



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

August 22, 2025

Krystin Littleton
Krystin.Littleton@AdventHealth.com

No Review

Record #: 4885
Date of Request: August 6, 2025
Facility Name: AdventHealth Home Health
FID #: 954059
Business Name: AdventHealth Home Health and Hospice, Inc.
Business #: 3891
Project Description: Expand service area to Rutherford, McDowell, Madison, Yancey, Haywood and Jackson counties
County: Henderson

Dear Ms. Littleton:

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.**

Please do not hesitate to contact this office if you have any questions.

Sincerely,

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



Gloria C. Hale
Team Leader



Micheala Mitchell
Chief

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

From: [Mitchell, Micheala L](#)
To: [Stancil, Tiffany C](#)
Subject: FW: [External] AdventHealth Home Health Request to Expand
Date: Thursday, July 31, 2025 3:11:24 PM

Tiffany would you mind logging this and assigning it to Gloria?

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: Littleton, Krystin <KRYSTIN.LITTLETON@AdventHealth.com>
Sent: Thursday, July 31, 2025 3:09 PM
To: Mitchell, Micheala L <Micheala.Mitchell@dhhs.nc.gov>
Subject: [External] AdventHealth Home Health Request to Expand

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

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Dear Ms. Mitchell,

I am writing on behalf of AdventHealth Home Health to respectfully request a letter of no review allowing our agency to expand our existing service area to include the following contiguous counties in North Carolina:

- Rutherford
- McDowell
- Madison
- Yancey
- Haywood
- Jackson

This expansion is intended to enhance access to high-quality home health services for residents in these counties, aligning with our mission to extend whole-person care to more communities across Western North Carolina. We believe this expansion does not constitute the development of a new institutional health service and therefore qualifies

for exemption from Certificate of Need review.

Please let us know if any additional documentation or clarification is required to process this request. We appreciate your time and consideration and look forward to your response.

Sincerely,

Krystin Littleton

AdventHealth

Administrator | Home Health

O 828-687-5261

F 828-654-6018

M 828-553-0772

krystin.littleton@adventhealth.com

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