



Carolina's HealthCare System

James E.S. Hynes
Chairman

Michael C. Tarwater, FACHE
Chief Executive Officer

Joseph G. Piemont
President & COO

February 8, 2011

Ms. Elizabeth K. Brown, Chief
Medical Facilities Planning Section
Division of Health Service Regulation
NC Department of Health and Human Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Ms. Brown:

Within the last ten days, it has come to our attention that there is a significant data issue for Mecklenburg County in Table 12A of the *2011 State Medical Facilities Plan (SMFP)*. Because of a change in ownership during the licensure year, Table 12A is missing data from one of the largest home health agencies operating in Mecklenburg County. As a result of this data issue, there is an allocation of two home health agencies in Mecklenburg County when, in fact, there is no need for any additional home health agencies in this county.

The facts of the situation are summarized below:

- As required by 10A NCAC 13J .0903(f), CMC-Home Care notified the Acute and Home Care Licensure and Certification Section of its pending change of ownership on March 23, 2009. See Attachment 1.
- On July 1, 2009, Healthy@Home acquired CMC-Home Care (License #HC1038).
- In late November 2009, Healthy@Home submitted its 2010 Licensure Renewal Application noting correctly that the data contained within the Application were for the period July 1, 2009 through September 30, 2009, not the full fiscal year 2009. See Attachment 2, the 2010 Licensure Renewal Application, Section B.
- As CMC-Home Care was no longer operating a home health agency after July 1, 2009, it was not required to submit a 2010 Licensure Renewal Application.

DFS Health Planning
RECEIVED

FEB 08 2011

Medical Facilities
PLANNING SECTION

Given that Healthy@Home had only three months of data to report for fiscal year 2009 and that CMC-Home Care was not required to file a 2010 Licensure Renewal Application, Table 12A in the *2011 SMFP* reflects only three months of data from what has historically been the single largest home health agency in Mecklenburg County. The following table shows the total number of patients served by CMC-Home Care and the total number served by all providers of Mecklenburg County since fiscal year 2006.

Fiscal Year (SMFP)	CMC-Home Care Mecklenburg County Patients	Total Mecklenburg County Patients
FY 08 (2010)	4,134	13,644
FY 07 (2009)	3,645	12,466
FY 06 (2008)	3,548	12,108

In contrast to the three prior years, the *2011 SMFP* shows that Healthy@Home served a total of only 1,312 patients in fiscal year 2009 (which accurately reflects the three months of data that Healthy@Home reported) and the total number of Mecklenburg County patients served dropped to only 11,507. Data from the subsequent 2011 Licensure Renewal Application for Healthy@Home further demonstrate the significance of this issue. As noted in Attachment 3, Healthy@Home-Carolinas Medical Center is reporting a total of 4,174 Mecklenburg County patients served in fiscal year 2010, consistent with the growing trend of patients served by CMC-Home Care since 2006.

Once we became aware of this issue, we were able to access the old computer system utilized by CMC-Home Care to pull the missing data for October 1, 2008 through June 30, 2009. For those nine months of fiscal year 2009, CMC-Home Care served 3,188 Mecklenburg County patients. Thus, combined, CMC-Home Care and Healthy@Home served a total of 4,500 Mecklenburg County patients in fiscal year 2009; the number of Mecklenburg County patients served by all providers thus totals to 14,415. Attachment 4 demonstrates the impact of these changes on the methodology in the *2011 SMFP* and documents that there is no need for the two home health agencies currently allocated in the *2011 SMFP*.

We sincerely regret that this did not come to our attention sooner. It was not until the final *2011 SMFP* was issued that we learned of the allocation of two home health agencies in Mecklenburg County and began to question how this occurred. We are submitting this notification to you as an immediate response to our discovery. In addition to the immediate impact on CON applications for the Mecklenburg County allocations, we also wanted to make sure that there is a process in place to reconcile such data issues that might occur in the future with changes in ownership.

We have also just learned that the Long-Term and Behavioral Health Committee will convene this Friday to discuss another potential issue with the home health methodology. We believe that this information regarding the Mecklenburg County allocation will be useful for that discussion as well.

If you have any additional questions, please do not hesitate to call me at 704-355-6060.

Sincerely,

A handwritten signature in black ink, appearing to read "F. Del Murphy, Jr." with a stylized flourish at the end.

F. Del Murphy, Jr.
Vice-President - Planning

Attachments

cc: Azzie Conley, Chief, Acute and Home Care Licensure and Certification Section
Craig Smith, Chief, Certificate of Need Section



Attachment 1



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Licensure and Certification Acute and Home Care Section
2712 Mail Service Center
Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Azzic Conley, Section Chief
Phone: 919-855-4620
Fax: 919-715-8476

July 13, 2009

Carol Jones
K & L Gates
P. O. Box 14210
Research Triangle Park, N. C. 27709-3210

Re: Change of Ownership (CHOW/Name Change)

*The Charlotte Mecklenburg Hospital Authority
d/b/a CMC Home Care (HC1038)
4701 Hedgemore Drive, Suite 300
Charlotte, N. C. 28209*

To: *Carolinas Medical Center at Home, LLC
d/b/a Healthy @ Home-Carolinas Medical Center (HC1038)
4701 Hedgemore Drive, Suite 300
Charlotte, N. C. 28209*

Dear Ms. Jones:

Enclosed you will find a new license reflecting a change of ownership for the above home care agency. The effective date of the license is July 1, 2009. A hard copy of the license is enclosed.

This is to confirm that I received a letter dated June 17, 2009 from Andrea McCall, RN to have nursing pool removed from the above license. The above agency is licensed to provide the following services: Nursing, Infusion Nursing, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy and Clinical Respiratory Therapy.

Please also note that this agency's position is based solely on the facts as presented by you and that any changes in the facts as represented would require further consideration by this agency and a separate determination. The Medicare/Medicaid certification will be processed via separate correspondence.



Page Two
Carol Jones

If this office can be of further assistance to you regarding this matter, please call me at (919) 855-4620.

Sincerely,

Nancy P. Joyce

Nancy Joyce
Administrative Officer
Acute and Home Care
Licensure and Certification Section

Enclosure

CC: Provider Services Section, N.C. Division of Medical Assistance (Copy of License Attached)
SA File

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective July 01, 2009, this license is issued to

Carolina's Medical Center at Home, LLC

to operate an agency known as

Healthy @ Home - Carolina's Medical Center

located at 4701 Hedgemore Drive, Suite 300

City of Charlotte, North Carolina

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009


Facility ID: 943664

License Number: HIC1038

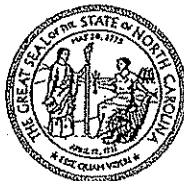
Home Care Services, Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy, Clinical Respiratory.

This agency is authorized to provide Medicare-certified home health services.

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

COPY

Beverly Eaves Perdue, Governor
Lanier M. Canster, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

April 7, 2009

Mary Beth F. Johnston
K&L Gates
P.O. Box 14210
Research Triangle Park, NC 27709

RE: Exempt from Review / Acquisition of Cleveland Home Health Agency, Inc. by Cleveland County HealthCare System; Acquisition of Cleveland Home Health Agency, Inc., Blue Ridge Home Health Care, CMC – Home Care and Carolinas Medical Center Lincoln Home Health by Carolinas Medical Center at Home / Mecklenburg, Cleveland, Lincoln and Burke Counties
FID # 943664 (Mecklenburg)
FID # 923683 (Cleveland)
FID # 953900 (Lincoln)
FID # 953773 (Burke)

Dear Ms. Johnston:

In response to your letter of April 6, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Cleveland County HealthCare System and Carolinas Medical Center at Home may proceed to acquire the above referenced health service facilities 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 facilities. 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,


Les Brown, Project Analyst


Lee B. Hoffman, Chief
Certificate of Need Section

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



K&L Gates LLP
 Post Office Box 14210
 Research Triangle Park, NC 27709-4210
 430 Davis Drive, Suite 400
 Morrisville, NC 27560
 T 919.466.1190 www.klgates.com

March 23, 2009

Mary Beth Johnston
 D 919.466.1181
 F 919.516.2071
 marybeth.johnston@klgates.com

VIA HAND DELIVERY

Ms. Nancy Joyce
 North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Licensure and Certification Section
 Acute/Home Care Branch
 1205 Umstead Drive
 Raleigh, NC 27603

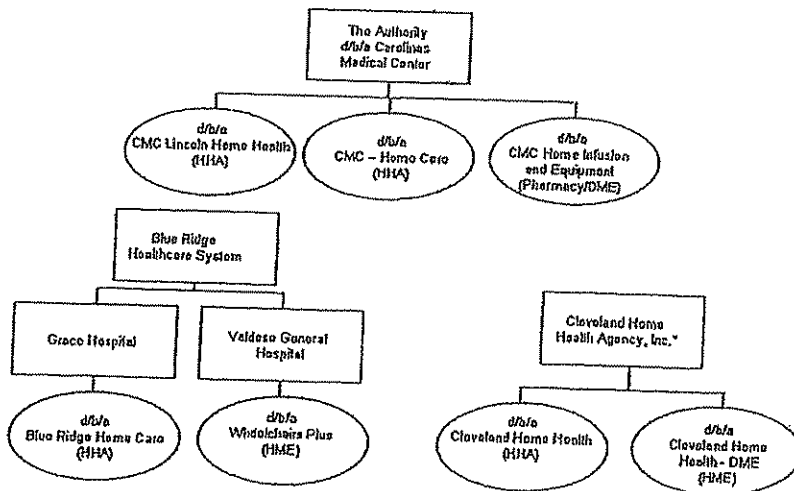
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 MAR 23 2009

Re: Carolinas Medical Center at Home, LLC

Dear Ms. Joyce:

Per your request, the purpose of this letter is to provide you with an overview of The Charlotte-Mecklenburg Hospital Authority's ("Authority's") upcoming home health business reorganization project. The Authority, itself or through its affiliates, owns, operates or manages home care agencies ("HHAs"), home medical equipment businesses ("HMEs") and one specialty pharmacy/durable medical equipment supplier ("Pharmacy/DME"). Please refer to Diagram 1 below.

Diagram 1: Current Authority-Affiliated Home Care Operations



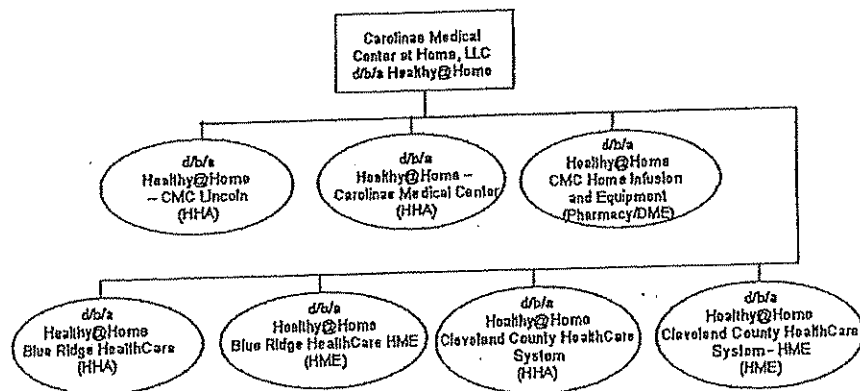
*Cleveland Home Health Agency, Inc. will be acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Ms. Nancy Joyce
March 23, 2009
Page 2

Effective July 1, 2009, the Authority would like to consolidate various home health operations under one entity, a newly formed limited liability company, Carolinas Medical Center at Home, LLC ("LLC"). The purpose of this consolidation is to improve oversight, standardize and improve care, and generate additional operating efficiencies.

Four HHAs, two HMEs and the Pharmacy/DME will constitute the businesses in the LLC. Each Authority-affiliated hospital will transfer the operations of those businesses to the LLC (Please refer to the Diagram 2 below). All of the hospital affiliates will become members of the LLC and representatives from each will serve on its governing Board of Managers. The Board of Managers will have general oversight authority for the LLC. The Board of Managers will obtain certain day-to-day Management Services from the Authority d/b/a Post Acute Care Services ("PACS") pursuant to a separate Management Services Agreement.

Diagram 2: Carolinas Medical Center at Home, LLC



Ms. Nancy Joyce
 March 23, 2009
 Page 3

Pertinent information about each of the existing businesses is provided in the table below:

New Business d/b/a	Old Business Name	Old Business License #	Physical Address	NPI	Medicare #	Services
Healthy @ Home - Blue Ridge HealthCare	Blue Ridge Home Care	HC0105	201 S. Germann St. Valdese, NC 28650	1154495168	34-7181	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Blue Ridge HealthCare HME	Valdese General Hospital Inc d/b/a Wheelchairs Plus		132 Main Street East Valdese, NC 28650	1639245897	0601450002	DME
Healthy @ Home - Carolina Medical Center	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC - Home Care	HC0138	4701 Hodgemore Drive Suite 300 Charlotte, NC 28209	1336186220	34-7112	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - CMC Home Infusion and Equipment	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC - Home Infusion and Equipment	HC1164	1801 Abbey Place Charlotte, NC 28209	1437267788	0402990002	DME Home Infusion Services
Healthy @ Home - Cleveland County HealthCare System	Cleveland Home Health	HC0042	105 TR Harris Drive Shelby, NC 28150	1144222385	34-7013	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Carolina Medical Center Lincoln	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC Home Care - Lincoln	HC0135	853 S. Laurel Street Lincolnton, NC 28092	1326223892	34-7191	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Cleveland County HealthCare System HME	Cleveland Home Health - DME	Board of Pharmacy Licensed	105 TR Harris Drive Shelby, NC 28150	1972594711	0614850001	DME
		Board of Pharmacy Licensed	853 S. Laurel Street Lincolnton, NC 28092			

To that end, the LLC will be filing license applications and Medicare enrollment applications reflecting changes in ownership for the aforementioned businesses in the near future. If you have any questions regarding the project or need additional information, please do not hesitate to contact Carol Jones at 704-466-1250 or the following e-mail address: Carol.Jones@kkgates.com.

Thank you in advance for your assistance with this very important project.

Sincerely,



Mary Beth Johnston

MBJ/ph

cc: John Dupuy

K&L|GATES

K&L Gates LLP
Post Office Box 14210
Research Triangle Park, NC 27709-4210
480 Davis Drive, Suite 400
Morrisville, NC 27560
t 919.466.1190 www.klgates.com

April 6, 2009

Mary Beth F. Johnston
D 919.466.1181
F 919.516.2071
marybeth.johnston@klgates.com

Via Hand Delivery

RECEIVED BY
C. G. W. JOHNSON

Lee B. Hoffman, Chief
Certificate of Need Section
Division of Health Service Regulation
Department of Health and Human Services
701 Barbour Drive
Raleigh, NC 27603

06 APR 2009 01 22

Re: Exemption Notice Regarding Acquisition and Reorganization of Home Health
Agencies – Carolinas Medical Center at Home, LLC and Cleveland County
HealthCare System

Dear Lee:

We are writing on behalf of our clients, Carolinas Medical Center at Home, LLC (also referred to as "limited liability company") and Cleveland County HealthCare System. The purpose of this letter is to notify you pursuant to N.C. Gen. Stat. § 131E-184(a)(8) that Carolinas Medical Center at Home, LLC is planning to acquire the following North Carolina licensed and Medicare and Medicaid certified home health agencies: (1) Blue Ridge Home Health Care; (2) CMC – Home Care; (3) Carolinas Medical Center Lincoln Home Health ("CMC Lincoln Home Health"); and (4) Cleveland Home Health Agency, Inc. Each owner of these separately licensed home health agencies will become a member of Carolinas Medical Center at Home, LLC. Each home health agency will maintain its separately licensed status at the conclusion of the acquisition. These transactions are described in Section I herein.

As described in Section II herein, the acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) immediately thereafter, Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Both steps will be conducted pursuant to N.C. Gen. Stat. § 131E-184(a)(8). Like the other home health agencies, Cleveland Home Health Agency, Inc. will remain separately licensed at each step.

Lee B. Hoffman, Chief
April 6, 2009
Page 2.

I. Acquisition by Carolinas Medical Center at Home, LLC

For ease of reference, a corporate chart reflecting the existing structure of the home health agencies is attached as Exhibit A. A corporate chart reflecting the reorganization of home health agencies is attached as Exhibit B. We also have included the current licenses of Blue Ridge Home Health Care, CMC – Home Care, CMC Lincoln Home Health and Cleveland Home Health Agency, Inc. See Exhibits C-F. Each existing home health agency is separately licensed, and will remain separately licensed at the conclusion of this transaction.

As reflected on the existing licenses, each home health agency is currently operated by the following respective entities: (1) Blue Ridge Home Health Care is operated by Grace Hospital, Inc.; (2) CMC – Home Care is operated by The Charlotte-Mecklenburg Hospital Authority; (3) CMC Lincoln Home Health is operated by The Charlotte-Mecklenburg Hospital Authority; and (4) Cleveland Home Health Agency, Inc. is operated by Cleveland Home Health Agency, Inc.

The members of Carolinas Medical Center at Home, LLC will consist of Blue Ridge HealthCare System on behalf of Grace Hospital, Inc. and Valdese General Hospital, Inc., The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center and Cleveland County HealthCare System. Each member will receive a pro rata ownership interest in the limited liability company based upon the contribution of assets by each member. These assets will consist of the assets of home health agencies being acquired by the limited liability company as described herein, as well as the assets of the following home medical equipment and specialty pharmacy/durable medical equipment companies that are not regulated by the CON Law: Blue Ridge HealthCare HME; Cleveland County HealthCare System HME and CMC Home Infusion and Equipment. The limited liability company will be managed by The Charlotte-Mecklenburg Hospital Authority.

The components of each home health agency that will be acquired include all of the ongoing home health business, health care operations and all assets. The location of each home health agency and each home health agency's service area for patient care services will not be affected by these transactions. The benefit of this reorganization and centralization will be reduced costs and improved efficiencies of information technology, billing, supply chain management and workforce.

As reflected on the chart in Exhibit B, each newly acquired home health agency will be designated by new names: Blue Ridge Health Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Blue Ridge HealthCare"; CMC – Home Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home – Carolinas Medical Center"; CMC Lincoln Home Health will operate as "Carolinas Medical Center at

Lee B. Hoffman, Chief
April 6, 2009
Page 3

Home, LLC d/b/a Healthy@Home – CMC Lincoln”; and Cleveland Home Health Agency, Inc. will operate as “Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Cleveland County HealthCare System.”

As you are aware, under the North Carolina CON Law, a CON is required prior to offering or developing a “new institutional health service.” A “new institutional health service” includes a variety of services and activities, including the development of a home health agency office and the opening of an additional office. See N.C. Gen. Stat. § 131E-176(16)a, (16)o, and (9b). However, the North Carolina General Assembly has exempted certain transactions from CON review under N.C. Gen. Stat. § 131E-184, such as the acquisition of an existing health service facility. See N.C. Gen. Stat. § 131E-184(a)(8).

Considering that each of the home health agencies to be acquired by the limited liability company is an existing health service facility under N.C. Gen. Stat. § 131E-176(9b), we believe that each planned acquisition by the limited liability company is exempt from CON review in accordance with N.C. Gen. Stat. § 131E-184(a)(8). After acquisition, Carolinas Medical Center at Home, LLC will operate each facility as a home health agency with the same service area and physical location that existed prior to the acquisitions. Furthermore, the proposed acquisitions do not include the purchase of any new major medical equipment or any *per se* reviewable equipment as defined in N.C. Gen. Stat. §§ 131E-176(14o) and (16)fl. Likewise, the acquisitions do not include the offering of any *per se* reviewable services. See N.C. Gen. Stat. § 131E-176(16)fl. The effective date of these transactions is July 1, 2009.

II. Acquisition by Cleveland County Healthcare System Prior to Acquisition of Carolinas Medical Center at Home, LLC

The acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Cleveland Home Health Agency, Inc. will remain separately licensed at each step. The second step will occur immediately after the acquisition by Cleveland County HealthCare System.

The location of this home health agency and its service area for patient care services will not be affected by these transactions. The home health agency will retain its separate license status and will not be absorbed into the hospital system’s license. The proposed acquisitions do not include the purchase of any new major medical equipment or any *per se* reviewable equipment or services. See N.C. Gen. Stat. § 131E-176(14o), (16)fl.

Lee B. Hoffman, Chief
April 6, 2009
Page 4

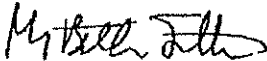
For the same reasons articulated in Section I above, both steps are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). The effective date of these transactions is July 1, 2009.

III. Conclusion

Based upon the foregoing, Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System notify the CON Section of these impending acquisitions, which are exempt from CON review under N.C. Gen. Stat. § 131E-184(a)(8). Although the exemption statute does not technically require your office's written confirmation that these transactions are exempt from review, we nevertheless as always would appreciate such a written response. We have also been in contact with the Licensure and Certification Section in recent weeks about the structure of these transactions, and will abide by all licensing requirements implemented by that Section.

If you require additional information, please let us know as soon as possible. Thank you for your consideration.

Sincerely,



Mary Beth F. Johnston

MBJ/wws

Enclosures

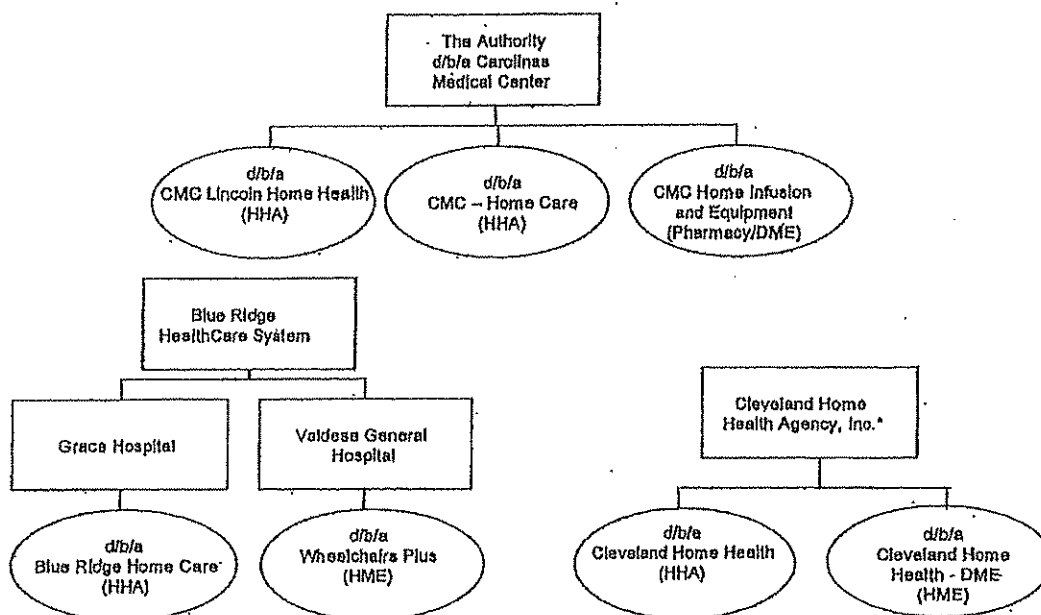
Lee B. Hoffman, Chief
April 6, 2009
Page 5

EXHIBITS

Exhibit A	Chart Reflecting Existing Structure of Home Health Agencies
Exhibit B	Chart Outlining Reorganization of Home Health Agencies
Exhibit C	Blue Ridge Home Health Care 2009 License
Exhibit D	CMC – Home Care 2009 License
Exhibit E	CMC Lincoln Home Health 2009 License
Exhibit F	Cleveland Home Health Agency, Inc. 2009 License

Exhibit A

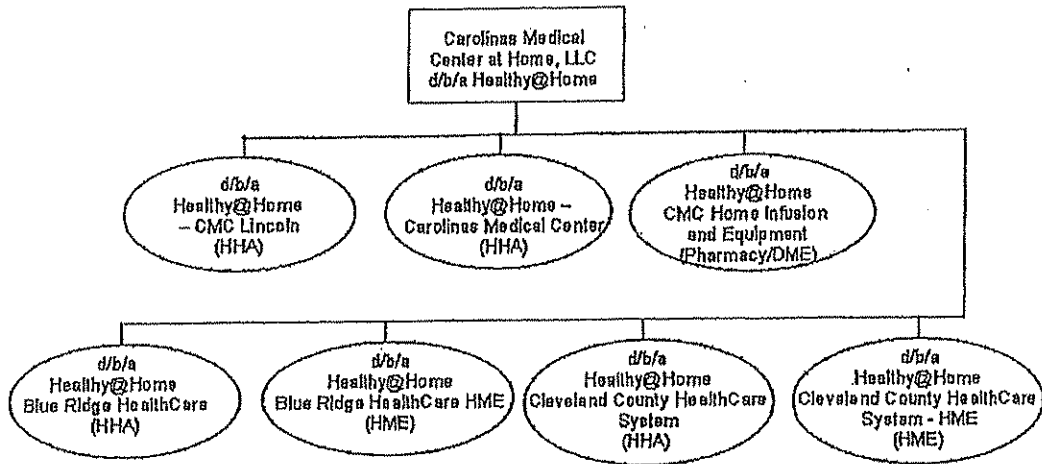
Existing Structure of the Home Health Agencies



*Cleveland Home Health Agency, Inc. will be acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Exhibit B

**Carolinas Medical Center at Home, LLC
Organizational Structure**



State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Grace Hospital, Inc.

to operate an agency known as

Blue Ridge Home Health Care

located at 201 St. Germain Ave.

City of Kaldese, North Carolina.

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.

Facility ID: 953773

License Number: HC0105

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy.

This agency is authorized to provide Medicare-certified home health services.



Authorized by:

Secretary, N.C. Department of Health and
Human Services

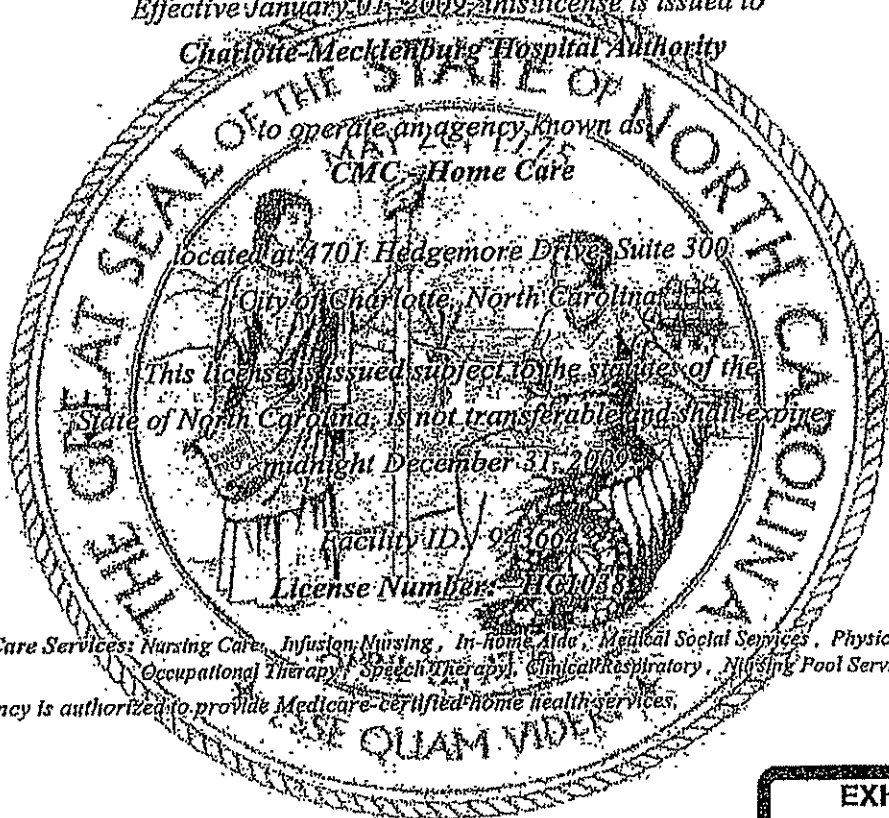


Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
 Division of Health Service Regulation

Effective January 01, 2009, this license is issued to
 Charlotte-Mecklenburg Hospital Authority



to operate an agency known as
 CMC Home Care

located at 4701 Hedgemore Drive, Suite 300
 City of Charlotte, North Carolina

This license is issued subject to the statutes of the
 State of North Carolina, is not transferable and shall expire
 midnight December 31, 2010

Facility ID: 97360
 License Number: HC1038

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
 Occupational Therapy, Speech Therapy, Clinical Respiratory, Nursing Pool Services,
 This agency is authorized to provide Medicare-certified home health services.



Authorized by:

[Signature]
 Secretary, N.C. Department of Health and
 Human Services



[Signature]
 Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Cleveland Home Health Agency, Inc.

to operate an agency known as

Cleveland Home Health Agency, Inc.

located at 105 T.R. Harris Drive

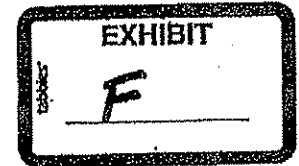
City of Shelby, North Carolina.

This license, issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.

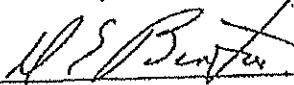
Facility ID: 923683

License Number: H60042

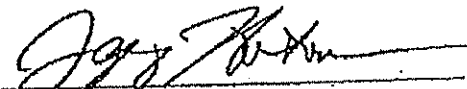
Home Care Services, Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy, Directly Related Medical Supplies and Appliances
This agency is authorized to provide Medicare-certified home health services.



Authorized by:


Secretary, N.C. Department of Health and
Human Services




Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

*Effective January 01, 2009, this license is issued to
The Charlotte - Mecklenburg Hospital Authority*

*to operate an agency known as
Carolinas Medical Center Lincoln Home Health*

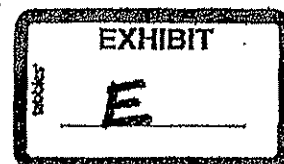
*located at 853 S. Laurel Street
City of Lincolnton, North Carolina.*

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.*

Facility ID: 953900

License Number: HC0135

*Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy,
This agency is authorized to provide Medicare-certified home health services.*



Authorized by:

Handwritten signature of the Secretary of the N.C. Department of Health and Human Services.

Secretary, N.C. Department of Health and
Human Services



Handwritten signature of the Director of the Division of Health Service Regulation.

Director, Division of Health Service Regulation

Attachment 2



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute & Home Care Licensure & Certification Section
 1205 Umstead Drive - 2712 Mail Service Center - Raleigh, N.C. 27699-2712
 Phone: (919) 855-4620 Fax: (919) 715-8476

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Azzie Conley, Chief

MEMORANDUM

TO: **Healthy @ Home - Carolinas Medical Center -- Charlotte**
 FROM: Azzie Y. Conley, RN, Section Chief
 SUBJECT: **2010 Home Care / Home Health Agency License Renewal Application**

PLEASE READ CAREFULLY

Enclosed is your 2010 License Renewal Application. Please complete this application and return the **original (PLUS ONE COPY) no later than December 1, 2009** to the address below.

Acute and Home Care
 Licensure and Certification Section *or Overnight mail address*
 2712 Mail Service Center
 Raleigh, N C 27699-2712

Acute and Home Care
 Licensure and Certification Section
 1205 Umstead Drive
 Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Home Care / Home Health Agency (HC/HHA)**. Your annual licensure fee, as authorized by Sections 41.2(a) – 41.2(i) of Session Law 2005-622, is **\$510.00**. This amount is comprised of a base fee of **\$510.00** -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A **separate check** is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2009 to ensure your license is renewed with an effective date of January 1, 2010. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Computer: 943664
PC _____ Date _____

Total License Fee: \$510.00

2010
LICENSE APPLICATION FOR
HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Carolinas Medical Center at Home, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As
(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Healthy @ Home - Carolinas Medical Center

Agency Mailing Address: (If materials are to be mailed to another address list here)
P O Box 32861
Charlotte, NC 28232-2861

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209
County: Mecklenburg
Telephone: (704)521-2300 Fax: (704)512-2338
E-Mail:(if applicable) _____
Web Site :(if applicable) _____

Administrator/Director: ~~Connie Bonebrake~~ Cathy Mays Mathews

Title: ~~Vice President~~ Executive Director

Name of the person to contact for any questions regarding this form:

Name: Gwendolyn Tribble Telephone: 704-512-5219

E-Mail: gwendolyn.tribble@carolinashealthcare.org

Licensure Categories Licensed For:(Check All That Apply)

1. Home Care Agency (G.S. 131E-138)
2. Nursing Pool (G.S. 131E-154.3)
3. Hospice Services (G.S. 131E-200)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice).

Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

1) Under this home care license number, are you directly providing HME/DME? _____ Yes No

2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? _____ Yes No

If "yes," please provide the permit number: _____

Hours:

Indicate the hours that the agency is regularly open for business each day:

[Example: 9 am – 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	closed

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	28.7	8.0	5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009 12/19/12	Accredited
	DNV		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for Home Care, Inc.)	- -	
	Other:	- -	

*Please provide a copy of your letter if you are deemed

Home Care Agency Applicants:

1. If Medicare Certified Home Health, what is your provider number? 347112
2. This agency is a Home Health Agency. Yes No.
If 'Yes', please check one: Parent Branch Sub-unit
3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? Yes No

Hospice Applicants:

1. If Medicare certified, what is your hospice provider number? _____
2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.

3. Has this site been issued a Certificate of Need to provide hospice services? Yes No.
4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.

Nursing Pool Applicants:

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

Ownership Disclosure: (Please fill in any blanks and make changes where necessary).

1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Owner: Carolinas Medical Center at Home, LLC
Federal Tax ID No.: 26-1451047
Street/Box: P O Box 32861
City: Charlotte State: NC Zip: 28232-2861
Telephone: (704)521-2300 Fax: ()
Senior Officer: Harriett C. Sartain

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation Limited Liability Partnership
 Proprietorship Limited Liability Government Unit
 Partnership

Corporation:

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Carolinas Medical Center at Home, LLC

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

PO Box 32861, Charlotte NC 28232-2861

704-512-5231

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
Harriett C. Sartain	CEO	
Connie C. Bonebrake	Director/officer	
Carol D. Hale	Director/officer	

(Attach additional sheets as needed)

Government Unit:

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

b. Title of the official in charge of the governmental unit: _____

c. Check which best describes the type of governmental unit:

City ___ County ___ State ___ Authority ___ Health Dept ___ DSS ___

Other (Please specify): _____

Multiple Facilities:

a. Is this facility part of a multiple facility/agency system in North Carolina? Yes ___ No

(A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? ___ Yes No

c. If 'Yes', please specify location.

Name	Location	License #

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy@Home - Cleveland County Healthcare System	Shelby, NC	HC0042
Healthy@Home - Carolinas Medical Center	Lincoln, NC	HC0135
Healthy@Home - CMC Home Infusion and Equipment	Charlotte, NC	HC1164

(Attach additional sheets as needed)

- e. Is your agency owned, in whole or in part, or operated by a hospital? Yes No
- f. If 'Yes', please specify the name of entity. The Charlotte-Mecklenburg Hospital Authority, Cleveland County Healthcare System
- g. Is your agency managed by another entity? Yes No
- h. If 'Yes', please specify the name of entity. The Charlotte Mecklenburg Hospital Authority d/b/a Pict Doctor Care Svc.

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2010 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2010 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harriett C Sartain Date: 11/30/09

PRINT NAME
OF APPROVING OFFICIAL Harriett C. Sartain

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

Staff Turnover Rate Information for Home Care Agencies - Questions about this form: Call Jan Moxley (919) 855-4429
 Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates. This information is being requested to enable the Division of Health Service Regulation and the Department of Health and Human Services (DHHS) to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. This information is not filed as a part of your renewal application.

1. Licensed as: Home Care Agency _____ Check here if also home health certified
 2. Are you an NC NOVA (New Organizational Vision Award) Special License recipient? _____ Yes No

For information about NC NOVA go to: www.ncnova.org

For the period **October 1, 2008 through September 30, 2009:**

(IF NONE WRITE "0")	Full Time	Part Time
3. How many aides at your agency <u>QUIT</u> their jobs?	0	0
4. How many aides at your agency were <u>FIRED</u> or terminated?	0	0
5. How many <u>NEW</u> aides were hired?	0	0
6. How many aide positions are currently budgeted?	5	0
7. How many aides were on your payroll on <u>September 30, 2009?</u>	5	0

8. Do you feel that you have an Aide Turnover Problem?
 No problem _____ Yes, it's a mild problem _____ Yes, it's a substantial problem

Circle one response for each question below:	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your agency to retain aides?	1	2	3	4

About your leadership positions.....

11. In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR begin working in that position?	MONTH 08	YEAR 2008			
12. Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
13. If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2008? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE
14. In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR begin working in that position?	MONTH 11	YEAR 2008			
15. Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
16. If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2008? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE

See next page for statewide turnover survey results from previous years

This page is for your information only. It is not necessary to return it.

<u>Results of Direct Care Worker Turnover Data Collected in Prior Years</u>									
Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%	110%	107%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%	109%	118%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%	48%	52%

<u>Results of Administrator and Clinical Manager Turnover Data Collected</u>												
Administrator Turnover Rates	2005			2006			2007			2008		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68%	26%	6%	72%	20%	9%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83%	12%	5%	77%	18%	5%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%

Clinical Manager Turnover Rates	2005			2006			2007			2008		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	61%	27%	12%	58%	27%	15%	66%	24%	10%	64%	23%	13%
Adult Care Homes	67%	25%	8%	70%	21%	9%	73%	19%	9%	66%	26%	8%
Home Care Agencies	69%	26%	5%	73%	19%	8%	74%	19%	7%	58%	30%	12%

The following definitions are used to describe turnover levels for administrators and clinical managers:

No turnover: Only one individual in the management position during the reporting period

Low turnover: Two individuals in the management position during the last year

High turnover: Three or more individuals in the management position during the last year.

Administrators are defined as "administrators" of nursing homes and "administrators or executive directors of adult care homes and home care agencies. Clinical managers are defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.

For instructions on how to calculate the turnover rate for your facility/agency go to:
www.aging.unc.edu/research/winastepup/ and click on link for turnover calculations.

To insure you can refer back to the information on the staff turnover form, **make a copy** prior to mailing the completed original to Division of Health Service Regulation.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Medicare #: 347112

Computer: 943664
PC _____ Date _____

HOME HEALTH AGENCY
2010 Annual Data Supplement to License Application
(Reporting 2009 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.

A separate form to be completed for each site.

A. Identification:

License No: HC1038

Legal Identity of Applicant: Carolinas Medical Center at Home, LLC

Agency d/b/a: Healthy @ Home - Carolinas Medical Center

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209

County: Mecklenburg

Agency E-Mail: _____
(If Applicable)

Agency Web Site: _____
(If Applicable)

Agency Phone #: (704)521-2300

Agency Fax: (704)512-2338

B. Reporting Period

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2008, and ending after the twelve-month period, but no later than September 30, 2009. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.

Your reporting period: Starts 7/1/09, ~~2008~~ and Ends September 30, 2009 *
* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Data Supplement is accurate.

Typed Name: Harriett Sartain Title: CEO

Signature: Harriett Sartain Date: 11/30/09

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report **number of clients** by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an **unduplicated count**. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits by County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	224	147	310	132	170	187	142	1312	13,616
Cabarrus	13	9	36	16	15	17	10	116	958
Gastm	2	4	6	2	2	2	0	18	239
McDowell	1	0	0	0	0	0	0	1	8

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

CAP-PCS
NO DATA

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH * services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payer for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	604	7624
Medicare HMO	18	108
Medicaid	271	2478
Medicaid HMO	0	0
Private Insurance	396	3417
Private Insurance HMO	0	0
Indigent Non-Pay	65	680
Other (specify):	77	668

*"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: July 1, 2009 To: September 30, 2009
Month/Year Month/Year

- | | | |
|--|---|--------------|
| a. Number of Medicare episodes | = | <u>671</u> |
| b. Average number of Medicare episodes per beneficiary | = | <u>1.03</u> |
| c. Average number of Medicare Visits per episode (all disciplines) | = | <u>12.78</u> |
| d. For Medicare – the percent of Lupas | = | <u>11.9%</u> |

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency **regardless of payer source**. These are services provided on a **per visit** basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. $FTE=20/40=1/2$ FTE.
	15 nurses work a combined total of 400 hours a week. $FTE = 400/40 = 10$ FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. **Do not include homemaker, sitter or In-Home Aide Level I (Home Management)**. If a client is reopened to the same discipline later in the year, count the client only once.

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which **you bill**. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	3	3.0			
Other Administrative Staff	21	21.0			
Nursing (RN, LPN)	46	29.7	1090	7605	154.45
Occupational Therapy	7	5.2	269	1306	147.73
Physical Therapy	28	20.0	737	4810	145.95
Speech Therapy	3	2.7	95	697	156.62
Social Worker	4	2.3	30	34	217.47
Home Health Aide	5	5.0	95	902	116.06
Nutrition	0	0	0	0	
Totals	118	88.9	2316	15,354	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2009 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)	
Administrator			
Nurse/Director Supervisors			
Other Administrative Staff			
Nursing (RN, LPN)	N/A PLS CAP		
Occupational Therapist			
Physical Therapist			
Physical Therapy Assistant			
Speech Therapist			
Social Worker			
In-home Aide			
Respiratory Therapist			
Respiratory Practitioner			
Other (Specify)			
Total			

Attachment 3



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Acute and Home Care Licensure and Certification Section
 2712 Mail Service Center • Raleigh, North Carolina 27699-2712
<http://www.ncdhhs.gov/dhst/>

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Drexdal Pratt, Director

Azzie Y. Conley, Chief
 Phone: 919-855-4620
 Fax: 919-715-8476

MEMORANDUM

TO: Healthy @ Home - Carolinas Medical Center -- Charlotte
 FROM: Azzie Y. Conley, RN, Section Chief
 SUBJECT: 2011 Home Care / Home Health Agency License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2011 License Renewal Application. Please complete this application and return the original (PLUS ONE COPY) no later than December 1, 2010 to the address below.

Acute and Home Care
 Licensure and Certification Section *or Overnight mail address*
 2712 Mail Service Center
 Raleigh, N C 27699-2712

Acute and Home Care
 Licensure and Certification Section
 1205 Umstead Drive
 Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a Home Care / Home Health Agency (HC/HHA). Your annual licensure fee, as authorized by Sections 41.2(a) – 41.2(i) of Session Law 2005-622, is \$510.00. This amount is comprised of a base fee of \$510.00 -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A separate check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2010 to ensure your license is renewed with an effective date of January 1, 2011. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Computer: 943664
PC _____ Date _____

Total License Fee: \$510.00

2011
LICENSE APPLICATION FOR
HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant; Owner/Corporate Identity: Carolinas Medical Center at Home, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As
(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Healthy @ Home - Carolinas Medical Center

Agency Mailing Address: (If materials are to be mailed to another address list here)
P O Box 32861
Charlotte, NC 28232-2861

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209
County: Mecklenburg
Telephone: (704)521-2300 Fax: (704)512-2338
E-Mail:(if applicable) _____
Web Site :(if applicable) _____

Administrator/Director: Cathy Maye Methews Cathy Maya - Matthews

Title: Director

Name of the person to contact for any questions regarding this form:

Name: Gwendolyn Tribble Telephone: 704-512-5219

E-Mail: gwendolyn.tribble@carolinashealthcare.org

Licensure Categories Licensed For: (Check All That Apply)

- Home Care Agency (G.S. 131E-138)
- Nursing Pool (G.S. 131E-154.3)
- Hospice Services (G.S. 131E-200)
- Companion, Sitter Services, and Respite Care (G.S. 131E-136)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

- 1) Under this home care license number, are you directly providing HME/DME? _____ Yes No
- 2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? _____ Yes No

If "yes," please provide the permit number: _____

Hours:

Indicate the hours that the agency is regularly open for business each day:
 [Example: 9 am – 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30am-5pm	8:30am-5pm	8:30am-5pm	8:30am-5pm	8:30am-5pm	

Nursing:

Full-time Equivalent (FTE)

	R.N.	L.P.N.	Aides
Number:	38.50	—	5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009 12/19/12	Accredited
	DNV		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for Home Care, Inc.)	- -	
	Other:	- -	

*Please provide a copy of your letter if you are deemed

Home Care Agency Applicants:

1. If Medicare Certified Home Health, what is your provider number? 347112
2. This agency is a Home Health Agency. Yes No.
If 'Yes', please check one: Parent Branch Sub-unit
3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? Yes No

Hospice Applicants:

1. If Medicare certified, what is your hospice provider number? _____
2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.

3. Has this site been issued a Certificate of Need to provide hospice services? Yes No.
4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.

Nursing Pool Applicants:

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

Ownership Disclosure: (Please fill in any blanks and make changes where necessary).

1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Owner: Carolinas Medical Center at Home, LLC
Federal Tax ID No.: 26-1451047
Street/Box: P O Box 32861
City: Charlotte State: NC Zip: 28232-2861
Telephone: (704)521-2300 Fax: () _____
Senior Officer: Harriett C. Sartain

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation Limited Liability Partnership
 Proprietorship Limited Liability Government Unit
 Partnership

Corporation:

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Carolinas Medical Center at Home, LLC

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

PO Box 32861, Charlotte NC 28232 - 2861

704-512-5231

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
<u>Harrick C. Sartain</u>	<u>CEO</u>	
<u>Connie C. Bonebrake</u>	<u>Director/Officer</u>	
<u>Carol Hale</u>	<u>Director/Officer</u>	

(Attach additional sheets as needed)

Government Unit:

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

b. Title of the official in charge of the governmental unit: _____

c. Check which best describes the type of governmental unit:

City ___ County ___ State ___ Authority ___ Health Dept ___ DSS ___

Other (Please specify): _____

Multiple Facilities:

a. Is this facility part of a multiple facility/agency system in North Carolina? Yes ___ No

(A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? ___ Yes No

c. If 'Yes', please specify location.

Name	Location	License #

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy@Home - Cleveland County Healthcare System	Shelby NC	HC0042
Healthy @ Home - Carolinas Medical Center - Lincoln	Lincolnton, NC	HC0135
Healthy @ Home - Care Home Inspection + Equipment	Cherokee, NC	HC 1164
Healthy @ Home - Blue Ridge Healthcare	Valdese, NC	HC 0105

(Attach additional sheets as needed)

e. Is your agency owned, in whole or in part, or operated by a hospital? Yes No

f. If 'Yes', please specify the name of entity. Charlotte Mecklenburg Hospital Authority

g. Is your agency managed by another entity? Yes No

h. If 'Yes', please specify the name of entity. _____

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harriett Sartain Date: 11/29/10

PRINT NAME
OF APPROVING OFFICIAL Harriett Sartain

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

Staff Turnover Rate Information for Home Care Agencies - Questions about this form: Call Jan Moxley (919) 855-4429.
 Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates and return with your application. This information is requested to enable the Division of Health Service Regulation and the Department of Health and Human Services to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. This information is not filed as a part of your renewal application.

1. Licensed as: Home Care Agency Check here if also home health certified
 2. Are you an NC NOVA* (New Organizational Vision Award) Special License recipient? Yes No
 *For information about NC NOVA go to: www.ncnova.org

For the period October 1, 2009 through September 30, 2010:

(IF NONE WRITE "0")	Full Time	Part Time
3. How many aides at your agency <u>QUIT</u> their jobs?	0	
4. How many aides at your agency were <u>FIRE</u> D or terminated?	0	
5. How many <u>NEW</u> aides were hired?	0	
6. How many aide positions are currently budgeted?	5	
7. How many aides were on your payroll on <u>September 30, 2010</u> ?	5	

8. Do you feel that you have an Aide Turnover Problem?
 No problem Yes, it's a mild problem Yes, it's a substantial problem

Circle one response for each question below:	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your agency to retain aides?	1	2	3	4

About your leadership positions.....

11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR begin working in that position?	MONTH	YEAR			
		02	20	09		
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT		2: INTERIM / TEMPORARY		
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2009? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR begin working in that position?	MONTH	YEAR			
		11	20	08		
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT		2: INTERIM / TEMPORARY		
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2009? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE

See next page for survey results from previous years

This page is for your information only. It is not necessary to return it.

Results of Direct Care Worker Turnover Data Collected in Prior Years

Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%	110%	107%	85%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%	109%	118%	93%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%	48%	52%	36%

Results of Administrator and Clinical Manager Turnover Data Collected

Administrator Turnover Rates	2005			2006			2007			2008			2009		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68%	26%	6%	72%	20%	9%	78%	18%	4%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83%	12%	5%	77%	18%	5%	77%	17%	6%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%	88%	11%	1%

Clinical Manager Turnover Rates	2005			2006			2007			2008			2009		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	61%	27%	12%	58%	27%	15%	66%	24%	10%	64%	23%	13%	69%	23%	8%
Adult Care Homes	67%	25%	8%	70%	21%	9%	73%	19%	9%	66%	26%	8%	70%	22%	8%
Home Care Agencies	69%	26%	5%	73%	19%	8%	74%	19%	7%	58%	30%	12%	74%	20%	6%

No turnover = Only one individual in the management position during the last year

Low turnover = Two individuals in the management position during the last year

High turnover = Three or more individuals in the management position during the last year.

Administrators = administrators of nursing homes and administrators or executive directors of adult care homes and home care agencies.
 Clinical managers = directors of nursing in nursing homes, resident care directors in adult care homes, and clinical managers or nurse supervisors in home care.

If you have an interest, just for your own information, in calculating the turnover rate of your facility/agency go to: <http://winstepup.org/calculators/index.html>. Click on the turnover calculation link for your setting (nursing home, adult care home, home care).

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Medicare #: 347112

Computer: 943664
PC _____ Date _____

HOME HEALTH AGENCY
2011 Annual Data Supplement to License Application
(Reporting 2010 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.

A separate form to be completed for each site.

A. Identification:

License No: HC1038

Legal Identity of Applicant: Carolinas Medical Center at Home, LLC

Agency d/b/a: Healthy @ Home - Carolinas Medical Center

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209

County: Mecklenburg

Agency E-Mail: _____
(If Applicable)

Agency Web Site: _____
(If Applicable)

Agency Phone #: (704)521-2300

Agency Fax: (704)512-2338

B. Reporting Period

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2009, and ending after the twelve-month period, but no later than September 30, 2010. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.

Your reporting period: Starts October 1, 2009 and Ends September 30, 2010 *
* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Data Supplement is accurate.

Typed Name: Harriett Sartain Title: CEO

Signature: Harriett Sartain Date: 11/29/10

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency **regardless of payer source**.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- **This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.**
- **Do not use other age groups**
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	560	461	991	363	658	659	482	4174	66,180
Cabarrus	53	65	175	63	120	106	65	647	8,759
Gaston	16	11	32	10	16	16	5	106	2,469
McDowell	1	1	0	0	2	0	1	5	47
Bowen	2	3	15	4	4	2	0	30	229
Union	6	2	3	0	3	7	5	26	446
Iredell	1	0	1	0	6	0	0	2	109
Cleveland	1	0	5	3	2	2	1	14	219

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by **county of residence** for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving **PART-TIME INTERMITTENT HOME HEALTH *** services through your Medicare certified agency **regardless of payer source.**
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	2,328	46,800
Medicare HMO	138	1,950
Medicaid	777	9,967
Medicaid HMO	0	0
Private Insurance	143	1325
Private Insurance HMO	0	0
Indigent Non-Pay	138	1,171
Other (specify): <i>Self-Pay</i>	400	3,098

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: October 1, 2009 To: September 30, 2010
Month/Year Month/Year

- | | | |
|--|---|---------------|
| a. Number of Medicare episodes | = | <u>3,002</u> |
| b. Average number of Medicare episodes per beneficiary | = | <u>1.40</u> |
| c. Average number of Medicare Visits per episode (all disciplines) | = | <u>15.44</u> |
| d. For Medicare – the percent of Lupas | = | <u>13.85%</u> |

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. $FTE=20/40=1/2$ FTE.
	15 nurses work a combined total of 400 hours a week. $FTE = 400/40 = 10$ FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which you bill. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2010 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	4	4.0			
Other Administrative Staff	13	13.0			
Nursing (RN, LPN)	64	49.8	3,770	37,253	164.05
Occupational Therapy	5	3.7	1,173	5,865	
Physical Therapy	30	23	2,851	25,272	144.09
Speech Therapy	6	1.05	325	3,065	202.66
Social Worker	4	2.25	121	141	93.06
Home Health Aide	5	5.0	348	4,602	70.43
Nutrition	0	0	0	0	—
Totals	132	102.8	8588	76,198	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2010 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist	NA CAP-PCS	
Physical Therapy Assistant		
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		

Attachment 4

ATTACHMENT 4

Lic #	Name	REVISOR PORTIONS OF TABLE 12C - HOME HEALTH DATA BY COUNTY OF PATIENT RESIDENCE DATA										Total	16-64	75+
		Facility County	<18	18-40	41-59	60-64	65-74	75-84	85+	495	1992			
HC1036	Healthy @ Home-Carolinas Medical Center/CMC-Home Care	Mecklenburg	558	501	1072	419	644	711	495	4500	1992	1206	5253	5646
		Mecklenburg Total	937	1055	2905	1293	2579	3173	2473	14415	5253	5646		

Age Group	County	Home Health Patients in 2007	Estimated Population 2007	Use Rate for 2007	Home Health Patients in 2008	Estimated Population 2008	Use Rate for 2008	Home Health Patients in 2009	Estimated Population 2009	Use Rate for 2009	Use Rate for 2009	Estimated Population 2009	Change in Number of Patients per 1000	Annual Rate of Change in Use Rates
Under Age 18	Mecklenburg	876	224,098	3.91	909	228,229	3.98	937	227,687	4.1	4.1	227,687	3%	3%
	Region F Totals	1,911	466,209	4.08	1990	477,002	4.15	1664	463,292	3.4	3.4	463,292	-6%	-8%
Ages 18-64	Mecklenburg	4,115	556,926	7.36	4,753	586,290	8.36	5,253	588,715	8.9	8.9	588,715	13%	10%
	Region F Totals	10,670	1,185,127	9.00	12,343	1,215,272	10.16	12,399	1,244,150	10.0	10.0	1,244,150	8%	5%
Ages 65-74	Mecklenburg	2,287	43,471	52.61	2,502	46,316	54.02	2,579	43,892	58.8	58.8	43,892	6%	6%
	Region F Totals	6,374	109,819	58.04	7,266	116,392	62.43	7,418	113,976	62.5	62.5	113,976	5%	4%
Ages 75 and Over	Mecklenburg	5,177	33,358	155.20	5,480	34,338	159.59	5,546	34,151	165.3	165.3	34,151	4%	3%
	Region F Totals	14,498	85,671	169.23	15,506	87,473	177.27	15,105	89,511	168.8	168.8	89,511	2%	0%

Age Group	County	Home Health Patients in 2009	COG's Average Annual Rate of Change in # of Patients Served	Anticipated # of Patients Receiving Services in 2012	COG's Geographic Units per 1000 in 2009	Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2012	Projected Population 2012	Projected Patients in 2012	Potential Home Health Patients in 2012	Need for New Agencies or Offices
Under Age 18	Mecklenburg	937	-6%	763	4.12	-8%	3.17	239,875	760	760	0
	Region F Totals	1664	-6%	1,356	3.44	-8%	2.65	503,668	1,336	1,336	0
Ages 18-64	Mecklenburg	5,253	8%	6,524	8.92	5%	10.99	610,692	6,346	6,346	0
	Region F Totals	12,399	8%	15,400	9.97	5%	11.61	1,298,608	15,073	15,073	0
Ages 65-74	Mecklenburg	2,579	6%	3,042	58.76	4%	65.46	52,734	3,452	3,452	0
	Region F Totals	7,118	6%	8,395	62.45	4%	69.57	131,864	9,173	9,173	0
Ages 75 and Over	Mecklenburg	5,646	2%	6,016	165.32	0%	165.19	36,278	5,993	5,993	0
	Region F Totals	15,105	2%	16,094	168.75	0%	168.51	94,189	15,883	15,883	0

REVISOR PORTIONS OF TABLE 12C - 2012 NEED PROJECTIONS FOR MEDICARE-CERTIFIED HOME HEALTH AGENCIES OR OFFICES 2011 PLAN

County	Placeholder Adjustments Under Development	Adjusted Potential Total People Served	Projected Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Mecklenburg	0	16,345	16,551	0
Region F Totals	0	41,244	41,464	0

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	434	354	762	287	474	524	353	3188	46,950
Cabarrus	10	16	48	12	25	24	13	584	1567
Gaston	5	9	18	5	8	9	1	55	1170
Union	2	2	3	∅	5	2	1	15	189
McDowell	2	∅	∅	∅	∅	∅	∅	2	83
Iredell	2	∅	1	∅	∅	∅	∅	3	112

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH * services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	1,678	29,791
Medicare HMO	0	0
Medicaid	629	7,786
Medicaid HMO	0	0
Private Insurance	879	10,543
Private Insurance HMO	0	0
Indigent Non-Pay	130	1,323
Other (specify): <i>Self-Pay</i>	217	1,881

Other may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: 10/01/08 To: 06/30/09
Month/Year Month/Year

- a. Number of Medicare episodes = 1,967
- b. Average number of Medicare episodes per beneficiary = 1.30
- c. Average number of Medicare Visits per episode (all disciplines) = 15.27
- d. For Medicare – the percent of Lupas = 15.35%

4

2010 Home Health Data Supplement Reporting for:
 Healthy @ Home - Carolinas Medical Center * Mecklenburg County

License No: HC1038
 Facility ID: 943664

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator					
Nurse Director/Supervisors					
Other Administrative Staff					
Nursing (RN, LPN)			2,517	22,740	
Occupational Therapy			884	5,028	
Physical Therapy			2,100	17,382	
Speech Therapy			264	3,043	
Social Worker			66	67	
Home Health Aide			255	3,606	
Nutrition			0	0	
Totals					

Attachment 1



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Licensure and Certification Acute and Home Care Section
2712 Mail Service Center
Raleigh, North Carolina 27699-2712

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Azzic Conley, Section Chief
Phone: 919-855-4620
Fax: 919-715-8476

July 13, 2009

Carol Jones
K & L Gates
P. O. Box 14210
Research Triangle Park, N. C. 27709-3210

Re: Change of Ownership (CHOW/Name Change)

*The Charlotte Mecklenburg Hospital Authority
d/b/a CMC Home Care (HC1038)
4701 Hedgemore Drive, Suite 300
Charlotte, N. C. 28209*

To: *Carolinas Medical Center at Home, LLC
d/b/a Healthy @ Home-Carolinas Medical Center (HC1038)
4701 Hedgemore Drive, Suite 300
Charlotte, N. C. 28209*

Dear Ms. Jones:

Enclosed you will find a new license reflecting a change of ownership for the above home care agency. The effective date of the license is July 1, 2009. A hard copy of the license is enclosed.

This is to confirm that I received a letter dated June 17, 2009 from Andrea McCall, RN to have nursing pool removed from the above license. The above agency is licensed to provide the following services: Nursing, Infusion Nursing, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy and Clinical Respiratory Therapy.

Please also note that this agency's position is based solely on the facts as presented by you and that any changes in the facts as represented would require further consideration by this agency and a separate determination. The Medicare/Medicaid certification will be processed via separate correspondence.



Location: 1205 Umstead Drive (Lineberger Building) ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer



Page Two
Carol Jones

If this office can be of further assistance to you regarding this matter, please call me at (919) 855-4620.

Sincerely,

Nancy P. Joyce

Nancy Joyce
Administrative Officer
Acute and Home Care
Licensure and Certification Section

Enclosure

CC: Provider Services Section, N.C. Division of Medical Assistance (Copy of License Attached)
SA File

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective July 01, 2009, this license is issued to
Carolina's Medical Center at Home, LLC

to operate an agency known as
Healthy @ Home - Carolina's Medical Center
located at 4701 Hedgemore Drive, Suite 300
City of Charlotte, North Carolina.

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.

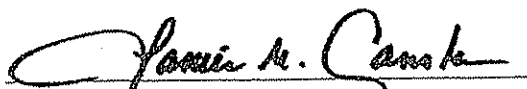
Facility ID: 943664

License Number: HIC1058

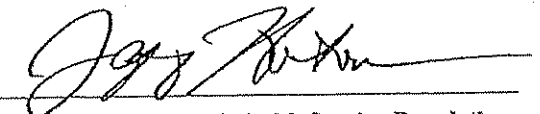
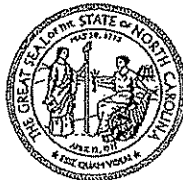
Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy, Clinical Respiratory.

This agency is authorized to provide Medicare-certified home health services.

Authorized by:



Secretary, N.C. Department of Health and
Human Services



Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Certificate of Need Section
 2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

COPY

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

www.ncdhhs.gov/dhsr

Lee Hoffman, Section Chief
 Phone: 919-855-3873
 Fax: 919-733-8139

April 7, 2009

Mary Beth F. Johnston
 K&L Gates
 P.O. Box 14210
 Research Triangle Park, NC 27709

RE: Exempt from Review / Acquisition of Cleveland Home Health Agency, Inc. by Cleveland County HealthCare System; Acquisition of Cleveland Home Health Agency, Inc., Blue Ridge Home Health Care, CMC – Home Care and Carolinas Medical Center Lincoln Home Health by Carolinas Medical Center at Home / Mecklenburg, Cleveland, Lincoln and Burke Counties
 FID # 943664 (Mecklenburg)
 FID # 923683 (Cleveland)
 FID # 953900 (Lincoln)
 FID # 953773 (Burke)

Dear Ms. Johnston:

In response to your letter of April 6, 2009, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(a)(8). Therefore, Cleveland County HealthCare System and Carolinas Medical Center at Home may proceed to acquire the above referenced health service facilities 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 facilities. 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,


 Les Brown, Project Analyst


 Lee B. Hoffman, Chief
 Certificate of Need Section

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



March 23, 2009

Mary Beth Johnston
 D 919.466.1181
 F 919.516.2071
 marybeth.johnston@kigates.com

VIA HAND DELIVERY

Ms. Nancy Joyce
 North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Licensure and Certification Section
 Acute/Home Care Branch
 1205 Umstead Drive
 Raleigh, NC 27603

RECEIVED

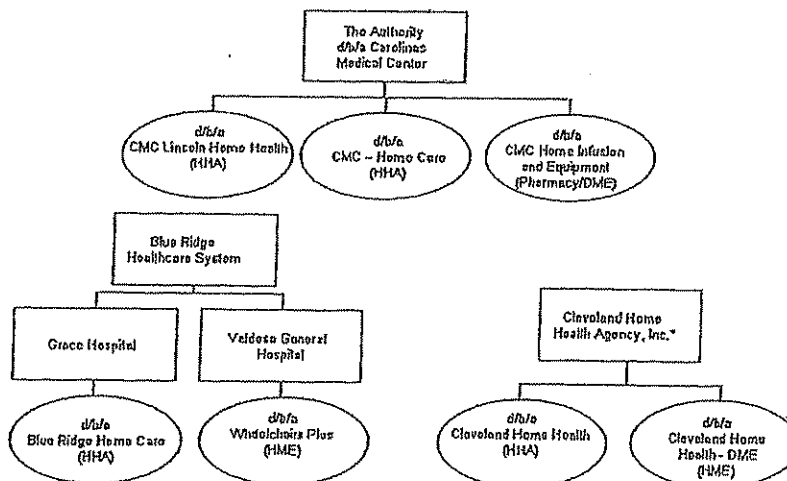
MAR 23 2009

Re: Carolinas Medical Center at Home, LLC

Dear Ms. Joyce:

Per your request, the purpose of this letter is to provide you with an overview of The Charlotte-Mecklenburg Hospital Authority's ("Authority's") upcoming home health business reorganization project. The Authority, itself or through its affiliates, owns, operates or manages home care agencies ("HHAs"), home medical equipment businesses ("HMEs") and one specialty pharmacy/durable medical equipment supplier ("Pharmacy/DME"). Please refer to Diagram 1 below.

Diagram 1: Current Authority-Affiliated Home Care Operations



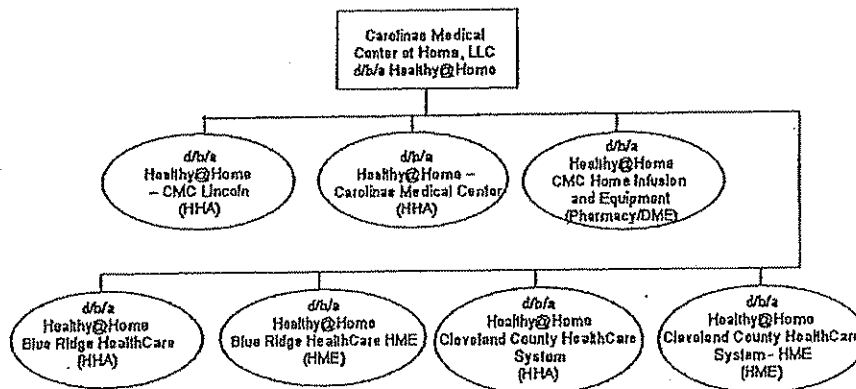
*Cleveland Home Health Agency, Inc. will be acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Ms. Nancy Joyce
March 23, 2009
Page 2

Effective July 1, 2009, the Authority would like to consolidate various home health operations under one entity, a newly formed limited liability company, Carolinas Medical Center at Home, LLC ("LLC"). The purpose of this consolidation is to improve oversight, standardize and improve care, and generate additional operating efficiencies.

Four HHAs, two HMEs and the Pharmacy/DME will constitute the businesses in the LLC. Each Authority-affiliated hospital will transfer the operations of those businesses to the LLC (Please refer to the Diagram 2 below). All of the hospital affiliates will become members of the LLC and representatives from each will serve on its governing Board of Managers. The Board of Managers will have general oversight authority for the LLC. The Board of Managers will obtain certain day-to-day Management Services from the Authority d/b/a Post Acute Care Services ("PACS") pursuant to a separate Management Services Agreement.

Diagram 2: Carolinas Medical Center at Home, LLC



Ms. Nancy Joyce
 March 23, 2009
 Page 3

Pertinent information about each of the existing businesses is provided in the table below:

New Business d/b/a	Old Business Name	Old Business License #	Physical Address	NPI	Medicare #	Services
Healthy @ Home - Blue Ridge HealthCare	Blue Ridge Home Care	HC0105	201 S. Germain St. Valdese, NC 28690	1154495168	34-7181	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Blue Ridge HealthCare HME	Valdese General Hospital Inc d/b/a Wheelchair Plus		132 Main Street East Valdese, NC 28690	1699245897	0601450002	DME
Healthy @ Home - Carolinas Medical Center	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC - Home Care	HC0138	4701 Hedgemore Drive Suite 300 Charlotte, NC 28209	1336186220	34-7112	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - CMC Home Infusion and Equipment	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC - Home Infusion and Equipment	HC1184	1801 Abbey Place Charlotte, NC 28209	1437267768	0462890002	DME Home Infusion Services
Healthy @ Home - Cleveland County HealthCare System	Cleveland Home Health	HC0042	105 TR Harris Drive Shelby, NC 28160	1144222385	34-7013	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Carolinas Medical Center Lincoln	The Charlotte-Mecklenburg Hospital Authority d/b/a CMC Home Care - Lincoln	HC0135	653 S. Laurel Street Lincolnton, NC 28092	1326223852	34-7191	Home Health Skilled Nursing PT/OT/ST HH Aide Social Work
Healthy @ Home - Cleveland County HealthCare System HME	Cleveland Home Health - DME	Board of Pharmacy Licensed	105 TR Harris Drive Shelby, NC 28160	1972594711	0614950001	DME
		Board of Pharmacy Licensed	653 S. Laurel Street Lincolnton, NC 28092			

To that end, the LLC will be filing license applications and Medicare enrollment applications reflecting changes in ownership for the aforementioned businesses in the near future. If you have any questions regarding the project or need additional information, please do not hesitate to contact Carol Jones at 704-466-1250 or the following e-mail address: Carol.Jones@kdgates.com.

Thank you in advance for your assistance with this very important project.

Sincerely,



Mary Beth Johnston

MBJ/ph

cc: John Dupuy

K&L|GATES

K&L Gates LLP
Post Office Box 14210
Research Triangle Park, NC 27709-4210
430 Davis Drive, Suite 400
Morrisville, NC 27560
T 919.466.1190 www.klgates.com

April 6, 2009

Mary Beth F. Johnston
D 919.466.1181
F 919.516.2071
marybeth.johnston@klgates.com

Via Hand Delivery

Lee B. Hoffman, Chief
Certificate of Need Section
Division of Health Service Regulation
Department of Health and Human Services
701 Barbour Drive
Raleigh, NC 27603

RECEIVED BY
06 APR 2009 01 22

Re: Exemption Notice Regarding Acquisition and Reorganization of Home Health
Agencies – Carolinas Medical Center at Home, LLC and Cleveland County
HealthCare System

Dear Lee:

We are writing on behalf of our clients, Carolinas Medical Center at Home, LLC (also referred to as "limited liability company") and Cleveland County HealthCare System. The purpose of this letter is to notify you pursuant to N.C. Gen. Stat. § 131E-184(a)(8) that Carolinas Medical Center at Home, LLC is planning to acquire the following North Carolina licensed and Medicare and Medicaid certified home health agencies: (1) Blue Ridge Home Health Care; (2) CMC – Home Care; (3) Carolinas Medical Center Lincoln Home Health ("CMC Lincoln Home Health"); and (4) Cleveland Home Health Agency, Inc. Each owner of these separately licensed home health agencies will become a member of Carolinas Medical Center at Home, LLC. Each home health agency will maintain its separately licensed status at the conclusion of the acquisition. These transactions are described in Section I herein.

As described in Section II herein, the acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) immediately thereafter, Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Both steps will be conducted pursuant to N.C. Gen. Stat. § 131E-184(a)(8). Like the other home health agencies, Cleveland Home Health Agency, Inc. will remain separately licensed at each step.

Lee B. Hoffman, Chief
April 6, 2009
Page 2.

I. Acquisition by Carolinas Medical Center at Home, LLC

For ease of reference, a corporate chart reflecting the existing structure of the home health agencies is attached as Exhibit A. A corporate chart reflecting the reorganization of home health agencies is attached as Exhibit B. We also have included the current licenses of Blue Ridge Home Health Care, CMC – Home Care, CMC Lincoln Home Health and Cleveland Home Health Agency, Inc. See Exhibits C-F. Each existing home health agency is separately licensed, and will remain separately licensed at the conclusion of this transaction.

As reflected on the existing licenses, each home health agency is currently operated by the following respective entities: (1) Blue Ridge Home Health Care is operated by Grace Hospital, Inc.; (2) CMC – Home Care is operated by The Charlotte-Mecklenburg Hospital Authority; (3) CMC Lincoln Home Health is operated by The Charlotte-Mecklenburg Hospital Authority; and (4) Cleveland Home Health Agency, Inc. is operated by Cleveland Home Health Agency, Inc.

The members of Carolinas Medical Center at Home, LLC will consist of Blue Ridge HealthCare System on behalf of Grace Hospital, Inc. and Valdese General Hospital, Inc., The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas Medical Center and Cleveland County HealthCare System. Each member will receive a pro rata ownership interest in the limited liability company based upon the contribution of assets by each member. These assets will consist of the assets of home health agencies being acquired by the limited liability company as described herein, as well as the assets of the following home medical equipment and specialty pharmacy/durable medical equipment companies that are not regulated by the CON Law: Blue Ridge HealthCare HME; Cleveland County HealthCare System HME and CMC Home Infusion and Equipment. The limited liability company will be managed by The Charlotte-Mecklenburg Hospital Authority.

The components of each home health agency that will be acquired include all of the ongoing home health business, health care operations and all assets. The location of each home health agency and each home health agency's service area for patient care services will not be affected by these transactions. The benefit of this reorganization and centralization will be reduced costs and improved efficiencies of information technology, billing, supply chain management and workforce.

As reflected on the chart in Exhibit B, each newly acquired home health agency will designated by new names: Blue Ridge Health Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Blue Ridge HealthCare"; CMC – Home Care will operate as "Carolinas Medical Center at Home, LLC d/b/a Healthy@Home – Carolinas Medical Center"; CMC Lincoln Home Health will operate as "Carolinas Medical Center at

Lee B. Hoffman, Chief
April 6, 2009
Page 3

Home, LLC d/b/a Healthy@Home – CMC Lincoln”; and Cleveland Home Health Agency, Inc. will operate as “Carolinas Medical Center at Home, LLC d/b/a Healthy@Home Cleveland County HealthCare System.”

As you are aware, under the North Carolina CON Law, a CON is required prior to offering or developing a “new institutional health service.” A “new institutional health service” includes a variety of services and activities, including the development of a home health agency office and the opening of an additional office. See N.C. Gen. Stat. § 131E-176(16)a, (16)o, and (9b). However, the North Carolina General Assembly has exempted certain transactions from CON review under N.C. Gen. Stat. § 131E-184, such as the acquisition of an existing health service facility. See N.C. Gen. Stat. § 131E-184(a)(8).

Considering that each of the home health agencies to be acquired by the limited liability company is an existing health service facility under N.C. Gen. Stat. § 131E-176(9b), we believe that each planned acquisition by the limited liability company is exempt from CON review in accordance with N.C. Gen. Stat. § 131E-184(a)(8). After acquisition, Carolinas Medical Center at Home, LLC will operate each facility as a home health agency with the same service area and physical location that existed prior to the acquisitions. Furthermore, the proposed acquisitions do not include the purchase of any new major medical equipment or any *per se* reviewable equipment as defined in N.C. Gen. Stat. §§ 131E-176(14o) and (16)f1. Likewise, the acquisitions do not include the offering of any *per se* reviewable services. See N.C. Gen. Stat. § 131E-176(16)f1. The effective date of these transactions is July 1, 2009.

II. Acquisition by Cleveland County Healthcare System Prior to Acquisition of Carolinas Medical Center at Home, LLC

The acquisition of the Cleveland Home Health Agency, Inc. will involve a two-step process: (1) Cleveland County HealthCare System will acquire Cleveland Home Health Agency, Inc. and (2) Carolinas Medical Center at Home, LLC will acquire Cleveland Home Health Agency, Inc. from Cleveland County HealthCare System. Cleveland Home Health Agency, Inc. will remain separately licensed at each step. The second step will occur immediately after the acquisition by Cleveland County HealthCare System.

The location of this home health agency and its service area for patient care services will not be affected by these transactions. The home health agency will retain its separate license status and will not be absorbed into the hospital system’s license. The proposed acquisitions do not include the purchase of any new major medical equipment or any *per se* reviewable equipment or services. See N.C. Gen. Stat. § 131E-176(14o), (16)f1.

Lee B. Hoffman, Chief
April 6, 2009
Page 4


For the same reasons articulated in Section I above, both steps are exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(8). The effective date of these transactions is July 1, 2009.

III. Conclusion

Based upon the foregoing, Carolinas Medical Center at Home, LLC and Cleveland County HealthCare System notify the CON Section of these impending acquisitions, which are exempt from CON review under N.C. Gen. Stat. § 131E-184(a)(8). Although the exemption statute does not technically require your office's written confirmation that these transactions are exempt from review, we nevertheless as always would appreciate such a written response. We have also been in contact with the Licensure and Certification Section in recent weeks about the structure of these transactions, and will abide by all licensing requirements implemented by that Section.

If you require additional information, please let us know as soon as possible. Thank you for your consideration.

Sincerely,



Mary Beth F. Johnston

MBJ/wws

Enclosures

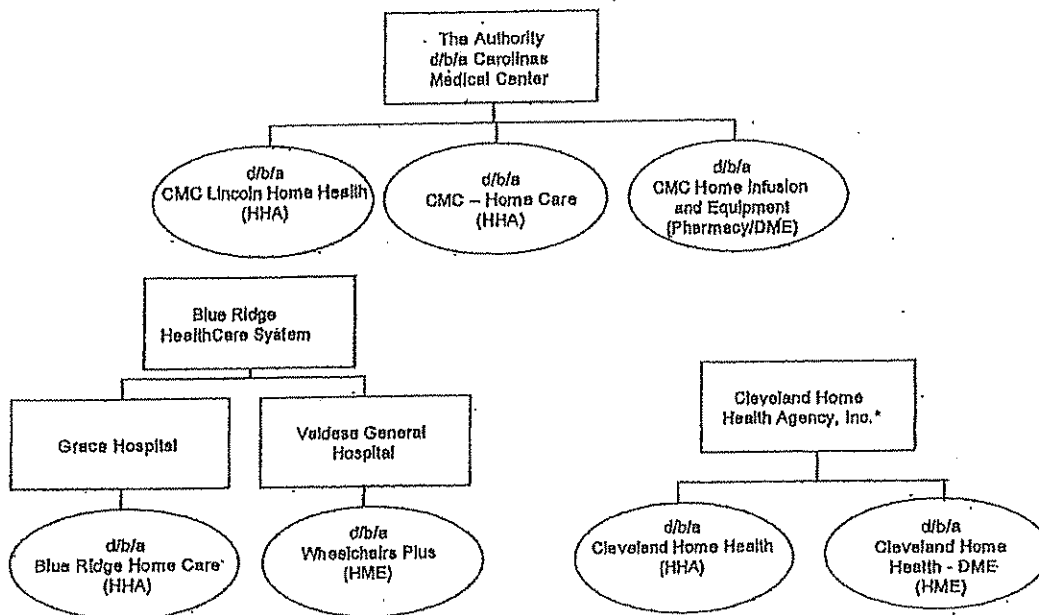
Lee B. Hoffman, Chief
April 6, 2009
Page 5

EXHIBITS

Exhibit A	Chart Reflecting Existing Structure of Home Health Agencies
Exhibit B	Chart Outlining Reorganization of Home Health Agencies
Exhibit C	Blue Ridge Home Health Care 2009 License
Exhibit D	CMC – Home Care 2009 License
Exhibit E	CMC Lincoln Home Health 2009 License
Exhibit F	Cleveland Home Health Agency, Inc. 2009 License

Exhibit A

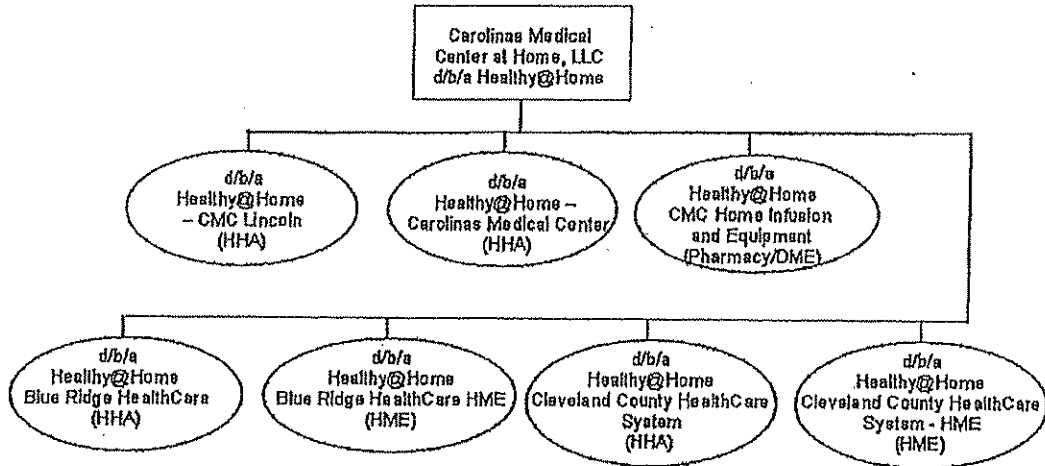
Existing Structure of the Home Health Agencies



*Cleveland Home Health Agency, Inc. will be acquired by Cleveland County HealthCare System prior to the LLC transaction on July 1, 2009.

Exhibit B

**Carolinas Medical Center at Home, LLC
Organizational Structure**



State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Grace Hospital, Inc.

to operate an agency known as

Blue Ridge Home Health Care

located at 201 St. Germain Ave.

City of Valdese, North Carolina.

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.

Facility ID: 933773

License Number: HC0105

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy.

This agency is authorized to provide Medicare-certified home health services.



Authorized by:

A handwritten signature in black ink, appearing to read "M. S. Benten".

Secretary, N.C. Department of Health and
Human Services



A handwritten signature in black ink, appearing to read "Jay R. Anderson".

Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Charlotte-Mecklenburg Hospital Authority

to operate an agency known as

CMC Home Care

located at 4701 Hedgemore Drive, Suite 300

City of Charlotte, North Carolina

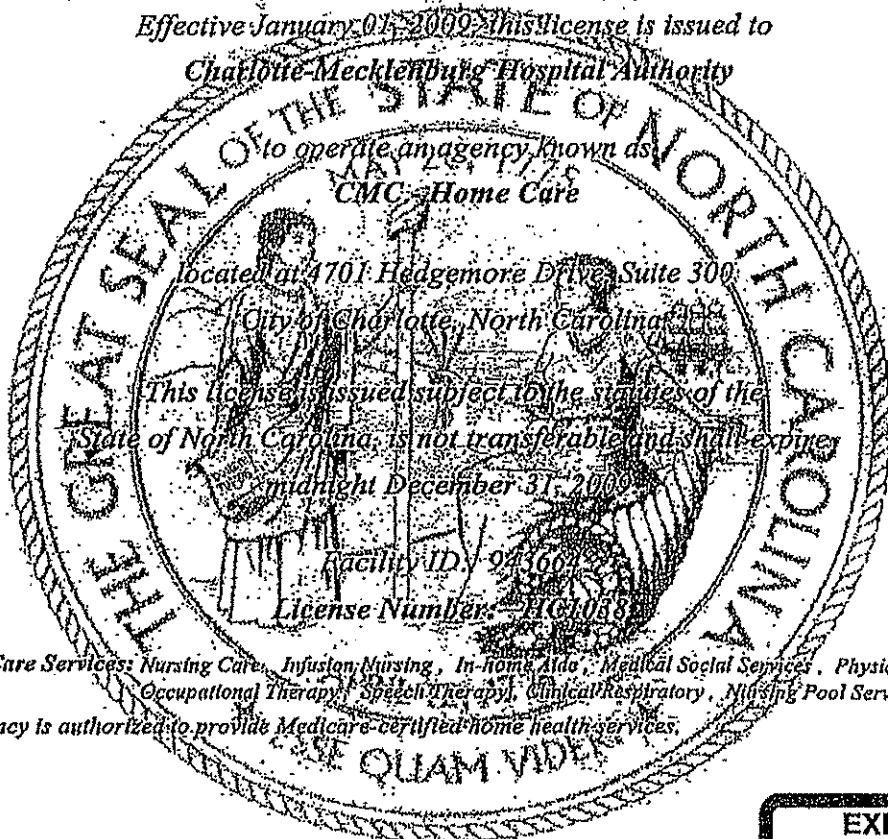
This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
at midnight December 31, 2009.

Facility ID: 94366

License Number: HC1088

Home Care Services: Nursing Care, Injection Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy, Clinical Respiratory, Massage Pool Services.

This agency is authorized to provide Medicare-certified home health services.



Authorized by:



Secretary, N.C. Department of Health and
Human Services





Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2009, this license is issued to

Cleveland Home Health Agency, Inc.

to operate an agency known as

Cleveland Home Health Agency, Inc.

located at 105 T.R. Harris Drive
City of Shelby, North Carolina.

This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.


Facility ID: 923683

License Number: H-60020


Home Care Services, Nursing Care, Infusory Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy, Directly Related Medical Supplies and Appliances
This agency is authorized to provide Medicare-certified home health services.

EXHIBIT
F

Authorized by:


Secretary, N.C. Department of Health and
Human Services




Director, Division of Health Service Regulation

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

*Effective January 01, 2009, this license is issued to
The Charlotte - Mecklenburg Hospital Authority*

*to operate an agency known as
Carolinas Medical Center Lincoln Home Health*

*located at 853 S. Laurel Street
City of Lincolnton, North Carolina.*

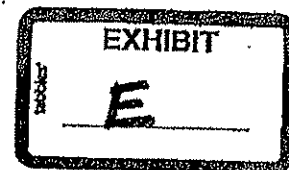
*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire
midnight December 31, 2009.*

Facility ID: 953900

License Number: HC0135

*Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, Physical Therapy,
Occupational Therapy, Speech Therapy.*

This agency is authorized to provide Medicare-certified home health services.



Authorized by:

Handwritten signature of the Secretary of the N.C. Department of Health and Human Services.

Secretary, N.C. Department of Health and
Human Services



Handwritten signature of the Director of the Division of Health Service Regulation.

Director, Division of Health Service Regulation

Attachment 2



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute & Home Care Licensure & Certification Section
 1205 Umstead Drive - 2712 Mail Service Center - Raleigh, N.C. 27699-2712
 Phone: (919) 855-4620 Fax: (919) 715-8476

Beverly Eaves Perdue, Governor

Lanier M. Cansler, Secretary

Azzie Conley, Chief

MEMORANDUM

TO: **Healthy @ Home - Carolinas Medical Center -- Charlotte**
 FROM: Azzie Y. Conley, RN, Section Chief
 SUBJECT: **2010 Home Care / Home Health Agency License Renewal Application**

PLEASE READ CAREFULLY

Enclosed is your 2010 License Renewal Application. Please complete this application and return the **original (PLUS ONE COPY) no later than December 1, 2009** to the address below.

Acute and Home Care
 Licensure and Certification Section *or Overnight mail address*
 2712 Mail Service Center
 Raleigh, N C 27699-2712

Acute and Home Care
 Licensure and Certification Section
 1205 Umstead Drive
 Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Home Care / Home Health Agency (HC/HHA)**. Your annual licensure fee, as authorized by Sections 41.2(a) – 41.2(i) of Session Law 2005-622, is **\$510.00**. This amount is comprised of a base fee of **\$510.00** -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHHS." Payment should include the facility's license number and be submitted with your license renewal application. A **separate** check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2009 to ensure your license is renewed with an effective date of January 1, 2010. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Computer: 943664
PC _____ Date _____

Total License Fee: \$510.00

2010
LICENSE APPLICATION FOR
HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Carolinas Medical Center at Home, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As
(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Healthy @ Home - Carolinas Medical Center

Agency Mailing Address: (If materials are to be mailed to another address list here)
P O Box 32861
Charlotte, NC 28232-2861

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209

County: Mecklenburg
Telephone: (704)521-2300 Fax: (704)512-2338
E-Mail:(if applicable) _____
Web Site :(if applicable) _____

Administrator/Director: ~~Connie Bonebrake~~ Cathy Maye Methune

Title: ~~Vice President~~ Executive Director

Name of the person to contact for any questions regarding this form:

Name: Gwendolyn Tribble Telephone: 704-512-5219

E-Mail: gwendolyn.tribble@carolinashealthcare.org

Licensure Categories Licensed For: (Check All That Apply)

- Home Care Agency (G.S. 131E-138)
- Nursing Pool (G.S. 131E-154.3)
- Hospice Services (G.S. 131E-200)

The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services.

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice).

Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

- 1) Under this home care license number, are you directly providing HME/DME? _____ Yes No
- 2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? _____ Yes No

If "yes," please provide the permit number: _____

Hours:

Indicate the hours that the agency is regularly open for business each day:

[Example: 9 am – 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	8:30am - 5:00pm	closed

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	28.7	8.0	5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009 12/19/12	Accredited
	DNV		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for Home Care, Inc.)	- -	
	Other:	- -	

*Please provide a copy of your letter if you are deemed

Home Care Agency Applicants:

1. If Medicare Certified Home Health, what is your provider number? 347112
2. This agency is a Home Health Agency. Yes No.
If 'Yes', please check one: Parent Branch Sub-unit
3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? Yes No

Hospice Applicants:

1. If Medicare certified, what is your hospice provider number? _____
2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.

3. Has this site been issued a Certificate of Need to provide hospice services? Yes No.
4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.

Nursing Pool Applicants:

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

Ownership Disclosure: (Please fill in any blanks and make changes where necessary).

1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Owner: Carolinas Medical Center at Home, LLC
 Federal Tax ID No.: 26-1451047
 Street/Box: P O Box 32861
 City: Charlotte State: NC Zip: 28232-2861
 Telephone: (704)521-2300 Fax: ()
 Senior Officer: Harriett C. Sartain

- a. Legal entity is: For Profit Not For Profit
 b. Legal entity is: Corporation Limited Liability Partnership
 Proprietorship Limited Liability Partnership Government Unit

Corporation:

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Carolinas Medical Center at Home, LLC

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

PO Box 32861, Charlotte NC 28232-2861
704-512-5231

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
Harriett C. Sartain	CEO	
Connie C. Bonebrake	Director/officer	
Carol W. Hale	Director/officer	

(Attach additional sheets as needed)

Government Unit:

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

b. Title of the official in charge of the governmental unit: _____

c. Check which best describes the type of governmental unit:

City ___ County ___ State ___ Authority ___ Health Dept ___ DSS ___

Other (Please specify): _____

Multiple Facilities:

a. Is this facility part of a multiple facility/agency system in North Carolina? Yes ___ No
 (A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? ___ Yes No

c. If 'Yes', please specify location.

Name	Location	License #

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy@Home - Cleveland County HealthCare System	Shelby, NC	HC6042
Healthy@Home - Carolinas Medical Center	Lincoln, NC	HC6135
Healthy@Home - CMC Home Infusion and Equipment	Charlotte, NC	HC1164

(Attach additional sheets as needed)

- e. Is your agency owned, in whole or in part, or operated by a hospital? Yes No
- f. If 'Yes', please specify the name of entity. The Charlotte-Mecklenburg Hospital Authority, Cleveland County HealthCare System
- g. Is your agency managed by another entity? Yes No
- h. If 'Yes', please specify the name of entity. The Charlotte Mecklenburg Hospital Authority d/b/a Piedmont Care Serv.

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2010 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2010 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harriett C Sartain Date: 11/20/09

PRINT NAME
OF APPROVING OFFICIAL Harriett C. Sartain

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

Staff Turnover Rate Information for Home Care Agencies - Questions about this form: Call Jan Moxley (919) 855-4429
 Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates. This information is being requested to enable the Division of Health Service Regulation and the Department of Health and Human Services (DHHS) to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. **This information is not filed as a part of your renewal application.**

1. Licensed as: Home Care Agency Check here if also home health certified
 2. Are you an NC NOVA (New Organizational Vision Award) Special License recipient? Yes No

For information about NC NOVA go to: www.ncnova.org

For the period **October 1, 2008 through September 30, 2009:**

(IF NONE WRITE "0")	Full Time	Part Time
3. How many aides at your agency <u>QUIT</u> their jobs?	0	0
4. How many aides at your agency were <u>FIRED</u> or terminated?	0	0
5. How many <u>NEW</u> aides were hired?	0	0
6. How many aide positions are currently budgeted?	5	0
7. How many aides were on your payroll on <u>September 30, 2009?</u>	5	0

8. Do you feel that you have an Aide Turnover Problem?
 No problem Yes, it's a mild problem Yes, it's a substantial problem

Circle one response for each question below:	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your agency to retain aides?	1	2	3	4

About your leadership positions.....

11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR begin working in that position?	MONTH 08	YEAR 2008	
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT 2: INTERIM / TEMPORARY		
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2008? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0 1 2 3 4 OR MORE		
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR begin working in that position?	MONTH 11	YEAR 2008	
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT 2: INTERIM / TEMPORARY		
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2008? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)	0 1 2 3 4 OR MORE		

See next page for statewide turnover survey results from previous years

This page is for your information only. It is not necessary to return it.

<u>Results of Direct Care Worker Turnover Data Collected in Prior Years</u>									
Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%	110%	107%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%	109%	118%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%	48%	52%

<u>Results of Administrator and Clinical Manager Turnover Data Collected</u>												
Administrator Turnover Rates	2005			2006			2007			2008		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68%	26%	6%	72%	20%	9%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83%	12%	5%	77%	18%	5%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%

Clinical Manager Turnover Rates	2005			2006			2007			2008		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	61%	27%	12%	58%	27%	15%	66%	24%	10%	64%	23%	13%
Adult Care Homes	67%	25%	8%	70%	21%	9%	73%	19%	9%	66%	26%	8%
Home Care Agencies	69%	26%	5%	73%	19%	8%	74%	19%	7%	58%	30%	12%

The following definitions are used to describe turnover levels for administrators and clinical managers:

No turnover: Only one individual in the management position during the reporting period

Low turnover: Two individuals in the management position during the last year

High turnover: Three or more individuals in the management position during the last year.

Administrators are defined as "administrators" of nursing homes and "administrators or executive directors of adult care homes and home care agencies. Clinical managers are defined as directors of nursing in nursing homes, as resident care directors in adult care homes, and as clinical managers or nurse supervisors in home care and home health care agencies.

For instructions on how to calculate the turnover rate for your facility/agency go to:
www.aging.unc.edu/research/winastepup/ and click on link for turnover calculations.

To insure you can refer back to the information on the staff turnover form, make a copy prior to mailing the completed original to Division of Health Service Regulation.

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Medicare #: 347112

Computer: 943664
PC _____ Date _____

HOME HEALTH AGENCY
2010 Annual Data Supplement to License Application
(Reporting 2009 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.

A separate form to be completed for each site.

A. Identification:

License No: HC1038

Legal Identity of Applicant: Carolinas Medical Center at Home, LLC

Agency d/b/a: Healthy @ Home - Carolinas Medical Center

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209

County: Mecklenburg

Agency E-Mail: _____
(If Applicable)

Agency Web Site: _____
(If Applicable)

Agency Phone #: (704)521-2300

Agency Fax: (704)512-2338

B. Reporting Period

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2008, and ending after the twelve-month period, but no later than September 30, 2009. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.

Your reporting period: Starts 7/1/09, ~~2008~~ and Ends September 30, 2009 *
* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Data Supplement is accurate.

Typed Name: Harriett Sartain

Title: CEO

Signature: Harriett Sartain

Date: 11/30/09

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report **number of clients** by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an **unduplicated count**. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	224	147	310	132	170	187	142	1312	13,616
Cabarrus	13	9	36	16	15	17	10	116	958
Gastm	2	4	6	2	2	2	0	18	239
McDowell	1	0	0	0	0	0	0	1	8

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by county of residence for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

CAP-PCS
NO DATA

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving **PART-TIME INTERMITTENT HOME HEALTH *** services through your Medicare certified agency **regardless of payer source.**
- These are services provided on a **per visit** basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	604	7624
Medicare HMO	18	108
Medicaid	271	2478
Medicaid HMO	0	0
Private Insurance	396	3417
Private Insurance HMO	0	0
Indigent Non-Pay	65	680
Other (specify):	77	668

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: July 1, 2009 To: September 30, 2009
Month/Year Month/Year

- | | | |
|--|---|--------------|
| a. Number of Medicare episodes | = | <u>671</u> |
| b. Average number of Medicare episodes per beneficiary | = | <u>1.03</u> |
| c. Average number of Medicare Visits per episode (all disciplines) | = | <u>12.78</u> |
| d. For Medicare -- the percent of Lupas | = | <u>11.9%</u> |

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency **regardless of payer source**. These are services provided on a **per visit** basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. $FTE=20/40=1/2$ FTE.

15 nurses work a combined total of 400 hours a week. $FTE = 400/40 = 10$ FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. **Do not include homemaker, sitter or In-Home Aide Level I (Home Management)**. If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which **you bill**. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	3	3.0			
Other Administrative Staff	21	21.0			
Nursing (RN, LPN)	46	28.7	1090	7605	154.45
Occupational Therapy	7	5.2	269	1306	147.73
Physical Therapy	28	20.0	737	4810	145.95
Speech Therapy	3	2.7	95	697	156.62
Social Worker	4	2.3	30	34	217.47
Home Health Aide	5	5.0	95	902	116.06
Nutrition	0	0	0	0	
Totals	118	88.9	2316	15,354	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2009 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist		
Physical Therapy Assistant		
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		

Handwritten notes: A large 'X' is drawn over the table. The letters 'N/A' are written vertically in the 'Total Staff' column. The letters 'PDS' are written in the 'Total Clients' column. The letters 'CAP' are written in the 'Total Staff' column.

Attachment 3



North Carolina Department of Health and Human Services
 Division of Health Service Regulation
 Acute and Home Care Licensure and Certification Section
 2712 Mail Service Center • Raleigh, North Carolina 27699-2712
<http://www.ncdhhs.gov/dhsr/>

Beverly Eaves Perdue, Governor
 Lanier M. Cansler, Secretary

Drexdal Pratt, Director

Azzie Y. Conley, Chief
 Phone: 919-855-4620
 Fax: 919-715-8476

MEMORANDUM

TO: Healthy @ Home - Carolinas Medical Center -- Charlotte
 FROM: Azzie Y. Conley, RN, Section Chief
 SUBJECT: 2011 Home Care / Home Health Agency License Renewal Application

PLEASE READ CAREFULLY

Enclosed is your 2011 License Renewal Application. Please complete this application and return the **original (PLUS ONE COPY) no later than December 1, 2010** to the address below.

Acute and Home Care
 Licensure and Certification Section *or Overnight mail address*
 2712 Mail Service Center
 Raleigh, N C 27699-2712

Acute and Home Care
 Licensure and Certification Section
 1205 Umstead Drive
 Raleigh, N C 27603

Data on file with the Division indicates that your facility/entity is a **Home Care / Home Health Agency (HC/HHA)**. Your annual licensure fee, as authorized by Sections 41.2(a) – 41.2(i) of Session Law 2005-622, is **\$510.00**. This amount is comprised of a base fee of **\$510.00** -- no additional fee.

Payment should be in the form of check, money order or certified check and must be payable to "NC - DHSR." Payment should include the facility's license number and be submitted with your license renewal application. A **separate** check is required for each licensed entity.

Your completed renewal application and the license renewal fee must be received by December 1, 2010 to ensure your license is renewed with an effective date of January 1, 2011. Failure to possess a valid license may compromise your facility's ability to operate and/or adversely impact its funding sources.

You will note -- the application indicates that no requests for geographic services area expansion or requests for additional services or deletion of a service(s) will be handled as part of the licensure renewal process. You must address those issues under separate cover, i.e., in a separate request.

--- continued



North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Computer: 943664
PC _____ Date _____

Total License Fee: \$510.00

2011
**LICENSE APPLICATION FOR
HOME CARE, NURSING POOL, AND HOSPICE**

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Carolinas Medical Center at Home, LLC
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As
(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Healthy @ Home - Carolinas Medical Center

Agency Mailing Address: (If materials are to be mailed to another address list here)

P O Box 32861
Charlotte, NC 28232-2861

Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209

County: Mecklenburg
Telephone: (704)521-2300 Fax: (704)512-2338
E-Mail:(if applicable) _____
Web Site :(if applicable) _____

Administrator/Director: Cathy Maye Methews *Cathy Maya - Matthews*

Title: Director

Name of the person to contact for any questions regarding this form:

Name: Gwendolyn Tribble Telephone: 704-512-5219

E-Mail: gwendolyn.tribble@carolinashealthcare.org

Licensure Categories Licensed For: (Check All That Apply)

1. Home Care Agency (G.S. 131E-138)
2. Nursing Pool (G.S. 131E-154.3)
3. Hospice Services (G.S. 131E-200)
4. Companion, Sitter Services, and Respite Care (G.S. 131E-136)

"The N.C. Department of Health and Human Services does not discriminate on the basis of race, color, national origin, religion, age, or disability in employment or the provision of services."

Scope of Services:

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice).

Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

Home Care Services: Nursing Care, Infusion Nursing, In-home Aide, Medical Social Services, PT, OT, ST, Clinical Respiratory Services

- 1) Under this home care license number, are you directly providing HME/DME? Yes No
- 2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? Yes No

If "yes," please provide the permit number: _____

Hours:

Indicate the hours that the agency is regularly open for business each day:

[Example: 9 am - 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30am-5pm	8:30am-5pm	8:30am-5pm	8:30am-5pm	8:30am-5pm	

Nursing:

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	38.50	—	5.0

Accreditation Information:

If home care licensure is being requested on the basis of deemed status as an accredited agency, attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months. Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
YES	TJC (The Joint Commission)	07/31/2009-12/19/12	Accredited
	DNV		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for Home Care, Inc.)	- -	
	Other:	- -	

*Please provide a copy of your letter if you are deemed

Home Care Agency Applicants:

1. If Medicare Certified Home Health, what is your provider number? 347112
2. This agency is a Home Health Agency. Yes No.
If 'Yes', please check one: Parent Branch Sub-unit
3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? Yes No

Hospice Applicants:

1. If Medicare certified, what is your hospice provider number? _____
2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.

3. Has this site been issued a Certificate of Need to provide hospice services? Yes No.
4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility.

Nursing Pool Applicants:

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

Ownership Disclosure: (Please fill in any blanks and make changes where necessary).

1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Owner: Carolinas Medical Center at Home, LLC
Federal Tax ID No.: 26-1451097
Street/Box: P O Box 32861
City: Charlotte State: NC Zip: 28232-2861
Telephone: (704)521-2300 Fax: ()
Senior Officer: Harriett C. Sartain

- a. Legal entity is: For Profit Not For Profit
b. Legal entity is: Corporation Limited Liability Partnership
 Proprietorship Limited Liability Government Unit
 Partnership

Corporation:

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Carolinas Medical Center at Home, LLC

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

PO Box 32861, Charlotte NC 28232 - 2861

704-512-5231

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
<u>Harriett C. Sartain</u>	<u>CEO</u>	
<u>Cornie C. Bonebrake</u>	<u>Director / officer</u>	
<u>Carol Hale</u>	<u>Director / officer</u>	

(Attach additional sheets as needed)

Government Unit:

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

b. Title of the official in charge of the governmental unit: _____

c. Check which best describes the type of governmental unit:

City ___ County ___ State ___ Authority ___ Health Dept ___ DSS ___

Other (Please specify): _____

Multiple Facilities:

a. Is this facility part of a multiple facility/agency system in North Carolina? Yes ___ No
 (A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? ___ Yes No

c. If 'Yes', please specify location.

Name	Location	License #

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
Healthy @ Home - Cleveland County Healthcare System	Shelby NC	HC 0042
Healthy @ Home - Carolina Medical Center - Lincoln	Lincolnton, NC	HC 0135
Healthy @ Home - Carol Home Johnson + Equipment	Charlotte, NC	HC 1164
Healthy @ Home - Blue Ridge Healthcare	Valdese, NC	HC 0105

(Attach additional sheets as needed)

e. Is your agency owned, in whole or in part, or operated by a hospital? Yes No

f. If 'Yes', please specify the name of entity. Charlotte Mecklenburg Hospital Authority

g. Is your agency managed by another entity? Yes No

h. If 'Yes', please specify the name of entity. _____

(The information provided in this application will be used by the Department for the Certificate of Need program and for the planning process.)

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2011 home care agency license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2011 in accordance with North Carolina General Statutes G.S. 131E-138, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13J), and certifies the accuracy of this information.

Signature: Harriett Sartain Date: 11/29/10

PRINT NAME
OF APPROVING OFFICIAL Harriett Sartain

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

Staff Turnover Rate Information for Home Care Agencies - Questions about this form: Call Jan Moxley (919) 855-4429.
 Please complete the following information regarding aide (e.g., nurse aides, personal care aides and/or home management aides) turnover rates and return with your application. This information is requested to enable the Division of Health Service Regulation and the Department of Health and Human Services to track turnover rates in nursing homes, adult care homes and home care agencies. The information you provide by answering questions below will be compiled and aggregated with other responses by type (i.e., nursing homes, adult care homes, home care agencies). Collection and analysis of data on an annual basis helps measure the size and stability of this workforce over time. This information is not filed as a part of your renewal application.

1. Licensed as: Home Care Agency Check here if also home health certified
 2. Are you an NC NOVA* (New Organizational Vision Award) Special License recipient? Yes No
 *For information about NC NOVA go to: www.ncnova.org

For the period October 1, 2009 through September 30, 2010:

(IF NONE WRITE "0")	Full Time	Part Time
3. How many aides at your agency <u>QUIT</u> their jobs?	0	
4. How many aides at your agency were <u>FIRE</u> d or terminated?	0	
5. How many <u>NEW</u> aides were hired?	0	
6. How many aide positions are currently budgeted?	5	
7. How many aides were on your payroll on <u>September 30, 2010</u> ?	5	

8. Do you feel that you have an Aide Turnover Problem?
 No problem Yes, it's a mild problem Yes, it's a substantial problem

Circle one response for each question below:	Almost Impossible	Very Difficult	Slightly Difficult	Not Difficult
9. How difficult has it been to find enough aides to fill vacant positions?	1	2	3	4
10. How difficult has it been for your agency to retain aides?	1	2	3	4

About your leadership positions.....

11	In what MONTH and YEAR did your current ADMINISTRATOR OR EXECUTIVE DIRECTOR begin working in that position?	MONTH	YEAR			
		02	2009			
12	Is your current ADMINISTRATOR OR EXECUTIVE DIRECTOR working on a regular basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
		1				
13	If your current ADMINISTRATOR OR EXECUTIVE DIRECTOR started within the last year, please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2009? (DO NOT include "temporary" or "acting" administrators) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE
			1			
14	In what MONTH and YEAR did your current CLINICAL MANAGER OR NURSE SUPERVISOR begin working in that position?	MONTH	YEAR			
		11	2008			
15	Is your current CLINICAL MANAGER OR NURSE SUPERVISOR working on a regular/ permanent basis, or "filling in" on a temporary or interim basis? (CIRCLE ONE NUMBER)	1: REGULAR / PERMANENT	2: INTERIM / TEMPORARY			
		1				
16	If your current CLINICAL MANAGER OR NURSE SUPERVISOR started within the last year, then please circle how many DIFFERENT OTHER persons have served in that position since October 1, 2009? (DO NOT include "temporary" or "acting" supervisors) (CIRCLE ONE NUMBER)	0	1	2	3	4 OR MORE
			1			

See next page for survey results from previous years

This page is for your information only. It is not necessary to return it.

Results of Direct Care Worker Turnover Data Collected in Prior Years

Turnover Rates	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Nursing Facilities	103%	103%	95%	105%	107%	117%	111%	110%	107%	85%
Adult Care Homes	119%	113%	115%	109%	107%	111%	117%	109%	118%	93%
Home Care Agencies	53%	50%	37%	49%	41%	46%	50%	48%	52%	36%

Results of Administrator and Clinical Manager Turnover Data Collected

Administrator Turnover Rates	2005			2006			2007			2008			2009		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	71%	19%	10%	73%	21%	7%	68%	26%	6%	72%	20%	9%	78%	18%	4%
Adult Care Homes	77%	21%	3%	81%	12%	6%	83%	12%	5%	77%	18%	5%	77%	17%	6%
Home Care Agencies	81%	18%	1%	87%	12%	1%	90%	9%	1%	89%	9%	2%	88%	11%	1%

Clinical Manager Turnover Rates	2005			2006			2007			2008			2009		
	None	Low	High	None	Low	High	None	Low	High	None	Low	High	None	Low	High
Nursing Facilities	61%	27%	12%	58%	27%	15%	66%	24%	10%	64%	23%	13%	69%	23%	8%
Adult Care Homes	67%	25%	8%	70%	21%	9%	73%	19%	9%	66%	26%	8%	70%	22%	8%
Home Care Agencies	69%	26%	5%	73%	19%	8%	74%	19%	7%	58%	30%	12%	74%	20%	6%

No turnover = Only one individual in the management position during the last year

Low turnover = Two individuals in the management position during the last year

High turnover = Three or more individuals in the management position during the last year.

Administrators = administrators of nursing homes and administrators or executive directors of adult care homes and home care agencies.

Clinical managers = directors of nursing in nursing homes, resident care directors in adult care homes, and clinical managers or nurse supervisors in home care.

If you have an interest, just for your own information, in calculating the turnover rate of your facility/agency go to: <http://winastepup.org/calculators/index.html>. Click on the turnover calculation link for your setting (nursing home, adult care home, home care).

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
Site: 1205 Umstead Drive
Raleigh, North Carolina 27603
Mailing: 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only
License # HC1038
Medicare #: 347112

Computer: 943664
PC _____ Date _____

HOME HEALTH AGENCY
2011 Annual Data Supplement to License Application
(Reporting 2010 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.

A separate form to be completed for each site.

A. Identification:

License No: HC1038
Legal Identity of Applicant: Carolinas Medical Center at Home, LLC
Agency d/b/a: Healthy @ Home - Carolinas Medical Center
Agency Site Address: 4701 Hedgemore Drive, Suite 300
Charlotte, NC 28209
County: Mecklenburg
Agency E-Mail: _____
(If Applicable)
Agency Web Site: _____
(If Applicable)
Agency Phone #: (704)521-2300
Agency Fax: (704)512-2338

B. Reporting Period

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2009, and ending after the twelve-month period, but no later than September 30, 2010. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report.

Your reporting period: Starts October 1, 2009 and Ends September 30, 2010 *
* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Data Supplement is accurate.

Typed Name: Harriett Sartain Title: CEO
Signature: Harriett Sartain Date: 11/29/10

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report number of clients by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.
- Do not use other age groups
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	560	461	991	363	658	659	482	4174	66,180
Cabarrus	53	65	175	63	120	106	65	647	8,759
Gaston	16	11	32	10	16	16	5	106	2,469
McDowell	1	1	0	0	2	0	1	5	47
Rowan	2	3	15	4	4	2	0	30	229
Union	6	2	3	0	3	7	5	26	446
Iredell	1	0	1	0	0	0	0	2	109
Cleveland	1	0	5	3	2	2	1	14	219

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

D. Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by **county of residence** for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH * services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	2,328	46,860
Medicare HMO	138	1,950
Medicaid	777	9,967
Medicaid HMO	0	0
Private Insurance	143	1325
Private Insurance HMO	0	0
Indigent Non-Pay	138	1,171
Other (specify): <i>Self-Pay</i>	400	3,098

*"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: October 1, 2009 To: September 30, 2010
Month/Year Month/Year

- | | | |
|--|---|---------------|
| a. Number of Medicare episodes | = | <u>3,002</u> |
| b. Average number of Medicare episodes per beneficiary | = | <u>1.40</u> |
| c. Average number of Medicare Visits per episode (all disciplines) | = | <u>15.44</u> |
| d. For Medicare – the percent of Lupas | = | <u>13.85%</u> |

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health

Report data in Table F related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTE'S (Full-Time Equivalentents) means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. $FTE=20/40=1/2$ FTE.

15 nurses work a combined total of 400 hours a week. $FTE = 400/40 = 10$ FTE's

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which you bill. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2010 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1.0			
Nurse Director/Supervisors	4	4.0			
Other Administrative Staff	13	13.0			
Nursing (RN, LPN)	64	49.8	3,770	37,253	164.05
Occupational Therapy	5	3.7	1,173	5,865	
Physical Therapy	30	23	2,851	25,272	144.09
Speech Therapy	6	1.05	325	3,065	202.66
Social Worker	4	2.25	121	141	93.06
Home Health Aide	5	5.0	348	4,602	70.43
Nutrition	0	0	0	0	—
Totals	132	102.8	8588	76,198	

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

G. Staff - Home Care

Report data in Table G related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-Certified / non part-time intermittent home health).

Total Clients means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2010 Home Care Staffing Data

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist	NA CAP-PCS	
Physical Therapy Assistant		
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		

Attachment 4

ATTACHMENT 4

Lic #	Name	Resident										Total	18-64	1992	75+
		County	<18	18-40	41-59	60-64	65-74	75-84	85>	Total	4500				
HC103B	Healthy @ Home-Carelinas Medical Center/CMC-Home Care	Mecklenburg	858	501	1072	419	644	711	495	4500	14415	9253	5646		
		Mecklenburg	957	1055	2905	1293	2579	3173	2473	14415	9253	5646			
		Mecklenburg Total													

Age Group	Home Health Patients in 2007	Estimated Population 2007	Use Rate for 2007	Home Health Patients in 2008	Estimated Population 2008	Use Rate for 2008	Home Health Patients in 2009	Estimated Population 2009	Use Rate for 2009	Estimated Patients in 2009	Change in Rate of Use Rates per 1000
Under Age 18	876	224,988	3.91	909	223,229	3.98	937	227,857	4.1	3%	3%
Region F Totals	1,911	469,209	4.08	1990	477,002	4.15	1664	483,292	3.4	-6%	-8%
Ages 18-64	4,115	568,926	7.36	4,753	568,290	8.36	5,253	568,715	8.9	13%	10%
Region F Totals	10,670	1,185,127	9.00	12,343	1,213,272	10.16	12,399	1,244,150	10.0	6%	5%
Ages 65-74	2,287	43,471	52.61	2,502	46,316	54.02	2,579	43,892	58.8	6%	6%
Region F Totals	6,374	109,619	58.04	7,286	110,392	62.43	7,118	113,978	62.5	6%	4%
Ages 75 and Over	5,177	33,358	155.20	5,480	34,338	159.59	5,646	34,151	165.3	4%	3%
Region F Totals	14,498	85,671	169.23	15,506	87,473	177.27	15,105	88,511	168.8	2%	0%

Age Group	Home Health Patients in 2009	COG's Anticipated # of Patients Receiving Services in 2012	COG's Average Annual Rate of Change in # Patients Served	Geographic Units Use Rate per 1000 in 2009	Anticipated Use Rate 2012	Projected 2012 Population	Potential Home Health Patients in 2012	Change in Rate of Use Rates per 1000
Under Age 18	937	763	-8% <td>4.12</td> <th>3.17</th> <td>239,875</td> <td>760</td> <td>3% </td>	4.12	3.17	239,875	760	3%
Region F Totals	1664	1,358	-6% <td>3.44</td> <td>2.65</td> <td>503,668</td> <td>1,336</td> <td>-8% </td>	3.44	2.65	503,668	1,336	-8%
Ages 18-64	5,253	6,524	8% <td>8.92</td> <td>10.39</td> <td>610,692</td> <td>6,346</td> <td>5% </td>	8.92	10.39	610,692	6,346	5%
Region F Totals	12,399	15,400	8% <td>9.97</td> <td>11.61</td> <td>1,299,608</td> <td>15,073</td> <td>5% </td>	9.97	11.61	1,299,608	15,073	5%
Ages 65-74	2,579	3,042	6% <td>58.76</td> <td>65.46</td> <td>52,734</td> <td>3,452</td> <td>4% </td>	58.76	65.46	52,734	3,452	4%
Region F Totals	7,118	8,395	6% <td>62.45</td> <td>69.57</td> <td>131,854</td> <td>9,173</td> <td>4% </td>	62.45	69.57	131,854	9,173	4%
Ages 75 and Over	5,646	6,016	2% <td>165.32</td> <td>165.19</td> <td>36,278</td> <td>5,993</td> <td>0% </td>	165.32	165.19	36,278	5,993	0%
Region F Totals	15,105	16,094	2% <td>168.75</td> <td>168.61</td> <td>94,199</td> <td>15,683</td> <td>0% </td>	168.75	168.61	94,199	15,683	0%

REVISED PORTIONS OF TABLE 12C - 2012 NEED PROJECTIONS FOR MEDICARE-CERTIFIED HOME HEALTH AGENCIES OR OFFICES 2011 PLAN

County	Placeholder Adjustments for Agencies Under Development	Adjusted Potential Total People Served	Projected Utilization in 2012	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Mecklenburg	0	16,345	16,551	(206)	0
Region F Totals	0	41,244	41,464	(220)	0

For questions regarding this page, call the Division of Health Service Regulation Medical Facilities Planning Section at (919) 855-3865 or the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

C. Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency **regardless of payer source.**
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW AND IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report **number of clients** by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- **This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.**
- **Do not use other age groups**
- Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.

Number of Home Health Clients by Age by County of Residence & Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Mecklenburg	434	354	762	287	474	524	353	3188	46,950
Cabarrus	10	16	48	12	25	24	13	584	1567
Gaston	5	9	18	5	8	9	1	55	1170
Union	2	2	3	∅	5	2	1	15	189
McDowell	2	∅	∅	∅	∅	∅	∅	2	83
Iredell	2	∅	1	∅	∅	∅	∅	3	112

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

E. Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving PART-TIME INTERMITTENT HOME HEALTH * services through your Medicare certified agency regardless of payer source.
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- Do not provide data here related to clients on page 3 of this report.

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payor for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	# Clients	# Visits
Medicare	1,678	29,791
Medicare HMO	0	0
Medicaid	629	7,786
Medicaid HMO	0	0
Private Insurance	879	10,543
Private Insurance HMO	0	0
Indigent Non-Pay	130	1,323
Other (specify): <i>Self-Pay</i>	217	1,881

*"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

E. Clients/Visits by Payer Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: 10/01/08 To: 06/30/09
Month/Year Month/Year

- a. Number of Medicare episodes = 1,967
- b. Average number of Medicare episodes per beneficiary = 1.30
- c. Average number of Medicare Visits per episode (all disciplines) = 15.27
- d. For Medicare – the percent of Lupas = 15.35%

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For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

Home Health Services Reporting

F. Staff - Home Health (continued)

2009 Home Health Staffing Data

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator					
Nurse Director/Supervisors					
Other Administrative Staff					
Nursing (RN, LPN)			2,517	22,740	
Occupational Therapy			884	5,028	
Physical Therapy			2,100	17,382	
Speech Therapy			264	3,043	
Social Worker			66	67	
Home Health Aide			255	3,606	
Nutrition			0	0	
Totals					