

Application Details

Application Status	Approved
Application Id	BLA-0000006940
DBA Name of Facility/Agency	Medi Home Hospice
Facility Type	Hospice
Application Type	Mid-Term Change License
Approved Date	1/6/2026
Effective Date	3/25/2025
Expiration Date	12/31/2026

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 or added new programs or services?

- None of these changes apply

Facility/Agency Details

Application Type	Mid-Term Change License	License Effective Date	3/25/2025
Legal Name of Facility/Agency	MSA Healthcare, Inc.		
Fictitious Name ("doing business as" or "DBA") of Facility/Agency	Medi Home Hospice		
Facility/Agency Physical Address	625 Piney Forest Rd ste 106, Danville, VA 24540, USA		
Street	625 Piney Forest Rd ste 106		
City/Town	Danville	County/Independent City	Danville City
State	Virginia	Zip Code	24540
Telephone Number	4344836891	Fax Number	4346680012

Mailing Address

Mailing Address	PO Box 609		
Street	PO Box 609		
City/Town	Lexington	County/Independent City	Lexington
State	SC	Zip Code	29071

Facility/Agency Email Address : licensing@msahealthcare.com

Federal Employer Identification Number (FEIN) : 93-3357594

Current License Number : HSP-0001094

Administrator of Record(If different than Owner/Operator)

Full Name : Ayme Currin

Title : Administrator

Telephone Number : 4344836891

Email Address : acurrin@msahealthcare.com

Ownership Information

Legal Name of Owner : Medical Services of America, Inc.

Physical Address : 171 Monroe Ln, Lexington, SC 29072, USA

Street : 171 Monroe Ln

City/Town : Lexington

County/Independent City : Lexington County

State : SC

Zip Code : 29072

Mailing Address : PO Box 609

Street : PO Box 609

City/Town : Lexington

County/Independent City : Lexington

State : SC

Zip Code : 29071

Email Address : licensing@msahealthcare.com

Telephone Number : 8039570500

Fax Number : 8033585741

Federal Employer Identification Number (FEIN) : 93-3357594

Chief Administrative Officer

Full Name : Ayme Currin

Mailing Address : PO Box 609

Street : PO Box 609

City/Town : Lexington

County/Independent City : Lexington

State : SC

Zip Code : 29071

Phone Number : 4344836891

Email Address : acurrin@msahealthcare.com

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

For Profit : Corporation

Not-for-Profit :

Public :

Other(Specify) :

Operator Information

Legal Name of Operator : MSA Healthcare, Inc.

Physical Address : 171 Monroe Ln, Lexington, SC 29072, USA

Street : 171 Monroe Ln

City/Town : Lexington

County/Independent City : Lexington County

State : SC

Zip Code : 29072

Mailing Address : PO Box 609

Street : PO Box 609

City/Town : Lexington

County/Independent City : Lexington

State : SC

Zip Code : 29071

Phone Number : 4344836891

Email Address : acurrin@msahealthcare.com

Federal Employer Identification Number (FEIN) : 93-3357594

Hospice 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	08:00 am	05:00 pm
Tuesday	08:00 am	05:00 pm
Wednesday	08:00 am	05:00 pm
Thursday	08:00 am	05:00 pm
Friday	08:00 am	05:00 pm

Hospice Information - Administrative Personnel

Provide the following information on administrative personnel

Administrator - Full Name : Ayme Currin
Administrator - Email Address : acurrin@msahealthcare.com
Administrator - Virginia License(If applicable) : 0001215319

Alternate Administrator - Full Name : Hunter Boone
Alternate Administrator - Email Address : tboone@msahealthcare.com
Alternate Administrator - Virginia License(if applicable) : 253226

Director of Nursing - Full Name : Hunter Boone
Director of Nursing - Email Address : tboone@msahealthcare.com
Director of Nursing - Nursing License Number : 253226

Medical Director - Full Name : Michael J Godard
Medical Director - Email Address : licensing@msahealthcare.com
Medical Director - Virginia License : 0102203140

Hospice Information - Services

Geographic service areas

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

City/County : Our planned service territory includes Danville, Ridgeway, Martinsville, Chatham, South Boston, Alton, and Clarksville. The associated counties are Patrick, Henry, Pittsylvania, Franklin, Halifax, Campbell, Bedford and any independent cities that physically are within those counties.

Services to be provided

Nursing Services : Direct
 Counseling Services : Direct
 Physician Services : Contract
 Medical Social Services : Direct
 Home Attendant Services : Direct
 Physical Therapy Services : Contract
 Occupational Therapy Services : Contract
 Speech Therapy Services : Contract
 Volunteer Services : None

Other Service

Service Name	Service Option
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Hospice Information - Medicare

Are you enrolled as a Medicare provider? : No

Medicare Provider Number :

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

To enroll as a Medicare provider, obtain an application (CMS 855) from the CMS web site.

Hospice 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? : No

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

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 : Regina Allen, Licensing Liaison

Date : 11/4/2025