment 4 demonstrates the impact of these changes on the methodology in the 2011 SMFP and documents that there is no need for the two home health agencies currently allocated in the 2011 SMFP.

We sincerely regret that this did not come to our attention sooner. It was not until the final 2011 SMFP was issued that we learned of the allocation of two home health agencies in Mecklenburg County and began to question how this occurred. We are submitting this notification to you as an immediate response to our discovery. In addition to the immediate impact on CON applications for the Mecklenburg County allocations, we also wanted to make sure that there is a process in place to reconcile such data issues that might occur in the future with changes in ownership.

We have also just learned that the Long-Term and Behavioral Health Committee will convene this Friday to discuss another potential issue with the home health methodology. We believe that this information regarding the Mecklenburg County allocation will be useful for that discussion as well. If you have any additional questions, please do not hesitate to call me at 704-355-6060.

Sincerely,

F. Del Murphy, Jr.

Vice-President - Planning

Attachments

cc: Azzie Conley, Chief, Acute and Home Care Licensure and Certification Section Craig Smith, Chief, Certificate of Need Section

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			-			

Attachment 1



North Carolina Department of Health and Human Services Division of Health Service Regulation Licensure and Certification Acute and Home Care Section

2712 Mail Service Center Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary

Azzic Conley, Section Chief Phone: 919-855-4620 Fax: 919-715-8476

July 13, 2009

Carol Jones K & L Gates P. O. Box 14210 Research Triangle Park, N. C. 27709-3210

Change of Ownership (CHOW/Name Change) Re:

> The Charlotte Mecklenburg Hospital Authority d/b/a CMC Home Care (HC1038) 4701 Hedgemore Drive, Suite 300 Charlotte, N. C. 28209

To: Carolinas Medical Center at Home, LLC

dlbla Healthy @ Home-Carolinas Medical Center (HC1038)

4701 Hedgemore Drive, Suite 300

Charlotte, N. C. 28209

Dear Ms. Jones:

Enclosed you will find a new license reflecting a change of ownership for the above home care agency. The effective date of the license is July 1, 2009. A hard copy of the license is enclosed.

This is to confirm that I received a letter dated June 17, 2009 from Andrea McCall, RN to have nursing pool removed from the above license. The above agency is licensed to provide the following services: Nursing, Infusion Nursing, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy and Clinical Respiratory. Therapy.

Please also note that this agency's position is based solely on the facts as presented by you and that any changes in the facts as represented would require further consideration by this agency and a separate determination. The Medicare/Medicaid certification will be processed via separate correspondence.



Page Two Carol Jones

If this office can be of further assistance to you regarding this matter, please call me at (919) 855-4620.

Sincerely,

Nancy P. Joyce

Nancy Joyce Administrative Officer Acute and Home Care Licensure and Certification Section

Enclosure

CC: Provider Services Section, N.C. Division of Medical Assistance (Copy of License Attached) SA File

tate at Auth Caralina Services Department of Health and Human Services Division of Health Service Regulation

> Effective July 01: 2009, this license is issued to Carolinas Medical Center at Homes

Tealthy (a) Home - Carolinas Medical Ce

located at 4701 Hedgemore DriverSuite 300 City of Charlotte, North Carolina.

his license is issued subject to the stabiles of the North Carolina, is not transferable and nidhight December 31

License Number: HC10

Home Care Services: Nursing Care Infusion Nursing , In-home Aide , Medical Social Service ccupational Therapy, Speech Therapy, Clinical Respiratory

provide Medicare-certified home health service This agency is authorized to

Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation



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

2704 Mail Service Center # Raleigh, North Carolina 27699-2704

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief

Phone: 919-855-3873 Fax: 919-733-8139

April 7, 2009

Mary Beth F. Johnston K&L Gates P.O. Box 14210 Research Triangle Park, NC 27709

RE:

Exempt from Review / Acquisition of Cleveland Home Health Agency, Inc. by Cleveland County HealthCare System; Acquisition of Cleveland Home Health Agency, Inc., Blue Ridge Home Health Care, CMC — Home Care and Carolinas Medical Center Lincoln Home Health by Carolinas Medical Center at Home / Mecklenburg, Cleveland, Lincoln and Burke Counties

FID # 943664 (Mecklenburg) FID # 923683 (Cleveland) FID # 953900 (Lincoln) FID # 953773 (Burke)

Dear Ms. Johnston:

In response to your letter of April 6, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Cleveland County HealthCare System and Carolinas Medical Center at Home may proceed to acquire the above referenced health service facilities without first obtaining a certificate of need. However, you need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to obtain instructions for changing ownership of the existing facilities. Note that pursuant to N.C.G.S. §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 separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Singerely

Les Brown, Project Analyst

Lee B. Holfman, Chi

Certificate of Need Section

Acute and Home Care Licensure and Certification Section, DHSR



cc:

E

March 23, 2009

K&L Gatos LLF Post Office Box 14210 Rosoarch Triangle Park, NG 27709-4210

430 Davis Drive, Suite 400 Morrisville, NC 27560

r 919.466.1190

www.klgatos.com

Mary Beth Johnston D 919.466.1181 F 919.516.2071 marybeth.johnston@klgates.com

VIA HAND DELIVERY

Ms. Nancy Joyce
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Licensure and Certification Section
Acute/Home Care Branch
1205 Umstead Drive
Raleigh, NC 27603

RECEIVED

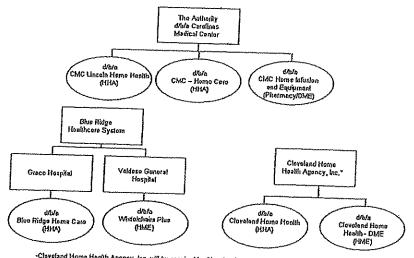
MAR 2 3 2009

Re: Carolinas Medical Center at Home, LLC

Dear Ms. Joyce:

Per your request, the purpose of this letter is to provide you with an overview of The Charlotte-Mecklenburg Hospital Authority's ("Authority's") upcoming home health business reorganization project. The Authority, itself or through its affiliates, owns, operates or manages home care agencies ("HHAs"), home medical equipment businesses ("HMEs") and one specialty pharmacy/durable medical equipment supplier ("Pharmacy/DME"). Please refer to Diagram 1 below.

Diagram 1: Current Authority-Affiliated Home Care Operations



-Claveland Hame Hanth Agency, Inc. will by acquired by Claveland County HaalihCara Systom prior to the LLC Imagestion on July 1, 2009.

Ms. Nancy Joyce March 23, 2009 Page 2

Effective July 1, 2009, the Authority would like to consolidate various home health operations under one entity, a newly formed limited liability company, Carolinas Medical Center at Home, LLC ("LLC"). The purpose of this consolidation is to improve oversight, standardize and improve care, and generate additional operating efficiencies.

Four HHAs, two HMEs and the Pharmacy/DME will constitute the businesses in the LLC. Each Authority-affiliated hospital will transfer the operations of those businesses to the LLC (Please refer to the Diagram 2 below). All of the hospital affiliates will become members of the LLC and representatives from each will serve on its governing Board of Managers. The Board of Managers will have general oversight authority for the LLC. The Board of Managers will obtain certain day-to-day Management Services from the Authority d/b/a Post Acute Care Services ("PACS") pursuant to a separate Management Services Agreement.

Carolinas Medical Center at Homa, LLC dhla Healthy@Homs
CMC Home Infusion
and Equipment
(Pharmacy/DME) Hoskhy@Homs -Carolinze Medical Canl Healthy@Home - CMC Uncoin (AHH) (HHA) d/b/a d∕b/s d/b/2 Healthy@Home Blue Ridge HealthCare (HHA) Hostity@Home Cleveland County HostithCan System-HME (HME) Healthy@Home Healthy@Home Blue Ridge HealthCare HME Clayeland County HeathCar (HME)

Diagram 2: Carolinas Medical Center at Home, LLC

Ms. Nancy Joyce March 23, 2009 Page 3

Pertinent information about each of the existing businesses is provided in the table below:

How Business d/b/s	Old Busino'ss Hame	Old Business Ucense #	Physical Address	NPI	Madicare#	Survices
Hoahhy Q Home - Blue Ridge HoahhCose	Blue Ridge Homa Care	HC0105	201 S. Sermain St. Valdese, NC 28590	1154495168	347181	Home Heefit Skilled Noreing PT/OT/ST HH Alda Seclat Work
Healthy @ Homa - Blus Ridge HealthCere HME	Valdesa General Hospital Inc d/b/e Wheelchairs Plus		132 Main Street East Valdage, NC 28690	1639245897	D601 450002	DME
Healthy @ Homa - Carolines Madical Center	The Chalotte-Mecklenburg Hospitel Authority divis CMC - Home Care	HC0138	4791 Hadgemore Drive Suite 300 Charlotte, NC 28209	1396186220	34-7112	Home Health Skilled Nursing PT/OT/ST HH Alde Social Work
Healthy @ Hame - CMC Home Influsion and Equipment	The Chadotte-Mecklenburg Hospital Authority oftes CMC - Home Infusion and Equipment	HC1164	1601 Abbey Place Charlette, NC 28209	1437267768	0487990002	DME Hame Infusion Services
Healthy @ Home - Cloveland County HealthCare System	Claveland Home Health	HC0042	105 TR Harris Drive Shelby, NC 28160	1144222385	34-7013	Home Health Skilled Noveling PT/OT/ST HH Ade Social Work
Healthy @ Home - Carolinas Medical Canter Uncoln	The Chadette-Mocklenburg Hospital Authority d/b/a CMC Home Caro - Lincoln	HC0135	853 S. Laurel Siren Lincolnton, NC 28092	1326223892	347191	Home Health Skilled Nursing PT/OT/ST HH Alda Social Wark
Hashby @ Home - Cleveland County	Claveland Home Health - DME	Board of Phermacy Licensed	105 TR Hards Drive Shelby, NC 20150	1972594711	0614850001	OME
HealthCare System HME		Board of Phermacy Licensed	663 S, Laurel Street Lincolnton, NC 28092			

To that end, the LLC will be filing license applications and Medicare enrollment applications reflecting changes in ownership for the aforementioned businesses in the near future. If you have any questions regarding the project or need additional information, please do not hesitate to contact Carol Jones at 704-466-1250 or the following e-mail address: Carol Jones@klgates.com.

Thank you in advance for your assistance with this very important project.

Sincerely,

Mary Beth Johnston

MBJ/ph

cc: John Dupuy

K&L Gates (1r Post Office Box 14210 Research Triangle Park, NG 27709-4210

480 Davis Drive, Suite 400 Morrieville, NG 27560

r 919,466,1190

www.klgates.com

Mary Beth F. Johnston D 919,466,1181 F 919,516,2071 marybeth.johnston@klgates.com

Conviction

Of APR 2003 0 1 % 2 2

April 6, 2009

Via Hand Delivery

Lee B. Hoffman, Chief Certificate of Need Section Division of Health Service Regulation Department of Health and Human Services 701 Barbour Drive Raleigh, NC 27603

Re:

Exemption Notice Regarding Acquisition and Reorganization of Home Health Agencies – Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System

Dear Lee:

We are writing on behalf of our clients, Carolinas Medical Center at Home, LLC (also referred to as "limited liability company") and Cleveland County HealthCare System. The purpose of this letter is to notify you pursuant to N.C. Gen. Stat. § 131E-184(a)(8) that Carolinas Medical Center at Home, LLC is planning to acquire the following North Carolina licensed and Medicare and Medicaid certified home health agencies: (1) Blue Ridge Home Health Care; (2) CMC – Home Care; (3) Carolinas Medical Center Lincoln Home Health ("CMC Lincoln Home Health"); and (4) Cleveland Home Health Agency, Inc. Each owner of these separately licensed home health agencies will become a member of Carolinas Medical Center at Home, LLC. Each home health agency will maintain its separately licensed status at the conclusion of the acquisition. These transactions are described in Section I herein.

As described in Section II herein, the acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) immediately thereafter, Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Both steps will be conducted pursuant to N.C. Gen. Stat. § 131E-184(a)(8). Like the other home health agencies, Cleveland Home Health Agency, Inc. will remain separately licensed at each step.

Lee B. Hoffman, Chief April 6, 2009 Page 2

I. Acquisition by Carolinas Medical Center at Home, LLC

For ease of reference, a corporate chart reflecting the existing structure of the home health agencies is attached as Exhibit A. A corporate chart reflecting the reorganization of home health agencies is attached as Exhibit B. We also have included the current licenses of Blue Ridge Home Health Care, CMC – Home Care, CMC Lincoln Home Health and Cleveland Home Health Agency, Inc. See Exhibits C-F. Each existing home health agency is separately licensed, and will remain separately licensed at the conclusion of this transaction.

As reflected on the existing licenses, each home health agency is currently operated by the following respective entities: (1) Blue Ridge Home Health Care is operated by Grace Hospital, Inc.; (2) CMC – Home Care is operated by The Charlotte-Mecklenburg Hospital Authority; (3) CMC Lincoln Home Health is operated by The Charlotte-Mecklenburg Hospital Authority; and (4) Cleveland Home Health Agency, Inc. is operated by Cleveland Home Health Agency, Inc.

The members of Carolinas Medical Center at Home, LLC will consist of Blue Ridge HealthCare System on behalf of Grace Hospital, Inc., and Valdese General Hospital, Inc., The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center and Cleveland County HealthCare System. Each member will receive a pro rata ownership interest in the limited liability company based upon the contribution of assets by each member. These assets will consist of the assets of home health agencies being acquired by the limited liability company as described herein, as well as the assets of the following home medical equipment and specialty pharmacy/durable medical equipment companies that are not regulated by the CON Law: Blue Ridge HealthCare HME; Cleveland County HealthCare System HME and CMC Home Infusion and Equipment. The limited liability company will be managed by The Charlotte-Mecklenburg Hospital Authority.

The components of each home health agency that will be acquired include all of the ongoing home health business, health care operations and all assets. The location of each home health agency and each home health agency's service area for patient care services will not be affected by these transactions. The benefit of this reorganization and centralization will be reduced costs and improved efficiencies of information technology, billing, supply chain management and workforce.

As reflected on the chart in Exhibit B, each newly acquired home health agency will designated by new names: Blue Ridge Health Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Blue Ridge HealthCare"; CMC — Home Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home — Carolinas Medical Center"; CMC Lincoln Home Health will operate as "Carolinas Medical Center at

Lee B. Hoffman, Chief April 6, 2009 Page 3

Home, LLC d/b/a Healthy@Home - CMC Lincoln"; and Cleveland Home Health Agency, Inc. will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Cleveland County HealthCare System."

As you are aware, under the North Carolina CON Law, a CON is required prior to offering or developing a "new institutional health service." A "new institutional health service" includes a variety of services and activities, including the development of a home health agency office and the opening of an additional office. See N.C. Gen. Stat. § 131E-176(16)a, (16)a, and (9b). However, the North Carolina General Assembly has exempted certain transactions from CON review under N.C. Gen. Stat. § 131E-184, such as the acquisition of an existing health service facility. See N.C. Gen. Stat. § 131E-184(a)(8).

Considering that each of the home health agencies to be acquired by the limited liability company is an existing health service facility under N.C. Gen. Stat. § 131E-176(9b), we believe that each planned acquisition by the limited liability company is exempt from CON review in accordance with N.C. Gen. Stat. § 131E-184(a)(8). After acquisition, Carolinas Medical Center at Home, LLC will operate each facility as a home health agency with the same service area and physical location that existed prior to the acquisitions. Furthermore, the proposed acquisitions do not include the purchase of any new major medical equipment or any per se reviewable equipment as defined in N.C. Gen. Stat. §§ 131E-176(14o) and (16)fl. Likewise, the acquisitions do not include the offering of any per se reviewable services. See N.C. Gen. § 131E-176(16)fl. The effective date of these transactions is July 1, 2009.

II. Acquisition by Cleveland County Healthcare System Prior to Acquisition of Carolinas Medical Center at Home, LLC

The acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Cleveland Home Health Agency, Inc. will remain separately licensed at each step. The second step will occur immediately after the acquisition by Cleveland County HealthCare System.

The location of this home health agency and its service area for patient care services will not be affected by these transactions. The home health agency will retain its separate license status and will not be absorbed into the hospital system's license. The proposed acquisitions do not include the purchase of any new major medical equipment or any per se reviewable equipment or services. See N.C. Gen. Stat. § 131E-176(140), (16)f1.

Lee B. Hoffman, Chief April 6, 2009 Page 4

For the same reasons articulated in Section I above, both steps are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). The effective date of these transactions is July 1, 2009.

III. Conclusion

Based upon the foregoing, Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System notify the CON Section of these impeding acquisitions, which are exempt from CON review under N.C. Gen. Stat. § 131E-184(a)(8). Although the exemption statute does not technically require your office's written confirmation that these transactions are exempt from review, we nevertheless as always would appreciate such a written response. We have also been in contact with the Licensure and Certification Section in recent weeks about the structure of these transactions, and will abide by all licensing requirements implemented by that Section.

If you require additional information, please let us know as soon as possible. Thank you for your consideration.

Sincerely,

Mary Beth F. Johnston

MBJ/wws

Enclosures

Lee B. Hoffman, Chief April 6, 2009 Page 5

EXHIBITS

Exhibit A Chart Reflecting Existing Structure of Home Health Agencies

Exhibit B Chart Outlining Reorganization of Home Health Agencies

Exhibit C Blue Ridge Home Health Care 2009 License

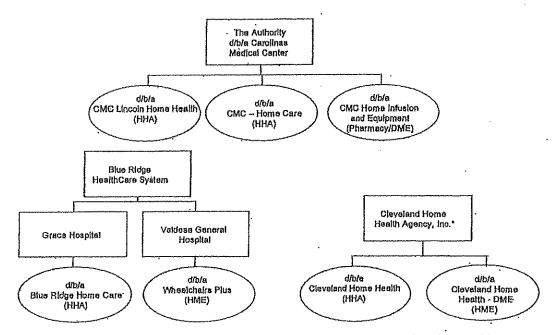
Exhibit D CMC – Home Care 2009 License

Exhibit E CMC Lincoln Home Health 2009 License

Exhibit F Cleveland Home Health Agency, Inc. 2009 License

Exhibit A

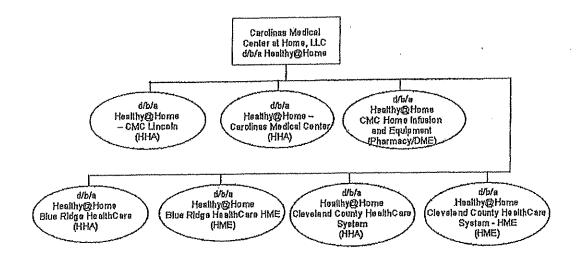
Existing Structure of the Home Health Agencies



•Cleveland Home Health Agency, Inc. will by acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Exhibit B

Carolinas Medical Center at Home, LLC Organizational Structure



tate of Aurth Carolina Kuman Services Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Grace Hospital,:Inc.

Blue Ridge Home Health Care

located at 201 St. Germa Citycolikaldese: North Caroline

This license is is ued subject to the statites of the North Carolina, is not transferable and shall midnight December 31, 2009

Facility ID: 953.773

License Number: HC0103

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical So Occupational Therapy, Speech Therapy,

This agency is authorized to provide Medicare-cerlified home health service

Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation

State of North Carolina Bepartment of Health and Human Services
Division of Health Service Regulation

This agency is authorized (Authorized by: Director, Division of Health Service Regulation Secretary, N.C. Department of Health and Human Services

State of North Carolina Bervices
Division of Health Service Regulation

Effective January 01-2009 into Vicense is issued to Gleveland Home Health Agency, The

to operate un agencythiown as Cleveland Honta Health Agency, Inc

located at 105 T.R. Harits Drive City Shelloy, North Carolina.

This hornseas sued subject to the still tes of the State of North Carolina, is not transferable and shall expire midnight December 11 2002

Maculty IDV 92 683

Home Care Services Nursing Care Infusion Hyrsing, In-home Aide, Medical Social Services, Physical Therapy, In-home Aide, Medical Supplies and Appliances

This goency is authorized to provide Medicare-certified home neath services.

EXHIBIT

Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation

State of North Carolina Bepartment of Health and Human Services Division of Health Service Regulation

Effective January 01, 2009, this license is issued to The Charlotte - Mecklenburg Hospital Authority

to operate an agency known as

Carolinas Medical Center Lincoln Home Health

located at 853 S. Laurel Street City of Lincolnton, North Carolina.

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall expire midnight December 31, 2009.

Facility ID: 953900
License Number: HC0135

Home Care Servicest Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy,

This agency is authorized to provide Medicare-certified home health services.

Authorized by:

Secretary, N.C. Department of Health and

Human Services

Director, Division of Health Service Regulation

Attachment 2



North Carolina Department of Health and Human Services Division of Health Service Regulation

Acute & Home Care Licensure & Certification Section

1205 Umstead Drive - 2712 Mail Service Center - Raleigh, N.C. 27699-2712 Phone: (919) 855-4620 Fax: (919) 715-8476

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Azzie Conley, Chief

MEMORANDUM

TO:

Healthy @ Home - Carolinas Medical Center -- Charlotte

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2010 Home Care / Home Health Agency License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2010 License Renewal Application. Please complete this application and return the <u>original</u> (PLUS ONE COPY) no later than December 1, 2009 to the address below.

or Overnight mail address

Acute and Home Care

Licensure and Certification Section

2712 Mail Service Center

Raleigh, N C 27699-2712

Acute and Home Care

Licensure and Certification Section

1205 Umstead Drive

Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a <u>Home Care / Home Health Agency</u> (HC/HHA). Your annual licensure fee, as authorized by Sections 41.2(a) - 41.2(i) of Session Law 2005-622, is \$510.00. This amount is comprised of a base fee of \$510.00 -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2009 to ensure your license is renewed with an effective date of January 1, 2010. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued





North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section Site: 1205 Umstead Drive

Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Computer: 943664

PC Date

Telephone: 704-512-5219

Total License Fee:

\$510.00

2010 LICENSE APPLICATION FOR HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Carolinas Medical Center at Home, LLC (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As

(D/B/A) - Name(s) under which	h the facility or services are	advertised o	r presented to the pu
PRIMARY:	Healthy @ Home - Caroli	inas Medica	l Center
Agency Mailing Address: (If	materials are to be mailed to P O Box 32861 Charlotte, NC 28232-286		lress list here)
Agency Site Address:	4701 Hedgemore Drive, Su Charlotte, NC 28209	ite 300	•
E-Mail:(if applicable)		Fax:	(704)512-2338
Web Site :(if applicab	le) <u>Connie Bonebrake</u> - Cathy	. Mare Nel	there
Administrator/Director: Title:	Vice President Executa		

Name of the person to contact for any questions regarding this form:

Name: Gwandolyn Trobbh

gwendslyn tribble @ carolineshealthcare . org

Licensure Categories Licensed For: (Check All That Apply)

- 1. X Home Care Agency (G.S. 131E-138)
- 2. ___ Nursing Pool (G.S. 131E-154.3)
- 3. ___ Hospice Services (G.S. 131E-200)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, antional origin, religion, age, or disability in employment or the provision of services."

DHSR-4029 REV 08/2009

License No: HC1038 Facility ID: 943664

Scope	of	Servi	ices:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. YOU MAY NOT ADD SERVICES ON THIS APPLICATION. Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Alde, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

1)	Under this home care license number, are you directly providing HME/DME?	 Yes	 No
2)	Do you also have a medical equipment permit issued by the NC Board of Pharmacy?	Yes	No
	If "yes," please provide the permit number:		

Hours:

Indicate the hours that the agency is regularly open for business each day:

[Example: 9 am - 5 pm. Use "O" if not open]

am - 5 pm. Osc (J IL HOL ODOLL			Tari Jawa	Caturday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		8:30m-5:05pm	212 - 5'wn	8:30m -5:00m	Clused
R. 30cm - 5.com	8:30m - 5 wipm	O. OUMS J. WAN	0.737 4.07A		

Nursing:

Full-time Equivalents (FTE)

İ	DN	L.P.N.	Aides
	N.1.74	<i>A</i> >	E 8
Number:	28.7	1 90.0	3,0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009-12/19/1	2 Accreditud
	DNV		
	CHAP (Community Home Association	A. La	
	Program)		
	ACHC (Accreditation Commission for Home		
	Care, Inc.)		
	Other:		<u> </u>

^{*}Please provide a copy of your letter if you are deemed

License	No:	HC1038
		943664

	If Medicare Certified Home Health, what is your provider number? 347112
2.	
	This agency is a Home Health Agency. Yes No.
	If 'Yes', please check one: Parent Branch Sub-unit
3.	Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)?YesNo
Ho	ospice Applicants:
	If Medicare certified, what is your hospice provider number?
2	For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.
3	Has this site been issued a Certificate of Need to provide hospice services?YesNo.
4.	Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.
	lated to a death or injury claim resulting from negligence or malpractice in the provision of health care by the ursing pool and its employees.
<u>O</u> 1	wnership Disclosure: (Please fill in any blanks and make changes where necessary). What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.
<u>O</u> 1	wnership Disclosure: (Please fill in any blanks and make changes where necessary). What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for

Healthy & Home - Carolina -		
Carolinas Medical Center at		÷?
b. In what state was the corporation ori	ginally established? <u>NC</u>	
c. Address and Telephone number of the Po Box 32861 Cherliffe	ne corporation: UC 28232 - 2861	
d. List names and addresses of ALL off	icers and any other persons with a controlling inte	rest of 5% or more.
Name	Title	Percent of Stock
Harriett C. Sartain	CEO	
Connie C. Bonebrake	Director/Olfrer	
Carol 10, Hale	Dice dor / officer	
	nas the ownership responsibility and liability for	
b. Title of the official in charge of the	governmental unit:	***************************************
c. Check which best describes the type	of governmental unit:	
City County	State Authority Health Dept	DSS
Other (Please specify):		
(A multiple facility system is defined a	lity/agency system in North Carolina? Yes stwo or more facilities under the same management	•
b. If 'Yes' above, are medical records	in a centralized location?YesNo	
c. If 'Yes', please specify location.		
Name	Location	License #
- 1 TO		

License No: HC1038 Facility ID: 943664 d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy @ Hora - Cleveland	Conty Healthan System Shelly, NC	HC6042
Healthy & Home - Caroline	Nederl Centry Lineals Lincoln Mc	HC0135
Healthy & Home - CMC +	Medical Centra Lincoln Lincoln in He lone Inferior con Egypount Cherlette, HC	HC 1164
	•	

(Attach additional sheets as needed)

	· · · · · · · · · · · · · · · · · · ·
e.	Is your agency owned, in whole or in part, or operated by a hospital? YesNo
f.	If 'Yes', please specify the name of entity. The Character Medicaling Hospital Arthury, Clarent Country Healthen System
	Is your agency managed by another entity? Yes No
	If 'Yes' please specify the name of entity. The Charlette Mecklesters Highest Prethaily d/b/a Pick Docto Can Size

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

2010 License Renewal for Home Care, Nursing Pool & Hospice: Healthy @ Home - Carolinas Medical Center - Mecklenburg County License No: HC1038 Facility ID: 943664

This application must be completed and submitted with <u>ONE COPY</u> to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2010 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2010 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harrett C Butain Date: 11/30/09

OF APPROVING OFFICIAL Harrich C. Sartain

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, <u>prior</u> to the issuance of a home care agency license.

	O License Renewal for Home Care, Nursing Pool & Hospice: Ithy @ Home - Carolinas Medical Center + Mecklenburg County		License No: <u>HC1038</u> Facility ID: 943664				
Plea This (DH ques Coll filed	If Turnover Rate Information for Home Care Agencies—Questions about this form se complete the following information regarding aide (e.g., nurse aides, personal care aides and information is being requested to enable the Division of Health Service Regulation and the De HS) to track turnover rates in nursing homes, adult care homes and home care agencies. The institutions below will be compiled and aggregated with other responses by type (i.e., nursing homes ection and analysis of data on an annual basis helps measure the size and stability of this workful as a part of your renewal application. Licensed as: Home Care Agency Check here if also ho	Vor home manages partment of Healt formation you pro , adult care homes force over time. The	ment aides, h and Hum wide by and, home care his inform	turnover rates. an Services swering e agencies). ation is not			
	Are you an NC NOVA (New Organizational Vision Award) Special License re-	cipient?	_Yes	No			
	or information about NC NOVA go to: www.ncnova.org						
	the period October 1, 2008 through September 30, 2009:	Full Time	Part	Time			
	low many aides at your agency <u>QUIT</u> their jobs?	.0	C)			
4. H	low many aides at your agency were FIRED or terminated?	0	0				
5. E	low many NEW aides were hired?	0	0				
	fow many aide positions are currently budgeted?	5	0				
7. H	low many aides were on your payroll on September 30, 2009?	5	0				
8. D	No problem Yes, it's a mild problem Yes	es, it's a substan	tial proble	en			
Circ	Almostile one response for each question below: Impossi	ble Difficult	Slightly Difficult	Not Difficult			
9. H	low difficult has it been to find enough aides to fill vacant positions?	2	3	4)			
10.	How difficult has it been for your agency to retain aides?	2 -	3	4)			
Abo	out your leadership positions		,				
11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR beginnering in that position?	1018	20	0 2			
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "fin" on a temporary or interim basis? (<u>CIRCLE ONE NUMBER</u>)	illing (1: REGUI		INTERIM/ EMPORARY			
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, plea circle how many DIFFERENT OTHER persons have served in that position since October 1, 200 NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER))8? (DO (0) 1	2 3	4 OR MORE			
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR be working in that position?	gin Month	20	08			
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permaner or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	it basis, (1: REGUI PERMAN		Interim / emporary			
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, the circle how many DIFFERENT OTHER persons have served in started position since October 1, 200	n please 08? (DO 0. (j)	2 3	4 or More			

See next page for statewide turnover survey results from previous years

NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)

License No: HC1038
Facility ID: 943664

This page is for your information only. It is not necessary to return it.

Results of Direct Care Worker Turnover Data Collected in Prior Years											
Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008		
Nursing Facilities Adult Care Homes Home Care Agencies	103% 119% 53%	103% 113% 50%	95% 115% 37%	105% 109% 49%	107% 107% 41%	117% 111% 46%	111% 117% 50%	110% 109% 48%	107% 118% 52%		

	Results o	f Admin	istrator a	nd Clinic	il Mana	ger Turn	over Data	Collect	led			
Administrator Turnove	er Rates .	2005			2006			2007		2	2008	
	None	Low	High	None	Low	High	None 1	Low	High	None 1	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68% 2	26%	6%		20%	9%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83% I	2%	5%		18%	5%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%
Clinical Manager Turn	over Rati	es 200	5		2006	í		200	17		2008	
	Non		High	None	Low	High	None	Low	y Higi	ь Мопе	Low	Higl
% 7	619	6 27%	6 12%	58%	27%	15%	66%	24%	10%	64%	6 23%	139
Nursing Facilities Adult Care Homes	67%			70%			73%	19%	9%	66%	26%	8%
Home Care Agencies	69%			73%			74%	19%	7%	58%	6 30%	129

The following definitions are used to describe turnover levels for administrators and clinical managers:

No turnover: Only one individual in the management position during the reporting period

Low turnover: Two individuals in the management position during the last year

High turnover: Three or more individuals in the management position during the last year.

Administrators are defined as "administrators" of nursing homes and "administrators or executive directors of adult care homes and home care agencies. Clinical managers are defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.

For instructions on how to calculate the turnover rate for your facility/agency go to: www.aging.unc.edu/research/winastepup/ and click on link for turnover calculations.

To insure you can refer back to the information on the staff turnover form, make a copy prior to mailing the completed original to Division of Health Service Regulation.

North Carolina Department of Health and Human Services

Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Medicare #: 347112

Computer:	943664	
PC T	Date	

HOME HEALTH AGENCY

2010 Annual Data Supplement to License Application

(Reporting 2009 Fiscal Year Data)

	Includes Home Health ar	nd Home Care data to be reported by Medicare certified agencies.
	A se	parate form to be completed for each site.
A.	Identification:	
	License No:	<u>HC1038</u>
	Legal Identity of Applicant:	Carolinas Medical Center at Home, LLC
	Agency d/b/a:	Healthy @ Home - Carolinas Medical Center
	Agency Site Address:	4701 Hedgemore Drive, Suite 300
		Charlotte, NC 28209
	County:	Mecklenburg
	Agency E-Mail: (If Applicable) Agency Web Site: (If Applicable) Agency Phone #: Agency Fax:	(704)521-2300 (704)512-2338
В.	Reporting Period	
	and ending after the twelve-m	ve-month period beginning on July, August, September or October 1, 2008, north period, but no later than September 30, 2009. If your agency or facility live-month period, please specify the time period covered in this report.
	Your reporting period: 7/1	oq , and Ends September 30, 2009 * * Change date if different from September 30
AUTE	IENTICATING SIGNATURE:	I certify the information submitted in this Data Supplement is accurate.
Typed	Name: Marriett	SALTAIN Title: UED
Signa	ture: <u>AANULT</u>	astula Date: 1//30/09

License No: HC1038 Facility ID: 943664

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

Client Residence (Part-time Intermittent Home Health) C.

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	224	147	310	132	170	187	142	1312	13,616
Cabarres	13	9	36	16	15	17	10	116	958
Gastm	2	4	6	2	2	2	0	18	239
McDowell	1	0	0	0	0	0	0		8

Copy and attach additional page(s) as needed.

License No: HC1038 Facility ID: 943664

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. This is an unduplicated count.
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- Do not report clients reported on the previous page.
- Do not use other age groups

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Age
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			[
			- Address					
			<u> </u>					

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving <u>PART-TIME INTERMITTENT HOME HEALTH</u> *
 services through your Medicare certified agency <u>regardless of payer source</u>.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits
	from the four admissions. Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by
	each of the payers. Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	604	.7624
Medicare HMO	18	108
Medicaid	271	2478
Medicaid HMO	0	0
Private Insurance	396	3417
Private Insurance HMO	0	0
Indigent Non-Pay	65	680
Other (specify):	77	668

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

Fron	n: July 1, 2009 To: Septem	.b. 30	h/Year
	Month/Year	Mont	h/Year
a.	Number of Medicare episodes	==	671
b.	Average number of Medicare episodes per beneficiary		1.03
c.	Average number of Medicare Visits per episode (all disciplines)	an orași de la companio de la compan	12.78
d	For Medicare – the percent of Lupas	201	11.9%

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving part-time intermittent home health services through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. FTE=20/40=1/2 FTE.

15 nurses work a combined total of 400 hours a week. FIE = 400/40 = 10 FIE's

<u>Total Clients</u> means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. <u>Do not include homemaker, sitter or In-Home Aide Level I (Home Management)</u>. If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

<u>Total Visits</u> are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which <u>you bill</u>. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	.]	1.0			
Nurse Director/Supervisors	3	3.0			
Other Administrative Staff	21	21. D			
Nursing (RN, LPN)	46	29.7	1090	7605	154.45
Occupational Therapy	7	5.2	269	1306	147.73
Physical Therapy	28	20.0	737	4810	145.95
Speech Therapy	3	2.7	95	697	156.62
Social Worker	4	2.3	30	34	217.47
Home Health Aide	5	5.0	95	902	116.06
Nutrition	0	0	0	0	
Totals	118	88.9	2316	15,354	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's <u>home care</u> services (Non Medicare-Certified / non part-time intermittent home health).

<u>Total Clients</u> means the total number of clients seen by <u>each</u> staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2009 Home Care Staffing Data

Staff	Total	Total Clients
Discipline	Staff	(12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff	101	
Nursing (RN, LPN)	, \ X	1
Occupational Therapist	M	(Y
Physical Therapist	X_{α}	_/
Physical Therapy Assistant		X
Speech Therapist		
Social Worker		·
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total .		

Attachment 3



North Carolina Department of Health and Human Services Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section

2712 Mail Service Center · Raleigh, North Carolina 27699-2712 http://www.ncdhhs.gov/dhsr/

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary

Drexdal Pratt, Director

Azzie Y. Conley, Chief Phone: 919-855-4620 Fax: 919-715-8476

MEMORANDUM

TO:

Healthy @ Home - Carolinas Medical Center -- Charlotte

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2011 Home Care / Home Health Agency License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2011 License Renewal Application. Please complete this application and return the original (PLUS ONE COPY) no later than December 1, 2010 to the address below.

Acute and Home Care

2712 Mail Service Center

Raleigh, N C 27699-2712

Licensure and Certification Section

or Overnight mail address

Acute and Home Care

Licensure and Certification Section

1205 Umstead Drive Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a Home Care / Home Health Agency (HC/HHA). Your annual licensure fee, as authorized by Sections 41.2(a) -41.2(i) of Session Law 2005-622, is \$510.00. This amount is comprised of a base fee of \$510.00 -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2010 to ensure your license is renewed with an effective date of January 1, 2011. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued





North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section Site: 1205 Umstead Drive Raleigh, North Carolina 27603

Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Computer: 943664 Date

|--|--|

Total License Fee:

\$510.00

2011 LICENSE APPLICATION FOR HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant; Owner/Corporate Identity: Carolinas Medical Center at Home, LLC (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Busine (D/B/A) - Name(s) under whi		re advertised o	r presented to the p	ublic:
PRIMARY:	Healthy @ Home - Car	olinas Medica	Center	
Agency Mailing Address: (I	f materials are to be mailed P O Box 32861 Charlotte, NC 28232-2		lress list here)	
Agency Site Address:	4701 Hedgemore Drive, Charlotte, NC 28209	Suite 300	·	
County: Telephone: (7 E-Mail:(if applicable Web Site :(if applica		Fax:	(704)512-2338	
Administrator/Director:	Cathy Maye Methews	Cathy Maya	- Motthews	
Title:	Director	•		
Name of the person to contac				
Name: Gwandolyn Tribol	de		Telephone:	74-512-5219
Name: Gwanddyn Tribb E-Mail: gwendol yn . ti	ibble @ Carolines holdh	cara. org		

Licensure Categories Licensed For: (Check All That Apply)

- 1. X Home Care Agency (G.S. 131E-138)
- 2. ___ Nursing Pool (G.S. 131E-154.3)
- 3. ___ Hospice Services (G.S. 131E-200)
- 4. Companion, Sitter Services, and Respite Care (G.S. 131E-136)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability to comployment or the provision of services."

DHSR-4029 REV 08/2010

Scor	e of	Ser	vices:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. YOU MAY NOT ADD SERVICES ON THIS APPLICATION. Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST. Clinical Respiratory Services

1)	Under this home care license number, are you directly providing HME/DME?	Yes	/	No	
2)	Do you also have a medical equipment permit issued by the NC Board of Pharmacy?	Yes	V	No	
	If "yes," please provide the permit number:				
Hou	rs:	•			
Indi	cate the hours that the agency is regularly open for business each day:				

[Example: 9 am - 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30 men - 5 pm		8:3000-5pm	8:30m-5pm	8:34m-5pm	

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	38.50		5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009 12/19/	2 Accredited
	DNV		
	CHAP (Community Home Association	~	
	Program)		
	ACHC (Accreditation Commission for Home		
	Care, Inc.)		
	Other:		

^{*}Please provide a copy of your letter if you are deemed

License No: HC1038 Facility ID: 943664 **Home Care Agency Applicants:** 1. If Medicare Certified Home Health, what is your provider number? 347112 2. This agency is a Home Health Agency. Yes No. If 'Yes', please check one: Parent Branch Sub-unit 3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? Yes No Hospice Applicants: 1. If Medicare certified, what is your hospice provider number? For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number. Has this site been issued a Certificate of Need to provide hospice services? Yes No. 4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility. **Nursing Pool Applicants:** All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees. Ownership Disclosure: (Please fill in any blanks and make changes where necessary). 1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered. Owner: Carolinas Medical Center at Home, LLC Federal Tax ID No.: 26-1451047 Street/Box: P O Box 32861 Charlotte City: State: NC Zip: 28232-2861 Telephone: (704)521-2300 Fax: Senior Officer: Harriett C. Sartain X Not For Profit a. Legal entity is: _ 写 For Profit 又 Limited Liability ____ Partnership

Company

Partnership ·

Limited Liability

b. Legal entity is

Z Corporation

Proprietorship

____ Government Unit

2011 License Renewal for Home Care, Nursing Po	ol & Hospice:
Healthy @ Home - Carolinas Medical Center 4	Mecklenburg County

Corporation: a. What is the exact wording of the corporation.	ate name on file with the NC Secretary of State	e?
Carolinas Medical Center at		-
b. In what state was the corporation original	lly established? <u>NC</u>	
c. Address and Telephone number of the co	orporation: 28732 - 2861	
704-512-5231		and a state of the
d. List names and addresses of ALL officers	s and any other persons with a controlling inte	rest of 5% or more.
Name	Title	Percent of Stock
Harrich C. Sartain	CEO	
Cornie C. Boncbrake	Director Officer	
Carol Hale	Director / Officer	
Caro Time		
	ne ownership responsibility and liability for	
b. Title of the official in charge of the gover	nmental unit:	
c. Check which best describes the type of g		
City County State	Authority Health Dept	DSS
Other (Please specify):		
A millible facility system is defined as two	agency system in North Carolina? Yes or more facilities under the same management	
	centralized location? Yes No	
c. If 'Yes', please specify location.		Y *
Name Los	cation	License #

License No:	HC1038
Facility ID:	943664

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location		License #
Healthy @ Home - Cleve	land Country Harlthamer System	Shally NC	HC0042
Healthy & Home - Ca	robins Whiteen Centar - Lincoln	Lincoln for, NC	HC0135
Healthy & Home - Ch	el Home Infession + Egyptoment	Charletta, KIC	HC 1164
Heilthy @ Home Blu	in Ridge Healthcome	Valdese HC	HC 0165
£ '			
······································			

e.	s your agency owned, in whole or in part, or operated by a hospital? Yes No	
f.	f 'Yes', please specify the name of entity. Charlotte Meaklesburg Hispatal Authority	
g	Is your agency managed by another entity?YesNo	
h.	If 'Yes', please specify the name of entity.	

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

License No: <u>HC1038</u> Facility ID: 943664

This application must be completed and submitted with <u>ONE COPY</u> to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 home care agency license.

<u>AUTHENTICATING SIGNATURE:</u> The undersigned submits application for the year 2011 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harritt Sartain Date: 11/29/10

PRINT NAME OF APPROVING OFFICIAL Harritt Sartain

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, <u>prior</u> to the issuance of a home care agency license.

He	ealthy @ Home - Carolinas Medical Center * Mecklenburg County		Facility ID: 943664				
tur the inf	aff Turnover Rate Information for Home Care Agencies -Questions about the case complete the following information regarding aide (e.g., nurse aides, personal care aided nover rates and return with your application. This information is requested to enable the Department of Health and Human Services to track turnover rates in nursing homes, adult commation you provide by answering questions below will be compiled and aggregated with mes, adult care homes, home care agencies). Collection and analysis of data on an annual be workforce over time. This information is not filed as a part of your renewal application.	es and/o ivision of care ho other re asis hel	or home mof Health Somes and hesponses b	anagèmen Service Re some care sy type (i.e	it aides) egulation and agencies. Th e., nursing		
2.	Licensed as: Home Care Agency Check here if also hom Are you an NC NOVA* (New Organizational Vision Award) Special License rec *For information about Nova in the control of the control o	ipient?	***************************************	Yes j	No		
	r the period October 1, 2009 through September 30, 2010:			<u>-</u>			
	NONE WRITE "0")	Fi	ıll Time	Part	Time		
غ, ا	How many aides at your agency QUIT their jobs?		0				
4.	How many aides at your agency were <u>FIRED</u> or terminated?		0				
5. }	How many <u>NEW</u> aides were hired?	-	0				
6. 1	How many aide positions are currently budgeted?		5				
7. 1	How many aides were on your payroll on September 30, 2010?		5				
8. 1	Do you feel that you have an <u>Aide Turnover Problem</u> ?	•					
	No problemYes, it's a mild problem	_Yes	, it's a sul	bstantial :	probl e m		
Cir	cle one response for each question below: Almo Imposs		Very Difficult	Slightly Difficult	Not Difficult		
	How difficult has it been to find enough aides to fill vacant positions?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	3	4		
10.	How difficult has it been for your agency to retain aides?		2	3	4		
Abo	out your leadership positions						
11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTO begin working in that position?	R	Month 0 2		0 9		
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis "filling in" on a temporary or interim basis? (<u>CIRCLE ONE NUMBER</u>)	, or	T: REGUL PERMAN		INTERIM / MPORARY		
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year please circle how many DIFFERENT OTHER persons have served in that position since Oct., 2009? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	tober	• 🛈	2 3	4 or More		
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVIS begin working in that position?	OR	MONTH	20	O 8		
5	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ perrbasis, or "filling in" on a temperary or interim basis? (CIRCLE ONE NUMBER)	nanent	Egul Perman		Interim/ mporary		
6	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year please circle how many DIFFERENT OTHER persons have served in that position since Oc		0 1	2 3	4 or		

1, 2009? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)

MORE

License No: HC1038

2011 Home Health Data Supplement Reporting for: Healthy @ Home - Carolinas Medical Center * Mecklenburg County

the second second second to the second secon

License No: HC1038 Facility ID: 943664

		ı				High	4% · 6% 1%		High	%% 8% 6%
					2005	Low	18% 17% 11%	2009	Low	23% 22% 20%
ı it.		2005	85% 93% 36%			None	78% 77% 88%	Ì	None	69% 70% 74%
is for your information only. It is not necessary to return it.		2008	.07% 118% 52%	771		High	9% 2% 2%		High	13% 8% 12%
ry to	r Years	20	 1	ollected	2008	Low	20% 18% 9%	2008	Low	23% 26% 30%
ecessa	Results of Direct Care Worker Turnover Data Collected in Prior Years	2007	110% 109% 48%	Results of Administrator and Clinical Manager Turnover Data Collected		None	72% 77% 89%		None	64% 66% 58%
not n	ollected	2006	111% 117% 50%	urnove		High	6% 5% 1%		High	10%
. It is	Data C			mager]	2007	Low	26% 12% 9%	2007	Low	24% 19% 19%
n only	urnover	2002	117% 111% 46%	ical Ma	`	None	%8% 83% 80%	7	Мопе	66% 73% 74%
matio	orker T	2004	107% 107% 41%	and Cin		High	%% %% %		High	15% 9% 8%
infor	Care W		35% 39% 49%	strator	2006	Low	21% 12% 12%	2006	Low	27% 21% 19%
- your	Direct	2003	105% 109% 49%	Admini		None	73% 81% 87%		None	58% 70% 73%
is for	sults of	2002	95% 15% 37%	sults of		High	3%%		High	12% 8% 5%
This page i	W.			Re	2005	Low	19% 21% 18%	2005	None Low	27% 25% 26%
Thi		2001	103% 113% 50%				71% 77% 81%	ates	None	61% 67% 69%
:		2000	103% 119% 53%		ver Rates			rnover R		
		Turnover Rates	Nursing Facilities Adult Care Homes Home Care Agencies		Administrator Turnover Rates		Nursing Facilities Adult Care Homes Home Care Agencies	Clinical Manager Turnover Rates	turotak <u>onistra</u> ndariakanosakonistrandariak	Nursing Facilities Adult Care Homes Home Care Agencies

No turnover = Ouly one individual in the management position during the last year

Low turnover = Two individuals in the management position during the last year

High turnover = Three or more individuals in the management position during the last year.

Clinical managers ≈ directors of nursing in nursing homes, resident care directors in adult care homes, and clinical managers or nurse supervisors in home Administrators = administrators of nursing homes and administrators or executive directors of adult care homes and home care agencies.

If you have an interest, just for your own information, in calculating the turnover rate of your facility/agency go to: http://winastepup.org/calculators/index.html. Click on the turnover calculation link for your setting (nursing home, adult care home, home care). North Carolina Department of Health and Human Services

Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Medicare #: 347112

Computer: 943664
PC _____ Date ____

HOME HEALTH AGENCY

2011 Annual Data Supplement to License Application

(Reporting 2010 Fiscal Year Data)

1		(Reporting 2010 Fiscal Year Data)
	Includes Home Health a	and Home Care data to be reported by Medicare certified agencies.
	As	eparate form to be completed for each site.
A.	Identification:	
	License No:	<u>HC1038</u>
	Legal Identity of Applicant:	Carolinas Medical Center at Home, LLC
	Agency d/b/a:	Healthy @ Home - Carolinas Medical Center
	Agency Site Address:	4701 Hedgemore Drive, Suite 300
		Charlotte, NC 28209
	County:	Mecklenburg
	Agency E-Mail: (If Applicable) Agency Web Site: (If Applicable) Agency Phone #:	(20.1) 50.1 0.000
	Agency Fax:	(704)521-2300 (704)512-2338
B.	Reporting Period	
	and ending after the twelve-m	ve-month period beginning on July, August, September or October 1, 2009, nonth period, but no later than September 30, 2010. If your agency or tire twelve-month period, please specify the time period covered in this report.
	Vores non outino mania de	tober 1, 2009 and Ends September 30, 2010 * * Change date if different from September 30
AUTE	IENTICATING SIGNATURE:	I certify the information submitted in this Data Supplement is accurate.
Typed	Name: Hattiett Sa	Attain Title: CEO
Signat	ture: Harriett fr	utain Date: 11/29/10

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving <u>Part-time Intermittent Home Health</u> services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report <u>number of clients</u> by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- · Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total	Total
Residence								Numbers of Clients	Visits by County
								1	,
Mecklenbus	560	461	991	363	658	659	482	4174	66, 180
J		***************************************					ب ا		C) -1
Cabarras	53	65	175	63	120	106	65	647	8,759
Gaston	16	1/	32	10	16	16	5	106	2,469
								ا سو ا	
McDinell	1	1	0 .	0	2	0	- 1	5	47
	<u> </u>			.,	,	17	_		
Bowan	2	3	15	4	4	2	0	30	229
				0	3	7	2		111.1
Union	1	2	3	-	1 -	1	5	26	446
CANORI	6	Copy and	attach ac	lditionas.	page(s)-as	1180G8G-	<u></u>		
Iredell		0	/	, <i>O</i>	6	D	0	2	109
- CAELL	<u></u>	<u> </u>		<u> </u>		1		2.1	1010
11	1	0	5	3	2	2	1 /	14	219
Cleveland			<u> </u>	L			<u> </u>	1	<u> </u>

License No: <u>HC1038</u> Facility ID: 943664

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. <u>Client Residence (Home Care)</u>

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. This is an unduplicated count.
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- Do not report clients reported on the previous page.
- Do not use other age groups

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

							- All Services	
		١						
		1	/ K.					
			4					
				•			•	

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving <u>PART-TIME INTERMITTENT HOME HEALTH</u> *
 services through your Medicare certified agency <u>regardless of payer source</u>.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each
_	admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits
	from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
· · · · · · · · · · · · · · · · · · ·	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	2.328	46,800
Medicare HMO	138	1,950
Medicaid	717	9,967
Medicaid HMO	D	0
Private Insurance .	143	1325
Private Insurance HMO	0	0
Indigent Non-Pay	/38	1,171
Other (specify): Self-Pay	400	3,098
	-	·
j		

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

Fron	1: October 1, 2009 To: Sep	tember	30, 2010 Year
	Month/Year	Month/	Year
a.	Number of Medicare episodes	===	3,002
b.	Average number of Medicare episodes per beneficiary	=	1.40
	Average number of Medicare Visits per episode (all disciplines)	±=	15.44
d.	For Medicare – the percent of Lupas	=	13.85%

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving part-time intermittent home health services through your Medicare certified agency <u>regardless of payer source</u>. These are services provided on a <u>per visit</u> basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. FTE=20/40=1/2

15 nurses work a combined total of 400 hours a week. FTE = 400/40 = 10 FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

<u>Total Visits</u> are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which <u>you bill</u>. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

Page 7

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2010 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	4	4.0	N. 27 1. 3. 3		
Other Administrative Staff	13	13.0		1000 1000 4000 1000 1000 1000 1000 1000	
Nursing (RN, LPN)	64	49.8	3,110	37,253	164.05
Occupational Therapy	5	3.7	1,173	5,865	
Physical Therapy	30	23	2.851	25,212	144.69
Speech Therapy	6	1.05	325	3,065	202.66
Social Worker	4	2.25	121	141	93.06
Home Health Aide	5	5.0	348	4,602	70.43
Nutrition	0	0	O	D	
Totals	132	102.8	8588	76,198	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's <u>home care services</u> (Non Medicare-Certified / non part-time intermittent home health).

<u>Total Clients</u> means the total number of clients seen by <u>each</u> staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
l	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2010 Home Care Staffing Data

Staff : Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		· · · · · · · · · · · · · · · · · · ·
Nursing (RN, LPN)		
Occupational Therapist	.~	5
Physical Therapist	Mr.	Υ
Physical Therapy Assistant	L M	
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		

Attachment 4

754	1206	5646		Average	Annual	Rate of	nange in se Rates	per 1000	88	% %	10%	2%	%9	%	%8	8													
18-64	1992	5253		Average A	Annual	Rate of R	Change in Change in Number of Use Rates	Patients p	3%	% % 9	13%	8%	%9	%	4%	8,7													
Tofa	4500	14415					(Jsa Rafe A	- 6	4.1	₽. 4.	8,9	10.0	58.8	62.5	165.3	000													
25.	406	2473		•			Estimated 2009	Population	227,687	483,232	588,715	1,244,150	43,892	113,976	34,151	L C'AS	FLAN		Potential	Heall	Patlents in	2012	1 336	-	6,346	20.0	3,452	2 	5,993
75.97	12-04	3173	1000				Home Health Patients in	2009	937	1664	5,253	12,399	2,579	7,118	5,646	15,105	FINESPORE			Projected	2012	Populallon	239,875		610,692	00'087'1	52,734	*C011C1	36,278 94,199
05000	47-00	2579	ATTEN				I ole Date	Į	3.98	4,15	8.36	10.16	54.02	62,43	159,59	177.21	OES OR OF		Assimination of	Use Rate	per 1000 ln	2012	3.17		10.39	11,61	65.46	/0'80	165,19
ORIGINAZO	60-54	1293	ANDINSER				Esilmated	Ę	228,229	477,002	568,290	1,215,272	46,316	116,392	34,338	87,473	TETHNAGEN	COG's		Rate of		Use Rale	% % %	?	5%	ů,	\$ 3	476	%0
OFFERNEN	41-59	2905	INBATIENES	,			Home Health E		808	1980	4,753	12,343	2,502	7,286	5,480	15,506	AHENIEHE		4	oeograpnic Unit's Use	Rate per	000 In 2009	4.12	t i	8,92	£8'6	58.76	62.45	165.32 168.75
BYRCOLINE	18-40	1055	POHANGE				Ĭ.		3.91	4,08	7,36	9.00	52,61	58.04	155.20	169,23	RECHETER	Anticipated	# 0	Pallents Receiving	Services in	2012	763	dec'i	6,524	15,400	3,042	8,385	6,016 16,094
AUTHORNA	<18 253	937	AURATES				'n	Population	224,098	468,209	558.926	1,185,127	43,471	109,819	33,358	85,671	ORIMEDICA	s/900		Annual Kala of Change		Served	%g-	£0.	8%	8%	6%	%9	2%
Zer HOMENE Resident	County	Mecklenburg Mecklenburg Total	TERAGE ANN				r.	2007	876	1,911	4.135	10,670	2,287	6,374	5,177	14,498	DUECTIONS			Annual Kale Home Health of Chance	Patients in # Patients	5003	937	1054	5,253	12,399	2,579	7,118	5,646
TIONS OF THE BIFF	χίο	Mecklenburg Meck	<u>teriabilenderakarerannuarkatestopangennratientstanduserakan</u>					County	Mecklenburg	Region F Totals	Mecklenburg	Region F Totals	Mecklenburo	Region F Totals	Meckienburg	Region F Totals	azo zotanejarojestonskormedicanejoekkirediyonenealitasendiesorofioes					County	Mecklenburg	Region F Totals	Mecklenburg	Region F Totals	Mecklenburg	Region F Totals	Mecklanburg Region F Totals
	Lic# Name	HC1038 Healthy @ Home-Carolinas Medical CenteriCMC-Home Care	REVISEDRATIONS						Index And &	>- > P() () () () () () () () () () () () ()	70 07 00 00	the safet	A MAN RE. 74	2	does 18 and Over		HEVISED PORTIONS OF THE PROPERTY HELD IN THE PROPERTY HERD IN THE PROPERTY HELD IN THE PROPERTY HERD IN THE PROPER						Under Age 18		Ages 18-54		Aues 65-74	,	Ages 75 and Over

REVISED PORTIONS OF TABLE 12C - 2012 NEED PROJECTIONS FOR MEDICARE-CERTIFIED HOME HEALTH AGENCIES OR OFFICES 2011 PLAN

Placeholder Adjusted
Adjustments Potential for Agencies Total Projected Surplus or New Under People Utilization in Deficit ("." = Agencies Development Served 2012 Deficit) or Offices 0 16,345 16,551 (206) 0 0 0 0 41,244 41,464 (229)

County Mecklanburg Region F Totals

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving <u>Part-time Intermittent Home Health</u> services through your Medicare certified agency <u>regardless</u> of <u>payer source</u>.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE (HOME HEALTH AIDE)).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report <u>number of clients</u> by county of residence for each age category shown. Use each client's age on
 the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	434	354	762	287	474	524	353	3188	46,950
Cabanus	10	16	48	12	25	24	13	584	1567
Gaston	15	9	18	ひ	8	9		55	1170
Union	2	a	3	ø	15	a	1	15	189
Me Dowell	a	ϕ	ø	Ø	Ø	Ø	<i>Ø</i>	a	83
Iredell	٦,	_ ø]	Strab-ad	ϕ	ϕ	Ø.	ϕ	3	112

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving <u>PART-TIME INTERMITTENT HOME HEALTH</u>,*
 services through your Medicare certified agency <u>regardless of payer source</u>.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	1.678	29,791
Medicare HMO	'Ø	Ø
Medicaid	629	7.786
Medicaid HMO	$\Box \phi$	'φ
Private Insurance	879	10.543
Private Insurance HMO	Ø	γØ.
Indigent Non-Pay	130	1.323
Other (specify): Self-Pav	217	1.881
		,

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

Fron	n: 10/01/08 To: 06/3	O/OC Mont	7 h/Year
a.	Number of Medicare episodes	<u>tot</u>	1,967
b.	Average number of Medicare episodes per beneficiary	and a	1,30
c,	Average number of Medicare Visits per episode (all disciplines)	****	15.27
d.	For Medicare – the percent of Lupas	=	15.35 %

For questions regarding this page, call the Association for Home & Hospice Care of North Curolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator					
Nurse Director/Supervisors					
Other Administrative Staff					
Nursing (RN, LPN)			2,517	22,740	
Occupational Therapy			884		
Physical Therapy			2,100	17,382	
Speech Therapy			264	3,043	
Social Worker			66	67	
Home Health Aide			255	3,600	
Nutrition			Ø	ϕ	
Totals				,	

Attachment 1



North Carolina Department of Health and Human Services Division of Health Service Regulation Licensure and Certification Acute and Home Care Section

2712 Mail Service Center Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor Lanier M. Cansier, Secretary Azzic Conley, Section Chief Phone: 919-855-4620 Fax: 919-715-8476

July 13, 2009

Carol Jones K & L Gates P. O. Box 14210 Research Triangle Park, N. C. 27709-3210

Re: Change of Ownership (CHOW/Name Change)

The Charlotte Mecklenburg Hospital Authority dlbla CMC Home Care (HC1038) 4701 Hedgemore Drive, Suite 300 Charlotte, N. C. 28209

To: Carolinas Medical Center at Home, LLC d/b/a Healthy @ Home-Carolinas Medical Center (HC1038) 4701 Hedgemore Drive, Suite 300 Charlotte, N. C. 28209

Dear Ms. Jones:

Enclosed you will find a new license reflecting a change of ownership for the above home care agency. The effective date of the license is July 1, 2009. A hard copy of the license is enclosed.

This is to confirm that I received a letter dated June 17, 2009 from Andrea McCall, RN to have nursing pool removed from the above license. The above agency is licensed to provide the following services: Nursing, Infusion Nursing, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy and Clinical Respiratory Therapy.

Please also note that this agency's position is based solely on the facts as presented by you and that any changes in the facts as represented would require further consideration by this agency and a separate determination. The Medicare/Medicaid certification will be processed via separate correspondence.



Page Two Carol Jones

If this office can be of further assistance to you regarding this matter, please call me at (919) 855-4620.

Sincerely,

Nancy P. Joyce

Nancy Joyce Administrative Officer Acute and Home Care Licensure and Certification Section

Enclosure

CC: Provider Services Section, N.C. Division of Medical Assistance (Copy of License Attached) SA File

State of Aurth Carolina Bepartment of Health and Human Services Division of Health Service Regulation

Effective July 01; 2009, this license is issued to Carolinas Medical Center at Home, LLC

to operate an agency known as Healthy @ Home - Carolinas Medical Center

located at 4701 Hedgemore Drive Suite 300 City of Charlotte, North Carolina

This license is issued subject to the stables of the State of North Carolina, is not transferable and shall expire midnight December 31, 2009

License Number: HC1058

Home Care Services: Nursing Care : Infusion Mursing, In-home Lide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy; Glinical Respiratory.

This agency is authorized to provide Medicare-certified home health-services

Authorized by:

Secretary, N.C. Department of Health and Human Services

Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services Division of Health Service Regulation

Certificate of Need Section

2704 Mail Service Center Raleigh, North Carolina 27699-2704

Beyerly Eaves Perdue, Governor Lanier M. Cansler, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief Phone: 919-855-3873

Fax: 919-733-8139

April 7, 2009

Mary Beth F. Johnston K&L Gates P.O. Box 14210 Research Triangle Park, NC 27709

RE:

Exempt from Review / Acquisition of Cleveland Home Health Agency, Inc. by Cleveland County HealthCare System; Acquisition of Cleveland Home Health Agency, Inc., Blue Ridge Home Health Care, CMC - Home Care and Carolinas Medical Center Lincoln Home Health by Carolinas Medical Center at Home / Mecklenburg, Cleveland, Lincoln and Burke Counties

FID # 943664 (Mecklenburg) FID # 923683 (Cleveland) FID # 953900 (Lincoln) FID # 953773 (Burke)

Dear Ms. Johnston:

In response to your letter of April 6, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Cleveland County HealthCare System and Carolinas Medical Center at Home may proceed to acquire the above referenced health service facilities without first obtaining a certificate of need. However, you need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to obtain instructions for changing ownership of the existing facilities. Note that pursuant to N.C.G.S. §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 separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

es Brown, Project Analyst

Lee B. Hoffman, Chief Certificate of Need Section

Acute and Home Care Licensure and Certification Section, DHSR



cc:

K&L GATES

March 23, 2009

K&L Gates LLP Post Office Box 14210 Resoarch Triangle Park, NG 27709-4210

430 Davis Drivo, Suite 400 Morrisville, NC 27560

r 919.466.1190

www.kigalos.com

Mary Beth Johnston D 919.466,1181 F 919.516.2071 marybeth.johnston@klgates.com

VIA HAND DELIVERY

Ms. Nancy Joyce
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Licensure and Certification Section
Acute/Home Care Branch
1205 Umstead Drive
Raleigh, NC 27603

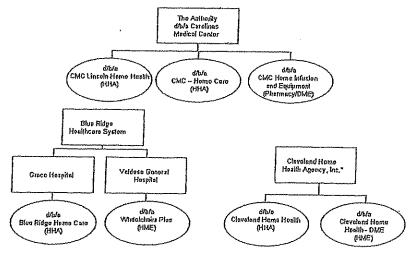
RECEIVED MAR 2 3 2009

Re: Carolinas Medical Center at Home, LLC

Dear Ms. Joyce:

Per your request, the purpose of this letter is to provide you with an overview of The Charlotte-Mecklenburg Hospital Authority's ("Authority's") upcoming home health business reorganization project. The Authority, itself or through its affiliates, owns, operates or manages home care agencies ("HHAs"), home medical equipment businesses ("HMEs") and one specialty pharmacy/durable medical equipment supplier ("Pharmacy/DME"). Please refer to Diagram 1 below.

Diagram 1: Current Authority-Affiliated Home Care Operations



-Cleveland Home Health Agency, inc. will by acquired by Cleveland County HealthCare System prior to the U.C. transaction on July 1, 2009.

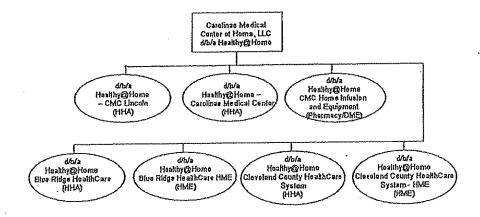
K&L GATES

Ms. Nancy Joyce March 23, 2009 Page 2

Effective July 1, 2009, the Authority would like to consolidate various home health operations under one entity, a newly formed limited liability company, Carolinas Medical Center at Home, LLC ("LLC"). The purpose of this consolidation is to improve oversight, standardize and improve care, and generate additional operating efficiencies.

Four HHAs, two HMEs and the Pharmacy/DME will constitute the businesses in the LLC. Each Authority-affiliated hospital will transfer the operations of those businesses to the LLC (Please refer to the Diagram 2 below). All of the hospital affiliates will become members of the LLC and representatives from each will serve on its governing Board of Managers. The Board of Managers will have general oversight authority for the LLC. The Board of Managers will obtain certain day-to-day Management Services from the Authority d/b/a Post Acute Care Services ("PACS") pursuant to a separate Management Services Agreement.

Diagram 2: Carolinas Medical Center at Home, LLC



Ms. Nancy Joyce March 23, 2009 Page 3

Pertinent information about each of the existing businesses is provided in the table below:

	Old Busings Hamp	Old Business License #	Physical Address	NPI	Madiczia *	Services
New Business d/b/a Hoshhy @ Home - Blue Ridge HeshhCere	Blue Ridge Home Care	HCD105	201 S. Germain St. Veldese, NC 28690	\$154495168	347181	Homo Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Blue Ridge HealthCere	Valdess General Hospital Inc d/b/s Whenichelts Plus		132 Main Street East Valdese, NC 28990	1639245897	0601450002	DME
HME Hasiliny @ Home - Carolinas Madical Center	The Chadotte-Mecklenburg Hospital Autherity divia CMC - Home Cers	HC0138	4761 Hedgemore Drive Suite 300 Charlotte, NC 28209	1336186220	34-7112	Home Health Skilled Nursing PT/OT/ST HH Alde Social Work
Healthy @ Home - CMC Home laturion and Equipment	The Charlotte-Mecklenburg Hospital Authority drus CMC - Home thrusion and Equipment	HC1184	1601 Abbay Place Chadone, NC 28209	1.497.267.768	0482996003	DME Home Infusion Services
Healthy @ Home- Cloveland County Health Care System	Claveland Home Hoalth	HC0042	105 TR Harris Drive Shalby, NC 28150	1144272385	34-7013	Home Health Skilled Nursing PT/OT/ST HH Alde Social Worl
Healthy @ Heme - Carolinas Medical Conter Lincoln	The Chadolle-Macklanburg Hospital Authority d'ada CMC Home Care- Lincoln	HC0135	BS3 S. Laurel Street Lincolnton, NC 28092	1326223892	34-7191	Home Health Skilled Nursing PT/OT/ST HH Alde Sociel Work
Healthy @ Home - Clayatand County	Clayeland Home Health - DME	Board of Phermacy Licensed	105 TR Hards Drive Shelby, NC 28150	1972594711	0614950001	DME
HealthCare System HME		Board of Phormacy Liconand	EGS S. Lauret Street Lincolnton, NC 28092	<u> </u>	<u></u>	<u> </u>

To that end, the LLC will be filing license applications and Medicare enrollment applications reflecting changes in ownership for the aforementioned businesses in the near future. If you have any questions regarding the project or need additional information, please do not hesitate to contact Carol Jones at 704-466-1250 or the following e-mail address: Carol.Jones@klgates.com.

Thank you in advance for your assistance with this very important project.

Sincerely,

Mary Beth Johnston

MBJ/ph

cc: John Dupuy

K&L GATÉS

K&L Gatos tur Post Office Box 14210 Rasearch Triangio Park, NG 27709-4210

430 Davis Drive, Suite 400 Morrieville, NG 27560

r 919,466,1190

www.kigates.com

April 6, 2009

Mary Both F, Johnston D 919,466,1181 F 919,516,2071 marybeth.johnston@klgates.com

Via Hand Delivery

Lee B. Hoffman, Chief Certificate of Need Section Division of Health Service Regulation Department of Health and Human Services 701 Barbour Drive Raleigh, NC 27603 Consideration of the control of the

Of APR 2003 0 1 % 2 2

Re:

Exemption Notice Regarding Acquisition and Reorganization of Home Health Agencies – Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System

Dear Lee:

We are writing on behalf of our clients, Carolinas Medical Center at Home, LLC (also referred to as "limited liability company") and Cleveland County HealthCare System. The purpose of this letter is to notify you pursuant to N.C. Gen. Stat. § 131E-184(a)(8) that Carolinas Medical Center at Home, LLC is planning to acquire the following North Carolina licensed and Medicare and Medicaid certified home health agencies: (1) Blue Ridge Home Health Care; (2) CMC – Home Care; (3) Carolinas Medical Center Lincoln Home Health ("CMC Lincoln Home Health"); and (4) Cleveland Home Health Agency, Inc. Each owner of these separately licensed home health agencies will become a member of Carolinas Medical Center at Home, LLC. Each home health agency will maintain its separately licensed status at the conclusion of the acquisition. These transactions are described in Section I herein.

As described in Section II herein, the acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) immediately thereafter, Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Both steps will be conducted pursuant to N.C. Gen. Stat. § 131E-184(a)(8). Like the other home health agencies, Cleveland Home Health Agency, Inc. will remain separately licensed at each step.

Lee B. Hoffman, Chief April 6, 2009 Page 2

I. Acquisition by Carolinas Medical Center at Home, LLC

For ease of reference, a corporate chart reflecting the existing structure of the home health agencies is attached as Exhibit A. A corporate chart reflecting the reorganization of home health agencies is attached as Exhibit B. We also have included the current licenses of Blue Ridge Home Health Care, CMC – Home Care, CMC Lincoln Home Health and Cleveland Home Health Agency, Inc. See Exhibits C-F. Each existing home health agency is separately licensed, and will remain separately licensed at the conclusion of this transaction.

As reflected on the existing licenses, each home health agency is currently operated by the following respective entities: (1) Blue Ridge Home Health Care is operated by Grace Hospital, Inc.; (2) CMC – Home Care is operated by The Charlotte-Mecklenburg Hospital Authority; (3) CMC Lincoln Home Health is operated by The Charlotte-Mecklenburg Hospital Authority; and (4) Cleveland Home Health Agency, Inc. is operated by Cleveland Home Health Agency, Inc.

The members of Carolinas Medical Center at Home, LLC will consist of Blue Ridge HealthCare System on behalf of Grace Hospital, Inc. and Valdese General Hospital, Inc., The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center and Cleveland County HealthCare System. Each member will receive a pro rata ownership interest in the limited liability company based upon the contribution of assets by each member. These assets will consist of the assets of home health agencies being acquired by the limited liability company as described herein, as well as the assets of the following home medical equipment and specialty pharmacy/durable medical equipment companies that are not regulated by the CON Law: Blue Ridge HealthCare HME; Cleveland County HealthCare System HME and CMC Home Infusion and Equipment. The limited liability company will be managed by The Charlotte-Mecklenburg Hospital Authority.

The components of each home health agency that will be acquired include all of the ongoing home health business, health care operations and all assets. The location of each home health agency and each home health agency's service area for patient care services will not be affected by these transactions. The benefit of this reorganization and centralization will be reduced costs and improved efficiencies of information technology, billing, supply chain management and workforce.

As reflected on the chart in Exhibit B, each newly acquired home health agency will designated by new names: Blue Ridge Health Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Blue Ridge HealthCare"; CMC – Home Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home – Carolinas Medical Center"; CMC Lincoln Home Health will operate as "Carolinas Medical Center at

Lee B. Hoffman, Chief April 6, 2009 Page 3

Home, LLC d/b/a Healthy@Home - CMC Lincoln"; and Cleveland Home Health Agency, Inc. will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Cleveland County HealthCare System."

As you are aware, under the North Carolina CON Law, a CON is required prior to offering or developing a "new institutional health service." A "new institutional health service" includes a variety of services and activities, including the development of a home health agency office and the opening of an additional office. See N.C. Gen. Stat. § 131E-176(16)a, (16)a, and (9b). However, the North Carolina General Assembly has exempted certain transactions from CON review under N.C. Gen. Stat. § 131E-184, such as the acquisition of an existing health service facility. See N.C. Gen. Stat. § 131E-184(a)(8).

Considering that each of the home health agencies to be acquired by the limited liability company is an existing health service facility under N.C. Gen. Stat. § 131E-176(9b), we believe that each planned acquisition by the limited liability company is exempt from CON review in accordance with N.C. Gen. Stat. § 131E-184(a)(8). After acquisition, Carolinas Medical Center at Home, LLC will operate each facility as a home health agency with the same service area and physical location that existed prior to the acquisitions. Furthermore, the proposed acquisitions do not include the purchase of any new major medical equipment or any per se reviewable equipment as defined in N.C. Gen. Stat. §§ 131E-176(140) and (16)f1. Likewise, the acquisitions do not include the offering of any per se reviewable services. See N.C. Gen. § 131E-176(16)f1. The effective date of these transactions is July 1, 2009.

II. Acquisition by Cleveland County Healthcare System Prior to Acquisition of Carolinas Medical Center at Home, LLC

The acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Cleveland Home Health Agency, Inc. will remain separately licensed at each step. The second step will occur immediately after the acquisition by Cleveland County HealthCare System.

The location of this home health agency and its service area for patient care services will not be affected by these transactions. The home health agency will retain its separate license status and will not be absorbed into the hospital system's license. The proposed acquisitions do not include the purchase of any new major medical equipment or any per se reviewable equipment or services. See N.C. Gen. Stat. § 131E-176(140), (16)f1.

Lee B. Hoffman, Chief April 6, 2009 Page 4

For the same reasons articulated in Section I above, both steps are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). The effective date of these transactions is July 1, 2009.

III. Conclusion

Based upon the foregoing, Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System notify the CON Section of these impeding acquisitions, which are exempt from CON review under N.C. Gen. Stat. § 131E-184(a)(8). Although the exemption statute does not technically require your office's written confirmation that these transactions are exempt from review, we nevertheless as always would appreciate such a written response. We have also been in contact with the Licensure and Certification Section in recent weeks about the structure of these transactions, and will abide by all licensing requirements implemented by that Section.

If you require additional information, please let us know as soon as possible. Thank you for your consideration.

Sincerely,

Mary Beth F. Johnston

MBJ/wws

Enclosures

Lee B. Hoffman, Chief April 6, 2009
Page 5

EXHIBITS

Exhibit A Chart Reflecting Existing Structure of Home Health Agencies

Exhibit B Chart Outlining Reorganization of Home Health Agencies

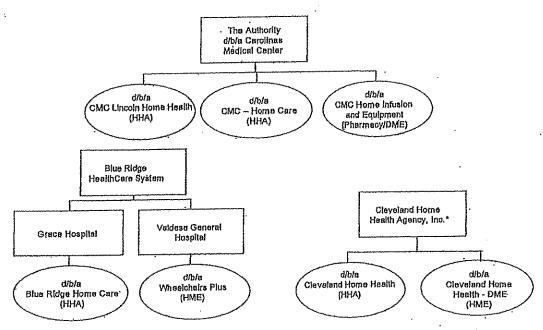
Exhibit C Blue Ridge Home Health Care 2009 License

Exhibit D CMC – Home Care 2009 License

Exhibit E CMC Lincoln Home Health 2009 License

Exhibit F Cleveland Home Health Agency, Inc. 2009 License

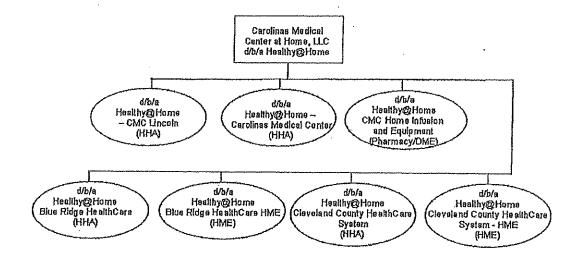
Exhibit A Existing Structure of the Home Health Agencies



•Cleveland Home Health Agency, Inc. will by acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Exhibit B

Carolinas Medical Center at Home, LLC Organizational Structure



State of Anth Carolina Bepariment of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009; this license is issued to

Grace Hospital, Inc.

to operate an agency known ds Mue Ridge Home Health Care

locuted at 201 St. Germain Ave. City of Keldese, North Çarolina,

This licente is issued subject to the statutes of the State of North Carolina, is not transferable and shall expire midtight December 31, 2009

Facility ID: 953773 License Number: HG0105

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy,

This agency is authorized to provide Medicare-cerlified home health service

EXHIBIT

C

Authorized by:

Secretary, N.C. Department of Health and

Human Services

Director, Division of Health Service Regulation

State of Porth Carolina Bepartment of Health and Human Services Aivision of Health Service Regulation

Effective January 01-2009 This Vicense is issued to
Charlotte-Mecklenburg Frospital Allihority
to operate an agency known ds
Jocatell at 1701: Hedgemore Delve Suite 300
Giry log Cháy louie , North Carolina H.
This license is sued subject by the striples of the Transferable and shall expine
midnight December 31, 2000
THE RECEIPTION OF SECURITION O
License Number - Picilla 8
Home Care Services: Nursing Care, Injuston Mirsing, In-Home Aldo Melital Social Services. Physical Therapy. Occupational Therapy Speech Therapy, Clinical Respiratory, Midsing Pool Services.
This agency is authorized to provide Medicare cerufied nome health gervices.
EXHIBIT
thorized by:
118 Benton 1998 Boxwan
retary, N.C. Department of Health and Director, Division of Health Service Regulation

State at Aarth Carality Services Division of Health Service Regulation

Effective January Ob 2009 Int Strenge is issued to Cleveland Home Mealth Agency. Inc.

10 operate any agency idiown as Cyéveland Homa Health Agency, Inc.

18 called at 105 T.R. Harlis Drive

[City Shelby, North Carolina.

This how is easy such subject to the stautes of the State of North Carolina, is not transferable and shall expire inidight December 31, 2005.

[City IDV 98503.]

[City IDV 98503.]

[City IDV 98503.]

Home Care Services, Nursing Care Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy, Home Care Services Nursing Care Infusion Nursing, Directly Related Medical Supplies and Appliances

This agency is authorized to provide Medicare-certified home health services

F

Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation

tate at Anrith Carality Department of Health and Human Services Division of Health Service Regulation

Effective January 01, 2009, this license is issued to The Charlotte - Mecklenburg Hospital Authority

to operate an agency known as Carolinas Medical Center Lincoln Home Health

> located at 853 S. Laurel Street City of Lincolnton, North Carolina.

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall expire midnight December 31, 2009.

> Facility ID: 953900 License Number: HC0135

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy, Occupational Therapy . Speech Therapy .

This agency is authorized to provide Medicare-certified home health services.

Authorized by:

Secretary, N.C. Department of Health and

Human Services



Director, Division of Health Service Regulation

Attachment 2



North Carolina Department of Health and Human Services Division of Health Service Regulation

Acute & Home Care Licensure & Certification Section

1205 Umstead Drive - 2712 Mail Service Center - Raleigh, N.C. 27699-2712 Phone: (919) 855-4620 Fax: (919) 715-8476

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Azzie Conley, Chief

MEMORANDUM

TO:

Healthy @ Home - Carolinas Medical Center -- Charlotte

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2010 Home Care / Home Health Agency License Renewal Application

or Overnight mail address

PLEASE READ CAREFULLY

Enclosed is your 2010 License Renewal Application. Please complete this application and return the <u>original</u> (PLUS ONE COPY) no later than December 1, 2009 to the address below.

Acute and Home Care

Licensure and Certification Section

2712 Mail Service Center

Raleigh, N C 27699-2712

Acute and Home Care

Licensure and Certification Section

1205 Umstead Drive

Raleigh, NC 27603

Data on file with the Division indicates that your facility/entity is a Home Care / Home Health Agency (HC/HHA). Your annual licensure fee, as authorized by Sections 41.2(a) – 41.2(i) of Session Law 2005-622, is \$510.00. This amount is comprised of a base fee of \$510.00 -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR."

Payment should include the facility's license number and be submitted with your license renewal application. A

separate check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2009 to ensure your license is renewed with an effective date of January 1, 2010. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued





North Carolina Department of Health and Human Services Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive Ralcigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038

Computer: 943664

Date

Total License Fee:

\$510.00

2010 LICENSE APPLICATION FOR HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Carolinas Medical Center at Home, LLC (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As

(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY:

Healthy @ Home - Carolinas Medical Center

Agency Mailing Address: (If materials are to be mailed to another address list here)

PO Box 32861

Charlotte, NC 28232-2861

Agency Site Address:

4701 Hedgemore Drive, Suite 300

Charlotte, NC 28209

County:

Mecklenburg

Telephone:

Administrator/Director:

(704)521-2300

Fax:

(704)512-2338

E-Mail:(if applicable)

Web Site: (if applicable)

Connic Bonebrake Cathy Maye Methore

Title:

Vice President Executive Diretm

Name of the person to contact for any questions regarding this form:

Gwandelyn Tribble

Telephone: 704-512-5219

gwendlyn tribble @ carolineshealtheare . org

Licensure Categories Licensed For: (Check All That Apply)

- 1. X Home Care Agency (G.S. 131E-138)
- 2. ___ Nursing Pool (G.S. 131E-154.3)
- Hospice Services (G.S. 131E-200)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

DHSR-4029 REV 08/2009

License	No:	HC1038
Facility	ID:	943664

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. YOU MAY NOT ADD SERVICES ON THIS APPLICATION. Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

1) Under this home care license number, are you directly providing HME/DME?					,		
2)	Do you also have a medical equipment permit issued by the NC Board of Pharmacy?					s	No No
	If "yes," please provide the permit number:						
Hou	'5:						
	ate the hours that the agen nple: 9 am - 5 pm. Use "		for business each	day:			
	Monday	Tuesday	Wednesday	Thursday	Friday	Satu	rday
,	8:30cm-5:com	8:30m - Staym	8:30m-5:01pm	8.30m-5.wpm	8:300x - 5,000x	Clused	

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	28.7	Ø.o	5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a <u>complete</u> copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009-12/19/1	2 Accreditud
	DNV		
,	CHAP (Community Home Association		
	Program)		
	ACHC (Accreditation Commission for Home		
	Care, Inc.)		
	Other:		

^{*}Please provide a copy of your letter if you are deemed

2010 License Renewal for Home Care, Nursing Pool & Hosp	ice:
Healthy @ Home - Carolinas Medical Center * Mecklen	burg County

ome Care Agency Applica If Medicare Certified Hor	nts: ne Health, what is your p	rovider number? 34	<u>7112</u>	
This agency is a Home H	ealth Agency. Yes	No.		
If 'Ves' please check one	e Parent Branch	Sub-unit		
II 1 es , picaso official official			CDC)2 Vec I/No	
Is this agency owned or o	perated by a Continuing	Care Retirement Center (C	(CRC): 103	
ospice Applicants: If Medicare certified, who	at is your hospice provide	er number?	a a a a a a a a a a a a a a a a a a a	:~+
For Medicare certified ho each license operating un	spices do you operate mo der this Medicare numbe	ore than one office under the control of the contro	his provider number? If yes please i	ist.
TT this site been issued	a Certificate of Need to t	provide hospice services?	YesNo.	
Has this site occir issued	a Continue of Transaction	anced innatient beds or hos	pice residential beds in another	
Do you have an agreeme facility? If so, list facility	nt to operate riospice nee	Sisca inputtom o cas of the	•	
lated to a death or injury cursing pool and its employed	laim resulting from negu; ees.	goreo or marketing		
wnership Disclosure: (P	lease fill in any blanks a	nd make changes where no	cessary).	
What is the name of the	legal entity with ownersh corporate name as on file name of the governmen	nip responsibility and liabite with the NC Secretary of tal unit that has the owners	lity? If this is a Corporation, compa	et e a
Owner:	Carolinas Medical Cer	nter at Home, LLC		
**	26-145104.1 P.O.Box 32861	<u></u>		
		ate: NC Zip: 28232-2	861	
-	(704)521-2300 Fax:			
Senior Officer:	Harriett C. Sartain			
a. Legal entity is:	For Profit	X Not For Profit	Dartnarchin	
b. Legal entity is	Corporation		A Tarmeramb	
	Proprietorship	Company Limited Liabili Partnership	ty Government Unit	
	If Medicare Certified Hone This agency is a Home Ho If 'Yes', please check one Is this agency owned or o spice Applicants: If Medicare certified, who For Medicare certified ho each license operating un Has this site been issued Do you have an agreement facility? If so, list facility sursing Pool Applicants: In nursing pool applicants in blicy (binder acceptable). It is a death or injury of the lated to a dea	If 'Yes', please check one: Parent Branch Is this agency owned or operated by a Continuing obspice Applicants: If Medicare certified, what is your hospice provide each license operating under this Medicare number of the legal entity with owners the exact wording of the corporate name as on fill Unit of Government, the name of the government services offered. Owner: Federal Tax ID No.: Street/Box: City: Telephone: Senior Officer: Is this agency is a Home Health Agency. Yes Branch Br	If Medicare Certified Home Health, what is your provider number? This agency is a Home Health Agency. YesNo. If 'Yes', please check one: Parent Branch Sub-unit	If Medicare Certified Home Health Agency. YesNo. If 'Yes', please check one: Parent Branch Sub-unit

Corporation: a. What is the exact wording of the corpora	te name on file with the NC Secretary of Stat	te?		
Carolinas Medical Center of Ho	Sme, LLC			
b. In what state was the corporation original	ly established? <u>NC</u>			
c. Address and Telephone number of the co Po Box 32861 Cherling NC	rporation: 28232 - 2861			
Maria William				
d. List names and addresses of ALL officers	and any other persons with a controlling inte	erest of 5% or more.		
Name		Percent of Stock		
Harriett C. Sartain	CEO			
Connie C. Bonebrake	Director/ Officer			
Carol 12, Hale	Director / officer			
Government Unit: a. Name of the governmental unit that has the	Attach additional sheets as needed) e ownership responsibility and liability for	the services offered:		
b. Title of the official in charge of the govern	mental unit:			
c. Check which best describes the type of go	vernmental unit:			
City County State Authority Health Dept DSS				
Other (Please specify):				
Multiple Facilities: a. Is this facility part of a multiple facility/ag (A multiple facility system is defined as two	gency system in North Carolina? Yes or more facilities under the same manageme	No ent or ownership).		
b. If 'Yes' above, are medical records in a co	entralized location?Yes/No			
c. If 'Yes', please specify location.	•			

Location

License #

License No: <u>HC1038</u> Facility ID: 943664

Name

2010 License Renewal for Home Care, Nursing Pool & Hospice:	
Healthy @ Home - Carolinas Medical Center ♣ Mecklenburg Co	unty

License	No:	HC1038
Facility		

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy Office - Clevelond	Compy Healthan System Shelly, W.	c HC6042
Heathy & Hom - Carolina	Nederal Centry Lincoln Lincoln In H	
Heild & for - Chr !	tone Inferior con Equipment Charlette, NC	
TOTAL CHE I		

(Attach additional sheets as needed)

	(Witscit additional specie as measure)
e.	Is your agency owned, in whole or in part, or operated by a hospital? YesNo
f.	If 'Yes', please specify the name of entity. The Charlete-Medicaling Hospital Arthrity, Claran Country Healthen System
	Is well an another entity? Ves No
h.	If 'Yes', please specify the name of entity. The Charlette Meeklerting Hightel Arthrify d/bla Pict Areate Can Size

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

This application must be completed and submitted with <u>ONE COPY</u> to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2010 home care agency license.

<u>AUTHENTICATING SIGNATURE:</u> The undersigned submits application for the year 2010 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: HUMIT C DUTAGE. Date: 11/30/09

PRINT NAME
OF APPROVING OFFICIAL Harriett C. Sartain

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, <u>prior</u> to the issuance of a home care agency license.

License	No:	HC1038
		943664

Please This ir (DHH) questic Collect filed a 1. Li 2. Ar	Turnover Rate Information for Home Care Agencies -Questions about this form complete the following information regarding aide (e.g., nurse aides, personal care aides and afformation is being requested to enable the Division of Health Service Regulation and the De S) to track turnover rates in nursing homes, adult care homes and home care agencies. The intensity of the compiled and aggregated with other responses by type (i.e., nursing homes, at an analysis of data on an annual basis helps measure the size and stability of this work is a part of your renewal application. Censed as: Home Care Agency Check here if also how you an NC NOVA (New Organizational Vision Award) Special License reprintermation about NC NOVA go to: www.ncnova.org	partment formation, adult car force over	of Health you prove homes, time. TI	n and Hur vide by a home ca his inforr	man Services nswering re agencies).
For f	he period October 1, 2008 through September 30, 2009:	Rul	Time	Pal	rt Time
(IF NO	NE WRITE "O")		(A HAZAC		
3. Ho	w many aides at your agency <u>QUIT</u> their jobs?	[2		
4. Ho	w many aides at your agency were <u>FIRED</u> or terminated?	()	(
	ow many <u>NEW</u> aides were hired?)	<u> </u>	<u> </u>
	ow many aide positions are currently budgeted?		<u>.</u>		<u> </u>
7. Hc	ow many aides were on your payroll on September 30, 2009?		<u> </u>	(
8. Do	No problem	38	Very	slighti	y Not
Cinal	e one response for each question below:	ible	Difficult	Difficu	tt Difficult
9. He	ow difficult has it been to find enough aides to fill vacant positions?		2 	3	4)
10. F	low difficult has it been for your agency to retain aides?	<u> </u>	<u> </u>		
Abo	ut your leadership positions	T	Монтн	1	YEAR
11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR beg working in that position?	t	0 8		0 2 2: INTERIM/
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "in" on a temporary or interim basis? (<u>CIRCLE ONE NUMBER</u>)		1: P.EGU PERMA		TEMPORARY
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, ple circle how many DIFFERENT OTHER persons have served in that position since October 1, 20 NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	ase 08? (DO	(i) I		3 4 OR MORE YEAR
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR b working in that position?			20	08
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permane or "filling in" on a temporary or interim basis? (<u>CIRCLE ONE NUMBER</u>)				2: Interim/ Temporary
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, the circle how many DIFFERENT OTHER persons have served in that position since October 1, 20 NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)			2	3 4 OR MORE
	il in a service from new	かいいく マモタ			

This page is for your information only. It is not necessary to return it.

Results of Direct Care Worker Turnover Data Collected in Prior Years									
Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%	110%	107%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%	109%	118%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%	48%	52%

Administrator Turnov	er Rates	2005			2006			2007			2008	
**************************************	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68%	26%	6%	72%	20%	9%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83%	12%	5%	77%	18%	5%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%
Clinical Manager Turr	nover Rat	es 200)5		2000	5		200	7		2008	
	Non	e Low	v High	Non	e Lov	, High	None	Lon	Hig	h Non	e Low	Higi
Nursing Facilities	619	6 27%	6 12%	58%	6 27%	15%	66%	24%	10%	6 649	% 23%	139
Adult Care Homes	67%	4 25%	8%	70%	6 21%	9%	73%	19%	9%	669	6 26%	8%
a runte was a radiion												

The following definitions are used to describe turnover levels for administrators and clinical managers:

No turnover: Only one individual in the management position during the reporting period

Low turnover: Two individuals in the management position during the last year

High turnover: Three or more individuals in the management position during the last year.

Administrators are defined as "administrators" of nursing homes and "administrators or executive directors of adult care homes and home care agencies. Clinical managers are defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.

For instructions on how to calculate the turnover rate for your facility/agency go to: www.aging.unc.edu/research/winastepup/ and click on link for turnover calculations.

To insure you can refer back to the information on the staff turnover form, make a copy prior to mailing the completed original to Division of Health Service Regulation.

North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Medicare #: 347112

Computer: 943664 PC_____ Date_____

HOME HEALTH AGENCY

2010 Annual Data Supplement to License Application

(Reporting 2009 Fiscal Year Data)

		nd Home Care data to be reported by McGreat o cortined against a
	A s	eparate form to be completed for each site.
Α.	Identification:	
	License No:	<u>HC1038</u>
	Legal Identity of Applicant:	Carolinas Medical Center at Home, LLC
	Agency d/b/a:	Healthy @ Home - Carolinas Medical Center
	Agency Site Address:	4701 Hedgemore Drive, Suite 300
		Charlotte, NC 28209
	County:	Mecklenburg
	Agency E-Mail: (If Applicable) Agency Web Site: (If Applicable) Agency Phone #:	(704)521–2300
В.	Agency Fax: Reporting Period	(704)512-2338
	Data is requested for the twe	elve-month period beginning on July, August, September or October 1, 2008, month period, but no later than September 30, 2009. If your agency or facility elve-month period, please specify the time period covered in this report.
	Your reporting period: 7/1	oq , and Ends September 30, 2009 * * Change date if different from September 30
AUT:	HENTICATING SIGNATURE:	I certify the information submitted in this Data Supplement is accurate.
Type	d Name: MAKINEH	Sattain Tide: OFD
Signs	nture: Narrett 9	tastala Date: 1//30/09

License No: <u>HC1038</u> Facility ID: 943664

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving <u>Part-time Intermittent Home Health</u> services through your Medicare certified agency <u>regardless</u> of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report <u>number of clients</u> by county of residence for each age category shown. Use each client's age on
 the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	224	147	310	132	170	187	142	1312	13,616
Caberries	13	9	36	16	15	17	10	116	958
Gastm	2	4	6	2	2	2	0	18	239
Melowell	1	D	0	0	D	0	0	1	8

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

Client Residence (Home Care) D.

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. This is an unduplicated
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- Do not report clients reported on the previous page.
- Do not use other age groups

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41~59	60-64	65-74	75-84	85+	All Ages
County of Residence	U-1 /	10-40	47.57					
			<u></u>					
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			LC 7	<u></u>				!
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		1]	1	1	1	L	

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving <u>PART-TIME INTERMITTENT HOME HEALTH</u> *
 services through your Medicare certified agency <u>regardless of payer source</u>.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

T	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each
Examples	admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits
	from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs.
	Mrs. Smith was admitted once to the home health agency, but received set vices paid to by our median but he made and but the number of vicits paid by
1	Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by
	each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions
	were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid
Í	client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	604	.7624
Medicare HMO	18	108
Medicaid	211	2478
Medicaid HMO	0	0
Private Insurance	396	3417
Private Insurance HMO	0	0
Indigent Non-Pay	65	680
Other (specify):	71	668

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

License	No:	HC1038
Facility	ID:	943664

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. <u>Clients/Visits by Payer Source for your Designated Reporting Period (continued)</u>

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

Fron	n: July 1, 2009 To: Septem	bu 30	, 2109			
	Month/Year	Month/Year				
a.	Number of Medicare episodes		671			
ъ.	Average number of Medicare episodes per beneficiary	=	1.03			
c.	Average number of Medicare Visits per episode (all disciplines)	NAME OF THE PERSON OF THE PERS	12.78			
	For Medicare – the percent of Lupas	22	11.9%			

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving part-time intermittent home health services through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. FTE=20/40=1/2 FTE.

15 nurses work a combined total of 400 hours a week. FTE = 400/40 = 10 FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

<u>Total Visits</u> are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which <u>you bill</u>. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450,

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	J. D		TOTAL TOTAL TOTAL	
Nurse Director/Supervisors	3	3.0			
Other Administrative Staff	21	21.0		40 mas	
Nursing (RN, LPN)	46	29.1	[090	7605	154.45
Occupational Therapy	7	5.2	269	1306	147.73
Physical Therapy	28	20.0	737	4810	145.95
Speech Therapy	3	2.7	95	697	156.62
Social Worker	4	2.3	30	34	217.47
Home Health Aide	5	5.0	95	902	116.06
Nutrition	0	0	0	0	
Totals	118	88.9	2316	15,354	

License No: <u>HC1038</u> Facility ID: 943664

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff-Home Care

Report data in Table G related to clients who are receiving continuous <u>hours</u> of services through <u>your home care</u> agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

<u>Total Clients</u> means the total number of clients seen by <u>each</u> staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2009 Home Care Staffing Data

1		T-4-1015-4
Staff	Total	Total Clients
Discipline	Staff	(12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff	101	
Nursing (RN, LPN)	,\X	
Occupational Therapist		
Physical Therapist		
Physical Therapy Assistant		<u> </u>
Speech Therapist	7	
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total .		

Attachment 3



North Carolina Department of Health and Human Services Division of Health Service Regulation

Acute and Home Care Licensure and Certification Section

2712 Mail Service Center • Raleigh, North Carolina 27699-2712 http://www.ncdhhs.gov/dhsr/

Beverly Eaves Perdue, Governor Lanier M. Cansler, Secretary Drexdal Pratt, Director

Azzie Y. Conley, Chief Phone: 919-855-4620 Fax: 919-715-8476

<u>MEMORANDUM</u>

TO:

Healthy @ Home - Carolinas Medical Center -- Charlotte

FROM:

Azzie Y. Conley, RN, Section Chief

SUBJECT:

2011 Home Care / Home Health Agency License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2011 License Renewal Application. Please complete this application and return the <u>original</u> (PLUS ONE COPY) no later than December 1, 2010 to the address below.

Acute and Home Care

Licensure and Certification Section

2712 Mail Service Center Raleigh, N C 27699-2712 or Overnight mail address

Acute and Home Care
Licensure and Certification Section

1205 Umstead Drive Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a Home Care / Home Health Agency (HC/HHA). Your annual licensure fee, as authorized by Sections 41.2(a) -41.2(i) of Session Law 2005-622, is \$510.00. This amount is comprised of a base fee of \$510.00 -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR."

Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2010 to ensure your license is renewed with an effective date of January 1, 2011. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued



North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive

Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038

Computer: 943664

Date

Total License Fee:

\$510.00

2011 LICENSE APPLICATION FOR HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant; Owner/Corporate Identity: Carolinas Medical Center at Home, LLC (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As

(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public: Healthy @ Home - Carolinas Medical Center PRIMARY: Agency Mailing Address: (If materials are to be mailed to another address list here) P O Box 32861 Charlotte, NC 28232-2861 4701 Hedgemore Drive, Suite 300 Agency Site Address: Charlotte, NC 28209 Mecklenburg County: (704)512-2338 Fax: (704)521-2300 Telephone: E-Mail:(if applicable) Web Site :(if applicable) Cathy Maye Methews Cathy Maya - Motthews Administrator/Director: Title: Director

Name of the person to contact for any questions regarding this form:

Telephone: 704-512-5219

Name: Gwandlyn Tribble @ Carolines Latth Care. org

Licensure Categories Licensed For: (Check All That Apply)

- 1. X Home Care Agency (G.S. 131E-138)
- 2. ___ Nursing Pool (G.S. 131E-154.3)
- 3. ___ Hospice Services (G.S. 131E-200)
- 4. ___ Companion, Sitter Services, and Respite Care (G.S. 131E-136)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services,"

DHSR-4029 REV 08/2910

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. YOU MAY NOT ADD SERVICES ON THIS APPLICATION. Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

1)	Under this home care lic	ense number, are y	ou directly providi	ng HME/DME?	Yes	No No
2)	Do you also have a medi Pharmacy?	cal equipment pern	nit issued by the No	C Board of	Yes	
	If "yes," please provide t	he permit number:			***************************************	
Hou	rs:					
	ate the hours that the ager mple: 9 am - 5 pm. Use		n for business each	day:		
: : : : : : : : : : : : : : : : : :	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Q:3000-500	10.20pg-500m	8.30 Am - From	8:30m-50m	8:34m -5 pm	

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	38,50		5,0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009 12/14/	2 Accredited
	DNV		
	CHAP (Community Home Association		
	Program)		
	ACHC (Accreditation Commission for Home		
	Care, Inc.)		
	Other:		

^{*}Please provide a copy of your letter if you are deemed

License	No:	HC1038
Facility	ID:	943664

				
Ho	me Care Agency Application If Medicare Certified Ho	ants:	provider number? 347112	
ł.	This agency is a Home H	Carlela A canoni Ves	No.	
2.	This agency is a Home H	leann Agency.	Out	
	If 'Yes', please check on	e: Parent V Branch	Sub-unit	
3.	Is this agency owned or o	operated by a Continuing	Care Retirement Center (CCRC	(x)?YesNo
Ης 1.	spice Applicants: If Medicare certified, wh	at is your hospice provid	er number?	
2	For Medicare certified he list each license operation	ospices do you operate m g under this Medicare nu	ore than one office under this pr mber.	rovider number? If yes please
3	Has this site been issued	a Certificate of Need to p	provide hospice services?	No No.
4.	Do you have an agreeme facility? If so, list facility	ent to operate Hospice lice y.	ensed inpatient beds or hospice	residential beds in another
nu	rsing pool and its employ	ees.	gence or malpractice in the pro-	
1.	What is the name of the	legal entity with ownersh ling of the corporate nam rument, the name of the g	nip responsibility and liability? e as on file with the NC Secrete covernmental unit that has the o	If this is a Corporation, ary of State (Corporate Office).
	Owner: Federal Tax ID No.: Street/Box: City: Telephone: Senior Officer:	P O Box 32861	nter at Home, LLC ate: NC Zip: 28232-2861	
	a. Legal entity is:b. Logal entity is	For Profit Corporation Proprietorship	Not For Profit Limited Liability Company Limited Liability	Partnership Government Unit

Corporation: a. What is the exact wording of the co	orporate name on file with the NC Secretary of Stat	æ?				
Carolinas Medical Center	Carolinas Medient Center at Home, LLC					
b. In what state was the corporation or	iginally established? <u>NC</u>					
c. Address and Telephone number of Po Box 32861, Charlotte 1	the corporation: 10 28232 - 2861					
704-512-5231	,					
d. List names and addresses of ALL of	fficers and any other persons with a controlling into					
Name	Title	Percent of Stock				
Harrich C. Sartain	CEO					
Cornie C. Bonebrake	Director / Officer					
Carol Hale	Director / Officer					
		<u> </u>				
Government Unit: a. Name of the governmental unit that	(Attach additional sheets as needed) has the ownership responsibility and liability for	the services offered:				
b. Title of the official in charge of the governmental unit: c. Check which best describes the type of governmental unit:						
\$ ·		T) C C				
City County	State Authority Health Dept	DSS				
Other (Please specify):						
Multiple Facilities: a. Is this facility part of a multiple facility/agency system in North Carolina? Yes No (A multiple facility system is defined as two or more facilities under the same management or ownership).						
b. If 'Yes' above, are medical records in a centralized location?YesNo						
c. If 'Yes', please specify location.						
Name Location License #						

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

NT	Location		License #
Name	and Comby Healthcome System	Shelly NC	HC0042
Mcolky @ Home - Clevel	at the Colored	Lincoln for, Lic	HC0135
Healthy & Home - Car	Whose Alideral Carata - Lincoln		HC 1164
Healthy @ Home Blue Healthey @ Home Blue	C Hom John + Equipment	Churchtta, NC Valdese NC	HC 0105
Heathy (a) Mine 1000	Laure Mentiner		

	(Attach additional sheets as needed)
e.	Is your agency owned, in whole or in part, or operated by a hospital? Yes No
f.	If 'Yes', please specify the name of entity. Charlotte Machenburg Haspetal Are thursday
	Is your agency managed by another entity?YesNo
-	If 'Yes', please specify the name of entity.

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

License No: <u>HC1038</u> Facility ID: 943664

This application must be completed and submitted with <u>ONE COPY</u> to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 home care agency license.

<u>AUTHENTICATING SIGNATURE:</u> The undersigned submits application for the year 2011 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Hamilt Sartain

PRINT NAME
OF APPROVING OFFICIAL Hamilt Sartain

<u>Please be advised</u>, the license fee <u>must</u> accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, <u>prior</u> to the issuance of a home care agency license.

License	No:	HC1038
Facility		

Please turnov the Dinform home this w	Turnover Rate Information for Home Care Agencies -Questions about a complete the following information regarding aide (e.g., nurse aides, personal care ver rates and return with your application. This information is requested to enable the epartment of Health and Human Services to track turnover rates in mursing homes, mation you provide by answering questions below will be compiled and aggregated s, adult care homes, home care agencies). Collection and analysis of data on an analysis force over time. This information is not filed as a part of your renewal applications and analysis of the care Agency Check here if also like the care Agency	he Division of adult care hon with other res mal basis help lication. home health	Health Senes and horeponses by measure	rvice Reg me care as type (i.e., the size as	ulation and gencies. The nursing ad stability of
2. Ar	e you an NC NOVA* (New Organizational Vision Award) Special License *For information about	e recipient? ut NC NOV	Y go to: \		No ova.org
For t	the period October 1, 2009 through September 30, 2010:	1 73.1	Time	Part'	Fime
(IF NO	ONE H'RITE "O")	Fu	lime	1 411	111110
3. Ho	ow many aides at your agency <u>OUIT</u> their jobs?	. (<u> </u>	·	`
4. Ho	ow many aides at your agency were <u>FIRED</u> or terminated?		0		
5. Ho	ow many <u>NEW</u> aides were hired?		0	<u> </u>	
6. Ho	ow many aide positions are currently budgeted?		5	<u> </u>	
7. H	ow many aides were on your payroll on September 30, 2010?		5		
8. De	o you feel that you have an <u>Aide Turnover Problem?</u> No problem Yes, it's a mild problem		it's a sub	stantial p	oroblem Not
	***	Almost mpossible	Very Difficult	Difficult	Difficult
Circl 9. H	we one response for each question below: ow difficult has it been to find enough aides to fill vacant positions?	mpossibie 1	2	3	4
	How difficult has it been for your agency to retain aides?	1	2	3	4)
Abo	ut your leadership positions		Монти	I V	`AR
11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIF	RECTOR	02		09
	begin working in that position?		<u>'</u>	1	I
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regula "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	r basis, or	1: REGUL PERMANI		MTERIM / MPORARY
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the laplease circle how many DIFFERENT OTHER persons have served in that position si 1, 2009? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE	Mor actors.	• ①	2 3	4 OR MORE
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUF begin working in that position?	PERVISOR	MONTH 1	20	08
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regulabasis, or "filling in" on a temperary or interim basis? (CIRCLE ONE NUMBER)	ar/ permanent	1: tegut Perman		INTERIM/ EMPORARY
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the liplease circle how many DIFFERENT OTHER persons have served in that position so 1, 2009? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE.	THE CALCOL	0 1	2 3	4 or More
i					

2011 Home Health Data Supplement Reporting for: Healthy @ Home - Carolinas Medical Center * Mecklenburg County

and the second s

License No: HC1038 Facility ID: 943664

							V		, , , , , , , , , , , , , , , , , , , 	
			1			High	. %%		High	%8 %8 %9
					2005	Low	18% 17% 11%	2009	Low	23% 22% 20%
.±.		2009	85% 93% 36%			None	78% 77% 88%		None	69% 70% 74%
for your information only. It is not necessary to refurn it	51	2008	.07% 118% 52%	P		High	2% 2% 7%		High	13% 8% 12%
arv to	or Year			Collecte	2008	Low	20% 18% 9%	2008	Ľo₩	23% 26% 30%
ecess	of Direct Care Worker Turnover Data Collected in Prior Years	2007	110% 109% 48%	of Administrator and Clinical Manager Turnover Data Collected		None	72% 77% 89%	2	None	64% 66% 58%
s not 1	Collecte	2006	111% 117% 50%	Turbove	,	High	%% % %		High	10% 9% 7%
v. It i	r Data	0.5	117% 111% 46%	anager	2007	Low	26% 12% 9%	2007	Low	24% 19% 19%
on on	Turnove	2005		nical M		None	%06 %83% %89	2	None	.66% 73% 74%
rmati	Vorker	2004	107% 107% 41%	and Cli		High	2%%		High	%% %% %%
r info	Care V	33	105% 109% 49%	istrator	2006	Low	21% 12% 12%	2006	Low	27% 21% 19%
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This page is	¥),1	03% 13% 50%	ਖ਼	2005	None Low	19% 21% 18%	2005	None Low High	27% 25% 26%
Th		2001	103% 113% 50%		S	None	71% 77% 81%	ates	None	61% 67% 69%
		2000	103% 119% 53%		er Rate			nover R		
		Turnover Rates	Nursing Facilities Adult Care Homes Home Care Agencies		Administrator Turnover Rates		Nursing Facilities Adult Care Homes Home Care Agencies	Clinical Manager Turnover Rates		Nursing Facilities Adult Care Homes Home Care Agencies

No turnover = Ouly one individual in the management position during the last year

Low turnover = Two individuals in the management position during the last year

High turnover = Three or more individuals in the management position during the last year.

Clinical managers = directors of nursing in nursing homes, resident care directors in adult care homes, and clinical managers or nurse supervisors in home Administrators = administrators of nursing homes and administrators or executive directors of adult care homes and home care agencies.

If you have an interest, just for your own information, in calculating the turnover rate of your facility/agency go to: http://winastepup.org/calculators/index.html. Click on the turnover calculation link for your setting (nursing home, adult care home, home care). North Carolina Department of Health and Human Services Division of Health Service Regulation Acute and Home Care Licensure and Certification Section

Site: 1205 Umstead Drive Raleigh, North Carolina 27603 Mailing: 2712 Mail Service Center Raleigh, North Carolina 27699-2712

Telephone: (919) 855-4620Fax: (919) 715-8476

For Official Use Only License # HC1038 Medicare #: 347112

Computer: 943664 Date

HOME HEALTH AGENCY

2011 Annual Data Supplement to License Application (Reporting 2010 Fiscal Year Data)

	Includes Home Health and Home Care data to be reported by Medicare certified agencies.							
	A separate form to be completed for each site.							
Α.	Identification:							
	License No:	<u>HC1038</u>						
	Legal Identity of Applicant:	Carolinas Medical Center at Home, LLC						
	Agency d/b/a:	Healthy @ Home - Carolinas Medical Center						
	Agency Site Address:	4701 Hedgemore Drive, Suite 300						
		Charlotte, NC 28209						
	County:	Mecklenburg						
	Agency E-Mail: (If Applicable) Agency Web Site:	·						
	(If Applicable) Agency Phone #: Agency Fax:	(704)521-2300 (704)512-2338						
В.	Reporting Period							
	Data is requested for the twelve-month period beginning on July, August, September or October 1, 2009, and ending after the twelve-month period, but no later than September 30, 2010. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.							
	Your reporting period: O	Ctober 1, 2009 and Ends September 30, 2010 * * Change date if different from September 30						
AUTI Type Signa	HENTICATING SIGNATURE: d Name: Hattiett S ture: Tarriett \$	I certify the information submitted in this Data Supplement is accurate. Title: CEO Date: 11/29/10						

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving <u>Part-time Intermittent Home Health</u> services through
 your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report <u>number of clients</u> by county of residence for each age category shown. Use each client's age
 on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	560	461	991	363	658	659	482	4174	66, 180
Cobarrus	53	65	175	63	120	106	65	647	8,759
Gaston	16	11	32	10	16	16	5	106	2,469
Mc Donell	. 1	1	0	0	2	0	****	5	41
Rowan	2	3	15	4	4	2	0	30	229
Union	6	Z Copy and	3 attach ad	() ditional	3 page(s) as	7 naedad	5	26	446
Iredell	1	0	1	O	6	D	0	2	109
Clevelond	1	0	5	3	2	2	1	14	219

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. This is an unduplicated count.
- · Clients may be counted only once for the reporting period regardless of the number of times admitted.
- Do not réport clients reported on the previous page.
- Do not use other age groups

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages
		\	N.					
		,	/A			· · · · · · · · · · · · · · · · · · ·		
			y					
			·	÷				
							·	
ge tilgt gar								

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving <u>PART-TIME INTERMITTENT HOME HEALTH</u> *
 services through your Medicare certified agency <u>regardless of payer source</u>.
- These are services provided on a <u>per visit</u> basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each
	admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits
	from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by
-	each of the payers.
1	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions
•	were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid
	client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	2.328	46,800
Medicare HMO	/38	1,950
Medicaid	717	9,967
Medicaid HMO	0	0
Private Insurance .	143	1325
Private Insurance HMO	0	0
Indigent Non-Pay	138	1,171
Other (specify): Self-Pay	400	3,098
		·

[&]quot;Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

30, 2010
lear ear
3,002
1-40
15.44
13.85%

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving part-time intermittent home health services through your Medicare certified agency <u>regardless of payer source</u>. These are services provided on a <u>per visit</u> basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

<u>FTE'S</u> (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk, in your home care program and 20 hrs./wk, in a non-home care program. FTE=20/40=1/2 FTE.

15 nurses work a combined total of 400 hours a week. FTE = 400/40 = 10 FTE's

<u>Total Clients</u> means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. <u>Do not include homemaker</u>, sitter or <u>In-Home Aide Level I (Home Management)</u>. If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

<u>Total Visits</u> are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which <u>you bill</u>. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2010 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	4	4.0			
Other Administrative Staff	13	13.0			
Nursing (RN, LPN)	64	49.8	3,770	37,253	164.05
Occupational Therapy	5	3.7	1,173	5,865	
Physical Therapy	30	23	2.851	25,212	144.69
Speech Therapy	6	1.05	325	3,065	202,66
Social Worker	4	2.25	121	141	93.06
Home Health Aide	5	5.0	348	4,602	70.43
Nutrition	0	0	0	D	
Totals	132	102.8	8588	76,198	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous <u>hours</u> of services through <u>your home care</u> agency (Non part-time intermittent home health).

<u>Total Staff</u> means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

<u>Total Clients</u> means the total number of clients seen by <u>each</u> staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2010 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist	.~	5
Physical Therapist	M	R
Physical Therapy Assistant	100	
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		

Attachment 4

	REVISED FOR	TIONSOFTABILE	NOT THE VALUE OF	TEATHT THE	A HW COUNT	TA STED THE	TINDUCTOR	PRINCIPATES					Real Property Control
, i	Resident		Resident										
# CC0#	Net/Je	Facility County	County	<18	18-40	41-59	60-64	65-74	75-84	85>	Totai	18-64	75+
HC1038	Heality @ Home-Carolinas Medical Center/CMC-Home Care	Mecklenburg	Mecklenburg	858	501	1072	419	644	711	495		1992	1206
		Mec	Mecklenburg Total	937	1055	2905	1293	2579	3173	2473	14415		5646
N. C. L. C. C. C. C. C. C. C. C. C. C. C. C. C.	SHORES BENEFIN			The State of the S	The state of the s		HARAMAN AND THE		THE PARTY OF THE PROPERTY OF THE PARTY OF TH		A Service in the Company of the	Terror Control of the Control	STOCKES (PRODUCES)
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			Home Health	Refemendad		Comp Lange	Entimotod		Allego coco	Losin miles			יי פושני
			Patients in		lea Dola	Datiente la	2008	ties Bate	Dottente in		0000	Citatige in Citatige III	Clarige III
		County	2007	Population	for 2007	2008	Population	for 2008	2009	Population	for 2009	Collable Of C	Jae Adles
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		Region F Totals	1.914	488 200	80.4	1080	677'077	0 11	45.64 46.64	180,122	4.0	r r	% è
		200	2101	200	2	3	300	ř	100	707,004		8	920-
	Ages 18-64	Mecklenburg	4,115	558,926	7.36	4,753	568,290	8.36	5.253	588.715	8.9	13%	10%
		Region F Totals	10,670	1,185,127	9.00	12.343	1.215.272	10.16	12,399	1.244.150	10.0	%8	36
		,		<u> </u>						201	2	3	2
	Ages 55-74	Mecklenburg	2,287	43,471	52,61	2,502	46,316	54.02	2,579	43,892	58.8	6%	%9
		Region F Totals	6,374	109,819	58.04	7,286	116,392	62.43	7,118	113,978	62.5	9%	4%
				,									
	Ages 76 and Over	Macklenburg	5,177	33,358	155.20	5,480	34,338	159.59	5,648	34,151	165.3	4%	3%
		Region F Totals	14,498	85,671	169.23	15,506	87,473	177.27	15,105	89,511	168.8	2%	%0
	ES INCLES OF THE PROPERTY OF T	HUH HUMERUS SE	The Control of the Co				Total Market	The Part of the Pa					S. C. C. C. C. C. C. C. C. C. C. C. C. C.
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	-			\$,900	Anticipated		COG's						
				Average	70		Average			Potenilai			
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			Home Health of Change	of Change	Receiving	Unit's Use	Rate of	Use Rate	Projected	Heallh			
			Patients In	Patients In # Patients	Services in	Rate per	Change In	per 1000 ln	2012	Patients in			
		Counity	2003	Served	2012	1000 In 2009	Use Rate	2012	Population	2012			
	Under Age 18	Mecklenburg	937	%9-	763	4.12	-8%	3.17	239,875	760			
		Region F Totals	1664	-6%	1,356	3.44	%8-	2,65	503,668	1,336			
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	to or oracle	arcene and a	0,400	2	2,04,7	76'0	5	200	100,000	2,0			
		Region F Totals	12,399	8%	15,400	9.97	%9	11,61	1,298,608	15,073			
	Aras 65.74	Macklachin	0 570	å	2.042	58 75	76%	26.25	50 796	4 459			
		Region F Totals	7.118	3,50	8 395	62.45	4	69.57	131.854	9.173			
			-		2		2		100	5			
	Ages 75 and Over	Mecklenburg	5,646	2%	6,016	165.32	%0	185,19	36,278	5,993			
		Region F Totals	15,105	2%	16,094	168.75	0%	168.61	94,199	15,883			

REVISED PORTIONS OF TABLE 12C - 2012 NEED PROJECTIONS FOR MEDICARE-CERTIFIED HOME HEALTH AGENCIES OR OFFICES 2011 FLAN

County Dev Mecklenburg Region F Totals

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 ar the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

Client Residence (Part-time Intermittent Home Health) C.

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE (HOME HEALTH AIDE]).
- Report any other types of services such as Mcdicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

ider of Home	Arcaica .	C REVIEW N	, g v						
County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	434	354	762	287	474	524	353	3188	46,950
Cabarrus	10	16	48	12	25	24	13	584	1567
Gaston	5	9	18	5	8	9		55	1170
Union	a	a	3	Ø	5	2		15	189
M& Dowell	a	Ø	Ø	Ø	Ø	Ø	<i>p</i>	<u>a</u> _	83
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For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH *
 services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted
 only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	1.678	29.791
Medicare HMO	Ø	0
Medicaid	629	7.786
Medicaid HMO	Ø.	1
Private Insurance	879	10.543
Private Insurance HMO	Ø	10
Indigent Non-Pay	130	1.323
Other (specify): Self-Pav	217	1881
	•	
	, , , , , , , , , , , , , , , , , , , ,	

[&]quot;Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

Home Health Data Supplement REV 08/2009

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

Please specify the 12-month reporting period, by month and year, of the following information:

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

From: $\frac{10/01/08}{Month/Year}$ To: $\frac{06/30/09}{Month/Year}$ a. Number of Medicare episodes = $\frac{1.961}{Month/Year}$

b. Average number of Medicare episodes per beneficiary = 1.30

c. Average number of Medicare Visits per episode (all disciplines) = 15.27

d. For Medicare – the percent of Lupas = 15.35 %

For questions regarding this page, call the Association for Home & Hospice Care of North Curolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator					
Nurse Director/Supervisors		+ Milionau la Simila			
Other Administrative Staff					"
Nursing (RN, LPN)			2,517	22,740	
Occupational Therapy			884	5,028	
Physical Therapy			2,100	17,382	
Speech Therapy			264	3,043	
Social Worker			66	67	
Home Health Aide			255	3,606	
Nutrition			Ø	Ø	
Totals			,	/	