

Application Details

Application Status	Approved
Application Id	BLA-0000000561
DBA Name of Facility/Agency	You Matter Homecare
Facility Type	Home Care Organization
Application Type	Mid-Term Change License
Approved Date	7/21/2023
Effective Date	6/1/2023
Expiration Date	7/31/2023

Confirm changes to your facility/agency

Changes to your facility/agency :

- Has the facility DBA or legal name changed?
- Has the facility operator or owner changed?
- Has the facility address changed?
- Have you changed/added new branch offices?

- None of these changes apply

Facility/Agency Details

Application Type	Mid-Term Change License	License Effective Date	6/1/2023
Legal Name of Facility/Agency	You Matter Homecare, LLC		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	You Matter Homecare		
Facility/Agency Physical Address	15 South 5th Street		
Street			
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23019
Telephone Number	8044476590	Fax Number	8044473516

Mailing Address

Mailing Address	15 South 5th Street		
Street			
City/Town	Richmond	County/Independent City	Richmond City
State	Virginia	Zip Code	23019

Facility/Agency Email Address : youmatterhomecare@gmail.com

Federal Employer Identification Number (FEIN) : 81-0841016

Current License Number : HCO-232223

Administrator of Record(If different than Owner/Operator)

Full Name : Morgan Spencer

Title :

Telephone Number :

Email Address : youmatterhomecare@gmail.com

Ownership Information

Legal Name of Owner : you matter homecare

Physical Address : 15 S 5th St, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : richmond

State : VA

Zip Code : 23219

Mailing Address : 15 S 5th St, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : richmond

State : VA

Zip Code : 23219

Email Address : youmatterhomecare@gmail.com

Telephone Number : 8047998209

Fax Number :

Federal Employer Identification Number (FEIN) : 81-0841016

Chief Administrative Officer

Full Name : roychelle fields

Mailing Address : 15 S 5th St, Richmond, VA 23219, USA

Street :

City/Town : Richmond

County/Independent City : richmond

State : VA

Zip Code : 23219

Phone Number :

Email Address :

Additional Ownership Information

Names of any individual or entities having a financial interest of 5% or more

Full Name	Ownership Percentage (%)
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Sum of Ownership Percentage (%) : %

Types of Ownerships & Control :

For Profit :

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator :

Physical Address :

Street :

City/Town :

County/Independent City :

State :

Zip Code :

Mailing Address :

Street :

City/Town :

County/Independent City :

State :

Zip Code :

Phone Number :

Email Address :

Federal Employer Identification Number (FEIN) :

Home Care Organization Information - Hours of Operation

Hours of Operation

Indicate the regular business hours of the program by listing the opening and closing times of the business office(excluding legal and religious holidays)

Days of the Week	Time Open(a.m.)	Time Closed(p.m.)
Monday	09:00 am	05:00 pm
Tuesday	09:00 am	05:00 pm
Wednesday	09:00 am	05:00 pm
Thursday	09:00 am	05:00 pm
Friday	09:00 am	05:00 pm

Home Care Organization Information - Services

Geographic service areas

List each City/County in which the organization expects to provide services.

City/County : Richmond, Richmond city, chesterfield. Midlothian, Henrico and more

Home Care Organization Information - Branch Offices

If you are applying for an initial Home Care Organization license, you are not eligible to operate a branch office location and should not complete this section. Only persons who already have a Home Care Organization license may operate branch offices, which are required to be under the supervision and administrative control of the parent Home Care Organization and must appear on the license of the parent Home Care Organization.

*Will/Does this facility/agency operate one or more branch offices? If yes, list address(es) of each branch office below : Yes

Name : You Matter Homecare
Email : youmatterhomecare@gmail.com
Address : 102 N 3rd Ave, Hopewell, VA 23860, USA
Street : 102 N 3rd Ave
City/Town : Hopewell
County : Hopewell
Zip Code : 23860
State : Virginia
Phone Number : 8044476590

Home Care Organization Information - Drop Site

Note: Drop sites cannot be used for client contact

*Will/Does this facility/agency operate one or more drop sites? If yes, list address(es) of each drop site below
: Yes

Email :

Address :

Street :

City/Town :

County :

Zip Code :

State :

Phone Number :

Home Care Organization Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Morgan Spencer
Administrator - Email Address : youmatterhomecare@gmail.com
Administrator - Virginia License(If applicable) :

Alternate Administrator - Full Name : Roychelle fields
Alternate Administrator - Email Address : roychellefields@youmatterhomecare.com
Alternate Administrator - Virginia License(if applicable) :

Nursing Manager - Full Name : Jamilya cox
Nursing Manager - Email Address : jcox@youmatterhomecare.com
Nursing Manager - Nursing License Number : 0001248763

Financial Manager - Full Name : Rashon spencer
Financial Manager - Email Address : rashonspencer@youmatterhomecare.com

Home Care Organization Information - Services to be provided

State regulation requires that an facility/agency provide at least one of the services listed below by direct employees.

*Skilled Services - Yes

Nursing Services : Both
Respiratory Therapy :
Physical Therapy :
Occupational Therapy :
Speech Language Pathology :
Medical Social Services :
Other Services (Direct) :
Other Services (Contract) :

*Personal Care Services - Yes

Assistance with Activities of Daily Living (ADL) : Both
Administering Normally Self-Administered Drugs :
Other Services (Direct) :
Other Services (Contract) :

*Pharmaceutical Services - No

Parenteral Nutrition :
Direct Intravenous Therapy :
Other Services (Direct) :
Other Services (Contract) :

Home Care Organization Information - Service Personnel

Licensed Nurses

Number of Direct : 2

Number of Contract :

Names of Contracting Agencies :

CNAs and Home Attendants

Number of Direct : 0

Number of Contract :

Names of Contracting Agencies :

Respiratory Therapists

Number of Direct :

Number of Contract :

Names of Contracting Agencies :

Physical Therapists and PT Assistants

Number of Direct :

Number of Contract :

Names of Contracting Agencies :

Occupational Therapists and OT Assistants

Number of Direct :

Number of Contract :

Names of Contracting Agencies :

Speech Language Pathologists

Number of Direct :

Number of Contract :

Names of Contracting Agencies :

Other

Title	Number of Direct	Number of Contract	Names of Contracting Agencies

Skilled Services Director

Full Name : toriewatson

Email : toriewatson@youmatterhomecare.com

License Number : 0001320042

Home Care Organization Information - Medicare and Medicaid

Are you enrolled as a Medicare provider? : No

Do you plan to enroll as a Medicare provider? : Yes

Medicare Provider Number :

Are you enrolled as a Medicaid provider? : No

Do you plan to enroll as a Medicaid provider? : Yes

Medicaid Provider Number :

Home Care Organization Information - Small Business Information

Answering these two questions is optional, but will help the Virginia Department of Health better estimate the number of small businesses that have or apply for licenses.

Is the facility/agency independently owned and operated? :

Does the facility/agency have fewer than 500 employees? :

Certification and Submission

By submitting this application, I hereby certify that the information contained in this application and any attachments are true, accurate, and complete

Name and Title of Authorized Representative : morgan spencer

Date : 7/7/2023