

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 6, 2024

Regina Allen

Licensing@msahealthcare.com

No Review

Record #: 4541

Date of Request: August 6, 2024

Facility Name: Medi Home Health and Hospice

FID #: 944315

Business Name: Medical Services of America, Inc.

Business #: 2306

Project Description: Expand hospice services to Rockingham County

County: Watauga

Dear Ms. Allen:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the representation in your request and the CON law **in effect on the date of this response to your request**, the project as described is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.

Sincerely,

Ena Lightbourne Project Analyst

Micheala Mitchell

Micheala Mittage

Chief

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

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

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603

MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873





TIN: 540950139

NPI: 1821339235

License: HOS1122

Facility ID: 944315

August 6, 2024

Tiffany Stancil
Certificate of Need Section
Division of Health Service Regulation
NC Department of Health & Human Services
2704 Mail Service Center Raleigh, North Carolina 27699-2704

Re: Expanded Geographic Service Area

Site: Medical Services of America, Inc.

DBA: Medi Home Health and Hospice

400 Shadowline Dr., Ste. 102

Boone, NC 28607

Dear Ms. Stancil,

Trust you are well. We wish to expand the geographic service area of our Medi Home Health and Hospice to include the counties of:

Current Service Area: Alexander, Iredell, Watauga, Burke, Catawba, Cleveland, Lincoln, McDowell, Mecklenburg, Rowan, Rutherford, Buncombe, Alleghany, Ashe, Cabarrus, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Stokes, Surry, Wilkes, Yadkin

Expanded Service Area: Alexander, Iredell, Watauga, Burke, Catawba, Cleveland, Lincoln, McDowell, Mecklenburg, Rowan, Rutherford, Buncombe, Alleghany, Ashe, Cabarrus, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Stokes, Surry, Wilkes, Yadkin, **Avery, Rockingham, Caldwell**

We greatly appreciate your assistance with this process and please outreach if you need additional information.

Best regards,

Regina Allen

Managed Care Licensing & Credentialing Liaison Mail: P.O. Box 609 – Lexington, SC 29071

Phone: (803) 957-0500 Ext 6075

Email: Licensing@msahealthcare.com

171 Monroe Lane • Lexington, SC 29072 • P.O. Box 609 (29071-0609) PHONE (803) 957-0500 • FAX (803) 358-5741 From: Mitchell, Micheala L

To: Stancil, Tiffany C

Subject: FW: [External] Marion Assisted Living No Review Letter 08062024.pdf - AMC Health, LLC 39374-1

Date: Tuesday, August 6, 2024 2:06:48 PM

Attachments: Marion Assisted Living No Review Letter 08062024.pdf

Tiffany,

Would you mind logging this no review? It goes to Ena.

Thanks,

Micheala Mitchell, JD

NC Department of Health and Human Services

Division of Health Service Regulation

Section Chief, Healthcare Planning and CON Section
809 Ruggles Drive, Edgerton Building
2704 Mail Service Center

Raleigh, NC 27699-2704

Office: 919 855 3879

Micheala.Mitchell@dhhs.nc.gov

From: Lamm, Gloria Y. <glorialamm@parkerpoe.com>

Sent: Tuesday, August 6, 2024 1:57 PM

To: Mitchell, Micheala L < Micheala. Mitchell@dhhs.nc.gov> **Cc:** Leandro, Robert A. < robbleandro@parkerpoe.com>

Subject: [External] Marion Assisted Living No Review Letter 08062024.pdf - AMC Health, LLC 39374-

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CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good Afternoon Ms. Mitchell:

I hope this email finds you well.

Please find attached a letter from Mr. Leandro regarding the above-referenced matter.

Thank you and have a wonderful day.

Gloria Lamm

Legal Professional Assistant



PNC Plaza | 301 Fayetteville Street | Suite 1400 | Raleigh, NC 27601

Office: 919.835.4601 | Fax: 919.834.4564 | map

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