



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

VIA EMAIL ONLY

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
Chief

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

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

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

From: [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 39374-1

You don't often get email from glorialamm@parkerpoe.com. [Learn why this is important](#)

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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



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