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

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Secretary DHHS

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Division Director

May 31, 2013

Ruth C. Schwartz
Wake Forest Baptist Health Care at Home
12900 Foster, Suite 400
Overland Park, KS 66213

Exempt from Review – Acquisition of Facility
Facility: Hospice and Palliative CareCenter – Home Care services only
Acquisition by: Wake Forest Baptist Home Care at Home, LLC
County: Forsyth
FID #: 953897

Dear Ms. Schwartz:

In response to your letter of May 9, 2013, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Wake Forest Baptist Health Care at Home, LLC may proceed to acquire the above referenced health service facility’s home care services, including the Medicare-certified home health services only 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 facility. 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,

Kim Randolph
Project Analyst

Craig R. Smith, Chief
Certificate of Need Section

cc: Acute and Home Care Licensure and Certification Section, DHSR
Medical Facilities Planning Section, DHSR

Certificate of Need Section
www.ncdhhs.gov
Telephone: 919-855-3873 • Fax: 919-733-8139
Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704
An Equal Opportunity/ Affirmative Action Employer
May 9, 2013

VIA ELECTRONIC MAIL ADDRESS: Craig.Smith@dhhs.nc.gov

Mr. Craig Smith
Certificate of Need Section Chief
Division of Health Service Regulation
North Carolina Department of Human Resources
809 Ruggles Drive, Edgerton Bldg.
Raleigh, NC 27603

RE: Request for Determination of Exemption Under N.C.G.S. 131E-184(a)(8); Notification of a Prospective Change of Ownership of the Home Health Agency Owned and Operated by Hospice & Palliative CareCenter Located at 101 Hospice Lane, Winston-Salem, NC 27103; Facility ID #953897

Dear Mr. Smith,

On April 18, 2013, Mr. Wallace Hollowell with Nelson Mullins Riley & Scarborough, LLP submitted to your office a no-review request on behalf of their client, Hospice & Palliative CareCenter ("HPCC") to permit dividing HPCC's current state license into two separate licenses—one for its licensed hospice service business and the other for its licensed home care and Medicare-approved home health business. As explained in the April 18, 2013 request, once the state licenses are divided, HPCC anticipates selling its licensed home care and Medicare-approved home health business. The prospective buyer is Wake Forest Baptist Health Care at Home, LLC ("Wake Forest").

On April 26, 2013, your office issued a no-review determination response letter for the above described proposal, copy of which is enclosed for your quick reference. As a result, HPCC is currently working with the Acute and Home Care Licensure and Certification Section to obtain the requested separate licenses.

On behalf of Wake Forest, I am writing this letter in follow-up to the above referenced communications to respectfully request a determination of exemption from certificate-of-need review in accordance with N.C.G.S. 131E-184(a)(8) for the acquisition of HPCC's existing licensed home care and Medicare-approved home health business.

Pending the execution of an asset purchase agreement and receipt of the required regulatory approvals, Wake Forest, as the prospective buyer, will continue operating the licensed home care and Medicare-approved home health business in Forsythe County at a nearby address located at 2000 Frontis Plaza Blvd., Suite 303, Winston-Salem 27103-5616. The proposed transfer of ownership is expected to be completed in the near future.
Mr. Craig Smith  
Certificate of Need Section Chief  
Division of Health Service Regulation  
May 9, 2013  
Page No. 2

Whereas the proposed transfer of ownership will not constitute the development of a new institutional health service or in any way materially affect the State Health Plan for home health agencies, I am respectfully requesting the Division of Facility Services to issue an exemption from certificate-of-need based on the facts represented in this letter.

Please forward the Division of Facility Services’ response to the undersigned at your earliest convenience.

Thanking you in advance for your prompt attention and response to this request.

Regards,

[Signature]

for Ruth C. Schwartz  
Assistant Vice President, Licensing & Certification  
Wake Forest Baptist Health Care at Home  
12900 Foster, Suite 400  
Overland Park, KS 66213  
913-814-2288 (direct)  
800-677-2244, Extension 2288  
913-814-4270  
Ruth.Schwartz@Gentiva.Com
April 26, 2013

Wallace C. Hollowell, III
Nelson Mullins Riley & Scarborough
4140 Parklake Avenue
Raleigh, NC 27612

No Review
Facility or Business: Hospice & Palliative CareCenter
Project Description: Separately license home care services, including Medicare-certified home health services, from hospice home care services
County: Forsyth
FID #: 953897

Dear Mr. Hollowell:

The Certificate of Need (CON) Section received your letter of April 18, 2013 regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

Please contact the CON Section if you have any questions. Also, in all future correspondence you should reference the Facility I.D. # (FID) if the facility is licensed.

Certificate of Need Section
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Sincerely,

Kim Randolph, Project Analyst

Craig R. Smith
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cc: Medical Facilities Planning Section, DHSR
    Acute and Home Care Licensure and Certification Section, DHSR