



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

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

November 8, 2013

J. Morgan Allen
68 Hospital Road
Sylva, NC 28779

No Review

Facility or Business: MedWest Harris Home Health / MedWest Harris Hospice
Project Description: Issue two separate licenses for Home Health Services and Hospice Services
County: Jackson
FID #: 953838

Dear Mr. Allen:

The Certificate of Need Section (CON Section) received your letter of October 28, 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 Section of the Division of Health Service Regulation to determine if it has 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.



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

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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.

Sincerely,



Julie Halatek, Project Analyst



Craig R. Smith, Chief
Certificate of Need Section

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



68 Hospital Road, Sylva, NC 28779
Phone 828.631.1702 | Fax 828.586.7866

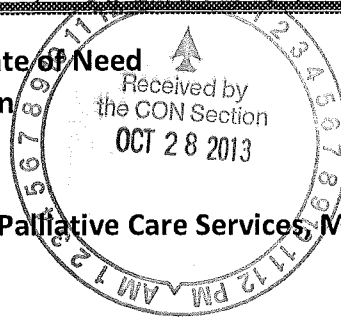
A Division of MedWest-Harris Hospital | An Affiliate of Carolinas HealthCare System
A Member of CHS Palliative Care and Hospice Network

TO: Mr. Craig Smith, Section Chief, Certificate of Need
NC Division of Health Service Regulation

RE: Request for Letter of No Review

FROM: Morgan Allen, Director of Hospice and Palliative Care Services, MedWest Harris

DATE: October 28, 2013



Mr. Smith:

Harris Regional Hospital is currently licensed to provide both Home Health services and Hospice services under DHSR License number HC0157.

We are seeking a letter of no review to allow DHSR to issue two separate licenses: one for our home health programs and one for our hospice programs.

Our hospice program is now managed separately from our home health services and we are seeking to make this licensure change to reflect our operational changes. We are requesting that hospice services be removed from license HC0157 and a new license be issued for our hospice program.

We are only asking for a change in licensure for programs that are already authorized, licensed, and in operation. We are in no way seeking to add or expand any programs or services beyond our existing scope; therefore, we are seeking a letter of no review showing that we do not need an additional Certificate of Need in order to process this request.

Should you have any questions or need any further information please do not hesitate to contact me thru phone at (828) 586-7875 (office) or (828) 734-5333 (mobile) or by email at Morgan_Allen@westcare.org.

I very much appreciate and extend my thanks for your assistance in this matter.

Sincerely,

J. Morgan Allen, CHPCA
Director, Hospice and Palliative Care Services
MedWest-Harris/Swain | Harris Regional Hospital
Palliative Care & Hospice Services
828-586-7875 office | 828-734-5333 cell