

I hereby approve the North Carolina 2018 State Medical Facilities Plan effective January 1, 2018.



A handwritten signature in black ink, appearing to read "Roy Cooper", is written over a horizontal line.

Roy Cooper, Governor

12/11/2017

Date



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

November 29, 2017

Ms. Amanda Reeder,  
Staff Attorney  
Rules Review Commission  
6714 Mail Service Center  
Raleigh, NC 27699-6700

Dear Ms. Reeder:

In the 2003 Session of the General Assembly House Bill 1151 (SL 2003-229) was ratified to amend the Administrative Procedure Act. Among other things, the legislation amended G.S. 150B-2(8a) and G.S. 131E-176(25) to exclude from rule-making the North Carolina State Medical Facilities Plan (SMFP) if it had been prepared with public notice and hearings.

On behalf of the North Carolina State Health Coordinating Council, I am asking the Rules Review Commission to review the process of assembling the North Carolina 2018 State Medical Facilities Plan for compliance with G.S. 131E-176(25) and adoption.

Attached for your review and consideration are several documents that support our compliance with G.S. 131E-176(25). Those include several notices of hearings, minutes from meetings of the State Health Coordinating Council, and evidence where oral and written comments were accepted for the 2017 SMFP. When Governor Cooper has approved and signed the Plan, I will email a copy of the signature page to you.

Should you have any questions or need additional information, please contact me at 919-855-3867.

Sincerely,

A handwritten signature in cursive script that reads "Martha Q. Frisone".

Martha Frisone, Chief  
Healthcare Planning and Certificate of Need Section

Enclosures

cc: Mark Payne, Division Director

**HEALTHCARE PLANNING AND CERTIFICATE OF NEED**

WWW.NCDHHS.GOV

TEL 919-855-3873

LOCATION: 809 RUGGLES DRIVE • EDGERTON BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



# North Carolina 2018 State Medical Facilities Plan Development Summary

Pursuant to G.S. 131E-176(25), the NC 2018 State Medical Facilities Plan (SMFP) was prepared by Healthcare Planning staff of the Department of Health and Human Services in collaboration with the North Carolina State Health Coordinating Council (SHCC) and approved by the Governor.

## **Interested Parties**

A list of interested parties is kept on file with Healthcare Planning. Names are added upon request. **(Attachment 1)**

## **Public Hearings**

A total of seven public hearings were held in conjunction with the development of the SMFP.

### *Prior to the adoption of the Proposed SMFP on June 7, 2017 by the SHCC*

- Newspaper ad regarding hearing and notifications **(Attachment 2)**
  - Sign-in sheet for meetings **(Attachment 3)**
1. March 1, 2017
    - Dorothea Dix Campus  
801 Biggs Street  
Raleigh, NC  
Brown Building – Room 104

### *Following adoption of the Proposed SMFP on June 7, 2017 by the SHCC*

- Newspaper ad regarding six statewide hearings and notifications **(Attachment 4)**
  - Sign-in sheets for six statewide public hearings **(Attachment 5)**
2. July 11, 2017
    - The Women's Hospital  
Greensboro, NC
  3. July 14, 2017
    - New Hanover – Public Library  
Wilmington, NC
  4. July 18, 2017
    - CHS - NorthEast  
Concord, NC
  5. July 21, 2017
    - Mountain Area Health Education Center  
Asheville, NC

6. July 24, 2017
  - Pitt County Office Building  
Greenville, NC
  
7. July 26, 2017
  - Dorothea Dix Campus – Brown Building  
Raleigh, NC

**Public Comments**

The SHCC accepted oral and written comments from the public concerning the Proposed SMFP at the March 1, 2017, public hearing.

The SHCC accepted oral and written comments from the public at each of the six statewide public hearings held during the month of July. August 12<sup>th</sup> was the last day the SHCC accepted written comments regarding petitions or comments regarding the Proposed SMFP.

At the October 4, 2017 meeting of the SHCC, the Chairman of each of the three standing committees provided reports on the petitions and comments to the Council from the Acute Care Service Committee, Long-Term and Behavioral Health Committee and Technology and Equipment Committee. At this same meeting, the SHCC members adopted the final SMFP. **(Attachment 6)**

**SHCC Meeting Minutes  
(Attachment 7)**

**SHCC Member Attendance  
(Attachment 8)**

**Governor's Approval**

The SMFP was submitted to the Governor's office for approval on November 3, 2017. It was signed on December \_\_, 2017. **(Attachment 9)**

1	Interested Parties Email List and Mailing List
2	Newspaper Ads for Public Hearing or Notification
3	Sign-in Sheets for Meetings
4	Newspaper Ads for Six Statewide Public Hearings or Notifications
5	Sign-in Sheets for Six Statewide Public Hearings
6	N.C. 2018 State Medical Facilities Plan
7	State Health Coordinating Council – Meeting Minutes from all SHCC and Committee Meetings for 2017 Calendar Year
8	State Health Coordinating Council – Meeting Attendance from all SHCC and Committee Meetings for 2017 Calendar Year
9	Signature Page with Governor’s Approval
10	

## DHSR.HP.Interested.Parties mailing list

ablackwell@wakemed.org  
acaporiccio@allianceimaging.com  
AGraham@firsthealth.org  
ahickling@nhsc.org  
akiser@cchospice.org  
bfitzgerald@wakemed.org  
bill.hyland@davita.com  
blfreedy@novanthealth.org  
brad.daniel@hospicecarecenter.org  
brad.daniel@novvista.com  
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brooks@bcs-law.com  
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BVonlehmden@gmka.com  
catharine.cummer@duke.edu  
cfoley@doulanc.com  
chauser@pdllc.com  
cmeyer@cchospice.org  
consensus1@nc.rr.com  
cpatterson@firsthealth.org  
Crystal@ascmember.org  
cyndi.honeycutt@nhhn.org  
danderson@carolinashealthcare.org  
danny.waller@onslowmemorial.org  
dave.auderson@carolinashealthcare.org  
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dlewis@rpcconsulting.com  
dmiller@rowan.org  
dprather@dsi-corp.com  
DZerman@unch.unc.edu  
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greg.bass@carolinashealthcare.org  
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jlewis@ncmedsoc.org  
jmhaubenreiser@novanthealth.org  
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jorser@wakemed.org  
joselyn.westcott@ssa.gov  
jreynolds@kirschlaw.com  
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kristy.hubard@nhrmc.org  
ksandlin@keystoneplanning.com  
kstein@raleighortho.com  
lhamby@catawbavalleyinc.org  
lisle@granvillemedical.com  
lmiller@capefearvalley.com  
lowen@hospiceofdavidson.org  
MAllen@nexsenpruet.com  
maryjane.slipsky@nelsonmullins.com  
maxm@corplawoffice.com  
mdickinson@hprhs.com  
mfisher@poynerspruill.com  
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mvicario@ncha.org  
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rbashore@gatewayasc.com  
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Susan.Fradenburg@smithmoorelaw.com  
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timrogers@homeandhospicecare.org  
TWalsh@libertyhcare.com  
whait@capefearvalley.com

wholding@compass-sp.com

yaggy001@mc.duke.edu

zima@gibraltar.net

### SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Denniston Crews, MD		10 McDowell Street	Asheville	NC	28801
William Lease		100 Airport Road	Kinston	NC	28501
Ken Pittman		100 Airport Road	Kinston	NC	28501
Barbara Vaughn		100 Chalon Drive	Cary	NC	27511
Helen Poole		100 Rivergreen Court	Cary	NC	27511
Mark Barnes		100 South Elm Street, Suite 400	Greensboro	NC	27401
JoAnn Davis		101 Hospice Lane	280	NC	27103
Mary Beck	UNC Hospitals	101 Manning Drive Ste 6021 E. Wing	Chapel Hill	NC	27514-6907
Curtis Jackson, Jr.		101 Woodcrest Drive	Chapel Hill	NC	27514
Byan Fore		1016 N Lafayette Street	Shelby	NC	28150
Dennis Bradshaw		111 Providence Road	Chapel Hill	NC	27514-2229
Richard Bennett		116 Lane Drive	Trinity	NC	27370
Rober Enders, Jr		117 East Kings Hwy	Eden	NC	27288
Larry Barnes		120 Heather Ridge Court	Durham	NC	27712
Melissa Shearer		1200 North Elm Street	Greensboro	NC	27401-1020
Gerry Boyle		1217 Pond Street	Cary	NC	27511
Bil Gibson		125 Bonnie Lane	Sylvia	NC	28779-8552
John Barber	White Oak Manor Inc	130 E Main Street	Spartanburg	SC	29306-5113
James Caldwell	PO Box 1510	130 Gillespie Street	Fayetteville	NC	28302
Steve Rumbley		1302 Old Cox Road	Asheboro	NC	27205
Home Buddies		1328 John Kirk Drive	Charlotte	NC	28262
Foster Norman		134 S Garnett Street	Henderson	NC	27536-4642
Chris May		1480 Harbour Drive	Wilmington	NC	28401
David Kimmel, MD		150 Park Avenue	Banner Elk	NC	28604
Judy Roberson		1600 Lafayette Avenue	Rocky Mount	NC	27803
Carrol Roberson		1600 Lafayette Avenue	Rocky Mount	NC	27803
Anita Melvin		1638 Owen Drive	Fayetteville	NC	28304
Stanley Kapica		17 Church Street	Asheville	NC	28801-3303
Mark Jensen		1701 East Blvd	Charlotte	NC	28203-9808
Donna Camit		171 Monroe Lane	Lexington	NC	29071
Don Brocker		1841 Quite Cove	Fayetteville	NC	28304
Jim Gray		1894 Georgetown Road	Hudon	OH	44236
Mark Becker	WSOC TV	1901 Tryon Street	Charlotte	NC	28206
Sarah Wiltgen		192 Village Drive	Jacksonville	NC	28546
Julie Blundo		1988 South 16 <sup>th</sup> Street	Wilmington	NC	28401
Dr. Charles Neal		1988 South 16th Street	Wilmington	NC	28401
Jennifer McLean	500 Justice Bldg, 5th Floor	2 East Morgan Street	Raleigh	NC	27601-1428
R D Williams II		200 Hospital Avenue	Jefferson	NC	28640

### SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Mark Hudson		201 E Grover Street	Shelby	NC	28150
James Atkins, MD	Southeastern Medical Oncology	203 Cox Blvd	Goldensboro	NC	27534-9479
Richard Williams		209 Highlands Lake Drive	Cary	NC	27518
David McRae		2100 Stantonburg Road	Greenville	NC	27835-6028
Phyllis Shore		2101 Homestead Hills Drive	Winston Salem	NC	27103
Cleveland Moose		2115 Rex Ford Road, Ste 500	Charlotte	NC	28211
Sarah Avery		215 S McDowell Street	Raleigh	NC	27602
Alan Wolf		215 S McDowell Street	Raleigh	NC	27602
Ronald Beer		218 Old Mocksville Road	Statesville	NC	28625
Lucien Wilkins MD		2215 Lynwood Drive	Wilmington	NC	28403
David Adinolfi	Cumberland RHA	2248 Wingate Road	Fayetteville	NC	28304-1336
Mary Cloninger		225 Baldwin Avenue	Charlotte	NC	28204
Doug Hitman		2334 S 41st Street	Wilmington	NC	28403
Timothy Walsh	Liberty Healthcare Management, Inc.	2334 S. 41st Street	Wilmington	NC	28403
John Cowan		2360 Sweeten Creek Road	Asheville	NC	28803
Gene Whitefield		2402 Wayne Memorial Drive	Goldensboro	NC	27534
Frank Kirschbaum		2418 Blue Ridge Road, Ste 200	Raleigh	NC	27607-6480
Paul Sherwood		250 Smith Church Road	Roanoke Rapids	NC	27870-4919
Pam Barrett		2500 Summitt Avenue	Greensboro	NC	27405
Lynne Chambers		2500 Summitt Avenue	Greensboro	NC	27405
Patricia Oenksen		2500 Summitt Avenue	Greensboro	NC	27405
David Rice		262 Leroy George Drive	Clyde	NC	28921
Greg Bass	Director, CHS Management Company	2709 Water Ridge Parkway, Suite 200	Charlotte	NC	28217
Kevin Kerlin, MD		2802 McLamb	Goldensboro	NC	27534
Robert Jones		288 Ridgecrest Avenue	Rutherford	NC	28139
Lumbee River COG		30 CJ Walker Road	Pembroke	NC	28372-7340
Charlotte Baker		300 W 27 <sup>th</sup> Street	Lumberton	NC	28358
Raleigh Orthopaedic		3001 Edwards Mill Rd. Ste 200	Raleigh	NC	27612
Williams Mullens	Library	301 Fayetteville Street Mall, Ste 1900	Raleigh	NC	27601-2173
Lou Lamm	Library	301 Fayetteville Street Mall, Ste 1900	Raleigh	NC	27601-2173
Sherry Thomas		3101 Industrial Drive Ste 204	Raleigh	NC	27609-7577
Administrator	Healthsource Diagnostic Center	3186 Village Drive, Suite 101	Fayetteville	NC	28304
Fred Soule		321 Mulberry Street	Lenior	NC	28659
Hal Jones		3210 Fairhill Drive	Raleigh	NC	27612-3220
Timothy Ford	PO Box 2600	336 Deerfield Road	Boone	NC	28607-2600
Joe McKinney		339 New Leicester Hwy, Ste 140	Asheville	NC	28806-2080
Fred Odell		3500 Arendell Street	Morehead City	NC	28557-1619
Lynne Chambers		3617 Camp Mangum Wynd	Raleigh	NC	27612

### SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Rita Burch	PO Box 336	374 Hudlow Road	Forest City	NC	28043
Randi Pisko		3916 Ben Franklin Blvd	Durham	NC	27704
Michele Jackson		3949 Browning Place	Raleigh	NC	27609-6504
Lou Wilson		4010 Barrett Drive, Ste 102	Raleigh	NC	27609
Mary Jane Slipsky		4040 Parklake Avenue, Ste 200	Raleigh	NC	27612
Randolph Abney	Banyan Senior Living	412 Hudson Rd	Greenville	SC	29615-3333
Jan Baucom		429 Billingsley Center	Charlotte	NC	28211
Lee Carnes		430 Davis Drive, Ste 400	Morrisville	NC	27560
Carolyn Hall		430 Davis Drive, Ste 400	Morrisville	NC	27560-6802
Mary Johnston		430 Davis Drive, Ste 400	Morrisville	NC	27560-6802
Dee Freeman		4307 Emperor Blvd, Ste 110	Durham	NC	27703
James Pietrzak		4423 Pheasant Ridge Road, Ste 301	Roanoke	VA	24014-5300
NC State Publications Clearinghouse	State Library of North Carolina	4643 Mail Service Center	Raleigh	NC	27699-4643
Sherman Brooks MD		4926 Union School Road	Rowland	NC	28383
Donna Aubuchon		50 Lucy Echerd Lane	Taylorsville	NC	28681
Pat Pierce		505 Oberlin Road, Ste 230	Raleigh	NC	27605-1345
David Long	Pender Memorial Hospital	507 E Fremont Street	Burgaw	NC	28425
Matthew Mendez	Pender Memorial Hospital	507 E Fremont Street	Burgaw	NC	28425
Craig Souza		5109 Bur Oak Circle	Raleigh	NC	27612-3101
Tina Glenn		5205 Hearthsides Place	Greensboro	NC	27410
Jim Lewis		601 Oak Street	Forest City	NC	28043
Rick Parker		612 Mocksville Avenue	Salisbury	NC	28144
Regis Cabonor		615 Ridge Road	Roxboro	NC	27573
Administrator	Beaufort County Hospital	628 E 12 <sup>th</sup> Street	Washington	NC	27889
Toye Allen		6401 Ivory Palm Drive	Charlotte	NC	28227
Doyle Williams		6603 Summer Darby	Charlotte	NC	28093
Scott Buchanan		68 Sweeten Creek Road	Asheville	NC	28803
Michael Linker		700 West Roosevelt Blvd	Monroe	NC	28110
Stefan Marcuard		704 WH Smith Blvd	Greenville	NC	27834
Serleste Bowser		7985 Scotts Manox Court	Glen Burnie	MD	21061
Alan Laibson		8 Skyview Place	Asheville	NC	28804
Michael Jernigan		803 Middlebrooks Circle	Tallahassee	FL	32312
Kaye Jernigan		812 Shepard Street	Morehead City	NC	28557
Shirley Silva		848 Mapelwood Lane	Statesville	NC	28525-2282
Scott Neely		866 Henkel Road	Statesville	NC	28677
Elizabeth Kirkman		920 Church Street North	Concord	NC	28025
Carol Lovin		920 Church Street North	Concord	NC	28025
Carlette Rivers		923 Lenton Avenue	Baltimore	MD	21212

### SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Elizabeth Hudspeth		9820 US Hwy 301 South	Four Oakds	NC	27524-7890
Data Analyst	Cecil B. Sheps Center	CB #7590, 725 Airport Road	Chapel Hill	NC	27599-7590
Ann Howard	Cecil B. Sheps Center	CB #7590, 725 Airport Road	Chapel Hill	NC	27599-7590
James Perry	30JC Walker	COMPECH RPAD	Pembrook	NC	28372-7340
Jackie Herbst	4140 Parklake Avenue	Glen Lake One, Ste 200	Raleigh	NC	27612
Steve Eblin	Randolph Hospital	PO Box 1048	Asheboro	NC	27204-1048
Randolph Cloud		PO Box 10972	Raleigh	NC	27605-0972
Tim Alleman		PO Box 11387	Goldsboro	NC	27532-1387
Lisa Hopkins		PO Box 1150	Angier	NC	27501-1150
Sindy Barker	NC Nurses Association	PO Box 12025	Raleigh	NC	27605
Audrey Locklear		PO Box 1209	Pembrook	NC	28372
Peggy Gosselin		PO Box 129	Waynesville	NC	28786-0129
Kyle McDermott	Johnston Memorial Hospital	PO Box 1376	Smithfield	NC	27577
Roy Hnson	Stanley Memorial Hospital	PO Box 1489	Albemarle	NC	28002-1489
George Wilson		PO Box 1558	Huntersville	NC	28070-1558
Sharon Barlow	Barnhardt & Walker Inc	PO Box 163	Concord	NC	28026-0163
Planner	Caromont Health	PO Box 1747	Gastonia	NC	28053-1747
William Shenton		PO Box 1801	Raleigh	NC	27602-1801
Janet Plummer		PO Box 1801	Raleigh	NC	27602-1801
William Edsel		PO Box 2000	Pinehurst	NC	28374
Dr. Jeff Collins		PO Box 2049	Pembrook	NC	28372
Frank Peck		PO Box 21133	Roanoke	VA	24018-0115
Joseph Barbee	Mecklenburg Radiology Associates	PO Box 221249	Charlotte	NC	28222-1249
Charles Trefzger		PO Box 2568	Hickory	NC	28603
Robert Seligson		PO Box 27167	Raleigh	NC	27611-7167
Debra Seyler		PO Box 27525	Raleigh	NC	27611
Richard Harrell	401 N Main Street	PO Box 278	Kenansville	NC	28349
Asheville Radiology		PO Box 2959	Asheville	NC	28802
Sean Jamieson		PO Box 30308	Charlotte	NC	28230
Jenny Lassiter		PO Box 306	Bayboro	NC	28515
Fran Daniel		PO Box 3159	Winston Salem	NC	27103
John Fountain		PO Box 31627	Raleigh	NC	27622
Paul Smith		PO Box 3250	Mooreville	NC	28117
Sharee Wilder		PO Box 423	Harbinger	NC	27941
Bill Pulley		PO Box 4449	Cary	NC	27519
Judy Brunger		PO Box 4449	Cary	NC	27519-4449
Robert Taylor		PO Box 460	Nebo	NC	28761
Evenlyn Sanders		PO Box 46775	Raleigh	NC	27620-6775

### SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Richard Osmus		PO Box 560	Elkins	NC	28621
Kendra Houston		PO Box 6159	Kinston	NC	28501-0159
Charlotte Baker	Chowan Hospital Inc	PO Box 629	Edenton	NC	27932-0629
Dave Parrotte		PO Box 646	Hertford	NC	27944
Al Arrowood	Lincoln Medical Center	PO Box 677	Lincolnton	NC	28093
Joseph Depalantino	Wayne Memorial Hospital	PO Box 8001	Goldsboro	NC	27530
Kenneth Anderson	University Home Care	PO Box 8125	Greenville	NC	27835-8125
Frank Bradham	University Home Care	PO Box 8125	Greenville	NC	27835-8125
Dr. John Poulos		PO Box 87229	Fayetteville	NC	28304-7229
Lynn Hardy		PO Box 887	Kenansville	NC	28349
Nolan Brown	Triad Medical Services Inc	PO Box 969	Yadkinville	NC	27055-0969
Thomas Hilliard		PO Box 97096	Raleigh	NC	27624-7096
Trena Wilson		PO Box HP 5	High Point	NC	27261

# Cooke COMMUNICATIONS

NORTH CAROLINA LLC  
 The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
 Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
 Tarboro Weekly - Times Leader - Williamston Enterprise  
 PO Box 1967  
 Greenville NC 27835

Check # \_\_\_\_\_  
 Date Paid \_\_\_\_\_  
 A/R Rep \_\_\_\_\_

DHHS/DHSR/CON SECTION  
 2407 MAIL SERVICE CENTER  
 RALEIGH NC 27603

Copy Line: NC SHCC Meeting  
 Lines: 52  
 Total Price: \$123.35

Account: 100742

Ticket: 160665

## PUBLISHER'S AFFIDAVIT

NORTH CAROLINA  
 Pitt County

Susan Steel affirms that he/she is clerk of Daily Reflector, a newspaper published daily at Greenville, North Carolina, and that the advertisement, a true copy of which is hereto attached, entitled NC SHCC Meeting was published in said Daily Reflector on the following dates:

Tuesday, February 7, 2017

and that the said newspaper in which such notice, paper, document or legal advertisement was published, was at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Chapter 1, Section 597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Chapter 1, Section 597 of the General Statutes of North Carolina.

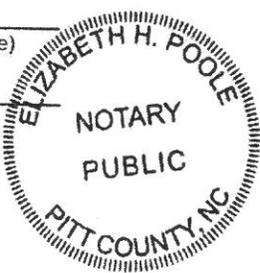
Susan Steel

Affirmed and subscribed before me this 7th day of February 2017

Elizabeth H Poole  
 (Notary Public Signature)

Elizabeth H Poole  
 (Notary Public Printed Name)

My commission expires 1-17-2021



## PUBLIC NOTICE

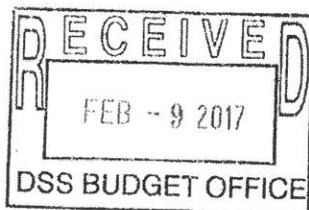
NORTH CAROLINA  
 STATE HEALTH COORDINATING  
 COUNCIL MEETING  
 and  
 PUBLIC HEARING

The North Carolina State Health Coordinating Council will meet Wednesday, March 1, 2017 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C. This session will include a business meeting and a public hearing.

At the conclusion of the business meeting, a public hearing will be held to allow individuals to comment on issues with statewide implications as work begins on the North Carolina Proposed 2018 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 1, 2017 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: <https://www2.ncdhhs.gov/dhsr/ncsmfpl/>.

The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new health care facilities and services in North Carolina. The major objective of the plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262.

2/7/17



# Cooke COMMUNICATIONS

NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967, Greenville NC 27835

## CUSTOMER INFORMATION

**Name:** DHHS/DHSR/CON SECTION  
**Address:** 2407 MAIL SERVICE CENTER  
RALEIGH NC 27603

**Account ID:** 100742

## AD INFORMATION

**Ticket:** 160665  
**Copy Line:** NC SHCC Meeting  
**Total Price:** \$123.35  
**Run Dates:** 02/07/17 to 02/07/17  
**Paper:** Daily Reflector

**PAY THIS AMOUNT**

**\$123.35**

**DUE IN 10 DAYS**

Please return bottom portion with payment to ensure your payment is posted properly.

**Ticket:** 160665  
**Account ID:** 100742  
**Copy Line:** NC SHCC Meeting

**Bill Date:** 02/07/17  
**Total Price:** \$123.35

## IMPORTANT NOTICES

This is a statement for the legal ad that ran in  
**Daily Reflector**  
An affidavit will be issued upon receipt of payment for this ad to the  
address listed unless we are notified to do otherwise.

There will be a **\$25.00** fee for each duplicate affidavit.

## PLEASE REMIT TO:

Cooke Communications NC LLC  
ATTN: Elizabeth Poole  
PO Box 1967  
Greenville NC 27835

# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK



## AFFIDAVIT OF PUBLICATION

BUNCOMBE COUNTY

SS.

NORTH CAROLINA

**PUBLIC NOTICE**

**NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING**

The North Carolina State Health Coordinating Council will meet Wednesday, March 1, 2017 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C. This session will include a business meeting and a public hearing.

At the conclusion of the business meeting, a public hearing will be held to allow individuals to comment on issues with statewide implications as work begins on the North Carolina Proposed 2018 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 1, 2017 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: <https://www2.ncdhhs.gov/dhsr/ncsmfpr/>.

The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new health care facilities and services in North Carolina. The major objective of the plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services.

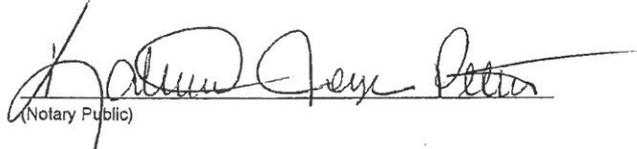
People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262, February 8, 2017 (1899948)

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared Kelly Loveland, who, being first duly sworn, deposes and says: that she is the Legal Clerk of The Asheville Citizen-Times, engaged in publication of a newspaper known as The Asheville Citizen-Times, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached here to, was published in The Asheville Citizen-Times on the following date(s) 02/08/17. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 8th of February, 2017,

  
 (Signature of person making affidavit)

Sworn to and subscribed before the 8th of February, 2017

  
 (Notary Public)

My Commission expires the 5th day of October, 2018



(828) 232-5830 | (828) 253-5092 FAX  
 14 O. HENRY AVE. | P.O. BOX 2090 | ASHEVILLE, NC 28802 | (800) 800-4204



# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

APPROVED FOR PAYMENT

*Buddy Stephens*

Account 53-2860

Center 1161-1720-00 Client:

Date 2-21-17  
2-21-17

**Agency:**

NC DEPT OF HEALTH & HUMAN SERV  
NC DEPT OF HEALTH & HUMAN SERV  
809 RUGGLES DR  
RALEIGH NC 27603

NC DEPT OF HEALTH & HUMAN SERV  
809 RUGGLES DR,  
RALEIGH, NC 27603

Acct: GRE-243592

Acct: GRE-243592

Phone: (919) 855-3865

Phone: (919) 855-3865

Public Notice

Ad #	Advertisement/Description	0.00	Items	# Col x # Lines	Cost
0001899948	PUBLICNOTICENORTHCAR OLINASTATEHEALTHCOORD INATINGCOUNCILMEETINGA	0.00	Legal Notices	1 col x 54 lines	\$130.83
			Affidavit of Publication Charge	1	\$12.00
			Tearsheet Charge		\$0.00
			Subtotal:		\$142.83
<b>Affidavits:</b> 1				<b>Net Total Due:</b>	<b>\$155.08</b>

Run Dates: 02/08/17



*CP Bennett*  
*2/21/2017*

Acct# 532860 Center# 1161-1720-00

Amount = \$ 155.08 okay to pay



# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

## Classified Ad Receipt (For Info Only - NOT A BILL)

**Customer:** NC DEPT OF HEALTH & HUMAN SERV

**Address:** 809 RUGGLES DR  
RALEIGH NC 27603  
USA

**Ad No.:** 0001899948

**Pymt Method:** Invoice

**Net Amt:** \$155.08

**Run Times:** 1

**No. of Affidavits:** 1

**Run Dates:** 02/08/17

### Text of Ad:

PUBLIC NOTICE  
NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL MEETING  
and  
PUBLIC HEARING

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1003 South 17th Street  
Wilmington, NC 28402-0840  
Tel: (910) 343-2000 \* Fax: (910) 343-2210

ADVERTISING  
INVOICE and STATEMENT

BILLING PERIOD		ADVERTISER / CLIENT NAME	
TOTAL AMOUNT DUE 7/17		UNAPPLIED AMOUNT	NC DHHS TEXAS DEPARTMENT
CURRENT NET AMOUNT DUE	184.25 DAYS	70880 DAYS	OVER 90 DAYS

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER
1	02/13/17	70218500		

**BILLED ACCOUNT NAME AND ADDRESS**

ATTN: OFFICE MANAGER  
NC DHHS CON SECTION  
2704 MAIL SERVICE CENTER  
RALEIGH NC 27699

**REMITTANCE ADDRESS**

STAR-NEWS  
PO BOX 102539  
ATLANTA, GA 30368-2539

10000s0p10h12v0s0b104T6600570880000001842533@s12H  
PLEASE DETACH AND RETURN UPPER PORTION WITH YOU REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHARGES	SAZ SIZE BILLED UNITS	TIMES FROM RATE	GROSS AMOUNT	NET AMOUNT
02/07	W002552321 02/07	PUBLIC NOTICE NORTH OLW/FULL, WSN/FULL 0001 W002552321 Veronica Moore/email/kjy	1x71L			184.25

Account # 532860  
Center # 1161-1720-00  
Amount \$ 184.25 *okay to pay*

*Received by  
FEB 17 2017  
Healthcare Planning  
and CON Section*

*S. Pen H  
2/21/2017*

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE

IMPORTANT ANNOUNCEMENT: PLEASE DO NOT MAKE YOUR PAYMENT TO STARNEWSONLINE.COM  
REMITTANCE ADDRESS HAS CHANGED (SEE BOX #9 ABOVE).

Question on this Invoice?  
Call (910) 343-2000 \* Fax (910) 343-2210

\*UNAPPLIED AMOUNT ARE INCLUDED IN TOTAL AMOUNT DUE

INVOICE NUMBER	ADVERTISER INFORMATION			
	BILLING PERIOD	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER	ADVERTISER / CLIENT NAME

570880 02/07/17 - 02/13/17 70218500 NC DHHS CON SECTION

# AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA  
COUNTY OF NEW HANOVER

**PUBLIC NOTICE  
NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL MEETING  
and  
PUBLIC HEARING**  
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Before the undersigned, a Notary Public of Said County and State,

**Jarimy Springer**

Who, being duly sworn or affirmed, according to the law, says that he/she is

**Accounting Specialist**

of CA North Carolina Holdings, Inc., a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as StarNews in the City of Wilmington

**PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING The North Carolina State Health Coordinating Council will meet Wednesday, March 1, 2017 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix ca**

was inserted in the aforesaid newspaper in space, and on dates as follows:

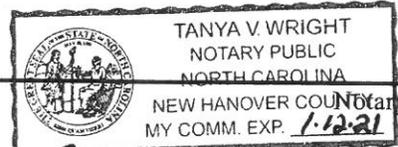
2/7 1x

And at the time of such publication Star-News was a newspaper meeting all the requirements and qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

Title: Accounting Specialist

Sworn or affirmed to, and subscribed before me this 14th day of February, A.D., 2017

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.



My commission expires 12 day of Jan, 2021

Upon reading the foregoing affidavit with the advertisement thereto annexed it is adjudged by the Court that the said publication was duly and properly made and that the summons has been duly and legally served on the defendant(s).

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

MAIL TO:

Clerk of Superior Court

# Star-News

STARNEWSONLINE.COM

## CLASSIFIED ADVERTISING

1003 South 17th Street • Wilmington, NC 28401 • Classified ph: 910-343-2323 • Legal ads ph: 910-343-2342

Order:	W002552321	Pubs:	1,15	Rate:	L9
Phone:	(919)855-3873	Class:	0001	Charges:	\$ 0.00
Account:	H9963187	Start	02/07/2017	List Price:	\$ 184.25
Name:	Evans, Stephanie	Stop	02/07/2017	Pay-	\$ 0.00
Caller:	Veronica	Inser-	2	Balance:	\$ 184.25
Taken By:	43	Columns:	1	Lines:	71
Schedule:	2/7 1x, 2/7 1x, , ,			Taken On:	01/30/2017

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STATE HEALTH COORDINATING  
COUNCIL MEETING

and

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Attention: \_\_\_\_\_ Fax: \_\_\_\_\_

This is a final proof. If any information is incorrect, please contact your sales representative prior to the deadline of the first insertion. Otherwise your order is accepted as having been approved.



the News & Observer  
The Cary News  
The Chapel Hill News  
The Clayton News-Star  
The Durham News  
Eastern Wake News  
Garner-Cleveland Record

The Herald  
Midtown Raleigh News  
North Raleigh News  
Southwest Wake News  
trianglejobs.com  
trianglermom2mom.com

215 South McDowell Street • Raleigh, NC 27601 • 919-829-4500

**INVOICE AND STATEMENT OF ACCOUNT**

AGING OF PAST DUE ACCOUNTS

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT

Fed ID# 56-03385

21	2017-02	22	2017-01	2016-12	2016-11+	* UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	\$890.95		\$0.00	\$0.00	\$0.00	\$0.00		\$890.95
SALES REP		24		ADVERTISER INFORMATION				
JoMarie Holtshouser		1		6	7	2	ADVERTISER/CLIENT NAME	
		BILLING PERIOD		BILLED ACCOUNT NUMBER	ADVERTISER/CLIENT NUMBER	ADVERTISER/CLIENT NAME		
		01/30/2017 - 02/26/2017		105542	105542	NC DEPT HEALTH/HUMAN SERV		
4	PAGE #							
	2 of 2							

NC DEPT HEALTH/HUMAN SERV  
attn Veronica Moore  
CERTIFICATE OF NEED SECTION  
2704 MAIL SVC CTR  
RALEIGH, NC 27699-2704

**MAKE CHECKS PAYABLE TO**  
The News & Observer  
P O Box 3022  
Livonia, MI 48151

Questions? Billing: 800-909-9675. Credit:  
ssccreditandcollections@mcclatchy.com

Payment is due upon receipt.



10	11	12	13	14	15	16	17	18	19
START	STOP	NEWSPAPER REFERENCE	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	RATE	AMOUNT

Account # 532860  
Center # 1161-1720-00  
Amount = \$605.50 okay to pay  
Approved by: [Signature]  
3/7/2017



PLEASE DETACH AND RETURN LOWER PORTION WITH YOUR REMITTANCE

1	BILLING PERIOD		2		ADVERTISER/CLIENT NAME		
	01/30/2017 - 02/26/2017		NC DEPT HEALTH/HUMAN SERV				
23	TOTAL AMOUNT DUE		* UNAPPLIED AMOUNT		3		TERMS OF PAYMENT
	\$890.95		\$0.00		Net + 0		
21	2017-02	22	2017-01	2016-12	2016-11+		
	\$890.95		\$0.00	\$0.00	\$0.00		

**ADVERTISING INVOICE and STATEMENT**

Invoices not paid within one billing period are subject to a 1.5% finance charge (18.00% APR)

The News & Observer  
P O Box 3022  
Livonia, MI 48151

Planning - \$605.50  
CON - \$285.45

4	PAGE #	5	BILLING DATE
	2 of 2		02/26/2017
6	BILLED ACCOUNT NUMBER		
	105542		
7	ADVERTISER/CLIENT NUMBER		
	105542		

100AB 105542

105542

0001181327

000089095 7



The Cary News  
The Chapel Hill News  
The Clayton News-Star  
The Durham News  
Eastern Wake News  
Garner-Cleveland Record

Midtown Raleigh News  
North Raleigh News  
Southwest Wake News  
triangle.com  
trianglejobs.com  
trianglermom2mom.com

215 South McDowell Street • Raleigh, NC 27601 • 919-829-4500

**INVOICE AND STATEMENT OF ACCOUNT**

AGING OF PAST DUE ACCOUNTS

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT

Fed ID# 56-0338580

21	2017-02	22	2017-01	2016-12	2016-11+	* UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE	
	\$890.95		\$0.00	\$0.00	\$0.00	\$0.00		\$890.95	
SALES REP		ADVERTISER INFORMATION							
JoMarie Holtshouser		24	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME
			01/30/2017 - 02/26/2017		105542		105542		NC DEPT HEALTH/HUMAN SERV

4 PAGE #  
1 of 2

NC DEPT HEALTH/HUMAN SERV  
attn Veronica Moore  
CERTIFICATE OF NEED SECTION  
2704 MAIL SVC CTR  
RALEIGH, NC 27699-2704

**MAKE CHECKS PAYABLE TO**  
The News & Observer  
P O Box 3022  
Livonia, MI 48151

Questions? Billing: 800-909-9675. Credit:  
ssccreditandcollections@mcclatchy.com

Payment is due upon receipt.



10	11	12	14	13	15	16	17	18	19	
START	STOP	NEWSPAPER REFERENCE	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	RATE	AMOUNT	
			Balance Forward						\$0.00	
02/02	02/02	102905980-02022017	CON review (Browning Breast	News & Observer	1 x 11 L	11	1	\$8.65	\$95.15	
02/02	02/02	102905980-02022017	CON review (Browning Breast	NO.com	1 x 11 L	11	1	\$0.00	\$0.00	
									Invoice Total	\$95.15
02/02	02/02	102905994-02022017	CON Review (Browning Mobile	News & Observer	1 x 11 L	11	1	\$8.65	\$95.15	
02/02	02/02	102905994-02022017	CON Review (Browning Mobile	NO.com	1 x 11 L	11	1	\$0.00	\$0.00	
									Invoice Total	\$95.15
02/02	02/02	102906013-02022017	CON Review - Vidant Radiatio	News & Observer	1 x 11 L	11	1	\$8.65	\$95.15	
02/02	02/02	102906013-02022017	CON Review - Vidant Radiatio	NO.com	1 x 11 L	11	1	\$0.00	\$0.00	
									Invoice Total	\$95.15
02/07	02/07	102907491-02072017	NC Proposed 2018 State Medic	News & Observer	2 x 35 L	70	1	\$8.65	\$605.50	
02/07	02/07	102907491-02072017	NC Proposed 2018 State Medic	NO.com	2 x 35 L	70	1	\$0.00	\$0.00	
									Invoice Total	\$605.50

PREVIOUS AMOUNT OWED: \$0.00  
NEW CHARGES THIS PERIOD: \$890.95  
CASH THIS PERIOD: \$0.00  
DEBIT ADJUSTMENTS THIS PERIOD: \$0.00  
CREDIT ADJUSTMENTS THIS PERIOD: \$0.00

*\$605.50 → Planning  
Public Notice  
For 3/1/17*

100AB 105542

105542

0001181327

000089095 7

# AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA  
COUNTY OF WAKE

Ad Number  
0002907491

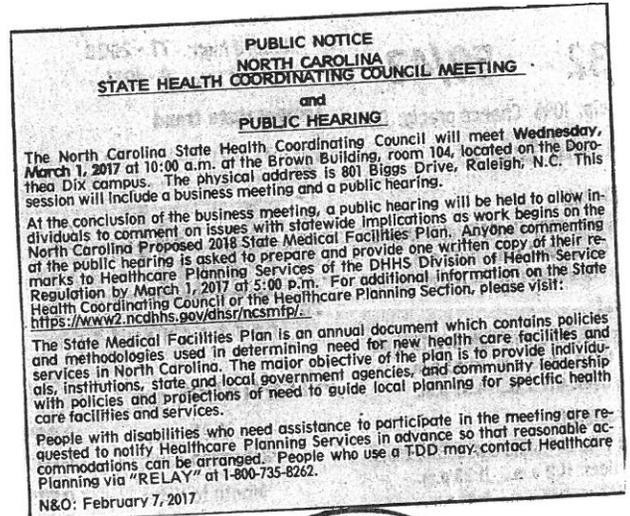
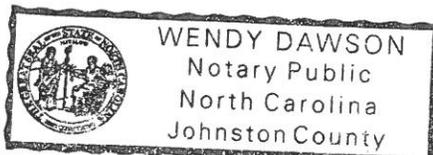
Advertiser Name: NC DEPT HEALTH/HUMAN SERV  
Address: attn Veronica Moore  
CERTIFICATE OF NEED SECTION  
2704 MAIL SVC CTR  
RALEIGH, NC 276992704

Before the undersigned, a Notary Public of Wake County North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared Gena L Hamm, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of The News & Observer Publishing Company a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake County and State aforesaid, the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT HEALTH/HUMAN SERV was inserted in the aforesaid newspaper on dates as follows:

02/07/2017

Gena L Hamm

Gena L Hamm, Accounts Receivable Specialist  
Wake County, North Carolina



Sworn to and subscribed before me  
This 7th day of February, 2017

My Commission Expires: JUL 20 2021

Wendy Dawson  
Notary Signature

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**NORTH CAROLINA**  
**STATE HEALTH COORDINATING COUNCIL MEETING**  
**and**  
**PUBLIC HEARING**

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N&O: February 7, 2017

PO Box 3159, Winston-Salem, NC 27102-3159

BH Media Group, Inc.  
Fed ID #45-5344990

Billing Inquiries: 336-373-7033  
Unsecured Fax: 336-727-7245 wsjbusinessoffice@wsjournal.com

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
		Balance Forward					0.00
02/07-02/07	10000313514-0207	VERONICA MOORE / 3/01 PUBLIC HEARING / PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING The North Carolina State Health Coordinating Council will m	WSJ Winston-Salem Jn	1.00 x 63 Li	63	1	385.29
		PREVIOUS AMOUNT OWED:					0.00
		NEW CHARGES THIS PERIOD:					385.29
		PAYMENTS THIS PERIOD:					0.00
		DEBIT ADJUSTMENTS THIS PERIOD:					0.00
		CREDIT ADJUSTMENTS THIS PERIOD:					0.00

Account # 532860  
Center # 1161-1720-00  
Amount = \$ 385.29 dk to pay  
Approved By: [Signature]  
3/7/2017



Standard Terms: The Winston-Salem Journal accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Accounts over 60 days will be assessed a finance charge of 1½% per month (18% APR).

### Invoice and Statement of Account

\*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$385.29	\$0.00	\$0.00	\$0.00	\$0.00	\$385.29

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
2/26/2017	01/30/2017 - 02/26/2017	3416141	3416141	HEALTHCARE PLANNING AND CERTI

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE. MAKE CHECKS PAYABLE TO Winston-Salem Journal



PO Box 3159, Winston-Salem, NC 27102-3159

BILLED ACCOUNT #	ADVERTISER / CLIENT NAME		
3416141	HEALTHCARE PLANNING AND CERTI		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$385.29	\$0.00	\$0.00	\$0.00
BILLING PERIOD	TOTAL AMOUNT DUE		
01/30/2017 - 02/26/2017	\$385.29		

Check here for change of address (see reverse for details)

### Billing Account Name and Address

7705000443 PRESORT 443 1 MB 0.420 P1C3 <B>



HEALTHCARE PLANNING AND CERTIFICATE OF N  
ATTN OFFICE MANAGER  
DIVISION OF HEALTH SERVICE REGULATION  
2704 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

### Remittance Address

Winston-Salem Journal  
PO Box 26549  
Richmond, VA 23261-6549



130100010 0003416141 0003416141 0000104265 0000000000000000 000038529 5

Account Number

3416141

Date

February 07, 2017

P.O Box 3159  
Winston-Salem, NC 27102



HEALTHCARE PLANNING AND CERTIFICATE OF  
NEED SECTION  
ATTN: OFFICE MANAGER  
DIVISION OF HEALTH SERVICE REGULATION  
2704 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2704

PO Number	Order	Category	Description
3/01	PUBLIC HEAR	0000313514	Legal Notices
			PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COU

**PUBLIC NOTICE**  
NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL MEETING  
and  
PUBLIC HEARING

The North Carolina State Health Co-ordinating Council will meet Wednesday, March 1, 2017 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C. This session will include a business meeting and a public hearing.

At the conclusion of the business meeting, a public hearing will be held to allow individuals to comment on issues with statewide implications as work begins on the North Carolina Proposed 2018 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 1, 2017 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: <https://www2.ncdhs.gov/dhsr/ncsmfp/>.

The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new health care facilities and services in North Carolina. The major objective of the plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services.

People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262.

WSJ: Feb. 7, 2017

**Publisher of the  
Winston-Salem Journal**

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Winston-Salem Journal, engaged in the publishing of a newspaper known as Winston-Salem Journal, published, issued and entered as second class mail in the City of Winston-Salem, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

02/07/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

(signature of person making affidavit)

Sworn to and subscribed before me the 9 day of February 2017

LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19

(Notary Public)

# **PUBLIC NOTICE**

## **NORTH CAROLINA**

### **STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING**

The North Carolina State Health Coordinating Council will meet Wednesday, March 1, 2017 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C. This session will include a business meeting and a public hearing.

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**WSJ: Feb. 7, 2017**

**Billing Inquiries:** 336-373-7287 or 800-553-6880  
**Unsecured Fax:** 336-691-5076 [billinginquiries@news-record.com](mailto:billinginquiries@news-record.com)

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
		Balance Forward					90.84
02/02-02/02	10000313184-0202	VERONICA MOORE/NW KIDNEY CENTER/On 2/1/17 Certificate of Need review began for Northwest Greensboro Kidney Ctr Proj ID# G-11287-17 Relo four dial sta. Written comments are due to the Agency by	News & Record	1.00 x 10 Li	2	1	63.80
02/07-02/07	10000313508-0207	VERONICA MOORE/3/01 HEARING/PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING The North Carolina State Health Coordinating Council will m	News & Record	1.00 x 60 Li	60	1	217.80

Previous Amount Owed: 90.84  
New Charges This Period: 281.60  
Cash This period: 0.00  
Debit Adjustments This Period: 0.00  
Credit Adjustments This Period: 0.00



Acct # 532860  
Center # 1161-1720-00  
Amount = \$ 217.80 okay to pay  
Approved by: [Signature]  
3/7/2017

Payment is due the 15th of the month. Accounts over 60 days will be assessed a finance charge of 1½% per month (18% APR). The Greensboro News & Record accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Bank-returned checks will result in a non-refundable \$30.00 fee.

Don't accept card

**Invoice and Statement of Account**

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$281.60	\$0.00	\$0.00	\$90.84	\$0.00	\$372.44

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
2/26/2017	01/30/2017 - 02/26/2017	4003348	4003348	NCDHHS, CERT. OF NEED SECT.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE. MAKE CHECKS PAYABLE TO News & Record

**NR NEWS & RECORD**  
greensboro.com  
200 E. Market Street, Greensboro, NC 27401-2910

BILLED ACCOUNT #	ADVERTISER / CLIENT NAME		
4003348	NCDHHS, CERT. OF NEED SECT.		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$281.60	\$0.00	\$0.00	\$90.84
BILLING PERIOD	TOTAL AMOUNT DUE		
01/30/2017 - 02/26/2017	\$372.44		

CON owes  
\$154.64

**Billing Account Name and Address**

7693000594 PRESORT 594 1 MB 0.420 P1C3 <B>

NCDHHS, CERT. OF NEED SECT.  
ATTN: STEPHANIE EVANS  
2704 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

(90.84 of which is a previous balance)

**Remittance Address**

NEWS & RECORD  
PO BOX 26983  
RICHMOND, VA 23261-6983

HP owes

\$217.80  
(original quote was \$232.80 - see email attached)

132500010 0004003348 0004003348 0000105071 00000000000028160 000037244 ?

# Greensboro News Record

## Advertising Affidavit

Account Number

4003348

200 E. Market St  
Greensboro, NC. 27401  
(336) 373-7287

Date

February 07, 2017



NCDHHS, CERT. OF NEED SECT.  
2704 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2704

PO Number	Order	Category	Description
3/01 HEARING	0000313508	Legal Notices	PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COU

### PUBLIC NOTICE NORTH CAROLINA

### STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING

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At the conclusion of the business meeting, a public hearing will be held to allow individuals to comment on issues with statewide implications as work begins on the North Carolina Proposed 2018 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 1, 2017 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: <https://www2.ncdhs.gov/dhsr/ncsmfp/>.

The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new health care facilities and services in North Carolina. The major objective of the plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services.

People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262.

### Publisher of the Greensboro News Record

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

02/07/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

(signature of person making affidavit)

Sworn to and subscribed before me the 9 day of February 2017

LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19

(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

PUBLIC NOTICE  
NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL MEETING  
and  
PUBLIC HEARING

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The News & Observer  
 The Cary News  
 The Chapel Hill News  
 The Clayton News-Star  
 The Durham News  
 Eastern Wake News  
 Garner-Cleveland Record

The Herald  
 Midtown Raleigh News  
 North Raleigh News  
 Southwest Wake News  
 triangle.com  
 trianglejobs.com  
 trianglemom2mom.com

215 South McDowell Street • Raleigh, NC 27601 • 919-829-4500

## AFFIDAVIT OF PUBLICATION

Account #	Ad Number	Identification	PO	Amount	Cols	Lines
105542	0002986874	Technology & Equipment Committee Meeting		\$207.60	1	24

**Attention:**

NC DEPT HEALTH/HUMAN SERV  
 CERTIFICATE OF NEED SECTION  
 2704 MAIL SVC CTR  
 RALEIGH, NC 276992704

**PUBLIC NOTICE  
 NORTH CAROLINA**

**STATE HEALTH COORDINATING  
 COUNCIL TECHNOLOGY AND  
 EQUIPMENT COMMITTEE MEETING**

The North Carolina State Health Coordinating Council's Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the request of the chairman.

The Technology and Equipment Committee will meet May 10 from 10 a.m.-1 p.m. on Dorothea Dix Campus in conference room 104 of the Brown Building, 801 Biggs Drive, Raleigh.

For additional information about the State Health Coordinating Council or Healthcare Planning, please visit: [www.ncdhhs.gov/dhsr/mfp/meetings.html](http://www.ncdhhs.gov/dhsr/mfp/meetings.html).

N&O: March 28, 2017

**STATE OF NORTH CAROLINA**

**COUNTY OF WAKE**

Before the undersigned, a Notary Public of Wake County, North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared GENA HAMM, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of the News & Observer Publishing Company, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake County and State aforesaid, the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT HEALTH/HUMAN SERV was inserted in the aforesaid newspaper on dates as follows:

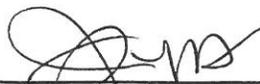
1 Insertion(s)

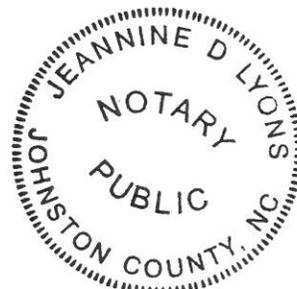
Published On:  
 March 28, 2017

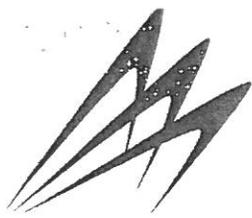
  
 GENA HAMM, Accounts Receivable Specialist  
 Wake County, North Carolina

Sworn to and subscribed before me this  
 28th day of March, 2017

My Commission Expires: 6/8/2021

  
 Notary Signature





# NANDO

MEDIA COMPANY  
consult. strategize. deliver.

Powered by  
McClatchy

The News & Observer  
215 S. McDowell St  
Raleigh, NC 27601  
919-829-4500

## VOICE AND STATEMENT OF ACCOUNT

AGING OF PAST DUE ACCOUNTS

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT

Fed ID# 56-0338580

21	2017-04	22	2017-03	2017-02	2017-01+	* UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE	
	\$409.17		\$0.00	\$0.00	\$0.00	\$0.00		\$409.17	
SALES REP		ADVERTISER INFORMATION							
JoMarie Holtshouser		1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME
			03/27/2017 - 04/30/2017		105542		105542		NC DEPT HEALTH/HUMAN SERV
4	PAGE #								
	2 of 2								

NC DEPT HEALTH/HUMAN SERV  
attn Veronica Moore  
CERTIFICATE OF NEED SECTION  
2704 MAIL SVC CTR  
RALEIGH, NC 27699-2704

MAKE CHECKS PAYABLE TO  
The News & Observer  
P O Box 3022  
Livonia, MI 48151

Questions? Billing: 800-909-9675. Credit:  
ssccreditandcollections@mcclatchy.com

Payment is due upon receipt.



10	11	12	14	13	15	16	17	18	19
START	STOP	NEWSPAPER REFERENCE	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	RATE	AMOUNT

Account # 532860  
Center # 1161-1720-00  
Amount \$ 207.60 ok to pay  
S. Benti 5/4/2017



P O Box 3022  
Livonia, MI 48151

PLEASE DETACH AND RETURN LOWER PORTION WITH YOUR REMITTANCE

1	BILLING PERIOD	2	ADVERTISER/CLIENT NAME		
	03/27/2017 - 04/30/2017		NC DEPT HEALTH/HUMAN SERV		
23	TOTAL AMOUNT DUE	* UNAPPLIED AMOUNT	3	TERMS OF PAYMENT	
	\$409.17	\$0.00		Payment is due upon receipt	
21	2017-04	22	2017-03	2017-02	2017-01+
	\$409.17	\$0.00	\$0.00	\$0.00	\$0.00

## ADVERTISING INVOICE and STATEMENT

Invoices not paid within one billing period are subject to a 1.5% finance charge (18.00% APR)

The News & Observer  
P O Box 3022  
Livonia, MI 48151

\$ 207.60  
For  
Healthcare  
Planning

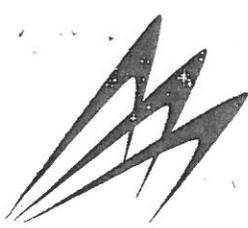
4	PAGE #	5	BILLING DATE
	2 of 2		04/30/2017
6	BILLED ACCOUNT NUMBER		
	105542		
7	ADVERTISER/CLIENT NUMBER		
	105542		

100AB 105542

105542

0001221216

000040917 8



# NANDO

MEDIA COMPANY  
consult. strategize. deliver.

Powered by  
**McClatchy**  
The News & Observer  
215 S. McDowell St  
Raleigh, NC 27601  
919-829-4500

**INVOICE AND STATEMENT OF ACCOUNT**

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Fed ID# 56-0338580

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SALES REP		ADVERTISER INFORMATION							
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			03/27/2017 - 04/30/2017		105542		105542		NC DEPT HEALTH/HUMAN SERV
4	PAGE #								
	1 of 2								

NC DEPT HEALTH/HUMAN SERV  
attn Veronica Moore  
CERTIFICATE OF NEED SECTION  
2704 MAIL SVC CTR  
RALEIGH, NC 27699-2704

**MAKE CHECKS PAYABLE TO**  
The News & Observer  
P O Box 3022  
Livonia, MI 48151

Questions? Billing: 800-909-9675. Credit:  
scccreditandcollections@mcclatchy.com

Payment is due upon receipt.



10	11	12	14	13	15	16	17	18	19
START	STOP	NEWSPAPER REFERENCE	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	RATE	AMOUNT
			Balance Forward						\$112.50
04/07		P1499407	Payment - Credit Card 067726						-\$86.50
04/26		P1513644	Payment - Credit Card 054631						-\$26.00
03/28	03/28	I02986874-03282017	Technology & Equipment Commi	News & Observer	1 x 24 L	24	1	\$8.65	\$207.60
03/28	03/28	I02986874-03282017	Technology & Equipment Commi	NO.com	1 x 24 L	24	1	\$0.00	\$0.00
								Invoice Total	\$207.60
04/03	04/03	I02998441-04032017	CON Review FMC New Hope/ Wak	News & Observer	1 x 21 L	21	1	\$8.65	\$181.65
04/03	04/03	I02998441-04032017	CON Review FMC New Hope/ Wak	NO.com	1 x 21 L	21	1	\$0.00	\$0.00
								Invoice Total	\$181.65
04/05	04/05	I02998474-04052017	CON Review Fresenius Medical	Clayton News-Star	1 x 12 L	12	1	\$1.66	\$19.92
04/05	04/05	I02998474-04052017	CON Review Fresenius Medical	NO.com	1 x 12 L	12	1	\$0.00	\$0.00
								Invoice Total	\$19.92

PREVIOUS AMOUNT OWED: \$112.50  
NEW CHARGES THIS PERIOD: \$409.17  
CASH THIS PERIOD: (\$112.50)  
DEBIT ADJUSTMENTS THIS PERIOD: \$0.00  
CREDIT ADJUSTMENTS THIS PERIOD: \$0.00

\*Copy given to Mrs. Elizabeth to give to Mr. Grady.  
-He pays for their ads (\$207.60)

**PUBLIC NOTICE  
NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL, TECHNOLOGY AND  
EQUIPMENT COMMITTEE MEETING**

The North Carolina State Health Coordinating Council's Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the request of the chairman.

The Technology and Equipment Committee will meet May 10 from 10 a.m.-1 p.m. on Dorothea Dix Campus in conference room 104 of the Brown Building, 801 Biggs Drive, Raleigh.

For additional information about the State Health Coordinating Council or Healthcare Planning, please visit: [www.ncdhs.gov/dhsr/mfp/meetings.html](http://www.ncdhs.gov/dhsr/mfp/meetings.html).

**N&O: March 28, 2017**

# Cooke COMMUNICATIONS

NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967  
Greenville NC 27835

Check # \_\_\_\_\_

Date Paid \_\_\_\_\_

A/R Rep \_\_\_\_\_

NC DEPARTMENT OF HEALTH AND HUMAN  
SERVIC  
2704 MAIL SERVICE CENTER

RALEIGH NC 27699-2704  
Account: 122162

Ticket: 168021

Copy Line: Technology and Equipment Committee Meeting  
Lines: 24  
Total Price: \$66.80

## PUBLISHER'S AFFIDAVIT

NORTH CAROLINA  
Pitt County

*Jesson Steel*

\_\_\_\_\_ affirms that he/she is clerk of Daily Reflector, a newspaper published daily at Greenville, North Carolina, and that the advertisement, a true copy of which is hereto attached, entitled Technology and Equipment Committee Meeting was published in said Daily Reflector on the following dates:

Tuesday, March 28, 2017

That the said newspaper in which such notice, paper, document or legal advertisement was published, was at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Chapter 1, Section 597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Chapter 1, Section 597 of the General Statutes of North Carolina.

*Jesson Steel*

Affirmed and subscribed before me this 28th day of March 2017

*Elizabeth H Poole*

(Notary Public Signature)

Elizabeth H Poole

(Notary Public Printed Name)

My commission expires 1-17-2021



PUBLIC NOTICE  
NORTH CAROLINA

STATE HEALTH COORDINATING  
COUNCIL  
TECHNOLOGY AND EQUIPMENT  
COMMITTEE MEETING

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3/28/17



**Cooke Communications**  
**North Carolina, LLC**  
**Fed ID# 20-1788401**

BILLED ACCOUNT NUMBER <b>122162</b>		ADVERTISER/CLIENT NAME <b>NC DEPT OF HEALTH &amp; HUMAN SERVIC</b>			
CURRENT NET AMOUNT DUE <b>\$66.80</b>	30 DAYS <b>\$0.00</b>	60 DAYS <b>\$0.00</b>	90 DAYS <b>\$0.00</b>	OVER 120 DAYS <b>\$0.00</b>	
TOTAL AMOUNT DUE <b>\$66.80</b>				PAGE <b>1</b>	

**ADVERTISING  
 INVOICE and STATEMENT**

BILLING PERIOD 03/01/17 - 03/31/17
---------------------------------------

NC DEPT OF HEALTH & HUMAN SERVIC  
 2704 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-2704

REMITTANCE ADDRESS  
**Cooke Communications**  
**North Carolina, LLC**  
**Processing Center**  
**PO Box 1967**  
**Greenville, NC 27835-1967**

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR REMITTANCE

DATE	AD ID PUBLICATION	DESCRIPTION - OTHER COMMENTS/CHARGES	AD SIZE	BILLED UNITS	TIMES	GROSS AMOUNT	NET AMOUNT
		PREVIOUS BALANCE					0.00
3/28/2017	168021 Daily Reflector	Technology and Equipment Committee Meeting		24 IN	2	66.80	66.80

Account # 532860

Center # 1161-1720-00

Amount: \$ 66.80 *debt to pay*

*J.P. Bunn* 4/6/17



**STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS**

TERMS: NET 30 DAYS

CURRENT NET AMOUNT DUE <b>\$66.80</b>	30 DAYS <b>\$0.00</b>	60 DAYS <b>\$0.00</b>	90 DAYS <b>\$0.00</b>	120 DAYS <b>\$0.00</b>	TOTAL AMOUNT DUE <b>\$66.80</b>
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\*UNAPPLIED AMOUNT IS EXCLUDED FROM TOTAL AMOUNT DUE

BILLING PERIOD 03/01/17 thru 03/31/17	REP NAME Unassigned	REP PHONE NUMBER 252-329-9506	BILLED ACCOUNT NUM <b>122162</b>	ADVERTISER/CLIENT NAME NC DEPT OF HEALTH & HUMAN SER
--	------------------------	----------------------------------	-------------------------------------	---

**NC Daily Newspapers**

- Daily Reflector, Greenville
- Rocky Mount Telegram, Rocky Mount
- The Daily Advance, Elizabeth City

**NC Community Newspapers (Non Dailies)**

- The Times-Leader, Grifton
- The Standard Laconic, Snow Hill
- The Farmville Enterprise, Farmville
- Duplin Times, Kenansville
- The Bertie Ledger-Advance, Windsor
- The Martin County Enterprise & Weekly Herald, Williamston
- The Tarboro Weekly, Tarboro

- The Chowan Herald, Edenton
- The Perquimans Weekly, Hertford

**Order any combination!!!  
 Call today for details.**

# Cooke COMMUNICATIONS

NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967, Greenville NC 27835

## CUSTOMER INFORMATION

**Name:** NC DEPARTMENT OF HEALTH AND HUMAN  
SERVIC  
**Address:** 2704 MAIL SERVICE CENTER  
  
RALEIGH NC 27699-2704

## AD INFORMATION

**Ticket:** 168021  
**Copy Line:** Technology and Equipment Committee  
Meeting  
**Total Price:** \$66.80  
**Run Dates:** 03/28/17 to 03/28/17  
**Paper:** Daily Reflector

**PAY THIS AMOUNT**

**\$66.80**

**DUE IN 10 DAYS**



Please return bottom portion with payment to ensure your payment is posted properly.

**Ticket:** 168021  
**Account ID:** 122162  
**Copy Line:** Technology and Equipment Committee Meeting

**Bill Date:** 03/28/17

**Total Price:** \$66.80

## IMPORTANT NOTICES

This is a statement for the legal ad that ran in  
**Daily Reflector**  
An affidavit will be issued upon receipt of payment for this ad to the  
address listed unless we are notified to do otherwise.

There will be a **\$25.00** fee for each duplicate affidavit.

## PLEASE REMIT TO:

Cooke Communications NC LLC  
ATTN: Elizabeth Poole  
PO Box 1967  
Greenville NC 27835

# Cooke

## COMMUNICATIONS

### NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967, Greenville NC 27835

Date: March 21, 2017

## - LEGAL AD PROOF -

Thank you for advertising with us! This is the proof of your ad scheduled to run on the dates indicated below. If changes are needed, please contact Frankie Steffens by phone at (252) 329-9524 or email at [fsteffens@reflector.com](mailto:fsteffens@reflector.com).

### CUSTOMER INFORMATION

Account #: 122162  
Company Name: NC DEPARTMENT OF HEALTH AND HUMAN  
SERVIC  
Address: 2704 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704  
Telephone: (919) 355-4872  
Email: [david.krotoszynski@dhhs.nc.gov](mailto:david.krotoszynski@dhhs.nc.gov)

### AD INFORMATION

Ad ID: 168021  
Run Dates: 03/28/17 to 03/28/17  
# of Inserts: 2  
# of Lines: 24  
Ad Class: 41  
Account Rep: Frankie Steffens  
Phone #: (252) 329-9524  
Email: [fsteffens@reflector.com](mailto:fsteffens@reflector.com)  
Total Cost: \$66.80  
Ordered By:  
Description: Technology and Equipment Committee Meeting

Publications	Start Date	End Date	# of Insertions
Daily Reflector	03/28/17	03/28/17	1
Reflector.com	03/28/17	03/28/17	1

## Ad Proof

PUBLIC NOTICE  
NORTH CAROLINA

STATE HEALTH COORDINATING  
COUNCIL  
TECHNOLOGY AND EQUIPMENT  
COMMITTEE MEETING

The North Carolina State Health Coordinating Council's Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the request of the chairman. The Technology and Equipment Committee will meet May 10 from 10 a.m.-1 p.m. on Dorothea Dix Campus in conference room 104 of the Brown Building, 801 Biggs Drive, Raleigh. For additional information about the State Health Coordinating Council or Healthcare Planning, please visit: [www.ncdhhs.gov/dhstr/mfp/meetings.html](http://www.ncdhhs.gov/dhstr/mfp/meetings.html).

3/28/17

# AFFIDAVIT OF PUBLICATION



STATE OF NORTH CAROLINA  
COUNTY OF NEW HANOVER

**PUBLIC NOTICE**  
NORTH CAROLINA STATE HEALTH  
COORDINATING COUNCIL  
TECHNOLOGY AND EQUIPMENT  
COMMITTEE MEETING  
The North Carolina State Health  
Coordinating Council's Technology  
and Equipment Committee meeting  
scheduled for April 19 has been  
canceled at the request of the  
chairman.  
The Technology and Equipment  
Committee will meet May 10 from  
10 a.m.-1 p.m. on Dorothea Dix  
Campus in conference room 104 of  
the Brown Building, 801 Biggs  
Drive, Raleigh.  
For additional information about the  
State Health Coordinating Council  
or Healthcare Planning, please visit:  
[www.ncdhhs.gov/dhsr/mfp/  
meetings.html](http://www.ncdhhs.gov/dhsr/mfp/meetings.html)

Before the undersigned, a Notary Public of Said County and State,

**Jarim Springer**

Who, being duly sworn or affirmed, according to the law, says that he/she is

**Accounting Specialist**

of CA North Carolina Holdings, Inc., a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as StarNews in the City of Wilmington

***PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL TECHNOLOGY AND EQUIPMENT COMMITTEE MEETING The North Carolina State Health Coordinating Councils Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the requ***

was inserted in the aforesaid newspaper in space, and on dates as follows:

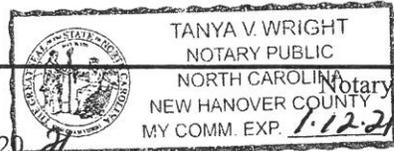
*3/28 1x*

And at the time of such publication Star-News was a newspaper meeting all the requirements and qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

Title: **Accounting Specialist**

Sworn or affirmed to, and subscribed before me this 4th day of April, A.D., 2017

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.



My commission expires 12 day of Jan, 2021

Upon reading the foregoing affidavit with the advertisement thereto annexed it is adjudged by the Court that the said publication was duly and properly made and that the summons has been duly and legally served on the defendant(s).

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Clerk of Superior Court

MAIL TO:



1003 South 17th Street  
 Wilmington, NC 28402-0840  
 Tel: (910) 343-2000 \* Fax: (910) 343-2210

ADVERTISING  
 INVOICE and STATEMENT

BILLING PERIOD	ADVERTISER / CLIENT NAME		
TOTAL AMOUNT DUE 8/17	*UNAPPLIED AMOUNT	NC DHHS TENDR OR PAYMENT	
CURRENT NET AMOUNT DUE	72.66 30 DAYS	572228 60 DAYS	OVER 90 DAYS

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER
1	04/03/17	70218500		

BILLED ACCOUNT NAME AND ADDRESS

ATTN: OFFICE MANAGER  
 NC DHHS CON SECTION  
 2704 MAIL SERVICE CENTER  
 RALEIGH NC 27699



REMITTANCE ADDRESS

STAR-NEWS  
 PO BOX 102539  
 ATLANTA, GA 30368-2539

PLEASE DETACH AND RETURN UPPER PORTION WITH YOU REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHANGES	SAW SIZE BILLED LEADS	TRACES FROM DATE	GROSS AMOUNT	NET AMOUNT
03/28	W002554498 03/28	PUBLIC NOTICE NORTH DLW/FULL, WSN/FULL 0001 W002554498 Veronica Moore/email/kjy	1x28L			72.66
<p>Account # <u>532860</u></p> <p>Center # <u>1161-1720-00</u></p> <p>Amount: \$ <u>72.66</u> <i>duy to pay</i></p> <p><i>J. Demmo 4/6/17</i></p>						

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE

IMPORTANT ANNOUNCEMENT: PLEASE MAKE YOUR PAYMENT TO THE ADDRESS HAS CHANGED (SEE BOX #9 ABOVE).  
 WWW.STARNEWSONLINE.COM

Question on this invoice?  
 Call (910) 343-2000 \* Fax (910) 343-2210

\*UNAPPLIED AMOUNT ARE INCLUDED IN TOTAL AMOUNT DUE

INVOICE NUMBER	BILLING PERIOD	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER	ADVERTISER / CLIENT NAME
572228	03/28/17 - 04/03/17	70218500		NC DHHS CON SECTION

# Star-News

STARNEWSONLINE.COM

## CLASSIFIED ADVERTISING

1003 South 17th Street • Wilmington, NC 28401 • Classified ph: 910-343-2323 • Legal ads ph: 910-343-2342

Order:	W002554498	Pubs:	1,15	Rate:	L9
Phone:	(919)855-3873	Class:	0001	Charges:	\$ 0.00
Account:	H9963187	Start	03/28/2017	List Price:	\$ 72.66
Name:	Evans, Stephanie	Stop	03/28/2017	Pay-	\$ 0.00
Caller:	Veronica	Inser-	2	Balance:	\$ 72.66
Taken By:	43	Columns:	1	Lines:	28
Schedule:	3/28 1x, 3/28 1x, , ,			Taken On:	03/20/2017

PUBLIC NOTICE  
 NORTH CAROLINA STATE HEALTH  
 COORDINATING COUNCIL  
 TECHNOLOGY AND EQUIPMENT  
 COMMITTEE MEETING  
 The North Carolina State Health  
 Coordinating Council's Technology  
 and Equipment Committee meeting  
 scheduled for April 19 has been  
 canceled at the request of the  
 chairman.  
 The Technology and Equipment  
 Committee will meet May 10 from  
 10 a.m.-1 p.m. on Dorothea Dix  
 Campus in conference room 104 of  
 the Brown Building, 801 Biggs  
 Drive, Raleigh.  
 For additional information about the  
 State Health Coordinating Council  
 or Healthcare Planning, please visit:  
[www.ncdhhs.gov/dhsr/mfp/  
 meetings.html](http://www.ncdhhs.gov/dhsr/mfp/meetings.html)

Attention: \_\_\_\_\_ Fax: \_\_\_\_\_

This is a final proof. If any information is incorrect, please contact your sales representative prior to the deadline of the first insertion. Otherwise your order is accepted as having been approved.

**Greensboro News Record**

**Advertising Affidavit**

Account Number

4003348

200 E. Market St  
Greensboro, NC. 27401  
(336) 373-7287

Date

March 28, 2017



NCDHHS, CERT. OF NEED SECT.  
2704 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2704

PO Number	Order	Category	Description
TECHNOLOGY	0000331592	Legal Notices	PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL TECH

**PUBLIC NOTICE  
NORTH CAROLINA**

**STATE HEALTH COORDINATING  
COUNCIL  
TECHNOLOGY AND EQUIPMENT  
COMMITTEE MEETING**

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**Publisher of the  
Greensboro News Record**

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

03/28/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

*[Handwritten Signature]*  
(signature of person making affidavit)

Sworn to and subscribed before me the 28 day of March, 2017

**LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19**

*[Handwritten Signature]*  
(Notary Public)

**Billing Inquiries:** 336-373-7287 or 800-553-6880  
**Unsecured Fax:** 336-691-5076 [billinginquiries@news-record.com](mailto:billinginquiries@news-record.com)

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
		Balance Forward					139.64
04/28	C10929	Account adjustment					(90.84)
04/24	P112879	Payment - Check/Money Order 237075 I0000321696-0303#Classified#20170303#20170303					(48.80)
03/28-03/28	I0000331592-0328	VERONICA MOORE / TECHNOLOGY EQUIP MEETING CANCELLED / TECHNOLOGY EQUIP MEETING CANCELLED	News & Record	1.00 x 26 Li	26	1	117.88
04/04-04/04	I0000334142-0404	VERONICA MOORE / FRESENIUS KIDNEY CARE / On 4/1/17 Certificate of Need review began for Fresenius Kidney Care Garber-Olin Proj ID #G-11303-17 Devel new 28 sta. dialy facil. Written comments are due to	News & Record	1.00 x 10 Li	2	1	63.80
		Previous Amount Owed:					139.64
		New Charges This Period:					181.68
		Cash This period:					(48.80)
		Debit Adjustments This Period:					0.00
		Credit Adjustments This Period:					(90.84)

Account#: 532860  
Center#: 1161-1720-00  
Amount: \$117.88  
*5/9/17*  
*CON - given to Mr. Grady for payment*  
*8/2/17 5/9/17*

Payment is due the 15th of the month. Accounts over 60 days will be assessed a finance charge of 1½% per month (18% APR). The Greensboro News & Record accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Bank-returned checks will result in a non-refundable \$30.00 fee.

**Invoice and Statement of Account**

\*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$181.68	\$0.00	\$0.00	\$0.00	\$0.00	\$181.68

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
4/30/2017	03/27/2017 - 04/30/2017	4003348	4003348	NCDHHS, CERT. OF NEED SECT.

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE. MAKE CHECKS PAYABLE TO News & Record



200 E. Market Street, Greensboro, NC 27401-2910

BILLED ACCOUNT #	ADVERTISER / CLIENT NAME		
4003348	NCDHHS, CERT. OF NEED SECT.		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$181.68	\$0.00	\$0.00	\$0.00
BILLING PERIOD	TOTAL AMOUNT DUE		
03/27/2017 - 04/30/2017	\$181.68		

Check here for change of address (see reverse for details)

**Billing Account Name and Address**

**Remittance Address**

5706000623 PRESORT 623 1 MB 0.420 P1C3 <B>



NCDHHS, CERT. OF NEED SECT.  
ATTN: STEPHANIE EVANS  
2704 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

NEWS & RECORD  
PO BOX 26983  
RICHMOND, VA 23261-6983



132500010 0004003348 0004003348 0000112762 0000000000000000 000018168 1

**PUBLIC NOTICE**

**NORTH CAROLINA**

**STATE HEALTH COORDINATING  
COUNCIL  
TECHNOLOGY AND EQUIPMENT  
COMMITTEE MEETING**

The North Carolina State Health Coordinating Council's Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the request of the chairman.

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Winston-Salem Journal

Advertising Affidavit

Account Number

3416141

P.O Box 3159  
Winston-Salem, NC 27102

Date

March 28, 2017



HEALTHCARE PLANNING AND CERTIFICATE OF  
NEED SECTION  
ATTN: OFFICE MANAGER  
DIVISION OF HEALTH SERVICE REGULATION  
2704 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2704

PO Number	Order	Category	Description
TECH EQUIP MEE 0000331596		Legal Notices	PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL TECHI

**PUBLIC NOTICE**  
**NORTH CAROLINA**  
**STATE HEALTH**  
**COORDINATING COUNCIL**  
**TECHNOLOGY AND**  
**EQUIPMENT COMMITTEE**  
**MEETING**

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**WSJ: March 28, 2017**

**Publisher of the  
Winston-Salem Journal**

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Winston-Salem Journal, engaged in the publishing of a newspaper known as Winston-Salem Journal, published, issued and entered as second class mail in the City of Winston-Salem, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

03/28/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

*[Handwritten Signature]*  
(signature of person making affidavit)

Sworn to and subscribed before me the 28 day of March, 2017

LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19

*[Handwritten Signature]*  
(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

Billing Inquiries: 336-373-7033  
Unsecured Fax: 336-727-7245 wsjbusinessoffice@wsjournal.com

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
		Balance Forward					105.45
04/25	P112708	Payment - Check/Money Order 237073 I0000322209-0303#Classified#20170303#20170303					(105.45)
03/28-03/28	I0000331596-0328	VERONICA MOORE / TECH EQUIP MEETING CANCELLED / PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL TECHNOLOGY AND EQUIPMENT COMMITTEE MEETING The North Carolina State Health Coordinating Council	WSJ Winston-Salem Jn	1.00 x 27 Li	27	1	175.41
04/04-04/04	I0000334140-0404	VERONICA MOORE / MILLER STREET DIALYSIS / PUBLIC NOTICE On 4/1/17 Certificate of Need review began for Miller Street Dialysis Center of Wake Forest University Proj ID #G-11302-17 Add eight dialy sta. fo	WSJ Winston-Salem Jn	1.00 x 14 Li	14	1	99.62
		PREVIOUS AMOUNT OWED:					105.45
		NEW CHARGES THIS PERIOD:					275.03
		PAYMENTS THIS PERIOD:					(105.45)
		DEBIT ADJUSTMENTS THIS PERIOD:					0.00
		CREDIT ADJUSTMENTS THIS PERIOD:					0.00

Account # 532860  
Center # 1161-1720-00  
Amount: \$175.41  
S/Ranta 5/9/17

COM-given to  
Mr. Givady for 5/9/17  
payment

Standard Terms: The Winston-Salem Journal accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Accounts over 60 days will be assessed a finance charge of 1½% per month (18% APR).

### Invoice and Statement of Account

\*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$275.03	\$0.00	\$0.00	\$0.00	\$0.00	\$275.03

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
4/30/2017	03/27/2017 - 04/30/2017	3416141-WSJ	3416141	HEALTHCARE PLANNING AND CERT

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE. MAKE CHECKS PAYABLE TO Winston-Salem Journal



PO Box 3159, Winston-Salem, NC 27102-3159

BILLED ACCOUNT #	ADVERTISER / CLIENT NAME		
3416141-WSJ	HEALTHCARE PLANNING AND CERTI		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$275.03	\$0.00	\$0.00	\$0.00
BILLING PERIOD	TOTAL AMOUNT DUE		
03/27/2017 - 04/30/2017	\$275.03		

### Billing Account Name and Address

Check here for change of address (see reverse for details)

### Remittance Address

5714001110 PRESORT 494 1 MB 0.420 P1C3 <B>



HEALTHCARE PLANNING AND CERTIFICATE OF N  
ATTN OFFICE MANAGER  
DIVISION OF HEALTH SERVICE REGULATION  
2704 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

Winston-Salem Journal  
PO Box 26549  
Richmond, VA 23261-6549



130100010 0003416141 0003416141 0000111768 0000000000000000 000027503 5

**PUBLIC NOTICE**  
**NORTH CAROLINA**  
**STATE HEALTH**  
**COORDINATING COUNCIL**  
**TECHNOLOGY AND**  
**EQUIPMENT COMMITTEE**  
**MEETING**

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**WSJ: March 28, 2017**

# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

## AFFIDAVIT OF PUBLICATION

BUNCOMBE COUNTY

SS.

NORTH CAROLINA

### PUBLIC NOTICE

#### NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL TECHNOLOGY AND EQUIPMENT COMMITTEE MEETING

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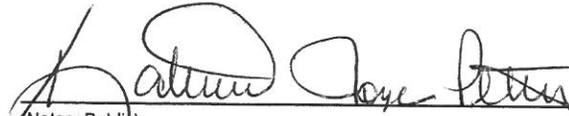
For additional information about the State Health Coordinating Council or Healthcare Planning, please visit: [www.ncdhhs.gov/dhsr/mfp/meetings.html](http://www.ncdhhs.gov/dhsr/mfp/meetings.html).  
March 29, 2017

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared Kelly Loveland, who, being first duly sworn, deposes and says: that she is the **Legal Clerk of The Asheville Citizen-Times**, engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached here to, was published in **The Asheville Citizen-Times** on the following date(s) 03/29/17. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 29th of March, 2017,

  
\_\_\_\_\_  
(Signature of person making affidavit)

Sworn to and subscribed before the 29th of March, 2017

  
\_\_\_\_\_  
(Notary Public)

My Commission expires the 5th day of October, 2018



(828) 232-5830 | (828) 253-5092 FAX  
14 O. HENRY AVE. | P.O. BOX 2090 | ASHEVILLE, NC 28802 | (800) 800-4204



# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

**Agency:**

NC DEPT OF HEALTH & HUMAN SERV  
 NC DEPT OF HEALTH & HUMAN SERV  
 701 BARBOUR DR  
 RALEIGH NC 27603

**Acct:** GRE-242486

**Phone:** (919) 855-3873

**Client:**

NC DEPT OF HEALTH & HUMAN SERV  
 701 BARBOUR DR,  
 RALEIGH, NC 27603

**Acct:** GRE-242486

**Phone:** (919) 855-3873

Ad #	Advertisement/Description		Items	# Col x # Lines	Cost	
0002018354	PUBLICNOTICENORTHCAR OLINASTATEHEALTHCOORD INATINGCOUNCIL TECHNOL	0.00	Legal Notices	1 col x 24 lines	\$58.74	
			Affidavit of Publication Charge	1	\$0.00	
			Tearsheet Charge		\$0.00	
			<i>Subtotal:</i>		\$58.74	
<b>Affidavits:</b> 1					<b>Net Total Due:</b>	<b>\$64.24</b>

Run Dates: 03/29/17





# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

## Classified Ad Receipt (For Info Only - NOT A BILL)

**Customer:** NC DEPT OF HEALTH & HUMAN SERV  
**Address:** 701 BARBOUR DR  
RALEIGH NC 27603  
USA

**Ad No.:** 0002018354  
**Pymt Method:** Invoice  
**Net Amt:** \$64.24

**Run Times:** 1

**No. of Affidavits:** 1

**Run Dates:** 03/29/17

### Text of Ad:

PUBLIC NOTICE

NORTH CAROLINA  
STATE HEALTH COORDINATING COUNCIL  
TECHNOLOGY AND EQUIPMENT COMMIT-  
TEE MEETING

The North Carolina State Health Coordinating Council's Technology and Equipment Committee meeting scheduled for April 19 has been canceled at the request of the chairman.

The Technology and Equipment Committee will meet May 10 from 10 a.m.-1 p.m. on Dorothea Dix Campus in conference room 104 of the Brown Building, 801 Biggs Drive, Raleigh.

For additional information about the State Health Coordinating Council or Healthcare Planning, please visit [www.ncdhhs.gov/dhs/mp/meetings.html](http://www.ncdhhs.gov/dhs/mp/meetings.html).  
March 29, 2017

State Health Coordinating Council  
Meeting Registration Sheets

2018 SMFP

Meeting of the North Carolina State Health Coordinating Council  
104 Brown Building - Raleigh, N.C.

March 1, 2017  
10:00 A.M.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich - Chairman Christopher L Ullrich
2. Trey Adams Trey Adams
3. Christina Apperson N/A
4. Keith Branch Keith Branch
5. Peter Brunnick Peter Brunnick
6. Jim Burgin Jim Burgin
7. Stephen DeBiasi present
8. Dr. Mark Ellis N/A
9. Dr. Sandra Greene Sandra Greene
10. Senator Ralph Hise N/A
11. Kurt Jakusz on the phone
12. Valarie Jarvis N/A
13. Dr. Lyndon Jordan on the phone
14. Representative Donny Lambeth N/A
15. Stephen Lawler on the phone
16. Kenneth Lewis [Signature]
17. Brian Lucas [Signature]
18. James Martin, Jr. N/A
19. Dr. Robert McBride on the phone
20. Denise Michaud Denise Michaud
21. Dr. Jaylan Parikh [Signature]
22. Dr. Prashant Patel [Signature]
23. Dr. T. J. Pulliam [Signature]

Meeting of the North Carolina State 1. th Coordinating Council & Public Hearing  
 The Brown Building - Raleigh, N.C.  
 March 1, 2017  
 10:00 a.m.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

**Please print and write legible**

First Name and Last Name	Representing	Speaking? (Writing 'Yes' or 'No' Below)
Tom Siemers	Doster Hospital	Yes
Jon Rodgers	PDA, Inc	
Will Holding	PDA Inc	
Nancy Lane	PDA, Inc	
DJ ZERMAN	UNC HCS	No
Timothy Walsh	Liberty	No
Greg Bay	CHS	No
Carol Meyer	TCC	No
Daniel Carter	Ascendiant	No
Andrea Hall	Cure Health	No
Mike VICARIO	NC Care	No
Jim Roger	AHHC of NC	?
Karin Sandlin	Keystone	No

Meeting of the North Carolina State Health Coordinating Council & Public Hearing  
 The Brown Building – Raleigh, N.C.  
 March 1, 2017  
 10:00 a.m.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print and write legible

First Name and Last Name	Representing	Speaking? (Writing 'Yes' or 'No' Below)
Melissa Hayes	NBM Planning	No
William McDonald	Wake Forest Outpatient Dialysis	No
Nathan Marvelle	Ascendient	No
Robin Roberts	WakeMed	No
Nancy Bess Martin	NBM HPA	No
Tiffany Brooks	MedQuest	No
Todd Hemphill	Poyner Sprinell	No
Marisa Barone	Wake Forest Baptist Health	no
Barbara Freedy	Novant Health	No

Meeting of the North Carolina State Health Coordinating Council  
104 Brown Building – Raleigh, N.C.

June 7, 2017  
10:00 A.M.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman Christopher Ullrich
2. Trey Adams Trey Adams
3. Christina Apperson Christina Apperson
4. Keith Branch \_\_\_\_\_
5. Peter Brunnick Peter Brunnick
6. Jim Burgin Jim Burgin
7. Stephen DeBiasi Stephen DeBiasi
8. Dr. Mark Ellis Mark Ellis
9. Dr. Sandra Greene Sandra Greene
10. Senator Ralph Hise N/A
11. Kurt Jakusz (on phone)
12. Valarie Jarvis \_\_\_\_\_
13. Dr. Lyndon Jordan Lyndon Jordan
14. Representative Donny Lambeth N/A
15. Stephen Lawler Stephen Lawler
16. Kenneth Lewis Kenneth Lewis
17. Brian Lucas \_\_\_\_\_
18. James Martin, Jr. ON PHONE
19. Dr. Robert McBride ON PHONE
20. Denise Michaud Denise Michaud
21. Dr. Jaylan Parikh Jaylan Parikh
22. Dr. Prashant Patel Prashant Patel
23. Dr. T. J. Pulliam ON PHONE

Meeting of the North Carolina State Health Coordinating Council  
 104 Brown Building – Raleigh, N.C.  
 June 7, 2017  
 10:00 a.m.

**Visitor Sign In**

Please print legibly

First Name and Last Name	Agency/Organization Represented
Ken Burgess	Byner Fruit
Mark Benton	NCDHHS
Melissa Hayes	NBM Planning
Melissa Shearer	Cone Health
DAVID FRENCH	JHC
Joy Heath	Williams Mullen
Vanessa M Drake	Duke Health
Phil Talcott	Duke Health
Will Hawthorn	Cape Fear Valley
Marsha Van Hecke	The Carolinas Center
MIKE VICARIO	NCHA
Robbie Fehert	WakeMed
Greg Bass	CHS
Gary Qualls	K&H Gates
NANCY LANE	PDA
Nancy Bess Mackin	NBM
Nathan Marvelle	Ascendient
Jon Rodgers	PDA

**Meeting of the North Carolina State Health Coordinating Council**  
**104 Brown Building – Raleigh, N.C.**  
**June 7, 2017**  
**10:00 a.m.**

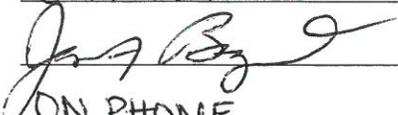
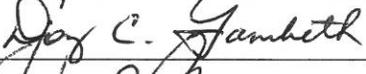
**Visitor Sign In**

**Please print legibly**

First Name and Last Name	Agency/Organization Represented
Tim Rogers	AHHHC Home Care/Hospice
David Meyer	Keystone Planning
MARISA BARONE	WAKE FOREST BAPTIST
Jim Swan	FMC
Copper Links	Transition Life Care
Chad Walker	TL
Will Holding	Compass
Kara Stitt	LJP Lab
Scott Bacon	Compass
Judy H. Soel	Health System Management
Karin Sandlin	Keystone Planning

Meeting of the North Carolina State Health Coordinating Council  
104 Brown Building – Raleigh, N.C.  
September 6, 2017  
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams ✓ ON PHONE \_\_\_\_\_
3. Christina Apperson \_\_\_\_\_
4. Peter Brunnick ✓ ON PHONE \_\_\_\_\_
5. Jim Burgin  \_\_\_\_\_
6. Stephen DeBiasi ✓ ON PHONE \_\_\_\_\_
7. Dr. Mark Ellis ✓ ON PHONE \_\_\_\_\_
8. Dr. Sandra Greene ✓ ON PHONE \_\_\_\_\_
9. Senator Ralph Hise \_\_\_\_\_
10. \_\_\_\_\_
11. Valarie Jarvis  \_\_\_\_\_
12. Dr. Lyndon Jordan  \_\_\_\_\_
13. Representative Donny Lambeth  \_\_\_\_\_
14. Stephen Lawler  \_\_\_\_\_
15. Kenneth Lewis  \_\_\_\_\_
16. Brian Lucas  \_\_\_\_\_
17. James Martin, Jr. ✓ ON PHONE \_\_\_\_\_
18. Dr. Robert McBride ✓ ON PHONE \_\_\_\_\_
19. Denise Michaud ✓ ON PHONE \_\_\_\_\_
20. Dr. Jaylan Parikh ✓ ON PHONE \_\_\_\_\_
21. Dr. Prashant Patel ✓ ON PHONE \_\_\_\_\_
22. Dr. T. J. Pulliam ✓ ON PHONE \_\_\_\_\_

104 Brown Building – Raleigh, N.C.

September 6, 2017

10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Melissa Hayes	NBM Planning
DJ ZERMAN	LUNCHES
DAVID LEGARTH	DANES PLANNING
Carol Meyer	TCC
Marisette Husan	TCC
Marc Hewitt	Smith Moore Leatherwood
TRACY COLVARD	AHHC
Nancy Bies Manin	NBM HPA
Tiffany Brooks	Brooks Healthcare Consulting
Nathan Marvella	<del>Asst</del> Ascendant
Sam Clark	NCHCFA
MIKE VICARIO	NCHA
Chad Walker	TRANSITUS LIFE CARE
Jon Rodgers	PDA
Frances Messer	NCA LH
Imy Boel	
Derek Hunter	Attorney General's Office

Meeting of the North Carolina State Health Coordinating Council  
104 Brown Building - Raleigh, N.C.  
October 4, 2017  
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams Trey Adams
3. Christina Apperson Christina Apperson
4. Peter Brunnick Peter Brunnick
5. Jim Burgin Jim Burgin
6. Stephen DeBiasi Stephen DeBiasi
7. Dr. Mark Ellis - PHONE
8. Dr. Sandra Greene Sandra Greene
9. Senator Ralph Hise \_\_\_\_\_
10. Valarie Jarvis Valarie Jarvis
11. Dr. Lyndon Jordan Lyndon Jordan
12. Representative Donny Lambeth \_\_\_\_\_
13. Stephen Lawler Stephen Lawler
14. Kenneth Lewis Kenneth Lewis
15. Brian Lucas - PHONE
16. James Martin, Jr. \_\_\_\_\_
17. Dr. Robert McBride Dr. Robert McBride
18. Denise Michaud Denise Michaud
19. Dr. Jaylan Parikh Dr. Jaylan Parikh
20. Dr. Prashant Patel - PHONE
21. Dr. T. J. Pulliam \_\_\_\_\_

Meeting of the North Carolina State Health Coordinating Council

104 Brown Building – Raleigh, N.C.

October 4, 2017

10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Anderson Shackelford	Williams Mullen
DEE JAY ZERMAN	LINKHS
Sheree Watson	Graystone Eye
Jackie Herbster	Nelson Mullins
David Meyer	Keystone
Will Hawthcock	Cape Fear Valley
Greg Bass	CHS
Todd Hemphill	Piper Spinnell
DAVID FRENCH	SHC
Andrew Hall	Core Health
Nancy Boes Martin	NBWM HPA
DAVID LEGARANT	DANES PLANNING
Karin Sandlin	Keystone Planning
<del>Nancy</del>	<del>Nancy</del> PDA
Kelly Ivey	PDA
Mike Riccio	NCHA
Nathan Marvelle	Ascendient
Tiffany Brooks	Brooks Healthcare Consulting

Meeting of the North Carolina State Health Coordinating Council

104 Brown Building – Raleigh, N.C.

October 4, 2017

10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Carolyn Hall	K&L Gates
Will Holding	Compass
Tracy Colonna	AHTA
Cooper Linton	Transitions Life Care
Sam Clark	NCHCTA
Lu Bode	
Chet Walker	TL
Barbara Freely	Norant Health
Iris Roz	AHTA
Jeff Hunter	NCA/TCE

Long-Term and Behavioral Health  
Committee Meeting  
Registration Sheets

2018 SMFP

Meeting of the North Carolina State Health Coordinating Council  
Long Term and Behavioral Health Committee

The Brown Building – Raleigh, N.C.

April 7, 2017  
10:00 A.M.

REGISTRATION FOR **SHCC MEMBERS**

1. Denise Michaud, Chairperson Denise Michaud
2. Dr. Jaylan Parikh, Vice-Chairperson Jaylan Parikh
3. Keith Branch \_\_\_\_\_
4. Peter Brunnick Peter Brunnick
5. James Burgin \_\_\_\_\_
6. Kurt Jakusz phoned-in
7. James Martin, Jr. phoned-in
8. Dr. T.J. Pulliam \_\_\_\_\_
9. DR Chris Ullrich phoned-in

Meeting of the North Carolina State Health Coordinating Council  
 Long Term and Behavioral Health Committee  
 The Brown Building – Raleigh, N.C.

April 7, 2017  
 10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print and write legible

First and Last Name:	Representing:
Susan Fradenburg	B Ridge Care
<del>W. J. Zimm</del>	UNCHES
Jon Rodgers	PDA, Inc.
Mike Vicario	NCHA
TRACY COLVARD	AHHC
Melissa Hays	NBM Planning
Nathan Marvelle	Ascendient
Jim Roy	AHHC
Mike Kahm	High Development
Usha Bell	The Carolinas Center
NANNY LANE	PDA
LS/OCE	Piedmont Dialysis



Meeting of the North Carolina State Health Coordinating Council  
Long Term and Behavioral Health Committee

The Brown Building – Raleigh, N.C.

May 5, 2017

10:00 A.M.

REGISTRATION FOR SHCC MEMBERS

1. Denise Michaud, Chairman Denise Michaud
2. Dr. Jaylan Parikh, Vice-Chairman \_\_\_\_\_
3. Keith Branch \_\_\_\_\_
4. Peter Brunnick Peter Brunnick
5. James Burgin phoned in
6. Kurt Jakusz phoned in
7. James Martin, Jr. James Martin Jr
8. Dr. T.J. Pulliam T.J. Pulliam
9. Dr. Chris Ullrich (*ex officio*) phoned in

Meeting of the North Carolina State Health Coordinating Council  
Long Term and Behavioral Health Committee  
The Brown Building - Raleigh, N.C.

May 5, 2017  
10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:	Representing:
Melissa Hayes	NBM Planning
Chad Walker	Transitions LifeCare
JIM SWANN	FRESENIUS Kidney Care
Karin Sandlin	Keystone Planning
Cooper Linton	Transitions Life Care
Carole Meyer	The Carolina Center for Hospice
Todd Hemphill	Pryor Spruill
Jon Rodgers	PDA, Inc.
Nathan Marvelle	Ascendient
David Meyer	KPC
TRACY COLVARD	AHH C
NANCY LANE	PDA



Meeting of the North Carolina State Health Coordinating Council  
Long Term and Behavioral Health Committee

The Brown Building – Raleigh, N.C.

September 8, 2017  
10:00 A.M.

REGISTRATION FOR SHCC MEMBERS

1. Denise Michaud, Chairman

Denise Michaud

2. Dr. Jaylan Parikh, Vice-Chairman

ON PHONE

3. Peter Brunnick

Peter Brunnick

4. James Burgin

James Burgin

5. James Martin, Jr.

James Martin, Jr.

6. Dr. T.J. Pulliam

Dr. T.J. Pulliam

- Sandra Grew (ex-officio)

Derek L. Hunter

Derek L. Hunter, AG's Office

Meeting of the North Carolina State Health Coordinating Council  
Long Term and Behavioral Health Committee  
The Brown Building – Raleigh, N.C.

September 8, 2017  
10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:	Representing:
David Meyer	Keystone Planning
DAVE FRENCIT	SHC
Gray Ange II	Bermuda Village
HAROLD PEARSON	SAMARITAN County
Melissa Hayes	NBM Planning
DJ ZERMAN	LIUNCHES
Cooper-Linton	Transition Life Care
Julia Adams-Schaurich	AHHC
TRACY SILVANO	AHHC
Jeff Horton	NCAHCF
<del>David</del>	
Jon Rodgers	PDA, Inc.

Meeting of the North Carolina State Health Coordinating Council  
 Long Term and Behavioral Health Committee  
 The Brown Building – Raleigh, N.C.

September 8, 2017  
 10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:

Representing:

Carol Hays	The Cardinal Center
Carolyn Hays	K-L Gates
Chaz Walker	Transitions LHCare
Nathan Marvelle	Ascendient
MIKE VIGORIO	NCHA
Lucy Roll	
Nancy Lane	PDA
Dan Brixley	Care Health
J. Roy	AITHC or NC

Technology & Equipment  
Committee Meeting  
Registration Sheets

2018 SMFP

Sign-In

**Members of the  
Technology and Equipment Committee**

**May 10, 2017**

1. Dr. Christopher Ullrich, Chair Christopher A. Ullrich
2. Trey Adams Trey Adams
3. Stephen DeBiasi Stephen DeBiasi
4. Senator Ralph Hise N/A
5. Valarie Jarvis Valarie Jarvis
6. Lyndon Jordan III Lyndon Jordan
7. Brian Lucas ON THE PHONE
8. Dr. Prashant Patel Prashant Patel

Meeting of the North Carolina State Health Coordinating Council  
Technology and Equipment Committee  
The Brown Building – Raleigh, N.C.

May 10, 2017  
10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:	Representing:
Greg Bass	CHS
Karin Sandlin	Keystone Planning
Nancy Bros Martin	NBIM HPA
Nathan Marvelle	Ascendient
Will Harthcock	CFVHS
Melissa Hayes	NBIM Planning
Todd Hemphill	Poyner Spruill
Marsha Ambroise	Poyner Spruill
MIKE VICARIO	NCHS
David Meyer	KPG
Tiffany Brooks	Brooks Healthcare Consulting
Nancy Lane	PDA

Sign-In

**Members of the  
Technology and Equipment Committee**

**September 13, 2017**

1. Dr. Lyndon Jordan, III, Vice-Chair Lyndon Jordan
2. Trey Adams Phone
3. Stephen DeBiasi Stephen DeBiasi
4. Senator Ralph Hise \_\_\_\_\_
5. Valarie Jarvis Valarie Jarvis
6. Brian Lucas \_\_\_\_\_
7. Dr. Prashant Patel Phone
8. Sandra Greene, DrPH  
(ex-officio) \_\_\_\_\_

Sandra Greene

Meeting of the North Carolina State Health Coordinating Council  
Technology & Equipment Committee Meeting

The Brown Building - Raleigh, N.C.  
September 13, 2017  
10:00 a.m.

Visitor Sign-In

<u>Name</u> Please Print Legibly	<u>Agency Represented</u>
DEE JAY ZERMAN	UNC HCS
Kristy Kubisa	Care Health
Andrew Hill	Care Health
Thomas Grades	UNC REX
Tiffany Brooks	Brooks Healthcare Consulti
Nancy Lane	POD
Nancy Bros Mahr	NBM/TPA
Mike Vickers	NCHA
Nathan Marvelle	Ascendient
Greg Bass	CHS
Rebecca Smith	CMH
Melissa Hayes	NBM

Acute Care Services Committee  
Meeting Registration Sheets

2018 SMFP

Sign-In Sheet

**Members of the  
Acute Care Services Committee  
April 4, 2017**

1. Dr. Sandra Greene (Chair)

*Sandra Greene*

2. Christina Apperson

*Christina Apperson*

3. Dr. Mark Ellis

*Mark Ellis*

4. Representative Donny Lambeth

*Donny Lambeth*

5. Stephen Lawler

*Stephen Lawler*

6. Kenneth Lewis

*Kenneth Lewis*

7. Dr. Robert McBride

*Robert McBride*

⑧ *Chris Ulrich*

*Chris Ulrich*

# VISITORS

Sign-In Sheet

Acute Care Committee Meeting – April 4, 2017

<u>PRINTED NAME</u>	<u>AGENCY/ORGANIZATION REPRESENTED</u>
Chris Washick	Triangle Orthopaedics Surgery Center
Charles H. Wilson	Emerge Ortho - CEO
NAVY CANE	PDA
TOM SIEMERS	DOSHER HOSPITAL
DAVID FRENCH	SHC
Joy Heath	Williams Mullen
Will Heathcock	Cape Fear Valley
Bruce Hoge	Emerge ortho ms
Todd Hemphill	Pizzner Spinal
Greg Bess	CHS
Daniel Carter	Ascendient
Frank Wuk	we med soc
Karin Sandlin	Keystone Planning
David Meyer	" "
Al Zerman	UNCHS
Dana Copeland	self
Jon Rodgers	PDA
Barbara L. Freedy	Novant Health Inc
Andrew Hill	Cone Health



Sign-In Sheet

**Members of the  
Acute Care Services Committee  
May 2, 2017**

1. Dr. Sandra Greene (Chair)

Sandra Greene

2. Christina Apperson

Christina Apperson

3. Dr. Mark Ellis

Mark Ellis

4. Representative Donny Lambeth

5. Stephen Lawler

Stephen Lawler

6. Kenneth Lewis

Kenneth Lewis

7. Dr. Robert McBride

Robert McBride

8. Dr. Christopher Ullrich (*ex officio*)

ON THE PHONE

# VISITORS

## Sign-In Sheet

Acute Care Committee Meeting – May 2, 2017

<u>PRINTED NAME</u>	<u>AGENCY/ORGANIZATION REPRESENTED</u>
Tom Siemers	Doster Hospital
DJ ZERNAN	UNCHCS
Nathan Marvelle	Ascendient
Joseph Agovino	Doster Hospital
DAVID FRENCH	SHC
Melissa Hayes	NBM Planning
MIKE VICARIO	NCHA
Karin Sandlin	Keystone Planning
DAVID LEIGHTH	DANES PLANNING
John; for Nusbaum	Williams Mulken
Greg Bass	CHS
Will Hartwick	CFV
Tald Hemphill	Poyner Sprinell
Robbie Roberts	WakeMed
Andrew Hall	Core Health
Catharine Cumber	Duke
Nancy Bus Mahri	NBM HPA
MANISA BARONE	WFBH
Carolyn Hall	K. L. Gates

# VISITORS

## Sign-In Sheet

Acute Care Committee Meeting – May 2, 2017

PRINTED NAME

AGENCY/ORGANIZATION REPRESENTED

NANCY LANE

PDA, Inc

TOM SIEMERS

DOSTER HOSPITAL

David Meyer

KPC

Meeting of the North Carolina State Health Coordinating Council  
Acute Care Services Committee

The Brown Building – Raleigh, N.C.

September 12, 2017

10:00 A.M.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Sandra Greene, Chairman Sandra Greene
2. Stephen Lawler, Vice-Chairman \_\_\_\_\_
3. Representative Donny Lambeth Donny Lambeth
4. Christina Apperson Chr Apperson
5. Kenneth Lewis \_\_\_\_\_
6. Dr. Mark Ellis Mark Ellis
7. Dr. Robert McBride Pat B. McBride
8. Bethany Burgon Attorney General's Office  
[Signature]

Meeting of the North Carolina State Health Coordinating Council  
Acute Care Services Committee  
The Brown Building - Raleigh, N.C.

Page  
12

September 12, 2017  
10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:	Representing:
Steve Loehr MD	Azurra Vascular care
Marc Hewitt	Smith Moore Leatherwood
Anita Prendergast	Norant Health / Health South
Robert Larrison	Carolina's Healthcare System
Anderson Shackelford	Williams Mullen
Alf Zerman	UNCCHS
Shree Watson	Graysome EYE
Jodel Hendall	Peyner Spurrill
William L. Bockenek	CHS
David Meyer	Keystone Manning
Melissa Hayes	NBM Planning
Andrew Hall	Core Health

22 total

Meeting of the North Carolina State Health Coordinating Council  
Acute Care Services Committee  
The Brown Building – Raleigh, N.C.

par 2

10

September 12, 2017  
10:00 A.M.

**REGISTRATION FOR MEMBERS OF THE AUDIENCE**

Please print legibly

First and Last Name:

Representing:

Will Hawthood	Cup- Fear Vally
Greg Bass	CITS
Nathan Marvelle	Asstendent
Tiffany Brooks	Brooks Healthcare Consulting
Jon Rodgers	PDA, Inc.
Lucy Zode	Health Sy. Management
Carolyn Hall	L+L Gates LLP
MIKE VICARIO	NCHA
Nancy Bee Mohr	NBSM HPA
Barbara L. Freedy	Novant Health, Inc.

Operating Room Methodology  
Workgroup Meeting  
Registration Sheets

2018 SMFP



## North Carolina Department of Health and Human Services

Pat McCrory  
Governor

Rick Brajer  
Secretary DHHS

December 15, 2016  
Office of Communications  
919-855-4840

### PUBLIC NOTICE

#### Operating Room Methodology Workgroup

**RALEIGH** – The Acute Care Services Committee of the State Health Coordinating Council announces the fourth meeting of the Operating Room Methodology Workgroup. The meeting will be held on January 11, 2017 at 10:00 AM in Room 104, Brown Building, 801 Biggs Drive (Dorothea Dix Campus), Raleigh.

Written comments and requests to speak at this meeting will be accepted until 5:00 PM on **January 3, 2017**. Email written comments and requests to speak to the following address:

[DHSR.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHSR.SMFP.Petitions-Comments@dhhs.nc.gov).

Those making an oral presentation at the meeting must provide a written copy of their remarks.

For more information contact:

Amy Craddock, PhD  
Healthcare Planning and Certificate of Need Section  
(919) 855-3865  
[Amy.Craddock@dhhs.nc.gov](mailto:Amy.Craddock@dhhs.nc.gov)

Sign-In Sheet

**Members of the  
Operating Room Methodology Workgroup  
January 11, 2017**

1. Dr. Sandra Greene (Co-Chair)

Sandra Greene

2. Dr. Christopher Ullrich (Co-Chair)

C. Ullrich

3. Christina Apperson

\_\_\_\_\_

4. Leslie Barrett

Leslie Barrett

5. Daniel Carter

D. Carter

6. Dr. Dana Copeland

Dana Copeland

7. Catharine Cumber

Catharine Cumber

8. Robert Fitzgerald

Rob Fitzgerald

9. Sherry Hardee Richardson

Sherry Richardson

10. Dr. Robert McBride

Rob (B.N.)

11. John Young

John Young

Sign-In Sheet

**VISITORS**

**Operating Room Methodology Workgroup**

**January 11, 2017**

PRINTED NAME	AGENCY/ORGANIZATION REPRESENTED	SPEAKING (Y/N)
Todd Hemphill	Wake Forest Baptist Health	Yes
NOE Zelman	UNCCHS	No
Sandy Godwin	CFVHS	No
MIKE VICARIO	NCHA	No
Morgan Jones	Duke University Health	No
Melissa Hayes	NBM Planning	No
Karin Sandlin	Keystone Planning	No
MANISA BARONE	Wake Forest Baptist	No
Will Holding	PDA	No
Gary Qualls	K&H Gates	No
Jamey Motter	Truven	No
Robbie Roberts	WakeMed	No
→ Barbara L. Freedy	Novant Health Inc	Yes





North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Roy Cooper  
Governor

Dempsey E. Benton  
Interim Secretary DHHS

Mark Payne, Director  
Health Service Regulation

January 18, 2017  
Office of Communications  
919-855-4840

## PUBLIC NOTICE

### Operating Room Methodology Workgroup

**RALEIGH** – The Acute Care Services Committee of the State Health Coordinating Council announces the fifth, and final, meeting of the Operating Room Methodology Workgroup. The meeting will be held on February 15, 2017 at 10:00 AM in Room 104, Brown Building, 801 Biggs Drive (Dorothea Dix Campus), Raleigh.

Written comments and requests to speak at this meeting will be accepted until 5:00 PM on **February 8, 2017**. Email written comments and requests to speak to the following address:  
[DHSR.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHSR.SMFP.Petitions-Comments@dhhs.nc.gov).

Those making an oral presentation at the meeting must provide a written copy of their remarks.

For more information contact:

Amy Craddock, PhD  
Healthcare Planning and Certificate of Need Section  
(919) 855-3865  
[Amy.Craddock@dhhs.nc.gov](mailto:Amy.Craddock@dhhs.nc.gov)

#### Healthcare Planning and Certificate of Need Section

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Sign-In Sheet

**Members of the  
Operating Room Methodology Workgroup  
February 15, 2017**

1. Dr. Sandra Greene (Co-Chair) Sandra Greene
2. Dr. Christopher Ullrich (Co-Chair) Christopher Ullrich
3. Christina Apperson Chr App
4. Leslie Barrett Leslie Barrett
5. Daniel Carter Dan Carter
6. Dr. Dana Copeland (NA)
7. Catharine Cumber Catharine Cumber
8. Robert Fitzgerald Bob Fitzgerald
9. Sherry Hardee Sherry Hardee
10. Dr. Robert McBride Robert McBride
11. John Young John Young

Sign-In Sheet

**VISITORS**  
**Operating Room Methodology Workgroup**  
**February 15, 2017**

PRINTED NAME	AGENCY/ORGANIZATION REPRESENTED	SPEAKING (Y/N)
Tom Siemczak	Dorset Hospital	yes
Melissa Hayes	NBM Planning	N
Greg Bass	CHS	
Todd Hemphill	Plymer Spruill	A
David Meyer	Keystone Manning	N
Karin Sandlin	Keystone Planning	N
MILLEVICARIO	NCHA	N
NANCY BRES MARTIN	NBHPA	N
Carolyn Haw	K.L. Gates	N
Will Holding	PDA, Inc.	N
Trey Adams	SITCC	N
Ken Lewis	SITCC	N
Coly Hess	SCA	N
Scott Bacon	Compass	N
W. Staw Taylor	WakeMed	N
Barbara L. Freedy	Novant Health	N





**Billing Inquiries:** 336-373-7287 or 800-553-6880  
**Unsecured Fax:** 336-691-5076 [billinginquiries@news-record.com](mailto:billinginquiries@news-record.com)

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
		Balance Forward					0.00
06/14-06/14	I0000358599-0614	SHARETTA BLACKWELL / 2018 PROPOSED PLAN / PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan Citizens are invited to attend public hearings on the North Carolina Proposed 20	News & Record	1.00 x 124 LI	2	1	449.12
		Previous Amount Owed:					0.00
		New Charges This Period:					449.12
		Cash This period:					0.00
		Debit Adjustments This Period:					0.00
		Credit Adjustments This Period:					0.00

Account # 532860  
Center # 1161220 00  
Amount: \$ 449.12  
S. Brunt 7/6/2017



Payment is due the 15th of the month. Accounts over 60 days will be assessed a finance charge of 1½% per month (18% APR). The Greensboro News & Record accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Bank-returned checks will result in a non-refundable \$30.00 fee.

**Invoice and Statement of Account**

\*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$449.12	\$0.00	\$0.00	\$0.00	\$0.00	\$449.12

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
6/25/2017	05/29/2017 - 06/25/2017	4002744	4002744	DIV OF HEALTH SERVICE REGULATI

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE. MAKE CHECKS PAYABLE TO News & Record

**NR NEWS & RECORD**  
greensboro.com  
200 E. Market Street, Greensboro, NC 27401-2910

BILLED ACCOUNT #	ADVERTISER / CLIENT NAME		
4002744	DIV OF HEALTH SERVICE REGULATI		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$449.12	\$0.00	\$0.00	\$0.00
BILLING PERIOD	TOTAL AMOUNT DUE		
05/29/2017 - 06/25/2017	\$449.12		

**Billing Account Name and Address**

**Remittance Address**

1253000611 PRESORT 611 1 MB 0.420 P1C3 <B>

DIV OF HEALTH SERVICE REGULATI  
2714 MAIL SERVICE CENTER  
RALEIGH NC 27699-2700

NEWS & RECORD  
PO BOX 26983  
RICHMOND, VA 23261-6983

132500010 0004002744 0004002744 0000118988 0000000000000000 000044912 4

**Greensboro News Record**

Advertising Affidavit

Account Number

4002744

200 E. Market St  
Greensboro, NC. 27401  
(336) 373-7287

Date

June 14, 2017

DIV OF HEALTH SERVICE REGULATI  
2714 MAIL SERVICE CENTER  
RALEIGH, NC 27699

PO Number	Order	Category	Description
2018 PROPOSED	0000358599	Legal Notices	PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan Citizens a

**Publisher of the  
Greensboro News Record**

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

06/14/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

*Jeremy Robinson*  
(signature of person making affidavit)

Sworn to and subscribed before me the 14 day of June, 2017

LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19

*Lea Anne Lamb*  
(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

## **PUBLIC HEARINGS:**

### **North Carolina Proposed 2018 State Medical Facilities Plan**

Citizens are invited to attend public hearings on the North Carolina Proposed 2018 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

#### **Greensboro**

July 11, 2017  
(Tuesday)

1:30-2:30 p.m.

The Women's Hospital  
801 Green Valley Road  
Greensboro, NC  
Room 1  
336-832-6500

#### **Wilmington**

July 14, 2017  
(Friday)

1:30-2:30 p.m.

New Hanover County Public Library  
Main Library  
20½ Chestnut Street  
Wilmington, NC  
Masonboro Room  
910-798-6311

#### **Concord**

July 18, 2017  
(Tuesday)

1:30-2:30 p.m.

Carolinas HealthCare System  
NorthEast  
920 Church Street  
Concord, NC  
Medical Arts Classroom 1, 2 & 3  
704-403-1652

#### **Asheville**

July 21, 2017  
(Friday)

1:30-2:30 p.m.

Mountain Area Health Education  
Center  
121 Hendersonville Road  
Asheville, NC  
Cherokee Room  
828-257-4400

#### **Greenville**

July 24, 2017  
(Monday)

1:30-2:30 p.m.

Pitt County Office Bldg.  
1717 West 5th Street  
Greenville, NC  
Commissioners' Auditorium  
2nd Floor  
252-902-2950

#### **Raleigh**

July 26, 2017  
(Wednesday)

1:30-2:30 p.m.

Dorothea Dix Campus  
801 Biggs Drive  
Raleigh NC  
Brown Building Room 104  
919-855-3968

All people commenting on the North Carolina Proposed 2018 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with disabilities who need assistance to participate in the public hearings are requested to notify Healthcare Planning in advance so that reasonable accommodations can be arranged.

The State Medical Facilities Plan projects need for acute care hospital beds, operating rooms, other acute care services, inpatient rehabilitation beds, technology services and equipment, nursing care beds, home health agencies, kidney dialysis stations, hospice home care programs and inpatient beds, psychiatric hospitals, substance abuse treatment facilities, adult care home beds, and intermediate care facilities for individuals with intellectual disabilities.

Individuals who want information about the Plan or the series of public hearings may call (919) 855-3865, or write to: Healthcare Planning, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. Inquiries may be made to this same address about comments or petitions received regarding the Proposed Plan. The North Carolina Proposed 2018 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: <http://www.ncdhhs.gov/dhsr/mfp/index.html>. All written comments and petitions on the North Carolina Proposed 2018 State Medical Facilities Plan must be received in the Healthcare Planning Office by 5:00 p.m. on Wednesday, July 26, 2017.

**WSJ: June 14, 2017**

## **PUBLIC HEARINGS:**

North Carolina Proposed 2018 State  
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and inpatient beds, psychiatric hos-  
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viduals with intellectual disabilities.

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**WSI: June 14, 2017**

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Brown Building Room 104  
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PO Box 3159, Winston-Salem, NC 27102-3159

Billing Inquiries: 336-373-7033

Unsecured Fax: 336-727-7245 wsjbusinessoffice@wsjournal.com

DATE	TRANSACTION NUMBER	DESCRIPTION	PRODUCT	SAU SIZE	BILLED UNITS	TIMES RUN	AMOUNT
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		Balance Forward					0.00
06/14-06/14	I0000358588-0614	SHARETTA BLACKWELL / 2018 PROPOSED PLAN / PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan Citizens are invited to attend public hearings on the North Carolina Proposed 2	WSJ Winston-Salem Jn	1.00 x 128 Li	128	1	764.24

PREVIOUS AMOUNT OWED: 0.00  
NEW CHARGES THIS PERIOD: 764.24  
PAYMENTS THIS PERIOD: 0.00  
DEBIT ADJUSTMENTS THIS PERIOD: 0.00  
CREDIT ADJUSTMENTS THIS PERIOD: 0.00



Account # 532860  
Center # 116-1720-00  
Amount: \$ 764.24  
S. Bennett 7/6/2017

Payment is due the 15th of the month. Accounts over 60 days will be assessed a finance charge of 1 1/2% per month (18% APR). The Winston-Salem Journal accepts cash, check and ECP/ACH for statement payment. Credit cards are not accepted for statement payment for advertising that has already run. A \$5.00 processing fee will be assessed for customer refunds. Bank-returned checks will result in a non-refundable \$30.00 fee.

### Invoice and Statement of Account

\*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

CURRENT AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
\$764.24	\$0.00	\$0.00	\$0.00	\$0.00	\$764.24

BILLING DATE	BILLING PERIOD	BILLED ACCOUNT #	ADVERTISER CLIENT #	ADVERTISER/CLIENT NAME
6/25/2017	05/29/2017 - 06/25/2017	3239296	3239296	DHHS-DHSR

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# WINSTON-SALEM JOURNAL

PO Box 3159, Winston-Salem, NC 27102-3159

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3239296	DHHS-DHSR		
CURRENT AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS
\$764.24	\$0.00	\$0.00	\$0.00
BILLING PERIOD	TOTAL AMOUNT DUE		
05/29/2017 - 06/25/2017	\$764.24		

Check here for change of address (see reverse for details)

### Billing Account Name and Address

### Remittance Address

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DHHS-DHSR  
ATTN: KELLI FISK  
HEALTHCARE PLANNING & CERTIFICATE OF NEED  
2714 MAIL SERVICE CENTER  
RALEIGH NC 27699-2714

Winston-Salem Journal  
PO Box 26549  
Richmond, VA 23261-6549



130100010 0003239296 0003239296 0000118966 0000000000000000 000076424 6

Winston-Salem Journal

Advertising Affidavit

Account Number

3239296

P.O. Box 3159  
Winston-Salem, NC 27102

Date

June 14, 2017

DHHS-DHSR  
ATTN: KELLI FISK  
HEALTHCARE PLANNING & CERTIFICATE OF  
NEED  
2714 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2714

PO Number	Order	Category	Description
2018 PROPOSED	0000358588	Legal Notices	PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan Citizens

**PUBLIC HEARINGS:**

North Carolina Proposed 2018 State Medical Facilities Plan

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336-832-6500

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1:30-2:30 p.m.

New Hanover County Public Library

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**Publisher of the  
Winston-Salem Journal**

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Winston-Salem Journal, engaged in the publishing of a newspaper known as Winston-Salem Journal, published, issued and entered as second class mail in the City of Winston-Salem, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

06/14/2017

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

*Jerry Taberom*  
(signature of person making affidavit)

Sworn to and subscribed before me the 14 day of June, 2017

LEA ANNE LAMB  
NOTARY PUBLIC  
STATE OF NORTH CAROLINA  
GUILFORD COUNTY  
MY COMMISSION EXPIRES 06-15-19

*Lea Anne Lamb*  
(Notary Public)

IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

**PUBLIC HEARINGS:**

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1003 South 17th Street  
Wilmington, NC 28402-0840  
Tel: (910) 343 - 2000 \* Fax: (910) 343 - 2210

BILLING PERIOD - 06/13/17 - 06/19/17		HEALTH SERVICES REGULATION	
TOTAL AMOUNT DUE	290.64	UNAPPLIED AMOUNT	573813
CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS

1 06/19/17 ADVERTISING 70009489  
INVOICE and STATEMENT

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER

**BILLED ACCOUNT NAME AND ADDRESS**

KELLI FISK  
NC DHHS DIV. OF HEALTH SVC. REGUL  
809 RUGGLES DR  
RALEIGH NC 27603

**REMITTANCE ADDRESS**

STAR-NEWS  
PO BOX 102539  
ATLANTA, GA 30368-2539

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PLEASE DETACH AND RETURN UPPER PORTION WITH YOU REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
06/14	W002557729 06/14	PUBLIC HEARINGS: Nor OLW/FULL, WSN/FULL 0001 W002557729 Sharetta/email/kjy	1X112L			290.64

Received by  
Healthcare Planning  
and CON Section

AM 1 2 3 4 5 6 7 8 9 10 11 12 PM

Account # 532860

Center # 116-1720-00

Amount \$ 290.64

*[Signature]* 7/10/2017

**STATEMENT OF ACCOUNT** AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE
290.64					290.64

IMPORTANT ANNOUNCEMENT: PLEASE NOTE YOUR PAYMENT REMITTANCE ADDRESS HAS CHANGED (SEE BOX #9 ABOVE).



1003 South 17th Street  
Wilmington, NC 28402-0840  
Tel: (910) 343 - 2000 \* Fax: (910) 343 - 2210

WWW.STARNEWSONLINE.COM

Question on this invoice?  
Call (910) 343 - 2000 \* Fax (910) 343 - 2210

\*UNAPPLIED AMOUNT ARE INCLUDED IN TOTAL AMOUNT DUE

INVOICE NUMBER	BILLING PERIOD	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER	ADVERTISER / CLIENT NAME
573813	06/13/17 - 06/19/17	70009489		HEALTH SVC. REGULATI

AFFIDAVIT OF PUBLICATION



STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

PUBLIC HEARINGS:
North Carolina Proposed 2018
State Medical Facilities Plan
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Library (Friday) Main Library
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sonville Road Asheville, NC
Cherokee Room 828-257-4400
Greenville July 24, 2017 1:30-2:30
p.m. Pitt County Office Bldg.
(Monday) 1717 West 5th Street
Greenville, NC Commissioners'
Auditorium 2nd Floor 252-902-2950
Raleigh July 26, 2017 1:30-2:30
p.m. Dorothea Dix Campus
(Wednesday) 801 Biggs Drive
Raleigh NC Brown Building Room
104 919-855-3968

All people commenting on the
North Carolina Proposed 2018 State
Medical Facilities Plan at the public
hearings are asked to supply one
written copy of their remarks. Peo-
ple with disabilities who need assis-
tance to participate in the public
hearings are requested to notify
Healthcare Planning in advance so
that reasonable accommodations
can be arranged.

The State Medical Facilities Plan
projects need for acute care hospi-
tal beds, operating rooms, other
acute care services, inpatient reha-
bilitation beds, technology services
and equipment, nursing care beds,
home health agencies, kidney di-
alysis stations, hospice home care
programs and inpatient beds, psy-
chiatric hospitals, substance abuse
treatment facilities, adult care
home beds, and intermediate care
facilities for individuals with intel-
lectual disabilities.

Individuals who want information
about the Plan or the series of pub-
lic hearings may call (919) 855-
3865, or write to: Healthcare Plan-
ning, Division of Health Service
Regulation, 2704 Mail Service Cen-
ter, Raleigh, NC 27699-2704. In-
quiries may be made to this same
address about comments or peti-
tions received regarding the Pro-
posed Plan. The North Carolina Pro-
posed 2018 Plan and the list of pub-
lic hearings will also be available
for viewing on the Healthcare Plan-
ning web site at:
http://www.ncdhhs.gov/dhsr/mfp/
index.html

All written comments and petitions
on the North Carolina Proposed
2018 State Medical Facilities Plan
must be received in the Healthcare
Planning Office by 5:00 p.m. on
Wednesday, July 26, 2017.

Before the undersigned, a Notary Public of Said County and State,
Jarimy Springer

Who, being duly sworn or affirmed, according to the law, says that he/she is
Accounting Specialist

of CA North Carolina Holdings, Inc., a corporation organized and doing business under the Laws
of the State of North Carolina, and publishing a newspaper known as StarNews in the City of
Wilmington

PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan Citizens
are invited to attend public hearings on the North Carolina Proposed 2018 State Medical
Facilities Plan to be conducted by the North Carolina State Health Coordinating Co

was inserted in the aforesaid newspaper in space, and on dates as follows:
6/14 1x

And at the time of such publication Star-News was a newspaper meeting all the requirements and
qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

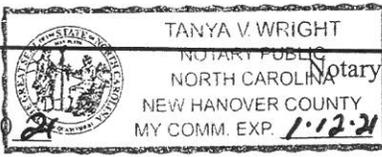
Handwritten signature: Jarimy Springer

Title: Accounting Specialist

Sworn or affirmed to, and subscribed before me this 20th day of
June, A.D., 2017

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and
year aforesaid.

Handwritten signature: Tanya V. Wright



My commission expires 12 day of Jan, 2021

going affidavit with the advertisement thereto annexed it is adjudged by the Court that the said
ly made and that the summons has been duly and legally served on the defendant(s).

Clerk of Superior Court

MAIL TO:

Cooke Communications  
 North Carolina, LLC  
 Fed ID# 20-1788401

BILLED ACCOUNT NUMBER <b>113238</b>		ADVERTISER/CLIENT NAME <b>NC DEPT HEALTH &amp; HUMAN SERVIC</b>		
CURRENT NET AMOUNT DUE <b>\$233.00</b>	30 DAYS <b>\$0.00</b>	60 DAYS <b>\$0.00</b>	90 DAYS <b>\$0.00</b>	OVER 120 DAYS <b>\$0.00</b>
TOTAL AMOUNT DUE <b>\$233.00</b>			PAGE <b>1</b>	

**ADVERTISING  
 INVOICE**

BILLING PERIOD 06/01/17 - 06/30/17
---------------------------------------

NC DEPT HEALTH & HUMAN SERVIC  
 ATTN. SHARETTA BLACKWELL  
 2701 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-2704

REMITTANCE ADDRESS  
**Cooke Communications**  
**North Carolina, LLC**  
**Processing Center**  
**PO Box 1967**  
**Greenville, NC 27835-1967**  
**(252) 329-9506 - credit/debit card only**

PLEASE DETACH AND RETURN THE UPPER PORTION WITH YOUR REMITTANCE

DATE	AD ID PUBLICATION	DESCRIPTION - OTHER COMMENTS/CHARGES	AD SIZE	BILLED UNITS	TIMES	GROSS AMOUNT	NET AMOUNT
		PREVIOUS BALANCE					0.00
6/14/2017	181499 Daily Reflector	PUBLIC HEARINGS: PUBLIC HEARINGS: North		106 IN	2	233.00	233.00

Account # 532860  
 Center # 116-1720-00  
 Amount: \$ 233.00



Kim Bandy 7/24/17

**STATEMENT OF ACCOUNT** AGING OF PAST DUE AMOUNTS

TERMS: NET 30 DAYS

CURRENT NET AMOUNT DUE <b>\$233.00</b>	30 DAYS <b>\$0.00</b>	60 DAYS <b>\$0.00</b>	90 DAYS <b>\$0.00</b>	120 DAYS <b>\$0.00</b>	TOTAL AMOUNT DUE <b>\$233.00</b>
---	--------------------------	--------------------------	--------------------------	---------------------------	-------------------------------------

\*UNAPPLIED AMOUNT IS EXCLUDED FROM TOTAL AMOUNT DUE

BILLING PERIOD 06/01/17 thru 06/30/17	REP NAME Kim Bandy	REP PHONE NUMBER 252-407-9907	BILLED ACCOUNT NUM 113238	ADVERTISER/CLIENT NAME NC DEPT HEALTH & HUMAN SERVIC
--	-----------------------	----------------------------------	------------------------------	---

**NC Daily Newspapers**

- The Daily Reflector, Greenville
- Rocky Mount Telegram, Rocky Mount
- The Daily Advance, Elizabeth City

**NC Community Newspapers (Non Dailies)**

- The Times-Leader, Grifton
- The Standard Laconic, Snow Hill
- The Farmville Enterprise, Farmville
- Duplin Times, Kenansville
- The Bertie Ledger-Advance, Windsor
- The Martin County Enterprise & Weekly Herald, Williamston
- The Tarboro Weekly, Tarboro
- The Chowan Herald, Edenton
- The Perquimans Weekly, Hertford

**Order any combination!!!  
 Call today for details.**

# Cooke COMMUNICATIONS

NORTH CAROLINA LLC  
The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967  
Greenville NC 27835

Check # \_\_\_\_\_  
Date Paid \_\_\_\_\_  
A/R Rep \_\_\_\_\_

NC DEPT HEALTH & HUMAN SERVIC  
ATTN. SHARETTA BLACKWELL  
2701 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

Copy Line: PUBLIC HEARINGS:  
Lines: 106  
Total Price: \$233.00

Account: 113238

Ticket: 181499

## PUBLISHER'S AFFIDAVIT

NORTH CAROLINA  
Pitt County

Susan Steel affirms that he/she is clerk of Daily Reflector, a newspaper published daily at Greenville, North Carolina, and that the advertisement, a true copy of which is hereto attached, entitled PUBLIC HEARINGS: was published in said Daily Reflector on the following dates:

Wednesday, June 14, 2017

and that the said newspaper in which such notice, paper, document or legal advertisement was published, was at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Chapter 1, Section 597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Chapter 1, Section 597 of the General Statutes of North Carolina.

Susan Steel

Affirmed and subscribed before me this 14th day of June 2017

Anita C House  
(Notary Public Signature)

Anita C House  
(Notary Public Printed Name)

My commission expires 11/17/21



### PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan

Citizens are invited to attend public hearings on the North Carolina Proposed 2018 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

**Greensboro (Tuesday)** **July 11, 2017**  
1:30-2:30 p.m.  
The Women's Hospital  
801 Green Valley Road  
Greensboro, NC  
Room 1  
336-832-6500

**Wilmington (Wednesday)** **July 14, 2017**  
1:30-2:30 p.m.  
New Hanover County Public Library  
Main Library  
201 Chestnut Street  
Wilmington, NC  
Masonboro Room  
910-798-6311

**Concord (Tuesday)** **July 18, 2017**  
1:30-2:30 p.m.  
Carolinas HealthCare System NorthEast  
920 Church Street  
Concord, NC  
Medical Arts Classroom 1, 2 & 3  
704-403-1652

**Asheville (Friday)** **July 21, 2017**  
1:30-2:30 p.m.  
Mountain Area Health  
Education Center  
121 Hendersonville Road  
Asheville, NC  
Cherokee Room  
828-257-4400

**Greenville (Monday)** **July 24, 2017**  
1:30-2:30 p.m.  
Pitt County Office Bldg.  
1717 West 5th Street  
Greenville, NC  
Commissioners' Auditorium 2nd Floor  
252-902-2950

**Raleigh (Wednesday)** **July 26, 2017**  
1:30-2:30 p.m.  
Dorothea Dix Campus  
801 Biggs Drive  
Raleigh NC  
Brown Building Room 104  
919-855-3968

The State Medical Facilities Plan projects need for acute care hospital beds, operating rooms, other acute care services, inpatient rehabilitation beds, technology services and equipment, nursing care beds, home health agencies, kidney dialysis stations, hospice home care programs and inpatient beds, psychiatric hospitals, substance abuse treatment facilities, adult care home beds, and intermediate care facilities for individuals with intellectual disabilities.

Individuals who want information about the Plan or the series of public hearings may call (919) 855-3865, or write to: Healthcare Planning, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. Inquiries may be made to this same address about comments or petitions received regarding the Proposed Plan. The North Carolina Proposed 2018 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: <http://www.ncdhhs.gov/dhst/mfhp/index.html>. All written comments and petitions on the North Carolina Proposed 2018 State Medical Facilities Plan must be received in the Healthcare Planning Office by 5:00 p.m. on Wednesday, July 26, 2017.

6/14/2017

All people commenting on the North Carolina Proposed 2018 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with disabilities who need assistance to participate in the public hearings are requested to notify Healthcare Planning in advance so that reasonable accommodations can be arranged.

# Cooke COMMUNICATIONS

NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram  
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic  
Tarboro Weekly - Times Leader - Williamston Enterprise  
PO Box 1967, Greenville NC 27835

## CUSTOMER INFORMATION

**Name:** NC DEPT HEALTH & HUMAN SERVIC  
**Address:** ATTN. SHARETTA BLACKWELL  
2701 MAIL SERVICE CENTER  
RALEIGH NC 27699-2704

**Account ID:** 113238

## AD INFORMATION

**Ticket:** 181499  
**Copy Line:** PUBLIC HEARINGS:  
**Total Price:** \$233.00  
**Run Dates:** 06/14/17 to 06/14/17  
**Paper:** Daily Reflector

**PAY THIS AMOUNT**

**\$233.00**

**DUE IN 10 DAYS**



Please return bottom portion with payment to ensure your payment is posted properly.

**Ticket:** 181499

**Account ID:** 113238

**Copy Line:** PUBLIC HEARINGS:

**Bill Date:** 06/14/17

**Total Price:** \$233.00

## IMPORTANT NOTICES

This is a statement for the legal ad that ran in  
**Daily Reflector**  
An affidavit will be issued upon receipt of payment for this ad to the  
address listed unless we are notified to do otherwise.

There will be a **\$25.00** fee for each duplicate affidavit.

## PLEASE REMIT TO:

Cooke Communications NC LLC  
ATTN: Elizabeth Poole  
PO Box 1967  
Greenville NC 27835

P. O. BOX 677564  
 Dallas, Texas 75267-7564  
 1-866-219-2216

**ADVERTISING INVOICE**

Customer Number	Invoice Number
242486	0009101663
Due Date	Amount Due
07/15/17	385.76
For the Period	Thru
05/29/17	06/25/17

**NC DEPT OF HEALTH & HUMAN SERV**  
 2704 MAIL SERVICE CTR  
 RALEIGH NC 27699-2704

S651

DATE	EDT	CLASS	DESCRIPTION	TIMES RUN	COL	DEPTH	TOTALSIZE	RATE	AMOUNT
0529			PREVIOUS BALANCE						
0620			CREDIT CARD CHARGE						54.12
0614	ACT	0008	PUBLIC HEARINGS: North Caro	2	2	64.00	256.00		54.12-
									HP → 385.76



Account # 532860  
 Center # 1161720 00  
 Amount: \$ 385.76  
 S. Benet 8/8/2017

**DETACH AND RETURN REMITTANCE BELOW PERFORATION**

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	Unapplied Amount	TOTAL DUE
385.76	.00	.00	.00	.00		385.76

CONTRACT TYPE	CONTRACT QUANTITY	EXPIRATION DATE	CURRENT USAGE	TOTAL USED	QUANTITY REMAINING	SALESPERSON
						CASIANO

CUSTOMER NUMBER	NAME	INVOICE NUMBER	AMOUNT PAID
242486	NC DEPT OF HEALTH & HUMAN SERV	0009101663	

EFT (Electronic Funds Transfer) \*When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If you wish to opt out of Electronic Funds Transfer please call 866-404-8033. FINANCE CHARGE is computed by a periodic rate of 1% per month which is an ANNUAL PERCENTAGE RATE of 12% applied to the previous balance after deducting payments or credits. All claims for adjustments must accompany payment, in writing, within 30 days of billing date. IF THERE ARE ANY QUESTIONS CONCERNING THESE CHARGES, PLEASE NOTIFY THE CREDIT DEPARTMENT 1-866-219-2216.

Please include customer # and invoice # on your check

242486000000000000000000091016630003857611203



## AFFIDAVIT OF PUBLICATION

### BUNCOMBE COUNTY

SS.  
**NORTH CAROLINA**

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Kelly Loveland**, who, being first duly sworn, deposes and says: that she is the **Staff Accountant of The Asheville Citizen-Times**, engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: June 14<sup>th</sup> 2017. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 27<sup>th</sup> day of July, 2017

*Kelly Loveland*  
 \_\_\_\_\_  
 (Signature of person making affidavit)

Sworn to and subscribed before me the 27<sup>th</sup> day of July, 2017.

*Katrina Joye Petrey*  
 \_\_\_\_\_  
 (Notary Public)  
 My Commission expires the 5<sup>th</sup> day of October, 2018.



**PUBLIC HEARINGS: North Carolina Proposed 2018 State Medical Facilities Plan**  
 Citizens are invited to attend public hearings on the North Carolina Proposed 2018 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

Greensboro (Wednesday)	July 11, 2017 1:30-2:30 p.m.	The Women's Hospital 801 Green Valley Road Greensboro, NC Room 1 336-832-6500
Wilmington (Friday)	July 14, 2017 1:30-2:30 p.m.	New Hanover County Public Library Main Library 201 Chestnut Street Wilmington, NC Masonboro Room 910-798-6311
Concord (Wednesday)	July 18, 2017 1:30-2:30 p.m.	Carolinas HealthCare System NorthEast 920 Church Street Concord, NC Medical Arts Classroom 1, 2 & 3 704-403-1652
Asheville (Friday)	July 21, 2017 1:30-2:30 p.m.	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Cherokee Room 828-257-4400
Greenville (Monday)	July 24, 2017 1:30-2:30 p.m.	Pitt County Office Bldg. 1717 West 5th Street Greenville, NC Commissioners' Auditorium 2nd Floor 252-902-2950
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People commenting on the North Carolina Proposed 2018 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with disabilities who need assistance to participate in the public hearings are requested to notify Healthcare Planning in advance so that reasonable accommodations can be arranged.  
 The State Medical Facilities Plan projects need for acute care hospital beds, operating rooms, other acute care services, inpatient rehabilitation beds, technology services and equipment; nursing care beds, home health agencies, kidney dialysis stations, hospice care programs and inpatient beds, psychiatric hospitals, substance abuse treatment facilities, adult care home beds, and intermediate care facilities for individuals with intellectual disabilities.  
 Individuals who want information about the Plan or the series of public hearings may call (919) 855-3865, or write to: Healthcare Planning, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. Inquiries may be made to this same address about comments or petitions received regarding the Proposed Plan. The North Carolina Proposed 2018 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: <http://www.ncdhs.gov/dhsr/mp/ind.html>. All written comments and petitions on the North Carolina Proposed 2018 State Medical Facilities Plan must be received in the Healthcare Planning Office by 5:00 p.m. on Wednesday, July 26, 2017.  
 July 14, 2017.



# CITIZEN-TIMES

PART OF THE USA TODAY NETWORK

## Classified Ad Receipt (For Info Only - NOT A BILL)

**Customer:** NC DEPT OF HEALTH & HUMAN SERV

**Address:** 701 BARBOUR DR  
RALEIGH NC 27603  
USA

**Ad No.:** 0002206023

**Pynt Method:** Invoice

**Net Amt:** \$385.76

**Run Times:** 1

**No. of Affidavits:** 1

**Run Dates:** 06/14/17

### Text of Ad:

**PUBLIC HEARINGS:** North Carolina Proposed 2018 State Medical Facilities Plan

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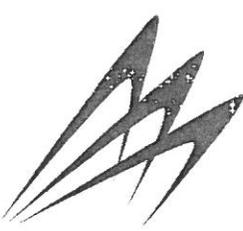
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Greenville (Monday)	July 24, 2017 1:30-2:30 p.m.	Pitt County Office Bldg. 1717 West 5th Street Greenville, NC Commissioners' Auditorium 2nd Floor 252-902-2950
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June 14, 2017





# NANDO

MEDIA COMPANY  
consult. strategize. deliver.

Powered by  
McClatchy

The News & Observer  
215 S. McDowell St  
Raleigh, NC 27601  
919-829-4500

## INVOICE AND STATEMENT OF ACCOUNT

AGING OF PAST DUE ACCOUNTS

\* UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT

Fed ID# 56-0338580

21	2017-06	22	2017-05	2017-04	2017-03+	* UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE	
	\$951.50		\$0.00	\$0.00	\$0.00	\$0.00		\$951.50	
SALES REP		ADVERTISER INFORMATION							
JoMarie Holtshouser		1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME
			05/29/2017 - 06/25/2017		308016		308016		NC DEPT. OF HEALTH AND HUMAN SERVIC
4	PAGE #								
	1 of 1								

NC DEPT. OF HEALTH AND HUMAN SERVICES  
attn Sharetta Blackwell  
809 RUGGLES DRIVE  
RALEIGH, NC 27603

### MAKE CHECKS PAYABLE TO

The News & Observer  
P O Box 3022  
Livonia, MI 48151

Questions? Billing: 800-909-9675. Credit:  
ssccreditandcollections@mcclatchy.com

Payment is due upon receipt.



10	11	NEWSPAPER REFERENCE	12 14	DESCRIPTION	13	PRODUCT	15	SAU SIZE	16	BILLED UNITS	17	TIMES RUN	18	RATE	19	AMOUNT
				Balance Forward												\$0.00
06/14	06/14	I03106331-06142017		Proposed 2018 State Medical		News & Observer		1 x 110 L		110		1		\$8.65		\$951.50
06/14	06/14	I03106331-06142017		Proposed 2018 State Medical		NO.com		1 x 110 L		110		1		\$0.00		\$0.00
															Invoice Total	\$951.50

Account# 532860  
 Counter# 116172000  
 Amount: \$ 951.50  
 Jo Marie Holtshouser

PREVIOUS AMOUNT OWED: \$0.00  
 NEW CHARGES THIS PERIOD: \$951.50  
 CASH THIS PERIOD: \$0.00  
 DEBIT ADJUSTMENTS THIS PERIOD: \$0.00  
 CREDIT ADJUSTMENTS THIS PERIOD: \$0.00



P O Box 3022  
Livonia, MI 48151

PLEASE DETACH AND RETURN LOWER PORTION WITH YOUR REMITTANCE

1	BILLING PERIOD	2	ADVERTISER/CLIENT NAME		
	05/29/2017 - 06/25/2017		NC DEPT. OF HEALTH AND HUMAN SERVICES		
23	TOTAL AMOUNT DUE	* UNAPPLIED AMOUNT	3	TERMS OF PAYMENT	
	\$951.50	\$0.00		Payment is due upon receipt	
21	2017-06	22	2017-05	2017-04	2017-03+
	\$951.50		\$0.00	\$0.00	\$0.00

### ADVERTISING INVOICE and STATEMENT

The News & Observer  
P O Box 3022  
Livonia, MI 48151

Invoices not paid within one billing period are  
subject to a 1.5% finance charge (18.00% APR)

4	PAGE #	5	BILLING DATE
	1 of 1		06/25/2017
6	BILLED ACCOUNT NUMBER		
	308016		
7	ADVERTISER/CLIENT NUMBER		
	308016		

100AB 308016

308016

0001262415

000095150 ?

## AFFIDAVIT OF PUBLICATION

Account #	Ad Number	Identification	PO	Cols	Lines
308016	0003106331	Proposed 2018 State Medical Facilities Plan		1	110

**Attention:**

NC DEPT. OF HEALTH AND HUMAN SERVICES  
809 RUGGLES DRIVE  
RALEIGH, NC 27603

**STATE OF NORTH CAROLINA  
COUNTY OF WAKE**

Before the undersigned, a Notary Public of Johnston County, North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared JEANNINE LYONS, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of the News & Observer Publishing Company, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, Wake County and State aforesaid, the said newspaper in which such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT. OF HEALTH AND HUMAN SERVICES was inserted in the aforesaid newspaper on dates as follows:

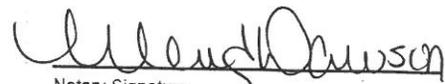
1 Insertion(s)

Published On:  
June 14, 2017

  
JEANNINE LYONS, Accounts Receivable  
Specialist

Sworn to and subscribed before me this  
14th day of June, 2017

My Commission Expires: 7/20/2021

  
Notary Signature

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Proposed 2018 State Medical Facilities  
Plan**

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Room 1  
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1:30-2:30 p.m.  
New Hanover County Public Library  
Main Library  
261 Chestnut Street  
Wilmington, NC  
Masonboro Room  
910-778-6311

**Concord**  
(Tuesday) July 18, 2017  
1:30-2:30 p.m.  
Carolinas HealthCare System  
NorthEast  
291 Church Street  
Concord, NC  
Medical Arts Classroom 1, 2 & 3  
764-403-1452

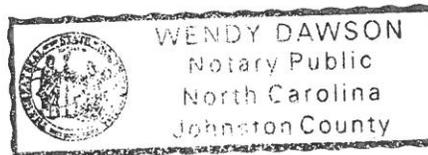
**Asheville**  
(Friday) July 21, 2017  
1:30-2:30 p.m.  
Mountain Area Health  
Education Center  
121 Hendersonville Road  
Asheville, NC  
Cherokee Room  
828-257-1421

**Greenville**  
(Monday) July 24, 2017  
1:30-2:30 p.m.  
Pitt County Office Bldg  
1717 West 5th Street  
Greenville, NC  
Commissioners' Auditorium 2nd Floor  
252-902-2950

**Raleigh**  
(Wednesday) July 26, 2017  
1:30-2:30 p.m.  
Dorothea Dix Campus  
821 Blount Drive  
Raleigh, NC  
Brown Building Room 104  
919-855-2968

All people commenting on the North Carolina Proposed 2018 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with disabilities who need assistance to participate in the public hearings are requested to notify Healthcare Planning in advance so that reasonable accommodations can be arranged.

The State Medical Facilities Plan projects need for acute care hospital beds, operating rooms, other acute care services, inpatient rehabilitation beds, technology services and equipment, nursing care beds, home health agencies, kidney dialysis stations, hospice home care programs and inpatient beds, psychiatric hospitals, substance abuse treatment facilities, adult care home beds, and intermediate care facilities for individuals with intellectual disabilities. Individuals who want information about the Plan or the series of public hearings may call (919) 855-3865, or write for Healthcare Planning, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. Inquiries may be made to this same address about comments or petitions received regarding the Proposed Plan. The



North Carolina Proposed 2018 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: <http://www.ncdhhs.gov/dhsr/mfn/index.html>. All written comments and petitions on the North Carolina Proposed 2018 State Medical Facilities Plan must be received in the Healthcare Planning Office by 3:00 p.m. on Wednesday, July 26, 2017.

N&O: June 14, 2017



# Public Hearing Meetings Registration Sheets

2018 SMFP

North Carolina State Health Coordinating Council  
Greensboro Public Hearing  
July 11, 2017  
1:30 p.m.

**REGISTRATION FOR SHCC MEMBERS**

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kurt Jakusz
11. Valarie Jarvis
12. Dr. Lyndon Jordan
13. Representative Donny Lambeth
14. Stephen Lawler
15. Kenneth Lewis
16. Brian Lucas
17. James Martin, Jr.
18. Dr. Robert McBride
19. Denise Michaud
20. Dr. Jaylan Parikh
21. Dr. Prashant Patel
22. Dr. T. J. Pulliam

Christina Apperson

Pat McBride  
Denise Michaud



Meeting of the North Carolina State Health Coordinating Council  
Greensboro Public Hearing  
July 11, 2017  
1:30 p.m.

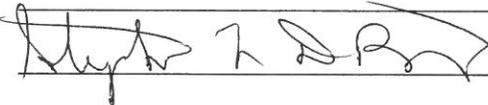
Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
Will Hartcock	Yes
Barbara Freedy	No

North Carolina State Health Coordinating Council  
Wilmington Public Hearing  
July 14, 2017  
1:30 p.m.

**REGISTRATION FOR SHCC MEMBERS**

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams \_\_\_\_\_
3. Christina Apperson \_\_\_\_\_
4. Peter Brunnick \_\_\_\_\_
5. Jim Burgin \_\_\_\_\_
6. Stephen DeBiasi  \_\_\_\_\_
7. Dr. Mark Ellis \_\_\_\_\_
8. Dr. Sandra Greene \_\_\_\_\_
9. Senator Ralph Hise \_\_\_\_\_
10. Kurt Jakusz \_\_\_\_\_
11. Valarie Jarvis \_\_\_\_\_
12. Dr. Lyndon Jordan \_\_\_\_\_
13. Representative Donny Lambeth \_\_\_\_\_
14. Stephen Lawler \_\_\_\_\_
15. Kenneth Lewis \_\_\_\_\_
16. Brian Lucas \_\_\_\_\_
17. James Martin, Jr. \_\_\_\_\_
18. Dr. Robert McBride \_\_\_\_\_
19. Denise Michaud \_\_\_\_\_
20. Dr. Jaylan Parikh \_\_\_\_\_
21. Dr. Prashant Patel \_\_\_\_\_
22. Dr. T. J. Pulliam \_\_\_\_\_

North Carolina State Health Coordinating Council  
Wilmington Public Hearing  
July 14, 2017  
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
Sandy Godwin	no
MIKE VICARIO	No
Will Hartwick	Yes
Timothy Walsh	Yes
Frederick Sanders	No
LAURA RACKLEY	no
Kristy Hubbard	No
Nancy O'Dacre	NO
JAMES SHAFER	no
Tony Zizzemig	Maybe
Joy Heath	Yes
Nancy Beech Merri	NO
Carl Meyer	No

North Carolina State Health Coordinating Council  
Concord Public Hearing  
July 18, 2017  
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kurt Jakusz
11. Valarie Jarvis
12. Dr. Lyndon Jordan
13. Representative Donny Lambeth
14. Stephen Lawler
15. Kenneth Lewis
16. Brian Lucas
17. James Martin, Jr.
18. Dr. Robert McBride
19. Denise Michaud
20. Dr. Jaylan Parikh
21. Dr. Prashant Patel
22. Dr. T. J. Pulliam

*Christina Apperson*

*Christina Apperson*

*Peter A. Brunnick*

*Mark Ellis*

North Carolina State Health Coordinating Council  
 Concord Public Hearing  
 July 18, 2017  
 1:30 p.m.

**Visitor Sign In**

Please print legibly

First Name and Last Name	Speaking
DEBORAH BARTON	No
Loni Louder	no
✓ Sandy Godwin	Yes
Roger Boxwood	NO
✓ Constance Pearson	Yes
✓ Donald C. Maharty	yes
Jon Rodgers	
Aliaa Stewart	NO
Gray Ange II	Yes
Nancy Bee Mahri	No
JORDAN MASSBY	NO
Brandon Taylor	No
Barbara Freedy	No



North Carolina State Health Coordinating Council  
Asheville Public Hearing  
July 21, 2017  
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams \_\_\_\_\_
3. Christina Apperson \_\_\_\_\_
4. Peter Brunnick *Peter A. Brunnick* \_\_\_\_\_
5. Jim Burgin \_\_\_\_\_
6. Stephen DeBiasi \_\_\_\_\_
7. Dr. Mark Ellis \_\_\_\_\_
8. Dr. Sandra Greene \_\_\_\_\_
9. Senator Ralph Hise \_\_\_\_\_
10. Kurt Jakusz \_\_\_\_\_
11. Valarie Jarvis \_\_\_\_\_
12. Dr. Lyndon Jordan \_\_\_\_\_
13. Representative Donny Lambeth \_\_\_\_\_
14. Stephen Lawler \_\_\_\_\_
15. Kenneth Lewis \_\_\_\_\_
16. Brian Lucas \_\_\_\_\_
17. James Martin, Jr. *James Martin Jr* \_\_\_\_\_
18. Dr. Robert McBride \_\_\_\_\_
19. Denise Michaud *Denise Michaud* \_\_\_\_\_
20. Dr. Jaylan Parikh \_\_\_\_\_
21. Dr. Prashant Patel \_\_\_\_\_
22. Dr. T. J. Pulliam \_\_\_\_\_

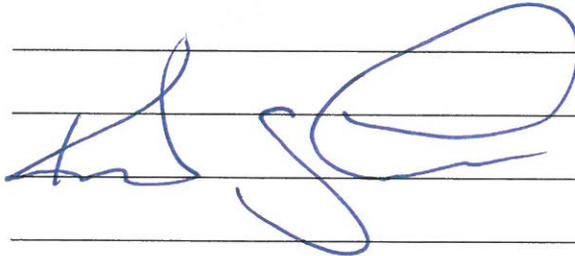




North Carolina State Health Coordinating Council  
Greenville Public Hearing  
July 24, 2017  
1:30 p.m.

**REGISTRATION FOR SHCC MEMBERS**

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams \_\_\_\_\_
3. Christina Apperson \_\_\_\_\_
4. Peter Brunnick \_\_\_\_\_
5. Jim Burgin \_\_\_\_\_
6. Stephen DeBiasi \_\_\_\_\_
7. Dr. Mark Ellis \_\_\_\_\_
8. Dr. Sandra Greene \_\_\_\_\_
9. Senator Ralph Hise \_\_\_\_\_
10. Kurt Jakusz \_\_\_\_\_
11. Valarie Jarvis \_\_\_\_\_
12. Dr. Lyndon Jordan \_\_\_\_\_
13. Representative Donny Lambeth \_\_\_\_\_
14. Stephen Lawler \_\_\_\_\_
15. Kenneth Lewis \_\_\_\_\_
16. Brian Lucas \_\_\_\_\_
17. James Martin, Jr. \_\_\_\_\_
18. Dr. Robert McBride \_\_\_\_\_
19. Denise Michaud \_\_\_\_\_
20. Dr. Jaylan Parikh \_\_\_\_\_
21. Dr. Prashant Patel \_\_\_\_\_
22. Dr. T. J. Pulliam \_\_\_\_\_

A handwritten signature in blue ink is written across the lines for items 13 through 16. The signature is stylized and appears to be 'D. Lambeth'.



North Carolina State Health Coordinating Council  
Raleigh Public Hearing  
July 26, 2017  
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kurt Jakusz
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20. Dr. Jaylan Parikh
21. Dr. Prashant Patel
22. Dr. T. J. Pulliam

*Trey Adams*  
*Christina Apperson*  
*Jim Burgin*  
*Sandra Greene*  
*Valarie Jarvis*  
*Lyndon Jordan*

Meeting of the North Carolina State Health Coordinating Council  
 Raleigh Public Hearing  
 July 26, 2017  
 1:30 p.m.

Visitor Sign In

Page 1

Please print legibly

First Name and Last Name	Speaking
✓ Pam Robinette	yes
Tanya Hall	NO
<del>David Tolentino</del>	<del>yes</del>
Barbara Freedy	No
Marc Hewitt	No
<del>Pam Robinette</del>	<del>Yes</del>
✓ Constance Pearson	yes
Nancy Bess Malin	NO
✓ <del>David Tolentino</del> Will Hawthorn	YES
✓ David Tolentino	YES
✓ Mike Naowski	YES
✓ Skerree Watson	YES
NANCY LANE	No
✓ Daniel Carter	Yes
<del>Amber Prorogast</del>	<del>YES</del>
Karin Sandlin	No
✓ Cooper Linton	Yes
✓ LAURA EASTON	YES

9 speaking

Meeting of the North Carolina State Health Coordinating Council  
 Raleigh Public Hearing  
 July 26, 2017  
 1:30 p.m.

Page 2

Visitor Sign In

Please print legibly

	First Name and Last Name	Speaking
✓	Graz Angell	Yes
	Wesa Booth	No
	Melanie Lewis	NO
	<del>Ed Mowen</del>	<del>Yes</del>
	Antony Wotlich	NO
	WALTER SMITH	NO
✓	Amica Pendergrass <del>Pendergrass</del>	YES
✓	<del>Ed Mowen</del> Laurie McWilliams	YES
✓	Ed Mowen	YES
✓	<del>Ed Mowen</del> / <del>Ed Mowen</del> Cristin Heath	Yes
	Carl Meyer	No.
	Sam Stern	NO
	Chad Walker	NO
	Jon Rodgers	NO
	Whit Krummel	NO
	TRACY COLMAN	NO
	Sam Clark	No
✓	Kelly Schaudt	yes

1:37

6 speaking

Meeting of the North Carolina State Health Coordinating Council  
Raleigh Public Hearing  
July 26, 2017  
1:30 p.m.

Visitor Sign In

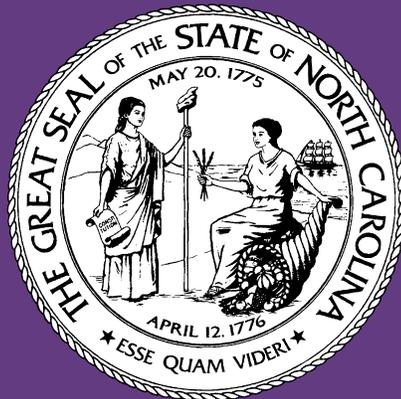
Please print legibly

First Name and Last Name	Speaking
Emily Cromer	NO
Christine Craig	NO
Mike Vicario	No
Heather Bogan	No

2018

STATE HEALTH COORDINATING COUNCIL

# STATE MEDICAL FACILITIES PLAN



*Health Service Regulation*  
HEALTH AND HUMAN SERVICES

# **NORTH CAROLINA 2018 STATE MEDICAL FACILITIES PLAN**

**Effective January 1, 2018**

*Prepared by the*

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section

*Under the direction of the*

North Carolina State Health Coordinating Council

*For information contact the*

North Carolina Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

<https://www2.ncdhhs.gov/dhsr/ncsmfp/index.html>

(919) 855 - 3865

<p><b>NOTE:</b> Data used in the North Carolina 2018 State Medical Facilities Plan was last updated October 6, 2017.</p>
--

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

MARK PAYNE  
DIRECTOR

November 2, 2017

The Honorable Roy Cooper, Governor  
State of North Carolina  
20301 Mail Service Center  
Raleigh, NC 27699-0301

Dear Governor Cooper:

On behalf of the North Carolina State Health Coordinating Council, I am pleased to forward our recommendations for the North Carolina 2018 State Medical Facilities Plan. This Plan is the culmination of a year's work by the council, its committees and Healthcare Planning staff.

The council has devoted a significant amount of time to the review and discussion of a variety of issues prior to making its recommendations for the upcoming year. The Proposed Plan was disseminated broadly and examined in six public hearings held across the state, and any petitions and comments received during this year-long process were duly considered.

This final document represents the council's recommendations regarding health care needs to be addressed in the 2018 certificate of need reviews.

Sincerely,

A handwritten signature in cursive script that reads "Christopher G. Ullrich".

Christopher G. Ullrich, M.D., Chairman  
N.C. State Health Coordinating Council

Enclosure

cc: Mandy Cohen, MD, Secretary, DHHS  
Mark Payne, Director, DHSR

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL  
WWW.NCDHHS.GOV  
TEL 919-855-3865  
LOCATION: 809 RUGGLES DRIVE • EDGERTON BUILDING • RALEIGH, NC 27603  
MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704  
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



## DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER  
GOVERNOR

MANDY COHEN, MD, MPH  
SECRETARY

### MEMORANDUM

TO: Governor Cooper

FROM: Mandy Cohen

SUBJECT: North Carolina 2018 State Medical Facilities Plan

DATE: November 2, 2017

I am forwarding for your review and approval the North Carolina 2018 State Medical Facility Plan (SMFP) as recommended by the North Carolina State Health Coordinating Council (SHCC). Also attached is a summary of the need determinations and summer petitions from the 2017 planning cycle.

I support the SHCC and the implementation of the 2018 SMFP.

Additional background information is available on all areas, if desired. It would greatly facilitate the publication and distribution of the SMFP if you could approve or request changes before the end of November.

MC:mf

Attachments: 2018 State Medical Facilities Plan  
Summary of Need Determinations and Summer Petitions

[WWW.NCDHHS.GOV](http://WWW.NCDHHS.GOV)

TEL 919-855-4900 • FAX 919-715-0991

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

I hereby approve the North Carolina 2018 State Medical Facilities Plan effective January 1, 2018.

---

Roy Cooper, Governor

---

Date

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### DISCLAIMER

The North Carolina 2018 State Medical Facilities Plan is subject to revision throughout the year. Notices containing updates and changes will be posted on the North Carolina Division of Health Service Regulation web page at [www2.ncdhhs.gov/dhsr/ncsmfp](http://www2.ncdhhs.gov/dhsr/ncsmfp) as they are approved. Check the web site for updates.

# Chapter 1:

Overview of the North Carolina 2018 State Medical Facilities Plan

---

# CHAPTER 1

## OVERVIEW OF THE NORTH CAROLINA 2018 STATE MEDICAL FACILITIES PLAN

---

### **Purpose**

The North Carolina 2018 State Medical Facilities Plan (“Plan”) was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation, under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S. §131E-177. The major objective of the Plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. Projections of need are provided for the following types of facilities and services:

- ◆ acute care hospitals
- ◆ adult care facilities
- ◆ end-stage renal disease dialysis facilities
- ◆ hospice home care and hospice inpatient beds
- ◆ inpatient rehabilitation facilities
- ◆ intermediate care facilities for individuals with intellectual disabilities
- ◆ Medicare-certified home health agencies
- ◆ nursing care facilities
- ◆ operating rooms
- ◆ other acute care services
- ◆ psychiatric hospital units and specialty hospitals
- ◆ substance use disorder hospital units, specialty hospitals, and residential facilities
- ◆ technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to the projections of need.

The projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need applications for establishment, expansion, or conversion of health care facilities and services. All parties interested in health care facility and health services planning should consider this Plan a key resource.

## **Basic Principles Governing the Development of this Plan**

### **1. Safety and Quality Basic Principle**

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the North Carolina State Medical Facilities Plan.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The North Carolina State Medical Facilities Plan should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

### **2. Access Basic Principle**

Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the North Carolina State Medical Facilities Plan. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the North Carolina State Medical Facilities Plan seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations. Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

### **3. Value Basic Principle**

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the State Medical Facilities Plan will be a key principle in the formulation and implementation of SHCC recommendations for the State Medical Facilities Plan.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from a State Medical Facilities Plan that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create common resources such as shared health databases, purchasing cooperatives, and shared information management, and by promoting coordinated services that reduce duplicative and conflicting care. The

SHCC also recognizes the importance of balanced competition and market advantage in order to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

### **The State Health Planning Process**

Throughout the development of the North Carolina State Medical Facilities Plan there are opportunities for public review and comment. Sections of the Plan, including the policies and methods for projecting need, are developed with the assistance of committees of the North Carolina State Health Coordinating Council. The committees submit their recommendations to the Council for approval. A Proposed Plan is assembled and made available to the public. Public hearings on the Proposed Plan are held throughout the State during the summer. Comments and petitions received during this period are considered by the Council and, upon incorporation of all changes approved by the Council, a final draft of the Plan is presented to the Governor for review and approval. With the Governor's approval, the State Medical Facilities Plan becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

### **Other Publications**

Information concerning publications or the availability of other data related to the health planning process may be obtained by contacting the North Carolina Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

**North Carolina Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704**

**Telephone Number: (919) 855-3865**

#### **NOTE**

**Determinations of need for services and facilities in this Plan do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Medical Assistance to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to this need.**

## North Carolina State Health Coordinating Council Members

<u>Members:</u>	<u>Representing:</u>	<u>From:</u>
Christopher Ullrich, MD, Chairman	At-Large	Charlotte
Stephen Lawler, Vice-chairman	Hospitals	Charlotte
Robert S. Adams III (Trey)	Small Business & Industry	Raleigh
Christina Apperson	At-Large	Raleigh
Peter A. Brunnick	Hospice	Charlotte
James A. Burgin	County Government (Rural)	Angier
Stephen L. DeBiasi, FACHE, CMPE	At-Large	Wilmington
Mark E. Ellis, MD	At-Large	Charlotte
Sandra Greene, DrPH	Academic Medical Centers	Chapel Hill
Ralph Hise	N.C. Senate	Spruce Pine
Valarie Jarvis, RN, BSN	At-Large	Durham
Lyndon Jordan III, MD	At-Large	Raleigh
Donny Lambeth	N.C. House of Representatives	Winston-Salem
Kenneth J. Lewis	Health Insurance Industry	Pinehurst
Brian Lucas	At-Large	Charlotte
James Martin, Jr.	Nursing Homes	Hickory
Robert B. McBride, Jr., MD	At-Large	Charlotte
Denise M. Michaud	Local Health Director	Morganton
Jaylan Parikh, MD	At-Large	Dunn
Prashant Patel, MD	Physician	Cary
Thomas J. Pulliam, MD	At-Large	Southern Pines

## Committees and Staff Members

### **Acute Care Services Committee**

Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services [bone marrow transplants and solid organ transplants], and inpatient rehabilitation services:

Sandra Greene, DrPH (Chair); Christina Apperson; Mark E. Ellis, MD; Representative Donny Lambeth; Stephen Lawler (Vice-Chair); Kenneth J. Lewis; Robert B. McBride, Jr., MD

*Staffed by: Amy Craddock, PhD*

### **Long-Term and Behavioral Health Committee**

Planning for nursing care facilities, adult care homes, home health services, hospice services, end-stage renal disease dialysis facilities, psychiatric inpatient facilities, substance use disorder inpatient and residential services (chemical dependency treatment beds), and intermediate care facilities for individuals with intellectual disabilities:

Denise M. Michaud (Chair); Peter A. Brunnick; James A. Burgin; James Martin, Jr.; Jaylan Parikh, MD (Vice-Chair); Thomas J. Pulliam, MD

*Staffed by: Elizabeth Brown; Amy Craddock, PhD; and Andrea Emanuel, PhD*

### **Technology and Equipment Committee**

Planning for lithotripsy, gamma knife, linear accelerators, positron emission tomography scanners, magnetic resonance imaging scanners, and cardiac catheterization/angioplasty equipment:

Christopher Ullrich, MD, (Chair); Robert S. Adams III (Trey); Stephen L. DeBiasi; Senator Ralph Hise; Valarie Jarvis; Lyndon Jordan, III, MD (Vice Chair); Brian Lucas; Prashant Patel, MD

*Staffed by: Martha Frisone*

### **Healthcare Planning Staff**

Martha Frisone, Chief, Healthcare Planning and Certificate of Need

Elizabeth Brown, Planner

Amy Craddock, PhD, Planner

Andrea Emanuel, PhD, Planner

Tom Dickson, PhD, Database Manager

Sharetta Blackwell, Administrative Assistant

### **Division of Health Service Regulation**

Mark Payne, Director

Maps courtesy of Braxton C. Hayden, updated June 2016.

# Chapter 2:

Amendments and Revisions to the State Medical Facilities Plan

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## **CHAPTER 2**

# **AMENDMENTS AND REVISIONS TO THE STATE MEDICAL FACILITIES PLAN**

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### **Amendment of Approved Plans**

After the North Carolina State Medical Facilities Plan has been signed by the Governor, it will be amended only as necessary to correct errors or to respond to statutory changes, amounts of legislative appropriations or judicial decisions. The North Carolina State Health Coordinating Council will conduct a public hearing on proposed amendments and will recommend changes it deems appropriate for the Governor's approval.

**NOTE:** Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (*See Chapter 4*).

### **Petitions to Revise the Next State Medical Facilities Plan**

Anyone who finds that the North Carolina State Medical Facilities Plan policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. Such petitions are of two general types: those requesting changes in basic policies and methodologies, and those requesting adjustments to the need projections.

### **Petitions for Changes in Basic Policies and Methodologies**

People who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to submit petitions no later than March 7, 2018. Changes with the potential for a statewide effect are the addition, deletion, and revision of policies or projection methodologies. These types of changes will need to be considered in the first four months of the calendar year as the "Proposed North Carolina State Medical Facilities Plan" (explained below) is being developed.

### **Instructions for Writing Petitions for Changes in Basic Policies and Methodologies**

At a minimum, each written petition requesting a change in basic policies and methodologies used in the North Carolina State Medical Facilities Plan should contain:

1. Name, address, email address and phone number of petitioner.
2. Statement of the requested change, citing the policy or planning methodology in the North Carolina State Medical Facilities Plan for which the change is proposed.
3. Reasons for the proposed change to include:
  - a. A statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made, and
  - b. A statement of alternatives to the proposed change that were considered and found not feasible.
4. Evidence that the proposed change would not result in unnecessary duplication of health resources in the area.

5. Evidence that the requested change is consistent with the three Basic Principles governing the development of the North Carolina State Medical Facilities Plan: Safety and Quality, Access, and Value.

Each written petition must be clearly labeled “Petition” and one copy of each petition must be received by the North Carolina Division of Health Service Regulation, Healthcare Planning by 5:00 p.m. on March 7, 2018. Petitions must be submitted by e-mail, mail or hand delivery.

**E-Mail:** [DHSR.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHSR.SMFP.Petitions-Comments@dhhs.nc.gov)

**Mail:** North Carolina Division of Health Service Regulation  
Healthcare Planning  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services:

809 Ruggles Drive  
Raleigh, North Carolina 27603

#### **Response to Petitions for Changes in Basic Policies and Methodologies**

The process for response to such petitions is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner or any other people or organizations who may be affected by the proposed change.
2. The petition will be considered by the appropriate committee of the North Carolina State Health Coordinating Council and the committee will make recommendations to the North Carolina State Health Coordinating Council regarding disposition of the petition.
3. The North Carolina State Health Coordinating Council will consider the committee’s recommendations and make decisions regarding whether or not to incorporate the changes into the Proposed North Carolina State Medical Facilities Plan.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for changes in basic policies and methodologies in the North Carolina State Medical Facilities Plan will be made no later than the final Council meeting of the calendar year.

### **Petitions for Adjustments to Need Determinations**

A North Carolina Proposed State Medical Facilities Plan is adopted annually by the North Carolina State Health Coordinating Council, and is made available for review by interested parties during an annual "Public Review and Comment Period." During this period, regional public hearings are held to receive oral/written comments and written petitions. The Public Review and Comment Period for consideration of each North Carolina Proposed State Medical Facilities Plan is determined annually and dates are available from Healthcare Planning and published in the North Carolina State Medical Facilities Plan.

People who believe that unique or special attributes of a particular geographic area or institution give rise to resource requirements that differ from those provided by application of the standard planning procedures and policies may submit a written petition requesting an adjustment be made to the need determination given in the North Carolina Proposed State Medical Facilities Plan. These petitions should be delivered to Healthcare Planning as early in the Public Review and Comment Period as possible, but no later than the last day of this period. Requirements for petitions to change need determinations in the North Carolina Proposed State Medical Facilities Plan are given below.

### **Instructions for Writing Petitions for Adjustments to Need Determinations**

At a minimum, each written petition requesting an adjustment to a need determination in the Proposed State Medical Facilities Plan should contain:

1. Name, address, email address and phone number of petitioner.
2. A statement of the requested adjustment, citing the provision or need determination in the Proposed State Medical Facilities Plan for which the adjustment is proposed.
3. Reasons for the proposed adjustment, including:
  - a. Statement of the adverse effects on the population of the affected area that are likely to ensue if the adjustment is not made, and
  - b. A statement of alternatives to the proposed adjustment that were considered and found not feasible.
4. Evidence that health service development permitted by the proposed adjustment would not result in unnecessary duplication of health resources in the area.
5. Evidence that the requested adjustment is consistent with the three Basic Principles governing the development of the North Carolina State Medical Facilities Plan: Safety and Quality, Access and Value.

Petitioners should use the same service area definitions as provided in the program chapters of the North Carolina Proposed State Medical Facilities Plan.

Petitioners should also be aware that Healthcare Planning staff, in reviewing the proposed adjustment, may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed adjustment.

Each written petition must be clearly labeled "Petition" and one copy of each petition must be received by Healthcare Planning by 5:00 p.m. on July 25, 2018. Petitions must be submitted by e-mail, mail or hand delivery.

**E-Mail:** [DHSR.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHSR.SMFP.Petitions-Comments@dhhs.nc.gov)

**Mail:** North Carolina Division of Health Service Regulation  
Healthcare Planning  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services:

809 Ruggles Drive  
Raleigh, North Carolina 27603

### **Response to Petitions for Adjustments to Need Determinations**

The process for response to these petitions by the North Carolina Division of Health Service Regulation and the North Carolina State Health Coordinating Council is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner, or other people or organizations who may be affected by the proposed change.
2. Committee submits its recommendations to the North Carolina State Health Coordinating Council and the committee will make recommendations to the North Carolina State Health Coordinating Council regarding disposition of the petition.
3. Consideration of the committee recommendations by the North Carolina State Health Coordinating Council and decisions regarding whether or not to incorporate the recommended adjustments in the final draft of the North Carolina State Medical Facilities Plan to be forwarded to the Governor.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for adjustments to need determinations in the North Carolina State Medical Facilities Plan will be made no later than the date of the final Council meeting of the calendar year.

**Scheduled State Health Coordinating Council Meetings and Committee Meetings**

Any changes to Council, Committee, Work Group and Public Hearing meeting dates, times and locations will be posted on the meeting information web page at:

<https://www2.ncdhhs.gov/dhsr/mfp/meetings.html>

**North Carolina State Health Coordinating Council**

(All meetings begin at 10:00 a.m.)

March 7, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
May 30, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
August 29, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
October 3, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104

Directions to the Brown Building can be found at:

<https://www2.ncdhhs.gov/dhsr/brown.html>

**The Council will conduct a public hearing on statewide issues related to development of the North Carolina Proposed 2019 State Medical Facilities Plan immediately following the business meeting on March 7, 2018.**

## **Committee Meetings for 2018**

(All meetings begin at 10:00 a.m.)

### **Acute Care Services Committee**

April 3, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 15, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 11, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

### **Long-Term and Behavioral Health Committee**

April 5, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 3, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 6, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

### **Technology and Equipment Committee**

April 11, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 9, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 12, 2018	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

**Deadlines for Petitions and Comments, and Public Hearing Schedule**

The deadline for receipt by Healthcare Planning of petitions, written comments and written comments on petitions and comments is 5:00 p.m. on dates listed below.

- March 7, 2018            The Council will conduct a Public Hearing on statewide issues related to Development of the North Carolina Proposed 2019 State Medical Facilities Plan (SMFP) immediately following the business meeting.
  
- March 22, 2018        Deadline for receipt by Healthcare Planning of any written comments regarding petitions or comments submitted by the March 7<sup>th</sup> deadline on statewide issues related to development of the North Carolina Proposed 2019 State Medical Facilities Plan.

**2018 Schedule for Public Hearings on the N.C. Proposed 2019 SMFP**

(All hearings begin at 1:30 p.m.)

July 11, 2018	Greensboro	The Women’s Hospital
July 13, 2018	Wilmington	New Hanover County - Main Library
July 17, 2018	Concord	Carolinas HealthCare System NorthEast
July 20, 2018	Asheville	Mission Health System Health Education Center
July 24, 2018	Greenville	Pitt County Office Building
July 25, 2018	Raleigh	Dorothea Dix Campus – Brown Building

- July 25, 2018            Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and other written comments regarding the North Carolina Proposed 2019 State Medical Facilities Plan.

- August 9, 2018        Deadline for receipt by Healthcare Planning of any written comments on petitions or comments submitted by the July 25<sup>th</sup> deadline regarding adjusted need determinations or other issues arising from the North Carolina Proposed 2019 State Medical Facilities Plan.

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# Chapter 3:

Certificate of Need Review Categories and Schedule

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## **CHAPTER 3**

### **CERTIFICATE OF NEED**

### **REVIEW CATEGORIES AND SCHEDULE**

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Certificates of need are required prior to the development of new institutional health services. Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted pursuant to 10A NCAC 14C .0202. For proposals which include more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period in which the proposal must be submitted.

The categories are as follows:

#### **Category A: Acute Care Services**

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- Policy AC-3 projects.

#### **Category B: Nursing and Adult Care Services**

- new nursing facilities or beds;
- relocation of existing or approved nursing facility beds within the same service area;
- relocation of nursing facility beds pursuant to Policy NH-6;
- transfer of nursing facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds;
- relocation of existing or approved adult care home beds within the same service area;
- relocation of adult care home beds to a contiguous county pursuant to Policy LTC-2; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

### **Category C: Psychiatric, Substance Use Disorder or Intellectual Disability Services**

- new psychiatric facilities or beds;
- relocation of existing or approved psychiatric beds within the same service area;
- transfer of psychiatric beds from state psychiatric hospitals pursuant to Policy PSY-1;
- new substance use disorder facilities or beds;
- relocation of existing or approved substance use disorder beds within the same service area;
- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Chapter 858 of the 1983 Session Laws, Policy ICF/IID-1, Policy ICF/IID-2 or Policy ICF/IID-3.

### **Category D: Dialysis Services**

- new certified dialysis stations (April 1<sup>st</sup> and October 1<sup>st</sup> Review Cycles only);
- relocation of existing certified dialysis stations pursuant to Policy ESRD-2; and
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services.

### **Category E: Surgical Services**

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facility within the same service area.

### **Category F: Home Health and Hospice Services**

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

### **Category G: Inpatient Rehabilitation Services**

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

### **Category H: Medical Equipment**

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. 131E-176(14o);
- diagnostic centers as defined in G.S. 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1<sup>st</sup> Review Cycle only);
- intraoperative magnetic resonance scanners acquired pursuant to Policy TE-2; and
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3.

### **Category I: Gastrointestinal Endoscopy Services**

- new or additional gastrointestinal endoscopy rooms as defined in G.S. 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

### **Category J: Miscellaneous**

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

**Review Dates**

Table 3A shows the review schedule, by category, for certificate of need applications requiring review. However, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application filing deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated filing deadline for a specific need determination in the North Carolina State Medical Facilities Plan, an applicant must refer to the applicable need determination table for that service in the related chapter in the Plan. Applications for certificates of need for new institutional health services not specified in other chapters of the Plan shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if the need determination is zero. Need determinations for additional dialysis stations pursuant to the “county need” or “facility need” methodologies shall be reviewed in accordance with the provisions of Chapter 14.

**In order to give Certificate of Need sufficient time to provide public notice of review and public notice of public hearings as required by G.S. 131E-185, the deadline for filing certificate of need applications is 5:30 p.m. on the 15<sup>th</sup> day of the month preceding the “CON Beginning Review Date.” In instances when the 15<sup>th</sup> day of the month falls on a weekend or holiday, the filing deadline is 5:30 p.m. on the next business day. The filing deadline is absolute and applications received after the deadline shall not be reviewed in that review period. Applicants are strongly encouraged to complete all materials at least one day prior to the filing deadline and to submit material early on the “Certificate of Need Application Due Date.”**

**Table 3A: 2018 Certificate of Need Review Schedule**

<b>CON Beginning Review Date</b>	<b>Category (All HSAs)</b>									
February 1, 2018			C	D				H		
March 1, 2018	A	B				F	G		I	J
April 1, 2018			C	D						
May 1, 2018	A	B			E	F	G	H		J
June 1, 2018			C	D	E				I	
July 1, 2018	A				E	F	G	H		J
August 1, 2018		B	C	D						
September 1, 2018	A		C		E			H	I	J
October 1, 2018				D			G			
November 1, 2018	A	B			E	F		H		J
December 1, 2018				D	E			H	I	J

For further information about specific schedules, timetables, and certificate of need application forms, contact:

**North Carolina Division of Health Service Regulation  
 Certificate of Need  
 2704 Mail Service Center  
 Raleigh, North Carolina 27699-2704  
 Phone: (919) 855-3873**

# Chapter 4:

## Statement of Policies:

- Acute Care Hospitals
- Technology and Equipment
- Nursing Care Facilities
- Adult Care Homes
- Home Health Services
- End-Stage Renal Disease Dialysis Services
- Mental Health, Intellectual Disabilities, and Substance Use Disorder (General)
- Psychiatric Inpatient Services Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- All Health Services

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## **CHAPTER 4**

### **STATEMENT OF POLICIES**

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#### **Summary of Policy Changes for 2018**

There are no new policies incorporated into the North Carolina 2018 State Medical Facilities Plan. As a result of the work of the Operating Room Methodology Workgroup, the SHCC approved wording changes to Policy AC-3.

Throughout Chapter 4, references to dates have been advanced by one year, as appropriate.

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### **POLICIES APPLICABLE TO ACUTE CARE HOSPITALS (AC)**

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#### **Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes**

For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102 (d).

Licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

#### **Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects**

Projects for which certificates of need are sought by Academic Medical Center Teaching Hospitals may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an Academic Medical Center Teaching Hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. Serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education.
2. Houses extensive basic medical science and clinical research programs, patients and equipment.
3. Serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by Academic Medical Center Teaching Hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. Necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the

applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or

2. With respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of his or her time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or
3. Necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or
4. Necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an Academic Medical Center Teaching Hospital under this policy that meets one of the above conditions shall demonstrate that the Academic Medical Center Teaching Hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-Academic Medical Center Teaching Hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the Academic Medical Center Teaching Hospital.

The Academic Medical Center Teaching Hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The Academic Medical Center Teaching Hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The Academic Medical Center Teaching Hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and the feasibility of using those assets to meet the unique teaching or research needs of the Academic Medical Center Teaching Hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan. Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant’s academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof.

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the Academic Medical Center Teaching Hospital shall surrender the certificate of need.

**Policy AC-4: Reconversion to Acute Care**

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing care, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing care, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital’s average annual utilization of licensed acute care beds as calculated using the most recent Truven Health Analytics Days of Care as provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed “days of care” are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

**Policy AC-5: Replacement of Acute Care Bed Capacity**

Proposals for either partial or total replacement of acute care beds (i.e., construction of new space for existing acute care beds) shall be evaluated against the utilization of the total number of acute care beds in the applicant’s hospital in relation to utilization targets found below. For hospitals **not** designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed “days of care” shall be counted. For hospitals designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed “days of care” **and** swing bed days (i.e., nursing facility days of care) shall be counted in determining utilization of acute care beds. Any hospital proposing replacement of acute care beds must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application. Additionally, if the hospital is a Critical Access Hospital and swing bed days are proposed to be counted in determining utilization of acute care beds, the hospital shall also propose to remain a Critical Access Hospital and must demonstrate the need for maintaining the swing bed capacity proposed within the application. If the Critical Access Hospital does not propose to remain a Critical Access Hospital, only acute care bed “days of care” shall be counted in determining utilization of acute care beds and the hospital must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application.

<b>Facility Average Daily Census</b>	<b>Target Occupancy of Licensed Acute Care Beds</b>
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

**Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage**

To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, a need is determined for one additional heart-lung bypass machine whenever a hospital is operating an open heart surgery program with only one heart-lung bypass machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

**POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)**

**Policy TE-1: Conversion of Fixed Pet Scanners to Mobile Pet Scanners**

Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. Shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located.
2. Shall be moved at least weekly to provide services at two or more host facilities<sup>1</sup>.
3. Shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

<sup>1</sup> The council recommended the revision of the current East and West service areas to a statewide service area to allow flexibility in servicing mobile PET sites.

**Policy TE-2: Intraoperative Magnetic Resonance Scanners**

Qualified applicants may apply for an intraoperative Magnetic Resonance Scanner (iMRI) to be used in an operating room suite.

To qualify, the health service facility proposing to acquire the iMRI scanner shall demonstrate in its certificate of need application that it is a licensed acute care hospital which:

1. Performed at least 500 inpatient neurosurgical cases during the 12 months immediately preceding the submission of the application; and
2. Has at least two neurosurgeons that perform intracranial surgeries currently on its Active Medical Staff; and
3. Is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 9.

**Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners**

Qualified applicants may apply for a fixed magnetic resonance imaging scanner (MRI).

To qualify, the health service facility proposing to acquire the fixed MRI scanner shall demonstrate in its certificate of need application that it is a licensed North Carolina acute care hospital with emergency care coverage 24 hours a day, seven days a week and that does not currently have an existing or approved fixed MRI scanner as reflected in the inventory in the applicable State Medical Facilities Plan.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The fixed MRI scanner must be located on the hospital’s “main campus” as defined in G.S. 131E-176-(14n)a.

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**POLICIES APPLICABLE TO NURSING CARE FACILITIES (NH)**

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**Policy NH-2: Plan Exemption for Continuing Care Retirement Communities**

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for nursing care without regard to the nursing care bed need shown in Chapter 10: Nursing Care

Facilities. To qualify for such exemption, applications for certificates of need shall show that the proposed nursing care bed capacity:

1. Will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:
  - a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
  - b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.
2. Will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
3. Reflects the number of nursing care beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.
4. Will not be certified for participation in the Medicaid program.

One hundred percent of the nursing care beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing care bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

**Policy NH-5: Transfer of Nursing Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities**

Beds in state psychiatric hospitals that are certified as nursing facility beds may be relocated to licensed nursing facilities. However, before nursing facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing facility beds that are relocated to licensed nursing facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing facilities proposing to operate transferred nursing facility beds shall commit to serve the type of residents who are normally placed in nursing facility beds at the state psychiatric hospitals. To help ensure that relocated nursing facility beds will serve those people who would have been served by state psychiatric hospitals in nursing facility beds, a certificate of need application to transfer nursing facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated

Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing care beds. Nursing care beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

**Policy NH-6: Relocation of Nursing Facility Beds**

Relocations of existing licensed nursing facility beds are allowed. Certificate of need applicants proposing to relocate licensed nursing facility beds shall:

1. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing facility beds in the county that would be losing nursing facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of licensed nursing facility beds in the county that would gain nursing facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

**Policy NH-8: Innovations in Nursing Facility Design**

Certificate of need applicants proposing new nursing facilities and replacement nursing facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

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**POLICIES APPLICABLE TO ADULT CARE HOMES (LTC)**

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**Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds**

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, applications for certificates of need shall show that the proposed adult care home bed capacity:

1. Will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. Will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.
3. Will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care

retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.

4. Reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. Will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One half of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

**Policy LTC-2: Relocation of Adult Care Home Beds**

Relocations of existing licensed adult care home beds are allowed only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate licensed adult care home beds to a contiguous county shall:

1. Demonstrate that the facility losing beds or moving to a contiguous county is currently serving residents of that contiguous county; and
2. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
3. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

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**POLICIES APPLICABLE TO HOME HEALTH SERVICES (HH)**

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**Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County**

When a county<sup>1</sup> has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the *next* annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from

the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

<sup>1</sup> Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.

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## **POLICIES APPLICABLE TO END-STAGE RENAL DISEASE DIALYSIS SERVICES (ESRD)**

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### **Policy ESRD-2: Relocation of Dialysis Stations**

Relocations of existing dialysis stations are allowed only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. Demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and
2. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina Semiannual Dialysis Report, and
3. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina Semiannual Dialysis Report.

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## **POLICIES APPLICABLE TO ALL MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE USE DISORDER FACILITIES (MH)**

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### **Policy MH-1: Linkages between Treatment Settings**

An applicant for a certificate of need for psychiatric, substance use disorder or intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

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## **POLICIES APPLICABLE TO PSYCHIATRIC INPATIENT SERVICES FACILITIES (PSY)**

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### **Policy PSY-1: Transfer of Beds from State Psychiatric Hospitals to Community Facilities**

Beds in the state psychiatric hospitals used to serve short-term psychiatric patients may be relocated to community facilities through the certificate of need process. However, before beds are transferred out of the state psychiatric hospitals, services and programs shall be available in the community. State psychiatric hospital beds that are relocated to community facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need of the North Carolina Department of Health and Human Services and commit to serve the type of short-term patients normally placed at the state psychiatric hospitals. To help ensure that relocated beds will serve those people who would have been served by the state psychiatric hospitals, a proposal to transfer beds from a state hospital shall include a written memorandum of agreement between the local management entity-managed care organization serving the county where the beds are to be located, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

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## **POLICIES APPLICABLE TO INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)**

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### **Policy ICF/IID-1: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Medically Fragile Children**

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to community facilities through the certificate of need process for the establishment of community ICF/IID facilities to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. This policy allows for the relocation or transfer of beds only and does not provide for transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to community facilities shall be closed upon licensure of the transferred beds.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. To help ensure the relocated beds will serve these residents such proposal shall include a written agreement with the following representatives: director of the local management entity/managed care organization serving the county where the group home is to be located, the director of the applicable state operated developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the group home.

### **Policy ICF/IID-2: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Individuals Who Currently Occupy the Beds**

Existing certified Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be transferred through the certificate of need process to establish ICF/IID group homes in the community to serve people with complex behavioral challenges

and/or medical conditions for whom a community ICF/IID placement is appropriate, as determined by the individual's treatment team and with the individual/guardian being in favor of the placement. This policy requires the transfer of the individuals who currently occupy the ICF/IID beds in the developmental center to the community facility when the beds are transferred. The beds in the state operated developmental center shall be closed upon certification of the transferred ICF/IID beds in the community facility. Providers proposing to develop transferred ICF/IID beds, as those beds are described in this policy, shall submit an application to Certificate of Need that demonstrates their clinical experience in treating individuals with complex behavioral challenges or medical conditions in a residential ICF/IID setting. To ensure the transferred beds will be used to serve these individuals, a written agreement between the following parties shall be obtained prior to development of the group home: director of the local management entity-managed care organization serving the county where the group home is to be located, the director of the applicable developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the group home.

**Policy ICF/IID-3: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Adults with Severe to Profound Developmental Disabilities**

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community facilities through the certificate of need process for the replacement of Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (CAP I/DD) waiver slots lost as a result of the Centers for Medicaid and Medicare Services (CMS) policy designed to prohibit CAP I/DD waiver and ICF/IID beds from being located on the same campus. This policy allows for the relocation or transfer of beds only and does not provide for transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to community facilities shall be closed upon licensure of the transferred beds.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve adults who have severe to profound developmental disabilities. This policy applies only to facilities that have lost waiver slots as a result of the CMS ruling and does not apply for expansion beyond the lost beds. To help ensure the relocated beds will serve these residents such proposal shall include a written agreement with the following representatives: director of the local management entity/managed care organization serving the county where the community-based facility is located, the director of the applicable state operated developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the community-based facility.

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**POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)**

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The policy statements below apply to all health services including acute care (hospitals, ambulatory surgical facilities, operating rooms, rehabilitation facilities, and technology); long-term care (nursing homes, adult care homes, Medicare-certified home health agencies, end-stage renal disease services and hospice services); mental health (psychiatric facilities, substance use disorder facilities, and ICF/IID) and services and equipment including bone marrow transplantation services, burn intensive care services, neonatal intensive care services, open heart surgery services, solid organ transplantation services, cardiac catheterization equipment, heart-lung bypass machines, gamma knives, linear accelerators, lithotripters, magnetic resonance imaging scanners, positron emission tomography scanners, simulators, major medical equipment as defined in G.S. 131E-176(14o), and diagnostic centers as defined in G.S. 131E-176(7a).

### **Policy GEN-1: Reallocations**

1. Reallocations shall be made only to the extent that the methodologies used in this Plan to make need determinations indicate that need exists after the inventories are revised and the need determinations are recalculated.
2. Beds or services which are reallocated once in accordance with this policy shall not be reallocated again. Rather, Healthcare Planning shall make any necessary changes in the next annual North Carolina State Medical Facilities Plan.
3. Dialysis stations that are withdrawn, relinquished, not applied for, decertified, denied, appealed, or pending the expiration of the 30-day appeal period shall not be reallocated. Instead, any necessary redetermination of need shall be made in the next scheduled publication of the North Carolina Semiannual Dialysis Report.
4. Appeals of Certificate of Need Decisions on Applications  
Need determinations of beds or services for which Certificate of Need decision to approve or deny the application has been appealed shall not be reallocated until the appeal is resolved.
  - a. Appeals resolved prior to August 17:  
If such an appeal is resolved in the calendar year prior to August 17, the beds or services shall not be reallocated by Certificate of Need; rather Healthcare Planning shall make the necessary changes in the next annual North Carolina State Medical Facilities Plan except for dialysis stations which shall be processed pursuant to Item 3.
  - b. Appeals resolved on or after August 17:  
If such an appeal is resolved on or after August 17 in the calendar year, the beds or services, except for dialysis stations, shall be made available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from the date that the appeal is resolved. Notice shall be mailed by Certificate of Need to all people on the mailing list for the North Carolina State Medical Facilities Plan, no less than 45 days prior to the due date for receipt of new applications.
5. Withdrawals and Relinquishments  
Except for dialysis stations, a need determination for which a certificate of need is issued, but is subsequently withdrawn or relinquished, is available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from:
  - a. the last date on which an appeal of the notice of intent to withdraw the certificate could be filed if no appeal is filed;
  - b. the date on which an appeal of the withdrawal is finally resolved against the holder; or
  - c. the date that Certificate of Need receives from the holder of the certificate of need notice that the certificate has been voluntarily relinquished.

Notice of the scheduled review period for the reallocated services or beds shall be mailed by Certificate of Need to all people on the mailing list for the North Carolina State Medical Facilities Plan, no less than 45 days prior to the due date for submittal of the new applications.

6. Need Determinations for which No Applications are Received
  - a. Services or beds with scheduled review in the calendar year on or before September 1: Certificate of Need shall not reallocate the services or beds in this category for which no applications were received, because Healthcare Planning will have sufficient time to make any necessary changes in the determinations of need for these services or beds in the next annual North Carolina State Medical Facilities Plan, except for dialysis stations.
  - b. Services or beds with scheduled review in the calendar year after September 1: Except for dialysis stations, a need determination in this category for which no application has been received by the last due date for submittal of applications shall be available to be applied for in the second Category J review period in the next calendar year for the applicable Health Service Area. Notice of the scheduled review period for the reallocated beds or services shall be mailed by Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan, no less than 45 days prior to the due date for submittal of new applications.
7. Need Determinations not Awarded because Application Disapproved
  - a. Disapproval in the calendar year prior to August 17:  
Need determinations or portions of such need for which applications were submitted but disapproved by Certificate of Need before August 17, shall not be reallocated by Certificate of Need. Instead Healthcare Planning shall make the necessary changes in the next annual North Carolina State Medical Facilities Plan if no appeal is filed, except for dialysis stations.
  - b. Disapproval in the calendar year on or after August 17:  
Need determinations or portions of such need for which applications were submitted but disapproved by Certificate of Need on or after August 17, shall be reallocated by Certificate of Need, except for dialysis stations. A need in this category shall be available for a review period to be determined by Certificate of Need but beginning no earlier than 95 days from the date the application was disapproved, if no appeal is filed. Notice of the scheduled review period for the reallocation shall be mailed by the Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan no less than 80 days prior to the due date for submittal of the new applications.
8. Reallocation of Decertified Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Beds

If an ICF/IID facility's Medicaid certification is relinquished or revoked, the ICF/IID beds in the facility may be reallocated by the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning after consideration of recommendations from the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The North Carolina Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need shall schedule reviews of applications for any reallocated beds pursuant to Section (5) of this policy.

**Policy GEN-2: Changes in Need Determinations**

1. The need determinations adopted in this document or in the Dialysis Reports shall be revised continuously throughout the calendar year to reflect all changes in the inventories of:
  - a. the health services listed at G.S. 131E-176 (16)f;
  - b. health service facilities;
  - c. health service facility beds;
  - d. dialysis stations;
  - e. the equipment listed at G.S. 131E-176 (16)f1;
  - f. mobile medical equipment;
  - g. operating rooms as defined in Chapter 6; and

as those changes are reported to Healthcare Planning. However, need determinations in this document shall not be reduced if the relevant inventory is adjusted upward 60 days or less prior to the applicable “Certificate of Need Application Due Date.”

2. Inventories shall be updated to reflect:
  - a. decertification of Medicare-certified home health agencies or offices, ICF/IID and dialysis stations;
  - b. de-licensure of health service facilities and health service facility beds;
  - c. demolition, destruction, or decommissioning of equipment as listed at G.S. 131E-176(16)f1 and s;
  - d. elimination or reduction of a health service as listed at G.S. 131E-176(16)f;
  - e. addition or reduction in operating rooms as defined in Chapter 6;
  - f. psychiatric beds licensed pursuant to G.S. 131E-184(c);
  - g. certificates of need awarded, relinquished, or withdrawn, subsequent to the preparation of the inventories in the North Carolina State Medical Facilities Plan; and
  - h. corrections of errors in the inventory as reported to Healthcare Planning.
3. Any person who is interested in applying for a new institutional health service for which a need determination is made in this document may obtain information about updated inventories and need determinations from Healthcare Planning.

4. Need determinations resulting from changes in inventory shall be available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from the date of the action identified in Subsection (2), except for dialysis stations which shall be determined by Healthcare Planning and published in the next North Carolina Semiannual Dialysis Report. Notice of the scheduled review period for the need determination shall be mailed by the Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan no less than 45 days prior to the due date for submittal of the new applications.

**Policy GEN-3: Basic Principles**

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

**Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities**

Any person proposing a capital expenditure greater than \$2 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178 shall include in its certificate of need application a written statement describing the project's plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

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# Chapter 5:

Acute Care Hospital Beds

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## CHAPTER 5

# ACUTE CARE HOSPITAL BEDS

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### Summary of Bed Supply and Utilization

As of fall 2017, there are 111 licensed acute care hospitals and 21,069 licensed acute care beds in North Carolina. Data provided by Truven Health Analytics indicated that 4,342,399 days of care were provided to patients in those hospitals during 2016, which represents an average annual occupancy rate of 56.3 percent. These numbers exclude beds in service for substance use disorders, psychiatry, rehabilitation, hospice and long-term care. In addition, across the state acute care bed capacity is expected to increase in certain markets by 883 pending beds and to decrease in other markets by 146 beds, for a net increase of 737 beds.

It is important to note that not all licensed beds were in service throughout the year. Some beds were permanently idled, while others were temporarily taken out of service due to staff shortages or to accommodate renovation projects.

### Changes from the Previous Plan

No substantive changes to the Acute Care Bed Need methodology have been incorporated into the North Carolina 2018 State Medical Facilities Plan.

The inventory has been updated and references to dates have been advanced by one year as appropriate.

### Basic Principles

#### A. Acute Care Hospital Goals

- 1. To facilitate continuing improvement in the state's acute care services.** Advances in medical practice frequently entail the development of new services, new facilities or both. The policy of the state is to encourage their development when cost effective and essential to assure reasonable accessibility to services.
- 2. To expand the availability of appropriate, adequate acute care service to the people of North Carolina.** Our improving highways and transportation systems have brought acute care services within reasonable geographic reach of all North Carolinians, but not within financial reach. Despite the expansion of the state's Medicaid Program, in 2004 17.5 percent of North Carolinians under the age of 65 were uninsured for a full year, according to a study by the Cecil G. Sheps Center for Health Services Research, at the University of North Carolina at Chapel Hill.
- 3. To protect the resource that the state's acute care hospitals represent.** The acute care hospitals are the providers of essential health care services, the state's third largest employer, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the state's policy to guarantee the survival and continued operation of all the state's hospitals, or even any one of them. In a dynamic, fast-changing environment, which is moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

4. **To encourage the substitution of less expensive for more expensive services whenever feasible and appropriate.** The state supports continued and expanded use of programs which have demonstrated their capacity to reduce both the number and length of hospital admissions, including:
  - a. Development of health care delivery networks;
  - b. Increased use of ambulatory surgery;
  - c. Outpatient diagnostic studies;
  - d. Preadmission testing;
  - e. Preadmission certification;
  - f. Programs to reduce admission and readmission rates;
  - g. Timely scheduling of admissions;
  - h. Effective utilization review;
  - i. Discharge planning;
  - j. Appropriate use of alternative services such as home health services, hospice, adult care homes, nursing homes; and
  - k. Initiating new, or maximizing existing, preventive health services.
5. **To assure that substantial capital expenditures for the construction or renovation of health care facilities are based on demonstrated need.**
6. **To assure that applicants proposing to expand or replace acute care beds should provide careful analysis of what they have done to promote cost-effective alternatives to inpatient care and to reduce average length of stay.**

#### **B. Use of Swing Beds**

The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals.

Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility (SNF) services to Medicare and Medicaid beneficiaries and intermediate care facility (ICF) services to Medicaid beneficiaries.

Hospitals wishing to receive swing bed certification for Medicare patients must meet the eligibility criteria outlined in the law which include:

1. Have a certificate of need, or a letter from Certificate of Need indicating that no certificate of need review is required to provide swing bed services; and
2. Have a current valid Medicare provider agreement; and
3. Be located in an area of the state not designated as urbanized by the most recent official census; and

4. Have fewer than 100 hospital beds, excluding beds for newborns and beds in intensive type inpatient units; and
5. Not have in effect a 24-hour nursing waiver granted under 42 CFR 488.54I; and
6. Not have had a swing bed approval terminated within the two years previous to application; and
7. Meet the Swing Bed Conditions of Participation (see 42 CFR 482.66) on Resident Rights; Admission, Transfer, and Discharge Rights; Resident Behavior and Facility Practices; Patient Activities; Social Services; Discharge Planning; Specialized Rehabilitative Services; and Dental Services.

A certificate of need is not required if capital expenditures associated with the swing bed service do not exceed \$2 million, and there is no change in bed capacity.

**Sources of Data**

**Inventory of Acute Care Beds:**

The inventory of hospital facilities is maintained through the hospitals’ response to a state law that requires each facility to notify the North Carolina Department of Health and Human Services and receive appropriate approvals before construction, alterations or additions to existing buildings or any changes in bed capacities. Bed counts are revised in the state’s inventory as changes are reported and approved.

**Days of Care and Patient Origin Data for the Bed Need Methodology:**

The data source for annual days of care used in the methodology is Truven Health Analytics, a collector of hospital patient discharge information. The general acute care days of care by facility and data on patients’ county of residence were provided by the Sheps Center based on the Truven Health Analytics data. *(Note: The determination of whether a patient record was categorized as an “acute care/general discharge” was determined by the revenue code(s) for accommodation type, as submitted to Truven Health Analytics by facilities on the UB-04 form. Included in Column F, “Truven Health Analytics 2016 Acute Care Days” are records with revenue codes signifying an acute care/general accommodation type. Likewise, any records that are coded as substance abuse, psychiatric, or rehabilitation discharges are excluded from these figures.)*

**Basic Assumptions of the Methodology**

- Target occupancies of hospitals should encourage efficiency of operation, and vary with average daily census:

Average Daily Census	Target Occupancy of Licensed Acute Care Beds
ADC 1-99	66.7%
ADC 100-200	71.4%
ADC>200 and <=400	75.2%
ADC>400	78.0%

- In determining utilization rates and average daily census, only acute care bed days of care are counted.

- If a hospital has received approval to increase or decrease acute care bed capacity, this change is incorporated into the anticipated bed capacity regardless of the licensure status of the beds.

## **Application of the Methodology**

### **Step 1**

Counties that have at least one licensed acute care hospital are single county acute care bed service areas unless the county is grouped with a county lacking a licensed acute care hospital. When a county that has at least one licensed acute care hospital is grouped with a county lacking a licensed acute care hospital, a multicounty acute care bed service area is created.

All counties lacking a licensed acute care hospital are grouped with either one or two counties, each of which has at least one licensed acute care hospital. A multicounty acute care bed service area may consist of multiple counties lacking a licensed acute care hospital that are grouped with either one or two counties, each of which has at least one licensed acute care hospital.

The three most recent years of available acute care days, patient origin data are combined and used to create the multicounty acute care bed service areas. These data are updated and reviewed every three years. The multicounty acute care bed service areas are then updated, as indicated by the data. The first update occurred in the North Carolina 2011 State Medical Facilities Plan. The following decision rules are used to determine multicounty acute care bed service area groupings.

1. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless:
  - a. Two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days.
2. If 1.a. is true, then the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days.

A county lacking a licensed acute care hospital becomes a single county acute care bed service area upon licensure of an acute care hospital in that county. If a certificate of need is issued for development of an acute care hospital in a county lacking an acute care hospital, the acute care beds for which the certificate of need has been issued will be included in the inventory of beds in that county's multicounty acute care bed service area until those beds are licensed.

An acute care bed's service area is the acute care bed planning area in which the bed is located. The acute care bed planning areas are the single and multicounty groupings shown in Figure 5.1.

### **Step 2 (Columns D and E)**

Determine the number of acute care beds in the inventory by totaling:

#### **(Column D)**

- a. the number of licensed acute care beds at each hospital;

**(Column E)**

- b. the number of acute care beds for which certificates of need have been issued, but for which changes in the license have not yet been made (i.e., additions, reductions, and relocations); and
- c. the number of acute care beds for which a need determination in the North Carolina State Medical Facilities Plan is pending review or appeal.

**Step 3 (Column F)**

Determine the total number of acute inpatient days of care provided by each hospital based on the data contained in the above referenced report for Federal Fiscal Year 2016. *(Please see note in "Sources of Data" regarding identification of general acute days of care.)*

**Step 4 (Columns G and H)**

Calculate the projected inpatient days of care in Federal Fiscal Year 2020 as follows:

- a. For each county, determine the total annual number of acute inpatient days of care provided in North Carolina acute care hospitals during each of the last five federal fiscal years based on data provided by the Sheps Center.
- b. For each county, calculate the difference in the number of acute inpatient days of care provided from year to year.
- c. For each county, for each of the last four years, determine the percentage change from the previous year by dividing the calculated difference in acute inpatient days by the total number of acute inpatient days provided during the previous year. *(Example: (YR 2016 – YR 2015) / YR 2015; etc.)*

**(Column G)**

- d. For each county, total the annual percentages of change and divide by four to determine the average annual historical percentage change for each county. For positive annual percentages of change, add 1 and this becomes the County Growth Rate Multiplier. For negative annual percentages of change, subtract 1. If the County Growth Rate Multiplier is negative, Truven Health Analytics 2016 Acute Care Days are carried forward unchanged to Column H.
- e. For each county with a positive County Growth Rate Multiplier, calculate the compounded growth factor projected for the next four years by using the average annual historical percentage change (from d. above) in the first year and compounding the change each year thereafter at the same rate.

**(Column H)**

- f. For each hospital, multiply the acute inpatient days of care from Column F by the compounded county growth factor to project the number of acute inpatient days of care to be provided in Federal Fiscal Year 2020 at each hospital.

**Step 5 (Column I)**

Calculate the projected midnight average daily census for each hospital in Federal Fiscal Year 2020 by dividing the projected number of acute inpatient days of care provided at the hospital (from Column H) by 366 days.

**Step 6 (Column J)**

Multiply each hospital’s projected midnight average daily census from Step 5 (Column I) by the appropriate target occupancy factor below:

Average Daily Census	Occupancy Factor
Average Daily Census less than 100	1.50
Average Daily Census 100-200	1.40
Average Daily Census greater than 200 and <=400	1.33
Average Daily Census greater than 400	1.28

**Step 7 (Column K)**

Determine the surplus or deficit of beds for each hospital by subtracting the inventory of beds in Step 2 (Column D plus Column E) from the number of beds generated in Step 6 (Column J). (*Note: Deficits will appear as positive numbers; surpluses, as negative numbers.*)

**Step 8 (Column L)**

The number of acute care beds needed in a service area is determined as follows:

- a. The threshold for a need determination for additional acute care beds is a projected deficit of 20 or more beds, or a projected deficit which equals or exceeds 10 percent of the total bed inventory for hospitals under common ownership.
- b. The threshold is applied individually to each hospital, and a need determination is generated irrespective of surpluses at other hospitals in the service area, unless there are other hospitals in the service area under common ownership.
- c. If two or more hospitals in the same service area are under common ownership, total the surpluses and deficits of beds for those hospitals to determine the surplus or deficit of beds for each owner of multiple hospitals in the service area.
- d. When the deficit of total acute care beds in the service area for any facility or owner equals or exceeds 20 beds or 10 percent of the inventory of acute care beds for that facility or owner, the deficits of all facilities and owners in the service area will be summed to determine the number of acute care beds needed in the service area.

**Qualified Applicants**

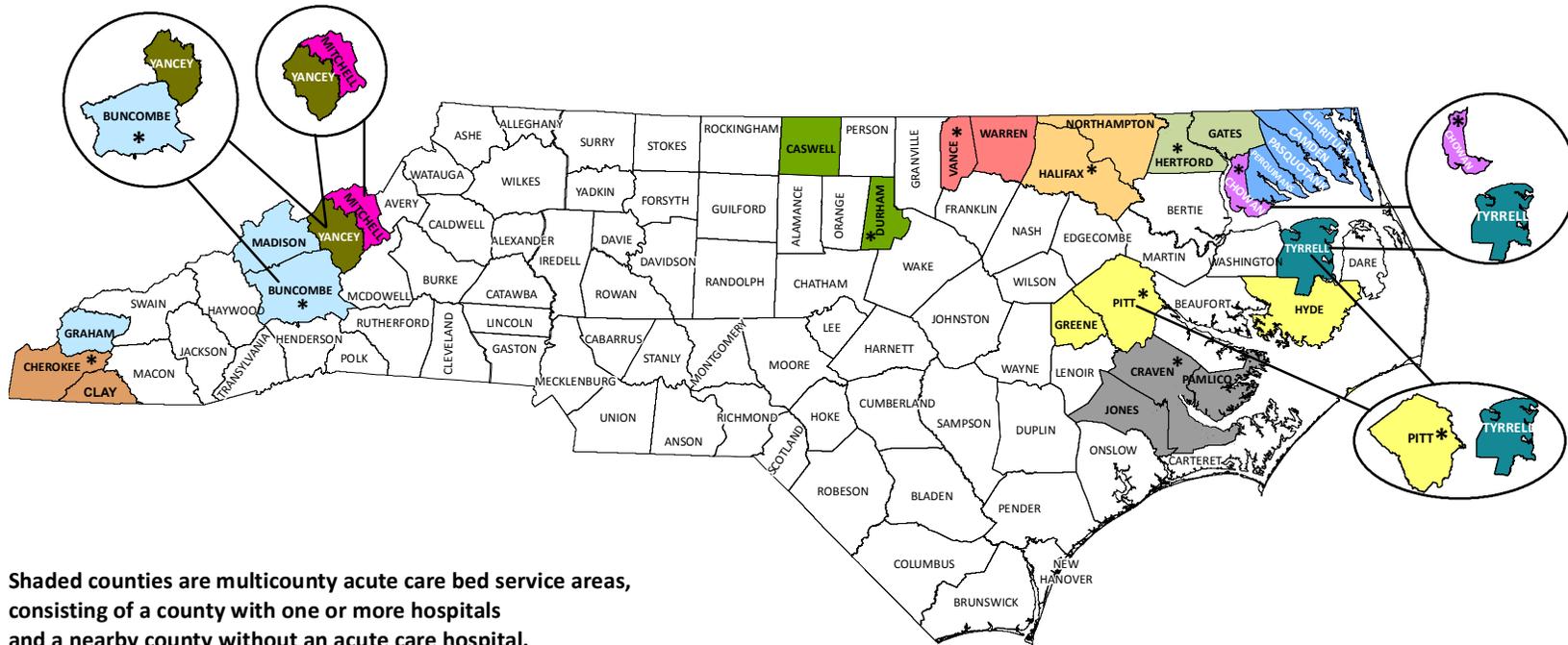
Any qualified applicant may apply for a certificate of need to acquire the needed acute care beds. A person is a qualified applicant if he or she proposes to operate the additional acute care beds in a hospital that will provide:

- 1. a 24-hour emergency services department,
- 2. inpatient medical services to both surgical and non-surgical patients, and
- 3. if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the major diagnostic categories as recognized by the Centers for Medicare and Medicaid Services (CMS) as follows:

- MDC 1: Diseases and disorders of the nervous system
- MDC 2: Diseases and disorders of the eye

- MDC 3: Diseases and disorders of the ear, nose, mouth and throat
- MDC 4: Diseases and disorders of the respiratory system
- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

**Figure 5.1: Acute Care Bed Service Areas**



Shaded counties are multicounty acute care bed service areas, consisting of a county with one or more hospitals and a nearby county without an acute care hospital.

\* For multicounty service areas, the asterisk denotes the county with at least one hospital.

Hospitals	Multicounty Service Area	Color Code
Duke University Hospital, Duke Regional Hospital, North Carolina Specialty Hospital	Durham, Caswell	
Murphy Medical Center	Cherokee, Clay	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Maria Parham Medical Center	Vance, Warren	
Our Community Hospital and Halifax Regional Medical Center	Halifax, Northampton	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Vidant Chowan Hospital	Chowan, Tyrrell	
Vidant Roanoke-Chowan Hospital	Hertford, Gates	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	
Blue Ridge Regional Hospital	Mitchell, Yancey	

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
Alamance	H0272	Alamance Regional Medical Center	182	0	36,548	-1.0319	36,548	100	150	-32	
<b>Alamance Total</b>			<b>182</b>	<b>0</b>							<b>0</b>
Alexander	H0274	Alexander Hospital (closed)*	25	-25		0.0000	0	0	0	0	
<b>Alexander Total</b>			<b>25</b>	<b>-25</b>							<b>0</b>
Alleghany	H0108	Alleghany Memorial Hospital	41	0	1,566	-1.0508	1,566	4	6	-35	
<b>Alleghany Total</b>			<b>41</b>	<b>0</b>							<b>0</b>
Anson	H0082	Carolinas HealthCare System Anson	15	0	305	-1.3602	305	1	1	-14	
<b>Anson Total</b>			<b>15</b>	<b>0</b>							<b>0</b>
Ashe	H0099	Ashe Memorial Hospital	76	0	3,878	-1.0379	3,878	11	16	-60	
<b>Ashe Total</b>			<b>76</b>	<b>0</b>							<b>0</b>
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**/†††	30	0	2,436	-1.1427	2,436	7	10	-20	
<b>Avery Total</b>			<b>30</b>	<b>0</b>							<b>0</b>
Beaufort	H0188	Vidant Beaufort Hospital	120	0	10,411	1.1800	20,185	55	83	-37	
Beaufort	H0002	Vidant Pungo Hospital (closed)^^	39	0		1.1800	0	0	0	-39	
<b>Beaufort Total</b>			<b>159</b>	<b>0</b>							<b>0</b>
Bertie	H0268	Vidant Bertie Hospital	6	0	1,368	-1.0355	1,368	4	6	0	
<b>Bertie Total</b>			<b>6</b>	<b>0</b>							<b>0</b>
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	3,464	1.0232	3,797	10	16	-32	
<b>Bladen Total</b>			<b>48</b>	<b>0</b>							<b>0</b>
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	2,663	1.0250	2,939	8	12	-13	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	15,552	1.0250	17,166	47	70	-4	
<b>Brunswick Total</b>			<b>99</b>	<b>0</b>							<b>0</b>
Buncombe	H0036	Mission Hospital	701	32	188,214	1.0130	198,194	542	693	-40	
<b>Buncombe/Graham/Madison/Yancey Total</b>			<b>701</b>	<b>32</b>							<b>0</b>
Burke	H0062	Carolinas HealthCare System Blue Ridge	293	0	24,271	1.0038	24,642	67	101	-192	
<b>Burke Total</b>			<b>293</b>	<b>0</b>							<b>0</b>
Cabarrus	H0031	Carolinas HealthCare System NorthEast	447	0	96,654	1.0043	98,327	269	357	-90	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC>400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
<b>Cabarrus Total</b>			<b>447</b>	<b>0</b>							<b>0</b>
Caldwell	H0061	Caldwell Memorial Hospital	110	0	16,981	-1.0257	16,981	46	70	-40	
<b>Caldwell Total</b>			<b>110</b>	<b>0</b>							<b>0</b>
Carteret	H0222	Carteret General Hospital	135	0	23,505	1.0177	25,214	69	103	-32	
<b>Carteret Total</b>			<b>135</b>	<b>0</b>							<b>0</b>
Catawba	H0223	Catawba Valley Medical Center	200	0	38,460	1.0006	38,552	105	147	-53	
Catawba	H0053	Frye Regional Medical Center	209	0	33,895	1.0006	33,976	93	139	-70	
<b>Catawba Total</b>			<b>409</b>	<b>0</b>							<b>0</b>
Chatham	H0007	Chatham Hospital	25	0	1,768	1.0316	2,002	5	8	-17	
<b>Chatham Total</b>			<b>25</b>	<b>0</b>							<b>0</b>
Cherokee	H0239	Murphy Medical Center	57	0	6,339	-1.0385	6,339	17	26	-31	
<b>Cherokee/Clay Total</b>			<b>57</b>	<b>0</b>							<b>0</b>
Chowan	H0063	Vidant Chowan Hospital	49	0	5,087	-1.0449	5,087	14	21	-28	
<b>Chowan/Tyrrell Total</b>			<b>49</b>	<b>0</b>							<b>0</b>
Cleveland	H0024	Carolinas HealthCare System Cleveland	241	0	29,422	-1.0133	29,422	80	121	-120	
Cleveland	H0113	Carolinas HealthCare System Kings Mountain	47	0	6,709	-1.0133	6,709	18	27	-20	
Carolinas HealthCare System Total			288	0	36,131		36,131	99	148	-140	
<b>Cleveland Total</b>			<b>288</b>	<b>0</b>							<b>0</b>
Columbus	H0045	Columbus Regional Healthcare System	154	0	16,380	-1.0519	16,380	45	67	-87	
<b>Columbus Total</b>			<b>154</b>	<b>0</b>							<b>0</b>
Craven	H0201	CarolinaEast Medical Center	307	0	54,660	1.0226	59,771	163	229	-78	
<b>Craven/Jones/Pamlico Total</b>			<b>307</b>	<b>0</b>							<b>0</b>
Cumberland	H0213	Cape Fear Valley Medical Center	501	88	157,720	-1.0151	157,720	431	552	-37	
<b>Cumberland Total</b>			<b>501</b>	<b>88</b>							<b>0</b>
Dare	H0273	The Outer Banks Hospital	21	0	2,590	-1.0647	2,590	7	11	-10	
<b>Dare Total</b>			<b>21</b>	<b>0</b>							<b>0</b>
Davidson	H0027	Lexington Medical Center**	94	0	8,920	1.0131	9,397	26	39	-55	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	10,877	1.0131	11,458	31	47	-54	
<b>Davidson Total</b>			<b>195</b>	<b>0</b>							<b>0</b>
Davie	H0171	Davie Medical Center	81	-31	0	-1.3180	0	0	0	-50	
<b>Davie Total</b>			<b>81</b>	<b>-31</b>							<b>0</b>
Duplin	H0166	Vidant Duplin Hospital	56	0	8,402	1.1073	12,631	35	52	-4	
<b>Duplin Total</b>			<b>56</b>	<b>0</b>							<b>0</b>
Durham		2017 Acute Care Bed Need Determination	0	96		1.0262	0	0	0	-96	
Durham	H0233	Duke Regional Hospital	316	0	59,840	1.0262	66,362	181	254	-62	
Durham	H0015	Duke University Hospital***	924	0	273,128	1.0262	302,897	828	1,059	135	
Duke University Health System Total			1,240	0	332,968		369,259	1,009	1,313	73	
Durham	H0075	North Carolina Specialty Hospital	18	0	3,616	1.0262	4,010	11	16	-2	
<b>Durham/Caswell Total</b>			<b>1,258</b>	<b>96</b>							<b>0</b>
Edgecombe	H0258	Vidant Edgecombe Hospital	101	0	14,092	-1.0231	14,092	39	58	-43	
<b>Edgecombe Total</b>			<b>101</b>	<b>0</b>							<b>0</b>
Forsyth	H0011	North Carolina Baptist Hospital	802	4	226,483	1.0066	232,522	635	813	7	
Forsyth	H0209	Novant Health Forsyth Medical Center	823	0	205,051	1.0066	210,518	575	736	-87	
Forsyth	H0229	Novant Health Medical Park Hospital	22	0	3,375	1.0066	3,465	9	14	-8	
Novant Health Total			845	0	208,426		213,983	585	750	-95	
<b>Forsyth Total</b>			<b>1,647</b>	<b>4</b>							<b>0</b>
Franklin	H0261	Franklin Medical Center (closed)^(††††)	70	0		0.0000	0	0	0	-70	
<b>Franklin Total</b>			<b>70</b>	<b>0</b>							<b>0</b>
Gaston	H0105	CaroMont Regional Medical Center	372	0	90,056	1.0169	96,300	263	350	-22	
<b>Gaston Total</b>			<b>372</b>	<b>0</b>							<b>0</b>
Granville	H0098	Granville Health System	62	0	7,037	-1.0286	7,037	19	29	-33	
<b>Granville Total</b>			<b>62</b>	<b>0</b>							<b>0</b>
Guilford	H0159	Cone Health	777	-23	180,195	-1.0074	180,195	492	630	-124	
Guilford	H0052	High Point Regional Health	307	0	56,333	-1.0074	56,333	154	215	-92	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

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Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as "-")	2020 Need Determination
<b>Guilford Total</b>			<b>1,084</b>	<b>-23</b>							<b>0</b>
Halifax	H0230	Halifax Regional Medical Center	184	0	20,819	-1.0414	20,819	57	85	-99	
Halifax	H0004	Our Community Hospital	20	0	52	-1.0414	52	0	0	-20	
<b>Halifax/Northampton Total</b>			<b>204</b>	<b>0</b>							<b>0</b>
Harnett	H0224	Betsy Johnson Hospital	151	0	24,197	1.0359	27,863	76	114	-37	
<b>Harnett Total</b>			<b>151</b>	<b>0</b>							<b>0</b>
Haywood	H0025	Haywood Regional Medical Center*	153	-17	16,141	1.0003	16,160	44	66	-70	
<b>Haywood Total</b>			<b>153</b>	<b>-17</b>							<b>0</b>
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	21,076	1.0083	21,784	60	89	-112	
Henderson	H0019	Park Ridge Health	62	0	9,457	1.0083	9,775	27	40	-22	
<b>Henderson Total</b>			<b>263</b>	<b>0</b>							<b>0</b>
Hertford	H0001	Vidant Roanoke-Chowan Hospital	86	0	14,000	1.0247	15,435	42	63	-23	
<b>Hertford/Gates Total</b>			<b>86</b>	<b>0</b>							<b>0</b>
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	3,782	0.0000	3,782	10	15	-26	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,280	0.0000	1,280	3	5	-31	
<b>Hoke Total</b>			<b>49</b>	<b>28</b>							<b>0</b>
Iredell	H0248	Davis Regional Medical Center	102	0	8,451	-1.0678	8,451	23	35	-67	
Iredell	H0259	Lake Norman Regional Medical Center	123	0	15,227	-1.0678	15,227	42	62	-61	
Community Health Systems Total			225	0	23,678		23,678	65	97	-128	
Iredell	H0164	Iredell Memorial Hospital	199	0	31,742	-1.0678	31,742	87	130	-69	
<b>Iredell Total</b>			<b>424</b>	<b>0</b>							<b>0</b>
Jackson	H0087	Harris Regional Hospital	86	0	12,738	1.0248	14,049	38	58	-28	
<b>Jackson Total</b>			<b>86</b>	<b>0</b>							<b>0</b>
Johnston	H0151	Johnston Health	179	0	33,540	1.0135	35,388	97	145	-34	
<b>Johnston Total</b>			<b>179</b>	<b>0</b>							<b>0</b>
Lee	H0243	Central Carolina Hospital	127	0	15,737	-1.0316	15,737	43	64	-63	
<b>Lee Total</b>			<b>127</b>	<b>0</b>							<b>0</b>

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as "-")	2020 Need Determination
Lenoir	H0043	UNC Lenoir Health Care	218	0	24,011	-1.0623	24,011	66	98	-120	
<b>Lenoir Total</b>			<b>218</b>	<b>0</b>							<b>0</b>
Lincoln	H0225	Carolinas HealthCare System Lincoln	101	0	17,007	1.0490	20,593	56	84	-17	
<b>Lincoln Total</b>			<b>101</b>	<b>0</b>							<b>0</b>
Macon	H0034	Angel Medical Center	59	0	6,616	1.0717	8,727	24	36	-23	
Macon	H0193	Highlands-Cashiers Hospital**	24	0	1,494	1.0717	1,971	5	8	-16	
<b>Macon Total</b>			<b>83</b>	<b>0</b>							<b>0</b>
Martin	H0078	Martin General Hospital	49	0	3,894	-1.1235	3,894	11	16	-33	
<b>Martin Total</b>			<b>49</b>	<b>0</b>							<b>0</b>
McDowell	H0097	The McDowell Hospital	65	0	7,254	1.0359	8,353	23	34	-31	
<b>McDowell Total</b>			<b>65</b>	<b>0</b>							<b>0</b>
Mecklenburg		2017 Acute Care Bed Need Determination	0	60		1.0097	0	0	0	-60	
Mecklenburg	H0042	Carolinas HealthCare System Pineville	206	0	60,384	1.0097	62,761	171	240	34	
Mecklenburg	H0255	Carolinas HealthCare System University	100	0	21,793	1.0097	22,651	62	93	-7	
Mecklenburg	H0071	Carolinas Medical Center	976	34	300,669	1.0097	312,506	854	1,093	83	
Carolinas HealthCare System Total			1,282	34	382,846		397,918	1,087	1,426	110	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	91	48	21,355	1.0097	22,196	61	91	-48	
Mecklenburg	H0270	Novant Health Matthews Medical Center	143	11	36,095	1.0097	37,516	103	144	-10	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	578	-59	125,144	1.0097	130,071	355	473	-46	
Mecklenburg		Presbyterian Hospital Mint Hill	0	50		1.0097	0	0	0	-50	
Novant Health Total			812	50	182,594		189,782	519	708	-154	
<b>Mecklenburg Total</b>			<b>2,094</b>	<b>144</b>							<b>50</b>
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	3,626	-1.1199	3,626	10	15	-31	
<b>Mitchell/Yancey Total</b>			<b>46</b>	<b>0</b>							<b>0</b>
Montgomery	H0003	First Health Montgomery Memorial Hospital	37	0	625	-1.0258	625	2	3	-34	
<b>Montgomery Total</b>			<b>37</b>	<b>0</b>							<b>0</b>
Moore	H0100	FirstHealth Moore Regional Hospital	325	12	91,717	1.0187	98,772	270	359	22	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
<b>Moore Total</b>			<b>325</b>	<b>12</b>							<b>22</b>
Nash	H0228	Nash General Hospital	262	0	46,244	-1.0119	46,244	126	177	-85	
<b>Nash Total</b>			<b>262</b>	<b>0</b>							<b>0</b>
New Hanover	H0221	New Hanover Regional Medical Center	647	31	176,306	1.0255	194,989	533	682	4	
<b>New Hanover Total</b>			<b>647</b>	<b>31</b>							<b>0</b>
Onslow	H0048	Onslow Memorial Hospital	162	0	29,602	1.0792	40,154	110	154	-8	
<b>Onslow Total</b>			<b>162</b>	<b>0</b>							<b>0</b>
Orange	H0157	University of North Carolina Hospitals	795	136	230,339	1.0284	257,641	704	901	-30	
<b>Orange Total</b>			<b>795</b>	<b>136</b>							<b>0</b>
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	20,217	1.0212	21,987	60	90	-92	
<b>Pasquotank/Camden/Currituck/Perquimans Total</b>			<b>182</b>	<b>0</b>							<b>0</b>
Pender	H0115	Pender Memorial Hospital	43	0	1,873	-1.0320	1,873	5	8	-35	
<b>Pender Total</b>			<b>43</b>	<b>0</b>							<b>0</b>
Person	H0066	Person Memorial Hospital†	50	-12	3,302	-1.1381	3,302	9	14	-24	
<b>Person Total</b>			<b>50</b>	<b>-12</b>							<b>0</b>
Pitt	H0104	Vidant Medical Center	782	150	211,051	-1.0199	211,051	577	738	-194	
<b>Pitt/Greene/Hyde/Tyrrell Total</b>			<b>782</b>	<b>150</b>							<b>0</b>
Polk	H0079	St. Luke's Hospital	25	0	3,983	1.0167	4,256	12	17	-8	
<b>Polk Total</b>			<b>25</b>	<b>0</b>							<b>0</b>
Randolph	H0013	Randolph Hospital	145	0	17,222	-1.0712	17,222	47	71	-74	
<b>Randolph Total</b>			<b>145</b>	<b>0</b>							<b>0</b>
Richmond	H0265	FirstHealth Moore Regional Hospital - Hamlet	54	0	4,281	-1.0886	4,281	12	18	-36	
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	99	0	7,924	-1.0886	7,924	22	32	-67	
<b>FirstHealth of the Carolinas Total</b>			<b>153</b>	<b>0</b>	<b>12,205</b>		<b>12,205</b>	<b>33</b>	<b>50</b>	<b>-103</b>	
<b>Richmond Total</b>			<b>153</b>	<b>0</b>							<b>0</b>
Robeson	H0064	Southeastern Regional Medical Center	292	0	62,908	1.0035	63,793	174	244	-48	
<b>Robeson Total</b>			<b>292</b>	<b>0</b>							<b>0</b>

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
Rockingham	H0023	Annie Penn Hospital	110	0	12,282	-1.1170	12,282	34	50	-60	
Rockingham	H0072	Morehead Memorial Hospital	108	0	8,836	-1.1170	8,836	24	36	-72	
<b>Rockingham Total</b>			<b>218</b>	<b>0</b>							<b>0</b>
Rowan	H0040	Novant Health Rowan Medical Center	203	0	37,346	1.0406	43,790	120	168	-35	
<b>Rowan Total</b>			<b>203</b>	<b>0</b>							<b>0</b>
Rutherford	H0039	Rutherford Regional Medical Center	129	0	14,695	-1.0015	14,695	40	60	-69	
<b>Rutherford Total</b>			<b>129</b>	<b>0</b>							<b>0</b>
Sampson	H0067	Sampson Regional Medical Center**	116	0	12,557	1.0546	15,532	42	64	-52	
<b>Sampson Total</b>			<b>116</b>	<b>0</b>							<b>0</b>
Scotland	H0107	Scotland Memorial Hospital	97	0	18,389	-1.0371	18,389	50	75	-22	
<b>Scotland Total</b>			<b>97</b>	<b>0</b>							<b>0</b>
Stanly	H0008	Carolinas HealthCare System Stanly	97	0	11,457	-1.0431	11,457	31	47	-50	
<b>Stanly Total</b>			<b>97</b>	<b>0</b>							<b>0</b>
Stokes	H0165	LifeBrite Community Hospital of Stokes**	53	0	1,454	1.2449	3,492	10	14	-39	
<b>Stokes Total</b>			<b>53</b>	<b>0</b>							<b>0</b>
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	15,337	-1.0011	15,337	42	63	-18	
Surry	H0184	Northern Hospital of Surry County	100	0	12,446	-1.0011	12,446	34	51	-49	
<b>Surry Total</b>			<b>181</b>	<b>0</b>							<b>0</b>
Swain	H0069	Swain Community Hospital	48	0	892	1.0231	977	3	4	-44	
<b>Swain Total</b>			<b>48</b>	<b>0</b>							<b>0</b>
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,319	-1.0001	5,319	15	22	-20	
<b>Transylvania Total</b>			<b>42</b>	<b>0</b>							<b>0</b>
Union	H0050	Carolinas HealthCare System Union	175	7	33,358	1.0121	35,002	96	143	-39	
<b>Union Total</b>			<b>175</b>	<b>7</b>							<b>0</b>
Vance	H0267	Maria Parham Medical Center	91	11	21,234	1.0361	24,470	67	100	-2	
<b>Vance/Warren Total</b>			<b>91</b>	<b>11</b>							<b>0</b>
Wake	H0238	Duke Raleigh Hospital	186	0	38,773	-1.0001	38,773	106	148	-38	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

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**Table 5A: Acute Care Bed Need Projections**

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Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
Wake	H0065	Rex Hospital	433	6	110,540	-1.0001	110,540	302	402	-37	
Wake		Rex Hospital Holly Springs	0	50		-1.0001	0	0	0	-50	
UNC Health Care Total			433	56	110,540		110,540	302	402	-87	
Wake	H0199	WakeMed	628	66	157,938	-1.0001	157,938	432	552	-142	
Wake	H0276	WakeMed Cary Hospital**	156	22	37,623	-1.0001	37,623	103	144	-34	
WakeMed Total			784	88	195,561		195,561	534	696	-176	
<b>Wake Total</b>			<b>1,403</b>	<b>144</b>							<b>0</b>
Washington	H0006	Washington County Hospital	49	-37	686	-1.1493	686	2	3	-9	
<b>Washington Total</b>			<b>49</b>	<b>-37</b>							<b>0</b>
Watauga	H0077	Watauga Medical Center	117	0	12,759	-1.0365	12,759	35	52	-65	
<b>Watauga Total</b>			<b>117</b>	<b>0</b>							<b>0</b>
Wayne	H0257	Wayne Memorial Hospital	255	0	44,630	-1.0002	44,630	122	171	-84	
<b>Wayne Total</b>			<b>255</b>	<b>0</b>							<b>0</b>
Wilkes	H0153	Wilkes Regional Medical Center	120	0	13,212	-1.0344	13,212	36	54	-66	
<b>Wilkes Total</b>			<b>120</b>	<b>0</b>							<b>0</b>
Wilson	H0210	Wilson Medical Center††	271	-1	27,210	-1.0454	27,210	74	112	-158	
<b>Wilson Total</b>			<b>271</b>	<b>-1</b>							<b>0</b>
Yadkin	H0155	Yadkin Valley Community Hospital (closed)^^^	22	0		0.0000	0	0	0	-22	
<b>Yadkin Total</b>			<b>22</b>	<b>0</b>							<b>0</b>

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Table 5A: Acute Care Bed Need Projections**

2016 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

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Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/Previous Need	Truven Health Analytics 2016 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2016 Days, if negative growth)	2020 Projected Average Daily Census (ADC)	2020 Beds Adjusted for Target Occupancy	Projected 2020 Deficit or Surplus (surplus shows as a "-")	2020 Need Determination
<b>Grand Total All Hospitals</b>			<b>21,069</b>	<b>737</b>	<b>4,342,399</b>		<b>4,555,245</b>				<b>72</b>

\* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

\*\* Truven Health Analytics acute days of care data and the Division of Health Service Regulation Hospital License Renewal Application days of care data have a greater than ± 5% discrepancy between the two data sources.

\*\*\* Duke University Hospital is licensed for 14 acute care beds under Policy AC-3. The 14 beds are not counted when determining acute care bed need.

^ The Division of Health Service Regulation received notice on September 19, 2017 from Duke LifePoint Maria Parham Medical Center regarding designation of Franklin Medical Center as a legacy medical care facility. The facility has 36 months from the date of its notice to reopen the hospital.

^^ The Division of Health Service Regulation received notices from two different buyers regarding the designation of Vidant Pungo Hospital as a legacy medical care facility. The prospective buyers have 36 months from the date of their respective notices to reopen the hospital. One notice was effective on May 16, 2016, and the other was effective on June 14, 2016.

^^^ The Division of Health Service Regulation received notice on January 19, 2016 from Yadkin Valley Community Hospital regarding designation as a legacy medical care facility. The facility has 36 months from the date of its notice to reopen the hospital.

† Person Memorial Hospital delicensed 12 acute care beds effective May 24, 2016.

†† The 2017 SMFP reported an adjustment of a decrease of 22 beds for Wilson Medical Center; 21 beds were to be delicensed as a result of CON (L-010065-12), which has now been relinquished. One acute care bed is to be converted to a psychiatric bed.

††† Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 5A.

†††† Duke LifePoint Maria Parham Medical Center received a grant from the Dorothea Dix Hospital Property Fund to renovate and convert 33 acute care beds to adult psychiatric beds on the site of the closed Franklin Medical Center. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 5A.

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2012, 2013, 2014, 2015 and 2016 were used to generate four-year growth rate.

(ADC= Average Daily Census)

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is a need for 72 acute care beds, as shown in Table 5B. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 5B: Acute Care Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the Acute Care Bed Service Areas listed in the table below need additional acute care beds as specified.

<b>Service Area</b>	<b>Acute Care Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Mecklenburg	50	October 15, 2018	November 1, 2018
Moore	22	February 15, 2018	March 1, 2018
It is determined that there is no need for additional acute care beds anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Inventory of Long-Term Care Hospital Beds**

As a result of the August 2005 change in the certificate of need statute, which made “long-term care hospital beds” a separate category of health service facility beds, the bed days associated with long-term care hospitals have been removed from the acute care bed need determinations. Table 5C, based on 2016 data from the 2017 Hospital License Renewal Applications, shows long-term care hospital inventory data.

**Table 5C: Long-Term Care Hospital (LTCH) Bed Inventory**

<b>License Number</b>	<b>Facility Name</b>	<b>County</b>	<b>Licensed LTCH Beds</b>	<b>Adjustments for Certificates of Need and Previous Need</b>
H0279	Asheville Specialty Hospital	Buncombe	34	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	0
H0236	Carolinas ContinueCare Hospital at Kings Mountain	Cleveland	28	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	0
H0073	Kindred Hospital-Greensboro	Guilford	101	0
H0242	LifeCare Hospitals of North Carolina	Nash	50	0
H0280	Select Specialty Hospital – Durham	Durham	30	0
H0284	Select Specialty Hospital – Greensboro	Guilford	30	0
H0277	Select Specialty Hospital – Winston-Salem (42 beds. Closed 7/14/2017)	Forsyth	0	0
H0289	Carolinas ContinueCare Hospital at University	Mecklenburg	35	0

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# Chapter 6:

## Operating Rooms

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## CHAPTER 6

# OPERATING ROOMS

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### Summary of Operating Room Inventory and Utilization

“Operating room” is defined in G.S. 131E-76(6a) as “...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.” In the fall of 2017, the combined inventory of operating rooms in hospitals and ambulatory surgical facilities in North Carolina consisted of 155 dedicated inpatient surgery rooms, including 96 dedicated C-Section rooms, 293 dedicated ambulatory surgery rooms and 930 shared operating rooms. Data from the 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications indicated that of the total reported surgical cases, excluding C-Section cases, 72.2 percent of the cases were ambulatory cases and 27.8 percent of the cases were inpatient cases.

### Changes from the Previous Plan

Several substantive changes to the Operating Room methodology have been incorporated into the North Carolina 2018 State Medical Facilities Plan. The changes are summarized below:

- Facilities are grouped by the total number of surgical hours derived from data reported on the License Renewal Application.
- Operating room deficits and surpluses are calculated separately for each health system.
- Availability and utilization assumptions are based on the group to which the facility is assigned.
- Need determination calculations use case times reported by the facility, adjusted for outliers.
- When a need is calculated, the minimum need determination is two operating rooms. The maximum operating room need determination in a single service area is six. These changes will be evaluated after the first year of implementation of the new methodology.

In addition, one of the reporting requirements for the Single Specialty Ambulatory Surgical Facility Demonstration project has been revised.

The inventory and case data have been updated and references to dates have been advanced by one year, as appropriate.

### Assumptions of the Methodology

For the purposes of the operating room methodology, a “health system” includes all licensed health service facilities with operating rooms located in the same service area that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities. In the event that the relocation or transfer of operating rooms to a different health system generates a need, the need determination will not appear until the relocated or transferred operating rooms are licensed in their new location.

For the 2018 State Medical Facilities Plan, when a need is calculated, the minimum need determination for operating rooms is set to two, after rounding. In addition, the maximum operating room need determination in a service area in a single year will not exceed six, regardless of the deficit calculated. The Agency will reevaluate these two adjustments in 2018 to recommend whether to continue them.

Certificate of Need applications for new operating rooms are not restricted to the entity(ies) that generated the deficits.

### **Sources of Data**

Data on the number of cases and procedures for the North Carolina 2018 State Medical Facilities Plan were taken from the “2017 Hospital License Renewal Application” and the “2017 Ambulatory Surgical Facility License Renewal Application” as submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation. *(Note: For the North Carolina 2018 State Medical Facilities Plan, one operating room for each Level I and Level II trauma center and one operating room for each designated burn intensive care unit are excluded in Table 6B.)*

Inventory data for the North Carolina 2018 State Medical Facilities Plan were compiled by staff based on License Renewal Applications, supplemented with data from the most recent licenses issued by the Acute and Home Care Licensure and Certification Section and with project approval letters from Certificate of Need.

Population data by county for 2016 and 2020 were obtained from the North Carolina Office of State Budget and Management.

### **Methodology for Projecting Operating Room Need**

The following narrative describes the assumptions and methodology used in determining the operating room inventory and in projecting need for additional operating room capacity. The objective of the methodology is to arrive at a reasonable assessment of the adequacy of current resources for performing surgery, compared with an estimate of need for additional capacity.

#### **Step 1 – Delineation of Service Areas**

##### **Definitions:**

Single county operating room service area: A county with at least one licensed facility with one or more operating rooms.

Multicounty operating room service area: A group of counties including:

- one or two counties with at least one licensed facility with at least one operating room **and**;
- one or more counties with no licensed facility with at least one operating room.

All counties are either single county operating room service areas or are part of a multicounty operating room service area. A multicounty operating room service area may consist of multiple counties with no licensed facility with at least one operating room grouped with either one or two counties, each of which has at least one licensed facility that includes at least one operating room.

The three most recent years of available surgical patient origin data are combined and used to create the multicounty operating room service areas. These data are updated and reviewed every three years. The operating room service areas are then updated, as indicated by the data. The first update occurred in the North Carolina 2011 State Medical Facilities Plan. The following decision rules are used to determine multicounty operating room service area groupings:

- a. Counties with no licensed facility with at least one operating room are grouped with the single county where the largest proportion of patients had surgery, as measured by number of surgical cases, unless:
  - (1) Two counties with licensed facilities with at least one operating room each provided surgical services to at least 35 percent of the residents who received surgical services, as measured by number of surgical cases.
- b. If a.(1) is true, then the county with no licensed facility with at least one operating room is grouped with both the counties which provided surgical services to at least 35 percent of the residents who received surgical services, as measured by number of surgical cases.

A county lacking a licensed facility with at least one operating room becomes a single county operating room service area upon licensure of a facility with at least one operating room in that county. If a certificate of need is issued for development of a facility with at least one operating room in a county lacking a facility with at least one operating room, the operating room(s) for which the certificate of need has been issued will be included in the inventory of operating rooms in that county's multicounty operating room service area until those operating rooms are licensed.

In 2006, in response to an adjusted need determination petition, the State Health Coordinating Council added Swain County to the Jackson-Graham multicounty operating room service area. This created a multicounty operating room service area that included two counties that have licensed facilities with at least one operating room and one county lacking a licensed facility with at least one operating room.

An operating room's service area is the operating room planning area in which the operating room is located. The operating room planning areas are the single and multicounty groupings shown in Figure 6.1.

## **Step 2 – Inventory of Operating Rooms (Columns D through J, Table 6A)**

- a. In each operating room service area, list the number of operating rooms by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
  - (1) Number of Inpatient Operating Rooms (*Column D*)
  - (2) Number of Ambulatory Operating Rooms (*Column E*)
  - (3) Number of Shared Operating Rooms (*Column F*)
- b. For each facility:
  - (1) Exclude the number of dedicated C-Section operating rooms as summed from the Hospital License Renewal Application. (*Column G*)
  - (2) Exclude one operating room for each Level I and Level II Trauma Center and one additional operating room for each designated Burn Intensive Care Unit. (*Column H*)
  - (3) List the number of operating rooms (*Column I*) and C-Section operating rooms (*Column J*) for which certificates of need have been issued or settlement agreements signed but operating rooms were not licensed/delicensed as of September 30 of the reporting year. (*Columns I and J*)
- c. Enter placeholders for need determinations from previous plans that are pending certificate of need review. (*Columns I and Column J*)

**Step 3 – Determine Each Facility’s Adjusted Case Times**

- a. For each facility, compare the “Average ‘Case Time’ in Minutes” for inpatient and ambulatory cases on the annual License Renewal Application to its average case time used in the methodology in the previous year’s State Medical Facilities Plan. *(Note: For the 2018 State Medical Facilities Plan only, compare the case time reported on the 2017 License Renewal Application to the case time reported on the 2016 License Renewal Application.)*
  - (1) If either the inpatient or ambulatory case time is more than 10% longer than the previous year’s case time, then the “Adjusted Case Time” is the previous year’s reported case time plus 10%.
  - (2) If either the inpatient or ambulatory case time is more than 20% shorter than the previous year’s case time, then the Adjusted Case Time is the previous year’s reported case time minus 20%.
  - (3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the License Renewal Application.

**Step 4 – Group Facilities (Columns K through M, Table 6A)**

- a. For each hospital, multiply the total inpatient surgical cases reported in the “Surgical Cases by Specialty Area” table on the annual Hospital License Renewal Application by the inpatient average case time from Step 3. Then divide by 60 to obtain the total inpatient surgical hours.
- b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual License Renewal Application by the ambulatory average case time from Step 3. Then divide by 60 to obtain the total ambulatory surgical hours.
- c. Add the total inpatient and ambulatory surgical hours together to obtain each facility’s “Total Surgical Hours for Grouping.” *(Column K)*
- d. Assign each facility to a group based on the following criteria *(Column L)*:

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50% of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in group 5.

- e. For purposes of the State Medical Facilities Plan, the average operating room is anticipated to be staffed based on its group membership and utilized at least 75 percent of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75% to obtain the “Standard Hours per Operating Room per Year.” *(Column M)*

<b>Group</b>	<b>Hours per Day</b>	<b>Days per Year</b>	<b>Standard Hours per Operating Room per Year</b>
1	10	260	1,950.0
2	10	260	1,950.0
3	9	260	1,755.0
4	8	250	1,500.0
5	7	250	1,312.5
6	7	250	1,312.5

**Step 5 – Project Future Operating Room Requirements Based on Growth of Operating Room Hours (Columns D through K, Table 6B)**

- a. Determine the utilization rate for each licensed facility providing surgical services and exclude from all further calculations the operating rooms and corresponding procedures in chronically underutilized licensed facilities located in operating room service areas with more than one licensed facility. Do not exclude operating rooms in facilities located in service areas where all facilities are chronically underutilized. Chronically underutilized licensed facilities are defined as licensed facilities operating at less than 40 percent utilization for the past two fiscal years, which have been licensed long enough to submit at least three License Renewal Applications to the Division of Health Service Regulation.

If ORs in a chronically underutilized facility have received approval to be relocated to a new facility, include the ORs and procedures for the underutilized facility in the calculations. Do not remove the ORs from the underutilized facility’s inventory or put ORs for the new facility into its inventory until the new facility is licensed.

- b. For Groups 2 through 6, use the Adjusted Case Time (Step 3) to calculate the average (mean) inpatient and ambulatory case times for each group. If this average exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the “Final Inpatient Case Time” (Column E) and “Final Ambulatory Case Time” (Column G), as applicable. Otherwise use the Adjusted Case Time (Step 3). Facilities that perform no surgical procedures in the category being calculated are excluded from the calculations. For the 2018 State Medical Facilities Plan, the average Final Inpatient and Ambulatory Case Times for each group are as follows:

<b>Group</b>	<b>Average Final Inpatient Case Time in Minutes</b>	<b>Average Final Ambulatory Case Time in Minutes</b>
1	230.8	131.3
2	197.3	116.9
3	175.6	106.6
4	115.3	73.3
5	--	45.0
6	--	68.6

- c. For each facility, multiply the inpatient surgical cases reported on the License Renewal Application (Column D) by the average inpatient case time from Step 5-b, and multiply the ambulatory surgical cases reported on the License Renewal Application (Column F) by the

average ambulatory case time from Step 5-b. Sum these amounts for each facility to obtain the “Total Adjusted Estimated Surgical Hours.” (*Column H*)

- d. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the operating room service area. For each service area with a projected population increase, calculate the “Growth Factor” based on each service area’s projected population change between the “data year” (2016) and the “target year” for need projections (2020) using population figures from the North Carolina Office of State Budget and Management. (*Column I: Growth Factor = 2020 Service Area Population minus 2016 Service Area Population, then divided by the 2016 Service Area Population.*) If the calculated population growth is negative, the Growth Factor is considered to be zero.
- e. Multiply each facility’s Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent fiscal year by each service area’s Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the “Projected Surgical Hours for 2020.” ( $[Column H \times Column I] + Column H = Column J$ )
- f. Divide each facility’s Projected Surgical Hours for 2020 by the Standard Hours per Operating Room per Year (based on group assignment) to determine the “Projected Surgical Operating Rooms Required in 2020.” (*Column J, Table 6B ÷ Column M, Table 6A = Column K, Table 6B*)

#### **Step 6 – Determination of Health System Deficit/Surplus (*Columns L - M, Table 6B*)**

- a. Sum the operating rooms, adjustments, and exclusions for each facility to obtain the “Adjusted Planning Inventory.” (*Column L*)
- b. Subtract the Adjusted Planning Inventory from the Projected Surgical Operating Rooms Required in 2020 to obtain the surpluses and deficits for each facility. (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more operating rooms will be needed in 2020 than are in the current inventory.*) Then sum the deficits and surpluses for each facility in each health system to arrive at the “Projected Operating Room Deficit or Surplus.” ( $Column K - Column L = Column M$ )

#### **Step 7 – Determination of Service Area Operating Room Need (*Column N, Table 6B*)**

- a. Round the health system deficits according to the rounding rules, below:

If a health system located in an operating room service area with more than 10 operating rooms in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an operating room service area with more than 10 operating rooms and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an operating room service area with six to 10 operating rooms in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an operating room service area with six to 10 operating rooms and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

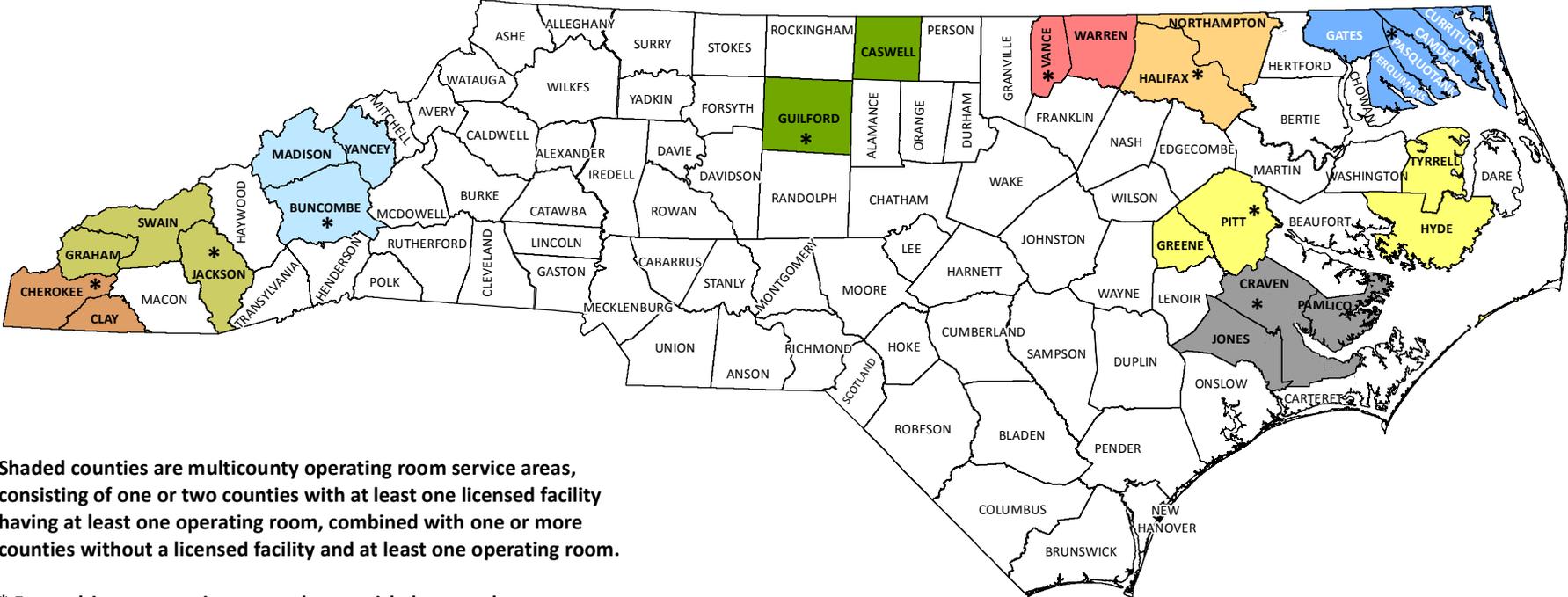
If a health system located in an operating room service area with five or fewer operating rooms in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an operating room service area with five or fewer operating rooms and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous State Medical Facilities Plans to calculate the “Service Area Need.” (*Column N*)
- c. For the 2018 State Medical Facilities Plan, the Service Area Need must be at least two to show an Operating Room Need Determination in Table 6C. If the Service Area Need is greater than six, then the Operating Room Need Determination in Table 6C is equal to six.

**NOTE:** “Dedicated C-Section Operating Rooms” and associated cases are excluded from the calculation of need for additional operating rooms by the standard methodology; therefore, hospitals proposing to add a new operating room for use as a “Dedicated C-Section Operating Room” shall apply for a certificate of need without regard to the need determinations in Chapter 6 of this Plan. There are no other operating room exclusions for which this protocol is applicable.

A “Dedicated C-Section Operating Room” shall only be used to perform Cesarean Sections and other procedures performed on the patient in the same visit to the C-Section Operating Room, such that a patient receiving another procedure at the same time as the Cesarean Section would not need to be moved to a different operating room for the second procedure.

**Figure 6.1: Operating Room Service Areas**



Shaded counties are multicounty operating room service areas, consisting of one or two counties with at least one licensed facility having at least one operating room, combined with one or more counties without a licensed facility and at least one operating room.

\* For multicounty service areas, the asterisk denotes the county with at least one licensed facility having one or more operating rooms.

Hospitals	Multicounty Service Area	Color Code
Murphy Medical Center	Cherokee, Clay	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Mission Hospital	Buncombe, Madison, Yancey	
Maria Parham Medical Center	Vance, Warren	
Our Community Hospital and Halifax Regional Medical Center	Halifax, Northampton	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health and High Point Regional Health	Guilford, Caswell	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

Case Data for 10/1/2015 through 9/30/2016 as reported on the 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	13,502.6	4	1,500.0
<b>Alamance Total</b>			<b>2</b>	<b>3</b>	<b>9</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	-	-	-
<b>Alexander Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	338.8	4	1,500.0
<b>Alleghany Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Anson	H0082	Carolinas HealthCare System Anson	0	0	1	0	0	0	0	37.1	4	1,500.0
<b>Anson Total</b>			<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,683.0	4	1,500.0
<b>Ashe Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	359.4	4	1,500.0
<b>Avery Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Beaufort	H0002	Vidant Pungo Hospital (closed)	0	0	2	0	0	0	0	-	-	-
Beaufort	H0188	Vidant Beaufort Hospital	1	0	5	-1	0	0	0	4,727.7	4	1,500.0
<b>Beaufort Total</b>			<b>1</b>	<b>0</b>	<b>7</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Bertie	H0268	Vidant Bertie Hospital	0	0	2	0	0	0	0	582.1	4	1,500.0
<b>Bertie Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	843.2	4	1,500.0
<b>Bladen Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Brunswick		Brunswick Surgery Center	0	0	0	0	0	1	0	-	-	-
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,302.3	4	1,500.0
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	6,457.7	4	1,500.0
<b>Brunswick Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Buncombe	AS0038	Orthopaedic Surgery Center of Asheville	0	3	0	0	0	0	0	5,278.0	6	1,312.5
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	2,014.1	5	1,312.5
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	74,193.3	2	1,950.0
<b>Buncombe/Madison/Yancey Total</b>			<b>8</b>	<b>13</b>	<b>30</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,237.0	5	1,312.5
Burke	H0062	Carolinas HealthCare System Blue Ridge	1	0	9	-1	0	0	0	8,016.0	4	1,500.0
<b>Burke Total</b>			<b>1</b>	<b>2</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cabarrus	AS0019	Eye Surgery Center and Laser Clinic	0	2	0	0	0	0	0	2,463.0	5	1,312.5
Cabarrus	AS0070	Gateway Surgery Center	0	4	0	0	0	0	0	5,252.0	6	1,312.5
Cabarrus	H0031	Carolinas HealthCare System NorthEast	4	0	17	-2	0	0	0	23,053.7	3	1,755.0
<b>Cabarrus Total</b>			<b>4</b>	<b>6</b>	<b>17</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Caldwell	H0061	Caldwell Memorial Hospital	1	3	4	-1	0	0	0	5,793.8	4	1,500.0

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
<b>Caldwell Total</b>			<b>1</b>	<b>3</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,720.3	6	1,312.5
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	5,828.5	4	1,500.0
<b>Carteret Total</b>			<b>1</b>	<b>2</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Catawba	AS0036	Graystone Eye Surgery Center	0	2	0	0	0	0	0	3,104.0	5	1,312.5
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	2,379.0	5	1,312.5
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	18,117.5	3	1,755.0
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	14,923.3	4	1,500.0
<b>Catawba Total</b>			<b>3</b>	<b>9</b>	<b>27</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	839.5	4	1,500.0
<b>Chatham Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cherokee	H0239	Murphy Medical Center	0	0	4	0	0	0	0	4,300.1	4	1,500.0
<b>Cherokee/Clay Total</b>			<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Chowan	H0063	Vidant Chowan Hospital	0	0	3	0	0	0	0	758.0	4	1,500.0
<b>Chowan Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cleveland	H0024	Carolinas HealthCare System Cleveland	1	0	6	-1	0	0	0	9,499.5	4	1,500.0
Cleveland	H0113	Carolinas HealthCare System Kings Mountain	0	0	2	0	0	0	0	987.2	4	1,500.0
<b>Carolinas HealthCare System Total</b>			<b>1</b>	<b>0</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,189.3	5	1,312.5
Cleveland	AS0062	Cleveland Ambulatory Services	0	4	0	0	0	0	0	1,322.9	6	1,312.5
<b>Cleveland Total</b>			<b>1</b>	<b>6</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,270.4	4	1,500.0
<b>Columbus Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	12,714.5	4	1,500.0
<b>Craven/Jones/Pamlico Total</b>			<b>3</b>	<b>6</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	13	-3	0	2	0	24,667.7	3	1,755.0
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-2	0	4,947.3	4	1,500.0
<b>Cape Fear Valley Health System Total</b>			<b>5</b>	<b>0</b>	<b>16</b>	<b>-3</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	11,212.9	6	1,312.5
Cumberland		Valleygate Dental Surgery Center of Fayetteville**	0	0	0	0	0	2	0			
<b>Cumberland Total</b>			<b>5</b>	<b>11</b>	<b>16</b>	<b>-3</b>	<b>0</b>	<b>2</b>	<b>0</b>			
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center	0	2	0	0	0	0	0	430.0	5	1,312.5
Dare	H0273	The Outer Banks Hospital	1	0	2	-1	0	1	0	2,019.5	4	1,500.0
<b>Dare Total</b>			<b>1</b>	<b>2</b>	<b>2</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	3,900.2	4	1,500.0

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,790.4	4	1,500.0
<b>Davidson Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Davie	H0171	Davie Medical Center	0	0	2	0	0	1	0	2,450.1	4	1,500.0
<b>Davie Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Duplin	H0166	Vidant Duplin Hospital	0	0	3	0	0	0	0	1,878.3	4	1,500.0
<b>Duplin Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	8	0	0	0	0	0	5,369.7	5	1,312.5
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	0	0	127,452.4	1	1,950.0
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	20,805.2	3	1,755.0
<b>Duke University Health System Total</b>			<b>8</b>	<b>17</b>	<b>63</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	10,296.0	4	1,500.0
<b>Durham Total</b>			<b>8</b>	<b>17</b>	<b>67</b>	<b>-2</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Edgecombe	H0258	Vidant Edgecombe Hospital	1	0	5	-1	0	0	0	2,634.2	4	1,500.0
<b>Edgecombe Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Forsyth		Novant Health Clemmons Outpatient Surgery Center	0	0	0	0	0	2	0	-		
Forsyth		Novant Health Kernersville Outpatient Surgery	0	0	0	0	0	2	0	-	-	-
Forsyth	H0209	Novant Health Forsyth Medical Center	5	6	24	-2	0	-2	0	51,607.3	2	1,950.0
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	12	0	0	-2	0	18,039.6	3	1,755.0
<b>Novant Health Total</b>			<b>5</b>	<b>6</b>	<b>36</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Forsyth		Clemmons Medical Park Ambulatory Surgical Center	0	0	0	0	0	0	0	-	-	-
Forsyth	AS0021	Plastic Surgery Center of North Carolina^	0	3	0	0	0	0	0	507.0	6	1,312.5
Forsyth	H0011	North Carolina Baptist Hospital*	4	0	36	0	-2	7	0	96,822.9	1	1,950.0
<b>Wake Forest Baptist Health Total</b>			<b>4</b>	<b>3</b>	<b>36</b>	<b>0</b>	<b>-2</b>	<b>7</b>	<b>0</b>			
Forsyth	AS0134	Piedmont Outpatient Surgery Center**	0	2	0	0	0	0	0	1,927.4	-	-
<b>Forsyth Total</b>			<b>9</b>	<b>11</b>	<b>72</b>	<b>-2</b>	<b>-2</b>	<b>7</b>	<b>0</b>			
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	-	-	-
Franklin	H0261	Franklin Medical Center (closed)	0	0	3	0	0	-1	0	-	-	-
<b>Franklin Medical Center Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>			
<b>Franklin Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	0	0	2,381.5	5	1,312.5
Gaston	H0105	CaroMont Regional Medical Center	5	8	9	-4	0	0	0	19,294.7	3	1,755.0
<b>CaroMont Total</b>			<b>5</b>	<b>14</b>	<b>9</b>	<b>-4</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Gaston Total</b>			<b>5</b>	<b>14</b>	<b>9</b>	<b>-4</b>	<b>0</b>	<b>0</b>	<b>0</b>			

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

Case Data for 10/1/2015 through 9/30/2016 as reported on the 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	2,059.2	4	1,500.0
<b>Granville Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	0	0	4,211.0	6	1,312.5
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	0	0	-	-	-
Guilford	H0052	High Point Regional Health	3	0	8	-1	0	0	0	10,965.4	4	1,500.0
<b>UNC Health Care Total</b>			<b>3</b>	<b>8</b>	<b>8</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	2,227.1	6	1,312.5
Guilford	AS0015	Carolina Birth Center (closed)	0	0	0	0	0	0	0	-	-	-
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	20,036.2	5	1,312.5
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	949.0	5	1,312.5
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	963.6	6	1,312.5
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	284.2	4	1,500.0
Guilford	H0159	Cone Health	4	13	37	0	-1	-8	0	69,151.3	2	1,950.0
Guilford		Valleygate Dental Surgery Center of the Triad**	0	0	0	0	0	2	0	-	-	-
<b>Guilford/Caswell Total</b>			<b>7</b>	<b>43</b>	<b>46</b>	<b>-1</b>	<b>-1</b>	<b>-6</b>	<b>0</b>			
Halifax	H0230	Halifax Regional Medical Center	0	0	6	0	0	0	0	4,240.3	4	1,500.0
<b>Halifax/Northampton Total</b>			<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Harnett	H0224	Betsy Johnson Hospital	0	0	7	0	0	0	0	4,013.7	4	1,500.0
<b>Harnett Total</b>			<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	6,652.0	4	1,500.0
<b>Haywood Total</b>			<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Henderson	H0019	Park Ridge Health	1	0	6	-1	0	0	0	6,623.5	4	1,500.0
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	10	0	0	0	0	15,104.6	3	1,755.0
<b>Henderson Total</b>			<b>1</b>	<b>0</b>	<b>16</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Hertford	H0001	Vidant Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	1,947.7	4	1,500.0
<b>Hertford Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	1	0	0	1	0	222.8	4	1,500.0
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	725.0	4	1,500.0
<b>Hoke Total</b>			<b>1</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Iredell	H0248	Davis Regional Medical Center	1	0	5	-1	0	0	0	2,946.8	4	1,500.0
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	9,810.0	4	1,500.0
<b>Community Health Systems Total</b>			<b>2</b>	<b>2</b>	<b>12</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Iredell	H0164	Iredell Memorial Hospital	1	0	10	-1	0	0	0	11,255.9	4	1,500.0

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Iredell	AS0042	Iredell Head Neck and Ear Ambulatory Surgery Center	0	1	0	0	0	0	0	529.0	5	1,312.5
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	672.6	5	1,312.5
<b>Iredell Total</b>			<b>3</b>	<b>7</b>	<b>22</b>	<b>-3</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Jackson	H0087	Harris Regional Hospital	0	0	6	0	0	0	1	5,387.3	4	1,500.0
<b>Jackson/Graham/Swain Total</b>			<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>			
Johnston	H0151	Johnston Health	2	0	8	-2	0	0	0	7,984.8	4	1,500.0
<b>Johnston Total</b>			<b>2</b>	<b>0</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	5,851.8	4	1,500.0
<b>Lee Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,083.7	4	1,500.0
<b>Lenoir Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Lincoln	H0225	Carolinas HealthCare System Lincoln	1	1	3	-1	0	0	0	3,715.7	4	1,500.0
<b>Lincoln Total</b>			<b>1</b>	<b>1</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Macon	H0034	Angel Medical Center	1	0	4	-1	0	0	0	2,012.5	4	1,500.0
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	-	-	-
<b>Mission Health Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Macon Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	1	1,225.8	4	1,500.0
<b>Martin Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>			
McDowell	H0097	The McDowell Hospital	1	0	3	-1	0	0	0	2,226.0	4	1,500.0
<b>McDowell Total</b>			<b>1</b>	<b>0</b>	<b>3</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Mecklenburg		CHS Huntersville Surgery Center	0	0	0	0	0	1	0	-	-	-
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	2	0	0	0	0	0	2,565.6	6	1,312.5
Mecklenburg	H0042	Carolinas Healthcare System Pineville	3	0	9	-2	0	0	0	16,154.0	3	1,755.0
Mecklenburg	H0071	Carolinas Medical Center	10	11	41	-4	-1	-2	0	128,799.1	1	1,950.0
Mecklenburg	H0255	Carolinas HealthCare System University	1	2	9	-1	0	-4	0	11,064.2	4	1,500.0
<b>Carolinas HealthCare System Total</b>			<b>14</b>	<b>15</b>	<b>59</b>	<b>-7</b>	<b>-1</b>	<b>-5</b>	<b>0</b>			
Mecklenburg		Randolph Surgery Center	0	0	0	0	0	6	0	-	-	-
Mecklenburg	AS0026	Charlotte Surgery Center	0	7	0	0	0	-1	0	9,000.8	6	1,312.5
<b>Charlotte Surgery Center Total</b>			<b>0</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>			
Mecklenburg		Presbyterian Hospital Mint Hill	0	0	0	0	0	4	1	-	-	-
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	10,870.1	5	1,312.5
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	0	0	1,292.9	6	1,312.5
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,596.6	5	1,312.5

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Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,624.2	6	1,312.5
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	33	-3	0	-6	0	61,820.6	2	1,950.0
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	0	0	8,324.3	4	1,500.0
Mecklenburg	H0282	Novant Health Huntersville Medical Center	1	0	5	-1	0	1	0	8,912.7	4	1,500.0
<b>Novant Health Total</b>			<b>9</b>	<b>18</b>	<b>44</b>	<b>-6</b>	<b>0</b>	<b>-1</b>	<b>1</b>			
Mecklenburg	AS0148	Mallard Creek Surgery Center**	0	2	0	0	0	0	0	4,976.3	-	-
Mecklenburg		Carolinas Center for Ambulatory Dentistry**	0	0	0	0	0	2	0	-	-	-
<b>Mecklenburg Total</b>			<b>23</b>	<b>42</b>	<b>103</b>	<b>-13</b>	<b>-1</b>	<b>1</b>	<b>1</b>			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	1,165.0	4	1,500.0
<b>Mitchell Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	221.7	4	1,500.0
<b>Montgomery Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Moore		2017 SMFP Need Determination	0	0	0	0	0	1	0			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,041.7	5	1,312.5
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	5,552.0	6	1,312.5
Moore	H0100	FirstHealth Moore Regional Hospital	2	0	15	0	0	-1	0	21,102.5	3	1,755.0
<b>Moore Total</b>			<b>2</b>	<b>9</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	11,126.7	4	1,500.0
<b>Nash Total</b>			<b>1</b>	<b>0</b>	<b>13</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
New Hanover		2016 SMFP Need Determination	0	0	0	0	0	3	0			
New Hanover		2017 SMFP Need Determination	0	0	0	0	0	1	0			
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	0	0	6,665.5	5	1,312.5
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	0	0	70,277.7	2	1,950.0
<b>New Hanover Total</b>			<b>5</b>	<b>11</b>	<b>29</b>	<b>-3</b>	<b>-1</b>	<b>4</b>	<b>0</b>			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	8,185.5	4	1,500.0
<b>Onslow Total</b>			<b>1</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Orange	H0157	University of North Carolina Hospitals	6	11	29	-3	-2	0	0	88,693.6	1	1,950.0
<b>Orange Total</b>			<b>6</b>	<b>11</b>	<b>29</b>	<b>-3</b>	<b>-2</b>	<b>0</b>	<b>0</b>			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	3,101.6	4	1,500.0
<b>Pasquotank/Camden/Currituck/Gates/Perquimans Total</b>			<b>2</b>	<b>0</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	234.0	4	1,500.0
<b>Pender Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	1,308.1	4	1,500.0
<b>Person Total</b>			<b>1</b>	<b>0</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Pitt	AS0012	Vidant SurgiCenter	0	10	0	0	0	0	0	12,941.9	6	1,312.5

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Pitt	H0104	Vidant Medical Center	7	0	26	-4	-1	0	0	56,166.9	1	1,950.0
<b>Vidant Health Total</b>			<b>7</b>	<b>10</b>	<b>26</b>	<b>-4</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
<b>Pitt/Greene/Hyde/Tyrrell Total</b>			<b>7</b>	<b>10</b>	<b>26</b>	<b>-4</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	1,504.6	4	1,500.0
<b>Polk Total</b>			<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	6,773.6	4	1,500.0
<b>Randolph Total</b>			<b>1</b>	<b>2</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Richmond	H0158	FirstHealth Moore Regional Hospital-Richmond	1	0	3	-1	0	0	0	1,838.7	4	1,500.0
Richmond	H0265	FirstHealth Moore Regional Hospital-Hamlet	0	0	3	0	0	0	0	1,482.0	4	1,500.0
<b>FirstHealth of the Carolinas Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Richmond Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	2,413.2	5	1,312.5
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	8,164.1	4	1,500.0
<b>Southeastern Health Total</b>			<b>2</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Robeson Total</b>			<b>2</b>	<b>4</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,804.0	4	1,500.0
Rockingham	H0072	Morehead Memorial Hospital	1	0	5	-1	0	0	0	3,239.5	4	1,500.0
<b>Rockingham Total</b>			<b>1</b>	<b>0</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	13,435.3	4	1,500.0
<b>Rowan Total</b>			<b>2</b>	<b>3</b>	<b>8</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,553.3	4	1,500.0
<b>Rutherford Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	4,705.2	4	1,500.0
<b>Sampson Total</b>			<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	7,389.3	4	1,500.0
<b>Scotland Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Stanly	H0008	Carolinas HealthCare System - Stanly	1	0	5	-1	0	0	0	1,829.1	4	1,500.0
<b>Stanly Total</b>			<b>1</b>	<b>0</b>	<b>5</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	352.8	4	1,500.0
<b>Stokes Total</b>			<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,866.8	4	1,500.0
Surry	H0184	Northern Hospital of Surry County	1	0	4	-1	0	0	0	5,078.0	4	1,500.0
<b>Surry Total</b>			<b>2</b>	<b>0</b>	<b>9</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	-	-	-
<b>Swain Total</b>			<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

Case Data for 10/1/2015 through 9/30/2016 as reported on the 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	2,393.7	4	1,500.0
<b>Transylvania Total</b>			<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Union		2017 SMFP Need Determination	0	0	0	0	0	1	0			
Union	AS0132	Union West Surgery Center	0	2	0	0	0	0	0	1,372.0	5	1,312.5
Union	H0050	Carolinas HealthCare System Union	2	0	6	-2	0	0	0	8,758.6	4	1,500.0
<b>Carolinas HealthCare System Total</b>			<b>2</b>	<b>2</b>	<b>6</b>	<b>-2</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe (closed)	0	1	0	0	0	0	0	-	-	-
<b>Union Total</b>			<b>2</b>	<b>3</b>	<b>6</b>	<b>-2</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Vance	H0267	Maria Parham Medical Center	0	0	5	0	0	0	0	4,862.9	4	1,500.0
<b>Vance/Warren Total</b>			<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wake		Rex Hospital Holly Springs	0	0	0	0	0	3	1	-	-	-
Wake		Rex Surgery Center of Wakefield	0	0	0	0	0	2	0	-	-	-
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	3,659.8	6	1,312.5
Wake	H0065	Rex Hospital	3	3	24	-3	0	-5	0	46,560.4	2	1,950.0
<b>UNC Health Care Total</b>			<b>3</b>	<b>7</b>	<b>24</b>	<b>-3</b>	<b>0</b>	<b>0</b>	<b>1</b>			
Wake	AS0137	Capital City Surgery Center	0	8	0	0	0	0	0	6,932.9	6	1,312.5
Wake	H0199	WakeMed	8	0	20	-4	-1	0	0	47,497.6	2	1,950.0
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	0	0	6,992.2	4	1,500.0
<b>WakeMed Total</b>			<b>10</b>	<b>8</b>	<b>29</b>	<b>-6</b>	<b>-1</b>	<b>0</b>	<b>0</b>			
Wake	AS0155	Holly Springs Surgery Center	0	0	0	0	0	3	0	-	-	-
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	3,918.0	5	1,312.5
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	668.0	6	1,312.5
Wake	AS0142	Triangle Orthopaedics Surgery Center**	0	2	0	0	0	0	0	3,203.1	-	-
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	4	0	0	0	0	0	5,272.4	6	1,312.5
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	0	0	35,150.7	3	1,755.0
Wake		Raleigh Orthopaedic Surgery Center-West Cary****	0	0	0	0	0	1	0	-	-	-
Wake		Surgical Center for Dental Professionals**	0	0	0	0	0	2	0	-	-	-
<b>Wake Total</b>			<b>13</b>	<b>28</b>	<b>68</b>	<b>-9</b>	<b>-1</b>	<b>6</b>	<b>1</b>			
Washington	H0006	Washington County Hospital	0	0	2	0	0	0	0	-	-	-
<b>Washington Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	10,541.4	4	1,500.0
<b>Watauga Total</b>			<b>1</b>	<b>0</b>	<b>6</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wayne	H0257	Wayne Memorial Hospital	1	2	10	-1	0	1	0	11,409.5	4	1,500.0

**Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)**

Case Data for 10/1/2015 through 9/30/2016 as reported on the 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
<b>Wayne Total</b>			<b>1</b>	<b>2</b>	<b>10</b>	<b>-1</b>	<b>0</b>	<b>1</b>	<b>0</b>			
Wilkes	H0153	Wilkes Regional Medical Center	1	1	4	-1	0	0	0	4,412.3	4	1,500.0
<b>Wilkes Total</b>			<b>1</b>	<b>1</b>	<b>4</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Wilson	AS0005	Eastern Regional Surgical Center	0	4	0	0	0	0	0	801.5	5	1,312.5
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	46.5	6	1,312.5
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	4,371.0	4	1,500.0
<b>Wilson Total</b>			<b>1</b>	<b>5</b>	<b>9</b>	<b>-1</b>	<b>0</b>	<b>0</b>	<b>0</b>			
Yadkin	H0155	Yadkin Valley Community Hospital (closed)	0	0	2	0	0	0	0	-	-	-
<b>Yadkin Total</b>			<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>			
<b>Grand Total</b>			<b>155</b>	<b>293</b>	<b>930</b>	<b>-96</b>	<b>-11</b>	<b>24</b>	<b>4</b>			

\* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (CON # J-008030-07). North Carolina Baptist Hospital has a certificate of need (G-008460-10) for 7 ORs under Policy AC-3. These 23 ORs are counted when determining OR need.

\*\* This is an ambulatory surgery demonstration project that is in the inventory but is not included in the need determination calculations.

\*\*\* Three ORs are to be relocated from New Hanover Regional Medical Center (NHRMC) to a new health system. Upon licensure, they will be removed from the NHRMC inventory and added to the inventory of the Cape Fear Surgical Center health system.

\*\*\*\* One OR is to be relocated from Raleigh Orthopaedic Surgery Center to a new facility in the UNC Health Care system. Upon licensure, the OR will be removed from the Raleigh Orthopaedic Surgery Center inventory and added to the UNC Health Care system inventory.

^ Plastic Surgery Center of NC is an underutilized facility. All ORs are being relocated to Clemmons Medical Park Ambulatory Surgical Center, which is under development. In this circumstance, the need determination methodology does not consider it to be an underutilized facility. Upon licensure, the three ORs will be added to the Clemmons Medical Park Ambulatory Surgical Center inventory, and removed from the Plastic Surgery Center inventory.

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center	1,840	137.0	8,207	68.0	13,503	5.02	14,181	9.45	12	-2.55	
Alamance Total													0
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0	0.92	0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital ^^^/†	6	90.4	179	93.1	287	2.33	294	0.20	2	-1.80	
Alleghany Total													0
Anson	H0082	Carolinas HealthCare System Anson †††	0	0.0	27	82.5	37	0.00	37	0.02	1	-0.98	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital ^^	168	141.9	842	90.0	1,660	-0.85	1,660	1.11	2	-0.89	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital †	40	47.9	292	67.3	359	0.42	361	0.24	2	-1.76	
Avery Total													0
Beaufort	H0002	Vidant Pungo Hospital (closed)	0	0.0	0	0.0	0	0.00	0	0.00	2	-2.00	
Beaufort	H0188	Vidant Beaufort Hospital ^^^^	498	120.0	2,239	93.1	4,472	0.00	4,472	2.98	5	-2.02	
Beaufort Total													0
Bertie	H0268	Vidant Bertie Hospital ††††	3	90.0	722	48.0	582	-1.97	582	0.39	2	-1.61	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital ††/††††	144	105.6	582	60.8	843	-0.01	843	0.56	2	-1.44	
Bladen Total													0
Brunswick		Brunswick Surgery Center	0	0.0	0	0.0	0	10.12	0	0.00	1	-1.00	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	411	120.0	1,586	56.0	2,302	10.12	2,535	1.69	2	-0.31	
Brunswick	H0250	Novant Health Brunswick Medical Center †/†††	1,052	135.3	3,326	73.7	6,458	10.12	7,111	4.74	4	0.74	
Brunswick Total													0
Buncombe	AS0038	Orthopaedic Surgery Center of Asheville ^^^^	0	0.0	3,016	87.7	4,406	4.40	4,600	3.50	3	0.50	
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	4,648	26.0	2,014	4.40	2,103	1.60	1	0.60	
Buncombe	H0036	Mission Hospital	11,243	186.2	23,511	100.3	74,193	4.40	77,456	39.72	44	-4.28	
Buncombe/Madison/Yancey Total													2
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,474	30.0	1,237	0.51	1,243	0.95	2	-1.05	
Burke	H0062	Carolinas HealthCare System Blue Ridge ^^^/†/††††	1,310	141.9	4,060	72.0	7,970	0.51	8,010	5.34	9	-3.66	
Burke Total													0
Cabarrus	AS0019	Eye Surgery Center and Laser Clinic	0	0.0	3,284	45.0	2,463	8.23	2,666	2.03	2	0.03	
Cabarrus	AS0070	Gateway Surgery Center †††	0	0.0	6,565	48.0	5,252	8.23	5,684	4.33	4	0.33	
Cabarrus	H0031	Carolinas HealthCare System NorthEast †/†††	5,014	169.4	5,453	97.9	23,054	8.23	24,951	14.22	19	-4.78	
Cabarrus Total													0
Caldwell	H0061	Caldwell Memorial Hospital	989	110.0	3,062	78.0	5,794	0.51	5,823	3.88	7	-3.12	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City	0	0.0	1,985	52.0	1,720	1.64	1,749	1.33	2	-0.67	
Carteret	H0222	Carteret General Hospital	1,400	123.0	1,830	93.1	5,711	1.64	5,805	3.87	5	-1.13	
Carteret Total													0
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	6,208	30.0	3,104	0.71	3,126	2.38	2	0.38	
Catawba	AS0101	Viewmont Surgery Center	0	0.0	3,172	45.0	2,379	0.71	2,396	1.83	3	-1.17	
Catawba	H0053	Frye Regional Medical Center ^^/^^^	2,154	214.8	4,067	131.2	16,608	0.71	16,725	9.53	21	-11.47	
Catawba	H0223	Catawba Valley Medical Center ^^/^^^	2,109	141.9	5,342	93.1	13,281	0.71	13,374	8.92	12	-3.08	

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Catawba Total													0
Chatham	H0007	Chatham Hospital †/†††	24	132.0	613	77.0	839	7.45	902	0.60	2	-1.40	
Chatham Total													0
Cherokee	H0239	Murphy Medical Center ^^^/^^/†††	353	141.9	2,022	93.1	3,974	1.08	4,017	2.68	4	-1.32	
Cherokee/Clay Total													0
Chowan	H0063	Vidant Chowan Hospital †††	249	90.0	699	33.0	758	-3.37	758	0.51	3	-2.49	
Chowan Total													0
Cleveland	H0024	Carolinas HealthCare System Cleveland ^^^	1,576	122.4	3,807	93.1	9,125	0.34	9,156	6.10	6	0.10	
Cleveland	H0113	Carolinas HealthCare System Kings Mountain ††/†††	129	75.4	806	61.4	987	0.34	991	0.66	2	-1.34	
<b>Carolinas HealthCare System Total</b>										<b>6.76</b>	<b>8</b>	<b>-1.24</b>	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	1,784	40.0	1,189	0.34	1,193	0.91	2	-1.09	
Cleveland	AS0062	Cleveland Ambulatory Services^^	0	0.0	1,358	58.5	1,323	0.34	1,327	0.00	0	0.00	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	815	80.0	2,259	58.0	3,270	-0.01	3,270	2.18	5	-2.82	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center ††/†††	3,722	123.2	10,616	28.7	12,714	-1.05	12,714	8.48	17	-8.52	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	6,380	138.0	5,402	111.0	24,668	-0.62	24,668	14.06	17	-2.94	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital ^^^/†/†††	135	80.3	2,600	93.1	4,217	-0.62	4,217	2.81	1	1.81	
<b>Cape Fear Valley Health System Total</b>										<b>16.87</b>	<b>18</b>	<b>-1.13</b>	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	0.0	11,803	57.0	11,213	-0.62	11,213	8.54	11	-2.46	
Cumberland		Valleygate Dental Surgery Center of Fayetteville**											
Cumberland Total													0
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center^^	0	0.0	860	30.0	430	3.81	446	0.00	0	0.00	
Dare	H0273	The Outer Banks Hospital †/†††	294	108.9	1,228	72.6	2,019	3.81	2,096	1.40	3	-1.60	
Dare Total													0
Davidson	H0027	Lexington Medical Center	784	120.0	2,294	61.0	3,900	1.91	3,975	2.65	4	-1.35	
Davidson	H0112	Novant Health Thomasville Medical Center †/†††	582	90.2	3,955	59.4	4,790	1.91	4,882	3.25	5	-1.75	
Davidson Total													0
Davie	H0171	Davie Medical Center	0	0.0	2,911	50.5	2,450	2.35	2,508	1.67	3	-1.33	
Davie Total													0
Duplin	H0166	Vidant Duplin Hospital	482	81.4	1,243	59.1	1,878	0.00	1,878	1.25	3	-1.75	
Duplin Total													0
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	0.0	5,164	62.4	5,370	6.75	5,732	4.37	8	-3.63	
Durham	H0015	Duke University Hospital*	17,151	267.7	22,642	135.0	127,452	6.75	136,051	69.77	64	5.77	
Durham	H0233	Duke Regional Hospital ^^^	3,765	212.0	2,981	131.2	19,823	6.75	21,160	12.06	13	-0.94	
<b>Duke University Health System Total</b>										<b>86.19</b>	<b>85</b>	<b>1.19</b>	
Durham	H0075	North Carolina Specialty Hospital ^^	1,629	141.9	3,606	90.0	9,261	6.75	9,886	6.59	4	2.59	
Durham Total													4
Edgecombe	H0258	Vidant Edgecombe Hospital †††	761	96.0	1,644	51.7	2,634	-0.87	2,634	1.76	5	-3.24	
Edgecombe Total													0
Forsyth		Novant Health Clemmons Outpatient Surgery Center	0	0.0	0	0.0	0	4.02	0	0.00	2	-2.00	
Forsyth		Novant Health Kernersville Outpatient Surgery	0	0.0	0	0.0	0	4.02	0	0.00	2	-2.00	

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Forsyth	H0209	Novant Health Forsyth Medical Center	9,262	168.0	17,706	87.0	51,607	4.02	53,680	27.53	31	-3.47	
Forsyth	H0229	Novant Health Medical Park Hospital ^^^	871	214.8	8,665	103.0	17,994	4.02	18,716	10.66	10	0.66	
<b>Novant Health Total</b>										<b>38.19</b>	<b>45</b>	<b>-6.81</b>	
Forsyth		Clemmons Medical Park Ambulatory Surgical Center	0	0.0	0	0.0	0	4.02	0	0.00	0	0.00	
Forsyth	AS0021	Plastic Surgery Center of North Carolina^	0	0.0	169	180.0	507	4.02	527	0.00	3	-3.00	
Forsyth	H0011	North Carolina Baptist Hospital*	14,534	238.9	19,925	117.3	96,823	4.02	100,712	51.65	45	6.65	
<b>Wake Forest Baptist Health Total</b>										<b>51.65</b>	<b>48</b>	<b>3.65</b>	
Forsyth	AS0134	Piedmont Outpatient Surgery Center**	0	0.0	2,514	46.0	1,927	4.02	2,005	0.00	0	0.00	
<b>Forsyth Total</b>													<b>4</b>
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0	4.84	0	0.00	2	-2.00	
Franklin	H0261	Franklin Medical Center (closed)	0	0.0	0	0.0	0	4.84	0	0.00	2	-2.00	
<b>Franklin Medical Center Total</b>										<b>0.00</b>	<b>4</b>	<b>-4.00</b>	
<b>Franklin Total</b>													<b>0</b>
Gaston	AS0037	CaroMont Specialty Surgery †††	0	0.0	3,866	37.0	2,381	3.78	2,471	1.88	6	-4.12	
Gaston	H0105	CaroMont Regional Medical Center	4,207	116.1	8,691	77.0	19,295	3.78	20,024	11.41	18	-6.59	
<b>CaroMont Total</b>										<b>13.29</b>	<b>24</b>	<b>-10.71</b>	
<b>Gaston Total</b>													<b>0</b>
Granville	H0098	Granville Health System ††/††††	730	64.0	1,960	39.2	2,059	2.70	2,115	1.41	3	-1.59	
<b>Granville Total</b>													<b>0</b>
Guilford	AS0047	High Point Surgery Center	0	0.0	4,211	60.0	4,211	2.85	4,331	3.30	6	-2.70	
Guilford	AS0152	Premier Surgery Center	0	0.0	16	0.0	0	2.85	0	0.00	2	-2.00	
Guilford	H0052	High Point Regional Health^/^/††††	2,848	141.9	2,211	93.1	10,168	2.85	10,458	6.97	10	-3.03	
<b>UNC Health Care Total</b>										<b>10.27</b>	<b>18</b>	<b>-7.73</b>	
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	2,216	60.3	2,227	2.85	2,291	1.75	3	-1.25	
Guilford	AS0015	Carolina Birth Center (closed)	0	0.0	0	0.0	0	2.85	0	0.00	0	0.00	
Guilford	AS0018	Surgical Center of Greensboro ^^^/††††	0	0.0	13,635	64.1	14,572	2.85	14,987	11.42	13	-1.58	
Guilford	AS0033	Surgical Eye Center	0	0.0	1,898	30.0	949	2.85	976	0.74	4	-3.26	
Guilford	AS0063	Piedmont Surgical Center^/^/†††	0	0.0	584	87.7	853	2.85	878	0.67	2	-1.33	
Guilford	H0073	Kindred Hospital - Greensboro^^	306	53.0	13	64.0	284	2.85	292	0.00	0	0.00	
Guilford	H0159	Cone Health †	13,363	171.6	16,139	115.0	69,151	2.85	71,125	36.47	45	-8.53	
Guilford		Valleygate Dental Surgery Center of the Triad**											
<b>Guilford/Caswell Total</b>													<b>0</b>
Halifax	H0230	Halifax Regional Medical Center	1,175	87.5	2,510	60.4	4,240	-2.17	4,240	2.83	6	-3.17	
<b>Halifax/Northampton Total</b>													<b>0</b>
Harnett	H0224	Betsy Johnson Hospital	688	104.0	2,351	72.0	4,014	4.35	4,188	2.79	7	-4.21	
<b>Harnett Total</b>													<b>0</b>
Haywood	H0025	Haywood Regional Medical Center †	1,183	125.1	3,888	64.6	6,652	3.24	6,867	4.58	7	-2.42	
<b>Haywood Total</b>													<b>0</b>
Henderson	H0019	Park Ridge Health †	799	136.5	3,944	73.1	6,624	4.39	6,915	4.61	6	-1.39	
Henderson	H0161	Margaret R. Pardee Memorial Hospital †	1,887	163.9	6,351	94.0	15,105	4.39	15,768	8.98	10	-1.02	
<b>Henderson Total</b>													<b>0</b>
Hertford	H0001	Vidant Roanoke-Chowan Hospital ††	555	90.4	1,235	54.0	1,948	-0.38	1,948	1.30	5	-3.70	
<b>Hertford Total</b>													<b>0</b>

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus^^	0	0.0	297	45.0	223	11.24	248	0.00	0	0.00	
Hoke	H0288	Cape Fear Valley Hoke Hospital ^^^/†††	66	116.0	343	93.1	660	11.24	734	0.49	2	-1.51	
<b>Hoke Total</b>													<b>0</b>
Iredell	H0248	Davis Regional Medical Center^^	438	135.0	1,569	75.0	2,947	6.89	3,150	0.00	0	0.00	
Iredell	H0259	Lake Norman Regional Medical Center	1,794	123.0	5,749	64.0	9,810	6.89	10,486	6.99	9	-2.01	
<b>Community Health Systems Total</b>									<b>13,636</b>	<b>7</b>	<b>9</b>	<b>-2.01</b>	
Iredell	H0164	Iredell Memorial Hospital ^^/^^^	1,773	141.9	4,066	93.1	10,505	6.89	11,229	7.49	10	-2.51	
Iredell	AS0042	Iredell Head Neck and Ear Ambulatory Surgery Center	0	0.0	529	60.0	529	6.89	565	0.43	1	-0.57	
Iredell	AS0050	Iredell Surgical Center^^	0	0.0	1,187	34.0	673	6.89	719	0.00	4	-4.00	
<b>Iredell Total</b>													<b>0</b>
Jackson	H0087	Harris Regional Hospital	856	97.8	3,808	62.9	5,387	2.62	5,529	3.69	6	-2.31	
<b>Jackson/Graham/Swain Total</b>													<b>0</b>
Johnston	H0151	Johnston Health	1,391	115.3	4,923	64.7	7,985	9.12	8,713	5.81	8	-2.19	
<b>Johnston Total</b>													<b>0</b>
Lee	H0243	Central Carolina Hospital ††/††††	625	128.0	3,053	88.8	5,852	0.00	5,852	3.90	6	-2.10	
<b>Lee Total</b>													<b>0</b>
Lenoir	H0043	UNC Lenoir Health Care	608	128.5	2,589	64.5	4,084	-0.44	4,084	2.72	9	-6.28	
<b>Lenoir Total</b>													<b>0</b>
Lincoln	H0225	Carolinas HealthCare System Lincoln †††	577	110.0	1,933	82.5	3,716	5.24	3,910	2.61	4	-1.39	
<b>Lincoln Total</b>													<b>0</b>
Macon	H0034	Angel Medical Center	359	90.0	1,474	60.0	2,013	3.64	2,086	1.39	4	-2.61	
Macon	H0193	Highlands-Cashiers Hospital^^	0	0.0	0	0.0	0	3.64	0	0.00	0	0.00	
<b>Mission Health Total</b>										<b>1.39</b>	<b>4</b>	<b>-2.61</b>	
<b>Macon Total</b>													<b>0</b>
Martin	H0078	Martin General Hospital ^^/^^^/†††	226	141.9	398	93.1	1,152	-1.63	1,152	0.77	2	-1.23	
<b>Martin Total</b>													<b>0</b>
McDowell	H0097	The McDowell Hospital ^^	204	141.9	1,076	90.0	2,096	0.97	2,117	1.41	3	-1.59	
<b>McDowell Total</b>													<b>0</b>
Mecklenburg		CHS Huntersville Surgery Center	0	0.0	0	0.0	0	8.35	0	0.00	1	-1.00	
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	0.0	1,811	85.0	2,566	8.35	2,780	2.12	2	0.12	
Mecklenburg	H0042	Carolinas Healthcare System Pineville †/†††	3,007	170.5	4,941	92.4	16,154	8.35	17,503	9.97	10	-0.03	
Mecklenburg	H0071	Carolinas Medical Center	21,215	221.5	22,756	133.1	128,799	8.35	139,557	71.57	55	16.57	
Mecklenburg	H0255	Carolinas HealthCare System University	846	135.4	6,513	84.3	11,064	8.35	11,988	7.99	7	0.99	
<b>Carolinas HealthCare System Total</b>										<b>91.65</b>	<b>75</b>	<b>16.65</b>	
Mecklenburg		Randolph Surgery Center	0	0.0	0	0.0	0	8.35	0	0.00	6	-6.00	
Mecklenburg	AS0026	Charlotte Surgery Center	0	0.0	7,715	70.0	9,001	8.35	9,753	7.43	6	1.43	
<b>Charlotte Surgery Center Total</b>										<b>7.43</b>	<b>12</b>	<b>-4.57</b>	
Mecklenburg		Presbyterian Hospital Mint Hill	0	0.0	0	0.0	0	8.35	0	0.00	4	-4.00	
Mecklenburg	AS0068	SouthPark Surgery Center †††	0	0.0	10,402	62.7	10,870	8.35	11,778	8.97	6	2.97	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	0.0	902	86.0	1,293	8.35	1,401	1.07	2	-0.93	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery^^^/†††	0	0.0	2,213	64.1	2,365	8.35	2,563	1.95	2	-0.05	
Mecklenburg	AS0136	Matthews Surgery Center †††	0	0.0	2,016	78.1	2,624	8.35	2,843	2.17	2	0.17	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,718	181.8	21,274	108.4	61,821	8.35	66,984	34.35	36	-1.65	

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mecklenburg	H0270	Novant Health Matthews Medical Center	1,384	107.2	4,143	84.8	8,324	8.35	9,020	6.01	6	0.01	
Mecklenburg	H0282	Novant Health Huntersville Medical Center ^^^^	1,338	131.3	3,424	93.1	8,244	8.35	8,933	5.96	6	-0.04	
<b>Novant Health Total</b>										<b>60.48</b>	<b>64</b>	<b>-3.52</b>	
Mecklenburg	AS0148	Mallard Creek Surgery Center**	0	0.0	2,313	129.1	4,976	8.35	5,392	0.00	2	-2.00	
Mecklenburg		Carolinas Center for Ambulatory Dentistry**											
<b>Mecklenburg Total</b>													<b>6</b>
Mitchell	H0169	Blue Ridge Regional Hospital	134	120.0	598	90.0	1,165	-0.21	1,165	0.78	3	-2.22	
<b>Mitchell Total</b>													<b>0</b>
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	245	54.3	222	0.96	224	0.15	2	-1.85	
<b>Montgomery Total</b>													<b>0</b>
Moore		2017 SMFP Need Determination	0	0.0	0	0.0	0	5.22	0	0.00	1	-1.00	
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	0.0	6,125	20.0	2,042	5.22	2,148	1.64	3	-1.36	
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	5,552	60.0	5,552	5.22	5,842	4.45	6	-1.55	
Moore	H0100	FirstHealth Moore Regional Hospital	6,492	133.0	4,852	83.0	21,103	5.22	22,204	12.65	16	-3.35	
<b>Moore Total</b>													<b>0</b>
Nash	H0228	Nash General Hospital	1,648	120.0	6,712	70.0	11,127	-0.38	11,127	7.42	13	-5.58	
<b>Nash Total</b>													<b>0</b>
New Hanover		2016 SMFP Need Determination	0	0.0	0	0.0	0	5.23	0	0.00	3	-3.00	
New Hanover		2017 SMFP Need Determination	0	0.0	0	0.0	0	5.23	0	0.00	1	-1.00	
New Hanover	AS0055	Wilmington SurgCare	0	0.0	8,584	46.6	6,665	5.23	7,014	5.34	7	-1.66	
New Hanover	H0221	New Hanover Regional Medical Center	11,716	160.0	23,421	100.0	70,278	5.23	73,954	37.93	34	3.93	
<b>New Hanover Total</b>													<b>0</b>
Onslow	H0048	Onslow Memorial Hospital †††	1,090	124.0	4,830	73.7	8,186	4.46	8,551	5.70	9	-3.30	
<b>Onslow Total</b>													<b>0</b>
Orange	H0157	University of North Carolina Hospitals	13,529	234.0	15,736	137.0	88,694	4.39	92,590	47.48	41	6.48	
<b>Orange Total</b>													<b>6</b>
Pasquotank	H0054	Sentara Albemarle Medical Center	730	86.0	3,162	39.0	3,102	2.95	3,193	2.13	8	-5.87	
<b>Pasquotank/Camden/Currituck/Gates/Perquimans Total</b>													<b>0</b>
Pender	H0115	Pender Memorial Hospital	4	90.0	152	90.0	234	8.45	254	0.17	2	-1.83	
<b>Pender Total</b>													<b>0</b>
Person	H0066	Person Memorial Hospital ††††	212	122.0	877	60.0	1,308	1.26	1,325	0.88	4	-3.12	
<b>Person Total</b>													<b>0</b>
Pitt	AS0012	Vidant SurgiCenter	0	0.0	11,794	65.8	12,942	1.48	13,134	10.01	10	0.01	
Pitt	H0104	Vidant Medical Center	11,541	192.0	8,613	134.0	56,167	1.48	57,000	29.23	28	1.23	
<b>Vidant Health Total</b>										<b>39.24</b>	<b>38</b>	<b>1.24</b>	
<b>Pitt/Greene/Hyde/Tyrrell Total</b>													<b>0</b>
Polk	H0079	St. Luke's Hospital †	429	122.1	583	65.0	1,505	1.68	1,530	1.02	3	-1.98	
<b>Polk Total</b>													<b>0</b>
Randolph	H0013	Randolph Hospital	996	133.3	3,625	75.5	6,774	0.41	6,802	4.53	7	-2.47	
<b>Randolph Total</b>													<b>0</b>
Richmond	H0158	FirstHealth Moore Regional Hospital-Richmond	190	75.0	1,478	65.0	1,839	-0.54	1,839	1.23	3	-1.77	
Richmond	H0265	FirstHealth Moore Regional Hospital-Hamlet^^/†	157	180.0	674	90.0	1,482	-0.54	1,482	0.00	0	0.00	
<b>FirstHealth of the Carolinas Total</b>										<b>1.23</b>	<b>3</b>	<b>-1.77</b>	

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	0.0	2,011	64.1	2,149	-0.77	2,149	1.64	4	-2.36	
Robeson	H0064	Southeastern Regional Medical Center ^^^/^^^/††††	1,799	141.9	1,947	93.1	7,277	-0.77	7,277	4.85	6	-1.15	
<b>Southeastern Health Total</b>										<b>6.49</b>	<b>10</b>	<b>-3.51</b>	
Robeson Total													0
Rockingham	H0023	Annie Penn Hospital	280	124.0	1,669	80.0	2,804	-0.29	2,804	1.87	4	-2.13	
Rockingham	H0072	Morehead Memorial Hospital ††/††††	595	124.8	1,632	73.6	3,240	-0.29	3,240	2.16	5	-2.84	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center	1,814	140.0	6,496	85.0	13,435	2.39	13,757	9.17	11	-1.83	
Rowan Total													0
Rutherford	H0039	Rutherford Regional Medical Center †††	925	95.0	1,116	58.5	2,553	0.32	2,561	1.71	5	-3.29	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	930	104.0	2,508	74.0	4,705	0.00	4,705	3.14	8	-4.86	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital	1,185	127.0	3,328	88.0	7,389	-1.95	7,389	4.93	5	-0.07	
Scotland Total													0
Stanly	H0008	Carolinas HealthCare System - Stanly	398	73.8	1,842	43.6	1,829	1.45	1,856	1.24	5	-3.76	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes ††††	0	0.0	294	72.0	353	-0.20	353	0.24	4	-3.76	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	843	114.0	2,881	68.0	4,867	0.00	4,867	3.24	5	-1.76	
Surry	H0184	Northern Hospital of Surry County	733	120.0	2,408	90.0	5,078	0.00	5,078	3.39	4	-0.61	
Surry Total													0
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0	2.62	0	0.00	1	-1.00	
Swain Total													0
Transylvania	H0111	Transylvania Regional Hospital	327	107.0	2,130	51.0	2,394	3.68	2,482	1.65	4	-2.35	
Transylvania Total													0
Union		2017 SMFP Need Determination	0	0.0	0	0.0	0	7.21	0	0.00	1	-1.00	
Union	AS0132	Union West Surgery Center	0	0.0	2,744	30.0	1,372	7.21	1,471	1.12	2	-0.88	
Union	H0050	Carolinas HealthCare System Union †/†††	1,453	127.6	4,987	68.2	8,759	7.21	9,390	6.26	6	0.26	
<b>Carolinas HealthCare System Total</b>										<b>7.38</b>	<b>8</b>	<b>-0.62</b>	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe (closed)^	0	0.0	0	0.0	0	7.21	0	0.00	0	0.00	
Union Total													0
Vance	H0267	Maria Parham Medical Center	833	114.0	2,772	71.0	4,863	0.11	4,868	3.25	5	-1.75	
Vance/Warren Total													0
Wake		Rex Hospital Holly Springs	0	0.0	0	0.0	0	8.67	0	0.00	3	-3.00	
Wake		Rex Surgery Center of Wakefield	0	0.0	0	0.0	0	8.67	0	0.00	2	-2.00	
Wake	AS0129	Rex Surgery Center of Cary	0	0.0	3,786	58.0	3,660	8.67	3,977	3.03	4	-0.97	
Wake	H0065	Rex Hospital †††	8,557	154.0	13,026	113.3	46,560	8.67	50,599	25.95	22	3.95	
<b>UNC Health Care Total</b>										<b>28.98</b>	<b>31</b>	<b>-2.02</b>	
Wake	AS0137	Capital City Surgery Center ††††	0	0.0	6,123	67.9	6,933	8.67	7,534	5.74	8	-2.26	
Wake	H0199	WakeMed	8,507	191.6	9,918	123.0	47,498	8.67	51,618	26.47	23	3.47	
Wake	H0276	WakeMed Cary Hospital †/†††	2,914	84.7	4,132	41.8	6,992	8.67	7,599	5.07	9	-3.93	

**Table 6B: Projected Operating Room Need for 2020**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2020	Projected Surgical ORs Required in 2020	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
<b>WakeMed Total</b>										<b>37.28</b>	<b>40</b>	<b>-2.72</b>	
Wake	AS0155	Holly Springs Surgery Center	0	0.0	0	0.0	0	8.67	0	0.00	3	-3.00	
Wake	AS0029	Blue Ridge Surgery Center	0	0.0	7,344	32.0	3,918	8.67	4,258	3.24	6	-2.76	
Wake	AS0034	Raleigh Plastic Surgery Center^^ /†††	0	0.0	334	120.0	668	8.67	726	0.00	0	0.00	
Wake	AS0142	Triangle Orthopaedics Surgery Center**	0	0.0	2,261	85.0	3,203	8.67	3,481	0.00	2	-2.00	
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	0.0	3,766	84.0	5,272	8.67	5,730	4.37	4	0.37	
Wake	H0238	Duke Raleigh Hospital	4,389	206.0	10,855	111.0	35,151	8.67	38,200	21.77	15	6.77	
Wake		Raleigh Orthopaedic Surgery Center-West Cary****	0	0.0	0	0.0	0	8.67	0	0.00	1	-1.00	
Wake		Surgical Center for Dental Professionals**											
<b>Wake Total</b>													<b>6</b>
Washington	H0006	Washington County Hospital	0	0.0	0	0.0	0	-2.53	0	0.00	2	-2.00	
<b>Washington Total</b>													<b>0</b>
Watauga	H0077	Watauga Medical Center ^^^^	1,022	136.0	4,045	93.1	8,596	4.42	8,976	5.98	6	-0.02	
<b>Watauga Total</b>													<b>0</b>
Wayne	H0257	Wayne Memorial Hospital	2,495	103.5	7,207	59.2	11,410	2.50	11,695	7.80	13	-5.20	
<b>Wayne Total</b>													<b>0</b>
Wilkes	H0153	Wilkes Regional Medical Center	807	100.2	3,009	61.1	4,412	0.00	4,412	2.94	5	-2.06	
<b>Wilkes Total</b>													<b>0</b>
Wilson	AS0005	Eastern Regional Surgical Center	0	0.0	1,374	35.0	802	2.86	824	0.63	4	-3.37	
Wilson	AS0007	Wilson OB-GYN	0	0.0	93	30.0	47	2.86	48	0.04	1	-0.96	
Wilson	H0210	Wilson Medical Center	828	90.0	3,129	60.0	4,371	2.86	4,496	3.00	9	-6.00	
<b>Wilson Total</b>													<b>0</b>
Yadkin	H0155	Yadkin Valley Community Hospital (closed)	0	0.0	0	0.0	0	-1.33	0	0.00	2	-2.00	
<b>Yadkin Total</b>													<b>0</b>
<b>Grand Total</b>			<b>252,707</b>		<b>657,664</b>								<b>28</b>

**Table 6B: Projected Operating Room Need for 2020**

- \* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (CON # J-008030-07). North Carolina Baptist Hospital has a certificate of need (G-008460-10) for 7 ORs under Policy AC-3. These 23 ORs are counted when determining OR need.
- \*\* This is an ambulatory surgery demonstration project that is in the inventory but is not included in the need determination calculations.
- \*\*\* Three ORs are to be relocated from New Hanover Regional Medical Center (NHRMC) to a new health system. Upon licensure, they will be removed from the NHRMC inventory and added to the inventory of the Cape Fear Surgical Center health system.
- \*\*\*\* One OR is to be relocated from Raleigh Orthopaedic Surgery Center to a new facility in the UNC Health Care system. Upon licensure, the OR will be removed from the Raleigh Orthopaedic Surgery Center inventory and added to the UNC Health Care system inventory.
- ^ Plastic Surgery Center of NC is an underutilized facility. All ORs are being relocated to Clemmons Medical Park Ambulatory Surgical Center, which is under development. In this circumstance, the need determination methodology does not consider it to be an underutilized facility. Upon licensure, the three ORs will be added to the Clemmons Medical Park Ambulatory Surgical Center inventory, and removed from the Plastic Surgery Center inventory.
- ^^ Underutilized facility, excluded from need determination calculations.
- ^^^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation above average for group. Substituted average inpatient case time for group.
- ^^^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 standard deviation above average for group. Substituted average ambulatory case time for group.
- † Inpatient case time substitution: Previous year's case time was at least 10% higher than current year. Substituted previous year's average inpatient case time.
- †† Inpatient case time substitution: Previous year's reported case time was 20% or more lower than current year. Substituted previous year's average inpatient case time.
- ††† Ambulatory case time substitution: Previous year's case time was at least 10% higher than current year. Substituted previous year's average ambulatory case time.
- †††† Ambulatory case time substitution: Previous year's reported case time was 20% or more lower than current year. Substituted previous year's average ambulatory case time.

**Underutilized Facilities**

AS0062	Cleveland Ambulatory Services	Cleveland	H0248	Davis Regional Medical Center	Iredell
AS0053	Sentara Kitty Hawk Ambulatory Surgery Center	Dare	AS0050	Iredell Surgical Center	Iredell
AS0021	Plastic Surgery Center of North Carolins	Forsyth	H0193	Highlands-Cashiers Hospital	Macon
H0073	Kindred Hospital	Guilford	H0265	FirstHealth Moore Regional Hospital-Hamlet	Richmond
H0287	FirstHealth Moore Regional Hospital - Hoke Campus	Hoke	AS0120	Presbyterian Same Day Surgery Center-Monroe	Union
			AS0034	Raleigh Plastic Surgery Center	Wake

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is a need for 28 operating rooms, as shown in Table 6C. However, in response to petitions from Graystone Eye Surgery Center and Cape Fear Valley Medical Center, adjusted need determinations for one operating room in Catawba County and one operating room in Cumberland County were approved by the State Health Coordinating Council. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 6C: Operating Room Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the Operating Room Service Areas listed in the table below need additional operating rooms as specified.

<b>Operating Room Service Area</b>	<b>Operating Room Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Buncombe/Madison/Yancey	2	May 15, 2018	June 1, 2018
Catawba***	1	June 15, 2018	July 1, 2018
Cumberland****	1	April 16, 2018	May 1, 2018
Durham	4	November 15, 2018	December 1, 2018
Forsyth	4	May 15, 2018	June 1, 2018
Mecklenburg	6	October 15, 2018	November 1, 2018
Orange	6	November 15, 2018	December 1, 2018
Wake	6	August 15, 2018	September 1, 2018
It is determined that there is no need for additional operating rooms anywhere else in the state and no other reviews are scheduled.			

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one operating room in the Catawba County service area.
- \*\*\*\* In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one operating room in the Cumberland County service area for the purpose of training surgical residents in inpatient and outpatient procedures.

**Table 6D: Inventory for Single Specialty Ambulatory Surgery Demonstration Project**

Operating Room Service Area	Provider	ORs
Charlotte Area (Mecklenburg, Cabarrus, Union counties)	Mallard Creek Surgery Center	2
Triad Area (Guilford, Forsyth counties)	Piedmont Outpatient Surgery Center	2
Triangle Area (Wake, Durham, Orange counties)	Triangle Orthopaedics Surgery Center	2
<p>The North Carolina 2010 State Medical Facilities Plan included need determinations for a Single Specialty Ambulatory Surgery Demonstration Project, consisting of three facilities with two operating rooms each to be located in the Charlotte Area (Mecklenburg, Cabarrus, Union counties), Triad Area (Guilford, Forsyth counties), and the Triangle Area (Wake, Durham, Orange counties). On 9/28/2010, CON #G-008477-10 was awarded to Piedmont Outpatient Surgery Center LLC and Stratford Executive Associates LLC to develop a single-specialty ENT ambulatory surgical facility in the Triad area. Piedmont Outpatient Surgery Center received its license effective 2/6/2012. On 6/1/2011, CON #J-008616-10 was awarded to Triangle Orthopaedics Surgery Center to develop a single specialty (orthopaedic) ambulatory surgical facility in the Triangle Area. Triangle Orthopaedics Surgery Center received its license effective 2/25/2013. University Surgery Center, LLC (dba Mallard Creek Surgery Center) received CON #F-008543-10 on 7/18/2012 to develop a single specialty (orthopaedic) ambulatory surgical facility in the Charlotte Area and was licensed on May 1, 2014.</p>		

Beginning with the Year 5 report for Triangle Orthopaedics Surgery Center and the Year 4 report for Mallard Creek Surgery Center, the calculation of revenue attributable to self-pay and Medicaid (third criterion from Table 6D in the 2010 State Medical Facilities Plan) shall be as follows:

The percentage of the facility's total earned revenue that is attributed to self-pay and Medicaid revenue shall be at least seven percent, which shall be calculated as follows: the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue earned from self-pay and Medicaid cases, divided by the total earned revenues for all surgical cases performed in the facility for procedures for which there is a Medicare allowable fee as of the end of the reporting period.

**Table 6E: Dental Single Specialty Ambulatory Surgical Facility Demonstration Project**

<b>Region</b>	<b>Provider</b>	<b>ORs</b>
Region 1: HSA IV	Surgical Center for Dental Professionals of Raleigh	2
Region 2: HSA III	Carolinas Center for Ambulatory Dentistry	2
Region 3: HSAV and HSA VI	Valleygate Dental Surgery Center of Fayetteville	2
Region 4: HSA I and HSA II	Valleygate Dental Surgery Center of the Triad	2
<p>The North Carolina 2016 State Medical Facilities Plan included need determinations for a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project, consisting of four facilities with two operating rooms each to be located throughout the state. In Region 1, a Certificate of Need was awarded to the Surgical Center for Dental Professionals of Raleigh on March 1, 2017 (J-011170-16). In Region 2, a Certificate of Need was awarded to Carolinas Center for Ambulatory Dentistry in Charlotte on March 1, 2017 (F-011202-16). In Region 3, a Certificate of Need was awarded to Valleygate Dental Surgery Center of Fayetteville on March 6, 2017 (M-011176-16). In Region 4, a Certificate of Need was awarded to Valleygate Dental Surgery Center of the Triad on March 1, 2017 (G-011203-16).</p>		

**Inventory of Endoscopy Rooms in Licensed Facilities**

With the change in legislation which occurred in August 2005 (Session Law 2005-346), endoscopy rooms in licensed facilities are no longer defined as “operating rooms.” For information purposes only, a listing of endoscopy procedure rooms in licensed facilities is provided in Table 6F based on data from the 2017 Hospital and the 2017 Ambulatory Surgical Facility License Renewal Applications. The review schedule for endoscopy rooms in licensed facilities can be found in Chapter 3.

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	4,516	4,683
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	484	521
		<b>Alamance Total</b>	<b>5</b>	<b>0</b>	<b>5,000</b>	<b>5,204</b>
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		<b>Alexander Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0099	Ashe Memorial Hospital	Ashe	1	0	798	1,101
		<b>Ashe Total</b>	<b>1</b>	<b>0</b>	<b>798</b>	<b>1,101</b>
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	392	392
		<b>Avery Total</b>	<b>1</b>	<b>0</b>	<b>392</b>	<b>392</b>
H0188	Vidant Beaufort Hospital	Beaufort	1	0	2,095	2,301
		<b>Beaufort Total</b>	<b>1</b>	<b>0</b>	<b>2,095</b>	<b>2,301</b>
	Novant Health Brunswick Endoscopy Center*	Brunswick	0	2	0	0
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	741	741
H0250	Novant Health Brunswick Medical Center	Brunswick	2	-1	3,208	4,358
		<b>Brunswick Total</b>	<b>4</b>	<b>1</b>	<b>3,949</b>	<b>5,099</b>
H0036	Mission Hospital	Buncombe	6	0	6,004	7,706
AS0051	The Endoscopy Center	Buncombe	5	0	15,700	0
		<b>Buncombe Total</b>	<b>11</b>	<b>0</b>	<b>21,704</b>	<b>7,706</b>
AS0145	Carolina Digestive Care	Burke	2	0	2,547	3,060
H0062	Carolinas HealthCare System Blue Ridge	Burke	3	0	2,042	3,221
		<b>Burke Total</b>	<b>5</b>	<b>0</b>	<b>4,589</b>	<b>6,281</b>
H0031	Carolinas HealthCare System NorthEast	Cabarrus	6	0	3,332	4,072
AS0070	Gateway Surgery Center	Cabarrus	2	0	3,902	3,902
AS0104	Northeast Digestive Health Center	Cabarrus	3	0	4,929	6,505
		<b>Cabarrus Total</b>	<b>11</b>	<b>0</b>	<b>12,163</b>	<b>14,479</b>
H0061	Caldwell Memorial Hospital	Caldwell	2	0	854	967
		<b>Caldwell Total</b>	<b>2</b>	<b>0</b>	<b>854</b>	<b>967</b>

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0222	Carteret General Hospital	Carteret	2	0	533	533
AS0061	The Surgical Center of Morehead City	Carteret	1	0	1,705	1,966
<b>Carteret Total</b>			<b>3</b>	<b>0</b>	<b>2,238</b>	<b>2,499</b>
H0223	Catawba Valley Medical Center	Catawba	2	0	1,899	2,294
H0053	Frye Regional Medical Center	Catawba	2	0	1,637	2,764
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	7,928	9,233
<b>Catawba Total</b>			<b>7</b>	<b>2</b>	<b>11,464</b>	<b>14,291</b>
H0007	Chatham Hospital	Chatham	1	0	559	631
<b>Chatham Total</b>			<b>1</b>	<b>0</b>	<b>559</b>	<b>631</b>
H0239	Murphy Medical Center	Cherokee	2	0	1,010	1,341
<b>Cherokee Total</b>			<b>2</b>	<b>0</b>	<b>1,010</b>	<b>1,341</b>
H0063	Vidant Chowan Hospital	Chowan	1	0	727	0
<b>Chowan Total</b>			<b>1</b>	<b>0</b>	<b>727</b>	<b>0</b>
H0024	Carolinas HealthCare System Cleveland	Cleveland	4	0	2,246	3,317
H0113	Carolinas HealthCare System Kings Mountain	Cleveland	1	0	0	0
AS0062	Cleveland Ambulatory Services	Cleveland	4	0	2,358	3,053
<b>Cleveland Total</b>			<b>9</b>	<b>0</b>	<b>4,604</b>	<b>6,370</b>
H0045	Columbus Regional Healthcare System	Columbus	3	0	1,385	1,890
<b>Columbus Total</b>			<b>3</b>	<b>0</b>	<b>1,385</b>	<b>1,890</b>
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,867	3,731
H0201	CarolinaEast Medical Center	Craven	2	0	1,799	2,702
AS0078	CCHC Endoscopy Center	Craven	3	0	5,272	6,692
<b>Craven Total</b>			<b>8</b>	<b>0</b>	<b>9,938</b>	<b>13,125</b>
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	3,949	4,702
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	5,647	5,918
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	372	534

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0071	Fayetteville Gastroenterology Associates	Cumberland	4	0	10,473	10,776
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		<b>Cumberland Total</b>	<b>16</b>	<b>0</b>	<b>20,441</b>	<b>21,930</b>
H0273	The Outer Banks Hospital	Dare	2	0	808	0
		<b>Dare Total</b>	<b>2</b>	<b>0</b>	<b>808</b>	<b>0</b>
AS0146	Digestive Health Specialists	Davidson	2	0	2,040	2,257
H0027	Lexington Medical Center	Davidson	2	0	1,233	1,490
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	611	632
		<b>Davidson Total</b>	<b>5</b>	<b>0</b>	<b>3,884</b>	<b>4,379</b>
H0171	Davie Medical Center	Davie	1	0	0	0
AS0139	Digestive Health Specialists PA	Davie	1	0	1,486	1,682
		<b>Davie Total</b>	<b>2</b>	<b>0</b>	<b>1,486</b>	<b>1,682</b>
H0233	Duke Regional Hospital	Durham	4	0	5,153	6,354
H0015	Duke University Hospital	Durham	10	1	12,563	19,920
AS0085	Triangle Endoscopy Center	Durham	4	0	4,287	5,284
		<b>Durham Total</b>	<b>18</b>	<b>1</b>	<b>22,003</b>	<b>31,558</b>
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	3	0
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	975	993
		<b>Edgecombe Total</b>	<b>3</b>	<b>0</b>	<b>978</b>	<b>993</b>
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,096	3,359
AS0099	Digestive Health Specialists, P.A.	Forsyth	2	0	5,846	6,387
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	10,116	12,380
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	0	5,097	6,364
H0011	North Carolina Baptist Hospital	Forsyth	10	0	11,887	21,429
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	4,205	5,028
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	1,994	2,263

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Forsyth Total</b>	<b>28</b>	<b>0</b>	<b>42,241</b>	<b>57,210</b>
H0261	Franklin Medical Center (closed)	Franklin	1	0	0	0
		<b>Franklin Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
AS0135	CaroMont Endoscopy Center	Gaston	2	0	432	486
H0105	CaroMont Regional Medical Center	Gaston	6	0	4,344	5,749
AS0151	Greater Gaston Endoscopy Center	Gaston	2	0	4,594	6,009
		<b>Gaston Total</b>	<b>10</b>	<b>0</b>	<b>9,370</b>	<b>12,244</b>
H0098	Granville Health System	Granville	1	0	696	930
		<b>Granville Total</b>	<b>1</b>	<b>0</b>	<b>696</b>	<b>930</b>
AS0076	Bethany Medical Endoscopy Center	Guilford	2	0	2,107	0
H0159	Cone Health	Guilford	8	-1	4,476	5,103
AS0075	Eagle Endoscopy Center	Guilford	4	0	5,491	6,045
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	910	1,133
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,647	3,956
AS0059	High Point Endoscopy Center	Guilford	3	0	5,712	7,806
H0052	High Point Regional Health	Guilford	2	0	1,564	1,951
AS0052	LeBauer Endoscopy Center	Guilford	3	1	6,673	7,218
		<b>Guilford Total</b>	<b>26</b>	<b>0</b>	<b>29,580</b>	<b>33,212</b>
AS0141	Halifax Gastroenterology	Halifax	2	0	1,772	1,782
H0230	Halifax Regional Medical Center	Halifax	1	0	496	567
		<b>Halifax Total</b>	<b>3</b>	<b>0</b>	<b>2,268</b>	<b>2,349</b>
H0224	Betsy Johnson Hospital	Harnett	2	0	0	0
		<b>Harnett Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0025	Haywood Regional Medical Center	Haywood	3	0	2,447	3,248
		<b>Haywood Total</b>	<b>3</b>	<b>0</b>	<b>2,447</b>	<b>3,248</b>
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	0	5,609	6,324

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,267	3,597
H0019	Park Ridge Health	Henderson	1	0	395	395
		<b>Henderson Total</b>	<b>6</b>	<b>0</b>	<b>8,271</b>	<b>10,316</b>
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	933	1,036
		<b>Hertford Total</b>	<b>1</b>	<b>0</b>	<b>933</b>	<b>1,036</b>
H0248	Davis Regional Medical Center	Iredell	2	0	271	321
H0164	Iredell Memorial Hospital	Iredell	3	0	2,575	2,943
H0259	Lake Norman Regional Medical Center	Iredell	3	0	2,975	3,764
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	4,224	5,849
		<b>Iredell Total</b>	<b>11</b>	<b>0</b>	<b>10,045</b>	<b>12,877</b>
H0087	Harris Regional Hospital	Jackson	1	0	1,746	2,538
		<b>Jackson Total</b>	<b>1</b>	<b>0</b>	<b>1,746</b>	<b>2,538</b>
AS0153	Clayton Endoscopy	Johnston	2	0	251	258
H0151	Johnston Health	Johnston	3	0	2,597	3,681
		<b>Johnston Total</b>	<b>5</b>	<b>0</b>	<b>2,848</b>	<b>3,939</b>
H0243	Central Carolina Hospital	Lee	1	0	442	466
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	3,085	4,133
		<b>Lee Total</b>	<b>3</b>	<b>0</b>	<b>3,527</b>	<b>4,599</b>
	AMG Endoscopy Center *	Lenoir	0	2	0	0
AS0122	Kinston Medical Specialists, PA Endoscopy Center	Lenoir	2	0	1,705	1,719
H0043	Lenoir Memorial Hospital	Lenoir	2	0	386	477
AS0121	Park Endoscopy Center	Lenoir	2	0	1,582	1,582
		<b>Lenoir Total</b>	<b>6</b>	<b>2</b>	<b>3,673</b>	<b>3,778</b>
H0225	Carolinas HealthCare System Lincoln	Lincoln	2	0	1,892	2,445
		<b>Lincoln Total</b>	<b>2</b>	<b>0</b>	<b>1,892</b>	<b>2,445</b>
H0034	Angel Medical Center	Macon	2	0	465	1,105

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0193	Highlands-Cashiers Hospital	Macon	2	0	103	110
AS0097	Western Carolina Endoscopy Center	Macon	1	1	2,012	2,737
		<b>Macon Total</b>	<b>5</b>	<b>1</b>	<b>2,580</b>	<b>3,952</b>
H0078	Martin General Hospital	Martin	1	0	321	363
		<b>Martin Total</b>	<b>1</b>	<b>0</b>	<b>321</b>	<b>363</b>
H0097	The McDowell Hospital	McDowell	1	0	695	691
		<b>McDowell Total</b>	<b>1</b>	<b>0</b>	<b>695</b>	<b>691</b>
	Presbyterian Hospital Mint Hill *	Mecklenburg	0	1	0	0
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	6,610	8,192
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	2,783	3,408
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	2,693	3,405
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	3,327	4,068
AS0081	Carolinas Gastroenterology Center-Ballantyne	Mecklenburg	4	0	10,705	11,911
AS0080	Carolinas Gastroenterology Center-Medical Center Plaza	Mecklenburg	2	0	3,718	4,311
H0042	Carolinas HealthCare System Pineville	Mecklenburg	2	0	3,369	4,686
H0255	Carolinas HealthCare System University	Mecklenburg	1	0	1,450	2,159
H0071	Carolinas Medical Center	Mecklenburg	12	0	11,335	17,600
AS0110	Charlotte Gastroenterology & Hepatology	Mecklenburg	2	0	5,754	6,766
AS0109	Charlotte Gastroenterology & Hepatology	Mecklenburg	4	0	5,729	6,800
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	2,860	3,883
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	315	315
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	1,824	1,855
H0270	Novant Health Matthews Medical Center	Mecklenburg	4	-1	1,384	1,423
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	0	3,448	3,551
		<b>Mecklenburg Total</b>	<b>54</b>	<b>0</b>	<b>67,304</b>	<b>84,333</b>
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	674	676

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Mitchell Total</b>	<b>1</b>	<b>0</b>	<b>674</b>	<b>676</b>
H0100	FirstHealth Moore Regional Hospital	Moore	2	0	3,811	3,811
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	9,482	12,490
		<b>Moore Total</b>	<b>7</b>	<b>0</b>	<b>13,293</b>	<b>16,301</b>
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,754	7,398
H0228	Nash General Hospital	Nash	4	0	3,456	5,051
		<b>Nash Total</b>	<b>6</b>	<b>0</b>	<b>7,210</b>	<b>12,449</b>
	Cape Fear Surgical Center *	New Hanover	0	3	0	0
AS0100	Endoscopy Center NHRMC Physician Group	New Hanover	2	1	4,240	5,496
H0221	New Hanover Regional Medical Center	New Hanover	5	-1	8,164	11,516
AS0091	Wilmington Gastroenterology	New Hanover	4	0	10,005	13,372
AS0045	Wilmington Health	New Hanover	3	-3	4,686	5,223
AS0055	Wilmington SurgCare	New Hanover	3	0	231	273
		<b>New Hanover Total</b>	<b>17</b>	<b>0</b>	<b>27,326</b>	<b>35,880</b>
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,229	2,229
H0048	Onslow Memorial Hospital	Onslow	3	0	2,345	2,992
		<b>Onslow Total</b>	<b>4</b>	<b>0</b>	<b>4,574</b>	<b>5,221</b>
H0157	University of North Carolina Hospitals	Orange	9	0	14,399	15,880
		<b>Orange Total</b>	<b>9</b>	<b>0</b>	<b>14,399</b>	<b>15,880</b>
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	2,603	2,603
		<b>Pasquotank Total</b>	<b>3</b>	<b>0</b>	<b>2,603</b>	<b>2,603</b>
H0115	Pender Memorial Hospital	Pender	1	0	279	352
		<b>Pender Total</b>	<b>1</b>	<b>0</b>	<b>279</b>	<b>352</b>
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	3,534	3,686
AS0118	Carolina Digestive Diseases	Pitt	2	0	3,970	4,096
AS0117	Carolinas Endoscopy Center	Pitt	3	0	6,482	6,485

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0119	East Carolina Endoscopy Center	Pitt	2	-1	1,885	2,212
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	6,778	7,534
H0104	Vidant Medical Center	Pitt	4	1	4,989	7,021
		<b>Pitt Total</b>	<b>19</b>	<b>0</b>	<b>27,638</b>	<b>31,034</b>
AS0054	Randolph Health Endoscopy Center	Randolph	1	0	1,298	1,527
H0013	Randolph Hospital	Randolph	2	0	2,837	4,061
		<b>Randolph Total</b>	<b>3</b>	<b>0</b>	<b>4,135</b>	<b>5,588</b>
H0158	FirstHealth Richmond Memorial Hospital	Richmond	2	0	910	910
H0265	Sandhills Regional Medical Center	Richmond	4	0	106	106
		<b>Richmond Total</b>	<b>6</b>	<b>0</b>	<b>1,016</b>	<b>1,016</b>
AS0147	Robeson Digestive Diseases, Inc.	Robeson	1	0	1,978	2,403
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	763	867
H0064	Southeastern Regional Medical Center	Robeson	1	0	1,116	1,293
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	587	1,003
		<b>Robeson Total</b>	<b>5</b>	<b>0</b>	<b>4,444</b>	<b>5,566</b>
H0023	Annie Penn Hospital	Rockingham	3	0	2,435	3,249
H0072	Morehead Memorial Hospital	Rockingham	2	0	1,250	1,378
		<b>Rockingham Total</b>	<b>5</b>	<b>0</b>	<b>3,685</b>	<b>4,627</b>
H0040	Novant Health Rowan Medical Center	Rowan	4	0	1,876	2,025
		<b>Rowan Total</b>	<b>4</b>	<b>0</b>	<b>1,876</b>	<b>2,025</b>
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,108	2,616
		<b>Rutherford Total</b>	<b>2</b>	<b>0</b>	<b>2,108</b>	<b>2,616</b>
H0107	Scotland Memorial Hospital	Scotland	2	0	1,274	1,476
		<b>Scotland Total</b>	<b>2</b>	<b>0</b>	<b>1,274</b>	<b>1,476</b>
H0008	Carolinas HealthCare System Stanly	Stanly	2	0	2	0
		<b>Stanly Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	325	370

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		<b>Stokes Total</b>	<b>1</b>	<b>0</b>	<b>325</b>	<b>370</b>
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,738	0
H0184	Northern Hospital of Surry County	Surry	2	0	2,532	2,777
AS0154	Rockford Digestive Health Endoscopy Center	Surry	1	0	242	242
		<b>Surry Total</b>	<b>7</b>	<b>0</b>	<b>4,512</b>	<b>3,019</b>
H0069	Swain Community Hospital	Swain	1	0	0	0
		<b>Swain Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
H0111	Transylvania Regional Hospital	Transylvania	2	0	678	782
		<b>Transylvania Total</b>	<b>2</b>	<b>0</b>	<b>678</b>	<b>782</b>
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	4,359	4,752
H0050	Carolinas HealthCare System Union	Union	2	0	1,060	1,702
		<b>Union Total</b>	<b>4</b>	<b>0</b>	<b>5,419</b>	<b>6,454</b>
H0267	Maria Parham Medical Center	Vance	2	0	2,431	2,870
		<b>Vance Total</b>	<b>2</b>	<b>0</b>	<b>2,431</b>	<b>2,870</b>
AS0072	Center for Digestive Diseases & Cary Endoscopy Center	Wake	3	0	2,490	2,490
AS0115	Duke GI at Brier Creek	Wake	4	0	5,282	6,273
H0238	Duke Raleigh Hospital	Wake	3	0	2,953	4,118
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,700	1,802
AS0138	Kurt G. Vernon, MD PA	Wake	1	0	2,145	2,096
AS0056	Raleigh Endoscopy Center	Wake	4	0	9,374	12,623
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	8,666	11,437
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	5,037	7,049
H0065	Rex Hospital	Wake	4	0	3,813	5,488
AS0093	Triangle Gastroenterology	Wake	2	0	4,818	4,818
AS0131	W. F. Endoscopy Center, LLC	Wake	2	1	3,040	3,915
AS0111	Wake Endoscopy Center	Wake	4	0	10,230	11,356

**Table 6F: Endoscopy Room Inventory**

(Case and Procedure Data for 10/01/2015 - 9/30/2016 as reported on 2017 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0199	WakeMed	Wake	6	0	4,769	5,562
H0276	WakeMed Cary Hospital	Wake	4	0	2,161	2,473
		<b>Wake Total</b>	<b>46</b>	<b>1</b>	<b>66,478</b>	<b>81,500</b>
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,046	1,079
H0077	Watauga Medical Center	Watauga	2	0	1,747	1,757
		<b>Watauga Total</b>	<b>4</b>	<b>0</b>	<b>2,793</b>	<b>2,836</b>
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,422	3,607
H0257	Wayne Memorial Hospital	Wayne	3	0	2,736	3,180
		<b>Wayne Total</b>	<b>7</b>	<b>0</b>	<b>6,158</b>	<b>6,787</b>
H0153	Wilkes Regional Medical Center	Wilkes	2	0	1,371	1,674
		<b>Wilkes Total</b>	<b>2</b>	<b>0</b>	<b>1,371</b>	<b>1,674</b>
AS0112	CGS Endoscopy Center	Wilson	2	0	1,763	1,767
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	2,850	2,843
H0210	Wilson Medical Center	Wilson	5	0	819	959
		<b>Wilson Total</b>	<b>9</b>	<b>0</b>	<b>5,432</b>	<b>5,569</b>
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		<b>Yadkin Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Grand Total</b>			<b>474</b>	<b>8</b>	<b>535,639</b>	<b>639,450</b>

\* Certificate of Need approved facility that is under development and unlicensed.

# Chapter 7:

## Other Acute Care Services

- Open Heart Surgery Services
- Burn Intensive Care Services
- Transplantation Services

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## **CHAPTER 7**

### **OTHER ACUTE CARE SERVICES**

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#### **Summary of Service Supply and Utilization**

During FY 2015-2016, 22 hospitals offered open-heart surgery services, providing a statewide total of 9,814 surgeries, which is an increase of 2.6 percent from the previous fiscal year.

There are two burn intensive care services located in North Carolina with a total of 29 existing Burn Intensive Care Unit beds, and eight additional beds for which certificates of need have been awarded. The reported days of care, using the capacity of 37 beds, indicated an overall average annual occupancy rate of 66.1 percent in FY 2015-2016.

There are five hospitals approved to offer both allogeneic and autologous bone marrow transplants. These facilities reported a total of 739 transplants performed during FY 2015-2016.

The Solid Organ Transplantation Services located at the five academic medical center teaching hospitals reported a total of 1,012 transplants performed during FY 2015-2016.

#### **Changes from the Previous Plan**

No substantive changes in basic principles and methodologies have been incorporated into the North Carolina 2018 State Medical Facilities Plan. Throughout the chapter, data have been revised to reflect services provided during FY 2015-2016, and dates have been advanced by one year, where appropriate.

### **OPEN-HEART SURGERY SERVICES**

#### **Definition**

“Open-heart surgery services,” as defined in G.S. 131E-176(18b), “means the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.”

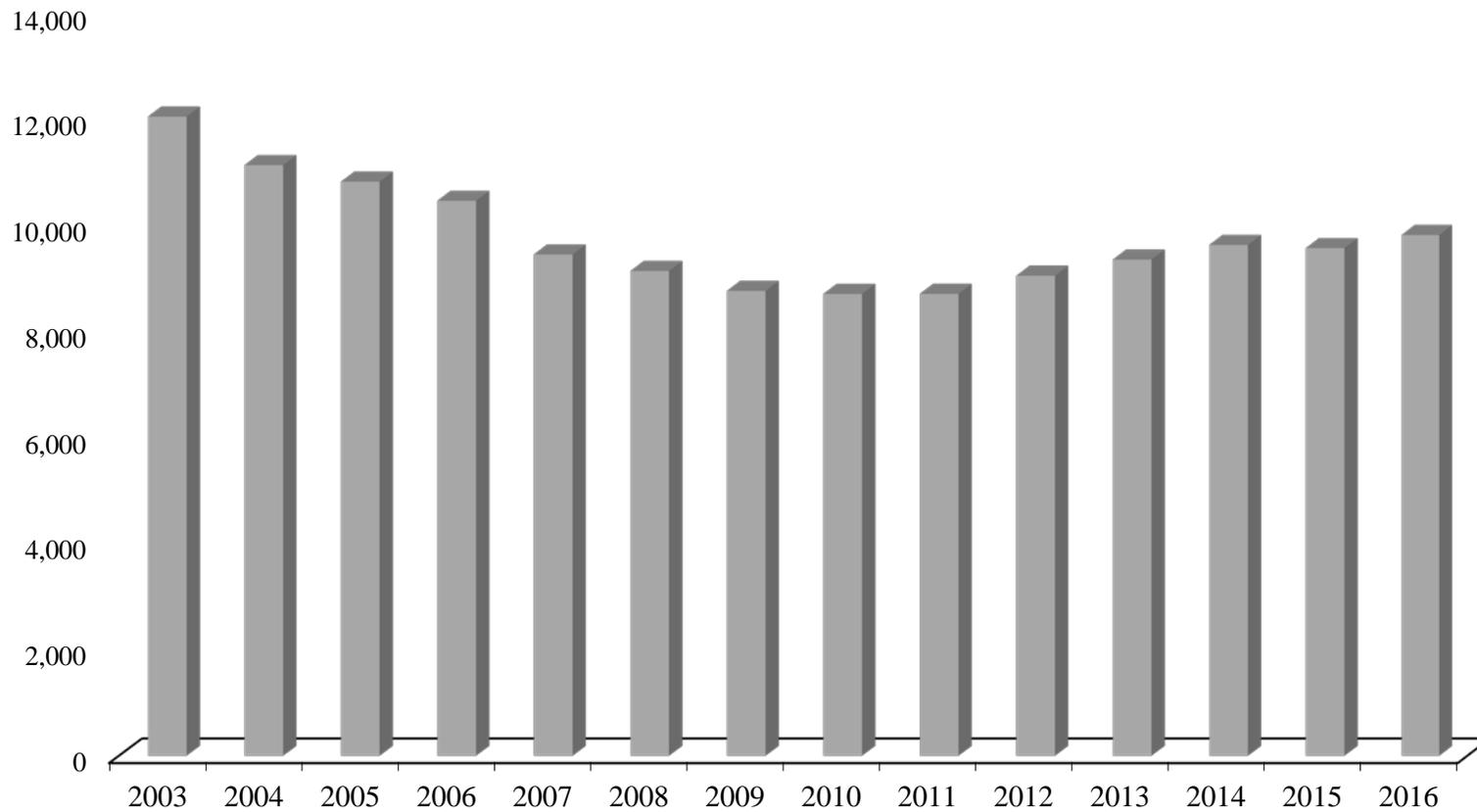
#### **Facility Inventory - Service Volume**

As the following Table 7A indicates, there were 22 open-heart surgery programs in North Carolina in 2016, providing a statewide total of 9,814 surgeries. In 2016, there was an increase in reported open-heart surgeries of 2.6 percent. Table 7A and the graph following the table show reported numbers for 2003-2016 of open-heart surgery performed using heart-lung bypass machines.

**Table 7A: Open-Heart Surgery Procedures  
(Procedures Utilizing Heart-Lung Bypass Machines)**

Lic #	Facility	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
H0213	Cape Fear Valley Medical Center	448	458	432	352	301	299	270	234	233	202	220	218	277	262
H0201	CarolinaEast Medical Center	222	238	255	255	219	209	244	210	227	236	202	169	208	221
H0031	Carolinas HealthCare System-NorthEast	361	375	286	296	257	227	227	211	214	233	237	245	218	253
H0042	Carolinas HealthCare System-Pineville	199	134	150	104	92	62	59	30	0	132	201	245	186	207
H0071	Carolinas Medical Center	719	710	631	615	640	457	471	512	675	704	820	715	788	818
H0105	CaroMont Regional Medical Center	309	248	202	246	183	190	175	171	128	207	230	265	249	260
H0159	Cone Health	829	883	849	860	578	596	510	492	472	471	544	541	485	440
H0233	Duke Regional Hospital	170	168	166	142	119	87	80	55	66	60	75	82	92	124
H0015	Duke University Hospital	1,229	995	914	947	852	829	955	957	1,013	1,062	1,047	1,066	1,161	1,180
H0100	FirstHealth Moore Regional Hospital	429	316	387	319	369	406	413	333	293	261	271	329	395	341
H0053	Frye Regional Medical Center	281	388	374	344	224	206	232	181	196	253	246	194	205	239
H0052	High Point Regional Health System	293	295	313	281	194	208	178	178	184	191	150	137	111	111
H0036	Mission Hospital	1,064	1,084	1,025	1,105	1,067	992	774	866	798	813	848	988	874	950
H0221	New Hanover Regional Medical Center	794	691	476	497	529	522	508	509	464	473	538	487	486	494
H0011	North Carolina Baptist Hospital	625	563	521	534	511	496	468	520	621	612	609	692	696	678
H0209	Novant Health Forsyth Medical Center	717	609	747	598	657	634	566	611	568	514	587	691	626	652
H0010	Novant Health Presbyterian Medical Center	551	412	401	306	301	321	377	433	378	381	355	360	391	391
H0065	Rex Hospital	419	369	357	359	334	313	299	257	203	346	347	369	460	536
H0064	Southeastern Regional Medical Center				15	58	71	53	52	54	52	42	34	44	42
H0157	University of North Carolina Hospitals	246	283	361	311	265	238	228	108	350	391	441	390	407	384
H0104	Vidant Medical Center	1,096	933	938	1,042	805	865	858	924	814	900	842	853	601	677
H0199	WakeMed	1,040	976	1,032	931	894	908	817	861	756	553	499	557	607	554
	<b>Total Procedures</b>	12,041	11,128	10,817	10,459	9,449	9,136	8,762	8,705	8,707	9,047	9,351	9,627	9,567	9,814

**Open-Heart Surgery Procedures: 2003-2016**  
**(Procedures Utilizing Heart-Lung Bypass Machines)**



**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional open-heart surgery services anywhere in the state and no other reviews are scheduled as shown in Table 7B.

**Table 7B: Open-Heart Surgery Services Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service area listed in the table below needs additional open-heart surgery services as specified.

Service Area	Open Heart Surgery Services Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional open-heart surgery services anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**BURN INTENSIVE CARE SERVICES**

**Definition**

“Burn intensive care services,” as defined in G.S. 131E-176(2b), are “services provided in a unit designed to care for patients who have been severely burned.”

**Facility Inventory - Service Volume**

There are two designated burn intensive care services in North Carolina. A 21-bed unit is located at University of North Carolina Hospitals in Chapel Hill, and an eight-bed unit is located in Winston-Salem at North Carolina Baptist Hospital. Both hospitals received certificates of need for four new burn intensive care beds each. The reported numbers of licensed beds, census days of care, and average annual occupancy rates for the years ending 9/30/2012, 9/30/2013, 9/30/2014, 9/30/2015 and 9/30/2016 are shown in Table 7C. The percent utilization of burn intensive care services for 2012-2016 is shown on the graph following the table.

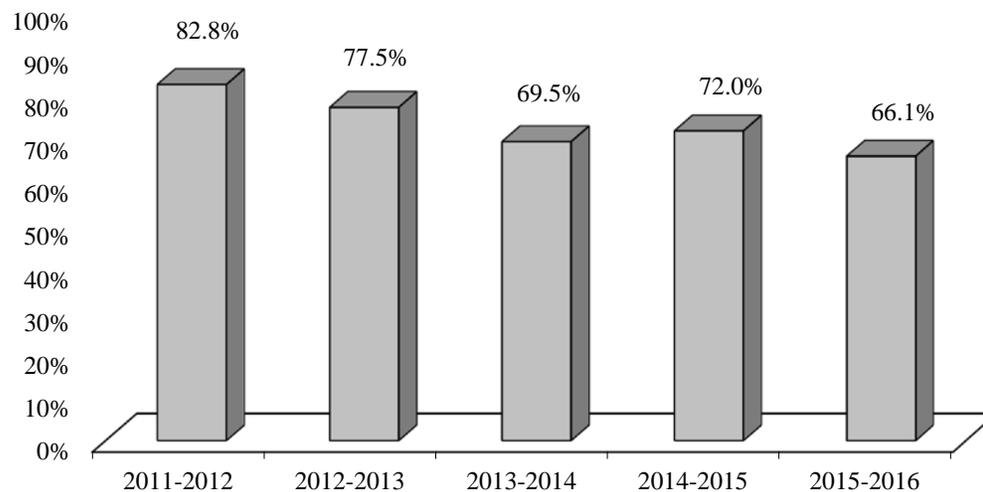
**Table 7C: Burn Intensive Care Services**

Days of care utilized by severely burned patients (DRGs 504-511) in the designated burn intensive care units

Facility	Licensed Beds	Adjustments for CONs	Total Beds	2011-2012 Total Days	2012-2013 Total Days	2013-2014 Total Days	2014-2015 Total Days	2015-2016 Total Days
UNC Hospitals	21	4	25	9,028	8,584	7,450	7,204	7,080
North Carolina Baptist Hospital	8	4	12	2,183	1,880	1,936	2,521	1,874
<b>TOTAL</b>	29	8	37	11,211	10,464	9,386	9,725	8,954

Facility	Total Beds	Adjustments for CONs	Total Beds	2011-2012 Utilization	2012-2013 Utilization	2013-2014 Utilization	2014-2015 Utilization	2015-2016 Utilization
UNC Hospitals	21	4	25	98.7%	94.1%	81.6%	78.9%	77.6%
North Carolina Baptist Hospital	8	4	12	49.7%	42.9%	44.2%	57.6%	42.8%
<b>TOTAL</b>	29	8	37	82.8%	77.5%	69.5%	72.0%	66.1%

**Percent Utilization Burn Intensive Care Services 2012-2016**



### **Burn Intensive Care Services Need Determination Methodology**

The need for new burn intensive care services is demonstrated when the existing burn intensive care services in the state report an overall average annual occupancy rate of at least 80 percent during the two fiscal years prior to development of the North Carolina 2018 State Medical Facilities Plan.

The determination of need for additional services in 2018 is calculated by dividing the total number of bed days utilized in 2015 by severely burned patients in the two units by the total number of burn intensive care beds in these units multiplied by 365 days. This procedure is repeated for the bed days utilized in 2016 by severely burned patients, using total existing and planned beds multiplied by 366 days.

$$\begin{aligned} \text{Percent Occupancy (average annual occupancy rate) for 2015} &= 72.0\% \\ [9,725 \text{ days of care} \div (37 \text{ beds} \times 365 \text{ days})] &= 72.0\% \end{aligned}$$

$$\begin{aligned} \text{Percent Occupancy (average annual occupancy rate) for 2016} &= 66.1\% \\ [8,954 \text{ days of care} \div (37 \text{ beds} \times 366 \text{ days})] &= 66.1\% \end{aligned}$$

If need for additional burn intensive care services in the state is determined, the number of beds needed is calculated as follows:

- Step 1: Calculate the state's four-year average annual growth rate for burn intensive care services days of care using the five most recent years of state data from Table 7C. *(Note: When calculating with a computer versus manually, rounding differences can occur. If calculating manually, the recommendation is to carry the rate out to at least four decimal places, recognizing that computer programs may use fractions with many more decimal places, resulting in slightly different projections.)*
- Step 2: Calculate the projected days of care in the state for one year from the latest data used by adding 1.00 to the four-year average annual growth rate calculated in Step 1, then multiplying by the state's most recent year's days of care. This will project days of care for 2017.
- Step 3: Determine, as shown below, how many additional beds are needed in the state such that the utilization rate for the sum of the state's total existing burn intensive care beds, and the additional beds, is 80 percent.

$$[(\text{Projected Days} \div 366) \div 0.8] - [\text{Total Existing Beds}] = \text{Additional Beds Needed}$$

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional burn intensive care services beds anywhere in the state and no other reviews are scheduled as shown in Table 7D.

**Table 7D: Burn Intensive Care Services Bed Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service area listed in the table below needs additional burn intensive care services beds as specified.

Service Area	Burn Intensive Care Services Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional burn intensive care services anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**TRANSPLANTATION SERVICES**

**Bone Marrow Transplantation Services**

**Definition**

“Bone Marrow Transplantation Services,” as defined in G.S. 131E-176(2a), “means the process of infusing bone marrow into people with diseases to stimulate the production of blood cells.”

Bone marrow transplants may be autologous (*using a patient’s own marrow, drawn early in the course of the disease*), or syngeneic (*using marrow from an identical twin*) or allogeneic (*using marrow from a relative other than an identical twin, or from an unrelated donor*). For allogeneic marrow transplants, the transplant service must have the ability to ascertain that a donor’s human leucocyte antigens (HLA) correspond to those of the transplant patient. Allogeneic-transplant patients are also more difficult to manage postoperatively than patients receiving autologous bone marrow transplants.

**Facility Inventory - Service Volume**

There are five Bone Marrow Transplantation Services operational in North Carolina located at Carolinas Medical Center, Duke University Hospital, North Carolina Baptist Hospital, Vidant Medical Center and University of North Carolina Hospitals. The reported numbers of transplants for the years ending 9/30/2013, 9/30/2014, 9/30/2015 and 9/30/2016 are shown in Table 7E. Total bone marrow transplants for 2013-2016 are shown on the graph following the table.

**Table 7E: Bone Marrow Transplants**

**Allogeneic Bone Marrow Transplants**

License	Facility	2012-2013	2013-2014	2014-2015	2015-2016
H0071	Carolinas Medical Center	14	26	68	39
H0015	Duke University Hospital	137	136	123	119
H0011	North Carolina Baptist Hospital	27	30	47	44
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	61	81	82	83
<b>Total</b>		239	273	320	285

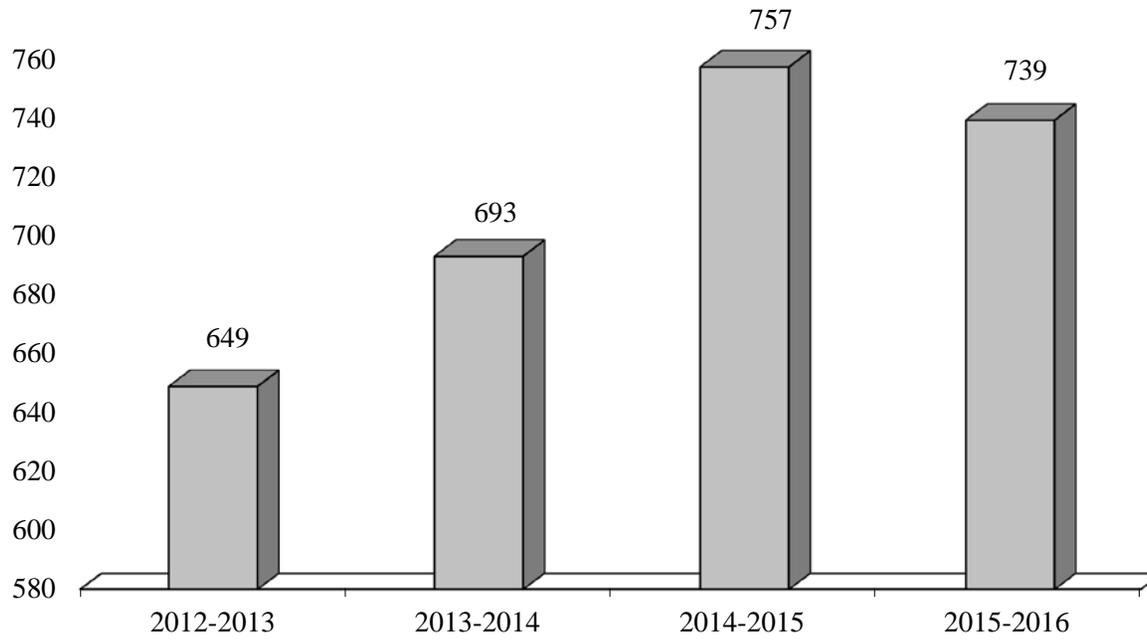
**Autologous Bone Marrow Transplants**

License	Facility	2012-2013	2013-2014	2014-2015	2015-2016
H0071	Carolinas Medical Center	13	47	28	70
H0015	Duke University Hospital	205	209	224	203
H0011	North Carolina Baptist Hospital	78	46	61	78
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	114	118	124	103
<b>Total</b>		410	420	437	454

**Total Bone Marrow Transplants**

License	Facility	2012-2013	2013-2014	2014-2015	2015-2016
H0071	Carolinas Medical Center	27	73	96	109
H0015	Duke University Hospital	342	345	347	322
H0011	North Carolina Baptist Hospital	105	76	108	122
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	175	199	206	186
<b>Total</b>		649	693	757	739

### Total Bone Marrow Transplants: 2013 - 2016



### **Bone Marrow Transplantation Service Need Determination Methodology**

The need for a new Bone Marrow Transplantation Service is demonstrated when each of the existing services has performed at least 20 allogeneic transplants during the fiscal year prior to development of the North Carolina 2018 State Medical Facilities Plan. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. At their present stage of development, it is determined that allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

### **Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional bone marrow transplantation services anywhere in the state and no other reviews are scheduled as shown in Table 7F.

**Table 7F: Bone Marrow Transplantation Services Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service area listed in the table below needs additional bone marrow transplantation services as specified.

<b>Service Area</b>	<b>Bone Marrow Transplantation Services Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional bone marrow transplantation services anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

## **Solid Organ Transplantation Services**

### **Definition**

“Solid Organ Transplantation Services,” as defined in G.S. 131E-176(24d), “means the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.”

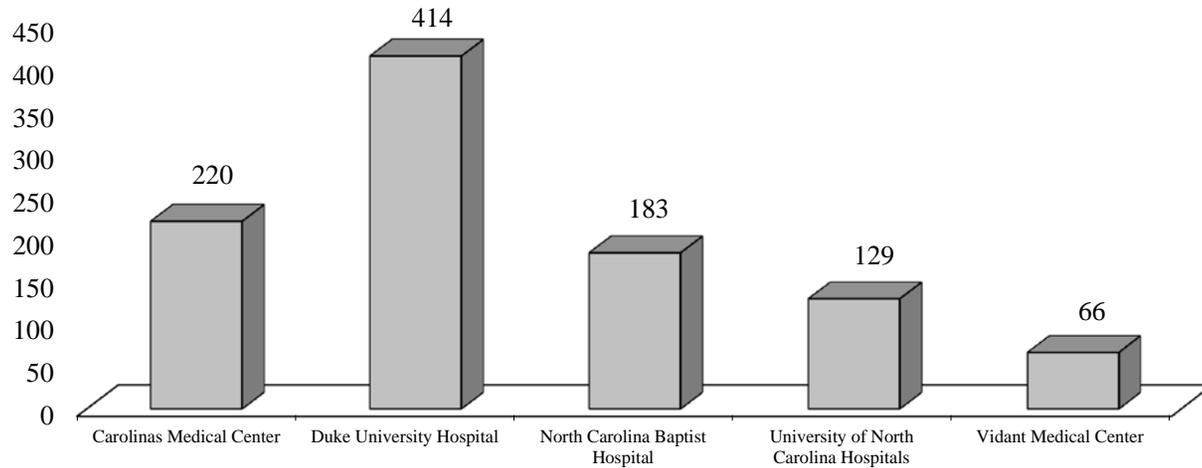
### **Facility Inventory - Service Volume**

There are five Solid Organ Transplantation Services in North Carolina located at the five academic medical center teaching hospitals. The reported numbers of transplants performed at these five centers for the year ending 9/30/2016 are presented in Table 7G and on the graph following the table.

**Table 7G: Solid Organ Transplantation Services**

	<b>Carolinas Medical Center</b>	<b>Duke University Hospital</b>	<b>North Carolina Baptist Hospital</b>	<b>University of North Carolina Hospitals</b>	<b>Vidant Medical Center</b>	<b>Total</b>
Heart Transplants	42	48	10	9	0	109
Heart/Lung Transplants	0	1	0	0	0	1
Kidney/Liver Transplants	1	5	0	2	0	8
Liver Transplants	72	86	0	28	0	186
Heart/Liver Transplants	0	0	0	0	0	0
Kidney Transplants	103	149	160	81	64	557
Heart/Kidney Transplants	0	4	1	0	0	5
Lung Transplants	0	105	0	8	0	113
Pancreas Transplants	0	1	2	0	0	3
Pancreas/Kidney Transplants	2	10	10	1	2	25
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	5	0	0	0	5
<b>Total</b>	220	414	183	129	66	1,012

**Solid Organ Transplants by Facility: Year Ending September 30, 2016**



**Solid Organ Transplantation Service Need Determination Methodology**

The offering of a solid organ (heart, heart/lung, kidney, liver and pancreas) transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

In addition to the costs directly associated with transplant surgery, hospitals experience significant costs prior to and following the transplant procedure. A principal aspect of this cost is the immunological subspecialty skills and laboratory support required to assure immunosuppression levels that are sufficient to prevent graft rejection but which are not so great as to cause unnecessary hazards to the life of the patient. The average cost of care per patient in such programs elsewhere has been found to be inversely related to the volume of transplant procedures performed in a facility.

The scarcity of donor organs demands that the available organ resources be used as skillfully as possible. Such skills currently are found in transplant services of academic medical center teaching hospitals. Solid organ transplant services shall be limited to academic medical center teaching hospitals at this stage of the development of this service and availability of solid organs. Current volumes of procedures performed in existing solid organ transplant services in North Carolina are not sufficient to require that additional solid organ transplant services be developed. The introduction of a new solid organ transplantation program in a facility which already is performing other types of solid organ transplantation is not considered a new health service unless such addition requires a capital expenditure of \$2 million or more.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional solid organ transplantation services anywhere in the state and no other reviews are scheduled as shown in Table 7H.

**Table 7H: Solid Organ Transplantation Services Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service area listed in the table below needs additional solid organ transplantation services as specified.

<b>Service Area</b>	<b>Solid Organ Transplantation Services Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional solid organ transplantation services anywhere in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

# Chapter 8:

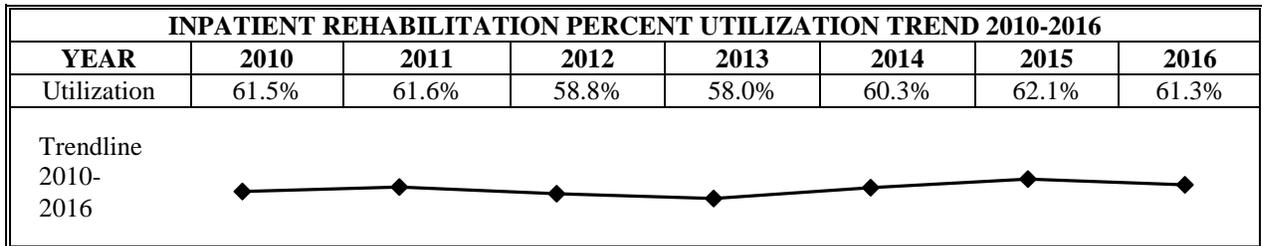
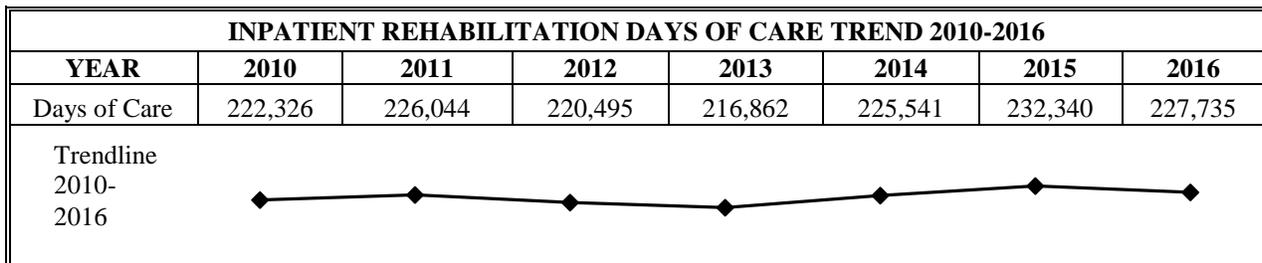
Inpatient Rehabilitation Services

## CHAPTER 8

# INPATIENT REHABILITATION SERVICES

### Summary of Bed Supply and Utilization

In the fall of 2017, there were 995 inpatient rehabilitation beds in 27 facilities strategically located throughout North Carolina. As shown on the tables below, from an historical perspective, the days of care increased from 2010-2011, decreased from 2011-2013, increased from 2013-2015, and then decreased from 2015-2016. The percent utilization of inpatient rehabilitation beds follows a similar pattern.



Across the state, both the days of care and the percent utilization of the beds decreased during the most recent annual reporting period. Of the 27 facilities providing services during the reporting period, 11 facilities indicated increased utilization, 14 facilities indicated decreased utilization, one facility had unchanged utilization, and one facility was at zero percent utilization or did not report utilization figures.

### Changes from Previous Plans

No substantive changes in the inpatient rehabilitation bed need projection methodology were incorporated into the North Carolina 2018 State Medical Facilities Plan. As in 2017, the inpatient rehabilitation bed need determination methodology is based on historic utilization of beds over a two-year period.

### Basic Principles

The scope of services covered in this section of the North Carolina 2018 State Medical Facilities Plan is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services, but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.

The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.

Inpatient rehabilitation beds include comprehensive (general), spinal cord, brain injury and pediatric beds.

Inpatient rehabilitation facilities' units/beds should be located in general acute care or rehabilitation hospitals or in nursing facilities to ensure that there is available medical back-up for medical emergencies.

#### **Basic Assumptions of the Methodology**

- The Health Service Areas remain logical planning areas for inpatient rehabilitation beds even though many patients elect to enter rehabilitation facilities outside the region in which they reside.
- The bed need determination methodology is based upon the historic average annual utilization of inpatient rehabilitation beds.

#### **Source of Data**

**Annual Hospital Licensure Applications** – The numbers of inpatient rehabilitation bed days of care were compiled from the 2016 and 2017 Hospital License Renewal Applications as submitted to the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.

#### **Inpatient Rehabilitation Bed Need Projection Methodology**

Need for additional inpatient rehabilitation beds in any of the six Health Service Areas is determined when the total number of existing and certificate of need-approved inpatient rehabilitation beds in a Health Service Area report an overall average, annual occupancy rate of 80 percent or higher during the two fiscal years prior to developing the North Carolina 2018 State Medical Facilities Plan.

The determination of need based on average annual occupancy rate for additional inpatient rehabilitation beds or facilities in a Health Service Area for Plan Year 2018 is calculated by dividing the total number of rehabilitation bed days of care reported in FY 2014-2015 in all units in the Health Service Area by the total number of licensed and certificate of need-approved rehabilitation beds in these units multiplied by 365 days, and the total number of rehabilitation bed days of care reported in FY 2015-2016 in all units in the Health Service Area by the total number of licensed and certificate of need-approved rehabilitation beds in these units multiplied by 366 days.

If need for additional inpatient rehabilitation beds in a Health Service Area is determined, the number of beds needed is calculated as follows:

Step 1: Calculate the Health Service Area's three-year average annual growth rate for inpatient rehabilitation days of care using the four most recent years of Health Service Area data.

Step 2: Calculate the projected days of care in the Health Service Area by multiplying the Health Service Area's most recent year's days of care by the three-year average annual rate of change calculated in Step 1, then adding this to the Health Service Area's most recent year's days of care.

Step 3: Determine, as shown below, how many additional beds are needed in the Health Service Area such that the utilization rate for the sum of the Health Service Area's total planning inventory (existing, certificate of need issued and pending development/review/appeal beds) and the additional beds is 80 percent.

$$[(\text{Projected Days} \div 366) \div .8] - [\text{Total Planning Inventory}] = \text{Additional Beds Needed}$$

**Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds**

Lic #	HSA	Facility	Inventory				Days of Care				Average Annual Utilization Rate	
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2013	2014	2015	2016	2015	2016
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	17,768	17,949	17,627	17,824	60.4%	60.9%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,251	1,038	1,091	1,092	14.9%	14.9%
H0053	I	Frye Regional Medical Center	29	0	0	29	1,468	2,289	2,315	2,364	21.9%	22.3%
	<b>I Total</b>		<b>129</b>	<b>0</b>	<b>0</b>	<b>129</b>	<b>20,487</b>	<b>21,276</b>	<b>21,033</b>	<b>21,280</b>	<b>44.7%</b>	<b>45.1%</b>
H0159	II	Cone Health	49	0	0	49	8,384	9,358	10,504	9,245	58.7%	51.6%
H0052	II	High Point Regional Health	16	0	0	16	4,293	4,364	4,535	4,432	77.7%	75.7%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0011	II	North Carolina Baptist Hospital	39	0	0	39	8,634	9,268	9,502	10,403	66.8%	72.9%
H0209	II	Novant Health Forsyth Medical Center (Novant Health Rehabilitation Center)	68	-68	0	68	12,200	9,956	11,902	11,904	48.0%	47.8% <sup>2</sup>
	II	Novant Health Rehabilitation Hospital of Winston-Salem	0	68	0	0						
	<b>II Total</b>		<b>184</b>	<b>0</b>	<b>0</b>	<b>184</b>	<b>33,511</b>	<b>32,946</b>	<b>36,443</b>	<b>35,984</b>	<b>54.3%</b>	<b>53.4%</b>
H0042	III	Carolinas HealthCare System - Pineville	29	0	0	29	-	8,537	9,295	9,123	87.8%	86.0%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	3,489	3,811	4,250	4,159	89.6%	87.4%
H0071-C	III	Carolinas Rehabilitation	70	0	0	70	32,270	23,221	23,437	20,686	91.7%	80.7%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	11,547	10,843	11,460	11,916	78.5%	81.4%
H0286	III	Carolinas Rehabilitation - NorthEast	40	0	0	40	1,270	10,280	10,355	11,195	70.9%	76.5%
H0040	III	Novant Health Rowan Medical Center	10	0	0	10	2,537	1,891	1,723	1,731	47.2%	47.3%
H0008	III	Carolinas HealthCare System - Stanly*	0	0	0	0	1,060	0	0	0	0.0%	0.0%
	<b>III Total</b>		<b>202</b>	<b>0</b>	<b>0</b>	<b>202</b>	<b>52,173</b>	<b>58,583</b>	<b>60,520</b>	<b>58,810</b>	<b>82.1%</b>	<b>79.5%</b>
H0238	IV	Duke Raleigh Hospital	0	12	0	12					0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	0	0	30	7,612	7,968	7,482	7,646	68.3%	69.6%
H0267	IV	Maria Parham Medical Center	11	0	0	11	2,468	1,795	2,133	2,126	53.1%	52.8%
H0157	IV	University of North Carolina Hospitals	30	0	0	30	8,839	8,792	8,646	8,121	79.0%	74.0%
H0199	IV	WakeMed	98	8	0	106	27,282	29,161	29,072	28,151	75.1%	72.6%
	<b>IV Total</b>		<b>169</b>	<b>20</b>	<b>0</b>	<b>189</b>	<b>46,201</b>	<b>47,716</b>	<b>47,333</b>	<b>46,044</b>	<b>76.7%</b>	<b>74.4%</b>
H0100	V	FirstHealth Moore Regional Hospital	15	0	0	15	3,765	3,636	3,578	3,433	39.2% <sup>1</sup>	62.5%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	9,603	11,823	12,063	12,696	55.1%	57.8%
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,488	1,307	1,112	1,168	43.5%	45.6%
H0213	V	Southeastern Regional Rehabilitation Center	78	0	0	78	17,510	16,697	19,088	19,457	67.0%	68.2%
	<b>V Total</b>		<b>160</b>	<b>0</b>	<b>0</b>	<b>160</b>	<b>32,366</b>	<b>33,463</b>	<b>35,841</b>	<b>36,754</b>	<b>57.8%</b>	<b>62.8%</b>
H0201	VI	CarolinaEast Medical Center	20	0	0	20	2,494	2,681	2,881	2,832	39.5%	38.7%
H0043	VI	Lenoir Memorial Hospital	17	0	0	17	1,655	1,821	2,313	1,864	37.3%	30.0%
H0228	VI	Nash General Hospital	23	0	0	23	7,310	6,855	7,283	6,848	86.8%	81.3%
H0104	VI	Rehabilitation Center at Vidant Medical Center	75	0	0	75	18,504	18,002	16,347	15,569	59.7%	56.7%
H0258	VI	Vidant Edgecombe Hospital	16	0	0	16	2,161	2,198	2,346	1,750	40.2%	29.9%
	<b>VI Total</b>		<b>151</b>	<b>0</b>	<b>0</b>	<b>151</b>	<b>32,124</b>	<b>31,557</b>	<b>31,170</b>	<b>28,863</b>	<b>56.6%</b>	<b>52.2%</b>
	<b>Grand Total</b>		<b>995</b>	<b>20</b>	<b>0</b>	<b>1,015</b>	<b>216,862</b>	<b>225,541</b>	<b>232,340</b>	<b>227,735</b>	<b>62.1%</b>	<b>61.3%</b>

\* Beds were relocated to Carolinas HealthCare System NorthEast.

<sup>1</sup> Utilization rate is based on 25 beds in service during the 2015 reporting period. Ten beds were delicensed on 10/1/2015.

<sup>2</sup> Utilization rate is based on 68 beds in service during the 2016 reporting period.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional inpatient rehabilitation beds. However, in response to a petition from Novant Health and HealthSouth, a need determination for eight inpatient rehabilitation beds was approved by the State Health Coordinating Council, as shown in Table 8B. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 8B: Inpatient Rehabilitation Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional inpatient rehabilitation beds as specified.

<b>Service Area</b>	<b>Inpatient Rehabilitation Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
HSA III***	8	September 17, 2018	October 1, 2018
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* In response to a petition for HSA III, the State Health Coordinating Council approved an adjusted need determination for eight inpatient rehabilitation beds in the HSA III service area.

# Chapter 9:

## Technology & Equipment

- Lithotripsy
- Gamma Knife
- Linear Accelerators
- Positron Emission Tomography Scanner
- Magnetic Resonance Imaging
- Cardiac Catheterization Equipment

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## **CHAPTER 9**

# **TECHNOLOGY AND EQUIPMENT**

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### **Summary of Service Supply and Utilization**

The number of lithotripsy procedures reported on lithotripters registered in North Carolina for 2015-2016 was 9,529. There were 14 lithotripsy units operated by eight providers and one lithotripter approved in the 2016 State Medical Facilities Plan, but not yet operational.

The present gamma knife located at North Carolina Baptist Hospital in Health Service Area (HSA) II serves the western portion of the state (HSAs I, II, and III). During 2015-2016, 460 gamma knife procedures were reported. Vidant Medical Center received a certificate of need pursuant to a need determination in the North Carolina 2003 State Medical Facilities Plan for one gamma knife to serve the eastern portion of the state (HSAs IV, V and VI). Vidant Medical Center began offering service as of October 2005, and reported 230 gamma knife procedures provided during 2015-2016. The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services.

Linear accelerators provided 583,352 Equivalent Simple Treatment Visit procedures that are counted for need determination purposes in 2015-2016. The average number of procedures statewide per linear accelerator as shown in Table 9G is 4,630. There are 126 linear accelerators in North Carolina that are operational, have a certificate of need, or for which there is a prior year need determination.

Twenty-one hospitals and two outpatient facilities reported a total of 37,847 procedures for fixed Positron Emission Tomography (PET) Scanners that were operational in the reporting period. Thirty sites reported 7,159 procedures in total for mobile PET service.

In 1983, there were only two magnetic resonance imaging (MRI) programs in North Carolina, performing a total of 531 procedures. In 2015-2016, fixed and mobile scanners were reported as providing 856,324 procedures.

A total of 51 hospitals and cardiac diagnostic centers provided fixed cardiac catheterization services during fiscal year 2015-2016. Also, during fiscal year 2015-2016 mobile cardiac catheterization services were reported at four hospitals and cardiac diagnostic centers across the state.

### **Changes from the Previous Plan**

No substantive changes in basic principles and methodologies have been incorporated into the Technology and Equipment Chapter in the North Carolina Proposed 2018 State Medical Facilities Plan.

Throughout the chapter, data have been revised to reflect services provided during FY 2015-2016, and dates have been advanced by one year, where appropriate.

# LITHOTRIPSY

## Introduction

Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. Extracorporeal lithotripsy is lithotripsy that occurs outside the body. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure with which this section will concern itself.

A lithotripter is a device that uses shock waves to pulverize urinary stones, which can then be expelled in the urine. An emitter is placed in contact with the patient's abdomen and the shock waves are focused on the stone, which is shattered by the force.

A lithotripter's service area is the lithotripter planning area in which the lithotripter is located. The lithotripter planning area is the entire state.

## Lithotripter Utilization

Lithotripter utilization can be reasonably estimated by the incidence of urinary stone disease. Urinary stone disease, or urolithiasis, is a disease in which urinary tract stones or calculi are formed. The annual incidence of urinary stone disease is approximately 16 per 10,000 population<sup>1</sup>. Not all cases of urinary stone disease would be appropriately treated by lithotripsy. It has been estimated that 85 to 90 percent of kidney stone patients, when surgery is indicated, can be treated successfully by ESWL treatment. The annual treatment capacity of a lithotripter has been estimated to be 1,000 to 1,500 cases.

The number of lithotripsy procedures reported in North Carolina for the period of 2015-2016 was 9,529 procedures. There were 14 lithotripsy units operated by eight providers and one lithotripter approved in the 2016 State Medical Facilities Plan, but not yet operational. Procedures were provided by a fixed unit at one facility, and by 13 mobile units operated by seven providers. Given the 14 lithotripsy units, the average number of procedures per lithotripter for the 2015-2016 fiscal year is 681.

## Access

Due to the mobility of lithotripter services, and the subsequent number of sites from which the service is provided, it may be concluded that geographic access is available to the maximum economically feasible extent.

## Lithotripsy Need Determination Methodology

North Carolina uses a methodology based on the incidence of urinary stone disease. The need is linked to the estimate of urinary stone disease cases and is based on the assumption that 90 percent could be treated by ESWL.

The standard methodology used for determining need for lithotripters is calculated as follows:

- Step 1: Divide the July 1, 2018 estimated population of the state, available from the North Carolina Office of State Budget and Management, by 10,000 and multiply the result by 16, which is the estimated incidence of urinary stone disease per 10,000 population.
- Step 2: Multiply the result from Step 1 by 90 percent to get the number of patients in the state who have the potential to be treated by lithotripsy in one year.

<sup>1</sup> Pahiri, J.J. & Razack, A.A. (2001) "Chapter 9: Nephrolithiasis." In *Clinical Manual of Urology*, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. McGraw-Hill Professional Publisher.

- Step 3: Divide the result of Step 2 by 1,000, which is the low range of the annual treatment capacity of a lithotripter, and round to the nearest whole number.
- Step 4: Sum the number of existing lithotripters in the state, lithotripters not yet operational but for which a certificate of need has been awarded, and lithotripter need determinations from previous years for which a certificate of need has yet to be awarded.
- Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotripters needed in the state.

**Lithotripsy Services in North Carolina**

There are eight providers that offer lithotripsy services in North Carolina. On the following pages, Table 9A and Table 9B provide information on the number of procedures as well as the location of the facilities served by these eight providers.

**Table 9A: Mobile Lithotripsy Providers and Locations Served**

*(From 2016 data as reported on the "2017 Lithotripsy Registration and Inventory Form for Mobile Equipment")*

Provider: Carolina Lithotripsy, 9825 Spectrum Drive Bldg 3, Austin, TX 78717-

Machines 2; #6008 (7/30/2014); #6010 (7/30/2014)

*Areas Generally Served:* Eastern North Carolina

<i>Facility and Location</i>	<i>Procedures</i>
CarolinaEast Medical Center, New Bern, NC	78
Carteret General Hospital, Morehead City, NC	25
Columbus Regional Healthcare, Whiteville, NC	13
Duke Raleigh Hospital, Raleigh, NC	9
Firsthealth Moore Regional Hospital, Pinehurst, NC	185
Firsthealth Richmond Memorial, Rockingham, NC	7
Halifax Regional Medical, Roanoke Rapids, NC	36
Highsmith Rainey Specialty Hospital, Fayetteville, NC	114
Johnston Health, Smithfield, NC	75
Lenoir Memorial Hospital, Kinston, NC	26
New Hanover Regional Medical Center, Wilmington, NC	129
Novant Brunswick Medical Center, Bolivia, NC	35
Onslow Memorial Hospital, Jacksonville, NC	2
Rex Hospital, Raleigh, NC	18
Rex Surgery Center of Cary, Cary, NC	58
Southeastern Regional Medical Center, Lumberton, NC	29
Vidant Beaufort Hospital, Washington, NC	19
Vidant Medical Center, Greenville, NC	140
WakeMed Raleigh Campus, Raleigh, NC	71
Wayne Memorial Hospital, Goldsboro, NC	11
Wilson Medical Center, Wilson, NC	43
<b>Total Procedures:</b>	<b>1,123</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>562</b>

Provider: Catawba Valley Medical Center, 810 Fairgrove Church Road, SE, Hickory, NC 28602-

Machines 2; #1355 (11/2010); TC-2002-051 (03/2002)

*Areas Generally Served:* Western and Central North Carolina

<i>Facility and Location</i>	<i>Procedures</i>
Catawba Valley Medical Center, Hickory, NC	317
Frye Regional Medical Center, Hickory, NC	44
Rutherfordton Regional Medical Center, Rutherfordton, NC	48
Scotland Memorial Hospital, Laurinburg, NC	68
<b>Total Procedures:</b>	<b>477</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>239</b>

**Table 9A: Mobile Lithotripsy Providers and Locations Served**

*(From 2016 data as reported on the "2017 Lithotripsy Registration and Inventory Form for Mobile Equipment")*

Provider: Fayetteville Lithotripters Limited Partnership-South Carolina II, 9825 Spectrum Drive, Bldg 3, Austin, TX 78717-

Machines 1; SID OR-197 (01/17/2011)

*Areas Generally Served:* Western North Carolina and South Carolina

<i>Facility and Location</i>	<i>Procedures</i>
Charles George VA Medical Ctr, Asheville, NC	24
Harris Regional Hospital, Sylva, NC	96
Haywood Regional Medical Center, Clyde, NC	105
Margaret R Pardee Memorial Hospital, Hendersonville, NC	82
Park Ridge Health, Hendersonville, NC	61
St. Luke's Hospital, Columbus, NC	20
The McDowell Hospital, Marion, NC	25
Transylvania Regional Hospital, Brevard, NC	28
Oconee Medical Center, Seneca, SC	37
<b>Total Procedures:</b>	<b>478</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>478</b>

Provider: Fayetteville Lithotripters Limited Partnership-Virginia I, 9825 Spectrum Drive, Bldg 3, Austin, TX 78717-

Machines 1; SID OR-159 (11/9/2013)

*Areas Generally Served:* Eastern North Carolina and Virginia

<i>Facility and Location</i>	<i>Procedures</i>
Sentara Albemarle Medical Center, Elizabeth City, NC	26
Vidant Chowan Hospital, Edenton, NC	25
Mary Immaculate Hospital, Newport News, VA	84
Mary Washington Hospital, Portsmouth, VA	8
Riverside Doctors' Surgery Center, Williamsburg, VA	23
Riverside Tappahannock Hospital, Tappahannock, VA	7
Southside Community Hospital, Farmville, VA	1
Southside Regional Medical Center, Petersburg, VA	84
<b>Total Procedures:</b>	<b>258</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>258</b>

**Table 9A: Mobile Lithotripsy Providers and Locations Served**

*(From 2016 data as reported on the "2017 Lithotripsy Registration and Inventory Form for Mobile Equipment")*

Provider: Piedmont Stone Center, PLLC, 1907 S Hawthorne Road, Winston-Salem, NC 27103-

Machines 5; 01138 (03/26/2002); 01175 (04/10/2003); 01171 (04/24/2003); 1925 (12/26/2006)

*Areas Generally Served:* Western and Central North Carolina and Virginia

<i>Facility and Location</i>	<i>Procedures</i>
Alamance Regional Medical Center, Burlington, NC Carolinas	153
HealthCare System Blue Ridge, Valdese, NC Davis Regional Medical Center, Statesville, NC	176
High Point Regional Health System, High Point, NC	32
Hugh Chatham Memorial Hospital, Elkin, NC	453
Iredell Memorial Hospital, Statesville, NC	162
Lexington Memorial Hospital, Lexington, NC	139
Maria Parham Medical Center, Henderson, NC	63
Morehead Memorial Hospital, Eden, NC	59
Northern Hospital of Surry County, Mount Airy, NC	194
Novant Health Forsyth Medical Center, Winston-Salem, NC	48
Novant Health Rowan Medical Center, Salisbury, NC	97
Novant Health Thomasville Medical Center, Thomasville, NC	241
Piedmont Stone Center, Winston-Salem, NC	39
Randolph Hospital, Asheboro, NC	766
Wake Forest Baptist Medical Center, Winston-Salem, NC	174
Watauga Medical Center, Boone, NC	53
Wesley Long Hospital, Greensboro, NC	133
Wilkes Regional Medical Center, North Wilkesboro, NC	318
Carilion New River Valley Medical Center, Christiansburg, VA	75
Lynchburg General Hospital, Lynchburg, VA	90
Martha Jefferson Hospital, Charlottesville, VA	250
Memorial Hospital of Martinsville, Martinsville, VA	168
Piedmont Day Surgery Center, Danville, VA	107
Twin County Regional Hospital, Galax, VA	34
<b>Total Procedures:</b>	<b>4,104</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>821</b>

**Table 9A: Mobile Lithotripsy Providers and Locations Served**

*(From 2016 data as reported on the "2017 Lithotripsy Registration and Inventory Form for Mobile Equipment")*

Provider: Stone Institute of the Carolinas, LLC, 215 S Main Street, Suite 201, Davidson, NC 28036-  
Machines 2; 2053 (10/2006); 1048 & 01384 (01/2001)

*Areas Generally Served:* Western and Central North Carolina

<i>Facility and Location</i>	<i>Procedures</i>
Carolinas HealthCare System Cleveland, Shelby, NC	124
Carolinas HealthCare System Huntersville, Huntersville, NC	85
Carolinas HealthCare System NorthEast, Concord, NC	226
Carolinas HealthCare System Pineville, Charlotte, NC	200
Carolinas HealthCare System Union, Monroe, NC	169
Carolinas HealthCare System University, Charlotte, NC	186
Carolinas Medical Center, Charlotte, NC	194
Gaston Memorial Hospital, Gastonia, NC	105
Lake Norman Regional Medical Center, Mooresville, NC	160
Lincoln Medical Center, Lincolnton, NC	45
Novant Health Matthews Medical Center, Matthews, NC	193
Novant Health Presbyterian Medical Center, Charlotte, NC	22
Piedmont Medical Center, Rock Hill, SC	196
<b>Total Procedures:</b>	<b>1,905</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>953</b>

Provider: Triangle Lithotripsy Corporation, 8161 Hwy 100 #170, Nashville, TN 37221-  
Machines 1; 101412940 (04/01/2010)

*Areas Generally Served:* East Central North Carolina

<i>Facility and Location</i>	<i>Procedures</i>
Central Carolina Hospital, Sanford, NC	45
Durham Ambulatory Surgery, Durham, NC	44
Nash General Hospital, Rocky Mount, NC	119
North Carolina Specialty Hospital, Durham, NC	94
Rex Hospital, Raleigh, NC	275
Rex Surgery Center, Cary, NC	245
Sampson Regional Medical Center, Clinton, NC	12
WakeMed, Raleigh, NC	159
Wayne Memorial Hospital, Goldsboro, NC	56
<b>Total Procedures:</b>	<b>1,049</b>
<b>Average Number of Procedures per Lithotripter</b>	<b>1,049</b>

**Total Mobile Procedures: 9,394**

### Table 9B: Fixed Lithotripsy Providers and Locations Served

(From 2016 data as reported on the "2017 Hospital License Renewal Application")

Provider: Mission Hospital, Inc./Mission & St. Joseph, 509 Biltmore Ave, Asheville, NC 28801

Machines: 1 08/2000

<i>Area Served:</i>	
<i>Facility and Location</i>	<i>Procedures</i>
WNC Stone Center, Asheville, NC	135
<b>Total Number of Procedures:</b>	<b>135</b>
<i>Average Number of Procedures per Lithotripter:</i>	135

### Table 9C: Mobile and Fixed Lithotripsy

(Total Procedures/Units Reported)

Total Procedures Reported	Units Reported	Average Procedures Per Unit
9,529	14	681

The CON for the 2016 need determination has been awarded to Piedmont Stone Center (G-011200-16), but the machine performed no procedures during the reporting year. The state total is 15.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional lithotripters anywhere in the state and no other reviews are scheduled as shown in Table 9D.

**Table 9D: Lithotripter Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional lithotripters as specified.

<b>Service Area</b>	<b>Lithotripter Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional lithotripters anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

## **GAMMA KNIFE**

### **Definition**

"Gamma Knife," as defined in General Statute § 131E-176(7c), means "equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery."

Two types of equipment, both using photon beams, are available for performing this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

### **Facility Inventory-Service Volume**

Gamma knife fixed and movable equipment capital costs exceed \$3,500,000. There is one gamma knife that was approved for acquisition pursuant to Policy AC-3 of the North Carolina 1998 State Medical Facilities Plan. The approved unit is located at North Carolina Baptist Hospital and became operational effective September 1, 1999. During 2015-2016, as reported in the "2017 Hospital License Renewal Application", which reflects 2016 data, 460 gamma knife procedures were reported. Vidant Medical Center received a certificate of need pursuant to a need determination in the North Carolina 2003 State Medical Facilities Plan for one gamma knife to serve the eastern portion of the state (HSAs IV, V and VI). Vidant Medical Center began offering service as of October 2005. During 2015-2016, 230 gamma knife procedures were reported.

### **Gamma Knife Need Determination Methodology**

A gamma knife's service area is the gamma knife planning region in which the gamma knife is located. There are two gamma knife planning regions, the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI). The gamma knife located at North Carolina Baptist Hospital in HSA II serves the western portion of the state (HSAs I, II, and III). The gamma knife located at Vidant Medical Center in HSA VI serves the eastern portion of the state (HSAs IV, V and VI). The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services. There is adequate capacity and geographical accessibility for gamma knife services in the state.

**Need Determination**

In consideration of adequate capacity and geographical accessibility for gamma knife services in the state, it is determined for the North Carolina 2018 State Medical Facilities Plan that there is no need for additional gamma knives anywhere else in the state and no other reviews are scheduled as shown in Table 9E.

**Table 9E: Gamma Knife Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the planning regions listed in the table below need additional gamma knives as specified.

<b>Gamma Knife Planning Region</b>	<b>HSA</b>	<b>Gamma Knife Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional gamma knives anywhere else in the state and no other reviews are scheduled.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

# LINEAR ACCELERATORS

## Introduction

The methodology incorporates a geographic accessibility criterion (a population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit (ESTV) procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a patient origin criterion that indicates when a service area has 45 percent or more of the patients coming from outside the service area. A need determination is generated when two of the three criteria are met within a service area.

Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator.

The statewide average number of procedures per accelerator as shown in Table 9G is 4,630.

## Assessment -- Linear Accelerators

Radiation therapy (megavoltage radiation) is used in the treatment of about half of all cancers. Its users seek to destroy cancer cells with ionizing radiation while limiting damage to non-cancerous tissue. Linear accelerators are now the instruments of choice because most are capable of producing either electron or photon beams at variable energy levels.

In the 2017 Hospital License Renewal Applications and Linear Accelerator Registration and Inventory Forms, which reflect 2016 data, 31 linear accelerators in 27 different locations in North Carolina are reported as being operational and providing stereotactic radiosurgery treatment: Alamance Regional Medical Center (89 procedures); Cape Fear Valley Medical Center (170 procedures); CarolinaEast Health System (77 procedures); Carolinas Medical Center (668 procedures); Carolinas Medical Center-Northeast (348 procedures); CaroMont Regional Medical Center (121 procedures); Catawba Valley Medical Center (203 procedures); Cone Health (410 procedures); Coastal Carolina Radiation Oncology (482 procedures); Duke University Hospital (1,469 procedures); First Health Moore Regional Hospital (170 procedures); Frye Regional Medical Center (85 procedures); High Point Regional Health (86 procedures); Mission Health (442 procedures); North Carolina Baptist Hospital (648 procedures); Novant Health Forsyth Medical Center (181 procedures); Novant Health Presbyterian Medical Center (391 procedures); Rex Hospital (255 procedures); University of North Carolina Hospitals (847 procedures); and North Carolina Radiation Therapy Management Services locations in Asheville (36 procedures); Brevard (15 procedures); Clyde (28 procedures); Franklin (10 procedures); Forest City (15 procedures); Greenville (531 procedures); Marion (25 procedures); and Weaverville (5 procedures).

In recent years, radiation therapy has been offered increasingly in comprehensive oncology programs where medical oncologists and hematologists also offer chemotherapy. Most such programs are associated with general hospitals, but some are freestanding. Some programs offering only radiation therapy, or only chemotherapy, may refer to themselves as oncology centers. A new radiation oncology facility, with necessary equipment, usually costs in excess of \$2 million.

In addition to a linear accelerator, every radiation oncology program uses a treatment simulator to aid in treatment planning, a computer for calculating dosages, and devices for cutting blocks to protect non-targeted areas from radiation. One simulator, which is the most expensive of these additional items (\$200,000 - \$400,000), can serve a facility with three linear accelerators or serve multiple facilities with up

to four linear accelerators total. The specialized staff who operate and maintain this equipment, including a required radiation physicist, are more efficiently utilized in facilities with more than one linear accelerator.

There are 73 hospitals and freestanding oncology treatment centers statewide in North Carolina with 126 linear accelerators that are operational, have a certificate of need in hand, or for which there is a prior year need determination.

The utilization methodology used calls for data gathering that is uniform. There are radiation treatments of varying complexity, and the concept of ESTV is used. ESTVs are recommended by the American College of Radiology. In addition, ESTVs were recommended as part of the comments during public hearings when the original methodology was developed.

The data gathering survey that Healthcare Planning sends out to providers asks for procedures by CPT codes; corresponding ESTV values are listed in Table 9F of the North Carolina 2018 State Medical Facilities Plan. Hospitals and free-standing centers have responded well in reporting procedures that can be calculated as ESTV totals.

### **Basic Assumptions of the Methodology**

A linear accelerator's service area is the linear accelerator planning area in which the linear accelerator is located. Linear accelerator planning areas are the 28 multi-county groupings shown in Table 9I. In determining whether an additional linear accelerator is needed in a service area, three principal questions must be addressed:

1. Are the linear accelerators in a linear accelerator service area performing more than 6,750 procedures (ESTVs) per accelerator per year?
2. Is the population that lives in a linear accelerator service area sufficiently great to support the addition of another accelerator (population per accelerator greater than 120,000 - a figure suggested by the Inter-Society Council for Radiation Oncology)?
3. Does the patient origin data show that more than 45 percent of the patients come from outside the service area?

Patient origin data is requested in order to establish service areas, and the vast majority of facilities have responded with patient origin data.

To examine the second and third questions, linear accelerator service areas are delineated, including in each area the counties that are closest to a linear accelerator. Two exceptions were employed in applying this method:

- a. Where patient origin data indicate a county's primary use of a linear accelerator that is not the closest, the county is aligned with the linear accelerator county where most or a plurality of its citizens go for linear accelerator services. Example: Alleghany to Forsyth.
- b. When a linear accelerator county has a population too small to support it, that county is combined with an adjacent county to which a sizable percentage of patients go for linear accelerator services, according to the base county's patient origin data. Example: Haywood to Buncombe.

Data regarding each of the linear accelerator service areas of North Carolina were organized so as to examine each of the questions noted above.

### **Linear Accelerator Methodology for Determining Need**

The methodology incorporates a geographic accessibility criterion (population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when ESTV procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a patient origin criterion (when a service area has more than 45 percent of the patients coming from outside the service area). A need determination is generated when two of the three criteria are met within a service area.

The standard methodology used for determining need for linear accelerators is calculated as follows:

#### **Criterion 1:**

- Step 1: Using the 2017 North Carolina population estimate obtained from the North Carolina Office of State Budget and Management, sum the population estimates for counties that comprise each linear accelerator service area to determine the population for linear accelerator service areas.
- Step 2: For each linear accelerator service area, sum the number of operational linear accelerators acquired in accordance with G.S. 131E-175, et. seq., the number of approved linear accelerators not yet operational but for which a certificate of need has been awarded, and the linear accelerator need determinations from previous years.
- Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied.

#### **Criterion 2:**

- Step 4: Using patient origin data reported on the 2017 Hospital License Renewal Applications and Linear Accelerator Registration and Inventory Forms for linear accelerators, for each service area, count the number of patients who were served on linear accelerators located in the service area, and who reside in a county outside the service area.
- Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45 percent of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied.

#### **Criterion 3:**

- Step 6: For each linear accelerator service area, sum the number of ESTV procedures performed on the linear accelerators located in the service area as reported in each provider's "2017 Hospital License Renewal Application" or "2017 Registration and Inventory of Medical Equipment Form" of Linear Accelerators.
- Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.
- Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.
- Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied.

Step 10: If any two of the above three criteria are satisfied in a linear accelerator service area, a need is determined for one additional linear accelerator in that service area.

**Criterion 4:**

Step 11: Regardless of the results of Steps 1-10 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator for that county. As a result, the county becomes a separate, new linear accelerator service area.

**Linear Accelerator CPT Codes**

It was suggested by some radiation oncologists in 2006 that CPT Code 77427, weekly radiation therapy management, not be counted in the totals of freestanding radiation oncology centers. The advice was accepted in 2006 for the North Carolina 2007 State Medical Facilities Plan, and procedure counts for CPT Code 77427 were removed from the totals. Procedure counts for CPT Code 77427 are not included in Table 9G in the North Carolina 2018 State Medical Facilities Plan.

**Note:**

The North Carolina 2009 State Medical Facilities Plan included a statewide need determination for one dedicated linear accelerator to be part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. In response to that need determination, a certificate of need was issued to Parkway Urology, PA d/b/a Cary Urology, PA on 2/23/2011 to acquire one dedicated linear accelerator for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. The linear accelerator is not counted in the regular inventory of linear accelerators.

**Table 9F: Linear Accelerator Treatment Data - Hospital and Free-Standing**

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

**Table 9G: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures**

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2015-9/30/2016	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	685	685
NC Radiation Therapy - Franklin	1	Macon	1	1,664	1,664
21st Century Oncology	2	Buncombe	1	1,437	1,437
Mission Hospital	2	Buncombe	3	18,402	6,134
NC Radiation Therapy - Asheville	2	Buncombe	2	5,764	2,882
NC Radiation Therapy - Clyde	2	Haywood	1	4,299	4,299
NC Radiation Therapy - Marion	2	McDowell	1	3,523	3,523
Watauga Medical Center	3	Watauga	1	2,946	2,946
Margaret R. Pardee Memorial Hospital	4	Henderson	1	4,110	4,110
NC Radiation Therapy - Hendersonville	4	Henderson	1	1,934	1,934
NC Radiation Therapy - Brevard	4	Transylvania	1	2,119	2,119
Carolinas HealthCare System Blue Ridge	5	Burke	2	6,258	3,129
Caldwell Memorial Hospital	5	Caldwell	1	0	0
Catawba Valley Medical Center	5	Catawba	2	10,758	5,379
Frye Regional Medical Center	5	Catawba	1	3,958	3,958
Carolinas HealthCare System Cleveland	6	Cleveland	1	6,209	6,209
CaroMont Regional Medical Center*	6	Gaston	3	18,124	6,041
NC Radiation Therapy - Forest City	6	Rutherford	1	3,474	3,474
Carolinas Medical Center	7	Mecklenburg	3	16,602	5,534
Matthews Radiation Oncology Center	7	Mecklenburg	1	9,808	9,808
Novant Health Huntersville Medical Center	7	Mecklenburg	1	320	320
Novant Health Presbyterian Medical Center	7	Mecklenburg	3	11,076	3,692
Pineville Radiation Therapy Center	7	Mecklenburg	1	10,892	10,892
University Radiation Therapy Center	7	Mecklenburg	1	7,154	7,154
Carolinas HealthCare System Union	7	Union	1	7,739	7,739
Irdell Memorial Hospital	8	Iredell	2	5,928	2,964
Lake Norman Radiation Oncology Center	8	Iredell	1	7,153	7,153
Novant Health Rowan Medical Center	8	Rowan	1	6,268	6,268
Carolinas Healthcare System Northeast	9	Cabarrus	2	12,505	6,253
Carolinas HealthCare System Stanly North	9	Stanly	1	3,649	3,649
Carolina Baptist Hospital	10	Forsyth	4	26,704	6,676
Novant Health Forsyth Medical Center	10	Forsyth	5	24,054	4,811
Hugh Chatham Memorial Hospital	10	Surry	1	3,705	3,705
Lexington Medical Center	11	Davidson	1	2,188	2,188
Cone Health	12	Guilford	4	27,786	6,946
High Point Regional Health	12	Guilford	2	10,398	5,199
Morehead Memorial Hospital	12	Rockingham	1	4,798	4,798
Randolph Hospital	13	Randolph	1	3,892	3,892
University of North Carolina Hospitals	14	Orange	6	36,095	6,016

**Table 9G: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures**

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2015-9/30/2016	Average Number of Procedures per Unit
Alamance Regional Medical Center	15	Alamance	2	8,720	4,360
Duke Regional Hospital	16	Durham	1	4,878	4,878
Duke University Hospital	16	Durham	8	40,970	5,121
Maria Parham Medical Center	16	Vance	1	4,304	4,304
FirstHealth Moore Regional Hospital	17	Moore	2	15,670	7,835
Scotland Memorial Hospital	17	Scotland	1	3,996	3,996
Cape Fear Valley Medical Center	18	Cumberland	5	21,769	4,354
Southeastern Regional Medical Center	18	Robeson	1	4,099	4,099
NC Radiation Therapy - Sampson	18	Sampson	1	2,863	2,863
South Atlantic Radiation Oncology	19	Brunswick	1	6,984	6,984
Coastal Carolina Radiation Oncology	19	New Hanover	2	15,639	7,820
New Hanover Regional Medical Center	19	New Hanover	1	5,035	5,035
Franklin County Cancer Center	20	Franklin	1	13	13
Duke Raleigh Hospital	20	Wake	4	17,633	4,408
Rex Hospital	20	Wake	4	22,699	5,675
UNC Hospitals Radiation Oncology - Holly Springs	20	Wake	1		
Central Harnett Hospital	21	Harnett	1		
Clayton Radiology Oncology	22	Johnston	1	1,776	1,776
Smithfield Radiation Oncology	22	Johnston	1	1,273	1,273
Lenoir Memorial Hospital	23	Lenoir	1	4,565	4,565
NC Radiation Therapy - Goldsboro	23	Wayne	1	4,990	4,990
Carteret General Hospital	24	Carteret	1	2,749	2,749
CarolinaEast Health Center	24	Craven	2	8,243	4,122
Onslow Radiation Oncology	25	Onslow	1	4,439	4,439
NC Radiation Therapy - Roanoke Rapids	26	Halifax	1	2,530	2,530
Nash General Hospital	26	Nash	2	8,370	4,185
Wilson Medical Center	26	Wilson	1	1,087	1,087
Vidant Beaufort Hospital	27	Beaufort	1	2,962	2,962
Vidant Roanoke-Chowan Hospital	27	Hertford	1	1,238	1,238
Leo Jenkins Cancer Center^	27	Pitt	2	1,659	829
NC Radiation Therapy - Greenville	27	Pitt	2	17,173	8,587
Vidant Medical Center	27	Pitt	1	321	321
The Outer Banks Hospital, Inc.	28	Dare	1	5,187	5,187
Albemarle Health: A Vidant Partner in Health	28	Pasquotank	1	5,157	5,157
<b>Totals (73 Facilities)</b>			<b>126</b>	<b>583,352</b>	<b>4,630</b>

\*CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County.

^Leo Jenkins Cancer Center reported only partial year data. North Carolina Radiation Therapy Management Services now operates these two linear accelerators and reported the data for the second half of the reporting year.

**Table 9H: Linear Accelerator Service Areas and Calculations**

Service Area	2017 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2015-2016 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	140,647	2	70,324	8.30%	2,349	1,174	-1.65	*
Area 2	423,561	8	52,945	18.63%	33,424	4,178	-3.05	*
Area 3	100,050	1	100,050	23.12%	2,946	2,946	-0.56	*
Area 4	170,471	3	56,824	14.06%	8,162	2,721	-1.79	*
Area 5	366,763	6	61,127	5.65%	20,973	3,495	-2.89	*
Area 6	466,083	5	93,217	18.18%	27,807	5,561	-0.88	*
Area 7	1,332,095	11	121,100	21.99%	63,589	5,781	-1.58	
Area 8	317,997	4	79,499	26.96%	19,349	4,837	-1.13	*
Area 9	266,767	3	88,922	25.94%	16,154	5,385	-0.61	*
Area 10	653,644	10	65,364	13.13%	54,463	5,446	-1.93	*
Area 11	166,753	1	166,753	14.29%	2,188	2,188	-0.68	
Area 12	617,340	7	88,191	20.44%	42,981	6,140	-0.63	*
Area 13	143,239	1	143,239	22.67%	3,892	3,892	-0.42	
Area 14**	217,802	6	36,300	75.86%	36,095	6,016	-0.65	*
Area 15	184,920	2	92,460	12.75%	8,720	4,360	-0.71	*
Area 16**	472,198	10	47,220	65.30%	50,151	5,015	-2.57	*
Area 17	318,813	3	106,271	25.17%	19,666	6,555	-0.09	*
Area 18	558,886	7	79,841	17.82%	28,730	4,104	-2.74	*
Area 19	472,457	4	118,114	10.64%	27,658	6,914	0.10	*
Area 20	1,117,858	10	111,786	12.56%	40,345	4,034	-4.02	*
Area 21	129,996	1	129,996					
Area 22	193,035	2	96,518	29.70%	3,049	1,524	-1.55	*
Area 23	243,219	2	121,610	9.98%	9,555	4,777	-0.58	
Area 24	196,837	3	65,612	10.46%	10,992	3,664	-1.37	*
Area 25	199,025	1	199,025	26.34%	4,439	4,439	-0.34	
Area 26	303,707	4	75,927	11.19%	11,987	2,997	-2.22	*
Area 27	332,331	7	47,476	27.23%	23,352	3,336	-3.54	*
Area 28	157,859	2	78,930	4.84%	10,344	5,172	-0.47	*
<b>Totals</b>	<b>10,264,353</b>	<b>126</b>	<b>81,463</b>		<b>583,352</b>	<b>4,630</b>	<b>-39.58</b>	

\* Service Area does not have 120,000 base population per accelerator.

\*\* Areas have more than 45% of their patients coming from outside their service areas.

Table 9I: Linear Accelerator Service Areas

Area	County	2017 Total Population
1	Cherokee	27,935
1	Clay	11,140
1	Graham	8,684
1	Jackson	42,221
1	Macon	35,411
1	Swain	15,256
	<b>Total</b>	<b>140,647</b>
2	Buncombe	261,031
2	Haywood	61,623
2	Madison	21,971
2	McDowell	45,623
2	Mitchell	15,314
2	Yancey	17,999
	<b>Total</b>	<b>423,561</b>
3	Ashe	27,255
3	Avery	17,855
3	Watauga	54,940
	<b>Total</b>	<b>100,050</b>
4	Henderson	115,082
4	Polk	21,020
4	Transylvania	34,369
	<b>Total</b>	<b>170,471</b>
5	Alexander	38,151
5	Burke	89,416
5	Caldwell	82,815
5	Catawba	156,381
	<b>Total</b>	<b>366,763</b>
6	Cleveland	98,101
6	Gaston	216,693
6	Lincoln	83,554
6	Rutherford	67,735
	<b>Total</b>	<b>466,083</b>
7	Anson	26,156
7	Mecklenburg	1,077,874
7	Union	228,065
	<b>Total</b>	<b>1,332,095</b>
8	Iredell	176,191
8	Rowan	141,806
	<b>Total</b>	<b>317,997</b>
9	Cabarrus	205,097
9	Stanly	61,670
	<b>Total</b>	<b>266,767</b>
10	Alleghany	11,321
10	Davie	42,234
10	Forsyth	373,145
10	Stokes	46,708
10	Surry	73,196
10	Wilkes	69,664
10	Yadkin	37,376
	<b>Total</b>	<b>653,644</b>

Table 9I: Linear Accelerator Service Areas

Area	County	2017 Total Population
11	Davidson	166,753
	<b>Total</b>	<b>166,753</b>
12	Guilford	525,464
12	Rockingham	91,876
	<b>Total</b>	<b>617,340</b>
13	Randolph	143,239
	<b>Total</b>	<b>143,239</b>
14	Chatham	74,538
14	Orange	143,264
	<b>Total</b>	<b>217,802</b>
15	Alamance	161,309
15	Caswell	23,611
	<b>Total</b>	<b>184,920</b>
16	Durham	307,438
16	Granville	59,315
16	Person	39,845
16	Vance	45,127
16	Warren	20,473
	<b>Total</b>	<b>472,198</b>
17	Hoke	54,161
17	Lee	58,907
17	Montgomery	27,962
17	Moore	97,081
17	Richmond	45,240
17	Scotland	35,462
	<b>Total</b>	<b>318,813</b>
18	Bladen	35,012
18	Cumberland	327,021
18	Robeson	132,859
18	Sampson	63,994
	<b>Total</b>	<b>558,886</b>
19	Brunswick	128,891
19	Columbus	57,089
19	New Hanover	226,069
19	Pender	60,408
	<b>Total</b>	<b>472,457</b>
20	Franklin	65,736
20	Wake	1,052,122
	<b>Total</b>	<b>1,117,858</b>
21	Harnett	129,996
	<b>Total</b>	<b>129,996</b>
22	Johnston	193,035
	<b>Total</b>	<b>193,035</b>
23	Duplin	59,864
23	Lenoir	58,209
23	Wayne	125,146
	<b>Total</b>	<b>243,219</b>

Table 9I: Linear Accelerator Service Areas

<b>Area</b>	<b>County</b>	<b>2017 Total Population</b>
24	Carteret	70,401
24	Craven	102,826
24	Jones	10,426
24	Pamlico	13,184
	<b>Total</b>	<b>196,837</b>
25	Onslow	199,025
	<b>Total</b>	<b>199,025</b>
26	Edgecombe	54,133
26	Halifax	51,702
26	Nash	94,188
26	Northampton	20,998
26	Wilson	82,686
	<b>Total</b>	<b>303,707</b>
27	Beaufort	47,826
27	Bertie	20,312
27	Greene	21,072
27	Hertford	24,379
27	Hyde	5,665
27	Martin	23,555
27	Pitt	177,093
27	Washington	12,429
	<b>Total</b>	<b>332,331</b>
28	Camden	10,223
28	Chowan	14,297
28	Currituck	26,764
28	Dare	36,791
28	Gates	11,678
28	Pasquotank	40,112
28	Perquimans	13,779
28	Tyrrell	4,215
	<b>Total</b>	<b>157,859</b>

**Table 9J: Linear Accelerator Inventory for Demonstration Project**

<b>HSA</b>	<b>Linear Accelerator Service Area</b>	<b>Provider</b>	<b>Units</b>
IV	Statewide	Cary Urology, PA	1
<p>A certificate of need was issued to Parkway Urology, PA d/b/a Cary Urology, PA on 2/23/2011 to acquire one dedicated linear accelerator as part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. The linear accelerator is not counted in the regular inventory of linear accelerators.</p>			

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined that there is no need for additional linear accelerators. There is no need anywhere else in the state and no other reviews are scheduled as shown in Table 9K.

**Table 9K: Linear Accelerators Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional linear accelerators as specified.

<b>Linear Accelerator Service Area</b>	<b>Linear Accelerator Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for any additional linear accelerators anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

## **POSITRON EMISSION TOMOGRAPHY SCANNER**

### **Definition**

Positron Emission Tomography (PET) Scanner, as defined in General Statute § 131E-176(19a), means “Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

From its introduction in the mid-1980s until the last few years, PET scanning was used more in research than clinical practice. Early clinical applications focused on the heart and the brain.

Now, the clinical uses of PET scanning include applications that involve the diagnosis of cancer. At North Carolina’s most active PET facilities, the diagnosis of cancer accounts for more than 80 percent of clinical studies.

A PET scanner is a device with multiple radiation detectors designed to detect the two simultaneous photons emitted from the body after positron annihilation. Positron annihilation occurs after a positron (a sub-atomic particle) is emitted from certain radioactive substances. Such events are recorded over the course of a scan and subsequently reconstructed via computerized techniques into images. These images represent the cross-sectional distribution of the radioactive (positron-emitting) tracer in the body. By measuring the distributions of certain radiotracers in the body sometime after they have been administered, PET can be used both to diagnose physical abnormalities and to study body functions in normal subjects.

PET differs from other nuclear medicine both in the type of radiation emitted and in the type of scanner required to detect it. The radioactive tracers used in PET imaging may be produced on-site with a cyclotron (or generator, for some tracers) and appropriate chemistry labs, or may be ordered from commercial distributors, even though all PET tracers are relatively short-lived (110 minutes is the longest half-life). Therefore, the capital costs associated with developing the equipment capable of PET scanning can range from a few hundred thousand dollars (for the gamma camera being upgraded with coincident circuitry to perform PET scans) to less than \$1 million (for a low-end scanner) to several million dollars for a high-end scanner, a cyclotron, and associated chemistry capabilities.

Coincidence cameras are “built” by adding electronic circuitry to gamma cameras. The coincident circuitry makes it a PET system. The coincidence camera is nuclear medicine equipment that is designed, built or modified to detect only the single photon emitted from nuclear events other than positron annihilation. This hybrid machine is used as a gamma camera 90-95 percent of the time to perform non-PET imaging; thus, coincidence cameras are non-dedicated PET scanners.

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners also include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities.

All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities. The less expensive hybrid devices are capable of disclosing the presence of lesions as small as 1.5 to 2 centimeters, while the better dedicated scanners can disclose lesions as small as 0.5 to 1 centimeter. Because they can provide definitive studies for many patients and because they cost less, hybrid devices have quickly found a market.

The leading impetus to hybridization is the fact that the technology is rapidly improving. As a result, less expensive devices are now better than their predecessors and higher-end dedicated scanners are being adapted to include computed tomography (CT) scanners, which will give them the capacity to perform,

more accurately, the range of studies now performed on hybrid machines. Additionally, mobile PET scanners are available, and the number in operation in the United States is growing.

Dedicated PET scanners can be fixed or mobile. Mobile PET scanner means a dedicated PET scanner and its transporting equipment that is moved to provide services at two or more host facilities.

The rapid improvements in the equipment are being driven both by the rate of technological advances and by the steady growth in the number of clinical studies for which the Centers for Medicare & Medicaid Services (CMS) authorizes reimbursement. Among oncologists, oncologic surgeons, and radiation oncologists, PET is already recognized as essential to the diagnosis and treatment of patients with melanoma, colorectal cancer, lung cancer and lymphoma. CMS has approved reimbursement for studies for patients with solitary pulmonary nodules, carcinoma of the lung (non-small cell), melanoma, colorectal cancer, lymphoma, head and neck tumors, esophageal cancer, breast cancer, refractory seizures, perfusion of the heart, and questions concerning myocardial viability.

### **Facility Inventory-Service Volume**

There are 29 approved or operational fixed dedicated PET scanners in North Carolina. Duke University Hospital acquired a cyclotron generated fixed dedicated PET scanner in 1985. During the following years, North Carolina Baptist Hospital, Carolinas Medical Center (CMC) and University of North Carolina (UNC) Hospitals also acquired a cyclotron generated fixed dedicated PET scanner each. Vidant Medical Center, Rex Hospital, Mission Hospital, New Hanover Regional Medical Center, Catawba Valley Medical Center/Frye Regional Medical Center (joint ownership), Cape Fear Valley Medical Center, FirstHealth Moore Regional Hospital, Novant Health Forsyth Medical Center, Cone Health, CaroMont Regional Medical Center, Carolinas HealthCare System (CHS) NorthEast, CarolinaEast Medical Center, Novant Health Presbyterian Medical Center, High Point Regional Health and Wake PET Services were approved for each entity to acquire one fixed dedicated PET scanner. Duke University Hospital, CMC and UNC Hospitals were also approved to acquire a second fixed dedicated PET scanner. There were three additional need determinations in the North Carolina 2006 State Medical Facilities Plan, one each in HSAs II, III, and VI. Alamance Regional Medical Center, Iredell Memorial Hospital, and Nash General Hospital were approved in 2007 to acquire fixed dedicated PET/CT scanners. In the 2008 State Medical Facilities Plan, there were two need determinations, one each in HSAs II and III. Novant Health Forsyth Medical Center was approved to acquire a second fixed PET/CT scanner and CHS Union was approved to acquire a fixed PET scanner. The 2013 State Medical Facilities Plan identified the need for one additional fixed dedicated PET scanner in HSA II. North Carolina Baptist Hospital was approved in 2014 to acquire a second dedicated PET/CT scanner. There was a need determination in the North Carolina 2017 State Medical Facilities Plan for one fixed PET scanner in HSA IV. The reported number of procedures performed on these fixed dedicated PET scanners for the years ending 9/30/2013, 9/30/2014, 9/30/2015 and 9/30/2016 are reflected in Table 9L. Table 9L is followed by Tables 9M(1) and 9M(2), which reflect the reported number of procedures performed on mobile dedicated PET scanners for the years ending 9/30/2013, 9/30/2014, 9/30/2015 and 9/30/2016.

### **Fixed Dedicated PET Scanner Need Methodology**

A fixed PET scanner's service area is the HSA in which the scanner is located. The HSAs are the six multi-county groupings as defined in Appendix A of the North Carolina 2018 State Medical Facilities Plan.

A mobile PET scanner has a statewide service area.

One additional fixed dedicated PET scanner is needed for each existing fixed dedicated PET scanner that was utilized at or above 80 percent of capacity during the 12-month period reflected in the owner's "2017 Hospital License Renewal Application" or "2017 Registration and Inventory of Medical Equipment Form"

for PET scanners on file with the North Carolina Division of Health Service Regulation.<sup>1</sup> In the 2009 State Medical Facilities Plan, the North Carolina State Health Coordinating Council approved a change in the annual capacity for fixed dedicated PET scanners from 2,600 to 3,000 procedures. For the purposes of this determination, the annual capacity of a fixed dedicated PET scanner is 3,000 ( $3,000 \times .80 = 2,400$ ) procedures.

The standard methodology used to determine need for fixed PET scanners is calculated as follows:

**Methodology Part 1:**

- Step 1: Determine the planning inventory of all fixed PET scanners in the state, to include existing fixed PET scanners in operation, approved fixed PET scanners for which a certificate of need was issued but is pending development, and fixed PET scanners for which no certificate of need has been issued, because the decision on a need determination in a previous year is under review or appeal.
- Step 2: For each facility at which a PET scanner is operated, determine the total number of procedures performed on all fixed PET scanners located at each facility as reported for the 12-month period reflected in the Hospital License Renewal Application or Registration and Inventory of Equipment on file with the North Carolina Division of Health Service Regulation.
- Step 3: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 4: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 2, by the capacity calculated in Step 3. Multiply the results by 100 to convert the numbers to a utilization percentage.
- Step 5: A need is determined for an additional fixed PET scanner if the utilization percentage is 80 percent or greater at a facility, except as provided in Step 8 for both parts of the methodology combined.

**Methodology Part 2:**

- Step 6: Identify each major cancer treatment facility, program or provider in the state, i.e., providers that operate two linear accelerators and performed over 12,500 ESTV procedures in the 12-month period reflected on the Hospital License Renewal Application or Equipment Registration and Inventory Form.
- Step 7: A need is determined for one additional fixed PET scanner if a major cancer treatment facility, program or provider identified in Step 6 is hospital-based and does not own or operate a fixed dedicated PET scanner, except as provided in Step 8 for both parts of the methodology combined.<sup>2</sup>

<sup>1</sup> The need generated by this part of the methodology may be met by any applicant, and not just the owner or operator of the scanner that has achieved the target utilization.

<sup>2</sup> The need generated by this part of the methodology may be met by any applicant, and not just a major cancer treatment facility, program, or provider that does not own or operate a fixed dedicated PET scanner.

Step 8: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology.

**Table 9L: PET Scanner Utilization of Existing Fixed Dedicated Scanners**

Center	2012-2013	2013-2014	2014-2015	2015-2016	HSA	Inventory	Utilization Rate	Determination by Criteria-80% of Present Capacity
							2016 Procedures / 3000 as Capacity	
Mission Hospital (f)	1,819	1,808	1,982	1,994	I	1	66.47%	0
Catawba Valley Medical Center / Frye Regional Medical Center (j)	1,027	989	1,054	1,094	I	1	36.47%	0
N.C. Baptist Hospital (x)	1,957	1,967	2,017	2,384	II	2	39.73%	0
Cone Health (o)	1,612	1,463	1,693	1,744	II	1	58.13%	0
Novant Health Forsyth Medical Center (p)(y)	2,560	2,518	2,726	3,025	II	2	50.42%	0
High Point Regional Health ( r )	583	592	639	649	II	1	21.63%	0
Alamance Regional Medical Center (u)	724	780	631	695	II	1	23.17%	0
Carolinas Medical Center (a), (k)	3,101	3,483	3,593	4,175	III	2	69.58%	0
Carolinas HealthCare System Union (w)	301	349	446	519	III	1	17.30%	0
CaroMont Regional Medical Center/CIS Summit (m)	692	732	707	833	III	1	27.77%	0
Carolinas HealthCare System NorthEast (n)	932	972	995	1,039	III	1	34.63%	0
Novant Health Presbyterian Medical Center(q)	1,483	1,619	1,970	1,838	III	1	61.27%	0
Iredell Memorial Hospital (t)	379	408	408	450	III	1	15.00%	0
Duke University Hospital (d)	4,447	4,084	4,220	4,643	IV	2	77.38%	0
UNC Hospitals (b)	3,255	2,142	2,775	2,968	IV	2	49.47%	0
Rex Hospital (e)	1,857	1,918	2,085	2,231	IV	1	74.37%	0
Wake PET Services, Wake Radiology Oncology, Wake Radiology (s)	635	544	465	518	IV	1	17.27%	0
2017 Fixed PET Need Determination	-	-	-	-	IV	1	-	-
New Hanover Regional Medical Center (g)	1,464	1,543	1,691	1,847	V	1	61.57%	0
Cape Fear Valley Medical Center (h)	1,047	882	1,023	986	V	1	32.87%	0
First Imaging of the Carolinas ( i )	973	885	1,023	1,005	V	1	33.50%	0
Vidant Medical Center ( c )	1,683	1,573	1,895	2,044	VI	1	68.13%	0
CarolinaEast Medical Center ( l )	582	672	776	815	VI	1	27.17%	0
Nash General Hospital (v)	440	458	344	351	VI	1	11.70%	0
<b>TOTAL</b>	<b>33,553</b>	<b>32,381</b>	<b>35,158</b>	<b>37,847</b>		<b>29</b>	<b>43.50%</b>	<b>0</b>

- (a) Approved for additional scanner in November 2001.
- (b) Approved for scanner in June 2000 and additional scanner under Policy AC-3 in November 2005.
- (c) Approved for scanner in August 2001.
- (d) Approved for additional scanner under Policy AC-3 in September 2002.
- (e) Approved for scanner in September 2002.
- (f) Approved for scanner in January 2003.
- (g) Operational in October 2004.
- (h) Approved for scanner in August 2003. Different method used for counting procedures in 2008.
- ( i ) Approved for scanner in December 2004.
- ( j ) Approved for scanner in July 2003.
- (k) Approved for replacement of a scanner in June 2003.

- ( l ) Approved for scanner in October 2003.
- (m) Approved for scanner in December 2003.
- (n) Approved for scanner in December 2003.
- (o) Operational in October 2004.
- (p) Approved for scanners in June 2004 and November 2008.
- (q) Approved for scanner in June 2004.
- (r) Approved for scanner in January 2005.
- (s) Approved for scanner in November 2005.
- (t) Approved for scanner in January 2007.
- (u) Approved for scanner in April 2007.
- (v) Approved for scanner in May 2007.
- (w) Approved for scanner in April 2009.
- (x) Approved for scanner in April 2014
- (y) Approved to convert one fixed scanner to mobile scanner per Policy TE-1 in 2015.

**Table 9M(1): PET Scanner Provider of Mobile Dedicated Scanners**

Mobile Provider	Procedures	Utilization Rate
		Year 2015-2016 Procedures, 2600 as Capacity
Alliance Imaging I	3,508	135%
Alliance Imaging II	3,651	140%
TOTAL	7,159	

**Table 9M(2): PET Scanner Sites Utilization of Existing Mobile Dedicated Scanners**

Mobile Site	Mobile Provider	Number of Sites	Procedures			
			2012-2013	2013-2014	2014-2015	2015-2016
Sentara Albemarle Medical Center	Alliance II	1	239	186	158	157
Caldwell Memorial Hospital	Alliance I	1	139	96	79	70
Carteret General Hospital	Alliance II	1	226	248	230	342
Carolinas HealthCare System Cleveland	Alliance I	1	501	575	685	753
Carolinas HealthCare System Blue Ridge	Alliance I	2	113	228	241	257
Cone Health	Alliance I	1	61	29	0	0
Duke Raleigh Hospital	Alliance II	1	545	493	675	951
Johnston Health	Alliance II	1	197	180	203	200
Lake Norman Regional Medical Center	Alliance I	1	198	198	167	198
Lenoir Memorial Hospital	Alliance II	1	170	154	169	148
Maria Parham Medical Center	Alliance II	1	0	56	160	88
Margaret R Pardee Memorial Hospital	Alliance I	1	166	164	172	191
Harris Regional Hospital	Alliance I	1	292	296	305	283
Northern Hospital of Surry County	Alliance I	1	87	96	117	117
Novant Health Huntersville Medical Center	Alliance I	1	197	218	232	297
Novant Health Matthews Medical Center	Alliance I	1	134	119	119	145
Novant Health Rowan Medical Center	Alliance I	1	216	239	232	236
Novant Health Thomasville Medical Center	Alliance I	1	97	85	68	87
Onslow Memorial Hospital	Alliance II	1	240	293	363	467
Park Ridge Health	Alliance I	1	126	143	124	133
Randolph Hospital	Alliance I	1	120	146	179	151
Rutherford Regional Medical Center	Alliance I	1	127	122	134	134
Scotland Memorial Hospital	Alliance II	1	149	164	163	101
Southeastern Regional Medical Center	Alliance II	1	257	273	271	264
Carolinas HealthCare System Stanly	Alliance I	1	144	119	173	230
The Outer Banks Hospital	Alliance II	1	114	116	117	141
Valdese Hospital (Closed as of 12/2012)*	Alliance I	0	119	0	0	0
Watauga Medical Center	Alliance I	1	96	160	210	226
Wayne Memorial Hospital	Alliance II	1	332	303	329	348
Wilson Medical Center	Alliance II	1	389	371	430	444
TOTAL		30	5,791	5,870	6,505	7,159

\*Procedure totals are included with Carolinas HealthCare System Blue Ridge

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for no additional fixed dedicated PET scanners as shown in Table 9N. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 9N: Fixed Dedicated PET Scanner Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional fixed dedicated PET scanners as specified.

<b>Service Area</b>	<b>Fixed Dedicated PET Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional fixed dedicated PET scanners anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for one additional mobile dedicated PET scanner statewide as shown in Table 9O. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 9O: Mobile Dedicated PET Scanner Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional mobile dedicated PET scanners as specified.

<b>Service Area</b>	<b>Mobile Dedicated PET Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Statewide	1	November 15, 2018	December 1, 2018
It is determined that there is no need for additional mobile dedicated PET scanners anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

# MAGNETIC RESONANCE IMAGING

## **Introduction**

Magnetic Resonance Imaging (MRI) technology is mobile and apparently is financially feasible at relatively small-volume mobile sites. Geographic accessibility is a significant planning issue, and it is important to assure that the rural areas of the state have the opportunity to access this important technology through both fixed and mobile scanners, as it has become the standard of care.

The methodology that is used allows the addition of a fixed MRI scanner at a fixed site within the same MRI service area.

## **The Technology**

Nuclei of atoms in various structures of the human body resonate differentially when exposed to a strong magnetic field. MRI devices register these differences in response as images for use in making diagnoses. Use of MRI technology has grown rapidly because it does not expose patients to ionizing radiation, and because of the quality of images it obtains. In 1983, there were only two MRI programs in North Carolina, performing a total of 531 procedures. In 2015-2016 fixed and mobile scanners were reported as providing 856,324 procedures.

An MRI procedure is defined as a single discrete MRI study of one patient (single CPT [current procedural terminology] coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

An MRI procedure is a single MRI procedure performed on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable CPT code associated with an MRI procedure. For example, an MRI brain scan with and without contrast is a single procedure with a single CPT code.

For reporting verification, each reporting site will provide the number of scans performed annually for all CPT codes by volume on Hospital License Renewal Applications and Registration and Inventory of Medical Equipment Forms for Fixed (Non-Hospital) and Mobile MRI Providers.

Intraoperative Magnetic Resonance Imaging Scanners (iMRI) approved through Policy TE-2 shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Intraoperative procedures and inpatient procedures performed on an iMRI shall be reported separately by the certificate holder on the hospital license renewal application and will be reported in a separate table in Chapter 9 (Table 9Q(6)). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

## **Assessment**

### **Mobile MRI**

Because of the availability of mobile units, it appears that MRI technology is accessible within a reasonable distance and travel time to all of the population of North Carolina. Several mobile sites in operation all of 2015-2016 reported fewer than 100 procedures.

Mobile MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities.

Some sites that initiated MRI service with mobile units have installed fixed scanners as volumes increased. Because of the need to house a unit in a specially constructed building or area of a building, the cost of each such new fixed facility may exceed \$2 million.

### **Fixed MRI Units**

Fixed MRI scanner means an MRI scanner that is not a mobile MRI scanner. The principal capital expenditure issue with respect to fixed MRI units is the volume of procedures, which warrants the acquisition of an additional magnet.

### **Definition of an MRI Service Area**

A fixed MRI service area is the same as an Acute Care Bed Service Area as defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The fixed MRI service area is a single county, except where there is no licensed acute care hospital located within the county. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. In that case, the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. The three most recent years of available acute care days patient origin data are combined and used to create the multicounty service areas. These data are updated and reviewed every three years, with the most recent update occurring in the North Carolina 2017 State Medical Facilities Plan.

### **Basic Assumptions of the Methodology**

1. Facilities that currently offer mobile MRI services, but have received the transmittal of a certificate of need for a fixed MRI scanner, are included in the inventory as a fixed MRI scanner in Table 9P.
2. A placeholder of one MRI scanner is placed in Table 9P for each new fixed MRI scanner for which a certificate of need has been issued even if the scanner is not operational. All procedures performed by a single licensed entity are counted as performed at a single site, even if MRI services are provided at more than one site.
3. The need determination for any one service area under the methodology for fixed MRI Scanner Utilization shall not exceed one MRI scanner per year, unless there is an adjusted need determination approved for a specific MRI service area.
4. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination in the North Carolina 2018 State Medical Facilities Plan to replace the existing contracted service with a fixed MRI scanner under the applicant's ownership and control. It is consistent with the purposes of the Certificate of Need law and the State Medical Facilities Plan for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility's own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

### **MRI Need Determination Methodology**

The methodology includes need thresholds arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs, but have mobile MRI scanners serving the area. The methodology for determining need is based on fixed and mobile procedures performed at hospitals and freestanding facilities with fixed MRI scanners and procedures performed on mobile MRI scanners at mobile sites in the MRI service areas. In addition, equivalent values for mobile scanners in MRI service areas are found in the column labeled Fixed Equivalent in Table 9P.

## MRI Tiered Planning Thresholds

Acute Care Bed Service Area Fixed Scanners	Inpatient and Contrast Adjusted Thresholds	Planning Threshold
4 and over	4,805 <sup>1</sup>	70.0%
3	4,462 <sup>2</sup>	65.0%
2	4,118 <sup>3</sup>	60.0%
1	3,775 <sup>4</sup>	55.0%
0	1,716 <sup>5</sup>	25.0%

The above tiering is based on the assumption that the time necessary to complete 1.0 MRI procedure (a basic outpatient procedure without contrast) is 30 minutes, or an average throughput of two procedures per hour on an MRI scanner. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week, and 52 weeks per year. The resulting capacity of a fixed MRI scanner is defined below:

**Annual Maximum Capacity of a Single Fixed MRI Scanner =  
66 hours per week x 52 weeks x 2 procedures per hour = 6,864 procedures annually**

This definition of capacity represents 100 percent of the procedure volume the equipment is capable of completing, given perfect scheduling, no machine or room downtime, no cancellations, no patient transportation problems, no staffing or physician delays and no MRI procedures outside the norm. Procedure totals are from the “2017 Hospital License Renewal Application” or the “2017 Registration and Inventory of Medical Equipment Form” of MRI scanners as submitted to the North Carolina Division of Health Service Regulation concerning equipment registration and inventory, and number of procedures.

The table below indicates the weighting values assigned to the procedure type:

### Weighting System

Procedure Type	Base Weight	Inpatient Weight	Contrast Weight	Procedure Time Minutes
Outpatient/No Contrast/Sedation	1.0	0.0	0.0	30
Outpatient/With Contrast/Sedation	1.0	0.0	.4 (Add 12 minutes)	42
Inpatient/No Contrast/Sedation	1.0	.4 (Add 12 minutes)	0.0	42
Inpatient/With Contrast/Sedation	1.0	.4 (Add 12 minutes)	.4 (Add 12 minutes)	54

<sup>1</sup> 6,864 X 70% = 4,805

<sup>2</sup> 6,864 X 65% = 4,462

<sup>3</sup> 6,864 X 60% = 4,118

<sup>4</sup> 6,864 X 55% = 3,775

<sup>5</sup> 6,864 X 25% = 1,716

Procedures with contrast include those with sedation as reported in the annual Hospital Licensure Renewal Application and the annual MRI Registration and Inventory of Medical Equipment form.

The standard methodology used to determine need for fixed MRI scanners is calculated as follows:

- Step 1: Determine the number of clinical fixed and mobile MRI scanners in each MRI service area by site to include: existing fixed or mobile MRI scanners in operation, approved fixed or mobile MRI scanners for which a certificate of need was issued but is pending development, and fixed MRI scanners for which no certificate of need has been issued because the decision regarding a need determination in a previous year is under review or appeal. The inventory shall exclude: MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project.
- Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows:
- a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;
  - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. [Note: The mobile services are not listed separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.]
  - c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one; and
  - d. For each approved mobile MRI scanner site, at which services have not started, calculate the days to be operated at the site as a fraction of the total days of service to be provided by the approved mobile MRI scanner. [For example, if a certificate of need has been awarded to a provider to serve six different sites in the state for one day per week at each site, the fixed equivalent for each approved site in the state is 0.17 ( $1/6=0.1666$ ). If the mobile is approved to serve two sites for three days per week at each site, the fixed equivalent for each site is 0.50 ( $3/6=0.50$ ).]
- Step 3: Sum the number of fixed equivalent magnets for each MRI service area.
- Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile, as reported in the “2017 Hospital License Renewal Applications” or “2017 Registration and Inventory of Medical Equipment Forms” of MRI scanners. If procedures are provided in a county that is part of more than one MRI service area, the procedures will be divided equally between the MRI service areas.

- Step 5: Of the total number of MRI scans performed, determine the number of MRI scans performed by type (i.e., inpatient, outpatient, with contrast or sedation, no contrast or sedation) as reported in the “2017 Hospital License Renewal Applications” or “2017 Registration and Inventory of Medical Equipment Forms” of MRI scanners.
- Step 6: For each site, multiply the number of inpatient MRI scans by 0.40 to calculate the inpatient adjustment.
- Step 7: For each site, multiply the number of contrast or sedation scans by 0.40 to calculate the contrast adjustment.
- Step 8: For each site, sum the total number of MRI scans performed (Step 4), the inpatient adjustment (Step 6), and the contrast adjustment (Step 7) to calculate the total number of adjusted MRI procedures for each site.
- Step 9: For each service area, sum the number of adjusted total MRI procedures for all sites in the MRI service area.
- Step 10: Calculate the average number of adjusted total MRI procedures per MRI scanner in the service area by dividing the adjusted total procedures for the service area (Step 9) by the sum of fixed equivalent magnets in the service area (Step 3).
- Step 11: Determine the utilization threshold for the service area based only on the number of existing, approved and pending fixed MRI scanners located in the service area as identified in Step 1:  
 4+ fixed MRI scanners – 4,805 threshold  
 3 fixed MRI scanners – 4,462 threshold  
 2 fixed MRI scanners – 4,118 threshold  
 1 fixed MRI scanner – 3,775 threshold  
 0 fixed MRI scanners – 1,716 threshold
- Step 12: Compare the area average procedures per fixed equivalent magnet (Step 10) with the threshold for the MRI service area (Step 11). If the area average procedure per magnet is greater than or equal to the service area threshold, a need is determined for one additional MRI scanner in the service area.

## Tables

The following tables are included in this section of the chapter: Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents; Table 9Q (1): Inventory of MRI Scanners for Cardiovascular Clinical Research Use Pursuant to Policy AC-3 in the North Carolina 2001 State Medical Facilities Plan; Table 9Q (2): Inventory of Dedicated Breast MRI Scanners Pursuant to Adjusted Need Determination in the North Carolina 2002 and 2006 State Medical Facilities Plans; Table 9Q (3): Inventory of Dedicated Pediatric MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2005 State Medical Facilities Plan; Table 9Q(4): Inventory of Demonstration Project for a Fixed Extremity MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2006 State Medical Facilities Plan; Table 9Q (5): Inventory of MRI Scanners Dedicated for Radiation Oncology and Use in Operating Room Suite; and Table 9R: Fixed MRI Scanner Need Determination.

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	5,353	3,121	1,338	639	255	6,348			
Alamance	Mobile		Alamance Regional Outpatient Imaging Center	0	0.18	747	599	148	0	0	806			
Alamance	Mobile		MedCenter - Mebane	0	0.21	857	680	177	0	0	928			
Alamance	Mobile	Grandfathered	University of North Carolina (Alliance Healthcare Services)	0	0.08	333	259	74	0	0	363			
Alamance	Mobile	G-006271-00	University of North Carolina (Alliance Healthcare Services)	0	0.06	229	189	40	0	0	245			
Alamance	Mobile	Grandfathered	University of North Carolina (Alliance Healthcare Services)	0	0.02	62	52	10	0	0	66			
<b>Alamance</b>				<b>2</b>	<b>2.55</b>	<b>7,581</b>					<b>8,755</b>	<b>3,433</b>	<b>4,118</b>	<b>0</b>
			No Service Site											
<b>Alexander</b>													<b>1,716</b>	<b>0</b>
Alleghany	Mobile	G-007038-04	Alleghany Memorial Hospital (Alliance Healthcare Services)	0	0.09	147	126	16	5	0	155			
Alleghany	Mobile	Grandfathered	Alleghany Memorial Hospital (Alliance Healthcare Services)	0	0.07	123	95	21	7	0	134			
<b>Alleghany</b>				<b>0</b>	<b>0.16</b>	<b>270</b>					<b>290</b>	<b>290</b>	<b>1,716</b>	<b>0</b>
Anson	Mobile	F-006868-03	Carolinas HealthCare System Anson (Carolinas Imaging Services, LLC)	0	0.03	45	31	10	4	0	51			
<b>Anson</b>				<b>0</b>	<b>0.03</b>	<b>45</b>					<b>51</b>	<b>51</b>	<b>1,716</b>	<b>0</b>
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital, Inc.	1	1.00	895	568	214	51	62	1,051			
<b>Ashe</b>				<b>1</b>	<b>1.00</b>	<b>895</b>					<b>1,051</b>	<b>1,051</b>	<b>3,775</b>	<b>0</b>
Avery	Mobile	G-007038-04	Charles A Cannon Memorial Hospital (Alliance Healthcare Services)	0	0.28	478	355	85	29	9	531			
Avery	Mobile	Grandfathered	Charles A Cannon Memorial Hospital (Alliance Healthcare Services)	0	0.19	329	234	73	19	3	368			
<b>Avery</b>				<b>0</b>	<b>0.47</b>	<b>807</b>					<b>899</b>	<b>899</b>	<b>1,716</b>	<b>0</b>
Beaufort	Hospital Fixed	Q-005992-99	Vidant Beaufort Hospital	1	1.00	2,043	1,300	506	96	141	2,397			
<b>Beaufort</b>				<b>1</b>	<b>1.00</b>	<b>2,043</b>					<b>2,397</b>	<b>2,397</b>	<b>3,775</b>	<b>0</b>
			No Service Site											
<b>Bertie</b>													<b>1,716</b>	<b>0</b>
Bladen	Mobile	M-006605-02	Bladen Healthcare, LLC (Mobile Imaging of North Carolina, LLC)	0	0.20	344	306	38	0	0	359			
Bladen	Mobile		Cape Fear Valley-Bladen County Hospital	0	0.20	343	122	189	17	15	437			
<b>Bladen</b>				<b>0</b>	<b>0.40</b>	<b>687</b>					<b>797</b>	<b>797</b>	<b>1,716</b>	<b>0</b>
Brunswick	Hospital Fixed	Grandfathered (Alliance)	J. Arthur Doshier Memorial Hospital	1	1.00	1,258	888	350	7	13	1,411			
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center	1	1.00	3,871	2,665	777	309	120	4,401			
Brunswick	Freestanding Fixed	O-011125-16	J. Arthur Doshier Memorial Hospital	1	1.00	0	0	0	0	0	0			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Brunswick	Mobile	F-007001-04	NHRMC Health & Diagnostics - Brunswick Forest (Alliance Healthcare Services)	0	0.20	930	488	442	0	0	1,107			
Brunswick	Mobile	O-006434-01	Novant Health Imaging South (Cape Fear Diagnostic Imaging, Inc.)	0	0.02	106	106	0	0	0	106			
<b>Brunswick</b>				<b>3</b>	<b>3.22</b>	<b>6,165</b>					<b>7,025</b>	<b>2,182</b>	<b>4,462</b>	<b>0</b>
Buncombe	Hospital Fixed		Mission Hospital	5	5.00	13,307	5,247	3,395	2,476	2,189	17,407			
Buncombe	Freestanding Fixed	B-006446-01	Asheville MRI	1	1.00	5,171	2,346	2,825	0	0	6,301			
Buncombe	Freestanding Fixed	B-004178-90	Asheville MRI	1	1.00	5,521	2,533	2,688	0	0	6,296			
Buncombe	Freestanding Fixed	B-006643-02	Marquis Diagnostic Imaging (InSight Imaging)	1	1.00	0	0	0	0	0	0			
Buncombe	Freestanding Fixed	B-005492-96	Open MRI and Imaging of Asheville (Asheville Open MRI, Inc)	1	1.00	5,459	4,226	1,233	0	0	5,952			
Buncombe	Freestanding Fixed	B-006440-01	Open MRI and Imaging of Asheville (Asheville Open MRI, Inc)	1	1.00	4,146	3,464	682	0	0	4,419			
<b>Buncombe/Graham/Madison/Yancey</b>				<b>10</b>	<b>10.00</b>	<b>33,604</b>					<b>40,375</b>	<b>4,037</b>	<b>4,805</b>	<b>0</b>
Burke	Hospital Fixed		Carolinas HealthCare System Blue Ridge	2	2.00	4,163	2,357	1,104	440	262	4,990			
Burke	Mobile	E-007066-04	Blue Ridge HealthCare System (Blue Ridge Radiology Associates, P.A.)	0	0.34	1,385	1,052	333	0	0	1,518			
Burke	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Morganton (Carolina Orthopaedic Specialists)	0	0.00	1,482	1,350	132	0	0	1,535			
<b>Burke</b>				<b>2</b>	<b>2.34</b>	<b>7,030</b>					<b>8,043</b>	<b>3,437</b>	<b>4,118</b>	<b>0</b>
Cabarrus	Hospital Fixed	F-005933-98; F-006629-02; F-007086-04	Carolinas Healthcare System Northeast	5	5.00	16,978	7,462	4,962	2,966	1,588	21,420			
Cabarrus	Freestanding Fixed	F-007859-07	Carolinas Healthcare System - Kannapolis (Union Medical Services, LLC)	1	1.00	1,551	1,257	294	0	0	1,669			
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus	1	1.00	464	394	70	0	0	492			
Cabarrus	Mobile		Carolina Neuro & Spine Assoc - Concord (Alliance Healthcare Services)	0	0.25	1,194	1,035	159	0	0	1,258			
Cabarrus	Mobile	F-005723-97	Mecklenburg Neurology - Concord (InSight Imaging)	0	0.03	133	95	38	0	0	148			
Cabarrus	Mobile	G-007065-04	Novant Health Cabarrus (Novant Health Forsyth Medical Center)	0	0.23	1,107	836	271	0	0	1,215			
Cabarrus	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.44	2,094	1,918	176	0	0	2,164			
<b>Cabarrus</b>				<b>7</b>	<b>7.95</b>	<b>23,521</b>					<b>28,366</b>	<b>3,568</b>	<b>4,805</b>	<b>0</b>
Caldwell	Hospital Fixed	E-007222-05	Caldwell Memorial Hospital	1	1.00	1,889	1,038	425	298	126	2,277			
Caldwell	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Lenoir (Carolina Orthopaedic Specialists)	0	0.36	1,370	1,239	131	0	0	1,422			
<b>Caldwell</b>				<b>1</b>	<b>1.36</b>	<b>3,259</b>					<b>3,699</b>	<b>2,720</b>	<b>3,775</b>	<b>0</b>

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Carteret	Hospital Fixed	P-005282-95	Carteret General Hospital	1	1.00	3,540	1,854	1,168	292	226	4,305			
Carteret	Freestanding Fixed	P-008049-08	Seashore Imaging (Carteret General Hospital and Seashore Imaging)	1	1.00	1,774	1,242	532	0	0	1,987			
Carteret	Mobile	O-006434-01	Carolina Center For Surgery (Cape Fear Diagnostic Imaging, Inc.)	0	0.05	217	217	0	0	0	217			
Carteret	Mobile	J-007008-04	Carolina Center for Surgery (Foundation Health Mobile Imaging LLC)	0	0.04	184	184	0	0	0	184			
Carteret	Mobile	J-007008-04	Moore Orthopedics & Sports (Foundation Health Mobile Imaging LLC)	0	0.02	72	72	0	0	0	72			
Carteret	Mobile	O-006434-01	Moore Orthopedics and Sports (Cape Fear Diagnostic Imaging, Inc.)	0	0.06	235	235	0	0	0	235			
<b>Carteret</b>				<b>2</b>	<b>2.17</b>	<b>6,022</b>					<b>7,000</b>	<b>3,226</b>	<b>4,118</b>	<b>0</b>
Catawba	Hospital Fixed		Catawba Valley Medical Center	2	2.00	3,504	2,267	1,804	571	349	6,220			
Catawba	Hospital Fixed	E-004812-93; E-005922-98; E-007856-07	Frye Regional Medical Center	2	2.00	6,159	3,227	1,856	715	359	7,473			
Catawba	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Hickory (Carolina Orthopaedic Specialists)	0	0.31	1,507	1,287	220	0	0	1,595			
Catawba	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Newton (Carolina Orthopaedic Specialists)	0	0.14	653	582	71	0	0	681			
Catawba	Mobile	G-006271-00	Hickory Orthopaedic Center (Alliance Healthcare Services)	0	0.08	376	336	40	0	0	392			
Catawba	Mobile	Grandfathered	Hickory Orthopaedic Center (Alliance Healthcare Services)	0	0.38	1,843	1,680	163	0	0	1,908			
Catawba	Mobile	Grandfathered	Neurology Associates - Hickory (Foundation Health Mobile Imaging LLC)	0	0.09	429	284	145	0	0	487			
<b>Catawba</b>				<b>4</b>	<b>5.00</b>	<b>14,471</b>					<b>18,756</b>	<b>3,751</b>	<b>4,805</b>	<b>0</b>
Chatham	Mobile		Chatham Hospital (Alliance Healthcare Services)	0	0.02	37	22	14	0	1	43			
Chatham	Mobile		Chatham Hospital, Inc.	0	0.31	537	366	161	0	10	609			
<b>Chatham</b>				<b>0</b>	<b>0.33</b>	<b>574</b>					<b>653</b>	<b>653</b>	<b>1,716</b>	<b>0</b>
Cherokee	Hospital Fixed	A-006767-03	Murphy Medical Center, Inc.	1	1.00	1,749	1,034	640	50	25	2,045			
<b>Cherokee/Clay</b>				<b>1</b>	<b>1.00</b>	<b>1,749</b>					<b>2,045</b>	<b>2,045</b>	<b>3,775</b>	<b>0</b>
Chowan	Hospital Fixed	R-008168-08	Vidant Chowan Hospital	1	1.00	2,078	1,428	518	59	73	2,367			
<b>Chowan/Tyrrell</b>				<b>1</b>	<b>1.00</b>	<b>2,078</b>					<b>2,367</b>	<b>2,367</b>	<b>3,775</b>	<b>0</b>
Cleveland	Hospital Fixed	C-005725-97	Carolinas HealthCare System Cleveland	1	1.00	3,605	1,651	1,119	538	297	4,505			
Cleveland	Hospital Fixed	C-006915-03	Carolinas HealthCare System Kings Mountain	1	1.00	1,154	607	364	131	52	1,394			
Cleveland	Mobile	G-006271-00	MRI Specialists of the Carolinas (Alliance Healthcare Services)	0	0.06	248	206	42	0	0	265			
Cleveland	Mobile	Grandfathered	MRI Specialists of the Carolinas (Alliance Healthcare Services)	0	0.01	56	50	6	0	0	58			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Cleveland	Mobile	Grandfathered	OrthoCarolina-Shelby (Alliance Healthcare Services)	0	0.24	984	984	0	0	0	984			
<b>Cleveland</b>				<b>2</b>	<b>2.31</b>	<b>6,047</b>					<b>7,206</b>	<b>3,120</b>	<b>4,118</b>	<b>0</b>
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,337	1,499	494	233	111	2,717			
Columbus	Mobile	O-007340-05	Columbus Regional Diagnostics	0	0.14	513	509	4	0	0	515			
<b>Columbus</b>				<b>1</b>	<b>1.14</b>	<b>2,850</b>					<b>3,231</b>	<b>2,834</b>	<b>3,775</b>	<b>0</b>
Craven	Hospital Fixed	P-005760-97	CarolinaEast Medical Center	2	2.00	5,124	2,620	1,499	680	325	6,256			
Craven	Freestanding Fixed	P-006764-03	Coastal Carolina Health Care Imaging Center (Coastal Carolina Health Care, P.A.)	1	1.00	3,988	2,914	1,074	0	0	4,418			
Craven	Freestanding Fixed	P-008108-08	Coastal Carolina Health Care Imaging Center (Coastal Carolina Health Care, P.A.)	1	1.00	3,456	2,677	779	0	0	3,768			
<b>Craven/Jones/Pamlico</b>				<b>4</b>	<b>4.00</b>	<b>12,568</b>					<b>14,441</b>	<b>3,610</b>	<b>4,805</b>	<b>0</b>
Cumberland	Hospital Fixed	M-006603-02	Cape Fear Valley Medical Center	3	3.00	7,699	2,174	1,369	3,088	1,068	10,336			
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	5,324	4,552	772	0	0	5,633			
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	5,901	4,783	1,118	0	0	6,348			
Cumberland	Freestanding Fixed	M-005905-98	Valley Regional Imaging (Medical Imaging Center)	1	1.00	8,694	4,455	1,239	0	0	6,190			
Cumberland	Freestanding Fixed	Grandfathered	Valley Regional Imaging (VRI) (Medical Imaging Center)	1	1.00	2,933	2,325	608	0	0	3,176			
Cumberland	Mobile	O-006665-02	Carolina Imaging of Fayetteville (Cape Fear Mobile Imaging, LLC)	0	0.05	227	227	0	0	0	227			
Cumberland	Mobile	J-007008-04	Carolina Imaging of Fayetteville (Foundation Health Mobile Imaging LLC)	0	0.06	269	229	40	0	0	285			
Cumberland	Mobile	Grandfathered	Carolina Imaging of Fayetteville (Foundation Health Mobile Imaging LLC)	0	0.03	141	129	12	0	0	146			
<b>Cumberland</b>				<b>7</b>	<b>7.14</b>	<b>31,188</b>					<b>32,341</b>	<b>4,530</b>	<b>4,805</b>	<b>0</b>
Dare	Hospital Fixed	R-007329-05	The Outer Banks Hospital, Inc.	1	1.00	1,905	1,151	693	30	31	2,219			
Dare	Mobile	R-006293-00	Sentara Kitty Hawk Advanced Imaging (Regional Medical Services)	0	0.15	576	433	143	0	0	633			
<b>Dare</b>				<b>1</b>	<b>1.15</b>	<b>2,481</b>					<b>2,852</b>	<b>2,480</b>	<b>3,775</b>	<b>0</b>
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	2,886	1,972	755	110	49	3,271			
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	2,825	1,980	449	274	122	3,212			
<b>Davidson</b>				<b>2</b>	<b>2.00</b>	<b>5,711</b>					<b>6,483</b>	<b>3,242</b>	<b>4,118</b>	<b>0</b>
Davie	Mobile		Davie Medical Center	0	0.69	1,189	347	841	0	1	1,526			
<b>Davie</b>				<b>0</b>	<b>0.69</b>	<b>1,189</b>					<b>1,526</b>	<b>1,526</b>	<b>1,716</b>	<b>0</b>
Duplin	Mobile		Vidant Duplin Hospital	0	0.57	984	535	237	133	79	1,195			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Duplin	Mobile	Grandfathered	Vidant Duplin Hospital (Alliance Healthcare Services)	0	0.00	5	3	2	0	0	6			
Duplin	Mobile		Vidant Duplin Hospital (Alliance Healthcare Services)	0	0.00	5	2	3	0	0	6			
<b>Duplin</b>				<b>0</b>	<b>0.57</b>	<b>994</b>					<b>1,207</b>	<b>1,207</b>	<b>1,716</b>	<b>0</b>
Durham	Hospital Fixed	Grandfathered; J-006207-00	Duke Regional Hospital	2	2.00	8,470	3,809	2,959	1,166	536	10,549			
Durham	Hospital Fixed	J-5589-97; J-6109-99; J-8030-07; J-8275-08; J-8466-10; J-8663-11	Duke University Hospital	13	13.00	31,361	8,036	14,920	2,853	5,552	42,912			
Durham	Freestanding Fixed	J-006760-03	Durham Diagnostic Imaging-Independence Park	1	1.00	2,300	1,430	870	0	0	2,648			
Durham	Freestanding Fixed	J-007031-04	Triangle Orthopaedic Associates (Triangle Orthopaedic Associates, PA)	1	1.00	5,072	4,630	442	0	0	5,249			
Durham	Freestanding Fixed	J-008107-08	Triangle Orthopaedic Associates^ (Triangle Orthopaedic Associates, PA)	1	1.00	2,736	2,588	148	0	0	2,795			
Durham	Mobile	Grandfathered; J-006207-00	Duke Regional Hospital	0	0.02	116	77	39	0	0	132			
Durham	Mobile	J-5589-97; J-6109-99; J-8030-07; J-8275-08; J-8466-10; J-8663-11	Duke University Hospital	0	1.00	7,000	3,429	3,571	0	0	8,428			
Durham	Mobile	M-006605-02	Durham Diagnostic Imaging at Triangle Medical Park (Mobile Imaging of North Carolina, LLC)	0	0.11	537	404	133	0	0	590			
Durham	Mobile	Grandfathered	Raleigh Neurology Imaging (Alliance Healthcare Services)	0	0.08	372	129	243	0	0	469			
<b>Durham/Caswell</b>				<b>18</b>	<b>19.21</b>	<b>57,964</b>					<b>73,772</b>	<b>3,840</b>	<b>4,805</b>	<b>0</b>
Edgecombe	Hospital Fixed	L-008327-09	Vidant Edgecombe Hospital	1	1.00	1,890	1,021	520	157	192	2,314			
<b>Edgecombe</b>				<b>1</b>	<b>1.00</b>	<b>1,890</b>					<b>2,314</b>	<b>2,314</b>	<b>3,775</b>	<b>0</b>
Forsyth	Hospital Fixed	G-007083-04; G-008372-09	North Carolina Baptist Hospital	6	6.00	22,979	5,709	11,055	2,442	3,773	31,396			
Forsyth	Hospital Fixed		Novant Health FMC (Clemmons Hospital)	1	1.00	586	91	495	0	0	784			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center	2	2.00	11,587	3,242	2,173	3,446	2,726	16,015			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center (Kernersville)	1	1.00	1,200	667	258	203	72	1,442			
Forsyth	Hospital Fixed		Novant Health Imaging-Kernersville	1	1.00	1,928	1,328	544	0	0	2,090			
Forsyth	Hospital Fixed	Grandfathered; G-007387-05	Novant Health Imaging-Maplewood	3	3.00	8,322	5,255	3,077	0	0	9,563			
Forsyth	Freestanding Fixed	G-006893-03	Novant Health Imaging Piedmont (Piedmont Imaging, LLC)	1	1.00	5,532	3,966	1,566	0	0	6,158			
Forsyth	Freestanding Fixed	Grandfathered	Novant Health Imaging Piedmont (Piedmont Imaging, LLC)	1	1.00	5,611	4,359	1,252	0	0	6,112			
Forsyth	Freestanding Fixed	G-007780-07	Wake Forest Baptist Imaging	1	1.00	3,697	2,605	1,092	0	0	4,134			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Forsyth	Mobile	Grandfathered	Clemmons Medical Center (Kings Medical Group)	0	0.03	168	150	18	0	0	175			
Forsyth	Mobile		Novant Health FMC (Clemmons Hospital)	0	0.04	216	194	22	0	0	225			
Forsyth	Mobile		Novant Health FMC Mobile MRI	0	0.42	2,006	1,539	467	0	0	2,193			
Forsyth	Mobile	Grandfathered	OrthoCarolina - Kernersville (Alliance Healthcare Services)	0	0.01	25	24	1	0	0	25			
Forsyth	Mobile	Grandfathered	OrthoCarolina - Winston Salem (Alliance Healthcare Services)	0	0.01	31	28	3	0	0	32			
Forsyth	Mobile	G-007723-06	Orthopaedic Specialists of the Carolinas	0	0.94	4,515	4,052	463	0	0	4,700			
Forsyth	Mobile	G-007723-06	Orthopaedic Specialists of the Carolinas	0	0.12	588	563	25	0	0	598			
Forsyth	Mobile	Grandfathered	Piedmont Imaging LLC (Foundation Health Mobile Imaging LLC)	0	0.07	334	217	117	0	0	381			
<b>Forsyth</b>				<b>17</b>	<b>18.64</b>	<b>69,325</b>					<b>86,023</b>	<b>4,615</b>	<b>4,805</b>	<b>0</b>
Franklin	Hospital Fixed	K-007501-06	Franklin Medical Center	1	1.00	0	0	0	0	0	0			
<b>Franklin</b>				<b>1</b>	<b>1.00</b>	<b>0</b>					<b>0</b>	<b>0</b>	<b>3,775</b>	<b>0</b>
Gaston	Hospital Fixed	F-006622-02	Caromont Imaging Services - Belmont (CIS)	1	1.00	3,584	2,211	1,373	0	0	4,133			
Gaston	Hospital Fixed	F-005577-97	CaroMont Regional Medical Center	1	1.00	6,889	1,895	2,051	1,828	1,115	9,333			
Gaston	Hospital Fixed		CaroMont Regional Medical Center	1	1.00	2,968	1,738	1,230	0	0	3,460			
Gaston	Hospital Fixed	F-006620-02	The Diagnostic Center	1	1.00	0	0	0	0	0	0			
Gaston	Freestanding Fixed	F-008793-12	Novant Health Imaging Gastonia (Mecklenburg Diagnostic Imaging LLC)	1	1.00	666	561	105	0	0	708			
Gaston	Mobile	F-006626-02	Gastonia North (Jacksonville Diagnostic Imaging, Inc.)	0	0.07	357	274	83	0	0	390			
Gaston	Mobile	F-008237-08	Gastonia North (Mecklenburg Diagnostic Imaging, Inc.)	0	0.12	570	480	90	0	0	606			
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas - Belmont Every other Monday and Friday (MRI Specialists of the Carolinas, LLC)	0	0.08	390	271	119	0	0	438			
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas - Gastonia Every other Monday and Friday (MRI Specialists of the Carolinas, LLC)	0	0.39	1,889	1,315	574	0	0	2,119			
Gaston	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.13	605	605	0	0	0	605			
Gaston	Mobile	Grandfathered	OrthoCarolina-Gastonia (Alliance Healthcare Services)	0	0.08	367	367	0	0	0	367			
<b>Gaston</b>				<b>5</b>	<b>5.87</b>	<b>18,285</b>					<b>22,158</b>	<b>3,775</b>	<b>4,805</b>	<b>0</b>
Granville	Hospital Fixed	K-010064-12	Granville Health System	1	1.00	1,288	960	180	118	30	1,431			
<b>Granville</b>				<b>1</b>	<b>1.00</b>	<b>1,288</b>					<b>1,431</b>	<b>1,431</b>	<b>3,775</b>	<b>0</b>
Guilford	Hospital Fixed		Cone Health (The Moses H. Cone Memorial Hospital)	3	3.00	10,273	3,359	1,491	4,196	1,227	13,529			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Guilford	Hospital Fixed		Cone Health (Wesley Long Hospital)	1	1.00	3,929	1,315	1,621	636	357	5,117			
Guilford	Hospital Fixed	G-005924-98	High Point Regional Health	2	2.00	5,217	2,208	991	1,339	679	6,692			
Guilford	Freestanding Fixed	G-007269-05	Cornerstone Imaging (Cornerstone Health Care, PA)	1	1.00	2,891	2,041	850	0	0	3,231			
Guilford	Freestanding Fixed	Grandfathered	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,375	3,394	1,981	0	0	6,167			
Guilford	Freestanding Fixed	G-006952-03	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,191	3,209	1,982	0	0	5,984			
Guilford	Freestanding Fixed	Grandfathered	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	1,587	1,022	565	0	0	1,813			
Guilford	Freestanding Fixed	G-008347-09	Greensboro Orthopaedics (Greensboro Orthopaedics, P.A.)	1	1.00	5,987	5,424	566	0	0	6,216			
Guilford	Freestanding Fixed		Triad Imaging (Novant Health Imaging Triad)	1	1.00	3,169	2,515	654	0	0	3,431			
Guilford	Mobile		Carolina Neuro and Spine Assoc (Alliance Healthcare Services)	0	0.41	1,960	1,329	631	0	0	2,212			
Guilford	Mobile	Grandfathered	Cornerstone Imaging (InSight Imaging)	0	0.02	74	30	44	0	0	92			
Guilford	Mobile	G-007038-04	Greensboro Spine and Scolios (Alliance Healthcare Services)	0	0.00	4	4	0	0	0	4			
Guilford	Mobile	Grandfathered	Guilford Neurologic Associates Inc (Foundation Health Mobile Imaging LLC)	0	0.17	810	364	446	0	0	988			
Guilford	Mobile		MedCenter High Point	0	0.13	641	434	207	0	0	724			
Guilford	Mobile	G-006271-00	Moses Cone Health System (Alliance Healthcare Services)	0	0.00	16	14	2	0	0	17			
Guilford	Mobile	G-006271-00	SE Orthopaedic Specialists PA (Alliance Healthcare Services)	0	0.01	50	50	0	0	0	50			
Guilford	Mobile	Grandfathered	SE Orthopaedic Specialists, PA (Alliance Healthcare Services)	0	1.00	5,105	4,582	523	0	0	5,314			
<b>Guilford</b>				<b>12</b>	<b>13.74</b>	<b>52,279</b>					<b>61,582</b>	<b>4,482</b>	<b>4,805</b>	<b>0</b>
Halifax	Hospital Fixed	L-007257-05	Halifax Regional Medical Center, Inc.	1	1.00	1,789	1,080	332	353	24	2,082			
<b>Halifax/Northampton</b>				<b>1</b>	<b>1.00</b>	<b>1,789</b>					<b>2,082</b>	<b>2,082</b>	<b>3,775</b>	<b>0</b>
Harnett	Hospital Fixed	M-006712-02; M-008287-09	Betsy Johnson Hospital	2	2.00	2,939	1,829	566	299	245	3,481			
Harnett	Mobile	M-006605-02	Carolina Regional Radiology (Mobile Imaging of North Carolina, LLC)	0	0.22	918	711	207	0	0	1,001			
<b>Harnett</b>				<b>2</b>	<b>2.22</b>	<b>3,857</b>					<b>4,482</b>	<b>2,019</b>	<b>4,118</b>	<b>0</b>
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,049	2,411	1,101	367	170	4,772			
<b>Haywood</b>				<b>2</b>	<b>2.00</b>	<b>4,049</b>					<b>4,772</b>	<b>2,386</b>	<b>4,118</b>	<b>0</b>
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	5,779	3,744	1,338	515	182	6,666			
Henderson	Hospital Fixed	B-006012-99; B-007384-05	Park Ridge Health	1	1.00	2,030	1,117	601	203	109	2,439			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Henderson	Mobile	G-007038-04	Laurel Park Medical Center (Alliance Healthcare Services)	0	0.00	12	9	3	0	0	13			
Henderson	Mobile	Grandfathered	Laurel Park Medical Ctr (Alliance Healthcare Services)	0	0.02	74	55	19	0	0	82			
Henderson	Mobile	Grandfathered	Margaret R Pardee Memorial Hospital (Alliance Healthcare Services)	0	0.06	280	265	15	0	0	286			
Henderson	Mobile		Park Ridge Health Laurel Park	0	0.02	75	49	26	0	0	85			
Henderson	Mobile	G-007038-04	Park Ridge Hospital (Alliance Healthcare Services)	0	0.00	16	16	0	0	0	16			
Henderson	Mobile		Park Ridge Hospital	0	0.01	54	42	12	0	0	59			
<b>Henderson</b>				<b>3</b>	<b>3.11</b>	<b>8,320</b>					<b>9,646</b>	<b>3,101</b>	<b>4,462</b>	<b>0</b>
Hertford	Hospital Fixed	Q-007213-05	Vidant Roanoke-Chowan Hospital	1	1.00	1,928	1,134	437	196	161	2,310			
<b>Hertford/Gates</b>				<b>1</b>	<b>1.00</b>	<b>1,928</b>					<b>2,310</b>	<b>2,310</b>	<b>3,775</b>	<b>0</b>
Hoke	Mobile	H-006104-09	First Health Moore Regional Hospital - Hoke (FirstHealth of the Carolinas, Inc.)	0	0.63	1,081	905	149	22	5	1,153			
Hoke	Mobile	Grandfathered	FirstHealth Moore Regional Hospital - Hoke Campus (Foundation Health Mobile Imaging LLC)	0	0.26	441	393	48	0	0	460			
<b>Hoke</b>				<b>0</b>	<b>0.89</b>	<b>1,522</b>					<b>1,614</b>	<b>1,614</b>	<b>1,716</b>	<b>0</b>
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	1,227	804	214	124	85	1,430			
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	3,960	1,691	1,262	529	478	5,059			
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	2,692	1,244	857	443	148	3,330			
Iredell	Hospital Fixed	Grandfathered	Novant Health Imaging Mooresville (Kings Medical Group)	0	0.19	912	758	154	0	0	974			
Iredell	Freestanding Fixed	F-006957-03	Piedmont HealthCare (Piedmont HealthCare, P.A. & Alliance HealthCare Services, Inc.)	1	1.00	3,490	2,596	894	0	0	3,848			
Iredell	Mobile	F-007164-04	Mooresville Diagnostic Imaging (Presbyterian Mobile Imaging, LLC)	0	0.08	404	321	83	0	0	437			
Iredell	Mobile	Grandfathered	Northshore Orthopedics & Sport (Alliance Healthcare Services)	0	0.15	710	710	0	0	0	710			
Iredell	Mobile	Grandfathered	Novant Health Imaging-Mooresville (Kings Medical Group)	0	0.04	208	170	38	0	0	223			
Iredell	Mobile	G-007065-04	Novant Health Mooresville (Novant Health Forsyth Medical Center)	0	0.19	899	703	196	0	0	977			
Iredell	Mobile	Grandfathered	Ortho Carolina Mooresville (Alliance Healthcare Services)	0	0.20	951	951	0	0	0	951			
Iredell	Mobile	Grandfathered	Piedmont Healthcare (Alliance Healthcare Services)	0	0.37	1,781	1,215	566	0	0	2,007			
<b>Iredell</b>				<b>5</b>	<b>6.22</b>	<b>17,234</b>					<b>19,947</b>	<b>3,207</b>	<b>4,805</b>	<b>0</b>
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,884	1,801	787	175	121	3,366			
<b>Jackson</b>				<b>2</b>	<b>2.00</b>	<b>2,884</b>					<b>3,366</b>	<b>1,683</b>	<b>4,118</b>	<b>0</b>

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Johnston	Hospital Fixed	J-006807-03; J-007900-07	Johnston Health	2	2.00	5,175	3,037	1,133	707	298	6,149			
Johnston	Mobile	Grandfathered	Eastern Carolina Medical Center (Alliance Healthcare Services)	0	0.01	62	49	13	0	0	67			
Johnston	Mobile	J-008268-08	Raleigh Radiology at Clayton (Pinnacle Health Services of NC, LLC)	0	0.87	3,889	3,216	673	0	0	4,158			
Johnston	Mobile	Grandfathered	Wake Radiology Services (Alliance Healthcare Services)	0	0.01	23	23	0	0	0	23			
<b>Johnston</b>				<b>2</b>	<b>2.89</b>	<b>9,149</b>					<b>10,398</b>	<b>3,598</b>	<b>4,462</b>	<b>0</b>
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	2,283	1,548	411	255	69	2,605			
<b>Lee</b>				<b>1</b>	<b>1.00</b>	<b>2,283</b>					<b>2,605</b>	<b>2,605</b>	<b>3,775</b>	<b>0</b>
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	2,124	988	654	213	269	2,686			
<b>Lenoir</b>				<b>1</b>	<b>1.00</b>	<b>2,124</b>					<b>2,686</b>	<b>2,686</b>	<b>4,118</b>	<b>0</b>
Lincoln	Hospital Fixed	F-008081-08	Carolinas HealthCare System Lincoln	1	1.00	3,931	2,305	806	652	168	4,649			
Lincoln			2017 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
<b>Lincoln</b>				<b>2</b>	<b>2.00</b>	<b>3,931</b>					<b>4,649</b>	<b>2,324</b>	<b>4,118</b>	<b>0</b>
Macon	Hospital Fixed	A-006828-03	Angel Medical Center, Inc.	1	1.00	1,884	1,267	557	33	27	2,142			
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital, Inc.	1	1.00	349	264	76	7	2	384			
Macon	Mobile	Grandfathered	Duke LifePoint Harris Regional (Alliance Healthcare Services)	0	0.04	183	173	10	0	0	187			
Macon	Mobile	G-007038-04	Life Point - WestCare Health System - Franklin (Alliance Healthcare Services)	0	0.01	34	30	4	0	0	36			
<b>Macon</b>				<b>2</b>	<b>2.05</b>	<b>2,450</b>					<b>2,748</b>	<b>1,340</b>	<b>4,118</b>	<b>0</b>
Martin	Mobile	Q-006884-03	CHS Martin General Hospital #2 (Alliance Healthcare Services & University Health Systems of Eastern NC)	0	0.01	14	13	1	0	0	14			
Martin	Mobile		Martin General Hospital (Alliance Healthcare Services)	0	0.00	3	2	1	0	0	3			
Martin	Mobile	Grandfathered	Martin General Hospital (Alliance Healthcare Services)	0	0.05	80	75	5	0	0	82			
Martin	Mobile	Q-006884-03	Martin General Hospital (Alliance Healthcare Services & University Health Systems of Eastern NC)	0	0.21	367	331	23	9	4	383			
<b>Martin</b>				<b>0</b>	<b>0.27</b>	<b>464</b>					<b>483</b>	<b>483</b>	<b>1,716</b>	<b>0</b>
McDowell	Hospital Fixed	C-007304-05	The McDowell Hospital, Inc.	1	1.00	1,562	1,060	396	63	43	1,780			
McDowell	Mobile	E-007066-04	McDowell Medical Associates (Blue Ridge Radiology Associates, P.A.)	0	0.11	422	367	55	0	0	444			
<b>McDowell</b>				<b>1</b>	<b>1.11</b>	<b>1,984</b>					<b>2,224</b>	<b>2,004</b>	<b>3,775</b>	<b>0</b>
Mecklenburg	Hospital Fixed	F-005918-98; F-006493-01	Carolinas Medical Center	5	5.00	25,481	8,013	7,920	6,131	3,417	33,835			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Mecklenburg	Hospital Fixed	F-005919-98	Carolinas HealthCare System - University	1	1.00	4,862	2,612	1,321	712	217	5,849			
Mecklenburg	Hospital Fixed	F-006830-03	Carolinas HealthCare System Pineville	1	1.00	8,541	4,163	1,816	2,079	483	10,485			
Mecklenburg	Hospital Fixed	F-005580-97; F-008237-08	Novant Health Huntersville Medical Center*	2	2.00	6,513	3,762	2,072	486	193	7,691			
Mecklenburg	Hospital Fixed		Novant Health Imaging Museum	1	1.00	2,476	1,677	799	0	0	2,796			
Mecklenburg	Hospital Fixed	F-006379-01; F-008688-11	Novant Health Matthews Medical Center	2	2.00	6,102	2,874	2,100	768	360	7,537			
Mecklenburg	Hospital Fixed	F-006499-01	Novant Health Presbyterian Medical Center	3	3.00	11,831	4,666	4,286	1,730	1,149	15,157			
Mecklenburg	Freestanding Fixed	F-008106-08	Carolina Neurosurgery and Spine Associates^ (Carolina NeuroSurgery & Spine Associates)	1	1.00	4,188	3,695	493	0	0	4,385			
Mecklenburg	Freestanding Fixed		Carolinas Imaging Services	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-007167-04	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services, LLC)	1	1.00	3,506	2,465	1,041	0	0	3,922			
Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services, LLC)	1	1.00	3,262	1,994	1,268	0	0	3,769			
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne (Novant Health Imaging Ballantyne)	1	1.00	2,431	1,780	651	0	0	2,691			
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging Southpark (Mecklenburg Diagnostic Imaging, Inc.)	1	1.00	3,575	2,870	705	0	0	3,857			
Mecklenburg	Freestanding Fixed		OrthoCarolina Ballantyne	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-006698-02	OrthoCarolina Spine Center (OrthoCarolina, P.A.)	1	1.00	7,889	6,133	1,756	0	0	8,591			
Mecklenburg	Mobile	F-006868-03	Carolina Healthcare System-Pineville (Carolinas Imaging Services, LLC)	0	0.06	278	121	133	21	3	342			
Mecklenburg	Mobile	F-006868-03	Carolina Neurological Clinic (Carolinas Imaging Services, LLC)	0	0.18	868	573	295	0	0	986			
Mecklenburg	Mobile	F-006734-03	Carolina Neurosurgery and Spine - Ballantyne (Carolina NeuroSurgery & Spine Associates)	0	0.29	1,382	1,188	194	0	0	1,460			
Mecklenburg	Mobile	F-006734-03	Carolina Neurosurgery and Spine - Baldwin (Carolina NeuroSurgery & Spine Associates)	0	0.86	4,129	3,009	1,120	0	0	4,577			
Mecklenburg	Mobile	F-007040-04	Carolinas Imaging Services-Huntersville (Carolinas Imaging Services, LLC)	0	0.51	2,465	1,749	673	36	7	2,754			
Mecklenburg	Mobile	F-006868-03	Carolinas Imaging Services-Southpark (Carolinas Imaging Services, LLC)	0	0.06	296	201	95	0	0	334			
Mecklenburg	Mobile	Grandfathered	Huntersville Medical Center (Kings Medical Group)	0	0.03	134	84	50	0	0	154			
Mecklenburg	Mobile	F-005723-97	Mecklenburg Neurological Associates, P.A. (InSight Imaging)	0	0.34	1,628	796	832	0	0	1,961			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Mecklenburg	Mobile	Grandfathered	Novant Health Imaging University (Kings Medical Group)	0	0.00	16	12	4	0	0	18			
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging University (Presbyterian Mobile Imaging, LLC)	0	0.23	1,084	815	269	0	0	1,192			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.08	388	388	0	0	0	388			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina - Huntersville (OrthoCarolina, P.A.)	0	0.35	1,663	1,425	238	0	0	1,758			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina - Matthews (Alliance Healthcare Services)	0	0.04	214	214	0	0	0	214			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Matthews (OrthoCarolina, P.A.)	0	0.55	2,647	2,647	0	0	0	2,647			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina Spine Center (Alliance Healthcare Services)	0	0.16	772	630	142	0	0	829			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Spine Center (OrthoCarolina, P.A.)	0	0.55	2,646	2,349	297	0	0	2,765			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.22	1,045	1,045	0	0	0	1,045			
Mecklenburg	Mobile	F-006626-02	PIC University (Jacksonville Diagnostic Imaging, Inc.)	0	0.07	336	302	84	0	0	420			
Mecklenburg	Mobile	F-006626-02	PIC Steel Creek (Jacksonville Diagnostic Imaging, Inc.)	0	0.13	631	456	175	0	0	701			
Mecklenburg	Mobile	F-007164-04	PIC Steele Creek (Presbyterian Mobile Imaging, LLC)	0	0.07	330	255	75	0	0	360			
Mecklenburg	Mobile	Grandfathered	PIC University (Kings Medical Group)	0	0.00	0	0	0	0	0	0			
Mecklenburg			2017 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
<b>Mecklenburg</b>				<b>24</b>	<b>28.78</b>	<b>113,609</b>					<b>135,469</b>	<b>4,707</b>	<b>4,805</b>	<b>0</b>
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital, Inc.	1	1.00	1,382	980	350	19	33	1,556			
<b>Mitchell/Yancey</b>				<b>1</b>	<b>1.00</b>	<b>1,382</b>					<b>1,556</b>	<b>1,556</b>	<b>3,775</b>	<b>0</b>
Montgomery	Mobile	J-007008-04	First Health Montgomery Memorial Hospital (Foundation Health Mobile Imaging LLC)	0	0.23	401	355	46	0	0	419			
<b>Montgomery</b>				<b>0</b>	<b>0.23</b>	<b>401</b>					<b>419</b>	<b>419</b>	<b>1,716</b>	<b>0</b>
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	13,013	9,049	1,279	2,341	344	14,736			
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic (Alliance Healthcare Services and Pinehurst Surgical Clinic)	1	1.00	5,522	5,509	13	0	0	5,527			
Moore		H-008365-09	Southern Pines Diagnostic Imaging (Triad Imaging, LLC)	1	1.00	2,068	1,545	523	0	0	2,277			
<b>Moore</b>				<b>5</b>	<b>5.00</b>	<b>20,603</b>					<b>22,541</b>	<b>4,508</b>	<b>4,805</b>	<b>0</b>
Nash	Hospital Fixed	L-005908-98	Nash General Hospital	2	2.00	5,328	3,067	1,207	703	351	6,373			
Nash	Mobile	Grandfathered	Carolina Regional Orthopaedics (Alliance Healthcare Services)	0	0.07	304	304	0	0	0	304			
<b>Nash</b>				<b>2</b>	<b>2.07</b>	<b>5,632</b>					<b>6,677</b>	<b>3,226</b>	<b>4,462</b>	<b>0</b>
New Hanover	Hospital Fixed		New Hanover Regional Medical Center	4	4.00	13,132	4,602	4,413	2,714	1,703	17,645			
New Hanover	Freestanding Fixed	O-007259-05	OrthoWilmington PA	1	1.00	4,478	4,166	312	0	0	4,603			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
New Hanover	Freestanding Fixed		Wilmington Health	1	1.00	0	0	0	0	0	0			
New Hanover	Mobile	Grandfathered	Delaney Radiologists (InSight Imaging)	0	0.54	2,597	1,364	1,233	0	0	3,090			
New Hanover	Mobile	0 72454-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.44	2,137	1,197	940	0	0	2,513			
New Hanover	Mobile	0 72454-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.37	1,775	1,775	0	0	0	1,775			
New Hanover	Mobile	Grandfathered	New Hanover Regional (Alliance Healthcare Services)	0	0.10	474	321	213	0	0	619			
New Hanover	Mobile	F-007001-04	New Hanover Regional Health & Diagnostic (Alliance Healthcare Services)	0	0.25	1,202	527	675	0	0	1,472			
New Hanover	Mobile	F-007001-04	NHRMC Health & Diagnostics - Military Cutoff (Alliance Healthcare Services)	0	0.11	522	297	225	0	0	612			
New Hanover	Mobile	Grandfathered	WHA Medical Clinic (Alliance Healthcare Services)	0	0.59	2,832	1,706	1,126	0	0	3,282			
New Hanover	Mobile		Wilmington Health (Alliance Healthcare Services)	0	0.01	61	26	35	0	0	75			
New Hanover	Mobile	Grandfathered	Wilmington Health (Alliance Healthcare Services)	0	0.02	109	75	34	0	0	123			
<b>New Hanover</b>				<b>6</b>	<b>8.43</b>	<b>29,319</b>					<b>35,809</b>	<b>4,248</b>	<b>4,805</b>	<b>0</b>
Onslow	Hospital Fixed		Onslow Memorial Hospital, Inc.-Cumulative	1	1.00	3,332	1,822	964	385	161	4,000			
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, Inc.)	1	1.00	2,947	2,207	740	0	0	3,243			
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, Inc.)	1	1.00	2,975	2,860	115	0	0	3,021			
Onslow	Mobile	Grandfathered	Onslow Memorial Hospital (Alliance Healthcare Services)	0	0.06	257	257	0	0	0	257			
Onslow	Mobile	Grandfathered	Onslow Memorial Hospital (Alliance Healthcare Services)	0	0.00	9	9	0	0	0	9			
Onslow	Mobile		Onslow Memorial Hospital, Inc.-Cumulative	0	0.06	266	266	0	0	0	266			
<b>Onslow</b>				<b>3</b>	<b>3.12</b>	<b>9,786</b>					<b>10,796</b>	<b>3,460</b>	<b>4,462</b>	<b>0</b>
Orange	Hospital Fixed	J-5900-98; J-7028-04; J-7301-05; J-8136-08; J-8271-08; J-8391-09	University of North Carolina Hospitals	9	9.00	30,729	8,908	8,030	9,478	4,313	41,183			
Orange	Freestanding Fixed	Grandfathered	Wake Radiology Chapel Hill (Chapel Hill Diagnostic Imaging)	1	1.00	1,053	661	392	0	0	1,210			
<b>Orange</b>				<b>10</b>	<b>10.00</b>	<b>31,782</b>					<b>42,392</b>	<b>4,239</b>	<b>4,805</b>	<b>0</b>
Pasquotank	Hospital Fixed	R-007623-06	Albemarle Health: A Vidant Partner in Health	1	1.00	3,305	2,239	683	271	112	3,776			
Pasquotank	Mobile	R-006293-00	Sentara Albemarle Medical Center (Regional Medical Services)	0	0.00	12	7	5	0	0	14			
<b>Pasquotank/Camden/Currituck/Perquimans</b>				<b>1</b>	<b>1.00</b>	<b>3,317</b>					<b>3,790</b>	<b>3,790</b>	<b>3,775</b>	<b>1</b>
Pender	Mobile		Pender Memorial Hospital, Inc.	0	0.15	250	179	65	5	1	279			
<b>Pender</b>				<b>0</b>	<b>0.15</b>	<b>250</b>					<b>279</b>	<b>279</b>	<b>1,716</b>	<b>0</b>

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Person	Hospital Fixed		Person County Memorial Hospital, Incorp.	1	1.00	612	411	159	30	12	697			
<b>Person</b>				<b>1</b>	<b>1.00</b>	<b>612</b>					<b>697</b>	<b>697</b>	<b>4,118</b>	<b>0</b>
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	Vidant Medical Center	4	4.00	11,376	1,967	2,455	3,178	3,776	16,650			
Pitt	Freestanding Fixed		ECU Physicians MRI (Brody School of Medicine at ECU)	1	1.00	4,951	3,621	1,330	0	0	5,483			
Pitt	Freestanding Fixed	Q-006854-03	Greenville MRI	1	1.00	3,552	2,192	1,360	0	0	4,096			
Pitt	Freestanding Fixed		Greenville MRI LLC (Greenville MRI)	1	1.00	5,327	3,289	2,038	0	0	6,142			
Pitt	Freestanding Fixed	Grandfathered	Physicians East (Kings Medical Group)	1	1.00	2,614	1,733	881	0	0	2,966			
Pitt	Mobile	Grandfathered	Orthopaedics East, Inc (Alliance Healthcare Services)	0	0.48	2,298	2,238	60	0	0	2,322			
<b>Pitt/Greene/Hyde/Tyrrell</b>				<b>8</b>	<b>8.48</b>	<b>30,118</b>					<b>37,660</b>	<b>4,441</b>	<b>4,805</b>	<b>0</b>
Polk	Mobile	F-007040-04	St. Lukes Hospital (Carolinas Imaging Services, LLC)	0	0.65	1,107	878	157	54	18	1,206			
<b>Polk</b>				<b>0</b>	<b>0.65</b>	<b>1,107</b>					<b>1,206</b>	<b>1,206</b>	<b>1,716</b>	<b>0</b>
Randolph	Hospital Fixed	G-006817-03; G-008342-09	Randolph Hospital	2	2.00	1,308	656	288	144	220	1,657			
<b>Randolph</b>				<b>2</b>	<b>2.00</b>	<b>1,308</b>					<b>1,657</b>	<b>828</b>	<b>4,118</b>	<b>0</b>
Richmond	Hospital Fixed	H-008193-08	FirstHealth Moore Regional Hospital - Hamlet	1	1.00	272	182	57	30	3	309			
Richmond	Mobile	H-006104-09	First Health Moore Regional Medical Center - Richmond (FirstHealth of the Carolinas, Inc.)	0	0.57	2,144	1,748	267	106	23	2,312			
<b>Richmond</b>				<b>1</b>	<b>1.57</b>	<b>2,416</b>					<b>2,621</b>	<b>1,669</b>	<b>3,775</b>	<b>0</b>
Robeson	Hospital Fixed	N-005496-96; N-006606-02	Southeastern Regional Medical Center	2	2.00	5,667	3,281	667	1,331	388	6,777			
Robeson	Mobile	N-005496-96; N-006606-02	Southeastern Regional Medical Center	0	0.06	263	197	66	0	0	289			
<b>Robeson</b>				<b>2</b>	<b>2.06</b>	<b>5,930</b>					<b>7,066</b>	<b>3,430</b>	<b>4,118</b>	<b>0</b>
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	2,842	1,770	523	443	106	3,313			
Rockingham	Hospital Fixed	G-006297-00	Morehead Memorial Hospital	1	1.00	2,128	1,760	92	233	43	2,292			
<b>Rockingham</b>				<b>2</b>	<b>2.00</b>	<b>4,970</b>					<b>5,606</b>	<b>2,803</b>	<b>4,118</b>	<b>0</b>
Rowan	Hospital Fixed		Novant Health Rowan Medical Center	4	4.00	9,200	6,109	1,716	1,111	264	10,542			
<b>Rowan</b>				<b>4</b>	<b>4.00</b>	<b>9,200</b>					<b>10,542</b>	<b>2,636</b>	<b>4,805</b>	<b>0</b>
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	2,323	1,588	470	169	96	2,655			
<b>Rutherford</b>				<b>1</b>	<b>1.00</b>	<b>2,323</b>					<b>2,655</b>	<b>2,655</b>	<b>3,775</b>	<b>0</b>
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	2,074	1,689	313	60	12	2,233			
<b>Sampson</b>				<b>1</b>	<b>1.00</b>	<b>2,074</b>					<b>2,233</b>	<b>2,233</b>	<b>3,775</b>	<b>0</b>

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	2,882	2,057	501	280	44	3,230			
Scotland	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.37	1,396	1,396	0	0	0	1,396			
<b>Scotland</b>				<b>1</b>	<b>1.37</b>	<b>4,278</b>					<b>4,626</b>	<b>3,376</b>	<b>3,775</b>	<b>0</b>
Stanly	Hospital Fixed	F-007461-06	Carolina HealthCare System Stanly	1	1.00	2,624	1,532	685	324	83	3,094			
<b>Stanly</b>				<b>1</b>	<b>1.00</b>	<b>2,624</b>					<b>3,094</b>	<b>3,094</b>	<b>3,775</b>	<b>0</b>
			No Service Site											
<b>Stokes</b>													<b>1,716</b>	<b>0</b>
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	3,423	2,455	573	295	100	3,850			
Surry	Hospital Fixed	G-006569-02; G-008115-08	Northern Hospital of Surry County	1	1.00	2,889	2,010	479	328	72	3,269			
<b>Surry</b>				<b>2</b>	<b>2.00</b>	<b>6,312</b>					<b>7,120</b>	<b>3,560</b>	<b>4,118</b>	<b>0</b>
Swain	Mobile	Grandfathered	Duke LifePoint-Swain (Alliance Healthcare Services)	0	0.06	96	84	10	2	0	101			
Swain	Mobile		Swain County Hospital	0	0.05	91	80	11	0	0	95			
<b>Swain</b>				<b>0</b>	<b>0.11</b>	<b>187</b>					<b>196</b>	<b>196</b>	<b>1,716</b>	<b>0</b>
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	2,098	1,463	528	70	37	2,367			
<b>Transylvania</b>				<b>1</b>	<b>1.00</b>	<b>2,098</b>					<b>2,367</b>	<b>2,367</b>	<b>3,775</b>	<b>0</b>
Union	Hospital Fixed	F-005920-98	Carolinas HealthCare System Union	1	1.00	5,451	2,527	950	1,582	393	6,779			
Union	Freestanding Fixed	F-006972-03	Carolinas Healthcare Imaging Services- Indian Trail (Union Medical Services, LLC)	1	1.00	1,474	1,166	308	0	0	1,597			
Union	Mobile	Grandfathered	Novant Health Imaging-Monroe (Kings Medical Group)	0	0.04	148	127	21	0	0	156			
Union	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.15	625	625	0	0	0	625			
Union	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.31	1,296	1,296	0	0	0	1,296			
Union	Mobile	F-008237-08	PIC - Monroe (Mecklenburg Diagnostic Imaging, Inc.)	0	0.12	487	395	92	0	0	524			
Union	Mobile	F-006626-02	PIC-Monroe (Jacksonville Diagnostic Imaging, Inc.)	0	0.08	337	260	77	0	0	368			
<b>Union</b>				<b>2</b>	<b>2.70</b>	<b>9,818</b>					<b>11,345</b>	<b>4,202</b>	<b>4,118</b>	<b>1</b>
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Medical Center	2	2.00	2,958	1,478	673	543	264	3,656			
<b>Vance/Warren</b>				<b>2</b>	<b>2.00</b>	<b>2,958</b>					<b>3,656</b>	<b>1,828</b>	<b>4,118</b>	<b>0</b>
Wake	Hospital Fixed	Grandfathered; J-008529-10	Duke Raleigh Hospital	2	2.00	9,375	4,382	3,763	505	725	11,662			
Wake	Hospital Fixed	J-006932-03	Rex Hospital	3	3.00	8,272	2,924	3,077	1,334	937	10,786			
Wake	Hospital Fixed	J-006368-01	WakeMed	2	2.00	9,476	4,320	1,923	1,962	1,271	12,047			
Wake	Hospital Fixed		WakeMed Cary Hospital	1	1.00	3,845	2,068	888	509	380	4,708			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Freestanding Fixed		Raleigh Neurology Associates	1	1.00	4,832	2,782	2,050	0	0	5,652			
Wake	Freestanding Fixed	Grandfathered	Raleigh Neurology Imaging (Alliance Healthcare Services)	1	1.00	4,382	2,504	1,878	0	0	5,133			
Wake	Freestanding Fixed	Grandfathered	Raleigh Radiology (Alliance Healthcare Services)	1	1.00	5,202	3,492	1,710	0	0	5,886			
Wake	Freestanding Fixed	J-007289-05	Raleigh Radiology Cedarhurst (Pinnacle Health Services of NC, LLC)	1	1.00	7,159	4,465	2,694	0	0	8,237			
Wake	Freestanding Fixed	J-005783-97	Wake Radiology (Wake Radiology Diagnostic Imaging)	1	1.00	2,178	1,175	1,003	0	0	2,579			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Diagnostic Imaging (Alliance Healthcare Services)	1	1.00	3,494	2,264	1,230	0	0	3,986			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Garner (Alliance Healthcare Services)	1	1.00	2,497	1,739	758	0	0	2,800			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Raleigh (Wake Radiology Diagnostic Imaging)	1	1.00	3,266	1,760	1,506	0	0	3,868			
Wake	Mobile	J-007008-04	Cary Orthopedic and Sports (Foundation Health Mobile Imaging LLC)	0	0.11	516	516	0	0	0	516			
Wake	Mobile	Grandfathered	Duke Health Raleigh (Alliance Healthcare Services)	0	0.00	17	11	6	0	0	19			
Wake	Mobile	Grandfathered	Duke Health Raleigh Hospital (Alliance Healthcare Services)	0	0.27	1,278	767	511	0	0	1,482			
Wake	Mobile	Grandfathered	Duke Raleigh Hospital (Alliance Healthcare Services)	0	0.06	309	182	127	0	0	360			
Wake	Mobile	Grandfathered	Duke Raleigh Hospital (Alliance Healthcare Services)	0	0.19	903	528	375	0	0	1,053			
Wake	Mobile	J-007008-04	NC Diagnostic Imaging Cary (Foundation Health Mobile Imaging LLC)	0	0.09	445	335	110	0	0	489			
Wake	Mobile	Grandfathered	NC Diagnostic Imaging Cary (Kings Medical Group)	0	0.00	18	13	5	0	0	20			
Wake	Mobile	Grandfathered	North Carolina Diagnostic - Cary (Foundation Health Mobile Imaging LLC)	0	0.08	381	278	103	0	0	422			
Wake	Mobile	O-006665-02	Orthopaedic Specialist of NC (Cape Fear Mobile Imaging, LLC)	0	0.06	280	273	7	0	0	283			
Wake	Mobile	Grandfathered	Orthopaedic Specialist of NC (Kings Medical Group)	0	0.18	878	818	60	0	0	902			
Wake	Mobile	Grandfathered	Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging LLC)	0	0.10	468	362	106	0	0	510			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.39	1,886	1,883	3	0	0	1,887			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic Cary (Raleigh Orthopaedic Clinic, PA)	0	0.14	659	659	0	0	0	659			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic Garner (Raleigh Orthopaedic Clinic, PA)	0	0.15	740	740	0	0	0	740			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic North Raleigh (Raleigh Orthopaedic Clinic, PA)	0	0.14	656	656	0	0	0	656			

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Mobile	Grandfathered	Raleigh Orthopaedics (Alliance Healthcare Services)	0	0.06	302	302	0	0	0	302			
Wake	Mobile	Grandfathered	Raleigh Radiology (Alliance Healthcare Services)	0	1.00	6,212	4,478	1,734	0	0	6,906			
Wake	Mobile	Grandfathered	Raleigh Radiology - Brier Creek (Foundation Health Mobile Imaging LLC)	0	0.36	1,711	1,255	456	0	0	1,893			
Wake	Mobile	J-008268-08	Raleigh Radiology at Wake Forest (Pinnacle Health Services of NC, LLC)	0	0.54	2,584	1,942	640	0	0	2,838			
Wake	Mobile		Rex Hospital - Wakefield	0	0.17	836	378	458	0	0	1,019			
Wake	Mobile	J-008453-09	Triangle Orthopaedic Associates (Triangle Orthopaedic Associates, PA)	0	0.50	2,418	2,033	385	0	0	2,572			
Wake	Mobile	J-008453-09	Triangle Orthopaedics Associates (Triangle Orthopaedic Associates, PA)	0	0.24	1,166	1,146	20	0	0	1,174			
Wake	Mobile	Grandfathered	Triangle Orthopedic (Alliance Healthcare Services)	0	0.13	633	621	12	0	0	638			
Wake	Mobile	J-007012-04	Wake Radiology Cary (Wake Radiology Diagnostic Imaging)	0	0.08	379	299	80	0	0	411			
Wake	Mobile	J-007012-04	Wake Radiology Fuquay-Varina (Wake Radiology Diagnostic Imaging)	0	0.07	319	319	0	0	0	319			
Wake	Mobile	J-007012-04	Wake Radiology Wake Forest (Wake Radiology Diagnostic Imaging)	0	0.28	1,343	327	1,016	0	0	1,749			
Wake	Mobile	Grandfathered	WakeMed Apex Healthplex (Alliance Healthcare Services)	0	0.05	258	151	107	0	0	301			
Wake	Mobile	J-007013-04	WakeMed Apex Healthplex (WakeMed Health and Hospitals)	0	0.02	77	45	32	0	0	90			
Wake	Mobile	Grandfathered	WakeMed Garner Healthplex (Alliance Healthcare Services)	0	0.04	177	120	57	0	0	200			
Wake	Mobile	J-007013-04	WakeMed Garner Healthplex (WakeMed Health and Hospitals)	0	0.02	86	57	29	0	0	98			
Wake	Mobile	J-007013-04	WakeMed North Healthplex (WakeMed Health and Hospitals)	0	0.01	69	49	20	0	0	77			
Wake	Mobile	J-007013-04	WakeMed Raleigh Medical Park (WakeMed Health and Hospitals)	0	0.06	288	201	87	0	0	323			
Wake	Mobile	Grandfathered	WakeMed -Raleigh Medical Park (Alliance Healthcare Services)	0	0.06	277	200	77	0	0	308			
Wake			2016 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
<b>Wake</b>				<b>17</b>	<b>22.65</b>	<b>92,547</b>					<b>108,561</b>	<b>4,793</b>	<b>4,805</b>	<b>0</b>
			No Service Site											
<b>Washington</b>													<b>1,716</b>	<b>0</b>
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	2	2.00	2,876	1,749	810	212	105	3,369			
Watauga	Mobile	Grandfathered	OrthoCarolina - Boone NC (Alliance Healthcare Services)	0	0.21	1,021	992	29	0	0	1,033			
Watauga	Mobile	G-006271-00	OrthoCarolina-Boone NC (Alliance Healthcare Services)	0	0.06	282	273	9	0	0	286			
<b>Watauga</b>				<b>2</b>	<b>2.27</b>	<b>4,179</b>					<b>4,687</b>	<b>2,065</b>	<b>4,805</b>	<b>0</b>

**Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents**

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne Memorial Hospital, Inc.	2	2.00	7,061	5,107	1,268	419	267	7,949			
<b>Wayne</b>				<b>2</b>	<b>2.00</b>	<b>7,061</b>					<b>7,949</b>	<b>3,975</b>	<b>4,118</b>	<b>0</b>
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	2,765	1,962	431	325	47	3,105			
<b>Wilkes</b>				<b>1</b>	<b>1.00</b>	<b>2,765</b>					<b>3,105</b>	<b>3,105</b>	<b>3,775</b>	<b>0</b>
Wilson	Hospital Fixed		Wilson Medical Center	2	2.00	3,515	1,785	906	550	274	4,317			
Wilson	Freestanding Fixed		Wilson Regional MRI (Wilson Orthopedics and Neurology Center PD)	1	1.00	3,015	2,688	327	0	0	3,146			
<b>Wilson</b>				<b>3</b>	<b>3.00</b>	<b>6,530</b>					<b>7,462</b>	<b>2,487</b>	<b>4,805</b>	<b>0</b>
			No Service Site											
<b>Yadkin</b>													<b>1,716</b>	<b>0</b>
<b>Total</b>				<b>240</b>	<b>272.84</b>	<b>856,324</b>							<b>Total of Need Determinations</b>	<b>2</b>

**Threshold 4+ Fixed Scanners = 4,805**  
**3 Fixed Scanners = 4,462**  
**2 Fixed Scanners = 4,118**  
**1 Fixed Scanner = 3,775**  
**0 Fixed Scanners = 1,716**

\*Due to a settlement agreement a CON will be reissued for F-008237-08 making it a fixed MRI scanner at Novant Health Huntersville Medical Center.

^Former multi-positional fixed MRI demonstration project from Table 9Q(6), which has been added into the inventory and counted in the need determination calculation.

**Table 9Q(1): Inventory of MRI Scanners for Cardiovascular Clinical Research Use Pursuant to Policy AC-3 in the North Carolina 2001 State Medical Facilities Plan**

Service Area	County	Provider	MRI Scanners
	Durham	Duke University Hospital	3
<p>A certificate of need (J-006511-01) was issued on April 30, 2002 to Duke University Hospital. The certificate of need states that Duke University Health Systems, Inc. shall, pursuant to Policy AC-3 in the 2001 SMFP, convert a research only MRI scanner to clinical research use and acquire a second MRI scanner for clinical research use by the Cardiovascular and Magnetic Resonance Center. These MRI scanners shall only be used for cardiovascular purposes and shall not be counted in the inventory of fixed MRI scanners.</p>			

**Table 9Q(2): Inventory of Dedicated Breast MRI Scanners Pursuant to Adjusted Need Determinations in the North Carolina 2002 and 2006 State Medical Facilities Plans**

Service Area	County	Provider	MRI Scanners
	Mecklenburg	Charlotte Radiology Breast Center	1
<p>A certificate of need (F-006725-02) was issued on September 24, 2003 to Charlotte Radiology, P.A. The certificate of need states that Charlotte Radiology, P.A., d/b/a Charlotte Radiology Breast Center, shall acquire a dedicated breast MRI scanner.</p>			
	Forsyth	Breast Clinic MRI, LLC	1
<p>A certificate of need (G-007601-06) was issued on November 27, 2006 to Breast MRI Clinic, LLC. The certificate of need states that the center shall acquire a dedicated breast MRI scanner.</p> <p>These MRI scanners shall be used exclusively in mammographic studies and shall not be counted in the inventory of fixed MRI scanners. These MRI scanners shall not be used for general diagnostic purposes, and the projected costs for procedures to patients and payors shall be lower than the costs associated with conventional MRI procedures.</p>			

**Table-9Q(3): Inventory of Dedicated Pediatric MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2005 State Medical Facilities Plan**

Service Area	County	Provider	MRI Scanners
	Mecklenburg	Carolinas Medical Center	1
<p>A certificate of need (F-007219-05) was issued on August 23, 2005 to Carolinas Medical Center to locate a dedicated pediatric MRI scanner in Levine Children's Hospital. This MRI scanner shall be used exclusively in pediatric studies and shall not be counted in the inventory of fixed MRI scanners. This MRI scanner shall not be used for adult patients, and the projected costs for procedures to patients and payors shall be lower than the costs associated with conventional MRI procedures.</p>			

**Table 9Q(4): Inventory of Demonstration Project for a Fixed Extremity MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2006 State Medical Facilities Plan**

Service Area	County	Provider	MRI Scanners
	Wake	Bone & Joint Surgery Clinic, LLP	1
<p>A certificate of need (J-007605-06) was issued on March 28, 2007 to The Bone and Joint Surgery Clinic, LLP to locate a demonstration project for a fixed extremity MRI scanner. The fixed extremity MRI scanner shall not be counted in the regular inventory of MRI scanners and shall not be used for whole body procedures. In addition, the demonstration project shall be conducted as an organized research study to determine the convenience, cost effectiveness and improved access provided by a fixed extremity MRI scanner. The project shall include a comparative analysis of “total dollars received per procedure” performed on extremity MRI scanners and “total dollars received per procedure” for similar procedures performed on fixed whole body MRI scanners. The purpose of this aspect of the study is to demonstrate any cost savings to the patient or third party payer of the extremity MRI scanner. A mechanism to ensure cost savings must be included in the demonstration project. The recipient of the certificate of need must provide annual reports demonstrating cost savings for a three-year reporting period from the date of installation.</p>			

**Table 9Q(5): Inventory of MRI Scanners Dedicated For Radiation Oncology and Use in Operating Room Suite**

Service Area	County	Provider	MRI Scanners
	Durham	Duke University Hospital	one MRI scanner in operating room suite
	Durham	Duke University Hospital	one MRI scanner dedicated for radiation oncology
	Forsyth	North Carolina Baptist Hospital	one MRI scanner dedicated for radiation oncology
<p>A certificate of need (J-006295-00) was issued to Duke University Hospital for one MRI scanner and another certificate of need (G-006816-03) was issued to North Carolina Baptist Hospital for one MRI, both to be used exclusively for radiation oncology and not be counted in the inventory of fixed MRI scanners. These MRI scanners shall not be used for conventional MRI procedures. In addition, a certificate of need (J-8030-07) was also issued to Duke University Hospital for one MRI to be used in an operating room suite and shall not be used for clinical diagnostic purposes.</p>			

Note: The two fixed multi-position MRI scanners that were previously dedicated for demonstration projects in Table 9Q(6) of the 2017 SMFP (projects J-008107-08 and F-008106-08), are now included in both the need determination calculation and Table 9P.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined that there is a need for one additional fixed MRI scanner each in Union County and in the Pasquotank/Camden/Currituck/Perquimans Service Area. The State Health Coordinating Council approved a petition from Sentara Albemarle Medical Center to remove the need determination in the Pasquotank/Camden/Currituck/Perquimans Service Area. There is no need anywhere else in the state and no other reviews are scheduled as shown in Table 9R. Further, there is no need for any additional mobile MRI scanners anywhere in the state.

**Table 9R: Fixed MRI Scanner Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional fixed MRI scanners as specified.

Services Areas	Fixed MRI Scanners Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Union	1	June 15, 2018	July 1, 2018
It is determined that there is no need for additional fixed MRI scanners anywhere else in the state and no other reviews are scheduled.***			

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* In response to a petition from Sentara Albemarle Medical Center, the State Health Coordinating Council approved the removal of the need determination for one additional fixed MRI scanner in the Pasquotank/Camden/Currituck/Perquimans service area.

# CARDIAC CATHETERIZATION EQUIPMENT

## Definitions

“Cardiac catheterization equipment,” as defined in G.S. §131E-176(2f), “means the equipment used to provide cardiac catheterization services.”

“Cardiac catheterization services,” as defined in G.S. §131E-176(2g), “means those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.”

A cardiac catheterization (fixed or shared) equipment's service area is the cardiac catheterization equipment planning area in which the equipment is located. The cardiac catheterization equipment planning areas are the same as the Acute Care Bed Service Areas defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The cardiac catheterization equipment service area is a single county, except where there is no licensed acute care hospital located within the county. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. In that case, the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. The three most recent years of available acute care days patient origin data are combined and used to create the multicounty service areas. These data are updated and reviewed every three years, with the most recent update occurring in the North Carolina 2017 State Medical Facilities Plan.

## Facility Inventory-Service Volume

There were 51 hospitals with fixed cardiac catheterization programs in North Carolina during fiscal year 2015-2016. The reported number of adult cardiac catheterization procedures for the years ending 9/30/2002 through 9/30/2016 is presented in Table 9S. Table 9T exhibits the reported number of pediatric cardiac catheterization procedures for the years ending 9/30/2004 through 9/30/2016. During 2016, there were two mobile cardiac catheterization vendors providing mobile cardiac catheterization services to patients at four hospitals across the state. The reported numbers of mobile cardiac catheterization procedures for the years ending 9/30/2009 through 9/30/2016 are shown in Table 9U. Mobile cardiac catheterization capacity and volume for reported procedures for the year ending 9/30/2016 is displayed in Table 9V. Table 9W presents information about percutaneous coronary interventional procedures for the years ending 9/30/2007 through 9/30/2016. Table 9X displays fixed cardiac catheterization equipment capacity and volume based on a capacity of 1,500 procedures.

## Cardiac Catheterization Need Determination Methodology

The North Carolina State Health Coordinating Council defines capacity of an item of cardiac catheterization equipment as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80 percent of capacity. One therapeutic cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure. It is further determined that fixed and mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.

The standard methodologies used to determine need for additional fixed cardiac catheterization equipment are calculated as follows:

**Methodology 1:**

- Step 1: Determine the planning inventory for each facility that has fixed cardiac catheterization equipment, immediately prior to publication of the annual State Medical Facilities Plan, to include: existing equipment in operation, approved equipment for which a certificate of need was issued but is pending development, and pending equipment for which no certificate of need has been issued, because the decision on a need determination in a previous year is under review or appeal. For each cardiac catheterization equipment service area, calculate the total number of existing, approved and pending units of cardiac catheterization equipment located in the cardiac catheterization equipment service area.
  
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility as reported for the 12-month period reflected in the “2017 Hospital License Renewal Application” or the “2017 Registration and Inventory of Medical Equipment Form” for Cardiac Catheterization equipment. If procedures are provided in a county that is part of more than one cardiac catheterization equipment service area, the procedures will be divided equally between the service areas.
  
- Step 3: For each facility, calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures by multiplying adult diagnostic procedures by 1.0, interventional cardiac catheterization procedures by 1.75, and pediatric procedures performed on patients age 14 or younger by 2.00.
  
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200 procedures (i.e., 80 percent of capacity, which is 1,500 procedures). (NOTE: Round the result to the nearest hundredth.)
  
- Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same cardiac catheterization equipment service area as calculated in Step 4. (NOTE: The sum is rounded to the nearest whole number.)
  
- Step 6: Subtract the number of units of fixed cardiac catheterization equipment required in each cardiac catheterization equipment service area from the total planning inventory for each cardiac catheterization equipment service area. The difference is the number of units of fixed cardiac catheterization equipment needed.

**Methodology 2:**

For cardiac catheterization equipment service an area in which a unit of fixed cardiac catheterization equipment is not located, need exists for one shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

- a. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the cardiac catheterization equipment service area exceeds 240 (300 procedures x 80 percent) procedures per year for each eight

hours per week the mobile equipment is operated at that site during the 12-month period reflected in the “2017 Hospital License Renewal Application” or the “2017 Registration and Inventory of Medical Equipment Form” for Cardiac Catheterization equipment on file with the North Carolina Division of Health Service Regulation; and

- b. No other fixed or mobile cardiac catheterization service is provided within the same cardiac catheterization equipment service area.

**Table 9S: Adult Diagnostic Fixed Cardiac Catheterization Procedures\* by Facility and Aggregate Cardiac Catheterization Totals**

Facility	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Alamance Regional Medical Center	920	892	919	920	897	887	947	909	978	835	741	743	693	770	854
Sentara Albemarle Medical Center	1,110	787	674	630	756	1,104	948	860	789	791	964	922	817	838	946
Caldwell Memorial Hospital	--	--	--	--	--	see mobile	587	331	190	91	169	244	148	332	308
Cape Fear Valley Medical Center	1,490	2,048	2,356	2,584	2,426	1,150	1,606	1,815	1,637	1,955	1,838	1,776	2,177	2,344	2,503
Cardiovascular Diagnostic Center (closed)	--	--	--	--	--	--	--	992	970	891	837	830	661	--	--
Cardiac Diagnostic Center-Wake	317	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Carolinas Medical Center (CMC)	5,260	4,681	4,032	3,824	4,166	4,105	4,299	4,307	3,864	4,093	3,388	3,692	3,998	4,000	3,985
Catawba Valley Medical Center	596	503	493	498	443	461	408	369	282	293	347	431	531	637	385
Central Carolina Hospital	--	--	--	--	--	--	--	--	--	--	--	186	209	200	119
Carolinas HealthCare System Cleveland	629	700	417	597	457	425	390	396	333	305	194	305	375	300	157
Carolinas Healthcare System Pineville	1,489	1,651	1,331	1,388	1,195	1,428	1,026	1,277	1,455	1,367	1,419	2,126	1,763	1,434	1,663
Carolinas Healthcare System University	--	--	--	245	205	207	222	153	121	68	87	39	27	34	81
Carolinas Healthcare System Union	705	723	753	788	779	619	413	379	489	462	364	236	322	410	430
CarolinaEast Medical Center	1,588	1,368	1,565	1,629	1,526	1,421	1,329	1,429	1,570	1,828	1,092	1,047	1,089	1,173	1,198
Davis Regional Medical Center	405	342	370	446	363	328	295	258	153	304	321	296	398	341	229
Duke Raleigh Hospital	--	--	--	1,288	202	325	244	588	806	480	292	316	260	288	442
Duke University Hospital	5,239	5,513	5,574	6,825	5,337	3,700	4,220	3,577	3,803	3,979	3,782	3,588	3,246	2,547	3,391
Duke Regional Hospital	823	835	873	1096	1019	735	637	672	544	518	440	409	424	603	844
Novant Health Forsyth Medical Center	5,024	6,092	6,075	5,429	3,310	3,435	2,811	2,876	2,541	2,315	2,444	2,384	2,340	2,535	2,622
Frye Regional Medical Center	2,489	2,664	2,624	2,736	3,078	3,125	3,226	3,041	2,886	2,652	2,630	2,632	2,543	1,771	1,741
CaroMont Regional Medical Center	1,959	1,775	2,145	2,224	2,388	2,147	2,243	2,281	2,035	1,806	1,897	1,755	1,868	1,687	1,493
Carolinas HealthCare System Blue Ridge	--	--	--	--	--	see mobile	427	391	625	335	433	325	264	364	315
Greensboro Heart & Sleep Center	--	--	--	--	--	see mobile	464	302	120	--	--	--	--	--	--
Halifax Regional Medical Center	--	--	--	--	--	--	--	83	95	102	71	66	--	--	157
High Point Regional Health	2,070	2,123	2,181	2,032	1,997	1,929	5,158	2,099	2,027	1,867	1,783	1,565	1,639	1,685	1,114
Iredell Memorial Hospital	704	708	762	569	743	466	445	571	617	878	756	678	652	595	673
Johnston Health	--	--	--	1,057	1032	864	826	442	472	292	434	576	579	646	785
Lake Norman Regional Medical Center	--	--	--	204	211	178	156	126	77	23	44	53	63	0	62
UNC Lenoir Health Care	616	650	366	555	408	471	430	357	439	328	254	242	409	436	514
Haywood Regional Hospital	213	239	167	301	208	286	151	171	276	308	290	194	153	149	148
Margaret R. Pardee Memorial Hospital	--	--	--	--	--	see mobile	179	165	168	158	91	102	82	84	124
Mission Hospital	3,669	3,322	4,348	4,210	4,316	4,405	3,557	3,345	3,188	3,077	3,103	3,045	2,981	3,045	3,433
FirstHealth Moore Regional Hospital	2,873	2,906	3,457	3,490	3,490	3,294	3,364	3,559	3,408	3,425	3,171	3,205	3,187	3,259	3,271
Cone Health	5,643	6,855	7,238	5,937	3,000	2,945	2,964	2,772	2,736	3,385	3,344	3,143	2,992	2,824	2,878
N. C. Baptist Hospital	2,103	2,134	2,076	2,004	1,782	1,790	1,652	1,642	1,454	1,407	1,552	1,789	1,999	1,848	2,226
Nash General Hospital	1,507	1,627	1,216	1,155	1,015	967	882	754	709	1,199	1,302	1,128	1,058	986	1,062
New Hanover Regional Medical Center	3,380	3,583	3,867	3,943	2,669	2,719	2,728	2,826	2,784	2,765	3,131	3,015	2,731	2,763	2,772
Carolinas HealthCare System NorthEast	1,284	1,533	1,629	1,574	1,008	963	797	865	890	1,073	1,010	1,002	1,165	1,278	1,337

**Table 9S: Adult Diagnostic Fixed Cardiac Catheterization Procedures\* by Facility and Aggregate Cardiac Catheterization Totals**

Facility	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Onslow Memorial Hospital	459	372	270	118	95	104	29	45	16	17	1	--	--	--	--
Novant Health Presbyterian Medical Center	2,568	2,562	2,137	2,248	2,168	1,810	1,534	1,531	1,589	1,484	1,533	1,454	1,395	1,493	1,471
Novant Health Matthews Medical Center	515	528	468	461	500	457	415	499	472	461	438	455	525	638	556
Randolph Hospital	--	--	--	--	--	see mobile	76	7	2	3	3	1	--	--	--
Rex Hospital	2,846	2,207	2,041	1,923	2,086	1,966	1,901	1,863	1,558	1,697	2,067	2,666	3,050	3,332	3,458
Novant Health Rowan Medical Center	725	776	437	425	328	362	436	384	408	335	371	268	333	261	319
Rutherford Regional Medical Center	--	--	--	--	--	see mobile	81	42	20	70	39	64	63	279	62
Scotland Memorial Hospital	--	--	--	--	--	--	--	--	--	36	502	429	345	494	269
Southeastern Regional Medical Center	915	796	972	827	652	957	830	813	598	766	818	787	759	732	824
Carolinas HealthCare System Stanly	288	312	251	144	138	57	19	29	23	7	--	--	--	--	--
UNC Hospitals	1,510	1,328	1,673	2,114	2,168	1,995	1,899	1,758	1,886	1,964	2,088	1,467	1,412	1,460	1,996
Vidant Medical Center	4,636	4,912	5,081	4,033	3,301	3,467	2,428	2,654	2,828	2,632	2,447	1,988	1,628	1,286	3,145
WakeMed	4,353	4,775	5,082	5,420	5,536	5,262	5,410	5,402	5,702	5,529	4,718	3,822	3,687	4,282	3,812
WakeMed Cary Hospital	--	--	--	498	401	406	384	304	368	314	271	222	223	205	196
Watauga Medical Center	--	--	--	--	--	93	148	99	28	11	238	469	490	480	482
Wayne Memorial Hospital	558	558	528	529	413	346	293	362	258	237	229	481	390	462	497
Wilkes Regional Medical Center	97	78	107	70	46	34	5	--	--	--	--	--	--	--	--
Wilmington Heart Center	--	--	--	--	--	see mobile	1,227	977	916	386	--	--	--	--	--
Wilson Medical Center	553	678	606	653	571	464	396	412	361	301	433	325	349	355	273
<b>Sub-Total</b>															
Fixed Adult	74,128	76,136	77,161	79,641	68,829	64,659	67,542	64,161	62,564	61,905	60,211	58,983	58,492	57,965	61,622
Pediatric	634	734	594	664	760	676	640	686	574	614	625	650	604	650	708
<b>Sub-Total</b>															
Fixed Adult/Pediatric	74,762	76,870	77,755	80,305	69,589	65,335	68,182	64,847	63,138	62,519	60,836	59,633	59,096	58,615	62,330
<b>Mobile Units</b>	4,406	4,291	5,048	4,357	4,967	5,318	1,527	1,529	1,718	1,352	1,256	494	268	257	255
<b>Grand Total</b>	79,168	81,161	82,803	84,662	74,556	70,653	69,709	66,376	64,856	63,871	62,092	60,127	59,364	58,872	62,585

Source: North Carolina Division of Health Service Regulation Annual Hospital License Renewal Applications

\* Includes inpatient and outpatient procedures

<b>Facility</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Carolinas Medical Center	163	155	160	169	189	182	89	180	162	219	227	234	253
Duke University Hospital	88	149	247	187	198	203	243	221	231	250	222	251	243
Mission Hospital	1	1	--	--	--	--	--	--	--	--	--	--	--
N. C. Baptist Hospital	80	60	64	93	83	123	56	71	68	35	30	58	69
Vidant Medical Center	44	37	46	26	28	31	26	21	29	25	16	19	21
UNC Hospitals	218	262	243	201	142	147	160	121	135	121	109	88	122
<b>TOTAL</b>	<b>594</b>	<b>664</b>	<b>760</b>	<b>676</b>	<b>640</b>	<b>686</b>	<b>574</b>	<b>614</b>	<b>625</b>	<b>650</b>	<b>604</b>	<b>650</b>	<b>708</b>

<b>Service Site</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Central Carolina Hospital	174	282	202	137	49	--	--	--
Columbus Regional Healthcare System	35	123	119	137	--	27	37	35
Community Memorial Healthcenter, VA	--	76	86	84	73	--	--	--
FirstHealth Moore Regional Hospital- Richmond	220	--	149	57	73	73	21	--
Hugh Chatham Memorial Hospital	35	18	--	--	--	--	--	--
Maria Parham Medical Center	76	51	25	36	13	--	17	15
Northern Hospital of Surry County	32	35	13	--	--	--	--	--
Novant Health Brunswick Medical Center	4	76	72	40	46	10	--	--
Novant Health Huntersville Medical Center	256	124	110	91	96	17	--	--
Novant Health Rowan Medical Center	--	--	--	95	36	--	--	--
Novant Health Thomasville Medical Center	94	131	55	93	108	141	156	159
Scotland Memorial Hospital	381	--	295	295	--	--	--	--
Southeastern Cardiology-Robeson	222	228	156	75	--	--	--	--
Rex Hospital	--	--	--	--	--	--	26	46
UNC Hospitals	--	--	70	116	--	--	--	--
<b>TOTAL</b>	<b>1,529</b>	<b>1,144</b>	<b>1,352</b>	<b>1,256</b>	<b>494</b>	<b>268</b>	<b>257</b>	<b>255</b>

<b>Service Site</b>	<b>Days/Week On Site</b>	<b>Procedure Capacity</b>	<b>Procedures Reported in 2016</b>
Columbus Regional Healthcare System	0.50	150	35
Maria Parham Medical Center	1.00	300	15
Novant Health Thomasville Medical Center	1.00	300	159
Rex Hospital	7.00	2100	46
<b>N.C. Total: 4</b>	<b>9.50</b>	<b>2850</b>	<b>255</b>

\*Source: NC Division of Health Service Regulation Annual Hospital License Renewal Application

**Table 9W: Percutaneous Coronary Interventional (PCI) Procedures**

Hospital	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Alamance Regional Medical Center	120	201	179	240	170	210	151	168	489	156
Caldwell Memorial Hospital	--	--	--	--	--	--	45	51	149	230
Cape Fear Valley Medical Center	417	1,262	996	1,010	1,054	1,238	1,217	1,591	1,800	1,597
Carolinas Medical Center	1,817	1,756	1,706	1,851	1,628	1,267	1,352	1,287	1,105	1,121
Carolinas HealthCare System Pineville	529	175	143	173	473	557	815	776	690	803
Carolinas HealthCare System Union	--	--	--	--	42	27	16	90	158	157
Catawba Valley Medical Center	119	85	103	93	84	119	129	177	269	387
CarolinaEast Medical Center	570	504	501	658	787	826	719	846	754	639
Davis Regional Medical Center	--	--	--	--	73	49	83	72	69	--
Duke Raleigh Hospital	18	10	104	92	126	42	75	76	100	121
Duke University Hospital	1,498	1,840	1,550	1,807	1,606	1,784	1,515	904	934	944
Duke Regional Hospital	237	281	281	287	284	296	243	279	452	374
FirstHealth Moore Regional Hospital	1,845	1,439	1,584	1,620	1,379	1,181	1,220	1,170	1,563	1,491
Novant Health Forsyth Medical Center	1,593	1,652	1,595	1,463	1,277	1,181	1,273	1,228	1,254	647
Frye Regional Medical Center	1,487	1,289	1,217	1,180	1,120	1,161	1,015	1,017	717	614
CaroMont Regional Medical Center	719	832	795	740	609	616	819	621	558	491
Carolinas HealthCare System Blue Ridge	--	--	1	97	52	76	73	66	92	96
Halifax Regional Medical Center	--	--	--	--	--	8	2	--	--	38
High Point Regional Health	998	852	1,973	1,843	1,716	1,479	1,376	817	822	798
Iredell Memorial Hospital	--	--	139	108	324	300	295	276	221	211
Johnston Health	--	--	13	--	--	--	--	--	148	161
Lenoir Memorial Hospital	--	--	--	--	--	--	308	38	68	66
Haywood Regional Hospital	--	--	--	--	--	5	18	14	18	1
Mission Hospital	1,347	1,489	1,356	1,370	1,376	1,365	1,253	1,394	1,491	1,561
Cone Health	1,546	1,303	1,298	1,443	1,351	1,347	1,201	1,086	1,236	1,360
N. C. Baptist Hospital	1,105	1,066	850	893	982	928	858	823	1,015	1,043
Nash General Hospital	--	--	--	--	134	110	85	90	126	204
New Hanover Regional Medical Center	1,983	2,110	2,119	2,204	2,189	2,309	1,966	1,579	1,810	1,838
Carolinas HealthCare System Northeast	631	705	687	770	766	664	629	737	761	771
Novant Health Presbyterian Medical Center	1,400	1,361	1,392	1,543	1,231	1,278	1,139	929	817	637
Novant Health Matthews Medical Center	--	60	38	64	131	199	177	187	296	100
Rex Hospital	960	980	929	825	820	1,033	1,350	1,689	2,058	2,210
Novant Health Rowan Medical Center	26	60	181	126	222	199	209	194	197	205
Southeastern Regional Medical Center	132	219	214	186	341	408	466	410	360	384
UNC Hospitals	733	836	795	866	830	928	996	1,053	1,069	820
Vidant Medical Center	1,611	1,398	1,380	1,456	1,361	1,319	1,372	1,396	1,189	1,314
WakeMed	3,654	3,944	3,832	3,952	3,772	3,324	2,713	2,563	1,877	1,437
WakeMed Cary Hospital	7	5	12	8	6	6	--	--	--	--
Watagua Medical Center	--	--	--	--	--	--	171	140	151	181
Wayne Memorial Hospital	--	--	--	--	--	--	96	113	134	141
Wilson Medical Center	--	--	--	--	73	142	--	162	151	137
<b>TOTAL</b>	<b>27,102</b>	<b>27,714</b>	<b>27,963</b>	<b>28,968</b>	<b>28,389</b>	<b>27,981</b>	<b>25,474</b>	<b>26,109</b>	<b>27,168</b>	<b>25,486</b>

Source: Division of Health Service Regulation Annual Hospital License Renewal Application

**Table 9X: Fixed Cardiac Catheterization Equipment, Capacity and Volume**

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	f o o t n o t e	2016 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Alamance	Alamance Regional Medical Center	1			1	b	1,127	0.94	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>1</b>		<b>0</b>
Buncombe/ Graham/ Madison/Yancey	Mission Hospital	4			4	a	6,165	5.14	1	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>4</b>			<b>5</b>		<b>1</b>
Burke	Carolinas HealthCare System Blue Ridge	1			1	c	483	0.40	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
Cabarrus	Carolinas HealthCare System NorthEast	2			2	b	2,686	2.24	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>2</b>			<b>2</b>		<b>0</b>
Caldwell	Caldwell Memorial Hospital [DLP Healthcare]	1			1	c, d	684	0.57	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>1</b>		<b>0</b>
Carteret	Carteret General Hospital	1			1		201	0.17	0	
	Pending Review/ Appeal									
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
Catawba	Catawba Valley Medical Center	1			1	b	1,062	0.89	0	
	Frye Regional Medical Center	4			4	b	2,816	2.35	0	
	Pending Review/ Appeal				0					
<b>TOTAL</b>				<b>5</b>			<b>3</b>		<b>0</b>	
Cleveland	Carolinas HealthCare System Cleveland [DLP Healthcare]	1			1	c	157	0.13	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
Craven/Jones/ Pamlico	CarolinaEast Medical Center	2	1		3	b	2,316	1.93	0	
	Pending Review/ Appeal									
	<b>TOTAL</b>				<b>3</b>			<b>2</b>		<b>0</b>
Cumberland	Cape Fear Valley Medical Center	3	1		4	b	5,298	4.41	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>4</b>			<b>4</b>		<b>0</b>

**Table 9X: Fixed Cardiac Catheterization Equipment, Capacity and Volume**

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	f o o t n o t e	2016 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
<b>Durham/ Caswell</b>	Duke University Hospital	7			7	a	5,683	4.74	0	
	Duke Regional Hospital	2			2	b	1,499	1.25	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>9</b>			<b>6</b>		<b>0</b>
<b>Forsyth</b>	Novant Health Forsyth Medical Center	8			8	b	3,754	3.13	0	
	N. C. Baptist Hospital	5			5	a	4,228	3.52	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>13</b>			<b>7</b>		<b>0</b>
<b>Gaston</b>	CaroMont Regional Medical Center	4			4	b	2,352	1.96	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>4</b>			<b>2</b>		<b>0</b>
<b>Guilford</b>	High Point Regional Health	4			4	b	2,511	2.09	0	
	Cone Health	7			7	b	5,258	4.38	0	
	The Cardiovascular Diagnostic Center (closed)	1			1		0	0.00	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>12</b>			<b>6</b>		<b>0</b>
<b>Halifax/ Northampton</b>	Halifax Regional Medical Center	1			1	c	224	0.19	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
<b>Harnett</b>	Central Harnett Hospital	1			1		0	0.00	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
<b>Haywood</b>	Haywood Regional Hospital	1			1	c	150	0.12	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
<b>Henderson</b>	Margaret R. Pardee Memorial Hospital [DLP Healthcare]	1			1	c	124	0.10	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>

**Table 9X: Fixed Cardiac Catheterization Equipment, Capacity and Volume**

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	f o o t n o t e	2016 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
<b>Iredell</b>	Iredell Memorial Hospital	1			1	c	1,042	0.87	0	
	Davis Regional Medical Center	1			1	c	229	0.19	0	
	Lake Norman Regional Medical Center	1			1	c	62	0.05	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>3</b>			<b>1</b>		<b>0</b>
<b>Johnston</b>	Johnston Health	1			1	c	1,067	0.89	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>1</b>		<b>0</b>
<b>Lee</b>	Central Carolina Hospital	1			1		119	0.10	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>0</b>		<b>0</b>
<b>Lenoir</b>	UNC Lenoir Health Care	1			1	c	630	0.52	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>1</b>			<b>1</b>		<b>0</b>
<b>Mecklenburg</b>	Carolinas Medical Center	8			8	a	6,929	5.77	0	
	Carolinas HealthCare System Pineville	3			3	b	3,068	2.56	0	
	Novant Health Presbyterian Medical Center	3			3	b	2,586	2.15	0	
	Carolinas HealthCare System University	1			1	c	81	0.07	0	
	Novant Health Matthews Medical Center	1			1	c	731	0.61	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>16</b>			<b>11</b>		<b>0</b>
<b>Moore</b>	FirstHealth Moore Regional Hospital	5			5	b	5,880	4.90	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>5</b>			<b>5</b>		<b>0</b>
<b>Nash</b>	Nash General Hospital	2			2	c	1,419	1.18	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>2</b>			<b>1</b>		<b>0</b>
<b>New Hanover</b>	New Hanover Regional Medical Center	5			5	b	5,989	4.99	0	
	Pending Review/ Appeal				0					
	<b>TOTAL</b>				<b>5</b>			<b>5</b>		<b>0</b>

**Table 9X: Fixed Cardiac Catheterization Equipment, Capacity and Volume**

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	2016 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Onslow	Onslow Memorial Hospital	1			1	0	0.00	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
Orange	UNC Hospitals	4			4	3,864	3.22	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>4</b>		<b>3</b>		<b>0</b>
Pasquotank/ Camden/ Currituck/ Perquimans	Sentara Albemarle Medical Center	1			1	946	0.79	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>1</b>		<b>0</b>
Pitt/Greene/ Hyde/Tyrell	Vidant Medical Center	7			7	5,574	4.65	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>7</b>		<b>5</b>		<b>0</b>
Randolph	Randolph Hospital	1			1	0	0.00	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
Robeson	Southeastern Regional Medical Center	2			2	1,496	1.25	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>2</b>		<b>1</b>		<b>0</b>
Rowan	Novant Health Rowan Medical Center	1			1	678	0.56	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>1</b>		<b>0</b>
Rutherford	Rutherford Regional Medical Center	1			1	62	0.05	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
Scotland	Scotland Memorial Hospital	1			1	341	0.28	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
Stanly	Carolinas HealthCare System Stanly	1			1	0	0.00	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>

**Table 9X: Fixed Cardiac Catheterization Equipment, Capacity and Volume**

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	2016 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
<b>Union</b>	Carolinas HealthCare System Union	1			1	c 705	0.59	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>1</b>		<b>0</b>
<b>Wake</b>	Rex Hospital	4	1		5	b 7,326	6.10	1	
	WakeMed	9			9	b 6,327	5.27	0	
	WakeMed Cary Hospital	1			1	c 196	0.16	0	
	Duke Raleigh Hospital [DLP Healthcare]	3			3	c, d 654	0.54	0	
	Pending Review/ Appeal				0				
<b>TOTAL</b>				<b>18</b>		<b>12</b>		<b>0</b>	
<b>Watauga</b>	Watauga Medical Center	1			1	c 799	0.67	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>1</b>		<b>0</b>
<b>Wayne</b>	Wayne Memorial Hospital	1			1	c 744	0.62	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>1</b>		<b>0</b>
<b>Wilkes</b>	Wilkes Regional Medical Center	1			1	c 0	0.00	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
<b>Wilson</b>	Wilson Medical Center	1			1	c 513	0.43	0	
	Pending Review/ Appeal				0				
	<b>TOTAL</b>				<b>1</b>		<b>0</b>		<b>0</b>
<b>NORTH CAROLINA TOTALS</b>		139	3	0	142		108,830	89	<b>1</b>

<sup>a</sup> Adult procedures plus angioplasty x 1.75 plus pediatric procedures x 2

<sup>b</sup> Adult procedures plus angioplasty x 1.75

<sup>c</sup> Adult procedures

<sup>d</sup> Procedures performed on mobile machine

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for one unit of fixed cardiac catheterization equipment in the Buncombe/Graham/Madison/Yancey Service Area. There is no need anywhere else in the state and no other reviews are scheduled, as shown in Table 9Y.

**Table 9Y: Fixed Cardiac Catheterization Equipment Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional fixed cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Fixed Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Buncombe/Graham/Madison/Yancey	1	August 15, 2018	September 1, 2018
It is determined that there is no need for additional fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional shared fixed cardiac catheterization equipment. However, in response to a petition from Caldwell Memorial Hospital, an adjusted need determination for one unit of shared fixed cardiac catheterization equipment was approved by the State Health Coordinating Council as shown in Table 9Z. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional shared fixed cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Shared Fixed Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Caldwell ***	1	January 16, 2018	February 1, 2018
It is determined that there is no need for additional shared fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

\*\*\* In response to a petition from Caldwell Memorial Hospital, the State Health Coordinating Council approved the adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment in Caldwell County.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional mobile cardiac catheterization equipment. There is no need anywhere else in the state and no other reviews are scheduled, as shown in Table 9AA.

**Table 9AA: Mobile Cardiac Catheterization Equipment Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the service areas listed in the table below need additional mobile cardiac catheterization equipment as specified.

<b>Cardiac Catheterization Service Area</b>	<b>Mobile Cardiac Catheterization Equipment Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional mobile cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.			

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

# Chapter 10:

## Nursing Care Facilities

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## CHAPTER 10

# NURSING CARE FACILITIES

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### Summary of Bed Supply and Utilization

In the fall of 2017, the nursing care bed inventory included 44,728 licensed beds in nursing homes and 1,215 licensed beds in hospitals for a total of 45,943 licensed nursing care beds. An additional 547 nursing care beds had received approval from Certificate of Need (CON), but were not yet licensed. In addition, 889 nursing care beds from currently licensed facilities will be transferred to CON-approved projects once completed. The “total inventory” of nursing care beds (*licensed + CON-approved – CON bed transfers + previously allocated*) was 46,453.

Exclusions from the inventory and occupancy rate have been retained for specialty care units (*beds in units designated exclusively for people with head injuries or ventilator dependency*), state operated facilities, for out-of-area placements in non-profit religious or fraternal facilities, for 100% of the qualified nursing care beds in continuing care retirement communities (*Policy NH-2 beds*), and for beds transferred from State Psychiatric Hospitals (*Policy NH-5 beds*). For the North Carolina 2018 State Medical Facilities Plan, the excluded beds total 3,062, resulting in an adjusted “planning inventory” of 43,391 nursing care beds.

### Changes from the Previous Plan

There have been no substantial changes in the application of the nursing care need methodology from that used in the 2017 State Medical Facilities Plan.

### Basic Assumptions of the Method

1. Need should be projected three years beyond the plan year because that is the least amount of time required to bring a needed facility or expansion into service.
2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible allocations of 90 additional beds or more should be made. It is recognized, however, that such allocations do not always result in new entities.
3. Counties whose deficits represent a high proportion (10 percent or greater) of their total needs (deficit index) and who have an occupancy of licensed beds in the county, excluding continuing care retirement communities, that is 90 percent or greater based on utilization data reported on 2017 License Renewal Applications, should receive need determinations even though such increments may be of insufficient size to encourage establishment of new facilities.
4. To the extent that out-of-area patients are served by facilities operated by religious or fraternal organizations, beds so occupied will be excluded from a county’s inventory and the associated days of care will be removed from the occupancy rate calculation.
5. When nursing care beds have been converted to care for head injury or ventilator-dependent patients, the beds will be removed from the inventory and the associated days of care will be removed from the occupancy rate calculation.
6. One hundred percent of the nursing care beds developed pursuant to Policy NH-2 will be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.

7. Nursing care beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.
8. Any beds developed pursuant to Policy NH-1 will be included in the inventory.
9. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to nursing home facilities.
10. A county rate provides a more accurate utilization measure in determining needs. Bed rates are calculated per 1,000 population per county. Each county bed rate is calculated using a five year average annual change projected forward 36 months. For any county with an average annual change rate that is one-half of a standard deviation above or below the average change rate of all counties, the state change rate is substituted in the bed rate calculation.
11. Occupancy rates can be calculated using different techniques. The methodology chooses to use the higher of two different occupancy rate calculations such that the need determination in each county is calculated with the greatest advantage. The adjusted occupancy rate for each county is calculated using the higher of the median of all facilities' occupancy rates in a county or a countywide occupancy, whichever is higher. The equivalent days of care for the initial occupancy will be removed from calculations for beds that have been excluded from the inventory.

#### **Sources of Data**

##### **Population Data:**

Projected numbers of residents, by county and age group, for 2021 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the county's population for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status – Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2015 5-year Estimates.

### **Utilization Data**

Data on utilization of nursing facilities were compiled from the “2017 License Renewal Application to Operate a Nursing Home,” combined with data from the “Nursing Care Facility/Unit Beds: 2017 Annual Data Supplement to Hospital License Applications,” as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

### **Application of the Method**

The steps in applying the projection method are as follows:

- Step 1: Multiply the county bed use rates (*see “Assumptions”*) by each county’s corresponding projected civilian population (*in thousands*) for the target year (2021) to calculate the projected bed utilization.
- Step 2: For each county, divide the projected bed utilization by a 95% vacancy factor.
- Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: CON-Approved/License Pending beds, beds available in prior Plans that have not been CON-approved, and exclusions from the county’s inventory, if any. For each county, the projected bed utilization with applied vacancy factor derived in Step 2 is subtracted from the planning inventory. The result is the county’s surplus or deficit.
- Step 4:
- a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2017 renewal applications, the need determination is 90 beds.
  - b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2017 renewal applications, the need determination is the amount of the deficit rounded to 10\*. The maximum need determination for each county is 150 beds.
  - c. If any other county’s deficit is 10 percent or more of its total projected bed need, and the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2017 renewal applications, the need determination is the amount of the deficit rounded to 10\*. The maximum need determination for each county is 150 beds.

\* For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

A nursing care bed’s service area is the nursing bed care planning area in which the bed is located. Each of the 100 counties in the state is a separate nursing care bed planning area.

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Alamance	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	Edgewood Place at the Village at Brookwood	105	0	105	0	0	0	0	105	24	81
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	90	0	90	0	0	0	0	90	0	90
Alamance	Peak of Graham, LLC (Replacement facility)	0	0	0	0	0	120	0	120	0	120
Alamance	Peak Resources - Alamance Inc (120 bed transfer to Peak of Graham, LLC)	120	0	120	0	0	-120	0	0	0	0
Alamance	The Presbyterian Home of Hawfields	117	0	117	0	0	0	0	117	2	115
Alamance	Twin Lakes Community	100	0	100	0	0	0	0	100	36	64
Alamance	Twin Lakes Community Memory Care	16	0	16	0	0	0	0	16	8	8
Alamance	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
<b>Alamance Totals</b>		<b>888</b>	<b>0</b>	<b>888</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>888</b>	<b>70</b>	<b>818</b>
Alexander	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
<b>Alexander Totals</b>		<b>183</b>	<b>0</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>183</b>	<b>49</b>	<b>134</b>
Alleghany	Alleghany Center	90	0	90	0	0	0	0	90	0	90
<b>Alleghany Totals</b>		<b>90</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>90</b>
Anson	Ambassador Rehab & Healthcare Center	66	0	66	0	0	0	0	66	0	66
Anson	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
<b>Anson Totals</b>		<b>161</b>	<b>0</b>	<b>161</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>161</b>	<b>0</b>	<b>161</b>
Ashe	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
<b>Ashe Totals</b>		<b>210</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>210</b>
Avery	Charles A. Cannon, Jr. Memorial Hospital, Inc. **	0	10	10	0	0	0	0	10	0	10
Avery	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
<b>Avery Totals</b>		<b>118</b>	<b>10</b>	<b>128</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>128</b>	<b>0</b>	<b>128</b>
Beaufort	Ridgewood Living & Rehabilitation Center (Replacement facility)	150	0	150	0	0	0	0	150	0	150
Beaufort	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
<b>Beaufort Totals</b>		<b>290</b>	<b>0</b>	<b>290</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>290</b>	<b>0</b>	<b>290</b>
Bertie	Brian Center Health & Rehabilitation/Windsor	82	0	82	0	0	0	0	82	0	82
Bertie	Three Rivers Health and Rehab	60	0	60	0	0	0	0	60	0	60
<b>Bertie Totals</b>		<b>142</b>	<b>0</b>	<b>142</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>142</b>	<b>0</b>	<b>142</b>
Bladen	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	Cape Fear Valley - Bladen County Hospital **	0	10	10	0	0	0	0	10	0	10
Bladen	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
<b>Bladen Totals</b>		<b>184</b>	<b>10</b>	<b>194</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>194</b>	<b>0</b>	<b>194</b>
Brunswick	Autumn Care of Brunswick Plantation	0	0	0	70	0	30	0	100	0	100
Brunswick	Autumn Care of Shallotte (Bed transfer to Autumn Care of Brunswick Plantation)	130	0	130	0	0	-30	0	100	0	100
Brunswick	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Brunswick	Liberty Commons of Brunswick County (Transfer 64 NH beds from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	99	0	99	0	0	0	0	99	0	99
Brunswick	Southport Nursing Center	0	64	64	0	0	-64	0	0	0	0
Brunswick	Universal Health Care/Brunswick	90	0	90	0	0	0	0	90	0	90
<b>Brunswick Totals</b>		<b>494</b>	<b>64</b>	<b>558</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>628</b>	<b>0</b>	<b>628</b>
Buncombe	Asheland Ridge Health Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Asheville Health Care Center	106	0	106	0	0	0	0	106	0	106
Buncombe	Aston Park Health Care Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Black Mountain Neuro-Medical Treatment Center *	156	0	156	0	0	0	0	156	156	0
Buncombe	Brian Center Health & Rehabilitation/Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	Brooks-Howell Home	58	0	58	0	0	0	0	58	1	57
Buncombe	Complete Care at Asheville	77	0	77	0	0	0	0	77	0	77
Buncombe	Deerfield Episcopal Retirement Community	62	0	62	0	0	0	0	62	31	31
Buncombe	Emerald Ridge Rehabilitation & Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NC State Veterans Home - Black Mountain *	100	0	100	0	0	0	0	100	100	0
Buncombe	Pisgah Manor Health Care Center	118	0	118	0	0	0	0	118	5	113
Buncombe	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	The Laurels of GreenTree Ridge	98	0	98	0	0	0	0	98	0	98
Buncombe	The Laurels of Summit Ridge	60	0	60	0	0	0	0	60	0	60
Buncombe	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe	Western North Carolina Baptist Home	100	0	100	0	0	0	0	100	18	82
<b>Buncombe Totals</b>		<b>1,950</b>	<b>0</b>	<b>1,950</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,950</b>	<b>323</b>	<b>1,627</b>
Burke	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	College Pines Health and Rehab Center	100	0	100	0	0	0	0	100	0	100
Burke	Grace Heights Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Burke	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	Magnolia Lane Nursing & Rehabilitation Center	121	0	121	0	0	0	0	121	0	121
<b>Burke Totals</b>		<b>556</b>	<b>0</b>	<b>556</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>556</b>	<b>25</b>	<b>531</b>
Cabarrus	Avante at Concord **	120	0	120	0	0	0	0	120	0	120
Cabarrus	Brian Center Health & Retirement/Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	Five Oaks Manor	160	0	160	0	0	0	0	160	0	160
Cabarrus	PruittHealth-TownCenter	70	0	70	0	0	0	0	70	0	70

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
<b>Cabarrus Totals</b>		<b>691</b>	<b>0</b>	<b>691</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>691</b>	<b>24</b>	<b>667</b>
Caldwell	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
<b>Caldwell Totals</b>		<b>400</b>	<b>0</b>	<b>400</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>400</b>	<b>0</b>	<b>400</b>
Carteret	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	Harborview Health Care Center	122	0	122	0	0	0	0	122	0	122
Carteret	PruittHealth-SeaLevel	104	0	104	0	0	0	0	104	0	104
Carteret	Snug Harbor on Nelson Bay	42	0	42	0	0	0	0	42	0	42
<b>Carteret Totals</b>		<b>424</b>	<b>0</b>	<b>424</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>424</b>	<b>0</b>	<b>424</b>
Caswell	Brian Center Health & Rehabilitation/Yanceyville	157	0	157	0	0	0	0	157	0	157
<b>Caswell Totals</b>		<b>157</b>	<b>0</b>	<b>157</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>157</b>	<b>0</b>	<b>157</b>
Catawba	Abernethy Laurels	174	0	174	0	0	0	0	174	52	122
Catawba	Brian Center Health & Rehabilitation/Hickory East	150	0	150	0	0	0	0	150	0	150
Catawba	Brian Center Health and Rehab Hickory/Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	Frye Regional Medical Center **	0	17	17	0	0	0	0	17	0	17
Catawba	Trinity Ridge	120	0	120	0	0	0	0	120	7	113
Catawba	Trinity Village	104	0	104	0	0	0	0	104	1	103
<b>Catawba Totals</b>		<b>742</b>	<b>17</b>	<b>759</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>759</b>	<b>60</b>	<b>699</b>
Chatham	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham	Chatham County Rehabilitation Center	0	0	0	90	0	0	0	90	0	90
Chatham	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
<b>Chatham Totals</b>		<b>420</b>	<b>0</b>	<b>420</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>510</b>	<b>130</b>	<b>380</b>
Cherokee	Murphy Medical Center, Inc.	0	134	134	0	0	0	0	134	0	134
Cherokee	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
<b>Cherokee Totals</b>		<b>76</b>	<b>134</b>	<b>210</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>210</b>	<b>0</b>	<b>210</b>
Chowan	Chowan River Nursing & Rehabilitation Center	130	0	130	0	0	0	0	130	0	130
<b>Chowan Totals</b>		<b>130</b>	<b>0</b>	<b>130</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>130</b>	<b>0</b>	<b>130</b>
Clay	Clay County Care Center	90	0	90	0	0	0	0	90	0	90

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Clay Totals</b>		<b>90</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>90</b>
Cleveland	Cleveland Pines (10 bed transfer from Kings Mountain Hospital + 10 bed transfer from Crawley Memorial Hospital.)	120	0	120	0	0	20	0	140	0	140
Cleveland	Crawley Memorial Hospital (Bed transfer to Cleveland Pines Nursing Center.) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Kings Mountain Hospital (Bed transfer to Cleveland Pines Nursing Center.) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
<b>Cleveland Totals</b>		<b>534</b>	<b>20</b>	<b>554</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>554</b>	<b>0</b>	<b>554</b>
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	107	0	107	0	0	0	0	107	0	107
Columbus	Premier Living & Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	Shoreland Health Care and Retirement Center Inc	89	0	89	0	0	0	0	89	0	89
<b>Columbus Totals</b>		<b>323</b>	<b>0</b>	<b>323</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>323</b>	<b>0</b>	<b>323</b>
Craven	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
<b>Craven Totals</b>		<b>461</b>	<b>0</b>	<b>461</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>461</b>	<b>0</b>	<b>461</b>
Cumberland	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	Cumberland County Rehabilitation Center (Replacement facility.)	0	0	0	0	0	58	0	58	0	58
Cumberland	Cumberland Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cumberland	Golden Years Nursing Home (58 bed transfer to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NC State Veterans Home-Fayetteville *	150	0	150	0	0	0	0	150	150	0
Cumberland	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	Woodlands Nursing & Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
<b>Cumberland Totals</b>		<b>1,179</b>	<b>0</b>	<b>1,179</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,179</b>	<b>150</b>	<b>1,029</b>
Currituck	Sentara Nursing Center - Currituck	100	0	100	0	0	0	0	100	0	100

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Currituck Totals</b>		<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>100</b>
Dare	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
<b>Dare Totals</b>		<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>126</b>
Davidson	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	Alston Brook	100	0	100	0	0	0	0	100	0	100
Davidson	Avante at Thomasville	120	0	120	0	0	0	0	120	0	120
Davidson	Brian Center Nursing Care/Lexington	106	0	106	0	0	0	0	106	0	106
Davidson	Lexington Health Care Center	90	0	90	0	0	0	0	90	0	90
Davidson	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	114	0	114	0	0	0	0	114	46	68
Davidson	Pine Ridge Health and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
<b>Davidson Totals</b>		<b>794</b>	<b>0</b>	<b>794</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>794</b>	<b>46</b>	<b>748</b>
Davie	Autumn Care of Mocksville	96	0	96	0	0	0	0	96	0	96
Davie	Bermuda Commons Nursing and Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Davie	Bermuda Village Retirement Center	15	0	15	0	0	0	0	15	0	15
<b>Davie Totals</b>		<b>228</b>	<b>0</b>	<b>228</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>228</b>	<b>0</b>	<b>228</b>
Duplin	Brian Center Health & Rehabilitation/Wallace	80	0	80	0	0	0	0	80	0	80
Duplin	Kenansville Health & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Duplin	Warsaw Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
<b>Duplin Totals</b>		<b>272</b>	<b>0</b>	<b>272</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>272</b>	<b>0</b>	<b>272</b>
Durham	Brian Center Southpoint	140	0	140	0	0	0	0	140	0	140
Durham	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	Concordia Transitional Care & Rehabilitation - Rose Manor	111	0	111	0	0	0	0	111	0	111
Durham	Croasdaile Village	110	0	110	0	0	0	0	110	74	36
Durham	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	Hillcrest Convalescent Center	120	0	120	0	0	0	0	120	0	120
Durham	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	PruittHealth-Carolina Point (Portions of facility in Durham and Orange Counties.)	18	0	18	0	0	0	0	18	0	18
Durham	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	The Cedars of Chapel Hill	44	0	44	30	0	0	0	74	74	0
Durham	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
<b>Durham Totals</b>		<b>1,312</b>	<b>0</b>	<b>1,312</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,342</b>	<b>206</b>	<b>1,136</b>
Edgecombe	Edgecombe Health and Rehab Center	159	0	159	0	0	0	0	159	0	159
Edgecombe	Prodigy Transitional Rehab	118	0	118	0	0	0	0	118	0	118
Edgecombe	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Edgecombe Totals</b>		<b>307</b>	<b>0</b>	<b>307</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>307</b>	<b>0</b>	<b>307</b>
Forsyth	Arbor Acres United Methodist Retirement Community	83	0	83	0	0	0	0	83	83	0
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	40	0	0	0	0	40	0	40
Forsyth	Brookridge Retirement Community	77	0	77	0	0	0	0	77	19	58
Forsyth	Homestead Hills	40	0	40	0	0	0	0	40	2	38
Forsyth	Liberty Commons Nsg and Rehab Center of Kernersville **	100	0	100	0	0	0	0	100	0	100
Forsyth	Liberty Commons Nsg and Rehab Center of Silas Creek	0	0	0	0	0	100	0	100	0	100
Forsyth	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	Piney Grove Nursing & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	PruittHealth-High Point	100	0	100	0	0	0	0	100	0	100
Forsyth	Regency Care of Clemmons	120	0	120	0	0	0	0	120	0	120
Forsyth	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	Summerstone Health and Rehabilitation Center (100 beds to be relocated to Liberty Commons Nsg and Rehab Center of Silas Creek)	100	0	100	0	0	-100	0	0	0	0
Forsyth	The Oaks	151	0	151	0	0	0	0	151	0	151
Forsyth	Trinity Elms	100	0	100	0	0	0	0	100	4	96
Forsyth	Trinity Glen	117	0	117	0	0	0	0	117	1	116
Forsyth	Winston Salem Nursing & Rehabilitation Center	230	0	230	0	0	0	0	230	0	230
<b>Forsyth Totals</b>		<b>1,710</b>	<b>0</b>	<b>1,710</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,710</b>	<b>227</b>	<b>1,483</b>
Franklin	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
<b>Franklin Totals</b>		<b>258</b>	<b>0</b>	<b>258</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>258</b>	<b>0</b>	<b>258</b>
Gaston	Alexandria Place	60	0	60	0	0	0	0	60	0	60
Gaston	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	Brian Center Health and Rehabilitation/Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	Carolina Care Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107
Gaston	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	Covenant Village, Inc.	38	0	38	0	0	0	0	38	38	0
Gaston	Gastonia Care and Rehabilitation	118	0	118	0	0	0	0	118	0	118
Gaston	MeadowWood Nursing Center	50	0	50	0	0	0	0	50	0	50
Gaston	Peak Resources-Cherryville	54	0	54	0	0	0	0	54	0	54
Gaston	Peak Resources-Gastonia	120	0	120	0	0	0	0	120	0	120
Gaston	Stanley Total Living Center, Inc	106	0	106	12	0	0	0	118	12	106
<b>Gaston Totals</b>		<b>972</b>	<b>0</b>	<b>972</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>984</b>	<b>50</b>	<b>934</b>
Gates	Accordius Health and Rehabilitation	70	0	70	0	0	0	0	70	0	70

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Gates Totals</b>		<b>70</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>70</b>
Graham	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
<b>Graham Totals</b>		<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Granville	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	Universal Health Care/Oxford (20 beds transfer to Universal Health Care-Wake Forest in Wake Co.)	160	0	160	0	0	-20	0	140	0	140
<b>Granville Totals</b>		<b>160</b>	<b>80</b>	<b>240</b>	<b>0</b>	<b>0</b>	<b>-20</b>	<b>0</b>	<b>220</b>	<b>0</b>	<b>220</b>
Greene	Greendale Forest Nursing & Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
<b>Greene Totals</b>		<b>115</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>115</b>
Guilford	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	3	131
Guilford	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	Clapps Nursing Center	118	0	118	0	0	0	0	118	0	118
Guilford	Countryside Manor Inc	60	0	60	0	0	0	0	60	0	60
Guilford	Fisher Park Health and Rehab Center	105	0	105	0	0	0	0	105	0	105
Guilford	Friends Homes at Guilford (transfer 10 NH-2 beds from Friends Homes West)	69	0	69	0	0	0	0	69	0	69
Guilford	Friends Homes West	40	0	40	0	0	0	0	40	0	40
Guilford	Greenhaven Health & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	107	0	107	0	0	0	0	107	0	107
Guilford	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	Maple Grove Health and Rehabilitation Center	210	0	210	0	0	0	0	210	0	210
Guilford	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	33	27
Guilford	Starmount Health and Rehab Center	126	0	126	0	0	0	0	126	0	126
Guilford	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	Well-Spring	60	0	60	10	0	0	0	70	70	0
Guilford	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	2	86
<b>Guilford Totals</b>		<b>2,399</b>	<b>23</b>	<b>2,422</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,432</b>	<b>157</b>	<b>2,275</b>
Halifax	Accordius Health at Scotland Manor LLC	62	0	62	0	0	0	0	62	0	62
Halifax	Enfield Oaks Nursing & Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	Our Community Hospital, Inc.	0	60	60	0	0	0	0	60	0	60

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Halifax	Signature HealthCARE of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
<b>Halifax Totals</b>		<b>283</b>	<b>60</b>	<b>343</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>343</b>	<b>0</b>	<b>343</b>
Harnett	Cornerstone Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Universal Health Care Lillington	129	0	129	0	0	0	0	129	0	129
<b>Harnett Totals</b>		<b>425</b>	<b>0</b>	<b>425</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>425</b>	<b>0</b>	<b>425</b>
Haywood	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Brian Center Health and Rehabilitation/Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Maggie Valley Nursing and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
Haywood	Silver Bluff LLC	131	0	131	0	0	0	0	131	0	131
Haywood	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
<b>Haywood Totals</b>		<b>475</b>	<b>0</b>	<b>475</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>475</b>	<b>0</b>	<b>475</b>
Henderson	Beystone Health & Rehabilitation (Replacement facility.)	0	0	0	0	0	50	0	50	0	50
Henderson	Blue Ridge Health and Rehabilitation Center	150	0	150	0	0	0	0	150	0	150
Henderson	Brian Center Health & Rehabilitation/Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	Life Care Center of Hendersonville **	80	0	80	0	0	0	0	80	0	80
Henderson	Mountain Home Health and Rehab	134	0	134	0	0	0	0	134	0	134
Henderson	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	The Lodge at Mills River	50	0	50	0	0	-50	0	0	0	0
Henderson	Universal Health Care/Fletcher	90	0	90	0	0	0	0	90	0	90
<b>Henderson Totals</b>		<b>912</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>912</b>
Hertford	Creekside Care & Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
<b>Hertford Totals</b>		<b>151</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>151</b>	<b>0</b>	<b>151</b>
Hoke	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
<b>Hoke Totals</b>		<b>132</b>	<b>0</b>	<b>132</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>	<b>0</b>	<b>132</b>
Hyde	Cross Creek Health Care	80	0	80	0	0	0	0	80	0	80
<b>Hyde Totals</b>		<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Iredell	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	Brian Center Health & Rehabilitation/Statesville	147	0	147	0	0	0	0	147	0	147
Iredell	Brian Center Health & Retirement/Mooresville	131	0	131	0	0	0	0	131	0	131
Iredell	Iredell Memorial Hospital, Incorporated	0	48	48	0	0	0	0	48	0	48
Iredell	Maple Leaf Health Care	94	0	94	0	0	0	0	94	0	94
Iredell	Mooresville Center	130	0	130	0	0	0	0	130	0	130
<b>Iredell Totals</b>		<b>605</b>	<b>48</b>	<b>653</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>653</b>	<b>0</b>	<b>653</b>

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Jackson	Blue Ridge on the Mountain	106	0	106	0	0	0	0	106	0	106
Jackson	Skyland Rehabilitation and Living Center	94	0	94	0	0	0	0	94	0	94
<b>Jackson Totals</b>		<b>200</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>
Johnston	Barbour Court Nursing & Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	Brian Center Health & Retirement/Clayton	90	0	90	0	0	0	0	90	0	90
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
<b>Johnston Totals</b>		<b>615</b>	<b>0</b>	<b>615</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>615</b>	<b>0</b>	<b>615</b>
Jones	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
<b>Jones Totals</b>		<b>80</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Lee	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
<b>Lee Totals</b>		<b>294</b>	<b>0</b>	<b>294</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>294</b>	<b>0</b>	<b>294</b>
Lenoir	Harmony Hall Nursing and Rehabilitation Center	175	0	175	0	0	0	0	175	0	175
Lenoir	Lenoir Memorial Hospital **	0	26	26	0	0	0	0	26	0	26
Lenoir	NC State Veterans Nursing Home - Kinston *	100	0	100	0	0	0	0	100	100	0
Lenoir	Signature HealthCARE of Kinston **	106	0	106	0	0	0	0	106	0	106
<b>Lenoir Totals</b>		<b>381</b>	<b>26</b>	<b>407</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>407</b>	<b>100</b>	<b>307</b>
Lincoln	Brian Center Health & Retirement/Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
<b>Lincoln Totals</b>		<b>300</b>	<b>0</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>300</b>	<b>0</b>	<b>300</b>
Macon	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	Macon Valley Nursing and Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
<b>Macon Totals</b>		<b>280</b>	<b>0</b>	<b>280</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>280</b>	<b>0</b>	<b>280</b>
Madison	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	Madison Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
<b>Madison Totals</b>		<b>180</b>	<b>0</b>	<b>180</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>180</b>	<b>0</b>	<b>180</b>
Martin	Roanoke River Nursing & Rehabilitation Center	154	0	154	0	0	0	0	154	0	154
<b>Martin Totals</b>		<b>154</b>	<b>0</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>154</b>	<b>0</b>	<b>154</b>
McDowell	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
<b>McDowell Totals</b>		<b>250</b>	<b>0</b>	<b>250</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>250</b>	<b>0</b>	<b>250</b>
Mecklenburg	Asbury Care Center (Replacement facility)	0	0	0	0	0	120	0	120	20	100
Mecklenburg	Asbury Care Center (Bed transfer to replacement facility.)	100	0	100	20	0	-120	0	0	0	0

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	Avante at Charlotte	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brian Center Health and Rehabilitation/Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Brian Center Nursing Care/Shamrock	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	Carrington Place	166	0	166	0	0	0	0	166	0	166
Mecklenburg	Charlotte Health & Rehabilitation Center **	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Complete Care at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Complete Care at Dartmouth	133	0	133	0	0	0	0	133	0	133
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Huntersville Oaks	66	0	66	0	0	0	0	66	0	66
Mecklenburg	Mecklenburg Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	Olde Knox Commons at The Villages of Mecklenburg	114	0	114	0	0	0	0	114	0	114
Mecklenburg	Pavilion Health Center at Brightmore	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	Royal Park Rehabilitation & Health Center	169	0	169	0	0	0	0	169	0	169
Mecklenburg	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	The Pines at Davidson	51	0	51	0	0	0	0	51	51	0
Mecklenburg	The Stewart Health Center	56	0	56	0	0	0	0	56	56	0
Mecklenburg	University Place Nursing and Rehabilitation Center	207	0	207	0	0	0	0	207	0	207
Mecklenburg	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	80	0	80	10	0	0	0	90	90	0
Mecklenburg	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
	<b>Mecklenburg Totals</b>	<b>3,264</b>	<b>16</b>	<b>3,280</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,310</b>	<b>353</b>	<b>2,957</b>
Mitchell	Brian Center Health & Rehabilitation/Spruce Pine	127	0	127	0	0	0	0	127	0	127
	<b>Mitchell Totals</b>	<b>127</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>127</b>	<b>0</b>	<b>127</b>
Montgomery	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
	<b>Montgomery Totals</b>	<b>141</b>	<b>0</b>	<b>141</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>141</b>	<b>0</b>	<b>141</b>
Moore	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	KingsWood Nursing Center	90	0	90	0	0	0	0	90	0	90
Moore	Manor Care Health Services - Pinehurst	120	0	120	0	0	0	0	120	0	120

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Moore	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	Penick Village	50	0	50	0	0	0	0	50	24	26
Moore	Pinehurst Healthcare & Rehabilitation Center	144	0	144	0	0	0	0	144	0	144
Moore	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
<b>Moore Totals</b>		<b>730</b>	<b>0</b>	<b>730</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>730</b>	<b>49</b>	<b>681</b>
Nash	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	Hunter Hills Nursing and Rehabilitation Center	141	0	141	0	0	0	0	141	0	141
Nash	LifeCare Hospitals of North Carolina	0	0	0	40	0	0	0	40	0	40
Nash	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	100	0	100	0	100
Nash	South Village (Bed transfer to replacement facility.)	100	0	100	0	0	-100	0	0	0	0
<b>Nash Totals</b>		<b>418</b>	<b>0</b>	<b>418</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>458</b>	<b>0</b>	<b>458</b>
New Hanover	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	Bradley Creek Health Center at Carolina Bay	30	0	30	0	0	0	0	30	12	18
New Hanover	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	Davis Health and Wellness at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	Liberty Commons Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
New Hanover	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	Silver Stream Health and Rehabilitation Center	110	0	110	0	0	0	0	110	0	110
New Hanover	Trinity Grove - Wilmington	100	0	100	0	0	0	0	100	7	93
New Hanover	Wilmington Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
<b>New Hanover Totals</b>		<b>1,059</b>	<b>0</b>	<b>1,059</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,059</b>	<b>19</b>	<b>1,040</b>
Northampton	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	Rich Square Health Care Center	69	0	69	0	0	0	0	69	0	69
<b>Northampton Totals</b>		<b>149</b>	<b>0</b>	<b>149</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>149</b>	<b>0</b>	<b>149</b>
Onslow	Carolina Rivers Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center	239	0	239	0	0	0	0	239	0	239
<b>Onslow Totals</b>		<b>359</b>	<b>0</b>	<b>359</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>359</b>	<b>0</b>	<b>359</b>
Orange	Brookshire Nursing Center	80	0	80	0	0	0	0	80	0	80
Orange	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	Legion Road Healthcare **	133	0	133	0	0	0	0	133	0	133
Orange	PruittHealth-Carolina Point (Portions of facility in Durham and Orange County.)	120	0	120	0	0	0	0	120	0	120
Orange	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
<b>Orange Totals</b>		<b>471</b>	<b>0</b>	<b>471</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>471</b>	<b>30</b>	<b>441</b>
Pamlico	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Pamlico Totals</b>		<b>96</b>	<b>0</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96</b>	<b>0</b>	<b>96</b>
Pasquotank	Concordia Transitional Care and Rehabilitation-Elizabeth City	108	0	108	0	0	0	0	108	0	108
Pasquotank	Elizabeth City Health and Rehabilitation	146	0	146	24	0	0	0	170	19	151
<b>Pasquotank Totals</b>		<b>254</b>	<b>0</b>	<b>254</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>278</b>	<b>19</b>	<b>259</b>
Pender	Pender Memorial Hospital, Inc.	0	43	43	0	0	0	0	43	0	43
Pender	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	Woodbury Wellness Center Inc	112	0	112	0	0	0	0	112	0	112
<b>Pender Totals</b>		<b>210</b>	<b>43</b>	<b>253</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>253</b>	<b>0</b>	<b>253</b>
Perquimans	Brian Center Health and Rehabilitation/Hertford	78	0	78	0	0	0	0	78	0	78
<b>Perquimans Totals</b>		<b>78</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>78</b>
Person	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	Roxboro Healthcare & Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
<b>Person Totals</b>		<b>140</b>	<b>60</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>0</b>	<b>200</b>
Pitt	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130
Pitt	MacGregor Downs Health and Rehab Center	152	0	152	0	0	0	0	152	0	152
Pitt	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt	Springshire Retirement Community	0	0	0	12	0	0	0	12	0	12
Pitt	Universal Health Care/Greenville	120	0	120	0	0	0	0	120	0	120
<b>Pitt Totals</b>		<b>570</b>	<b>0</b>	<b>570</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>582</b>	<b>30</b>	<b>552</b>
Polk	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	WillowBrooke Court SC Center at Tryon Estates	52	0	52	0	0	0	0	52	52	0
<b>Polk Totals</b>		<b>221</b>	<b>0</b>	<b>221</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>221</b>	<b>52</b>	<b>169</b>
Randolph	Clapp's Convalescent Nursing Home	96	0	96	0	0	0	0	96	0	96
Randolph	Randolph Health and Rehabilitation Center **	238	0	238	0	0	0	0	238	0	238
Randolph	The Graybrier Nursing and Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	Universal Health Care/Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph	Woodland Hill Center	100	0	100	0	0	0	0	100	0	100
<b>Randolph Totals</b>		<b>720</b>	<b>0</b>	<b>720</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>720</b>	<b>0</b>	<b>720</b>
Richmond	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	Richmond Pines Healthcare and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
<b>Richmond Totals</b>		<b>225</b>	<b>0</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>225</b>	<b>0</b>	<b>225</b>
Robeson	GlenFlora	52	0	52	0	0	0	0	52	0	52

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Robeson	Highland Acres Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Robeson	Lumberton Health and Rehab Center	122	0	122	0	0	0	0	122	0	122
Robeson	Pembroke Center	84	0	84	0	0	0	0	84	0	84
Robeson	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	21	41
<b>Robeson Totals</b>		<b>410</b>	<b>115</b>	<b>525</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>525</b>	<b>21</b>	<b>504</b>
Rockingham	Avante at Reidsville	110	0	110	0	0	0	0	110	0	110
Rockingham	Brian Center Health & Rehabilitation/Eden	112	0	112	0	0	0	0	112	0	112
Rockingham	Jacob's Creek Nursing and Rehabilitation Center	170	0	170	0	0	0	0	170	0	170
Rockingham	Morehead Memorial Hospital	0	121	121	0	0	0	0	121	0	121
Rockingham	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
<b>Rockingham Totals</b>		<b>474</b>	<b>121</b>	<b>595</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>595</b>	<b>0</b>	<b>595</b>
Rowan	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	Brian Center Health & Rehabilitation/Salisbury	185	0	185	0	0	0	0	185	0	185
Rowan	Brightmoor Nursing Center	58	0	58	0	0	0	0	58	0	58
Rowan	Liberty Commons Nsg and Rehab Ctr of Rowan Cty	90	0	90	0	0	0	0	90	0	90
Rowan	Magnolia Estates Skilled Care Facility	70	0	70	0	0	0	0	70	0	70
Rowan	North Carolina State Veterans Home Salisbury *	99	0	99	0	0	0	0	99	99	0
Rowan	Salisbury Center	160	0	160	0	0	0	0	160	0	160
Rowan	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	Trinity Oaks	115	0	115	0	0	0	0	115	60	55
<b>Rowan Totals</b>		<b>984</b>	<b>0</b>	<b>984</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>984</b>	<b>159</b>	<b>825</b>
Rutherford	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	White Oak Manor-Rutherfordton	80	0	80	0	0	0	0	80	0	80
Rutherford	Willow Ridge Rehabilitation and Living Center	150	0	150	0	0	0	0	150	0	150
<b>Rutherford Totals</b>		<b>420</b>	<b>0</b>	<b>420</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>420</b>	<b>0</b>	<b>420</b>
Sampson	Mary Gran Nursing Center	212	0	212	0	0	0	0	212	0	212
Sampson	Sampson Regional Medical Center **	0	30	30	0	0	0	0	30	0	30
Sampson	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
<b>Sampson Totals</b>		<b>312</b>	<b>30</b>	<b>342</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>342</b>	<b>0</b>	<b>342</b>
Scotland	Scotia Village	58	0	58	0	0	0	0	58	40	18
Scotland	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
<b>Scotland Totals</b>		<b>207</b>	<b>0</b>	<b>207</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>207</b>	<b>40</b>	<b>167</b>
Stanly	Bethany Woods Nursing and Rehabilitation Center	180	0	180	0	0	0	0	180	0	180

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Stanly	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	Trinity Place	76	0	76	0	0	0	0	76	1	75
<b>Stanly Totals</b>		<b>406</b>	<b>0</b>	<b>406</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>406</b>	<b>1</b>	<b>405</b>
Stokes	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	Universal Health Care/King	96	0	96	0	0	0	0	96	0	96
Stokes	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
<b>Stokes Totals</b>		<b>282</b>	<b>40</b>	<b>322</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>322</b>	<b>0</b>	<b>322</b>
Surry	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	Northern Hospital of Surry County	0	33	33	0	0	0	0	33	0	33
Surry	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry	Surry Community Health and Rehab Center	120	0	120	0	0	0	0	120	0	120
<b>Surry Totals</b>		<b>439</b>	<b>33</b>	<b>472</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>472</b>	<b>0</b>	<b>472</b>
Swain	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
<b>Swain Totals</b>		<b>120</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>120</b>
Transylvania	Brian Center Health & Rehabilitation/Brevard	147	0	147	0	0	0	0	147	0	147
Transylvania	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	Transylvania Regional Hospital, Inc. And Bridgeway	0	10	10	0	0	0	0	10	0	10
<b>Transylvania Totals</b>		<b>257</b>	<b>10</b>	<b>267</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>267</b>	<b>0</b>	<b>267</b>
Union	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	Brian Center Health & Retirement/Monroe	60	0	60	0	0	0	0	60	0	60
Union	Carolinas HealthCare System Union	0	70	70	0	0	0	0	70	0	70
Union	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	White Oak Manor of Waxhaw	100	0	100	0	0	0	0	100	0	100
<b>Union Totals</b>		<b>627</b>	<b>70</b>	<b>697</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>697</b>	<b>0</b>	<b>697</b>
Vance	Concordia Nursing and Rehabilitation - Henderson	78	0	78	0	0	0	0	78	0	78
Vance	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	Senior Citizen's Home	60	0	60	0	0	0	0	60	0	60
<b>Vance Totals</b>		<b>230</b>	<b>0</b>	<b>230</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>230</b>	<b>0</b>	<b>230</b>
Wake	BellaRose Nursing & Rehab Center	0	0	0	100	0	0	0	100	0	100
Wake	Brightmore Healthcare Center of Cary	0	0	0	25	0	0	0	25	0	25
Wake	Brittany Place	16	0	16	9	0	0	0	25	25	0
Wake	Britthaven of Holly Springs (90 bed transfer from Tower Nursing.)	0	0	0	0	0	90	0	90	0	90

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Wake	Capital Nursing & Rehabilitation Center	125	0	125	0	0	0	0	125	0	125
Wake	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	Dan E. & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	Litchford Falls Healthcare and Rehabilitation Center (90 bed transfer to Universal Health Care-Wake Forest.)	90	0	90	0	0	-90	0	0	0	0
Wake	PruittHealth-Raleigh ***	150	0	150	0	0	18	0	168	0	168
Wake	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	The Cardinal at North Hills **	15	0	15	0	0	0	0	15	15	0
Wake	The Laurels of Forest Glen	120	0	120	0	0	0	0	120	0	120
Wake	The Oaks at Whitaker Glen-Mayview	139	0	139	0	0	0	0	139	0	139
Wake	The Rosewood Health Center	36	0	36	0	0	0	0	36	36	0
Wake	Tower Nursing and Rehabilitation Center (90 bed transfer to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake	Universal Health Care- Wake Forest (90 bed transfer from Litchford Falls-Wake Co., 9 beds from Universal Health Care/Nashville-Nash Co. and 20 beds from Universal Health Care/Oxford-Granville Co.)	0	0	0	0	0	119	0	119	0	119
Wake	Universal Health Care/Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	Universal Health Care/North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake	Wake County Health and Rehabilitation Center	0	0	0	95	0	0	0	95	0	95
Wake	WakeMed ** ***	0	19	19	0	0	-19	0	0	0	0
Wake	WakeMed Cary Hospital ** ***	0	36	36	0	0	-36	0	0	0	0
Wake	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
<b>Wake Totals</b>		<b>2,275</b>	<b>175</b>	<b>2,450</b>	<b>229</b>	<b>0</b>	<b>-8</b>	<b>0</b>	<b>2,671</b>	<b>345</b>	<b>2,326</b>
Warren	Warren Hills Nursing Center	140	0	140	0	0	0	0	140	0	140
<b>Warren Totals</b>		<b>140</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>140</b>
Washington	Roanoke Landing Nursing and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
<b>Washington Totals</b>		<b>114</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>114</b>	<b>0</b>	<b>114</b>
Watauga	Glenbridge Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Watauga	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Watauga Totals</b>		<b>226</b>	<b>0</b>	<b>226</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>226</b>	<b>0</b>	<b>226</b>
Wayne	Brian Center Health and Rehabilitation/Goldsboro	130	0	130	0	0	0	0	130	0	130
Wayne	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne	O'Berry Center *	96	0	96	0	0	0	0	96	96	0
Wayne	Willow Creek Nursing & Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
<b>Wayne Totals</b>		<b>576</b>	<b>0</b>	<b>576</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>576</b>	<b>96</b>	<b>480</b>
Wilkes	Avante at Wilkesboro	120	0	120	0	0	0	0	120	0	120
Wilkes	Westwood Hills Nursing & Rehabilitation Center	176	0	176	0	0	0	0	176	0	176
Wilkes	Wilkes Regional Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	Wilkes Senior Village	111	0	111	0	0	0	0	111	0	111
<b>Wilkes Totals</b>		<b>407</b>	<b>10</b>	<b>417</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>417</b>	<b>0</b>	<b>417</b>
Wilson	Avante at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson	Brian Center Health & Rehabilitation/Wilson	99	0	99	0	0	0	0	99	0	99
Wilson	Longleaf Neuro-Medical Treatment Center *	231	0	231	0	0	0	0	231	231	0
Wilson	Wilson Pines Nursing and Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wilson	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
<b>Wilson Totals</b>		<b>625</b>	<b>0</b>	<b>625</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>625</b>	<b>231</b>	<b>394</b>
Yadkin	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
<b>Yadkin Totals</b>		<b>223</b>	<b>0</b>	<b>223</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>223</b>	<b>0</b>	<b>223</b>
Yancey	Smoky Ridge Health & Rehabilitation	140	0	140	0	0	0	0	140	0	140
<b>Yancey Totals</b>		<b>140</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>140</b>	<b>0</b>	<b>140</b>

**Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
<b>Grand Totals</b>		<b>44,719</b>	<b>1,215</b>	<b>45,934</b>	<b>547</b>	<b>0</b>	<b>-28</b>	<b>0</b>	<b>46,453</b>	<b>3,062</b>	<b>43,391</b>

**Note: Methodology Inventory Identifiers**

\* State or federal facility

\*\* Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement, and/or a decision not to decertify beds. These beds are counted in the planning inventory.

**Note: Methodology Planning Inventory Exclusion Reminders**

\* State and federal facilities excluded from planning inventory

-- Head injury beds, ventilator beds, bed transfers from state psychiatric hospitals, and a percentage of out-of-area placements in non-profit religious/fraternal facilities are excluded from the planning inventory.

- Continuing Care Retirement Communities (CCRCs) developed under policy NH-2 have 100% of their nursing home beds excluded from the planning inventory and occupancy calculation.

**Note: Methodology Occupancy Reminders**

\* State and federal facilities are not counted in occupancy calculations.

\*\* Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement and/or a decision not to decertify beds, are counted in occupancy calculations.

\*\*\* Pursuant to policy AC-4, a total of 37 beds from two WakeMed nursing care facilities were approved for re-conversion to acute care beds at WakeMed Raleigh - 24 beds from WakeMed Cary Hospital's Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility. In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities - 12 beds from WakeMed Cary/Fuquay-Varina and 6 beds from WakeMed Zebulon/Wendell. After these re-conversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities.

\*\*\*\* 51 of 60 beds have been transferred. 31 were transferred to Universal Healthcare/Fuquay-Varina and 20 beds were transferred to Universal Healthcare/North Raleigh.

**Table 10B: County Rate Calculations for Nursing Home Bed Need Determination**

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016			
Alamance	803	766	759	756	774	153,029	153,642	155,788	157,624	159,371	5.2474	4.9856	4.8720	4.7962	4.8566	-0.0189	-0.0189	4.5811
Alexander	123	121	115	128	115	37,389	37,448	37,829	38,302	38,054	3.2897	3.2311	3.0400	3.3419	3.0220	-0.0183	-0.0183	2.8557
Alleghany	76	78	77	85	83	10,971	11,029	11,111	11,159	11,255	6.9274	7.0723	6.9301	7.6172	7.3745	0.0170	-0.0129	7.0892
Anson	148	138	145	147	145	26,626	26,322	26,464	26,469	26,155	5.5585	5.2428	5.4791	5.5537	5.5439	0.0000	0.0000	5.5444
Ashe	110	119	117	109	118	27,361	27,442	27,448	27,482	27,318	4.0203	4.3364	4.2626	3.9662	4.3195	0.0203	-0.0129	4.1524
Avery	96	92	96	90	85	17,764	17,866	17,895	17,902	17,837	5.4042	5.1494	5.3646	5.0274	4.7654	-0.0301	-0.0129	4.5810
Beaufort	254	260	259	250	254	47,901	47,791	47,714	47,718	47,827	5.3026	5.4404	5.4282	5.2391	5.3108	0.0006	0.0006	5.3211
Bertie	118	129	114	115	115	20,665	20,586	20,621	20,361	20,413	5.7101	6.2664	5.5283	5.6481	5.6337	-0.0003	-0.0003	5.6284
Bladen	164	165	157	154	161	35,200	35,219	35,113	35,152	35,011	4.6591	4.6850	4.4713	4.3810	4.5986	-0.0026	-0.0026	4.5620
Brunswick	456	449	443	404	430	112,597	115,666	117,852	121,577	125,712	4.0498	3.8819	3.7590	3.3230	3.4205	-0.0399	-0.0129	3.2882
Buncombe	1,507	1,567	1,596	1,498	1,513	244,969	248,929	251,271	254,344	257,931	6.1518	6.2950	6.3517	5.8897	5.8659	-0.0111	-0.0111	5.6702
Burke	485	490	462	428	432	89,977	89,552	89,198	89,198	89,274	5.3903	5.4717	5.1795	4.7983	4.8390	-0.0259	-0.0129	4.6518
Cabarrus	593	581	587	562	582	183,565	186,502	191,080	195,999	200,595	3.2305	3.1152	3.0720	2.8674	2.9014	-0.0261	-0.0129	2.7891
Caldwell	357	359	336	327	318	82,605	82,536	82,447	82,391	82,691	4.3218	4.3496	4.0753	3.9689	3.8456	-0.0284	-0.0129	3.6968
Camden *	0	0	0	0	0	9,922	10,040	10,239	10,349	10,223	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	246	270	312	299	310	67,372	68,222	69,358	69,530	70,115	3.6514	3.9577	4.4984	4.3003	4.4213	0.0512	-0.0129	4.2502
Caswell	132	130	137	135	134	23,492	23,736	23,606	23,643	23,615	5.6189	5.4769	5.8036	5.7099	5.6744	0.0030	0.0030	5.7254
Catawba	579	684	655	653	681	155,494	155,463	155,832	156,182	156,106	3.7236	4.3998	4.2032	4.1810	4.3624	0.0438	-0.0129	4.1936
Chatham	380	357	356	364	360	66,545	67,638	68,726	69,851	73,176	5.7104	5.2781	5.1800	5.2111	4.9196	-0.0361	-0.0129	4.7293
Cherokee	185	173	181	172	161	27,030	27,156	27,360	27,487	27,878	6.8442	6.3706	6.6155	6.2575	5.7752	-0.0405	-0.0129	5.5517
Chowan	101	94	91	92	92	14,743	14,806	14,637	14,670	14,418	6.8507	6.3488	6.2171	6.2713	6.3809	-0.0170	-0.0170	6.0564
Clay	70	82	80	71	80	10,520	10,628	10,750	10,886	11,089	6.6540	7.7155	7.4419	6.5221	7.2144	0.0267	-0.0129	6.9352
Cleveland	497	485	468	438	457	97,702	97,442	97,910	98,246	97,997	5.0869	4.9773	4.7799	4.4582	4.6634	-0.0206	-0.0206	4.3749
Columbus	270	280	280	255	263	57,862	57,536	57,645	57,579	57,095	4.6663	4.8665	4.8573	4.4287	4.6064	-0.0018	-0.0018	4.5818
Craven	389	389	385	395	383	99,323	98,121	104,513	105,052	103,256	3.9165	3.9645	3.6838	3.7600	3.7092	-0.0128	-0.0128	3.5663
Cumberland	976	997	985	965	990	301,878	303,933	329,411	331,238	327,820	3.2331	3.2803	2.9902	2.9133	3.0199	-0.0157	-0.0157	2.8774
Currituck	81	81	85	84	79	23,767	24,055	24,958	25,616	26,194	3.4081	3.3673	3.4057	3.2792	3.0160	-0.0295	-0.0129	2.8993
Dare	59	73	65	63	70	34,810	35,182	35,373	35,579	36,411	1.6949	2.0749	1.8376	1.7707	1.9225	0.0398	-0.0129	1.8481
Davidson	698	710	721	666	678	163,410	163,826	164,464	164,927	165,953	4.2715	4.3339	4.3839	4.0382	4.0855	-0.0102	-0.0102	3.9599
Davie	174	183	167	164	157	41,412	41,524	41,474	41,475	41,989	4.2017	4.4071	4.0266	3.9542	3.7391	-0.0275	-0.0129	3.5944
Duplin	213	235	246	230	252	60,059	60,122	60,126	60,446	59,868	3.5465	3.9087	4.0914	3.8050	4.2093	0.0463	-0.0129	4.0464
Durham	1,225	1,099	1,111	1,105	1,064	282,511	286,142	292,194	297,807	302,332	4.3361	3.8408	3.8023	3.7105	3.5193	-0.0500	-0.0129	3.3831
Edgecombe	284	282	266	258	257	56,085	55,723	55,474	55,394	54,248	5.0637	5.0607	4.7950	4.6575	4.7375	-0.0162	-0.0162	4.5080
Forsyth	1,311	1,283	1,305	1,221	1,336	357,767	360,589	364,258	367,853	369,688	3.6644	3.5581	3.5826	3.3193	3.6139	-0.0017	-0.0017	3.5952
Franklin	206	175	189	183	162	61,840	62,720	63,217	63,848	64,925	3.3312	2.7902	2.9897	2.8662	2.4952	-0.0654	-0.0129	2.3986
Gaston	887	882	871	860	833	208,582	209,606	210,745	211,936	214,664	4.2525	4.2079	4.1330	4.0578	3.8805	-0.0225	-0.0129	3.7303
Gates	55	54	57	47	48	11,830	11,654	11,947	11,914	11,701	4.6492	4.6336	4.7711	3.9449	4.1022	-0.0267	-0.0129	3.9435
Graham	66	65	72	73	70	8,850	8,845	8,840	8,890	8,722	7.4576	7.3488	8.1448	8.2115	8.0257	0.0198	-0.0129	7.7152
Granville	204	187	204	217	202	56,748	57,925	58,102	58,280	58,919	3.5948	3.2283	3.5111	3.7234	3.4284	-0.0083	-0.0083	3.3433
Greene	103	94	104	99	102	21,363	21,081	21,283	21,309	21,073	4.8214	4.4590	4.8865	4.6459	4.8403	0.0033	0.0033	4.8887
Guilford	2,121	2,133	2,102	2,056	2,044	502,190	507,578	512,281	516,415	521,368	4.2235	4.2023	4.1032	3.9813	3.9205	-0.0184	-0.0184	3.7041

**Table 10B: County Rate Calculations for Nursing Home Bed Need Determination**

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016			
Halifax	293	294	284	280	276	54,237	53,718	53,189	52,876	52,062	5.4022	5.4730	5.3394	5.2954	5.3014	-0.0046	-0.0046	5.2281
Harnett	303	362	378	364	358	117,850	119,374	125,717	127,986	128,597	2.5711	3.0325	3.0068	2.8441	2.7839	0.0239	-0.0129	2.6762
Haywood	428	402	418	428	405	59,291	59,690	59,913	60,178	61,126	7.2186	6.7348	6.9768	7.1122	6.6257	-0.0200	-0.0200	6.2276
Henderson	814	796	804	788	779	108,183	109,305	110,903	112,116	113,806	7.5243	7.2824	7.2496	7.0284	6.8450	-0.0233	-0.0129	6.5801
Hertford	145	142	130	126	133	24,451	24,558	24,595	24,501	24,402	5.9302	5.7822	5.2856	5.1426	5.4504	-0.0195	-0.0195	5.1313
Hoke	126	124	119	115	117	47,471	47,756	50,987	51,568	52,833	2.6543	2.5965	2.3339	2.2301	2.2145	-0.0436	-0.0129	2.1288
Hyde	56	57	51	50	46	5,742	5,801	5,743	5,735	5,678	9.7527	9.8259	8.8804	8.7184	8.1014	-0.0444	-0.0129	7.7880
Iredell	538	561	528	539	522	163,043	165,025	167,161	169,281	173,206	3.2997	3.3995	3.1586	3.1841	3.0138	-0.0215	-0.0215	2.8192
Jackson	166	156	149	139	156	40,788	40,812	41,032	41,279	41,909	4.0698	3.8224	3.6313	3.3673	3.7224	-0.0195	-0.0195	3.5044
Johnston	493	498	484	480	494	174,839	177,372	180,050	183,309	188,761	2.8197	2.8077	2.6881	2.6185	2.6171	-0.0183	-0.0183	2.4732
Jones	61	55	54	59	59	10,615	10,554	10,470	10,490	10,424	5.7466	5.2113	5.1576	5.6244	5.6600	-0.0017	-0.0017	5.6319
Lee	174	229	250	254	268	59,111	59,356	59,205	59,202	58,907	2.9436	3.8581	4.2226	4.2904	4.5495	0.1204	-0.0129	4.3735
Lenoir	266	274	315	310	300	59,401	59,063	58,826	58,780	58,273	4.4780	4.6391	5.3548	5.2739	5.1482	0.0378	-0.0129	4.9490
Lincoln	282	290	253	262	268	79,267	79,768	80,202	80,810	82,475	3.5576	3.6355	3.1545	3.2422	3.2495	-0.0201	-0.0201	3.0536
Macon	171	150	164	88	142	33,985	34,149	34,432	34,851	35,091	5.0316	4.3925	4.7630	2.5250	4.0466	0.0225	-0.0129	3.8901
Madison	176	164	171	169	175	21,192	21,370	21,584	21,728	21,818	8.3050	7.6743	7.9225	7.7780	8.0209	-0.0077	-0.0077	7.8367
Martin	106	118	111	108	103	24,020	23,755	23,714	23,604	23,649	4.4130	4.9674	4.6808	4.5755	4.3554	-0.0007	-0.0007	4.3466
McDowell	229	216	217	204	212	45,288	45,245	45,320	45,380	45,485	5.0565	4.7740	4.7882	4.4954	4.6609	-0.0193	-0.0193	4.3909
Mecklenburg	2,516	2,584	2,673	2,729	2,831	962,388	991,191	1,013,290	1,032,620	1,055,826	2.6143	2.6070	2.6379	2.6428	2.6813	0.0064	0.0064	2.7326
Mitchell	103	102	108	109	97	15,396	15,388	15,830	15,826	15,328	6.6900	6.6285	6.8225	6.8874	6.3283	-0.0129	-0.0129	6.0834
Montgomery	101	93	96	98	101	27,914	27,775	27,819	27,842	27,894	3.6183	3.3483	3.4509	3.5199	3.6209	0.0012	0.0012	3.6336
Moore	587	585	613	549	615	89,799	90,864	93,079	94,218	95,789	6.5368	6.4382	6.5858	5.8269	6.4204	-0.0014	-0.0014	6.3937
Nash	433	435	428	368	394	95,533	94,776	94,528	94,331	94,280	4.5325	4.5898	4.5278	3.9012	4.1790	-0.0170	-0.0170	3.9658
New Hanover	874	890	936	907	892	209,371	213,222	216,951	220,108	223,152	4.1744	4.1741	4.3143	4.1207	3.9973	-0.0103	-0.0103	3.8734
Northampton	128	120	130	110	115	21,514	21,218	21,218	21,095	21,037	5.9496	5.6556	6.1269	5.2145	5.4666	-0.0167	-0.0167	5.1932
Onslow	254	256	245	232	235	159,287	162,796	193,221	194,607	196,830	1.5946	1.5725	1.2680	1.1921	1.1939	-0.0665	-0.0129	1.1477
Orange	308	307	298	284	309	138,575	139,738	139,930	141,599	141,704	2.2226	2.1970	2.1296	2.0057	2.1806	-0.0033	-0.0033	2.1590
Pamlico	57	54	76	68	75	13,190	13,071	13,137	13,158	13,177	4.3215	4.1313	5.7852	5.1680	5.6917	0.0877	-0.0129	5.4715
Pasquotank	229	222	228	212	220	39,141	38,441	39,655	39,951	39,959	5.8506	5.7751	5.7496	5.3065	5.5056	-0.0142	-0.0142	5.2708
Pender	230	230	232	234	233	54,390	55,587	56,540	57,693	59,105	4.2287	4.1377	4.1033	4.0560	3.9421	-0.0174	-0.0174	3.7368
Perquimans	52	62	57	58	63	13,660	13,735	13,627	13,566	13,699	3.8067	4.5140	4.1829	4.2754	4.5989	0.0526	-0.0129	4.4209
Person	168	175	182	181	185	39,197	39,189	39,268	39,322	39,712	4.2860	4.4655	4.6348	4.6030	4.6585	0.0212	-0.0129	4.4783
Pitt	495	493	503	388	466	172,618	173,938	174,414	175,390	176,311	2.8676	2.8343	2.8839	2.2122	2.6431	-0.0081	-0.0081	2.5791
Polk	194	194	191	183	173	20,262	20,528	20,755	20,848	20,927	9.5746	9.4505	9.2026	8.7778	8.2668	-0.0359	-0.0129	7.9470
Randolph	641	635	635	640	624	142,594	142,614	143,079	143,666	143,091	4.4953	4.4526	4.4381	4.4548	4.3609	-0.0075	-0.0075	4.2625
Richmond	192	162	191	162	189	46,258	46,053	45,543	45,521	45,301	4.1506	3.5177	4.1938	3.5588	4.1721	0.0152	-0.0129	4.0107
Robeson	499	385	479	476	480	134,433	133,984	133,562	133,257	133,117	3.7119	2.8735	3.5863	3.5720	3.6059	0.0069	0.0069	3.6807
Rockingham	536	544	540	534	528	92,873	92,259	92,557	92,543	91,981	5.7713	5.8964	5.8342	5.7703	5.7403	-0.0013	-0.0013	5.7187
Rowan	820	849	849	833	840	138,242	138,708	138,709	138,710	140,963	5.9316	6.1208	6.1207	6.0053	5.9590	0.0013	0.0013	5.9828
Rutherford	369	374	345	354	376	67,932	67,764	67,600	67,466	67,665	5.4319	5.5192	5.1036	5.2471	5.5568	0.0070	0.0070	5.6731
Sampson	283	252	237	223	227	64,151	64,335	64,400	64,516	63,993	4.4115	3.9170	3.6801	3.4565	3.5473	-0.0518	-0.0129	3.4100

**Table 10B: County Rate Calculations for Nursing Home Bed Need Determination**

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016	2012	2013	2014	2015	2016			
Scotland	100	185	178	168	184	36,366	36,231	36,059	35,804	35,626	2.7498	5.1061	4.9364	4.6922	5.1648	0.2187	-0.0129	4.9649
Stanly	378	364	372	350	340	60,477	60,631	61,061	61,255	61,447	6.2503	6.0035	6.0923	5.7138	5.5332	-0.0296	-0.0129	5.3191
Stokes	303	307	296	300	303	47,068	46,747	46,786	46,787	46,735	6.4375	6.5673	6.3267	6.4120	6.4834	0.0020	0.0020	6.5229
Surry	422	433	437	431	417	73,718	73,367	73,840	73,834	73,195	5.7245	5.9018	5.9182	5.8374	5.6971	-0.0010	-0.0010	5.6803
Swain	78	88	97	93	96	14,494	14,596	14,829	14,987	15,106	5.3815	6.0290	6.5412	6.2054	6.3551	0.0445	-0.0129	6.1092
Transylvania	211	189	208	219	202	33,022	33,222	33,440	33,738	34,056	6.3897	5.6890	6.2201	6.4912	5.9314	-0.0147	-0.0147	5.6691
Tyrrell *	0	0	0	0	0	4,174	4,142	4,135	4,142	4,215	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	539	542	517	530	572	207,872	211,558	215,956	220,546	224,030	2.5929	2.5619	2.3940	2.4031	2.5532	-0.0028	-0.0028	2.5317
Vance	213	211	215	213	212	45,530	45,070	45,078	45,022	45,113	4.6782	4.6816	4.7695	4.7310	4.6993	0.0012	0.0012	4.7160
Wake	1,929	1,950	2,026	1,969	2,002	944,733	963,973	985,320	1,005,367	1,029,789	2.0418	2.0229	2.0562	1.9585	1.9441	-0.0119	-0.0119	1.8746
Warren	116	120	111	124	111	20,674	20,457	20,524	20,514	20,469	5.6109	5.8660	5.4083	6.0447	5.4228	-0.0044	-0.0044	5.3506
Washington	106	95	99	104	98	12,821	12,830	12,682	12,646	12,508	8.2677	7.4045	7.8063	8.2239	7.8350	-0.0110	-0.0110	7.5768
Watauga	173	108	168	165	168	52,517	52,692	52,923	53,314	54,340	3.2942	2.0496	3.1744	3.0949	3.0916	0.0362	-0.0129	2.9720
Wayne	463	446	453	425	415	121,319	121,421	125,689	125,912	124,900	3.8164	3.6732	3.6041	3.3754	3.3227	-0.0339	-0.0129	3.1941
Wilkes	376	374	378	375	365	69,755	69,774	69,890	70,000	69,663	5.3903	5.3602	5.4085	5.3571	5.2395	-0.0070	-0.0070	5.1294
Wilson	341	334	342	358	361	81,796	81,419	81,405	81,677	82,152	4.1689	4.1022	4.2012	4.3831	4.3943	0.0135	0.0135	4.5722
Yadkin	202	202	198	201	189	38,247	38,146	37,846	37,655	37,521	5.2815	5.2954	5.2317	5.3379	5.0372	-0.0114	-0.0114	4.8656
Yancey	116	100	95	85	86	17,874	17,919	17,915	17,915	17,980	6.4899	5.5807	5.3028	4.7446	4.7831	-0.0718	-0.0129	4.5980
State Total	37,764	37,730	38,100	37,023	37,592	9,683,675	9,779,863	9,953,687	10,054,722	10,158,475	3.8998	3.8579	3.8277	3.6822	3.7006	-0.0129		

\* Camden and Tyrrell have no Nursing Care Beds.

**Table 10C: Nursing Care Bed Need Projections for 2021**

County	Bed Rate per 1,000	2021 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.5811	169,439	776	817	888	70	818	1		90.3	0
Alexander	2.8557	38,481	110	116	183	49	134	18		69.3	0
Alleghany	7.0892	11,583	82	86	90	0	90	4		91.4	0
Anson	5.5444	26,157	145	153	161	0	161	8		92.5	0
Ashe	4.1524	27,037	112	118	210	0	210	92		55.9	0
Avery	4.5810	17,932	82	86	128	0	128	42		70.1	0
Beaufort	5.3211	47,828	254	268	290	0	290	22		86.7	0
Bertie	5.6284	19,906	112	118	142	0	142	24		82.9	0
Bladen	4.5620	35,012	160	168	194	0	194	26		85.7	0
Brunswick	3.2882	141,611	466	490	628	0	628	138		75.7	0
Buncombe	5.6702	273,427	1,550	1,632	1,950	323	1,627	-5	-0.31%	89.6	0
Burke	4.6518	89,800	418	440	556	25	531	91		89.7	0
Cabarrus	2.7891	221,185	617	649	691	24	667	18		86.8	0
Caldwell	3.6968	83,185	308	324	400	0	400	76		82.1	0
Carteret	4.2502	70,571	300	316	424	0	424	108		80.3	0
Caswell	5.7254	23,612	135	142	157	0	157	15		82.3	0
Catawba	4.1936	157,486	660	695	759	60	699	4		90.3	0
Chatham	4.7293	79,987	378	398	510	130	380	-18	-4.57%	89.4	0
Cherokee	5.5517	28,141	156	164	210	0	210	46		80.8	0
Chowan	6.0564	13,810	84	88	130	0	130	42		70.5	0
Clay	6.9352	11,343	79	83	90	0	90	7		79.4	0
Cleveland	4.3749	98,390	430	453	554	0	554	101		81.7	0
Columbus	4.5818	57,091	262	275	323	0	323	48		80.4	0
Craven	3.5663	95,565	341	359	461	0	461	102		83.5	0
Cumberland	2.8774	299,700	862	908	1,179	150	1,029	121		88.8	0
Currituck	2.8993	29,042	84	89	100	0	100	11		78.8	0
Dare	1.8481	38,089	70	74	126	0	126	52		53.4	0
Davidson	3.9599	169,911	673	708	794	46	748	40		91.9	0
Davie	3.5944	43,221	155	164	228	0	228	64		71.2	0
Duplin	4.0464	59,865	242	255	272	0	272	17		81.9	0
Durham	3.3831	327,816	1,109	1,167	1,342	206	1,136	-31	-2.69%	90.2	0

**Table 10C: Nursing Care Bed Need Projections for 2021**

County	Bed Rate per 1,000	2021 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Edgecombe	4.5080	53,659	242	255	307	0	307	52		88.5	0
Forsyth	3.5952	388,510	1,397	1,470	1,710	227	1,483	13		77.4	0
Franklin	2.3986	68,850	165	174	258	0	258	84		67.2	0
Gaston	3.7303	224,810	839	883	984	50	934	51		90.7	0
Gates	3.9435	11,630	46	48	70	0	70	22		68.8	0
Graham	7.7152	8,573	66	70	80	0	80	10		87.1	0
Granville	3.3433	60,902	204	214	220	0	220	6		87.5	0
Greene	4.8887	21,073	103	108	115	0	115	7		85.4	0
Guilford	3.7041	540,481	2,002	2,107	2,432	157	2,275	168		85.8	0
Halifax	5.2281	50,260	263	277	343	0	343	66		81.3	0
Harnett	2.6762	130,971	351	369	425	0	425	56		88.8	0
Haywood	6.2276	63,599	396	417	475	0	475	58		88.8	0
Henderson	6.5801	120,014	790	831	912	0	912	81		90.5	0
Hertford	5.1313	24,288	125	131	151	0	151	20		87.7	0
Hoke	2.1288	57,157	122	128	132	0	132	4		84.0	0
Hyde	7.7880	5,610	44	46	80	0	80	34		58.3	0
Iredell	2.8192	188,125	530	558	653	0	653	95		84.5	0
Jackson	3.5044	43,464	152	160	200	0	200	40		72.4	0
Johnston	2.4732	210,312	520	548	615	0	615	67		90.0	0
Jones	5.6319	10,423	59	62	80	0	80	18		75.9	0
Lee	4.3735	58,907	258	271	294	0	294	23		86.8	0
Lenoir	4.9490	57,953	287	302	407	100	307	5		50.3	0
Lincoln	3.0536	87,870	268	282	300	0	300	18		90.8	0
Macon	3.8901	36,685	143	150	280	0	280	130		62.9	0
Madison	7.8367	22,584	177	186	180	0	180	-6	-3.38%	93.2	0
Martin	4.3466	23,167	101	106	154	0	154	48		69.7	0
McDowell	4.3909	46,002	202	213	250	0	250	37		84.1	0
Mecklenburg	2.7326	1,165,443	3,185	3,352	3,310	353	2,957	-395	-11.79%	84.6	0
Mitchell	6.0834	15,295	93	98	127	0	127	29		81.8	0
Montgomery	3.6336	28,228	103	108	141	0	141	33		71.3	0
Moore	6.3937	100,483	642	676	730	49	681	5		84.7	0

**Table 10C: Nursing Care Bed Need Projections for 2021**

County	Bed Rate per 1,000	2021 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Nash	3.9658	93,830	372	392	458	0	458	66		93.5	0
New Hanover	3.8734	237,122	918	967	1,059	19	1,040	73		86.7	0
Northampton	5.1932	20,851	108	114	149	0	149	35		78.4	0
Onslow	1.1477	177,991	204	215	359	0	359	144		63.9	0
Orange	2.1590	149,483	323	340	471	30	441	101		84.8	0
Pamlico	5.4715	13,207	72	76	96	0	96	20		71.9	0
Pasquotank	5.2708	39,733	209	220	278	19	259	39		81.8	0
Pender	3.7368	65,333	244	257	253	0	253	-4	-1.55%	93.2	0
Perquimans	4.4209	14,240	63	66	78	0	78	12		77.6	0
Person	4.4783	40,331	181	190	200	0	200	10		89.0	0
Pitt	2.5791	180,220	465	489	582	30	552	63		89.9	0
Polk	7.9470	21,356	170	179	221	52	169	-10	-5.40%	83.7	0
Randolph	4.2625	143,831	613	645	720	0	720	75		87.8	0
Richmond	4.0107	44,998	180	190	225	0	225	35		82.4	0
Robeson	3.6807	131,828	485	511	525	21	504	-7	-1.32%	91.2	0
Rockingham	5.7187	91,687	524	552	595	0	595	43		89.5	0
Rowan	5.9828	145,177	869	914	984	159	825	-89	-9.76%	84.7	0
Rutherford	5.6731	67,922	385	406	420	0	420	14		87.0	0
Sampson	3.4100	63,992	218	230	342	0	342	112		65.3	0
Scotland	4.9649	34,760	173	182	207	40	167	-15	-8.07%	89.0	0
Stanly	5.3191	62,566	333	350	406	1	405	55		93.4	0
Stokes	6.5229	46,626	304	320	322	0	322	2		91.6	0
Surry	5.6803	73,197	416	438	472	0	472	34		93.2	0
Swain	6.1092	15,866	97	102	120	0	120	18		77.4	0
Transylvania	5.6691	35,620	202	213	267	0	267	54		77.6	0
Union	2.5317	244,212	618	651	697	0	697	46		82.7	0
Vance	4.7160	45,168	213	224	230	0	230	6		93.3	0
Wake	1.8746	1,140,593	2,138	2,251	2,671	345	2,326	75		88.4	0
Warren	5.3506	20,493	110	115	140	0	140	25		10.7	0
Washington	7.5768	12,112	92	97	114	0	114	17		89.0	0
Watauga	2.9720	57,347	170	179	226	0	226	47		71.3	0

**Table 10C: Nursing Care Bed Need Projections for 2021**

County	Bed Rate per 1,000	2021 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Wayne	3.1941	126,357	404	425	576	96	480	55		85.7	0
Wilkes	5.1294	69,664	357	376	417	0	417	41		88.5	0
Wilson	4.5722	85,144	389	410	625	231	394	-16	-3.85%	87.8	0
Yadkin	4.8656	36,925	180	189	223	0	223	34		85.0	0
Yancey	4.5980	18,083	83	88	140	0	140	52		61.5	0
State Total		10,599,416	37,969	39,967	46,453	3,062	43,391				0

\* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

\*\* NH-2 beds are 100% excluded.

\*\*\* Calculated using higher of the median or weighted mean.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional nursing home beds anywhere in the state. However, in response to a petition from Bermuda Village Retirement Community, an adjusted need determination for 21 nursing home beds in Davie County was approved by the State Health Coordinating Council, as shown in Table 10D. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 10D: Nursing Care Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional nursing care beds as specified.

<b>County</b>	<b>HSA</b>	<b>Nursing Care Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Davie***	II	21	February 15, 2018	March 1, 2018
It is determined that there is no need for additional nursing care beds anywhere in the state and no other reviews are scheduled.				

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* The need determination in the Davie County service area for 21 nursing home beds is in response to a petition that was approved by the State Health Coordinating Council.

# Chapter 11:

Adult Care Homes

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## CHAPTER 11

### ADULT CARE HOMES

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#### **Summary of Bed Supply and Utilization**

An Adult Care Home is defined as a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes. These statutory citations refer to licensure of adult care homes, nursing homes and hospitals.

Prior to enactment of legislation (Senate Bill 937) in 2001 to regulate the development of Adult Care Homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds were referred to as “exempt” or “pipeline” beds. More than 10,000 beds were identified as exempt or pipeline beds in the North Carolina 2002 State Medical Facilities Plan. Senate Bill 937, however, provides dates by which defined conditions must be met in order for these unlicensed exempt or pipeline beds to continue to be authorized for development. In addition, some other beds remain eligible to be developed pursuant to settlements of contested cases. These “settlement” beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the North Carolina 2018 State Medical Facilities Plan is subject to change based on whether or not conditions have been met to allow for development of the exempt, pipeline or settlement beds that have been included in this inventory. Changes in the inventory of exempt or pipeline beds following publication of the North Carolina 2018 State Medical Facilities Plan will be addressed in the 2019 or subsequent Plans. Changes in inventory may also be made as a result of litigation.

In the fall of 2017, the adult care home inventory included 43,284 licensed beds in adult care homes, nursing homes and hospitals. An additional 945 beds had not, as yet, been licensed. These 945 “License Pending” beds had either been exempted from the moratorium on the development of additional adult care home beds; had been determined to be in the pipeline for development prior to the moratorium; had been set out in the terms of settlement agreements; or had received approval from Certificate of Need (CON) but were not yet licensed. In addition, 1,536 adult care home beds from currently licensed facilities will be transferred to CON-approved projects once completed. The “total inventory” of adult care home beds (*licensed + license pending + previously allocated*) was 44,229. Exclusions for one-half of the qualified adult care home beds in continuing care retirement communities (*Policy LTC-1 beds*) accounted for 277 excluded beds resulting in an adjusted “planning inventory” of 43,952 adult care home beds.

#### **Changes from the Previous Plan**

There have been no substantial changes in the application of the adult care home bed need methodology from that used in the 2017 State Medical Facilities Plan.

References to dates in the methodology and in the policies have been advanced by one year, as appropriate.

#### **Basic Assumptions of the Method**

1. The principal determinant of adult care home use in an area is the age of the population; the higher the age, the higher the use.
2. Need should be projected three years beyond the Plan Year because at least that amount of time is required to bring a needed facility or expansion into service.

3. One-half of the beds developed as part of a qualified continuing care retirement community are excluded from the inventory.
4. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to adult care home facilities.
5. The following bed-to-population ratios were based on the five-year average combined patient utilization data as reported on 2013 through 2017 License Renewal Applications to Operate a Nursing Home, 2013 through 2017 Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications, and 2013 through 2017 License Renewal Applications for Adult Care Homes.

<u>Age Group</u>	<u>Beds Per 1,000 Population</u>
Under 35	0.05
35-64	1.28
65-74	5.25
75-84	18.37
85 and Over	74.39

#### **Sources of Data**

##### **Population Data:**

Projected numbers of residents, by county and age group, for 2021 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the “Under 35 age group” for any county with more than 500 active duty military personnel. These estimates were obtained from the category of “Employment Status- Armed Forces” in the “Selected Economic Characteristics” portion of the American Community Survey 2015 5-year Estimates.

##### **Utilization Data:**

Data on utilization by age groups were compiled from the 2013 through 2017 "License Renewal Applications to Operate a Nursing Home" combined with data from the 2013 through 2017 “Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications,” combined with data from the 2013 through 2017 License Renewal Applications for Adult Care Homes as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

#### **Application of the Method**

The steps in applying the projection method are as follows:

- Step 1: Multiply the adopted age-specific use rates (*see under "Assumptions"*) by each county’s corresponding projected age-specific civilian population (*in thousands*) for the target year (2021).
- Step 2: For each county, add the products of the age-specific projections of beds in Step 1. The sum is the county’s projected bed utilization.

- Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: license pending beds; beds available in prior Plans that have not been CON approved; and exclusions from the county's inventory, if any.
- Step 4: For each county, the projected bed utilization derived in Step 2 is subtracted from the planning inventory derived in Step 3. The result is the county's surplus or deficit.
- Step 5: If any county's deficit is 10 percent to 50 percent of its total projected bed need and the average occupancy of licensed beds in the county, excluding continuing care retirement communities, is 85 percent or greater based on utilization data reported on 2017 License Renewal Applications, the need determination is the amount of the deficit rounded to 10. If any county's deficit is 50 percent or more of its total projected bed need, the need determination is the amount of the deficit rounded to 10. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

An adult care home bed's service area is the adult care home bed planning area in which the bed is located. Ninety-eight counties in the state are separate adult care home planning areas. Two counties, Hyde and Tyrrell, are considered a combined service area.

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Alamance	A Vision Come True	0	0	12	12	0	0	0	0	12	0	12
Alamance	Alamance House	0	0	94	94	0	0	0	0	94	0	94
Alamance	Blakey Hall Assisted Living	0	0	72	72	0	0	0	0	72	0	72
Alamance	Brookdale Burlington AL (NC)	0	0	84	84	0	0	0	0	84	0	84
Alamance	Brookdale Burlington MC	0	0	52	52	0	0	0	0	52	0	52
Alamance	Burlington Care Center	0	0	12	12	0	0	0	0	12	0	12
Alamance	Edgewood Place at the Village at Brookwood	24	0	0	24	0	0	0	0	24	0	24
Alamance	Elon Village Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Alamance	Homeplace of Burlington	0	0	67	67	0	0	0	0	67	0	67
Alamance	Lane St. Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	48	0	0	48	0	0	0	0	48	0	48
Alamance	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Alamance	Pleasant Grove Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Brock Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Crouse Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Ross Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Stewart Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	The Oaks of Alamance	0	0	69	69	0	0	0	0	69	0	69
Alamance	Twin Lakes Community Memory Care	16	0	0	16	0	0	0	0	16	7	9
<b>Alamance Totals</b>		<b>88</b>	<b>0</b>	<b>670</b>	<b>758</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>758</b>	<b>7</b>	<b>751</b>
Alexander	A New Outlook of Taylorsville	0	0	34	34	0	0	0	0	34	0	34
Alexander	Alexander Assisted Living	0	0	32	32	0	0	0	0	32	0	32
Alexander	Taylorsville House	0	0	60	60	0	0	0	0	60	0	60
<b>Alexander Totals</b>		<b>0</b>	<b>0</b>	<b>126</b>	<b>126</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>126</b>
Alleghany	Alleghany House	0	0	0	0	40	0	0	0	40	0	40
<b>Alleghany Totals</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>	<b>40</b>
Anson	Ambassador Rehab & Healthcare Center	53	0	0	53	0	0	0	0	53	0	53
Anson	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	0	60	0	60
<b>Anson Totals</b>		<b>53</b>	<b>0</b>	<b>60</b>	<b>113</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>113</b>	<b>0</b>	<b>113</b>
Ashe	Ashe Assisted Living and Memory Care	0	0	55	55	0	0	0	0	55	0	55
Ashe	Forest Ridge	0	0	60	60	0	0	0	0	60	0	60
<b>Ashe Totals</b>		<b>0</b>	<b>0</b>	<b>115</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>115</b>	<b>0</b>	<b>115</b>
Avery	Cranberry House	0	0	60	60	0	0	0	0	60	0	60
Avery	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	0	40	0	40
<b>Avery Totals</b>		<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>100</b>
Beaufort	AG Dunston Manor	0	0	0	0	50	0	0	0	50	0	50

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Beaufort	Autumnfield of Belhaven	0	0	64	64	0	0	0	0	64	0	64
Beaufort	Clara Manor	0	0	20	20	0	0	0	0	20	0	20
Beaufort	Pantego Rest Home	0	0	30	30	0	0	0	0	30	0	30
Beaufort	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Beaufort	Washington Manor	0	0	9	9	0	0	0	0	9	0	9
Beaufort	Willow Manor	0	0	34	34	0	0	0	0	34	0	34
<b>Beaufort Totals</b>		<b>10</b>	<b>0</b>	<b>157</b>	<b>167</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>217</b>	<b>0</b>	<b>217</b>
Bertie	Three Rivers Health and Rehab	20	0	0	20	0	0	0	0	20	0	20
Bertie	Windsor House	0	0	60	60	0	0	0	0	60	0	60
Bertie	Winston Gardens	0	0	25	25	0	0	0	0	25	0	25
<b>Bertie Totals</b>		<b>20</b>	<b>0</b>	<b>85</b>	<b>105</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>105</b>	<b>0</b>	<b>105</b>
Bladen	Bladen East Health and Rehab	30	0	0	30	0	0	0	0	30	0	30
Bladen	Bladen Manor Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Bladen	West Bladen Assisted Living	0	0	60	60	0	0	0	0	60	0	60
<b>Bladen Totals</b>		<b>30</b>	<b>0</b>	<b>120</b>	<b>150</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>150</b>	<b>0</b>	<b>150</b>
Brunswick	Arbor Landing at Ocean Isle	0	0	0	0	40	0	0	0	40	0	40
Brunswick	Autumn Care of Shallotte	10	0	0	10	0	0	0	0	10	0	10
Brunswick	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	0	40	0	40
Brunswick	Calabash Manor	0	0	0	0	80	0	0	0	80	0	80
Brunswick	Carillon Assisted Living of Southport	0	0	96	96	0	0	0	0	96	0	96
Brunswick	Leland House	0	0	78	78	0	0	0	0	78	0	78
Brunswick	Liberty Commons Assisted Living of Brunswick County	0	0	0	0	110	0	0	0	110	0	110
Brunswick	Liberty Commons of Brunswick County (Transfer 32 ACH beds from The Commons at Brightmore, New Hanover Co.)	0	0	0	0	0	32	0	0	32	0	32
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Brunswick	Shallotte Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Brunswick	The Brunswick Community	0	0	0	0	110	0	0	0	110	0	110
<b>Brunswick Totals</b>		<b>67</b>	<b>0</b>	<b>254</b>	<b>321</b>	<b>340</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>693</b>	<b>0</b>	<b>693</b>
Buncombe	Arbor Terrace of Asheville	0	0	70	70	0	0	0	0	70	0	70
Buncombe	Aston Park Health Care Center	19	0	0	19	0	0	0	0	19	0	19
Buncombe	Becky's Rest Home #1	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Becky's Rest Home #2	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Brian Center Health & Rehabilitation/Weaverville	10	0	0	10	0	0	0	0	10	0	10
Buncombe	Brookdale Asheville Overlook	0	0	79	79	0	0	0	0	79	0	79
Buncombe	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	0	38	0	38
Buncombe	Candler Living Center	0	0	29	29	0	0	0	0	29	0	29
Buncombe	Canterbury Hills Adult Care Home (closed)	0	0	99	99	0	-99	0	0	0	0	0
Buncombe	Chase Samaritan Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Buncombe	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	0	67	0	67

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Buncombe	Deerfield Episcopal Retirement Community	62	0	0	62	0	0	0	0	62	10	52
Buncombe	Emerald Ridge Rehabilitation & Care Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Health Care Center Inc	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Givens Health Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Givens Highland Farms	30	0	0	30	0	0	0	0	30	0	30
Buncombe	Heather Glen At Ardenwoods	0	0	60	60	0	0	0	0	60	0	60
Buncombe	Hominy Valley Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Buncombe	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Nana's Assisted Living Facility (Transfer to Winchester House (Henderson Co.))	0	0	49	49	0	-25	0	0	24	0	24
Buncombe	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	0	56	0	56
Buncombe	Richmond Hill Rest Home #1	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #3	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #4	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #5	0	0	12	12	0	0	0	0	12	0	12
Buncombe	The Crossings at Beaverdam (Bed transfer from Canterbury Hills)	0	0	0	0	0	99	0	0	99	0	99
Buncombe	The Laurels of Summit Ridge	63	0	0	63	0	0	0	0	63	0	63
Buncombe	The Oaks at Sweeten Creek	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Trinity View	0	0	24	24	0	0	0	0	24	0	24
Buncombe	Western North Carolina Baptist Home	50	0	0	50	0	0	0	0	50	0	50
Buncombe	Windwood Assisted Living	0	0	12	12	0	0	0	0	12	0	12
<b>Buncombe Totals</b>		<b>290</b>	<b>0</b>	<b>885</b>	<b>1,175</b>	<b>0</b>	<b>-25</b>	<b>0</b>	<b>0</b>	<b>1,150</b>	<b>10</b>	<b>1,140</b>
Burke	Autumn Care of Drexel	20	0	0	20	0	0	0	0	20	0	20
Burke	Burke Long Term Care	0	0	24	24	0	0	0	0	24	0	24
Burke	Burkeview Manor (Replacement facility)	0	0	0	0	0	63	0	0	63	0	63
Burke	Cambridge House	0	0	60	60	0	0	0	0	60	0	60
Burke	Grace Ridge	47	0	0	47	0	0	0	0	47	0	47
Burke	Jonas Ridge Adult Care	0	0	57	57	0	0	0	0	57	0	57
Burke	Longview Assisted Living (Closed. 63 ACH bed transfer to Burkview Manor)	0	0	63	63	0	-63	0	0	0	0	0
Burke	McAlpine Adult Care	0	0	60	60	0	0	0	0	60	0	60
Burke	Morganton Long Term Care Facility	0	0	20	20	0	0	0	0	20	0	20
Burke	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	0	64	0	64
<b>Burke Totals</b>		<b>67</b>	<b>0</b>	<b>348</b>	<b>415</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>415</b>	<b>0</b>	<b>415</b>
Cabarrus	Brookdale Concord Parkway	0	0	112	112	0	0	0	0	112	0	112
Cabarrus	Cabarrus Manor (Replacement facility for Kannapolis Village and Concord House. 25 bed transfer from St. Andrews.)	0	0	0	0	0	133	0	0	133	0	133

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cabarrus	Caremoor Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Cabarrus	Carillon Assisted Living of Harrisburg	0	0	96	96	0	0	0	0	96	0	96
Cabarrus	Concord House (Bed transfer of 48 beds to replacement facility, Cabarrus Manor.)	0	0	48	48	0	-48	0	0	0	0	0
Cabarrus	Concord Place	0	0	60	60	0	0	0	0	60	0	60
Cabarrus	Five Oaks Manor	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	Kannapolis Village (Bed transfer to Cabarrus Manor)	0	0	60	60	0	-60	0	0	0	0	0
Cabarrus	Morningside of Concord	0	0	105	105	0	0	0	0	105	0	105
Cabarrus	Mt. Pleasant House	0	0	74	74	0	0	0	0	74	0	74
Cabarrus	St. Andrews Center	0	0	56	56	0	0	0	0	56	0	56
Cabarrus	St. Andrews Center (Closed. Bed transfer to Cabarrus Manor)	0	0	25	25	0	-25	0	0	0	0	0
Cabarrus	The Country Home	0	0	40	40	0	0	0	0	40	0	40
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	The Living Center of Concord	0	0	180	180	0	0	0	0	180	0	180
<b>Cabarrus Totals</b>		<b>48</b>	<b>0</b>	<b>886</b>	<b>934</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>934</b>	<b>0</b>	<b>934</b>
Caldwell	Brockford Inn	0	0	67	67	0	0	0	0	67	0	67
Caldwell	Brookdale Lenoir	0	0	82	82	0	0	0	0	82	0	82
Caldwell	Carolina Oaks Enhanced Care Center	0	0	60	60	0	0	0	0	60	0	60
Caldwell	Gateway Rehabilitation and Healthcare	18	0	0	18	0	0	0	0	18	0	18
Caldwell	Grandview Villa Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Caldwell	The Shaire Center	0	0	82	82	0	0	0	0	82	0	82
<b>Caldwell Totals</b>		<b>18</b>	<b>0</b>	<b>331</b>	<b>349</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>349</b>	<b>0</b>	<b>349</b>
Camden	Needham Adult Care Home	0	0	24	24	0	0	0	0	24	0	24
<b>Camden Totals</b>		<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>24</b>
Carteret	Brookdale Morehead City	0	0	72	72	0	0	0	0	72	0	72
Carteret	Carteret House	0	0	64	64	0	0	0	0	64	0	64
Carteret	Carteret Manor Assisted Living	0	0	110	110	0	0	0	0	110	0	110
Carteret	Snug Harbor on Nelson Bay	50	0	0	50	0	0	0	0	50	0	50
<b>Carteret Totals</b>		<b>50</b>	<b>0</b>	<b>246</b>	<b>296</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>296</b>	<b>0</b>	<b>296</b>
Caswell	Caswell House	0	0	100	100	0	0	0	0	100	0	100
Caswell	Dan River Manor (Replacement facility for Dogwood Blackwell Rest Home, Dogwood Forest #2 and Dogwood Ronald David Home.)	0	0	0	0	0	64	0	0	64	0	64
Caswell	Dogwood - Blackwell Rest Home (Closed. Bed transfer to Dan River Manor.)	0	0	40	40	0	-40	0	0	0	0	0
Caswell	Dogwood - Forest #2 (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	Dogwood - Ronald David Home (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	0	12	0	12

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Caswell	Jefferson Care Home	0	0	12	12	0	0	0	0	12	0	12
Caswell	Poole's Rest Home	0	0	19	19	0	0	0	0	19	0	19
<b>Caswell Totals</b>		<b>0</b>	<b>0</b>	<b>207</b>	<b>207</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>207</b>	<b>0</b>	<b>207</b>
Catawba	Abernethy Laurels	18	0	0	18	0	0	0	0	18	0	18
Catawba	Austin Adult Care	0	0	29	29	0	0	0	0	29	0	29
Catawba	Brian Center Health & Rehabilitation/Hickory East	20	0	0	20	0	0	0	0	20	0	20
Catawba	Brookdale Falling Creek	0	0	60	60	0	0	0	0	60	0	60
Catawba	Brookdale Hickory Northeast	0	0	88	88	0	0	0	0	88	0	88
Catawba	Carillon Assisted Living of Newton	0	0	96	96	0	0	0	0	96	0	96
Catawba	Catawba Valley Living At Rock Barn	0	0	80	80	0	0	0	0	80	0	80
Catawba	Heritage Care of Conover	0	0	60	60	0	0	0	0	60	0	60
Catawba	Hickory Village	0	0	56	56	0	0	0	0	56	0	56
Catawba	Piedmont Village at Newton	0	0	40	40	0	0	0	0	40	0	40
Catawba	Springs of Catawba	0	0	66	66	0	0	0	0	66	0	66
Catawba	The Alberta House	0	0	20	20	0	0	0	0	20	0	20
Catawba	Trinity Village	90	0	0	90	0	0	0	0	90	0	90
<b>Catawba Totals</b>		<b>128</b>	<b>0</b>	<b>595</b>	<b>723</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>723</b>	<b>0</b>	<b>723</b>
Chatham	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	0	90	0	90
Chatham	Carolina Meadows Fairways	0	0	95	95	0	0	0	0	95	0	95
Chatham	Chatham Ridge AL	0	0	91	91	0	0	0	0	91	0	91
Chatham	Coventry House Of Siler City (Transfer from Careview Rest Home)	0	0	86	86	0	0	0	0	86	0	86
Chatham	Pittsboro Christian Village	0	0	40	40	0	0	0	0	40	0	40
Chatham	The Arbor	51	0	0	51	0	0	0	0	51	26	25
<b>Chatham Totals</b>		<b>51</b>	<b>0</b>	<b>402</b>	<b>453</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>453</b>	<b>26</b>	<b>427</b>
Cherokee	Carolina Care Home #1	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Carolina Care Home #2	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Peachtree Manor	0	0	0	0	80	0	0	0	80	0	80
<b>Cherokee Totals</b>		<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>104</b>	<b>0</b>	<b>104</b>
Chowan	Edenton House	0	0	60	60	0	0	0	0	60	0	60
Chowan	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	0	60	0	60
<b>Chowan Totals</b>		<b>0</b>	<b>0</b>	<b>120</b>	<b>120</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>120</b>
Clay	Clay County Care Center	10	0	0	10	0	0	0	0	10	0	10
Clay	Hayesville House	0	0	60	60	0	0	0	0	60	0	60
<b>Clay Totals</b>		<b>10</b>	<b>0</b>	<b>60</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>70</b>	<b>0</b>	<b>70</b>
Cleveland	Brookdale Shelby	0	0	60	60	0	0	0	0	60	0	60
Cleveland	Carillon Assisted Living of Shelby	0	0	96	96	0	0	0	0	96	0	96
Cleveland	Cleveland House	0	0	72	72	0	0	0	0	72	0	72

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cleveland	Golden Years Rest Home	0	0	12	12	0	0	0	0	12	0	12
Cleveland	Kings Mountain Care Center	0	0	20	20	0	0	0	0	20	0	20
Cleveland	Openview Retirement Home	0	0	24	24	0	0	0	0	24	0	24
Cleveland	Shelby Manor	0	0	74	74	0	0	0	0	74	0	74
Cleveland	Summit Place of Kings Mountain	0	0	65	65	0	0	0	0	65	0	65
<b>Cleveland Totals</b>		<b>0</b>	<b>0</b>	<b>423</b>	<b>423</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>423</b>	<b>0</b>	<b>423</b>
Columbus	Lake Pointe Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	40	0	0	40	0	0	0	0	40	0	40
Columbus	Premier Living & Rehab Center	15	0	0	15	0	0	0	0	15	0	15
Columbus	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	0	10	0	10
Columbus	Tabor Commons	0	0	80	80	0	0	0	0	80	0	80
<b>Columbus Totals</b>		<b>65</b>	<b>0</b>	<b>160</b>	<b>225</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>225</b>	<b>0</b>	<b>225</b>
Craven	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	0	12	0	12
Craven	Brookdale New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	Croatan Village	0	0	72	72	0	0	0	0	72	0	72
Craven	Good Shepherd Home for the Aged	0	0	54	54	0	0	0	0	54	0	54
Craven	Homeplace of New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	New Bern House	0	0	108	108	0	0	0	0	108	0	108
Craven	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	0	18	0	18
Craven	Riverstone	0	0	64	64	0	0	0	0	64	0	64
Craven	Riverview	0	0	83	83	0	0	0	0	83	0	83
Craven	The Courtyards at Berne Village	0	0	55	55	0	0	0	0	55	0	55
Craven	The Courtyards at Berne Village Memory Care	0	0	25	25	0	0	0	0	25	0	25
<b>Craven Totals</b>		<b>30</b>	<b>0</b>	<b>581</b>	<b>611</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>611</b>	<b>0</b>	<b>611</b>
Cumberland	Carillon Assisted Living of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Cumberland	Carolina Inn at Village Green	0	0	100	100	0	0	0	0	100	0	100
Cumberland	Countryside Villa (Bed transfer to Crossings at Fayetteville)	0	0	80	80	0	-80	0	0	0	0	0
Cumberland	Crossings at Fayetteville (Bed transfer of 80 ACH beds from Countryside Villa and 20 ACH beds from Hope Rest Home)	0	0	0	0	0	100	0	0	100	0	100
Cumberland	Cumberland County Rehabilitation Center (Replacement facility. 36 bed transfer from Mann Street Residential Care)	0	0	0	0	0	36	0	0	36	0	36
Cumberland	Cumberland Village Assisted Living	0	0	163	163	0	0	0	0	163	0	163
Cumberland	Eastover Gardens Special Care	0	0	44	44	0	0	0	0	44	0	44
Cumberland	Fayetteville Manor	0	0	60	60	0	0	0	0	60	0	60
Cumberland	Haymount Rehabilitation & Nursing Center Inc	22	0	0	22	0	0	0	0	22	0	22
Cumberland	Heritage Suites	0	0	62	62	0	0	0	0	62	0	62
Cumberland	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	0	53	0	53
Cumberland	Hope Mills Retirement Center	0	0	64	64	0	0	0	0	64	0	64

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cumberland	Hope Rest Home (Beds transferred to The Crossings at Fayetteville)	0	0	20	20	0	-20	0	0	0	0	0
Cumberland	Mann Street Residential Care Facility (36 bed transfer to Cumberland County Rehabilitation Center.)	0	0	36	36	0	-36	0	0	0	0	0
Cumberland	Pine Valley Adult Care Home	0	0	40	40	0	0	0	0	40	0	40
Cumberland	The Arc of Hope Mills	0	0	29	29	0	0	0	0	29	0	29
Cumberland	Valley Pines Adult Care	0	0	23	23	0	0	0	0	23	0	23
Cumberland	Woodlands Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
<b>Cumberland Totals</b>		<b>95</b>	<b>0</b>	<b>817</b>	<b>912</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>912</b>	<b>0</b>	<b>912</b>
Currituck	Currituck House	0	0	90	90	0	0	0	0	90	0	90
<b>Currituck Totals</b>		<b>0</b>	<b>0</b>	<b>90</b>	<b>90</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>90</b>	<b>0</b>	<b>90</b>
Dare	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	0	102	0	102
<b>Dare Totals</b>		<b>0</b>	<b>0</b>	<b>102</b>	<b>102</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>102</b>	<b>0</b>	<b>102</b>
Davidson	Brookdale Lexington	0	0	76	76	0	0	0	0	76	0	76
Davidson	Brookstone Retirement Center	0	0	115	115	0	0	0	0	115	0	115
Davidson	Grayson Creek of Welcome	0	0	75	75	0	0	0	0	75	0	75
Davidson	Hilltop Living Center	0	0	65	65	0	0	0	0	65	0	65
Davidson	Lexington Health Care Center	10	0	0	10	0	0	0	0	10	0	10
Davidson	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Davidson	Mountain Vista Health Park	60	0	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	20	0	0	20	0	0	0	0	20	0	20
Davidson	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	0	14	0	14
Davidson	Spring Arbor of Thomasville	0	0	62	62	0	0	0	0	62	0	62
<b>Davidson Totals</b>		<b>104</b>	<b>0</b>	<b>493</b>	<b>597</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>597</b>	<b>0</b>	<b>597</b>
Davie	Autumn Care of Mocksville	12	0	0	12	0	0	0	0	12	0	12
Davie	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Davie	Bermuda Village Retirement Center	21	0	0	21	0	0	0	0	21	0	21
Davie	Mocksville Senior Living and Memory Care	0	0	69	69	0	0	0	0	69	0	69
Davie	Somerset Court of Mocksville	0	0	60	60	0	0	0	0	60	0	60
Davie	The Heritage of Cedar Rock	0	0	40	40	0	0	0	0	40	0	40
<b>Davie Totals</b>		<b>43</b>	<b>0</b>	<b>169</b>	<b>212</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>212</b>	<b>0</b>	<b>212</b>
Duplin	Autumn Village	0	0	88	88	0	0	0	0	88	0	88
Duplin	DaySpring of Wallace	0	0	80	80	0	0	0	0	80	0	80
Duplin	Golden Care	0	0	30	30	0	0	0	0	30	0	30
Duplin	Rosemary Rest Home	0	0	45	45	0	0	0	0	45	0	45
Duplin	Wallace Gardens	0	0	64	64	0	0	0	0	64	0	64
Duplin	Windham Hall	0	0	80	80	0	0	0	0	80	0	80
<b>Duplin Totals</b>		<b>0</b>	<b>0</b>	<b>387</b>	<b>387</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>387</b>	<b>0</b>	<b>387</b>
Durham	Atria Southpoint Walk	0	0	20	20	0	0	0	0	20	0	20

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Durham	Brookdale Chapel Hill MC	0	0	38	38	0	0	0	0	38	0	38
Durham	Brookdale Durham	0	0	119	119	0	0	0	0	119	0	119
Durham	Brookdale of Chapel Hill AL (NC)	0	0	70	70	0	0	0	0	70	0	70
Durham	Camellia Gardens	0	0	81	81	0	0	0	0	81	0	81
Durham	Carillon Assisted Living of Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Durham	Carver Living Center	20	0	0	20	0	0	0	0	20	0	20
Durham	Croasdaile Village	0	0	30	30	34	0	0	0	64	17	47
Durham	Durham Ridge Assisted Living	0	0	142	142	0	0	0	0	142	0	142
Durham	Eden Spring Living Center	0	0	19	19	0	0	0	0	19	0	19
Durham	Ellison's Rest Home #1	0	0	29	29	0	0	0	0	29	0	29
Durham	Eno Pointe Assisted Living	0	0	147	147	0	0	0	0	147	0	147
Durham	Hillcrest Convalescent Center	34	0	0	34	0	0	0	0	34	0	34
Durham	Seasons @ Southpoint	0	0	51	51	0	0	0	0	51	0	51
Durham	Spring Arbor of Durham	0	0	60	60	0	0	0	0	60	0	60
Durham	The Forest at Duke	34	0	0	34	0	0	0	0	34	0	34
<b>Durham Totals</b>		<b>88</b>	<b>0</b>	<b>902</b>	<b>990</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,024</b>	<b>17</b>	<b>1,007</b>
Edgecombe	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	0	126	0	126
Edgecombe	Open Fields Assisted Living	0	0	130	130	0	0	0	0	130	0	130
Edgecombe	The Fountains at The Albemarle	56	0	0	56	0	0	0	0	56	0	56
<b>Edgecombe Totals</b>		<b>56</b>	<b>0</b>	<b>256</b>	<b>312</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>312</b>	<b>0</b>	<b>312</b>
Forsyth	Arbor Acres United Methodist Retirement Community	102	0	0	102	4	0	0	0	106	11	95
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	0	40	0	0	0	0	40	0	40
Forsyth	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	0	115	0	115
Forsyth	Brookdale Reynolda Road	0	0	72	72	0	0	0	0	72	0	72
Forsyth	Brookdale Winston-Salem	0	0	38	38	0	0	0	0	38	0	38
Forsyth	Brookridge Retirement Community	36	0	0	36	0	0	0	0	36	0	36
Forsyth	Brookstone Terrace	0	0	40	40	0	0	0	0	40	0	40
Forsyth	C.R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	0	40	0	40
Forsyth	Carillon Assisted Living Of Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Forsyth	Clemmons Village I	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Clemmons Village II	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Creekside Manor	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Danby House	0	0	100	100	0	0	0	0	100	0	100
Forsyth	Forest Heights Senior Living Community	0	0	125	125	0	0	0	0	125	0	125
Forsyth	Forsyth Village	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Homestead Hills Assisted Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Integrity Assisted Living	0	0	121	121	0	0	0	0	121	0	121

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Forsyth	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	0	117	0	117
Forsyth	Memory Care of the Triad	0	0	42	42	0	0	0	0	42	0	42
Forsyth	Salem Terrace	0	0	142	142	0	0	0	0	142	0	142
Forsyth	Salemtowne	46	0	0	46	20	0	0	0	66	10	56
Forsyth	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Somerset Court at University Place	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Southfork	0	0	78	78	0	0	0	0	78	0	78
Forsyth	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	0	62	0	62
Forsyth	The Crest of Clemmons	0	0	96	96	0	0	0	0	96	0	96
Forsyth	Trinity Elms	0	0	104	104	0	0	0	0	104	0	104
Forsyth	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	0	29	0	29
Forsyth	Vienna Village	0	0	90	90	0	0	0	0	90	0	90
<b>Forsyth Totals</b>		<b>224</b>	<b>0</b>	<b>2,005</b>	<b>2,229</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,253</b>	<b>21</b>	<b>2,232</b>
Franklin	Essex Manor Assisted Living Facility	0	0	56	56	0	0	0	0	56	0	56
Franklin	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	0	54	0	54
Franklin	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Franklin	Louisburg Manor	0	0	60	60	0	0	0	0	60	0	60
Franklin	Southern Living for Seniors of Louisburg, NC	0	0	60	60	0	0	0	0	60	0	60
<b>Franklin Totals</b>		<b>10</b>	<b>0</b>	<b>230</b>	<b>240</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>240</b>	<b>0</b>	<b>240</b>
Gaston	Alexandria Place	40	0	0	40	0	0	0	0	40	0	40
Gaston	Belaire Health Care Center (Closed. Bed transfer to Country Time Inn.)	0	0	20	20	0	-20	0	0	0	0	0
Gaston	Brookdale New Hope	0	0	86	86	0	0	0	0	86	0	86
Gaston	Brookdale Robinwood	0	0	89	89	0	0	0	0	89	0	89
Gaston	Brookdale Union	0	0	78	78	0	0	0	0	78	0	78
Gaston	Carillon Assisted Living of Cramer Mountain	0	0	128	128	0	0	0	0	128	0	128
Gaston	Carolina Care Health and Rehabilitation	12	0	0	12	0	0	0	0	12	0	12
Gaston	Country Time Inn (Bed transfer from Belaire Health Care Center.)	0	0	59	59	0	20	0	0	79	0	79
Gaston	Courtland Terrace	19	0	0	19	0	0	0	0	19	0	19
Gaston	Covenant Village, Inc.	42	0	0	42	0	0	0	0	42	0	42
Gaston	Heritage Oaks Assisted Living	0	0	86	86	0	0	0	0	86	0	86
Gaston	Morningside of Gastonia	0	0	105	105	0	0	0	0	105	0	105
Gaston	Peak Resources-Cherryville	57	0	0	57	0	0	0	0	57	0	57

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Gaston	Rosewood Assisted Living	0	0	48	48	0	0	0	0	48	0	48
Gaston	Somerset Court of Cherryville	0	0	60	60	0	0	0	0	60	0	60
Gaston	Stanley Total Living Center, Inc	40	0	0	40	14	0	0	0	54	15	39
Gaston	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	0	74	0	74
Gaston	Wellington House	0	0	48	48	0	0	0	0	48	0	48
Gaston	Woodlawn Haven	0	0	80	80	0	0	0	0	80	0	80
<b>Gaston Totals</b>		<b>210</b>	<b>0</b>	<b>961</b>	<b>1,171</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,185</b>	<b>15</b>	<b>1,170</b>
Gates	Accordius Health and Rehabilitation	10	0	0	10	0	0	0	0	10	0	10
Gates	Gates House	0	0	70	70	0	0	0	0	70	0	70
<b>Gates Totals</b>		<b>10</b>	<b>0</b>	<b>70</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Graham	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
<b>Graham Totals</b>		<b>23</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>0</b>	<b>23</b>
Granville	Granville House	0	0	60	60	0	0	0	0	60	0	60
Granville	Heritage Meadows Long Term Care Facility	0	0	80	80	0	0	0	0	80	0	80
Granville	Pine Gardens Adult Care	0	0	31	31	0	0	0	0	31	0	31
Granville	Summit Communities	0	0	60	60	0	0	0	0	60	0	60
Granville	Universal Health Care/Oxford	20	0	0	20	0	0	0	0	20	0	20
<b>Granville Totals</b>		<b>20</b>	<b>0</b>	<b>231</b>	<b>251</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>251</b>	<b>0</b>	<b>251</b>
Greene	Greendale Forest Nursing & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Greene	Snow Hill Assisted Living	0	0	40	40	0	0	0	0	40	0	40
<b>Greene Totals</b>		<b>17</b>	<b>0</b>	<b>40</b>	<b>57</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>57</b>	<b>0</b>	<b>57</b>
Guilford	Abbotswood at Irving Park Assisted Living (Replacement facility. Relocated 22 beds from Bell House and 26 beds from Elm Villa.)	0	0	28	28	0	48	0	0	76	0	76
Guilford	Alpha Concord of Greensboro	0	0	64	64	0	0	0	0	64	0	64
Guilford	Arbor Care Assisted Living (92 bed transfer to The Crossings at Greensboro)	0	0	92	92	0	-92	0	0	0	0	0
Guilford	Bell House (Closed.)	0	0	22	22	0	-22	0	0	0	0	0
Guilford	Blumenthal Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Guilford	Brighton Gardens of Greensboro	0	0	125	125	0	0	0	0	125	0	125
Guilford	Brookdale High Point	0	0	82	82	0	0	0	0	82	0	82
Guilford	Brookdale High Point North AL (NC)	0	0	102	102	0	0	0	0	102	0	102
Guilford	Brookdale High Point North ML	0	0	65	65	0	0	0	0	65	0	65
Guilford	Brookdale Lawndale Park	0	0	118	118	0	0	0	0	118	0	118
Guilford	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	0	81	0	81
Guilford	Brookdale Skeet Club	0	0	79	79	0	0	0	0	79	0	79
Guilford	Carriage House Senior Living Community	0	0	108	108	0	0	0	0	108	0	108
Guilford	Clapp's Assisted Living	0	0	30	30	0	0	0	0	30	0	30
Guilford	Countryside Manor Inc	16	0	0	16	0	0	0	0	16	0	16

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Guilford	Elm Villa (Relocating 26 beds to Abbotswood at Irving Park and 18 beds to The Arboretum at Heritage Green.)	0	0	44	44	0	-44	0	0	0	0	0
Guilford	Friends Homes at Guilford	60	0	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes West	40	0	0	40	0	0	0	0	40	0	40
Guilford	Guilford House	0	0	60	60	0	0	0	0	60	0	60
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	37	0	0	37	0	0	0	0	37	0	37
Guilford	Holden Heights	0	0	96	96	0	0	0	0	96	0	96
Guilford	Lawson's Adult Enrichment Center	0	0	18	18	0	0	0	0	18	0	18
Guilford	Long's Rest Home for Aged	0	0	12	12	0	0	0	0	12	0	12
Guilford	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	0	40	0	40
Guilford	Maryfield Nursing Home	36	0	0	36	0	0	0	0	36	13	23
Guilford	Morningview at Irving Park	0	0	105	105	0	0	0	0	105	0	105
Guilford	Piedmont Christian Home	0	0	93	93	0	0	0	0	93	0	93
Guilford	Richland Place	0	0	70	70	0	0	0	0	70	0	70
Guilford	River Landing at Sandy Ridge	56	0	0	56	0	0	0	0	56	0	56
Guilford	Spring Arbor of Greensboro	0	0	100	100	0	0	0	0	100	0	100
Guilford	St. Gales Estates	0	0	60	60	0	0	0	0	60	0	60
Guilford	The Arboretum at Heritage Greens (Bed transfer from Elm Villa.)	0	0	48	48	0	18	0	0	66	0	66
Guilford	The Crossings at Greensboro (92 bed transfer from Arbor Care Assisted Living)	0	0	0	0	0	92	0	0	92	0	92
Guilford	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	0	45	0	45
Guilford	Wellington Oaks	0	0	114	114	0	0	0	0	114	0	114
Guilford	Well-Spring	72	0	0	72	0	0	0	0	72	0	72
Guilford	Westchester Harbour	0	0	90	90	0	0	0	0	90	0	90
Guilford	WhiteStone: A Masonic and Eastern Star Community	12	0	0	12	0	0	0	0	12	0	12
<b>Guilford Totals</b>		<b>389</b>	<b>0</b>	<b>1,951</b>	<b>2,340</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,340</b>	<b>13</b>	<b>2,327</b>
Halifax	Carolina Rest Home	0	0	40	40	0	0	0	0	40	0	40
Halifax	Lakeview Village (Replacement facility)	0	0	0	0	0	60	0	0	60	0	60
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	25	0	0	25	0	0	0	0	25	0	25
Halifax	Our Community Hospital, Inc.	0	20	0	20	0	0	0	0	20	0	20
Halifax	Woodhaven Rest Home #1 (Replacement facility.)	0	0	0	0	0	60	0	0	60	0	60
Halifax	Woodhaven Rest Home #1 (Closed.)	0	0	60	60	0	-60	0	0	0	0	0
Halifax	Woodhaven Rest Home #2 (Closed)	0	0	60	60	0	-60	0	0	0	0	0
<b>Halifax Totals</b>		<b>25</b>	<b>20</b>	<b>160</b>	<b>205</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>205</b>	<b>0</b>	<b>205</b>
Harnett	Absolute Care Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Harnett	Absolute Care Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Harnett	Alzheimer's Related Care	0	0	36	36	0	0	0	0	36	0	36
Harnett	Cornerstone Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Harnett	Green Leaf Care Center	0	0	105	105	0	0	0	0	105	0	105
Harnett	Johnson Better Care Facility	0	0	50	50	0	0	0	0	50	0	50
Harnett	Oak Hill Living Center	0	0	122	122	0	0	0	0	122	0	122
Harnett	Pinecrest Gardens	0	0	60	60	0	0	0	0	60	0	60
Harnett	Senior Citizens Village	0	0	65	65	0	0	0	0	65	0	65
Harnett	Senter's Rest Home	0	0	50	50	0	0	0	0	50	0	50
Harnett	Stage Coach Manor	0	0	40	40	0	0	0	0	40	0	40
Harnett	Universal Health Care Lillington	106	0	0	106	0	0	0	0	106	0	106
Harnett	Unprecedented Care	0	0	12	12	0	0	0	0	12	0	12
<b>Harnett Totals</b>		<b>114</b>	<b>0</b>	<b>564</b>	<b>678</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>678</b>	<b>0</b>	<b>678</b>
Haywood	Autumn Care of Waynesville	10	0	0	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Rest Home #1	0	0	10	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Retirement Center	0	0	20	20	0	0	0	0	20	0	20
Haywood	Creekside Villas	0	0	20	20	0	0	0	0	20	0	20
Haywood	Haywood House	0	0	60	60	0	0	0	0	60	0	60
Haywood	Haywood Lodge and Retirement Center	0	0	68	68	0	0	0	0	68	0	68
Haywood	McCracken Rest Home	0	0	22	22	0	0	0	0	22	0	22
Haywood	Pigeon Valley Rest Home	0	0	29	29	0	0	0	0	29	0	29
Haywood	Richland Community Care #2	0	0	11	11	0	0	0	0	11	0	11
Haywood	Silver Bluff LLC	13	0	0	13	0	0	0	0	13	0	13
Haywood	Spicewood Cottages Elms	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Oaks	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Willows	0	0	20	20	0	0	0	0	20	0	20
<b>Haywood Totals</b>		<b>23</b>	<b>0</b>	<b>300</b>	<b>323</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>323</b>	<b>0</b>	<b>323</b>
Henderson	Blue Ridge Retirement	0	0	43	43	0	0	0	0	43	0	43
Henderson	Cardinal Care Center - Hendersonville	0	0	60	60	0	0	0	0	60	0	60
Henderson	Carillon Assisted Living Of Hendersonville	0	0	96	96	0	0	0	0	96	0	96
Henderson	Carolina Reserve of Hendersonville	0	0	61	61	0	0	0	0	61	0	61
Henderson	Carolina Reserve of Laurel Park	0	0	48	48	0	0	0	0	48	0	48
Henderson	Carolina Village	0	0	60	60	0	0	0	0	60	16	44
Henderson	Cherry Springs Village	0	0	60	60	0	0	0	0	60	0	60
Henderson	Country Meadow Rest Home (Transfer to Winchester House)	0	0	15	15	0	-15	0	0	0	0	0
Henderson	Henderson's Assisted Living	0	0	26	26	0	0	0	0	26	0	26
Henderson	Heritage Hills A Pacifica Senior Living Community	0	0	24	24	0	0	0	0	24	0	24
Henderson	McCullough's Rest Home	0	0	13	13	0	0	0	0	13	0	13
Henderson	Mountain View Assisted Living	0	0	27	27	0	0	0	0	27	0	27
Henderson	The Laurels of Hendersonville	20	0	0	20	0	0	0	0	20	0	20

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Henderson	Winchester House (Replacement facility, Winchester House #1 (30); Winchester House #2 (10); Country Meadows Rest Home (15); Nana's Assisted Living {Buncombe Co} (25))	0	0	0	0	0	80	0	0	80	0	80
Henderson	Winchester House #1	0	0	30	30	0	-30	0	0	0	0	0
Henderson	Winchester House #2	0	0	10	10	0	-10	0	0	0	0	0
<b>Henderson Totals</b>		<b>20</b>	<b>0</b>	<b>573</b>	<b>593</b>	<b>0</b>	<b>25</b>	<b>0</b>	<b>0</b>	<b>618</b>	<b>16</b>	<b>602</b>
Hertford	Ahoskie House	0	0	60	60	0	0	0	0	60	0	60
Hertford	Pinewood Manor	0	0	92	92	0	0	0	0	92	0	92
Hertford	Twin Oaks and Twins Adult Home	0	0	21	21	0	0	0	0	21	0	21
<b>Hertford Totals</b>		<b>0</b>	<b>0</b>	<b>173</b>	<b>173</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>173</b>	<b>0</b>	<b>173</b>
Hoke	Autumn Care of Raeford	8	0	0	8	0	0	0	0	8	0	8
Hoke	Open Arms Retirement Center	0	0	90	90	0	0	0	0	90	0	90
Hoke	The Crossings at Wayside	0	0	75	75	0	0	0	0	75	0	75
<b>Hoke Totals</b>		<b>8</b>	<b>0</b>	<b>165</b>	<b>173</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>173</b>	<b>0</b>	<b>173</b>
Hyde/Tyrrell	Tyrrell House	0	0	50	50	0	0	0	0	50	0	50
<b>Hyde/Tyrrell Totals</b>		<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>50</b>
Iredell	Aurora of Statesville	0	0	80	80	0	0	0	0	80	0	80
Iredell	Autumn Care of Statesville	10	0	0	10	0	0	0	0	10	0	10
Iredell	Brookdale Churchill	0	0	120	120	0	0	0	0	120	0	120
Iredell	Brookdale East Broad	0	0	58	58	0	0	0	0	58	0	58
Iredell	Brookdale Peachtree AL	0	0	87	87	0	0	0	0	87	0	87
Iredell	Brookdale Peachtree MC	0	0	40	40	0	0	0	0	40	0	40
Iredell	Carillon Assisted Living of Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Iredell	Crown Colony	0	0	60	60	0	0	0	0	60	0	60
Iredell	Heritage Place Adult Living Center	0	0	40	40	0	0	0	0	40	0	40
Iredell	Jurney's Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Iredell	Maple Leaf Health Care	8	0	0	8	0	0	0	0	8	0	8
Iredell	Mooresville Center	30	0	0	30	0	0	0	0	30	0	30
Iredell	Olin Village	0	0	64	64	0	0	0	0	64	0	64
Iredell	Rosewood Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Iredell	Summit Place of Mooresville	0	0	60	60	0	0	0	0	60	0	60
Iredell	The Gardens of Statesville	0	0	67	67	0	0	0	0	67	0	67
<b>Iredell Totals</b>		<b>48</b>	<b>0</b>	<b>886</b>	<b>934</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>934</b>	<b>0</b>	<b>934</b>
Jackson	Morningstar Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Jackson	The Hermitage	0	0	90	90	0	0	0	0	90	0	90
<b>Jackson Totals</b>		<b>0</b>	<b>0</b>	<b>145</b>	<b>145</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>145</b>	<b>0</b>	<b>145</b>
Johnston	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	0	12	0	12

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Johnston	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Wind Assisted Living	0	0	20	20	0	0	0	0	20	0	20
Johnston	Brookdale Smithfield	0	0	74	74	0	0	0	0	74	0	74
Johnston	Cardinal Care Assisted Living Village #1 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #2 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #3 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #4 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #5 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #6 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Classic Care Homes	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 103	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 105	0	0	12	12	0	0	0	0	12	0	12
Johnston	Clayton House	0	0	60	60	0	0	0	0	60	0	60
Johnston	Four Oaks Senior Living	0	0	96	96	0	0	0	0	96	0	96
Johnston	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	0	77	0	77
Johnston	Johnston Manor (Replacement facility.)	0	0	0	0	0	132	0	0	132	0	132
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	60	0	0	60	0	0	0	0	60	0	60
Johnston	McLamb's Rest Home	0	0	12	12	0	0	0	0	12	0	12
Johnston	McLamb's Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Johnston	Meadowview Assisted Living Center	0	0	60	60	0	0	0	0	60	0	60
Johnston	Progressive Care of Princeton	0	0	12	12	0	0	0	0	12	0	12
Johnston	Smithfield House West (Closed. Transfer to Johnston Manor.)	0	0	60	60	0	-60	0	0	0	0	0
Johnston	Smithfield Manor Nursing and Rehab	20	0	0	20	0	0	0	0	20	0	20
<b>Johnston Totals</b>		<b>80</b>	<b>0</b>	<b>627</b>	<b>707</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>707</b>	<b>0</b>	<b>707</b>
Jones	Brook Stone Living Center	20	0	0	20	0	0	0	0	20	0	20
<b>Jones Totals</b>		<b>20</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>20</b>
Lee	A Step from Home Residential Care Facility (Beds transferred to Westfield Rehabilitation and Health Center)	0	0	20	20	0	-20	0	0	0	0	0
Lee	Magnolia House Retirement Center	0	0	85	85	0	0	0	0	85	0	85
Lee	Oakhaven Home	0	0	40	40	0	0	0	0	40	0	40
Lee	Oakhaven II	0	0	12	12	0	0	0	0	12	0	12
Lee	Parkview Retirement Center	0	0	116	116	0	0	0	0	116	0	116
Lee	Royal Oaks Assisted Living	0	0	50	50	0	0	0	0	50	0	50
Lee	Westfield Rehabilitation and Health Center (Bed transferred from A Step from Home Residential Care Facility)	0	0	0	0	0	20	0	0	20	0	20

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
<b>Lee Totals</b>		<b>0</b>	<b>0</b>	<b>323</b>	<b>323</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>323</b>	<b>0</b>	<b>323</b>
Lenoir	Care One Memory Unit of Kinston	0	0	24	24	0	0	0	0	24	0	24
Lenoir	Kinston Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Lenoir	Lenoir Assisted Living	0	0	94	94	0	0	0	0	94	0	94
Lenoir	Spring Arbor of Kinston	0	0	86	86	0	0	0	0	86	0	86
Lenoir	The Village of Kinston	0	0	63	63	0	0	0	0	63	0	63
<b>Lenoir Totals</b>		<b>0</b>	<b>0</b>	<b>327</b>	<b>327</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>327</b>	<b>0</b>	<b>327</b>
Lincoln	Amazing Grace Rest Home	0	0	10	10	0	0	0	0	10	0	10
Lincoln	Boger City Rest Home	0	0	52	52	0	0	0	0	52	0	52
Lincoln	Brian Center Health & Retirement/Lincolnton	11	0	0	11	0	0	0	0	11	0	11
Lincoln	Cardinal Healthcare and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Lincoln	Carillon Assisted Living of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Lincoln	Heath House	0	0	60	60	0	0	0	0	60	0	60
Lincoln	Lakewood Care Center	0	0	60	60	0	0	0	0	60	0	60
Lincoln	North Brook Rest Home	0	0	12	12	0	0	0	0	12	0	12
Lincoln	Wexford House	0	0	60	60	0	0	0	0	60	0	60
<b>Lincoln Totals</b>		<b>31</b>	<b>0</b>	<b>350</b>	<b>381</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>381</b>	<b>0</b>	<b>381</b>
Macon	Chestnut Hill of Highlands	0	0	26	26	0	0	0	0	26	0	26
Macon	Franklin House	0	0	70	70	0	0	0	0	70	0	70
Macon	Grandview Manor Care Center	0	0	82	82	0	0	0	0	82	0	82
<b>Macon Totals</b>		<b>0</b>	<b>0</b>	<b>178</b>	<b>178</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>178</b>	<b>0</b>	<b>178</b>
Madison	Elderberry Health Care	20	0	0	20	0	0	0	0	20	0	20
Madison	Mars Hill Retirement Community	0	0	69	69	0	0	0	0	69	0	69
<b>Madison Totals</b>		<b>20</b>	<b>0</b>	<b>69</b>	<b>89</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>89</b>	<b>0</b>	<b>89</b>
Martin	Vintage Inn Retirement Community	0	0	122	122	0	0	0	0	122	0	122
Martin	Williamston House	0	0	60	60	0	0	0	0	60	0	60
<b>Martin Totals</b>		<b>0</b>	<b>0</b>	<b>182</b>	<b>182</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>182</b>	<b>0</b>	<b>182</b>
McDowell	Autumn Care of Marion	15	0	0	15	0	0	0	0	15	0	15
McDowell	Cedarbrook Residential Center	0	0	80	80	0	0	0	0	80	0	80
McDowell	Houston House	0	0	29	29	0	0	0	0	29	0	29
McDowell	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	0	60	0	60
McDowell	McDowell Assisted Living	0	0	54	54	0	0	0	0	54	0	54
McDowell	McDowell House	0	0	25	25	0	0	0	0	25	0	25
McDowell	Rose Hill Retirement Community	0	0	87	87	0	0	0	0	87	0	87
<b>McDowell Totals</b>		<b>15</b>	<b>0</b>	<b>335</b>	<b>350</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>350</b>	<b>0</b>	<b>350</b>
Mecklenburg	Atria Merrywood	0	0	20	20	0	0	0	0	20	0	20
Mecklenburg	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	0	125	0	125

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Mecklenburg	Brookdale Carriage Club Providence I (Bed transfer to Brookdale South Charlotte)	0	0	77	77	0	-6	0	0	71	0	71
Mecklenburg	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	0	34	0	34
Mecklenburg	Brookdale Charlotte East	0	0	50	50	0	0	0	0	50	0	50
Mecklenburg	Brookdale Cotswold	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	Brookdale South Charlotte (Bed transfer from Brookdale Carriage Clun Providence I)	0	0	82	82	0	6	0	0	88	0	88
Mecklenburg	Brookdale South Park	0	0	56	56	0	0	0	0	56	0	56
Mecklenburg	Brookdale Weddington Park	0	0	83	83	0	0	0	0	83	0	83
Mecklenburg	Carillion Assisted Living of Huntersville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Mecklenburg	Carillon Assisted Living of Mint Hill (Beds awarded per settlement agreement from 2000 & 2007)	0	0	84	84	12	0	0	0	96	0	96
Mecklenburg	Carmel Hills	0	0	38	38	0	0	0	0	38	0	38
Mecklenburg	Carrington Place	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Charlotte Square	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Cuthbertson Village at Aldersgate	0	0	61	61	0	0	0	0	61	8	53
Mecklenburg	East Towne	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Elmcroft of Little Avenue	0	0	62	62	0	0	0	0	62	0	62
Mecklenburg	Hunter Village	0	0	68	68	0	0	0	0	68	0	68
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	0	122	0	122
Mecklenburg	Mint Hill Senior Living	0	0	82	82	0	0	0	0	82	0	82
Mecklenburg	Northlake House	0	0	48	48	0	0	0	0	48	0	48
Mecklenburg	Parker Terrace	0	0	53	53	0	0	0	0	53	0	53
Mecklenburg	Pineville Rehabilitation and Living Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Preston House	0	0	40	40	40	0	0	0	80	0	80
Mecklenburg	Queen City Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Radbourne Manor Village	0	0	0	0	0	12	0	0	12	0	12
Mecklenburg	Radbourne Manor Village III (closed)	0	0	12	12	0	-12	0	0	0	0	0
Mecklenburg	Ranson Ridge at the Villages of Mecklenburg	0	0	100	100	0	0	0	0	100	0	100
Mecklenburg	Regency at Pineville	0	0	119	119	0	0	0	0	119	0	119
Mecklenburg	Saturn Nursing and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Mecklenburg	Sharon Towers	40	0	0	40	0	0	0	0	40	0	40
Mecklenburg	Southminster	25	0	0	25	0	0	0	0	25	0	25
Mecklenburg	St. Margaret's of Trevi Village	0	0	0	0	52	0	0	0	52	26	26
Mecklenburg	Summit Place of Southpark	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Sunrise on Providence	0	0	95	95	0	0	0	0	95	0	95
Mecklenburg	The Crossings at Steele Creek	0	0	90	90	0	0	0	0	90	0	90
Mecklenburg	The Haven in Highland Creek	0	0	60	60	0	0	0	0	60	0	60

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Mecklenburg	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	0	60	0	60
Mecklenburg	The Laurels in Highland Creek	0	0	105	105	0	0	0	0	105	0	105
Mecklenburg	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	The Little Flower Assisted Living	0	0	49	49	0	0	0	0	49	0	49
Mecklenburg	The Parc at Sharon Amity	0	0	64	64	0	0	0	0	64	0	64
Mecklenburg	The Pines at Davidson	30	0	0	30	0	0	0	0	30	5	25
Mecklenburg	The Terrace at Brightmore of South Charlotte	0	0	30	30	0	0	0	0	30	0	30
Mecklenburg	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Waltonwood at Providence	0	0	80	80	0	0	0	0	80	0	80
Mecklenburg	Waltonwood Cotswold (+ 85 bed per settlement agreement.)	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Willow Ridge Assisted Living	0	0	52	52	0	0	0	0	52	0	52
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	60	0	0	60	40	0	0	0	100	50	50
Mecklenburg	Wilora Lake Healthcare Center	20	0	0	20	0	0	0	0	20	0	20
<b>Mecklenburg Totals</b>		<b>235</b>	<b>0</b>	<b>3,015</b>	<b>3,250</b>	<b>144</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,394</b>	<b>89</b>	<b>3,305</b>
Mitchell	Mitchell House	0	0	80	80	0	0	0	0	80	0	80
<b>Mitchell Totals</b>		<b>0</b>	<b>0</b>	<b>80</b>	<b>80</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>0</b>	<b>80</b>
Montgomery	Autumn Care of Biscoe	10	0	0	10	0	0	0	0	10	0	10
Montgomery	Brookstone Haven of Star Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Montgomery	Poplar Springs Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Montgomery	Sandy Ridge Assisted Living	0	0	104	104	16	0	0	0	120	0	120
<b>Montgomery Totals</b>		<b>10</b>	<b>0</b>	<b>170</b>	<b>180</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>196</b>	<b>0</b>	<b>196</b>
Moore	Brookdale Pinehurst	0	0	76	76	0	0	0	0	76	0	76
Moore	Elmcroft of Southern Pines	0	0	94	94	0	0	0	0	94	0	94
Moore	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	0	85	0	85
Moore	KingsWood Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Moore	Magnolia Gardens	0	0	110	110	0	0	0	0	110	0	110
Moore	Peak Resources - Pinelake	20	0	0	20	0	0	0	0	20	0	20
Moore	Penick Village	42	0	0	42	0	0	0	0	42	0	42
Moore	Seven Lakes Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Moore	Tara Plantation of Carthage	0	0	80	80	0	0	0	0	80	0	80
Moore	The Coventry	0	0	60	60	0	0	0	0	60	18	42
<b>Moore Totals</b>		<b>72</b>	<b>0</b>	<b>565</b>	<b>637</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>637</b>	<b>18</b>	<b>619</b>
Nash	Autumn Care of Nash	20	0	0	20	0	0	0	0	20	0	20
Nash	Breckenridge Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Nash	Brookdale Rocky Mount	0	0	60	60	0	0	0	0	60	0	60
Nash	Hunter Hill Senior Living	0	0	64	64	0	0	0	0	64	0	64
Nash	Hunter Hills Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Nash	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	0	60	0	60

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	15	0	0	15	0	15
Nash	South Village	15	0	0	15	0	-15	0	0	0	0	0
Nash	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	0	84	0	84
Nash	Trinity Retirement Villas #1	0	0	12	12	0	0	0	0	12	0	12
Nash	Trinity Retirement Villas #2	0	0	12	12	0	0	0	0	12	0	12
Nash	Universal Health Care/Nashville	0	0	122	122	0	0	0	0	122	0	122
<b>Nash Totals</b>		<b>44</b>	<b>0</b>	<b>478</b>	<b>522</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>522</b>	<b>0</b>	<b>522</b>
New Hanover	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	0	20	0	20
New Hanover	Bradley Creek Health Center at Carolina Bay	70	0	0	70	0	0	0	0	70	9	61
New Hanover	Brookdale Wilmington	0	0	38	38	0	0	0	0	38	0	38
New Hanover	Castle Creek Memory Care	0	0	84	84	0	0	0	0	84	0	84
New Hanover	Cedar Cove Assisted Living	0	0	64	64	0	0	0	0	64	0	64
New Hanover	Champions Assisted Living	0	0	148	148	0	0	0	0	148	0	148
New Hanover	Fannie Norwood Memorial Home	0	0	16	16	0	0	0	0	16	0	16
New Hanover	Liberty Commons Rehabilitation Center (Transfer from Port South)	40	0	0	40	0	72	0	0	112	0	112
New Hanover	Morningside of Wilmington	0	0	101	101	0	0	0	0	101	0	101
New Hanover	New Hanover House	0	0	61	61	0	0	0	0	61	0	61
New Hanover	Port South Village/Carmen D. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Catherine S. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Crystal L. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Lorraine B. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Tara L. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Teresa C. Villa (Closed. Transfer to Liberty Commons Rehabilitation Center.)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Sherwood Manor Rest Home	0	0	40	40	0	0	0	0	40	0	40
New Hanover	Spring Arbor of Wilmington	0	0	66	66	0	0	0	0	66	0	66
New Hanover	The Commons at Brightmore (Transfer 32 ACH beds to combination nursing facility in Brunswick Co.)	0	0	201	201	0	-32	0	0	169	0	169
New Hanover	The Kempton at Brightmore	0	0	84	84	0	0	0	0	84	0	84
<b>New Hanover Totals</b>		<b>130</b>	<b>0</b>	<b>975</b>	<b>1,105</b>	<b>0</b>	<b>-32</b>	<b>0</b>	<b>0</b>	<b>1,073</b>	<b>9</b>	<b>1,064</b>
Northampton	Hampton Manor (33 beds transferred from The Oaks at Pleasant Hill)	0	0	82	82	0	33	0	0	115	0	115
Northampton	Pine Forest Rest Home	0	0	24	24	0	0	0	0	24	0	24
Northampton	Rich Square Manor	0	0	32	32	0	0	0	0	32	0	32

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Northampton	Rich Square Villa (33 beds transferred from The Oaks at Pleasant Hill)	0	0	38	38	0	33	0	0	71	0	71
Northampton	The Oaks at Pleasant Hill (33 beds transferred to Hampton Manor and 33 beds transferred to Rich Square Villa)	0	0	66	66	0	-66	0	0	0	0	0
<b>Northampton Totals</b>		<b>0</b>	<b>0</b>	<b>242</b>	<b>242</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>242</b>	<b>0</b>	<b>242</b>
Onslow	Liberty Commons Assisted Living	0	0	79	79	0	0	0	0	79	0	79
Onslow	Lighthouse Village	0	0	80	80	0	0	0	0	80	0	80
Onslow	Onslow Assisted Living (Replacement facility. 40 bed transfer from Onslow House)	0	0	40	40	0	40	0	0	80	0	80
Onslow	Onslow House (40 bed transfer to Onslow Assisted Living)	0	0	160	160	0	-40	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	0	7	0	7
Onslow	The Arc Community	0	0	32	32	0	0	0	0	32	0	32
Onslow	The Heritage of Richlands	0	0	40	40	0	0	0	0	40	0	40
<b>Onslow Totals</b>		<b>7</b>	<b>0</b>	<b>431</b>	<b>438</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>438</b>	<b>0</b>	<b>438</b>
Orange	Adorable Senior Living	0	0	17	17	0	0	0	0	17	0	17
Orange	Brookdale Meadowmont	0	0	64	64	0	0	0	0	64	0	64
Orange	Brookshire Nursing Center	20	0	0	20	0	0	0	0	20	0	20
Orange	Carillon Assisted Living of Hillsborough	0	0	96	96	0	0	0	0	96	0	96
Orange	Carol Woods	65	0	0	65	0	0	0	0	65	0	65
Orange	Carol Woods Retirement Community - Building 6	0	0	12	12	0	0	0	0	12	0	12
Orange	Carol Woods Retirement Community - Building 7	0	0	12	12	0	0	0	0	12	0	12
Orange	Crescent Green of Carrboro	0	0	120	120	0	0	0	0	120	0	120
Orange	Legion Road Healthcare	7	0	0	7	0	0	0	0	7	0	7
Orange	The Stratford	0	0	77	77	0	0	0	0	77	0	77
<b>Orange Totals</b>		<b>92</b>	<b>0</b>	<b>398</b>	<b>490</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>490</b>	<b>0</b>	<b>490</b>
Pamlico	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8
Pamlico	The Gardens of Pamlico	0	0	40	40	30	0	0	0	70	0	70
<b>Pamlico Totals</b>		<b>8</b>	<b>0</b>	<b>40</b>	<b>48</b>	<b>30</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>78</b>	<b>0</b>	<b>78</b>
Pasquotank	Brookdale Elizabeth City	0	0	76	76	0	0	0	0	76	0	76
Pasquotank	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	0	60	0	60
Pasquotank	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	0	130	0	130
<b>Pasquotank Totals</b>		<b>0</b>	<b>0</b>	<b>266</b>	<b>266</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>266</b>	<b>0</b>	<b>266</b>
Pender	Arbor Landing at Hampstead (Beds transferred from Pen-du Rest Home)	0	0	0	0	0	19	0	0	19	0	19
Pender	Ashe Gardens	0	0	60	60	0	0	0	0	60	0	60
Pender	Pen-Du Rest Home (Beds transferred to Arbor Landing at Hampstead)	0	0	19	19	0	-19	0	0	0	0	0
Pender	The Laurels of Pender	23	0	0	23	0	0	0	0	23	0	23
Pender	Woodbury Wellness Center Inc	100	0	0	100	0	0	0	0	100	0	100

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
<b>Pender Totals</b>		<b>123</b>	<b>0</b>	<b>79</b>	<b>202</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>202</b>	<b>0</b>	<b>202</b>
Perquimans	Hertford House	0	0	0	0	50	0	0	0	50	0	50
Perquimans	Hertford Manor	0	0	24	24	0	0	0	0	24	0	24
<b>Perquimans Totals</b>		<b>0</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>74</b>
Person	Cambridge Hills Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Person	Maple Heights Assisted Living	0	0	34	34	0	0	0	0	34	0	34
Person	The Canterbury House	0	0	60	60	0	0	0	0	60	0	60
<b>Person Totals</b>		<b>0</b>	<b>0</b>	<b>214</b>	<b>214</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>214</b>	<b>0</b>	<b>214</b>
Pitt	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	0	76	0	76
Pitt	Brookdale W. Arlington Boulevard	0	0	60	60	0	0	0	0	60	0	60
Pitt	Cypress Glen Retirement Community	30	0	0	30	0	0	0	0	30	0	30
Pitt	Cypress Glen Retirement Community Memory Care Cottage	0	0	12	12	0	0	0	0	12	6	6
Pitt	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	0	20	0	20
Pitt	Oak Haven Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Pitt	Red Oak Assisted Living	0	0	62	62	0	0	0	0	62	0	62
Pitt	River Oak Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Pitt	Southern Living Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Pitt	Spring Arbor of Greenville	0	0	66	66	0	0	0	0	66	0	66
Pitt	Springshire Retirement Community	0	0	0	0	8	0	0	0	8	0	8
Pitt	Winterville Manor	0	0	29	29	0	0	0	0	29	0	29
<b>Pitt Totals</b>		<b>50</b>	<b>0</b>	<b>559</b>	<b>609</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>617</b>	<b>6</b>	<b>611</b>
Polk	Laurelwoods	0	0	60	60	0	0	0	0	60	0	60
Polk	Ridge Rest	0	0	12	12	0	0	0	0	12	0	12
Polk	White Oak Manor-Tryon	30	0	0	30	0	0	0	0	30	0	30
Polk	WillowBrooke Court SC Center at Tryon Estates	44	0	0	44	0	0	0	0	44	0	44
<b>Polk Totals</b>		<b>74</b>	<b>0</b>	<b>72</b>	<b>146</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>146</b>	<b>0</b>	<b>146</b>
Randolph	Brookdale Asheboro	0	0	76	76	0	0	0	0	76	0	76
Randolph	Brookstone Haven	0	0	120	120	0	0	0	0	120	0	120
Randolph	Carillon Assisted Living of Asheboro	0	0	96	96	0	0	0	0	96	0	96
Randolph	Cross Road Retirement Community	0	0	152	152	0	0	0	0	152	0	152
Randolph	North Pointe	0	0	67	67	0	0	0	0	67	0	67
Randolph	North Pointe Assisted Living of Archdale	0	0	56	56	0	0	0	0	56	0	56
Randolph	Westwood Health and Rehabilitation Center	16	0	0	16	0	0	0	0	16	0	16
<b>Randolph Totals</b>		<b>16</b>	<b>0</b>	<b>567</b>	<b>583</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>583</b>	<b>0</b>	<b>583</b>
Richmond	Hamlet House	0	0	60	60	0	0	0	0	60	0	60
Richmond	Hermitage Retirement Center of Rockingham	0	0	114	114	0	0	0	0	114	0	114
Richmond	New Hope Adult Care (Closed)	0	0	15	15	0	0	0	0	15	0	15
Richmond	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
<b>Richmond Totals</b>		<b>10</b>	<b>0</b>	<b>189</b>	<b>199</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>199</b>	<b>0</b>	<b>199</b>
Robeson	Covenant Care	0	0	30	30	0	0	0	0	30	0	30
Robeson	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	0	11	0	11
Robeson	GlenFlora	20	0	0	20	0	0	0	0	20	0	20
Robeson	Greenbrier of Fairmont	0	0	100	100	0	0	0	0	100	0	100
Robeson	Hope Springs	0	0	63	63	0	0	0	0	63	0	63
Robeson	Lumberton Assisted Living	0	0	104	104	0	0	0	0	104	0	104
Robeson	Morning Star AL # 2	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 3	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 4	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star Assisted Living (Closed)	0	0	10	10	0	0	0	0	10	0	10
Robeson	Parkton Place	0	0	82	82	0	0	0	0	82	0	82
Robeson	Red Springs Assisted Living	0	0	81	81	0	0	0	0	81	0	81
Robeson	Wesley Pines Retirement Community	42	0	0	42	0	0	0	0	42	0	42
<b>Robeson Totals</b>		<b>62</b>	<b>0</b>	<b>517</b>	<b>579</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>579</b>	<b>0</b>	<b>579</b>
Rockingham	Brookdale Eden	0	0	82	82	0	0	0	0	82	0	82
Rockingham	Brookdale Reidsville	0	0	76	76	0	0	0	0	76	0	76
Rockingham	Highgrove Long Term Care Center	0	0	62	62	0	0	0	0	62	0	62
Rockingham	Moyer's Assisted Living	0	0	18	18	0	0	0	0	18	0	18
Rockingham	North Pointe of Mayodan	0	0	70	70	0	0	0	0	70	0	70
Rockingham	Penn Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Rockingham	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	0	58	0	58
Rockingham	Reidsville House (Closed)	0	0	43	43	0	-43	0	0	0	0	0
Rockingham	Reidsville House ( Replacement facility)	0	0	0	0	0	43	0	0	43	0	43
<b>Rockingham Totals</b>		<b>10</b>	<b>0</b>	<b>409</b>	<b>419</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>419</b>	<b>0</b>	<b>419</b>
Rowan	Alpha Concord Plantation	0	0	29	29	0	0	0	0	29	0	29
Rowan	Angels at Heart Assisted Living	0	0	28	28	0	0	0	0	28	0	28
Rowan	Best Of Care Assisted Living	0	0	25	25	0	0	0	0	25	0	25
Rowan	Bethamy Retirement Center	0	0	43	43	0	0	0	0	43	0	43
Rowan	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	0	96	0	96
Rowan	Brightmoor Nursing Center	43	0	0	43	0	0	0	0	43	0	43
Rowan	Brookdale Salisbury	0	0	88	88	0	0	0	0	88	0	88
Rowan	Carillon Assisted Living of Salisbury	0	0	128	128	0	0	0	0	128	0	128
Rowan	Deal Care Inn	0	0	21	21	0	0	0	0	21	0	21
Rowan	Kannon Creek Assisted Living	0	0	106	106	0	0	0	0	106	0	106
Rowan	Salisbury Center	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Laurels of Salisbury	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Meadows of Rockwell Retirement Center	0	0	120	120	0	0	0	0	120	0	120
Rowan	Trinity Oaks	25	0	0	25	0	-13	0	0	12	0	12

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Rowan	Trinity Oaks Continuing Care Retirement Community	0	0	20	20	5	13	0	0	38	3	35
Rowan	Veranda Residential Care	0	0	89	89	0	0	0	0	89	0	89
<b>Rowan Totals</b>		<b>204</b>	<b>0</b>	<b>697</b>	<b>901</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>906</b>	<b>3</b>	<b>903</b>
Rutherford	Brookdale Forest City	0	0	76	76	0	0	0	0	76	0	76
Rutherford	Colonial Manor Rest Home	0	0	34	34	0	0	0	0	34	0	34
Rutherford	Fair Haven Home	37	0	0	37	0	0	0	0	37	0	37
Rutherford	Fair Haven of Forest City	28	0	0	28	0	0	0	0	28	0	28
Rutherford	Haven-N-Hills Living Center	0	0	46	46	0	0	0	0	46	0	46
Rutherford	Henderson Care Center	0	0	86	86	0	0	0	0	86	0	86
Rutherford	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	0	32	0	32
Rutherford	Nana's Assisted Living Facility #2	0	0	44	44	0	0	0	0	44	0	44
Rutherford	Oak Grove Healthcare Center	16	0	0	16	0	0	0	0	16	0	16
Rutherford	Oakland Living Center	0	0	40	40	0	0	0	0	40	0	40
Rutherford	Restwell Home	0	0	20	20	0	0	0	0	20	0	20
Rutherford	Southern Manor Rest Home	0	0	25	25	0	0	0	0	25	0	25
Rutherford	Sunnyside Retirement Home	0	0	34	34	0	0	0	0	34	0	34
<b>Rutherford Totals</b>		<b>81</b>	<b>0</b>	<b>437</b>	<b>518</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>518</b>	<b>0</b>	<b>518</b>
Sampson	Autumn Wind Assisted Living of Roseboro	0	0	40	40	0	0	0	0	40	0	40
Sampson	Clinton House	0	0	60	60	0	0	0	0	60	0	60
Sampson	Mary Gran Nursing Center	30	0	0	30	0	0	0	0	30	0	30
Sampson	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	0	61	0	61
Sampson	The Magnolia	0	0	91	91	0	0	0	0	91	0	91
<b>Sampson Totals</b>		<b>30</b>	<b>0</b>	<b>252</b>	<b>282</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>282</b>	<b>0</b>	<b>282</b>
Scotland	Prestwick Village	0	0	100	100	0	0	0	0	100	0	100
Scotland	Scotia Village	32	0	0	32	0	0	0	0	32	0	32
Scotland	Willow Place Assisted Living & Memory Care Community	0	0	74	74	0	0	0	0	74	0	74
<b>Scotland Totals</b>		<b>32</b>	<b>0</b>	<b>174</b>	<b>206</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>206</b>	<b>0</b>	<b>206</b>
Stanly	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Stanly	Forrest Oakes Healthcare Center	17	0	0	17	0	0	0	0	17	0	17
Stanly	Spring Arbor of Albemarle	0	0	78	78	0	0	0	0	78	0	78
Stanly	Stanly Manor	10	0	0	10	0	0	0	0	10	0	10
Stanly	The Taylor House	0	0	30	30	0	0	0	0	30	0	30
Stanly	Trinity Place	10	0	0	10	0	0	0	0	10	0	10
Stanly	Woodhaven Court	0	0	76	76	0	0	0	0	76	0	76
<b>Stanly Totals</b>		<b>47</b>	<b>0</b>	<b>184</b>	<b>231</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>231</b>	<b>0</b>	<b>231</b>
Stokes	Graceland Living Center I	0	0	12	12	0	0	0	0	12	0	12
Stokes	Graceland Living Center II	0	0	11	11	0	0	0	0	11	0	11
Stokes	Mountain Valley Living Center	0	0	26	26	0	0	0	0	26	0	26

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Stokes	Priddy Manor Assisted Living	0	0	70	70	0	0	0	0	70	0	70
Stokes	Rose Tara Senior Living	0	0	65	65	0	0	0	0	65	0	65
Stokes	Universal Health Care/King	24	0	0	24	0	0	0	0	24	0	24
Stokes	Village Care of King	20	0	0	20	0	0	0	0	20	0	20
Stokes	Walnut Cove Health and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Stokes	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	0	63	0	63
<b>Stokes Totals</b>		<b>53</b>	<b>0</b>	<b>247</b>	<b>300</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>300</b>	<b>0</b>	<b>300</b>
Surry	Central Care	0	0	53	53	0	0	0	0	53	0	53
Surry	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	0	28	0	28
Surry	Colonial Long Term Care Facility	0	0	54	54	0	0	0	0	54	0	54
Surry	Dunmore Plantation	0	0	60	60	0	0	0	0	60	0	60
Surry	Elkin Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Surry	Ridge Crest Retirement	0	0	28	28	0	0	0	0	28	0	28
Surry	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	0	65	0	65
Surry	Twelve Oaks	0	0	112	112	0	0	0	0	112	0	112
<b>Surry Totals</b>		<b>28</b>	<b>0</b>	<b>432</b>	<b>460</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>460</b>	<b>0</b>	<b>460</b>
Swain	Bryson City Assisted Living	0	0	50	50	0	0	0	0	50	0	50
<b>Swain Totals</b>		<b>0</b>	<b>0</b>	<b>50</b>	<b>50</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>50</b>	<b>0</b>	<b>50</b>
Transylvania	Cedar Mountain House	0	0	64	64	0	0	0	0	64	0	64
Transylvania	Kingsbridge House	0	0	60	60	0	0	0	0	60	0	60
Transylvania	The Oaks-Brevard	10	0	0	10	0	0	0	0	10	0	10
<b>Transylvania Totals</b>		<b>10</b>	<b>0</b>	<b>124</b>	<b>134</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>134</b>	<b>0</b>	<b>134</b>
Union	Autumn Care of Marshville	10	0	0	10	0	0	0	0	10	0	10
Union	Brian Center Health & Retirement/Monroe	12	0	0	12	0	0	0	0	12	0	12
Union	Brookdale Monroe Square 1	0	0	102	102	0	0	0	0	102	0	102
Union	Brookdale Monroe Square 2	0	0	65	65	0	0	0	0	65	0	65
Union	Brookdale Union Park	0	0	87	87	0	0	0	0	87	0	87
Union	Carillon Assisted Living at Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Union	Elizabethan Gardens	0	0	100	100	0	0	0	0	100	0	100
Union	Hillcrest Church Rest Home	0	0	20	20	0	0	0	0	20	0	20
Union	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	0	12	0	12
Union	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	0	12	0	12
Union	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	0	80	0	80
<b>Union Totals</b>		<b>22</b>	<b>0</b>	<b>574</b>	<b>596</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>596</b>	<b>0</b>	<b>596</b>
Vance	Green-Bullock Assisted Living Center	0	0	129	129	0	0	0	0	129	0	129
Vance	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
Vance	Senior Citizen's Home	54	0	0	54	0	0	0	0	54	0	54
Vance	Woodlawn Retirement Home	0	0	12	12	0	0	0	0	12	0	12

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
<b>Vance Totals</b>		<b>77</b>	<b>0</b>	<b>141</b>	<b>218</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>218</b>	<b>0</b>	<b>218</b>
Wake	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	0	115	0	115
Wake	Brittany Place	8	0	0	8	6	0	0	0	14	4	10
Wake	Brookdale Cary	0	0	50	50	0	0	0	0	50	0	50
Wake	Brookdale MacArthur Park	0	0	80	80	0	0	0	0	80	0	80
Wake	Brookdale Wake Forest	0	0	70	70	0	0	0	0	70	0	70
Wake	Brookridge Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Wake	Carillon Assisted Living of Fuquay Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	0	0	84	0	0	0	84	0	84
Wake	Carillon Assisted Living of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Cary Health and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
Wake	Chatham Commons	0	0	80	80	0	0	0	0	80	0	80
Wake	Coventry House Of Zebulon	0	0	60	60	0	0	0	0	60	0	60
Wake	Dan E. & Mary Louise Stewart Health Center of Springmoor	18	0	0	18	0	0	0	0	18	0	18
Wake	Elmcroft of Northridge	0	0	161	161	0	0	0	0	161	0	161
Wake	Falls River Court Memory Care Community	0	0	38	38	0	0	0	0	38	0	38
Wake	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	0	60	0	60
Wake	Glenaire	9	0	0	9	0	0	0	0	9	0	9
Wake	HeartFields at Cary	0	0	97	97	0	0	0	0	97	0	97
Wake	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	0	20	0	20
Wake	James Rest Home (Closed.)	0	0	40	40	0	-40	0	0	0	0	0
Wake	Lawndale Manor	0	0	62	62	0	0	0	0	62	0	62
Wake	Lee's Long Term Care Facility (Bed transfer to Waltonwood Silverton)	0	0	65	65	0	-65	0	0	0	0	0
Wake	Litchford Falls Healthcare and Rehabilitation Center (31 bed transfer from Universal Health Care-Fuquay Varina and 20 beds transfer from Universal Health Care-North Raleigh.)	24	0	0	24	0	51	0	0	75	0	75
Wake	Magnolia Glen	0	0	66	66	0	0	0	0	66	0	66
Wake	Morningside of Raleigh	0	0	110	110	0	0	0	0	110	0	110
Wake	North Pointe Assisted Living of Garner	0	0	126	126	0	0	0	0	126	0	126
Wake	Oliver House	0	0	100	100	0	0	0	0	100	0	100
Wake	Phoenix Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Wake	Spring Arbor of Apex	0	0	76	76	0	0	0	0	76	0	76
Wake	Spring Arbor of Cary	0	0	80	80	0	0	0	0	80	0	80

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Wake	Spring Arbor of Raleigh	0	0	80	80	0	0	0	0	80	0	80
Wake	Sunrise Assisted Living at North Hills	0	0	160	160	0	0	0	0	160	0	160
Wake	Sunrise of Cary	0	0	85	85	0	0	0	0	85	0	85
Wake	Sunrise of Raleigh	0	0	100	100	0	0	0	0	100	0	100
Wake	The Cardinal at North Hills	45	0	0	45	0	0	0	0	45	23	22
Wake	The Covington	0	0	120	120	0	0	0	0	120	0	120
Wake	The Laurels of Forest Glen	20	0	0	20	0	0	0	0	20	0	20
Wake	Universal Health Care/Fuquay-Varina (31 Beds will be transferred to Litchford Falls.)	11	0	0	11	20	-31	0	0	0	0	0
Wake	Universal Health Care/North Raleigh (20 beds to be transferred to Litchford Falls.)	20	0	0	20	0	-20	0	0	0	0	0
Wake	Wake Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Wake	Waltonwood Cary Parkway (9 bed transfer to Waltonwood Silverton; 28 bed transfer to Waltonwood Lake Boone)	0	0	85	85	0	-37	0	0	48	0	48
Wake	Waltonwood Lake Boone (Replacement facility; 28 bed transfer from Waltonwood Cary Parkway)	0	0	0	0	0	68	0	0	68	0	68
Wake	Waltonwood Silverton (Transfer of 65 beds from Lee's Long Term Care Facility and 9 from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	0	74	0	74
Wake	Wellington Rehabilitation and Healthcare	20	0	0	20	0	0	0	0	20	0	20
Wake	Windsor Point Continuing Care Retirement Community	55	0	0	55	0	0	0	0	55	0	55
Wake	Woodland Terrace	0	0	84	84	0	0	0	0	84	0	84
Wake	Zebulon House	0	0	60	60	0	0	0	0	60	0	60
<b>Wake Totals</b>		<b>280</b>	<b>0</b>	<b>2,929</b>	<b>3,209</b>	<b>110</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3,319</b>	<b>27</b>	<b>3,292</b>
Warren	Boyd's Rest Home #2	0	0	10	10	0	0	0	0	10	0	10
Warren	Magnolia Gardens of Warrenton	0	0	86	86	0	0	0	0	86	0	86
Warren	Warren Hills Nursing Center	20	0	0	20	0	0	0	0	20	0	20
<b>Warren Totals</b>		<b>20</b>	<b>0</b>	<b>96</b>	<b>116</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>116</b>	<b>0</b>	<b>116</b>
Washington	Cypress Manor	0	0	40	40	0	0	0	0	40	0	40
Washington	Roanoke Landing Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
<b>Washington Totals</b>		<b>9</b>	<b>0</b>	<b>40</b>	<b>49</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>49</b>	<b>0</b>	<b>49</b>
Watauga	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	0	96	0	96
Watauga	Mountain Care Facilities	0	0	60	60	0	0	0	0	60	0	60
Watauga	The Foley Center at Chestnut Ridge	20	0	0	20	0	0	0	0	20	0	20
<b>Watauga Totals</b>		<b>20</b>	<b>0</b>	<b>156</b>	<b>176</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>176</b>	<b>0</b>	<b>176</b>
Wayne	Brookdale Berkeley Boulevard	0	0	60	60	0	0	0	0	60	0	60
Wayne	Brookdale Country Day Road	0	0	104	104	0	0	0	0	104	0	104
Wayne	Countryside Village	0	0	40	40	0	0	0	0	40	0	40
Wayne	Eagle's Point	0	0	104	104	0	0	0	0	104	0	104
Wayne	Fremont Rest Center	0	0	50	50	0	0	0	0	50	0	50
Wayne	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	0	56	0	56

**Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds**

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Wayne	LaGrange Gardens Assisted Living	0	0	37	37	0	0	0	0	37	0	37
Wayne	Renu Life Extended	0	0	37	37	0	0	0	0	37	0	37
Wayne	Somerset Court of Goldsboro	0	0	60	60	0	0	0	0	60	0	60
Wayne	Sutton's Retirement Center	0	0	40	40	0	0	0	0	40	0	40
Wayne	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	0	12	0	12
Wayne	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	0	12	0	12
Wayne	Woodard Care	0	0	73	73	0	0	0	0	73	0	73
Wayne	Woodard's Retirement Village	0	0	60	60	0	0	0	0	60	0	60
<b>Wayne Totals</b>		<b>0</b>	<b>0</b>	<b>745</b>	<b>745</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>745</b>	<b>0</b>	<b>745</b>
Wilkes	Rose Glen Manor	0	0	60	60	0	0	0	0	60	0	60
Wilkes	The Villages of Wilkes Traditional Living	0	0	102	102	0	0	0	0	102	0	102
Wilkes	Westwood Hills Nursing & Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Wilkes	Wilkes County Adult Care	0	0	99	99	0	0	0	0	99	0	99
Wilkes	Wilkes Senior Village	19	0	0	19	0	0	0	0	19	0	19
<b>Wilkes Totals</b>		<b>29</b>	<b>0</b>	<b>261</b>	<b>290</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>290</b>	<b>0</b>	<b>290</b>
Wilson	Elm City Assisted Living	0	0	58	58	0	0	0	0	58	0	58
Wilson	Parkwood Village	0	0	70	70	0	0	0	0	70	0	70
Wilson	Spring Arbor of Wilson	0	0	72	72	0	0	0	0	72	0	72
Wilson	Wilson Assisted Living	0	0	88	88	0	0	0	0	88	0	88
Wilson	Wilson House	0	0	136	136	0	0	0	0	136	0	136
Wilson	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
<b>Wilson Totals</b>		<b>30</b>	<b>0</b>	<b>424</b>	<b>454</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>454</b>	<b>0</b>	<b>454</b>
Yadkin	Patriot Living of Yadkinville	0	0	50	50	0	0	0	0	50	0	50
Yadkin	Pinebrook Residential Center I	0	0	54	54	0	0	0	0	54	0	54
Yadkin	Pinebrook Residential Center II	0	0	65	65	0	0	0	0	65	0	65
Yadkin	The Magnolias Over Yadkin	0	0	20	20	0	0	0	0	20	0	20
<b>Yadkin Totals</b>		<b>0</b>	<b>0</b>	<b>189</b>	<b>189</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>189</b>	<b>0</b>	<b>189</b>
Yancey	Mountain Manor Assisted Living	0	0	29	29	0	0	0	0	29	0	29
Yancey	Yancey House	0	0	70	70	0	0	0	0	70	0	70
<b>Yancey Totals</b>		<b>0</b>	<b>0</b>	<b>99</b>	<b>99</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>99</b>	<b>0</b>	<b>99</b>
<b>Grand Totals</b>		<b>4,633</b>	<b>20</b>	<b>38,631</b>	<b>43,284</b>	<b>945</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44,229</b>	<b>277</b>	<b>43,952</b>

**Table 11B: Adult Care Home Need Projections for 2021**

Service Areas	Projected 2021 Population					Projected 2021 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclusions	Planning Inventory	Surplus / "-" = Deficit	Deficit Index	Occupancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Alamance	75,814	62,974	17,495	9,325	3,831	4	81	92	171	285	633	758	0	7	751	118			0
Alexander	15,174	15,140	4,677	2,661	829	1	19	25	49	62	156	126	0	0	126	-30	-19.23%	73.02%	0
Alleghany	4,024	4,511	1,619	1,027	402	0	6	8	19	30	63	0	40	0	40	-23	-36.51%		0
Anson	10,970	10,341	2,853	1,463	530	1	13	15	27	39	95	113	0	0	113	18			0
Ashe	9,603	10,322	3,894	2,385	833	1	13	20	44	62	140	115	0	0	115	-25	-17.86%	89.57%	30
Avery	6,441	7,415	2,235	1,327	514	0	9	12	24	38	83	100	0	0	100	17			0
Beaufort	18,038	17,437	7,095	4,043	1,215	1	22	37	74	90	224	167	50	0	217	-7	-3.13%		0
Bertie	7,710	7,895	2,479	1,252	570	0	10	13	23	42	88	105	0	0	105	17			0
Bladen	14,408	13,043	4,429	2,338	794	1	17	23	43	59	143	150	0	0	150	7			0
Brunswick	44,604	52,790	26,266	14,576	3,375	2	68	138	268	251	727	321	372	0	693	-34	-4.68%		0
Buncombe	106,642	109,190	33,536	17,223	6,836	6	140	176	316	509	1,147	1,175	-25	10	1,140	-7	-0.61%		0
Burke	37,378	33,671	10,825	5,907	2,019	2	43	57	109	150	361	415	0	0	415	54			0
Cabarrus	99,628	90,293	18,812	9,336	3,116	5	116	99	172	232	624	934	0	0	934	310			0
Caldwell	33,966	32,231	9,972	5,378	1,638	2	41	52	99	122	316	349	0	0	349	33			0
Camden	4,092	4,235	1,091	611	197	0	5	6	11	15	37	24	0	0	24	-13	-35.14%	41.67%	0
Carteret *	24,559	27,818	10,661	5,941	1,975	1	36	56	109	147	349	296	0	0	296	-53	-15.19%	48.99%	0
Caswell	8,963	9,380	3,164	1,601	504	0	12	17	29	37	95	207	0	0	207	112			0
Catawba	67,643	60,518	17,420	9,035	2,870	4	77	91	166	213	551	723	0	0	723	172			0
Chatham	26,994	30,944	12,060	7,048	2,941	1	40	63	129	219	452	453	0	26	427	-25	-5.53%		0
Cherokee	9,542	10,064	4,572	3,011	952	1	13	24	55	71	164	24	80	0	104	-60	-36.59%	87.50%	60
Chowan	5,404	4,909	1,853	1,156	488	0	6	10	21	36	73	120	0	0	120	47			0
Clay	3,781	4,019	1,902	1,226	415	0	5	10	23	31	69	70	0	0	70	1			0
Cleveland	42,702	36,455	11,530	5,871	1,832	2	47	61	108	136	354	423	0	0	423	69			0
Columbus	24,182	21,743	6,521	3,516	1,129	1	28	34	65	84	212	225	0	0	225	13			0
Craven *	44,020	34,471	9,341	5,896	2,474	2	44	49	108	184	387	611	0	0	611	224			0
Cumberland *	148,444	111,095	28,145	12,985	4,408	8	142	148	239	328	865	912	0	0	912	47			0
Currituck	11,548	12,467	3,194	1,470	363	1	16	17	27	27	88	90	0	0	90	2			0
Dare	13,727	15,556	5,379	2,620	807	1	20	28	48	60	157	102	0	0	102	-55	-35.03%	70.59%	0
Davidson	70,209	67,827	18,916	9,897	3,062	4	87	99	182	228	600	597	0	0	597	-3	-0.50%		0
Davie	16,742	17,028	5,384	2,977	1,090	1	22	28	55	81	187	212	0	0	212	25			0
Duplin	27,227	21,585	6,219	3,427	1,407	1	28	33	63	105	230	387	0	0	387	157			0
Durham	166,096	117,259	27,694	11,885	4,882	9	150	145	218	363	885	990	34	17	1,007	122			0
Edgecombe	22,559	19,843	6,797	3,268	1,192	1	25	36	60	89	211	312	0	0	312	101			0
Forsyth	180,569	143,193	38,263	18,860	7,625	10	183	201	346	567	1,307	2,229	24	21	2,232	925			0
Franklin	28,631	27,537	7,710	3,734	1,238	2	35	40	69	92	238	240	0	0	240	2			0

**Table 11B: Adult Care Home Need Projections for 2021**

Service Areas	Projected 2021 Population					Projected 2021 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclusions	Planning Inventory	Surplus / "-" = Deficit	Deficit Index	Occupancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Gaston	97,830	88,760	23,367	11,298	3,555	5	114	123	208	264	714	1,171	14	15	1,170	456			0
Gates **	4,883	4,296	1,374	789	288	0	6	7	14	21	48	80	0	0	80	32			0
Graham	3,328	3,101	1,136	728	280	0	4	6	13	21	44	23	0	0	23	-21	-47.73%	30.43%	0
Granville	24,274	25,545	6,751	3,242	1,090	1	33	35	60	81	210	251	0	0	251	41			0
Greene	8,761	8,545	2,299	1,065	403	0	11	12	20	30	73	57	0	0	57	-16	-21.92%	92.98%	20
Guilford	250,691	201,479	52,300	25,692	10,319	13	258	274	472	768	1,785	2,340	0	13	2,327	542			0
Halifax	20,352	18,945	6,519	3,237	1,207	1	24	34	59	90	208	205	0	0	205	-3	-1.44%		0
Harnett *	64,271	49,921	11,065	5,560	1,738	3	64	58	102	129	356	678	0	0	678	322			0
Haywood	22,721	24,276	8,945	5,600	2,057	1	31	47	103	153	335	323	0	0	323	-12	-3.58%		0
Henderson	42,644	44,264	17,268	11,352	4,486	2	57	91	209	334	693	593	25	16	602	-91	-13.13%	69.42%	0
Hertford	10,058	9,285	2,905	1,464	576	1	12	15	27	43	98	173	0	0	173	75			0
Hoke *	29,207	22,536	4,108	1,641	517	2	29	22	30	38	121	173	0	0	173	52			0
Hyde/Tyrrell	3,511	4,178	1,231	627	278	0	5	6	12	21	44	50	0	0	50	6			0
Iredell	79,364	77,390	18,869	9,504	2,998	4	99	99	175	223	600	934	0	0	934	334			0
Jackson	20,282	14,264	5,001	2,937	980	1	18	26	54	73	172	145	0	0	145	-27	-15.70%	74.48%	0
Johnston	93,975	86,150	18,830	8,859	2,498	5	110	99	163	186	563	707	0	0	707	144			0
Jones	4,182	3,884	1,420	684	253	0	5	7	13	19	44	20	0	0	20	-24	-54.55%	65.00%	20
Lee	27,299	21,448	5,811	3,128	1,221	1	27	30	57	91	206	323	0	0	323	117			0
Lenoir	24,727	21,256	7,025	3,573	1,372	1	27	37	66	102	233	327	0	0	327	94			0
Lincoln	34,553	36,620	10,305	5,002	1,390	2	47	54	92	103	298	381	0	0	381	83			0
Macon	13,389	12,587	5,578	3,706	1,425	1	16	29	68	106	220	178	0	0	178	-42	-19.09%	81.46%	0
Madison	8,557	8,550	3,221	1,664	592	0	11	17	31	44	103	89	0	0	89	-14	-13.59%	69.66%	0
Martin	9,055	8,599	3,270	1,663	580	0	11	17	31	43	102	182	0	0	182	80			0
McDowell	17,935	18,046	5,833	3,135	1,053	1	23	31	58	78	191	350	0	0	350	159			0
Mecklenburg	548,667	474,801	88,187	39,300	15,103	29	608	463	722	1,123	2,945	3,250	144	89	3,305	360			0
Mitchell	5,618	5,856	2,039	1,319	463	0	7	11	24	34	76	80	0	0	80	4			0
Montgomery	12,018	10,088	3,555	1,894	673	1	13	19	35	50	118	180	16	0	196	78			0
Moore *	37,740	36,079	14,121	9,207	4,228	2	46	74	169	315	606	637	0	18	619	13			0
Nash	38,749	36,149	11,565	5,470	1,897	2	46	61	100	141	350	522	0	0	522	172			0
New Hanover	104,854	89,468	25,087	13,294	5,043	6	115	132	244	375	872	1,105	-32	9	1,064	192			0
Northampton	7,977	7,692	2,750	1,705	727	0	10	14	31	54	109	242	0	0	242	133			0
Onslow *	101,564	58,442	12,539	6,165	2,132	5	75	66	113	159	418	438	0	0	438	20			0
Orange	71,997	54,000	14,745	6,513	2,228	4	69	77	120	166	436	490	0	0	490	54			0
Pamlico	4,197	5,019	2,153	1,333	505	0	6	11	24	38	79	48	30	0	78	-1	-1.27%		0
Pasquotank	18,984	14,604	3,981	2,062	730	1	19	21	38	54	133	266	0	0	266	133			0

**Table 11B: Adult Care Home Need Projections for 2021**

Service Areas	Projected 2021 Population					Projected 2021 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclusions	Planning Inventory	Surplus / "-" = Deficit	Deficit Index	Occupancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Pender	26,859	25,866	7,586	3,789	1,233	1	33	40	70	92	236	202	0	0	202	-34	-14.41%	80.69%	0
Perquimans	5,203	5,037	2,070	1,440	490	0	6	11	26	36	79	24	50	0	74	-5	-6.33%		0
Person	16,309	15,690	4,923	2,550	859	1	20	26	47	64	158	214	0	0	214	56			0
Pitt	94,056	60,683	15,709	7,042	2,730	5	78	82	129	203	497	609	8	6	611	114			0
Polk	7,065	7,677	3,460	2,149	1,005	0	10	18	39	75	142	146	0	0	146	4			0
Randolph	62,034	55,059	15,623	8,335	2,780	3	70	82	153	207	515	583	0	0	583	68			0
Richmond	19,712	16,918	5,085	2,553	730	1	22	27	47	54	151	199	0	0	199	48			0
Robeson	63,712	46,945	13,210	6,150	1,811	3	60	69	113	135	380	579	0	0	579	199			0
Rockingham	36,529	35,763	11,331	5,969	2,095	2	46	59	110	156	373	419	0	0	419	46			0
Rowan	63,099	55,377	16,101	7,949	2,651	3	71	84	146	197	501	901	5	3	903	402			0
Rutherford	27,134	25,949	8,482	4,816	1,541	1	33	45	88	115	282	518	0	0	518	236			0
Sampson	28,639	23,387	7,002	3,648	1,316	2	30	37	67	98	234	282	0	0	282	48			0
Scotland	15,425	12,547	4,188	1,964	636	1	16	22	36	47	122	206	0	0	206	84			0
Stanly	26,419	23,631	7,293	3,917	1,306	1	30	38	72	97	238	231	0	0	231	-7	-2.94%		0
Stokes	17,644	18,813	5,874	3,241	1,054	1	24	31	60	78	194	300	0	0	300	106			0
Surry	30,725	27,393	8,624	4,779	1,676	2	35	45	88	125	295	460	0	0	460	165			0
Swain	6,963	5,743	1,818	1,031	311	0	7	10	19	23	59	50	0	0	50	-9	-15.25%	0.00%	0
Transylvania	11,552	12,623	5,551	4,123	1,771	1	16	29	76	132	254	134	0	0	134	-120	-47.24%	56.72%	0
Union	111,913	98,599	20,421	10,338	2,941	6	126	107	190	219	648	596	0	0	596	-52	-8.02%		0
Vance	20,671	15,949	4,998	2,595	955	1	20	26	48	71	166	218	0	0	218	52			0
Wake	520,591	474,847	90,023	41,056	14,934	28	608	472	754	1,111	2,973	3,209	110	27	3,292	319			0
Warren	7,773	7,527	2,800	1,661	732	0	10	15	31	54	110	116	0	0	116	6			0
Washington	4,791	4,212	1,749	944	416	0	5	9	17	31	62	49	0	0	49	-13	-20.97%	85.71%	10
Watauga	31,681	15,774	5,604	3,101	1,187	2	20	29	57	88	196	176	0	0	176	-20	-10.20%	47.16%	0
Wayne *	57,946	47,041	12,881	6,595	2,493	3	60	68	121	185	437	745	0	0	745	308			0
Wilkes	27,483	26,664	8,688	5,097	1,732	1	34	46	94	129	304	290	0	0	290	-14	-4.61%		0
Wilson	37,294	31,645	9,652	4,800	1,753	2	41	51	88	130	312	454	0	0	454	142			0
Yadkin	15,157	14,256	4,203	2,432	877	1	18	22	45	65	151	189	0	0	189	38			0
Yancey	6,758	6,720	2,497	1,552	556	0	9	13	29	41	92	99	0	0	99	7			0

**Table 11B: Adult Care Home Need Projections for 2021**

Service Areas	Projected 2021 Population					Projected 2021 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclusions	Planning Inventory	Surplus / "-" = Deficit	Deficit Index	Occupancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
<b>State Total</b>	<b>4,701,385</b>	<b>4,089,657</b>	<b>1,086,602</b>	<b>554,304</b>	<b>197,809</b>	<b>243</b>	<b>5,233</b>	<b>5,701</b>	<b>10,186</b>	<b>14,712</b>	<b>36,075</b>	<b>43,284</b>	<b>945</b>	<b>277</b>	<b>43,952</b>				<b>140</b>

Average Combined Ratios for Beds per 1000 derived based on reported number of patients based on 2013 through 2017 License Renewal Applications.

0.05 Beds/1000 Under Age 35

1.28 Beds/1000 Age 35-64

5.25 Beds/1000 Age 65-74

18.37 Beds/1000 Age 75-84

74.39 Beds/1000 Age 85 and over

\* Projections for under age 35 were adjusted to exclude active duty military personnel.

\*\* Gates County was adjusted to reflect the transfer of 30 beds from Perquimans County.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for adult care home beds in Ashe, Cherokee, Greene, Jones and Washington counties as shown in Table 11C. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 11C: Adult Care Home Bed Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional adult care home beds as specified.

<b>County</b>	<b>HSA</b>	<b>Adult Care Home Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Ashe	I	30	April 16, 2018	May 1, 2018
Cherokee	I	60	February 15, 2018	March 1, 2018
Greene	VI	20	April 16, 2018	May 1, 2018
Jones	VI	20	July 16, 2018	August 1, 2018
Washington	VI	10	July 16, 2018	August 1, 2018

It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Table 11D: Inventory of Nursing Homes With Six or Less Adult Care Home Beds**

<b>County</b>	<b>License Number</b>	<b>Name</b>	<b>Adult Care Home Beds</b>
Alamance	NH0351	Twin Lakes Community	4
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Burke	NH0553	College Pines Health and Rehab Center	4
Cabarrus	NH0453	Transitional Health Services of Kannapolis	5
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Brian Center Health and Rehabilitation/Waynesville	5
Mecklenburg	NH0573	Asbury Care Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mecklenburg	NH0584	The Stewart Health Center	4
Mitchell	NH0433	Brian Center Health & Rehabilitation/Spruce Pine	6
Orange	NH0093	PruittHealth-Carolina Point	2
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	5
Robeson	NH0472	Highland Acres Nursing and Rehabilitation Center	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0354	Tower Nursing and Rehabilitation Center	6
Wake	NH0622	The Rosewood Health Center	4

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# Chapter 12:

Home Health Services

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## CHAPTER 12

### HOME HEALTH SERVICES

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#### Summary of Medicare-certified Home Health Agency Supply and Utilization

In the fall of 2017, the North Carolina Division of Health Service Regulation reported 210 Medicare-certified home health agencies in North Carolina.

Data from the “Home Health Agency 2017 Annual Data Supplements” indicated a total of 230,565 home health patients were served during 2016 (*FY 2015-2016*). This represents a 0.59 percent increase in the reported number of patients from 2015. Compared to 2015 data, the average “State Use Rates per 1,000 Population” decreased in all categories.

Age Group	2015 Use Rate	2016 Use Rate
Under Age 18	1.74	1.48
Ages 18 – 64	11.12	10.83
Ages 65 – 74	62.97	61.62
Ages 75 & Over	164.41	163.32

#### Changes from the Previous Plan

No substantive changes have been made in the home health policy, assumptions or methodology. For the North Carolina 2018 State Medical Facilities Plan, references to dates have been advanced one year.

#### Basic Assumptions of the Method

Assumptions underlying the projection of need for new Medicare-certified home health agencies or offices are as follows:

1. The target for projections should be one year beyond the Plan year to allow time for completion of the certificate of need review cycles and for staffing of new agencies or offices.
2. Data aggregation and projections should be accomplished by four age groups (*Under Age 18, Ages 18-64, Ages 65-74, and Ages 75 and Over*) to allow more definitive examination of trends in services to children and to senior adults.
3. Current age-specific use rates are the most valid basis for projection of future “need.”
4. Because previous year’s data are used as the basis for projections, the average annual rate of change in “number of patients served” should be calculated over the previous three years for each age group in each Council of Governments (COG) region and applied to current reported total number of patients served from each county within each COG region, to project changes in the capacity of existing agencies to serve people from each county by the target year.
5. Likewise, the average annual rate of change in “use rates per 1,000 population” should be calculated over the previous three years for each age group in each COG region and applied to current “use rates per 1,000 population” for each county within each COG region to

project changes in the number of potential people needing home health services by the target year.

6. A new agency or office is needed if the projected unmet need in a single county is 325 patients or more.
7. When the need for additional agencies or offices is determined by the standard methodology or policy in the State Medical Facilities Plan, the three annual Plans following certification of the agencies or offices based on that need (*during the time when the new agencies or offices are being established and are developing their services*) should count the greater of 325 patients for each new agency office or the actual number of patients served by the new agency office as part of the total people served.
8. The North Carolina State Health Coordinating Council encourages home health applicants to:
  - a. provide an expanded scope of services (*including nursing, physical therapy, speech therapy, and home health aide service*);
  - b. provide the widest range of treatments within a given service;
  - c. have the ability to offer services on a seven days per week basis as required to meet patient needs; and
  - d. address special needs populations.

#### **Sources of Data**

##### **Population:**

County population projections by age group for 2019 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the 18-64 age group for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status-Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2015 5-year Estimates.

##### **Utilization:**

Patient origin data were compiled from "Home Health Agency 2017 Annual Data Supplement(s) to License Application" as submitted by Medicare-certified home health agencies to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

### **Application of the Standard Methodology**

Steps in applying the projection method are as follows:

- Step 1: For each COG region, for each age group, calculate the “Average Annual Rate of Change in Number of Home Health Patients” over the previous three years.
- Step 2: For each COG region, for each age group, calculate the “Average Annual Rate of Change in Use Rates per 1,000 Population” over the previous three years.
- Step 3: For each county, for each age group, total the number of home health patients served in 2016 as reported from agencies’ “Home Health Agency 2017 Annual Data Supplement(s) to License Application.”
- Step 4: For each county, multiply the “Average Annual Rate of Change in Number of Home Health Patients” for each age group from the affiliated COG region times, the number of patients for each age group from Step 3.
- Step 5: Multiply the product from Step 4 by three (*to advance by three years*) and add that product to the base figure from Step 3 for each age group. The result is the anticipated number of patients who might be served by existing agencies in 2019 for each age group.
- Step 6: For each county, for each age group, divide the number of patients served in 2016 by the county’s population (*in 1,000’s for each age group*). This produces use rates per 1,000 population for the county.
- Step 7: Multiply the “Average Annual Rate of Change in Use Rate per 1,000 Population” for each age group from the affiliated COG region times the county use rates per 1,000 population for each age group from Step 6.
- Step 8: Multiply the product from Step 7 by three (*to advance by three years*) and add that product to the base figure from Step 6 for each age group. The result is the anticipated use rate per 1,000 population in 2019 for each age group.
- Step 9: For each age group, multiply the anticipated use rate per 1,000 population for 2019 times the projected 2019 population. The result is the potential number of home health patients in 2019.
- Step 10: In counties for which additional home health agency office need determinations were made by the standard methodology or policy (*see the seventh “Basic Assumption”*), determine the difference between 325 and the number of patients actually served by each new agency in the county for which a need determination was made. If a new agency office served more than 325 clients, the agency’s reported number of patients is not adjusted. If a new agency office served fewer than 325 clients, an adjustment “placeholder” equal to the difference between the reported number of home health patients and 325 is used.

- Step 11: For each county, sum the anticipated number of patients who may be served in 2019 (*from Step 5*) across all four age groups and the adjustment placeholder (*from Step 10*), if applicable. The result is an “Adjusted Potential Total People Served” for each county for 2019.
- Step 12: For each county, sum the potential number of home health patients in 2019 (*from Step 9*) across all four age groups. The result is the “Projected Utilization in 2019.”
- Step 13: For each county, subtract the “Projected Utilization in 2019” from the “Adjusted Potential Total People Served.” The remainder is the projected additional number of home health patients who will need home health services in 2019 (unmet need shows as a negative number of patients, *i.e.*, a “patient deficit”). A remainder including fractions of 0.50 or greater is rounded to the next highest whole number and a remainder including fractions less than 0.50 is rounded to the next lowest whole number.
- Step 14: For each county, need for one new Medicare-certified agency office is determined for each projected deficit of 325 patients.

A Medicare-certified home health agency office’s service area is the Medicare-certified home health agency office planning area in which the office is located. Each of the 100 counties in the state is a separate Medicare-certified home health agency office planning area.

The Long-Term and Behavioral Health Committee and the State Health Coordinating Council will consider petitions for adjusted need determinations that are filed in accordance with provisions outlined in Chapter 2 of the State Medical Facilities Plan. Applicants for certificates of need are encouraged to contact Certificate of Need to arrange pre-application conferences [prior](#) to submission of applications.

**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0249	Advanced Home Care	Alamance	Alamance	11	49	251	136	392	373	315	1527	436	688
HC0952	Gentiva Health Services	Guilford	Alamance	0	13	99	56	152	163	124	607	168	287
HC0303	Encompass Home Health Of North Carolina	Guilford	Alamance	0	2	43	23	131	185	217	601	68	402
HC0134	Amedisys Home Health	Alamance	Alamance	0	8	65	34	105	152	150	514	107	302
HC0030	UNC Home Health	Orange	Alamance	3	34	122	47	100	69	61	436	203	130
HC0360	Duke Home Health	Durham	Alamance	1	14	37	23	49	27	15	166	74	42
HC0124	Liberty Home Care	Davidson	Alamance	0	1	9	7	30	30	23	100	17	53
HC0361	Life Path Home Health	Alamance	Alamance	10	3	8	11	19	29	13	93	22	42
HC0074	Well Care Home Health, Inc.	Wake	Alamance	0	4	21	6	16	22	22	91	31	44
HC0327	Brookdale Home Health Raleigh	Durham	Alamance	0	0	0	1	5	23	41	70	1	64
HC1176	Liberty Home Care	Durham	Alamance	0	1	1	6	9	13	7	37	8	20
HC1286	BAYADA Home Health Care, Inc.	Guilford	Alamance	0	4	4	4	6	3	3	24	12	6
HC1437	North Carolina Home Health	Wake	Alamance	0	0	1	0	2	7	9	19	1	16
HC1885	Interim HealthCare of the Triad, Inc.	Guilford	Alamance	0	1	6	0	1	8	1	17	7	9
HC0528	Liberty Home Care	Chatham	Alamance	0	0	1	1	1	3	1	7	2	4
HC0297	Advanced Home Care	Guilford	Alamance	0	1	2	1	0	1	1	6	4	2
HC0496	Well Care Home Health, Inc.	Davie	Alamance	0	0	1	0	2	0	2	5	1	2
HC0489	Caswell County Home Health Agency	Caswell	Alamance	0	0	0	0	2	2	0	4	0	2
HC0479	Medi Home Health and Hospice	Ashe	Alamance	0	0	1	0	0	0	1	2	1	1
HC0501	Granville-Vance Home Health Agency	Vance	Alamance	0	0	0	0	1	0	1	2	0	1
HC0217	Advanced Home Care, Inc.	Rockingham	Alamance	0	0	0	0	2	0	0	2	0	0
HC3820	BAYADA Home Health Care, Inc.	Wake	Alamance	0	0	0	0	0	1	0	1	0	1
HC0828	Pediatric Services of America, Inc.	Wake	Alamance	1	0	0	0	0	0	0	1	0	0
HC1177	Liberty Home Care	Guilford	Alamance	0	0	0	1	0	0	0	1	1	0
HC2112	Medi Home Health Agency	Wake	Alamance	0	0	0	0	0	0	0	0	0	0
<b>Alamance Totals</b>				<b>26</b>	<b>135</b>	<b>672</b>	<b>357</b>	<b>1,025</b>	<b>1,111</b>	<b>1,007</b>	<b>4,333</b>	<b>1,164</b>	<b>2,118</b>
HC0227	Gentiva Health Services	Catawba	Alexander	0	13	99	59	99	117	63	450	171	180
HC0476	Medi Home Health Agency	Alexander	Alexander	0	7	23	15	55	57	42	199	45	99
HC0515	Iredell Home Health	Iredell	Alexander	5	8	24	12	33	21	17	120	44	38
HC0057	Guardian Health Services	Catawba	Alexander	4	5	14	9	24	30	11	97	28	41
HC0487	Advanced Home Care	Caldwell	Alexander	0	3	10	5	9	13	0	40	18	13
HC0357	BAYADA Home Health Care, Inc.	Rowan	Alexander	0	3	4	2	13	8	4	34	9	12
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Alexander	1	0	4	4	9	2	1	21	8	3
HC0272	Gentiva Health Services	Catawba	Alexander	0	1	2	0	1	0	0	4	3	0
HC1325	Lake Norman Home Health	Iredell	Alexander	0	0	0	0	0	3	0	3	0	3
HC0159	Gentiva Health Services	Iredell	Alexander	0	0	1	0	1	0	0	2	1	0

Figures were entered from the 2017 Home Health Data Supplements. Data were self-reported to Healthcare Planning.

**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0317	PruittHealth Home Health - Avery	Avery	Alexander	0	0	1	0	0	0	0	1	1	0
HC0477	Medi Home Health and Hospice	Watauga	Alexander	0	0	0	0	0	1	0	1	0	1
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Alexander	0	0	0	0	0	0	0	0	0	0
<b>Alexander Totals</b>				<b>10</b>	<b>40</b>	<b>182</b>	<b>106</b>	<b>244</b>	<b>252</b>	<b>138</b>	<b>972</b>	<b>328</b>	<b>390</b>
HC0478	Medi Home Health and Hospice	<b>Alleghany</b>	<b>Alleghany</b>	0	5	19	7	37	52	30	150	31	82
HC0346	Yadkin Valley Home Health	Yadkin	Alleghany	0	0	8	12	13	14	12	59	20	26
HC0420	Liberty Home Care	Surry	Alleghany	0	2	2	0	7	3	2	16	4	5
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Alleghany	0	2	0	0	4	3	3	12	2	6
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Alleghany	0	0	0	0	0	0	0	0	0	0
<b>Alleghany Totals</b>				<b>0</b>	<b>9</b>	<b>29</b>	<b>19</b>	<b>61</b>	<b>72</b>	<b>47</b>	<b>237</b>	<b>57</b>	<b>119</b>
HC2057	Gentiva Health Services	Union	Anson	0	5	52	35	72	60	57	281	92	117
HC1238	Union Regional Home Care	Union	Anson	0	9	44	24	78	64	44	263	77	108
HC0264	Liberty Home Care	<b>Anson</b>	<b>Anson</b>	0	2	21	5	21	11	13	73	28	24
HC2404	Health@Home - Troy	Montgomery	Anson	4	2	8	2	3	2	0	21	12	2
HC0403	Healthkeeperz	Scotland	Anson	0	2	2	0	3	1	0	8	4	1
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Anson	3	0	0	0	0	0	0	3	0	0
HC0308	Healthy@Home - Albemarle	Stanly	Anson	1	0	0	0	1	1	0	3	0	1
HC1901	Interim HealthCare of the Triad, Inc.	Mecklenburg	Anson	0	0	0	1	0	0	0	1	1	0
<b>Anson Totals</b>				<b>8</b>	<b>20</b>	<b>127</b>	<b>67</b>	<b>178</b>	<b>139</b>	<b>114</b>	<b>653</b>	<b>214</b>	<b>253</b>
HC0479	Medi Home Health and Hospice	<b>Ashe</b>	<b>Ashe</b>	0	8	41	27	29	113	95	313	76	208
HC1544	Gentiva Health Services	Watauga	Ashe	0	6	35	27	69	54	70	261	68	124
HC0477	Medi Home Health and Hospice	Watauga	Ashe	0	0	1	0	1	0	0	2	1	0
HC0478	Medi Home Health and Hospice	Alleghany	Ashe	0	0	0	0	1	1	0	2	0	1
HC0124	Liberty Home Care	Davidson	Ashe	0	0	0	0	1	0	0	1	0	0
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Ashe	0	0	0	0	0	0	0	0	0	0
<b>Ashe Totals</b>				<b>0</b>	<b>14</b>	<b>77</b>	<b>54</b>	<b>101</b>	<b>168</b>	<b>165</b>	<b>579</b>	<b>145</b>	<b>333</b>
HC1544	Gentiva Health Services	Watauga	Avery	0	5	34	30	62	92	79	302	69	171
HC0477	Medi Home Health and Hospice	Watauga	Avery	0	3	19	13	35	47	42	159	35	89
HC0317	PruittHealth Home Health - Avery	<b>Avery</b>	<b>Avery</b>	4	3	11	8	25	23	13	87	22	36
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Avery	0	0	1	0	0	0	0	1	1	0
<b>Avery Totals</b>				<b>4</b>	<b>11</b>	<b>65</b>	<b>51</b>	<b>122</b>	<b>162</b>	<b>134</b>	<b>549</b>	<b>127</b>	<b>296</b>
HC0329	Gentiva Health Services	<b>Beaufort</b>	<b>Beaufort</b>	0	17	104	66	196	192	126	701	187	318
HC1634	Vidant Home Health and Hospice	<b>Beaufort</b>	<b>Beaufort</b>	0	19	79	60	168	128	65	519	158	193
HC0168	AssistedCare of the Carolinas	Greene	Beaufort	0	0	5	7	21	8	4	45	12	12
HC0379	Hydeland Home Care Agency	Hyde	Beaufort	0	0	4	1	2	5	7	19	5	12
HC0328	Gentiva Health Services	Pitt	Beaufort	0	0	2	0	3	4	2	11	2	6

Figures were entered from the 2017 Home Health Data Supplements. Data were self-reported to Healthcare Planning.

**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1443	Vidant Home Health and Hospice	Pitt	Beaufort	0	0	5	1	1	2	0	9	6	2
HC0493	PruittHealth Home Health - New Bern	Craven	Beaufort	0	0	1	1	1	0	0	3	2	0
HC0509	3HC	Pitt	Beaufort	0	0	1	0	1	0	0	2	1	0
<b>Beaufort Totals</b>				<b>0</b>	<b>36</b>	<b>201</b>	<b>136</b>	<b>393</b>	<b>339</b>	<b>204</b>	<b>1,309</b>	<b>373</b>	<b>543</b>
HC0329	Gentiva Health Services	Beaufort	Bertie	0	4	37	20	42	67	40	210	61	107
HC1052	Vidant Home Health and Hospice	<b>Bertie</b>	<b>Bertie</b>	0	10	33	25	31	53	32	184	68	85
HC0480	Bertie County Home Health	<b>Bertie</b>	<b>Bertie</b>	0	4	20	13	23	22	22	104	37	44
HC0504	Hertford - Gates Home Health Agency	Hertford	Bertie	2	7	5	11	22	1	9	57	23	10
HC0530	Northampton Co. Home Health Agency	Northampton	Bertie	0	0	2	2	2	0	0	6	4	0
HC0525	Roanoke Home Care & Hospice	Martin	Bertie	0	1	0	1	1	0	0	3	2	0
HC0474	Albemarle Home Care	Chowan	Bertie	0	0	1	0	0	0	0	1	1	0
<b>Bertie Totals</b>				<b>2</b>	<b>26</b>	<b>98</b>	<b>72</b>	<b>121</b>	<b>143</b>	<b>103</b>	<b>565</b>	<b>196</b>	<b>246</b>
HC0481	Bladen County Home Health Agency	<b>Bladen</b>	<b>Bladen</b>	14	18	59	32	65	61	43	292	109	104
HC1231	Well Care Home Health	New Hanover	Bladen	4	10	45	34	69	63	27	252	89	90
HC0309	Liberty Home Care	<b>Bladen</b>	<b>Bladen</b>	0	7	35	19	55	78	48	242	61	126
HC1500	AssistedCare Home Health	Brunswick	Bladen	1	5	23	24	40	40	32	165	52	72
HC0359	HealthKeeperz	Cumberland	Bladen	0	0	13	1	16	13	3	46	14	16
HC0235	Southeastern Home Health	Robeson	Bladen	0	1	7	5	16	11	3	43	13	14
HC0532	NHRMC Home Care	Pender	Bladen	2	1	7	1	15	1	0	27	9	1
HC3421	Five Points Home Health	Cumberland	Bladen	0	0	4	2	4	5	2	17	6	7
HC0283	Cape Fear Valley Home Health	Cumberland	Bladen	0	1	3	3	4	3	3	17	7	6
HC0320	Liberty Home Care	Columbus	Bladen	0	1	1	1	6	2	0	11	3	2
HC0257	Sampson Home Health	Sampson	Bladen	0	0	1	0	0	2	3	6	1	5
HC0492	Columbus County Home Health	Columbus	Bladen	0	0	0	0	0	2	1	3	0	3
HC0526	Robeson County Home Health Agency	Robeson	Bladen	0	0	0	0	2	0	0	2	0	0
HC0403	Healthkeeperz	Scotland	Bladen	0	0	0	0	1	0	0	1	0	0
<b>Bladen Totals</b>				<b>21</b>	<b>44</b>	<b>198</b>	<b>122</b>	<b>293</b>	<b>281</b>	<b>165</b>	<b>1,124</b>	<b>364</b>	<b>446</b>
HC1231	Well Care Home Health	New Hanover	Brunswick	48	46	195	147	465	400	251	1552	388	651
HC0288	Liberty Home Care	<b>Brunswick</b>	<b>Brunswick</b>	0	21	102	90	295	313	252	1073	213	565
HC1500	AssistedCare Home Health	<b>Brunswick</b>	<b>Brunswick</b>	3	24	97	77	263	198	110	772	198	308
HC0532	NHRMC Home Care	Pender	Brunswick	7	26	112	75	229	120	46	615	213	166
HC0196	Liberty Home Care	New Hanover	Brunswick	0	1	3	1	9	10	10	34	5	20
HC0309	Liberty Home Care	Bladen	Brunswick	0	0	1	0	1	0	0	2	1	0
HC3694	Liberty Home Care and Hospice	Mecklenburg	Brunswick	0	0	0	0	0	1	0	1	0	1
<b>Brunswick Totals</b>				<b>58</b>	<b>118</b>	<b>510</b>	<b>390</b>	<b>1,262</b>	<b>1,042</b>	<b>669</b>	<b>4,049</b>	<b>1,018</b>	<b>1,711</b>
HC0114	CarePartners Home Health Services	<b>Buncombe</b>	<b>Buncombe</b>	124	133	597	375	1006	985	840	4060	1105	1825

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC2114	Gentiva Health Services	Buncombe	Buncombe	0	28	199	96	275	281	311	1190	323	592
HC0279	CarePartners Home Health Services	Haywood	Buncombe	96	16	66	18	56	82	43	377	100	125
HC0440	CarePartners Home Health Services	Henderson	Buncombe	0	11	47	28	87	80	88	341	86	168
HC0911	Park Ridge Home Health	Henderson	Buncombe	0	6	69	36	69	65	52	297	111	117
HC0435	Encompass Home Health of North Carolina	McDowell	Buncombe	0	2	24	15	39	43	58	181	41	101
HC0419	Madison Home Care & Hospice	Madison	Buncombe	0	1	6	5	5	10	10	37	12	20
HC0201	Pardee Home Care	Henderson	Buncombe	0	1	3	4	7	3	4	22	8	7
HC0109	Home Care Services of Haywood Regional Medical Center	Haywood	Buncombe	1	0	3	1	5	3	1	14	4	4
HC0067	CarePartners Home Care & Hospice	Transylvania	Buncombe	1	0	0	0	1	2	1	5	0	3
<b>Buncombe Totals</b>				<b>222</b>	<b>198</b>	<b>1,014</b>	<b>578</b>	<b>1,550</b>	<b>1,554</b>	<b>1,408</b>	<b>6,524</b>	<b>1,790</b>	<b>2,962</b>
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Burke	0	39	171	96	307	326	280	1219	306	606
HC0272	Gentiva Health Services	Catawba	Burke	0	22	137	76	210	174	116	735	235	290
HC0057	Guardian Health Services	Catawba	Burke	16	4	39	19	50	46	35	209	62	81
HC0477	Medi Home Health and Hospice	Watauga	Burke	0	1	23	8	25	10	16	83	32	26
HC0487	Advanced Home Care	Caldwell	Burke	0	4	11	5	27	15	10	72	20	25
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Burke	0	6	14	6	7	3	1	37	26	4
HC0435	Encompass Home Health of North Carolina	McDowell	Burke	0	2	1	1	5	5	9	23	4	14
HC0186	Carolina Home Care	Rutherford	Burke	6	1	2	0	4	1	0	14	3	1
HC0227	Gentiva Health Services	Catawba	Burke	0	0	0	3	3	1	1	8	3	2
HC1544	Gentiva Health Services	Watauga	Burke	0	0	1	1	0	2	3	7	2	5
HC0356	BAYADA Home Health Care, Inc.	Gaston	Burke	0	0	1	0	3	1	1	6	1	2
HC0490	Gentiva Health Service	Catawba	Burke	2	0	0	0	0	2	1	5	0	3
HC0317	PruittHealth Home Health - Avery	Avery	Burke	0	0	2	0	0	1	0	3	2	1
HC1325	Lake Norman Home Health	Iredell	Burke	0	0	0	0	2	0	0	2	0	0
HC0159	Gentiva Health Services	Iredell	Burke	0	0	0	0	0	0	1	1	0	1
<b>Burke Totals</b>				<b>24</b>	<b>79</b>	<b>402</b>	<b>215</b>	<b>643</b>	<b>587</b>	<b>474</b>	<b>2,424</b>	<b>696</b>	<b>1,061</b>
HC0270	Gentiva Health Services	Rowan	Cabarrus	0	44	324	181	449	423	359	1780	549	782
HC4677	Healthy @ Home - University	Mecklenburg	Cabarrus	1	42	235	123	283	239	154	1077	400	393
HC0281	Advanced Home Care	Cabarrus	Cabarrus	0	49	138	73	173	142	70	645	260	212
HC0486	BAYADA Home Health Care, Inc.	Cabarrus	Cabarrus	0	12	52	38	155	164	109	530	102	273
HC3966	PHC Home Health	Mecklenburg	Cabarrus	0	34	71	32	52	27	26	242	137	53
HC0355	BAYADA Home Health Care, Inc.	Mecklenburg	Cabarrus	0	0	6	8	33	55	93	195	14	148
HC0369	Brookdale Home Health Charlotte	Mecklenburg	Cabarrus	0	0	0	0	11	28	75	114	0	103
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Cabarrus	71	5	1	0	0	0	0	77	6	0
HC0399	Advanced Home Care	Rowan	Cabarrus	0	4	11	2	7	9	7	40	17	16
HC0308	Healthy@Home - Albemarle	Stanly	Cabarrus	11	1	3	3	2	1	0	21	7	1

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0171	Advanced Home Care	Mecklenburg	Cabarrus	0	1	5	2	6	2	1	17	8	3
HC0357	BAYADA Home Health Care, Inc.	Rowan	Cabarrus	0	0	4	2	1	5	3	15	6	8
HC1325	Lake Norman Home Health	Iredell	Cabarrus	0	3	5	1	2	0	2	13	9	2
HC1238	Union Regional Home Care	Union	Cabarrus	0	2	2	2	4	1	2	13	6	3
HC3694	Liberty Home Care and Hospice	Mecklenburg	Cabarrus	0	1	3	0	0	5	2	11	4	7
HC2404	Health@Home - Troy	Montgomery	Cabarrus	2	1	1	1	0	0	0	5	3	0
HC0495	Amedisys Home Health Care	Davidson	Cabarrus	0	0	0	0	0	1	0	1	0	1
HC0124	Liberty Home Care	Davidson	Cabarrus	0	0	0	0	1	0	0	1	0	0
HC0288	Liberty Home Care	Brunswick	Cabarrus	0	0	0	0	0	1	0	1	0	1
<b>Cabarrus Totals</b>				<b>85</b>	<b>199</b>	<b>861</b>	<b>468</b>	<b>1,179</b>	<b>1,103</b>	<b>903</b>	<b>4,798</b>	<b>1,528</b>	<b>2,006</b>
HC0272	Gentiva Health Services	Catawba	Caldwell	0	18	156	99	212	206	127	818	273	333
HC0057	Guardian Health Services	Catawba	Caldwell	26	21	132	58	156	155	102	650	211	257
HC0487	Advanced Home Care	<b>Caldwell</b>	<b>Caldwell</b>	0	9	74	30	143	110	44	410	113	154
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Caldwell	0	16	42	19	86	82	45	290	77	127
HC0477	Medi Home Health and Hospice	Watauga	Caldwell	0	0	15	11	28	16	18	88	26	34
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Caldwell	1	6	15	12	12	12	0	58	33	12
HC0227	Gentiva Health Services	Catawba	Caldwell	0	0	2	0	1	1	1	5	2	2
HC0490	Gentiva Health Service	Catawba	Caldwell	0	0	0	0	1	1	1	3	0	2
HC0476	Medi Home Health Agency	Alexander	Caldwell	0	0	0	1	0	0	1	2	1	1
HC0479	Medi Home Health and Hospice	Ashe	Caldwell	0	0	0	0	0	1	0	1	0	1
<b>Caldwell Totals</b>				<b>27</b>	<b>70</b>	<b>436</b>	<b>230</b>	<b>639</b>	<b>584</b>	<b>339</b>	<b>2,325</b>	<b>736</b>	<b>923</b>
HC1071	Sentara Home Care Services	Pasquotank	Camden	0	3	13	5	20	17	14	72	21	31
HC0473	Albemarle Home Care	<b>Camden</b>	<b>Camden</b>	0	4	0	0	1	1	2	8	4	3
HC0471	Albemarle Home Care	Pasquotank	Camden	0	0	0	0	1	0	0	1	0	0
<b>Camden Totals</b>				<b>0</b>	<b>7</b>	<b>13</b>	<b>5</b>	<b>22</b>	<b>18</b>	<b>16</b>	<b>81</b>	<b>25</b>	<b>34</b>
HC0488	Carteret Healthcare Home Health & Hospice	<b>Carteret</b>	<b>Carteret</b>	1	13	68	40	145	181	150	598	121	331
HC0073	Gentiva Health Services	<b>Carteret</b>	<b>Carteret</b>	0	2	40	41	118	181	148	530	83	329
HC1353	Liberty Home Care	<b>Carteret</b>	<b>Carteret</b>	0	2	27	18	66	67	56	236	47	123
HC0506	3HC	Jones	Carteret	0	4	26	10	26	9	11	86	40	20
HC0165	CarolinaEast Home Care	Craven	Carteret	1	1	16	3	16	0	1	38	20	1
HC0493	PruittHealth Home Health - New Bern	Craven	Carteret	0	0	1	2	4	3	2	12	3	5
HC1209	Continuum Home Care and Hospice	Onslow	Carteret	0	0	0	0	1	6	2	9	0	8
HC0316	Liberty Home Care	Onslow	Carteret	0	0	4	1	0	0	1	6	5	1
HC0531	Onslow County Home Health and Hospice	Onslow	Carteret	0	0	0	0	2	1	1	4	0	2
HC0431	Gentiva Health Services	Jones	Carteret	0	0	0	0	2	1	1	4	0	2
HC1231	Well Care Home Health	New Hanover	Carteret	0	0	0	0	1	0	1	2	0	1

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HC0195	3HC	Lenoir	Carteret	0	0	0	0	0	1	0	1	0	1
HC0507	3HC	Johnston	Carteret	0	0	1	0	0	0	0	1	1	0
HC0426	Liberty Home Care	Lee	Carteret	0	0	1	0	0	0	0	1	1	0
<b>Carteret Totals</b>				<b>2</b>	<b>22</b>	<b>184</b>	<b>115</b>	<b>381</b>	<b>450</b>	<b>374</b>	<b>1,528</b>	<b>321</b>	<b>824</b>
HC0489	Caswell County Home Health Agency	Caswell	Caswell	3	11	39	27	36	62	44	222	77	106
HC0217	Advanced Home Care, Inc.	Rockingham	Caswell	1	8	34	16	53	42	22	176	58	64
HC0134	Amedisys Home Health	Alamance	Caswell	0	2	5	8	22	22	25	84	15	47
HC0354	BAYADA Home Health Care, Inc.	Person	Caswell	0	0	7	7	14	9	13	50	14	22
HC0249	Advanced Home Care	Alamance	Caswell	0	0	10	4	9	7	3	33	14	10
HC0303	Encompass Home Health Of North Carolina	Guilford	Caswell	0	3	3	1	2	3	6	18	7	9
HC0124	Liberty Home Care	Davidson	Caswell	0	0	3	1	4	3	5	16	4	8
HC2803	UNC Home Health	Chatham	Caswell	0	0	1	2	4	0	0	7	3	0
HC1286	BAYADA Home Health Care, Inc.	Guilford	Caswell	0	0	1	2	2	0	0	5	3	0
HC0533	Home Health and Hospice of Person County	Person	Caswell	0	0	1	1	0	0	2	4	2	2
HC0361	Life Path Home Health	Alamance	Caswell	0	0	0	1	1	1	1	4	1	2
HC0952	Gentiva Health Services	Guilford	Caswell	0	0	0	0	1	0	0	1	0	0
<b>Caswell Totals</b>				<b>4</b>	<b>24</b>	<b>104</b>	<b>70</b>	<b>148</b>	<b>149</b>	<b>121</b>	<b>620</b>	<b>198</b>	<b>270</b>
HC0227	Gentiva Health Services	Catawba	Catawba	0	65	323	180	393	397	344	1702	568	741
HC0272	Gentiva Health Services	Catawba	Catawba	0	17	124	77	207	265	237	927	218	502
HC0057	Guardian Health Services	Catawba	Catawba	20	23	107	42	157	173	101	623	172	274
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Catawba	3	19	55	38	68	53	15	251	112	68
HC0487	Advanced Home Care	Caldwell	Catawba	0	8	44	22	47	40	13	174	74	53
HC0357	BAYADA Home Health Care, Inc.	Rowan	Catawba	0	2	19	15	42	49	42	169	36	91
HC0135	Healthy@Home-Carolinas Medical Center Lincoln	Lincoln	Catawba	0	1	23	14	28	19	11	96	38	30
HC0369	Brookdale Home Health Charlotte	Mecklenburg	Catawba	0	0	0	2	7	29	51	89	2	80
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Catawba	0	6	17	7	27	26	5	88	30	31
HC1325	Lake Norman Home Health	Iredell	Catawba	0	4	17	9	17	15	9	71	30	24
HC0490	Gentiva Health Service	Catawba	Catawba	3	3	7	2	22	21	7	65	12	28
HC0476	Medi Home Health Agency	Alexander	Catawba	0	3	10	5	12	13	6	49	18	19
HC0906	Advanced Home Care	Gaston	Catawba	0	2	3	4	15	7	2	33	9	9
HC0268	Gentiva Health Services	Gaston	Catawba	0	0	6	3	5	5	4	23	9	9
HC0356	BAYADA Home Health Care, Inc.	Gaston	Catawba	0	1	0	4	6	3	7	21	5	10
HC0515	Iredell Home Health	Iredell	Catawba	1	0	3	1	8	5	1	19	4	6
HC0391	Gentiva Health Services	Lincoln	Catawba	0	0	1	0	2	2	4	9	1	6
HC0435	Encompass Home Health of North Carolina	McDowell	Catawba	0	0	1	0	1	2	1	5	1	3
HC0353	Amedisys Home Health Care	Gaston	Catawba	0	0	0	0	1	2	1	4	0	3

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HC3966	PHC Home Health	Mecklenburg	Catawba	0	0	0	0	0	0	2	2	0	2
HC0159	Gentiva Health Services	Iredell	Catawba	1	0	1	0	0	0	0	2	1	0
<b>Catawba Totals</b>				<b>28</b>	<b>154</b>	<b>761</b>	<b>425</b>	<b>1,065</b>	<b>1,126</b>	<b>863</b>	<b>4,422</b>	<b>1,340</b>	<b>1,989</b>
HC2803	UNC Home Health	<b>Chatham</b>	<b>Chatham</b>	1	24	75	48	162	129	64	503	147	193
HC0528	Liberty Home Care	<b>Chatham</b>	<b>Chatham</b>	0	1	11	13	78	85	83	271	25	168
HC0929	Encompass Home Health of North Carolina	Randolph	Chatham	0	2	5	0	32	32	99	170	7	131
HC0166	Amedisys Home Health of Chapel Hill	Orange	Chatham	0	0	9	2	19	23	48	101	11	71
HC0074	Well Care Home Health, Inc.	Wake	Chatham	0	2	9	8	28	15	15	77	19	30
HC0522	Home Health of Randolph Hospital	Randolph	Chatham	3	2	4	3	21	14	16	63	9	30
HC0360	Duke Home Health	Durham	Chatham	0	3	11	1	25	8	8	56	15	16
HC0953	Gentiva Health Services	Randolph	Chatham	0	1	7	6	6	14	6	40	14	20
HC0299	Gentiva Health Services	Wake	Chatham	0	0	3	1	9	2	0	15	4	2
HC0249	Advanced Home Care	Alamance	Chatham	0	0	2	2	3	3	3	13	4	6
HC2112	Medi Home Health Agency	Wake	Chatham	0	0	2	0	5	3	0	10	2	3
HC0426	Liberty Home Care	Lee	Chatham	0	0	0	1	1	2	0	4	1	2
HC4538	PruittHealth Home Health-Wake	Wake	Chatham	0	0	1	0	2	0	0	3	1	0
HC0002	Liberty Home Care	Moore	Chatham	0	0	0	0	0	1	1	2	0	2
HC0397	CareBridge Home Health	Randolph	Chatham	2	0	0	0	0	0	0	2	0	0
HC0422	Rex Home Services	Wake	Chatham	0	0	0	0	1	0	0	1	0	0
HC1028	Maxim Healthcare Services	Wake	Chatham	0	0	0	0	0	0	0	0	0	0
HC0828	Pediatric Services of America, Inc.	Wake	Chatham	0	0	0	0	0	0	0	0	0	0
<b>Chatham Totals</b>				<b>6</b>	<b>35</b>	<b>139</b>	<b>85</b>	<b>392</b>	<b>331</b>	<b>343</b>	<b>1,331</b>	<b>259</b>	<b>674</b>
HC0275	Good Shepherd Home Health and Hospice Agency	Clay	Cherokee	1	6	65	40	122	120	72	426	111	192
HC0104	Mountain Home Nursing Service	Clay	Cherokee	0	2	17	12	12	139	54	236	31	193
<b>Cherokee Totals</b>				<b>1</b>	<b>8</b>	<b>82</b>	<b>52</b>	<b>134</b>	<b>259</b>	<b>126</b>	<b>662</b>	<b>142</b>	<b>385</b>
HC0474	Albemarle Home Care	<b>Chowan</b>	<b>Chowan</b>	3	3	32	17	55	65	57	232	52	122
HC1071	Sentara Home Care Services	Pasquotank	Chowan	2	2	12	6	12	10	4	48	20	14
HC1052	Vidant Home Health and Hospice	Bertie	Chowan	0	2	7	2	16	8	6	41	11	14
HC0472	Albemarle Home Care and Hospice of NC, Inc	Perquimans	Chowan	0	0	1	0	1	0	1	3	1	1
<b>Chowan Totals</b>				<b>5</b>	<b>7</b>	<b>52</b>	<b>25</b>	<b>84</b>	<b>83</b>	<b>68</b>	<b>324</b>	<b>84</b>	<b>151</b>
HC0104	Mountain Home Nursing Service	<b>Clay</b>	<b>Clay</b>	0	2	15	10	12	134	67	240	27	201
HC0318	Good Shepherd Home Health and Hospice Agency	Cherokee	Clay	0	2	11	10	35	23	27	108	23	50
HC0114	CarePartners Home Health Services	Buncombe	Clay	1	0	0	0	0	0	0	1	0	0
<b>Clay Totals</b>				<b>1</b>	<b>4</b>	<b>26</b>	<b>20</b>	<b>47</b>	<b>157</b>	<b>94</b>	<b>349</b>	<b>50</b>	<b>251</b>
HC0221	Gentiva Health Services	<b>Cleveland</b>	<b>Cleveland</b>	0	45	275	150	427	492	439	1828	470	931
HC0042	Healthy@Home-Cleveland County HealthCare System	<b>Cleveland</b>	<b>Cleveland</b>	0	45	217	109	299	277	136	1083	371	413

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1903	Interim HealthCare of the Triad, Inc.	Gaston	Cleveland	53	32	59	33	52	77	29	335	124	106
HC0906	Advanced Home Care	Gaston	Cleveland	0	8	50	24	58	46	13	199	82	59
HC0268	Gentiva Health Services	Gaston	Cleveland	0	0	18	13	27	38	17	113	31	55
HC0356	BAYADA Home Health Care, Inc.	Gaston	Cleveland	0	0	11	10	21	30	22	94	21	52
HC0445	CareSouth Homecare Professionals	Rutherford	Cleveland	0	10	5	3	16	14	4	52	18	18
HC0353	Amedisys Home Health Care	Gaston	Cleveland	0	1	11	1	11	17	4	45	13	21
HC0186	Carolina Home Care	Rutherford	Cleveland	1	2	3	0	2	2	0	10	5	2
HC3966	PHC Home Health	Mecklenburg	Cleveland	0	0	3	2	2	2	0	9	5	2
HC0057	Guardian Health Services	Catawba	Cleveland	1	0	2	2	1	0	1	7	4	1
HC0135	Healthy@Home-Carolinas Medical Center Lincoln	Lincoln	Cleveland	0	0	0	0	0	1	0	1	0	1
HC0391	Gentiva Health Services	Lincoln	Cleveland	0	0	1	0	0	0	0	1	1	0
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Cleveland	0	0	0	0	1	0	0	1	0	0
HC0272	Gentiva Health Services	Catawba	Cleveland	0	0	0	0	0	0	1	1	0	1
<b>Cleveland Totals</b>				<b>55</b>	<b>143</b>	<b>655</b>	<b>347</b>	<b>917</b>	<b>996</b>	<b>666</b>	<b>3,779</b>	<b>1,145</b>	<b>1,662</b>
HC0320	Liberty Home Care	<b>Columbus</b>	<b>Columbus</b>	2	17	114	83	185	212	118	731	214	330
HC1231	Well Care Home Health	New Hanover	Columbus	12	30	150	66	178	115	51	602	246	166
HC0492	Columbus County Home Health	<b>Columbus</b>	<b>Columbus</b>	9	30	97	78	109	126	78	527	205	204
HC1500	AssistedCare Home Health	Brunswick	Columbus	1	19	60	38	59	64	39	280	117	103
HC0532	NHRMC Home Care	Pender	Columbus	0	3	13	12	22	19	7	76	28	26
HC0403	Healthkeeperz	Scotland	Columbus	1	3	6	1	0	5	1	17	10	6
HC3421	Five Points Home Health	Cumberland	Columbus	3	2	4	3	0	2	1	15	9	3
HC0309	Liberty Home Care	Bladen	Columbus	0	1	0	1	2	4	0	8	2	4
HC0235	Southeastern Home Health	Robeson	Columbus	0	0	2	0	1	0	0	3	2	0
HC0196	Liberty Home Care	New Hanover	Columbus	0	0	1	0	0	0	0	1	1	0
HC1353	Liberty Home Care	Carteret	Columbus	0	0	0	0	1	0	0	1	0	0
<b>Columbus Totals</b>				<b>28</b>	<b>105</b>	<b>447</b>	<b>282</b>	<b>557</b>	<b>547</b>	<b>295</b>	<b>2,261</b>	<b>834</b>	<b>842</b>
HC0165	CarolinaEast Home Care	<b>Craven</b>	<b>Craven</b>	5	20	141	101	222	150	77	716	262	227
HC0431	Gentiva Health Services	Jones	Craven	0	6	58	37	126	156	199	582	101	355
HC0506	3HC	Jones	Craven	0	12	76	44	111	88	59	390	132	147
HC0493	PruittHealth Home Health - New Bern	<b>Craven</b>	<b>Craven</b>	0	1	12	11	34	44	36	138	24	80
HC0073	Gentiva Health Services	Carteret	Craven	0	3	8	9	27	36	21	104	20	57
HC0316	Liberty Home Care	Onslow	Craven	0	0	10	6	31	31	17	95	16	48
HC1353	Liberty Home Care	Carteret	Craven	0	1	5	6	28	16	12	68	12	28
HC0428	Gentiva Health Services	Lenoir	Craven	0	1	6	4	2	8	13	34	11	21
HC1209	Continuum Home Care and Hospice	Onslow	Craven	0	1	2	3	10	6	9	31	6	15
HC0329	Gentiva Health Services	Beaufort	Craven	0	0	0	0	2	2	0	4	0	2

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HC0195	3HC	Lenoir	Craven	0	0	1	0	1	1	1	4	1	2
HC0328	Gentiva Health Services	Pitt	Craven	0	0	1	0	0	1	1	3	1	2
HC0509	3HC	Pitt	Craven	0	0	0	1	1	0	0	2	1	0
HC1443	Vidant Home Health and Hospice	Pitt	Craven	0	0	1	0	1	0	0	2	1	0
<b>Craven Totals</b>				<b>5</b>	<b>45</b>	<b>321</b>	<b>222</b>	<b>596</b>	<b>539</b>	<b>445</b>	<b>2,173</b>	<b>588</b>	<b>984</b>
HC0283	Cape Fear Valley Home Health	<b>Cumberland</b>	<b>Cumberland</b>	0	65	258	169	356	403	277	1528	492	680
HC0255	3HC	Sampson	Cumberland	9	87	252	136	262	262	160	1168	475	422
HC0292	Amedisys Home Health of Fayetteville	<b>Cumberland</b>	<b>Cumberland</b>	0	22	92	57	207	245	184	807	171	429
HC0359	HealthKeeperz	<b>Cumberland</b>	<b>Cumberland</b>	38	53	148	58	128	139	86	650	259	225
HC0274	Liberty Home Care	<b>Cumberland</b>	<b>Cumberland</b>	0	16	84	46	148	145	118	557	146	263
HC3421	Five Points Home Health	<b>Cumberland</b>	<b>Cumberland</b>	14	10	23	15	25	28	18	133	48	46
HC0125	Liberty Home Care	Harnett	Cumberland	0	1	12	6	12	23	5	59	19	28
HC0074	Well Care Home Health, Inc.	Wake	Cumberland	0	1	0	3	1	1	0	6	4	1
HC0426	Liberty Home Care	Lee	Cumberland	0	1	0	0	1	1	0	3	1	1
HC0257	Sampson Home Health	Sampson	Cumberland	0	0	1	0	2	0	0	3	1	0
HC0235	Southeastern Home Health	Robeson	Cumberland	0	0	0	0	3	0	0	3	0	0
HC0339	Intrepid USA Healthcare Services	Wake	Cumberland	0	1	0	0	1	1	0	3	1	1
HC0403	Healthkeeperz	Scotland	Cumberland	0	0	0	1	1	0	0	2	1	0
HC0277	Liberty Home Care	Hoke	Cumberland	0	0	0	0	0	0	2	2	0	2
HC0507	3HC	Johnston	Cumberland	0	1	1	0	0	0	0	2	2	0
HC1178	Liberty Home Care	Robeson	Cumberland	0	0	2	0	0	0	0	2	2	0
HC1437	North Carolina Home Health	Wake	Cumberland	0	0	0	0	0	1	0	1	0	1
HC0526	Robeson County Home Health Agency	Robeson	Cumberland	0	0	0	1	0	0	0	1	1	0
HC0124	Liberty Home Care	Davidson	Cumberland	0	0	0	0	0	0	1	1	0	1
HC0316	Liberty Home Care	Onslow	Cumberland	0	0	0	1	0	0	0	1	1	0
HC0228	3HC	Wayne	Cumberland	0	1	0	0	0	0	0	1	1	0
HC0196	Liberty Home Care	New Hanover	Cumberland	0	0	0	0	0	1	0	1	0	1
HC0309	Liberty Home Care	Bladen	Cumberland	0	0	0	0	1	0	0	1	0	0
<b>Cumberland Totals</b>				<b>61</b>	<b>259</b>	<b>873</b>	<b>493</b>	<b>1,148</b>	<b>1,250</b>	<b>851</b>	<b>4,935</b>	<b>1,625</b>	<b>2,101</b>
HC0475	Albemarle Home Care	<b>Currituck</b>	<b>Currituck</b>	3	15	50	29	69	62	46	274	94	108
HC1071	Sentara Home Care Services	Pasquotank	Currituck	1	11	27	18	52	53	24	186	56	77
HC0473	Albemarle Home Care	Camden	Currituck	0	0	0	1	2	0	1	4	1	1
<b>Currituck Totals</b>				<b>4</b>	<b>26</b>	<b>77</b>	<b>48</b>	<b>123</b>	<b>115</b>	<b>71</b>	<b>464</b>	<b>151</b>	<b>186</b>
HC0494	Dare Home Health & Dare Hospice	<b>Dare</b>	<b>Dare</b>	8	12	69	58	130	115	95	487	139	210
HC1071	Sentara Home Care Services	Pasquotank	Dare	1	3	26	16	60	34	15	155	45	49
HC0475	Albemarle Home Care	Currituck	Dare	0	0	0	0	1	1	0	2	0	1

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<b>Dare Totals</b>				<b>9</b>	<b>15</b>	<b>95</b>	<b>74</b>	<b>191</b>	<b>150</b>	<b>110</b>	<b>644</b>	<b>184</b>	<b>260</b>
HC0297	Advanced Home Care	Guilford	Davidson	3	32	204	76	204	149	65	733	312	214
HC1104	Encompass Home Health of North Carolina	Davidson	Davidson	0	1	97	51	150	166	163	628	149	329
HC0358	BAYADA Home Health Care, Inc.	Davidson	Davidson	0	16	85	55	190	169	108	623	156	277
HC0521	Piedmont Home Care	Davidson	Davidson	0	7	58	37	99	97	75	373	102	172
HC0499	Advanced Home Care, Inc.	Forsyth	Davidson	5	18	82	30	78	85	30	328	130	115
HC0567	Gentiva Health Services	Forsyth	Davidson	0	9	64	27	89	59	33	281	100	92
HC0495	Amedisys Home Health Care	Davidson	Davidson	0	6	27	10	51	81	78	253	43	159
HC0409	Wake Forest Baptist Health at Home, LLC	Forsyth	Davidson	0	11	44	21	35	26	17	154	76	43
HC0522	Home Health of Randolph Hospital	Randolph	Davidson	6	2	3	14	21	17	18	81	19	35
HC0124	Liberty Home Care	Davidson	Davidson	0	3	14	8	17	23	10	75	25	33
HC1885	Interim HealthCare of the Triad, Inc.	Guilford	Davidson	6	1	13	17	23	13	1	74	31	14
HC0496	Well Care Home Health, Inc.	Davie	Davidson	0	1	18	11	12	16	13	71	30	29
HC0395	Brookdale Home Health Winston	Guilford	Davidson	0	0	1	1	9	18	33	62	2	51
HC0953	Gentiva Health Services	Randolph	Davidson	0	0	12	6	11	20	6	55	18	26
HC0231	Gentiva Health Services	Forsyth	Davidson	0	0	12	2	3	12	12	41	14	24
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Davidson	0	3	3	3	11	8	9	37	9	17
HC1210	Gentiva Health Services	Forsyth	Davidson	0	0	5	4	6	7	8	30	9	15
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Davidson	2	3	5	2	5	1	3	21	10	4
HC0399	Advanced Home Care	Rowan	Davidson	0	1	5	3	5	6	1	21	9	7
HC0265	Gentiva Health Services	Rowan	Davidson	0	0	1	0	4	2	4	11	1	6
HC1131	Gentiva Health Services	Forsyth	Davidson	0	0	1	0	2	1	0	4	1	1
HC0308	Healthy@Home - Albemarle	Stanly	Davidson	0	0	2	0	0	1	0	3	2	1
HC0357	BAYADA Home Health Care, Inc.	Rowan	Davidson	0	0	2	0	0	0	0	2	2	0
HC0281	Advanced Home Care	Cabarrus	Davidson	0	0	0	0	1	0	0	1	0	0
HC4677	Healthy @ Home - University	Mecklenburg	Davidson	0	0	0	1	0	0	0	1	1	0
HC2404	Health@Home - Troy	Montgomery	Davidson	0	0	0	0	0	1	0	1	0	1
<b>Davidson Totals</b>				<b>22</b>	<b>114</b>	<b>758</b>	<b>379</b>	<b>1,026</b>	<b>978</b>	<b>687</b>	<b>3,964</b>	<b>1,251</b>	<b>1,665</b>
HC0496	Well Care Home Health, Inc.	Davie	Davie	0	7	55	34	86	134	117	433	96	251
HC0499	Advanced Home Care, Inc.	Forsyth	Davie	0	11	53	31	65	62	20	242	95	82
HC0170	Gentiva Health Services	Iredell	Davie	0	2	19	18	39	48	30	156	39	78
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Davie	0	2	30	9	34	14	15	104	41	29
HC0409	Wake Forest Baptist Health at Home, LLC	Forsyth	Davie	0	1	7	9	9	22	6	54	17	28
HC0124	Liberty Home Care	Davidson	Davie	0	0	2	0	17	15	18	52	2	33
HC0357	BAYADA Home Health Care, Inc.	Rowan	Davie	0	0	8	5	11	9	4	37	13	13
HC0521	Piedmont Home Care	Davidson	Davie	0	1	2	3	12	7	1	26	6	8

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HC0005	BAYADA Home Health Care, Inc.	Forsyth	Davie	0	1	1	0	6	7	7	22	2	14
HC1104	Encompass Home Health of North Carolina	Davidson	Davie	0	0	6	3	1	3	8	21	9	11
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Davie	0	2	5	2	1	4	2	16	9	6
HC0515	Iredell Home Health	Iredell	Davie	0	0	0	3	1	8	1	13	3	9
HC0399	Advanced Home Care	Rowan	Davie	0	0	1	2	1	0	0	4	3	0
HC0358	BAYADA Home Health Care, Inc.	Davidson	Davie	0	0	1	0	0	0	0	1	1	0
HC0231	Gentiva Health Services	Forsyth	Davie	0	0	0	0	0	0	1	1	0	1
HC0265	Gentiva Health Services	Rowan	Davie	0	0	0	0	1	0	0	1	0	0
<b>Davie Totals</b>				<b>0</b>	<b>27</b>	<b>190</b>	<b>119</b>	<b>284</b>	<b>333</b>	<b>230</b>	<b>1,183</b>	<b>336</b>	<b>563</b>
HC1231	Well Care Home Health	New Hanover	Duplin	0	6	76	50	131	112	79	454	132	191
HC0053	Vidant Home Health & Hospice	<b>Duplin</b>	<b>Duplin</b>	4	14	50	36	62	103	73	342	100	176
HC1565	Gentiva Health Services	Lenoir	Duplin	0	8	34	31	62	88	67	290	73	155
HC0532	NHRMC Home Care	Pender	Duplin	3	9	42	17	50	55	46	222	68	101
HC0228	3HC	Wayne	Duplin	1	5	23	15	29	31	19	123	43	50
HC0195	3HC	Lenoir	Duplin	1	4	8	7	14	20	6	60	19	26
HC1500	AssistedCare Home Health	Brunswick	Duplin	0	6	13	7	20	11	0	57	26	11
HC0257	Sampson Home Health	Sampson	Duplin	0	1	6	0	7	6	11	31	7	17
HC1209	Continuum Home Care and Hospice	Onslow	Duplin	0	0	1	1	3	2	2	9	2	4
HC0316	Liberty Home Care	Onslow	Duplin	0	0	2	2	1	1	0	6	4	1
HC0531	Onslow County Home Health and Hospice	Onslow	Duplin	0	1	1	0	2	1	0	5	2	1
HC1241	Liberty Home Care	Pender	Duplin	0	0	0	0	1	2	1	4	0	3
HC0125	Liberty Home Care	Harnett	Duplin	0	0	0	0	1	2	0	3	0	2
HC0255	3HC	Sampson	Duplin	0	0	0	0	0	1	1	2	0	2
HC0168	AssistedCare of the Carolinas	Greene	Duplin	0	0	0	0	0	1	1	2	0	2
HC0507	3HC	Johnston	Duplin	0	1	0	0	0	0	0	1	1	0
<b>Duplin Totals</b>				<b>9</b>	<b>55</b>	<b>256</b>	<b>166</b>	<b>383</b>	<b>436</b>	<b>306</b>	<b>1,611</b>	<b>477</b>	<b>742</b>
HC0360	Duke Home Health	<b>Durham</b>	<b>Durham</b>	23	86	310	192	440	404	360	1815	588	764
HC0074	Well Care Home Health, Inc.	Wake	Durham	0	25	83	50	146	141	104	549	158	245
HC0145	Amedisys Home Health	Alamance	Durham	0	4	33	21	102	117	161	438	58	278
HC1176	Liberty Home Care	<b>Durham</b>	<b>Durham</b>	0	8	38	28	96	81	90	341	74	171
HC0030	UNC Home Health	Orange	Durham	1	24	87	19	78	58	53	320	130	111
HC0299	Gentiva Health Services	Wake	Durham	0	4	30	19	58	67	92	270	53	159
HC0249	Advanced Home Care	Alamance	Durham	0	10	38	20	43	28	15	154	68	43
HC3820	BAYADA Home Health Care, Inc.	Wake	Durham	0	1	7	5	30	43	58	144	13	101
HC0339	Intrepid USA Healthcare Services	Wake	Durham	0	2	23	12	42	22	29	130	37	51
HC2112	Medi Home Health Agency	Wake	Durham	0	1	8	8	36	37	15	105	17	52

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HC0327	Brookdale Home Health Raleigh	Durham	Durham	0	0	2	0	7	26	66	101	2	92
HC1437	North Carolina Home Health	Wake	Durham	0	4	12	5	14	4	10	49	21	14
HC2111	Gentiva Health Services	Durham	Durham	0	0	3	4	14	13	13	47	7	26
HC4538	PruittHealth Home Health-Wake	Wake	Durham	0	3	10	2	8	10	3	36	15	13
HC0828	Pediatric Services of America, Inc.	Wake	Durham	20	0	0	0	0	0	0	20	0	0
HC0031	Transitions LifeCare	Wake	Durham	0	0	4	2	2	4	2	14	6	6
HC2562	Liberty Home Care	Wake	Durham	0	0	3	0	6	3	0	12	3	3
HC0354	BAYADA Home Health Care, Inc.	Person	Durham	0	0	0	1	4	3	2	10	1	5
HC0533	Home Health and Hospice of Person County	Person	Durham	0	0	3	0	1	1	0	5	3	1
HC0501	Granville-Vance Home Health Agency	Vance	Durham	0	1	0	0	2	0	1	4	1	1
HC0422	Rex Home Services	Wake	Durham	0	0	0	0	0	0	1	1	0	1
HC0508	3HC	Wilson	Durham	0	0	0	0	0	1	0	1	0	1
<b>Durham Totals</b>				<b>44</b>	<b>173</b>	<b>694</b>	<b>388</b>	<b>1,129</b>	<b>1,063</b>	<b>1,075</b>	<b>4,566</b>	<b>1,255</b>	<b>2,138</b>
HC0497	Gentiva Health Services	Nash	Edgecombe	0	7	63	36	130	126	112	474	106	238
HC0508	3HC	Wilson	Edgecombe	5	25	108	56	120	90	64	468	189	154
HC1443	Vidant Home Health and Hospice	Pitt	Edgecombe	0	9	51	21	46	41	19	187	81	60
HC0168	AssistedCare of the Carolinas	Greene	Edgecombe	0	4	33	19	55	37	36	184	56	73
HC0074	Well Care Home Health, Inc.	Wake	Edgecombe	0	2	9	9	14	8	2	44	20	10
HC0343	Wilson County Home Health	Wilson	Edgecombe	0	0	5	2	1	2	2	12	7	4
HC0520	Nash County Home Health Agency	Nash	Edgecombe	0	0	2	1	4	0	1	8	3	1
HC0498	Gentiva Health Services	Edgecombe	Edgecombe	0	0	0	0	3	1	2	6	0	3
HC0328	Gentiva Health Services	Pitt	Edgecombe	0	0	0	1	0	2	3	6	1	5
HC0509	3HC	Pitt	Edgecombe	0	0	0	0	0	1	1	2	0	2
HC0507	3HC	Johnston	Edgecombe	0	0	0	0	0	1	0	1	0	1
<b>Edgecombe Totals</b>				<b>5</b>	<b>47</b>	<b>271</b>	<b>145</b>	<b>373</b>	<b>309</b>	<b>242</b>	<b>1,392</b>	<b>463</b>	<b>551</b>
HC0499	Advanced Home Care, Inc.	Forsyth	Forsyth	24	128	545	248	741	744	485	2915	921	1229
HC0567	Gentiva Health Services	Forsyth	Forsyth	0	26	158	130	351	419	311	1395	314	730
HC0231	Gentiva Health Services	Forsyth	Forsyth	0	13	59	53	95	232	389	841	125	621
HC0409	Wake Forest Baptist Health at Home, LLC	Forsyth	Forsyth	0	33	155	91	222	189	137	827	279	326
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Forsyth	0	13	87	47	187	215	265	814	147	480
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Forsyth	0	22	121	56	187	187	173	746	199	360
HC1104	Encompass Home Health of North Carolina	Davidson	Forsyth	1	9	51	33	84	136	122	436	93	258
HC0521	Piedmont Home Care	Davidson	Forsyth	0	3	43	41	103	119	100	409	87	219
HC0124	Liberty Home Care	Davidson	Forsyth	0	1	18	20	60	104	82	285	39	186
HC1885	Interim HealthCare of the Triad, Inc.	Guilford	Forsyth	29	22	81	22	63	51	16	284	125	67
HC0496	Well Care Home Health, Inc.	Davie	Forsyth	0	10	34	25	60	75	62	266	69	137

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Forsyth	10	8	7	17	38	19	11	110	32	30
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Forsyth	0	17	37	15	8	10	4	91	69	14
HC1699	Gentiva Health Services	Stokes	Forsyth	0	2	9	13	17	25	21	87	24	46
HC0395	Brookdale Home Health Winston	Guilford	Forsyth	0	0	1	1	10	25	40	77	2	65
HC1131	Gentiva Health Services	Forsyth	Forsyth	0	0	2	0	9	11	6	28	2	17
HC0358	BAYADA Home Health Care, Inc.	Davidson	Forsyth	0	0	4	1	5	8	3	21	5	11
HC1210	Gentiva Health Services	Forsyth	Forsyth	0	0	2	3	2	4	2	13	5	6
HC0495	Amedisys Home Health Care	Davidson	Forsyth	0	0	3	0	1	3	5	12	3	8
HC0297	Advanced Home Care	Guilford	Forsyth	0	0	3	1	2	1	2	9	4	3
HC0217	Advanced Home Care, Inc.	Rockingham	Forsyth	0	0	2	0	2	0	1	5	2	1
HC0420	Liberty Home Care	Surry	Forsyth	0	0	1	0	0	1	0	2	1	1
HC0952	Gentiva Health Services	Guilford	Forsyth	0	0	0	0	0	0	1	1	0	1
HC0265	Gentiva Health Services	Rowan	Forsyth	0	0	1	0	0	0	0	1	1	0
HC1176	Liberty Home Care	Durham	Forsyth	0	0	0	0	0	0	1	1	0	1
<b>Forsyth Totals</b>				<b>64</b>	<b>307</b>	<b>1,424</b>	<b>817</b>	<b>2,247</b>	<b>2,578</b>	<b>2,239</b>	<b>9,676</b>	<b>2,548</b>	<b>4,817</b>
HC0215	Gentiva Health Services	Franklin	Franklin	0	15	113	49	170	159	98	604	177	257
HC0074	Well Care Home Health, Inc.	Wake	Franklin	0	8	69	32	106	55	30	300	109	85
HC0500	Franklin County Home Health Agency	Franklin	Franklin	7	11	41	16	44	40	46	205	68	86
HC0078	Amedisys Home Health	Franklin	Franklin	0	7	29	21	55	40	28	180	57	68
HC0360	Duke Home Health	Durham	Franklin	2	3	20	7	13	10	5	60	30	15
HC2112	Medi Home Health Agency	Wake	Franklin	0	2	8	4	16	14	8	52	14	22
HC0422	Rex Home Services	Wake	Franklin	0	0	7	10	13	13	4	47	17	17
HC2562	Liberty Home Care	Wake	Franklin	0	0	5	4	10	6	3	28	9	9
HC1293	WakeMed Home Health	Wake	Franklin	0	1	8	2	5	4	0	20	11	4
HC0339	Intrepid USA Healthcare Services	Wake	Franklin	0	0	1	1	5	3	5	15	2	8
HC3820	BAYADA Home Health Care, Inc.	Wake	Franklin	0	0	1	1	6	3	2	13	2	5
HC4538	PruittHealth Home Health-Wake	Wake	Franklin	0	0	0	1	1	1	6	9	1	7
HC0031	Transitions LifeCare	Wake	Franklin	0	0	2	0	1	1	4	8	2	5
HC0823	Maria Parham Regional Home Health	Vance	Franklin	0	0	2	2	0	1	1	6	4	2
HC1437	North Carolina Home Health	Wake	Franklin	0	0	0	0	1	2	0	3	0	2
HC0299	Gentiva Health Services	Wake	Franklin	0	0	0	0	0	1	2	3	0	3
HC0327	Brookdale Home Health Raleigh	Durham	Franklin	0	0	0	0	2	1	0	3	0	1
HC0828	Pediatric Services of America, Inc.	Wake	Franklin	2	0	0	0	0	0	0	2	0	0
HC0501	Granville-Vance Home Health Agency	Vance	Franklin	0	1	0	0	1	0	0	2	1	0
HC1028	Maxim Healthcare Services	Wake	Franklin	0	0	0	0	0	0	0	0	0	0
<b>Franklin Totals</b>				<b>11</b>	<b>48</b>	<b>306</b>	<b>150</b>	<b>449</b>	<b>354</b>	<b>242</b>	<b>1,560</b>	<b>504</b>	<b>596</b>

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0906	Advanced Home Care	Gaston	Gaston	0	107	463	266	691	556	286	2369	836	842
HC0268	Gentiva Health Services	Gaston	Gaston	0	51	288	164	441	463	333	1740	503	796
HC0353	Amedisys Home Health Care	Gaston	Gaston	1	26	118	60	186	282	270	943	204	552
HC1903	Interim HealthCare of the Triad, Inc.	Gaston	Gaston	148	58	130	67	92	58	31	584	255	89
HC0042	Healthy@Home-Cleveland County HealthCare System	Cleveland	Gaston	0	26	92	37	88	58	22	323	155	80
HC0356	BAYADA Home Health Care, Inc.	Gaston	Gaston	0	3	28	20	89	78	38	256	51	116
HC0135	Healthy@Home-Carolinas Medical Center Lincoln	Lincoln	Gaston	0	12	48	18	71	42	26	217	78	68
HC0369	Brookdale Home Health Charlotte	Mecklenburg	Gaston	0	0	0	9	29	51	100	189	9	151
HC3966	PHC Home Health	Mecklenburg	Gaston	0	15	28	15	30	29	15	132	58	44
HC0472	Albemarle Home Care and Hospice of NC, Inc	Perquimans	Gaston	0	4	27	13	30	23	18	115	44	41
HC0355	BAYADA Home Health Care, Inc.	Mecklenburg	Gaston	0	0	0	0	4	9	29	42	0	38
HC1325	Lake Norman Home Health	Iredell	Gaston	0	2	9	6	9	2	0	28	17	2
HC0221	Gentiva Health Services	Cleveland	Gaston	0	1	3	2	3	7	6	22	6	13
HC0391	Gentiva Health Services	Lincoln	Gaston	0	0	1	0	7	8	2	18	1	10
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Gaston	3	0	3	1	1	0	3	11	4	3
HC0171	Advanced Home Care	Mecklenburg	Gaston	0	2	1	0	3	2	1	9	3	3
<b>Gaston Totals</b>				<b>152</b>	<b>307</b>	<b>1,239</b>	<b>678</b>	<b>1,774</b>	<b>1,668</b>	<b>1,180</b>	<b>6,998</b>	<b>2,224</b>	<b>2,848</b>
HC1071	Sentara Home Care Services	Pasquotank	Gates	0	6	14	11	32	28	7	98	31	35
HC1062	Hertford - Gates Home Health Agency	Gates	Gates	0	1	8	3	8	11	7	38	12	18
HC0473	Albemarle Home Care	Camden	Gates	0	2	1	0	0	1	0	4	3	1
HC0530	Northampton Co. Home Health Agency	Northampton	Gates	0	0	0	0	1	0	0	1	0	0
HC0471	Albemarle Home Care	Pasquotank	Gates	0	0	1	0	0	0	0	1	1	0
<b>Gates Totals</b>				<b>0</b>	<b>9</b>	<b>24</b>	<b>14</b>	<b>41</b>	<b>40</b>	<b>14</b>	<b>142</b>	<b>47</b>	<b>54</b>
HC0157	Harris Home Health	Jackson	Graham	0	4	28	11	32	43	35	153	43	78
HC0104	Mountain Home Nursing Service	Clay	Graham	0	0	3	2	2	16	6	29	5	22
HC0275	Good Shepherd Home Health and Hospice Agency	Clay	Graham	0	2	6	1	3	7	3	22	9	10
<b>Graham Totals</b>				<b>0</b>	<b>6</b>	<b>37</b>	<b>14</b>	<b>37</b>	<b>66</b>	<b>44</b>	<b>204</b>	<b>57</b>	<b>110</b>
HC0501	Granville-Vance Home Health Agency	Vance	Granville	3	10	36	35	53	65	67	269	81	132
HC0360	Duke Home Health	Durham	Granville	1	12	34	27	45	55	36	210	73	91
HC0078	Amedisys Home Health	Franklin	Granville	0	2	20	17	57	37	48	181	39	85
HC0215	Gentiva Health Services	Franklin	Granville	0	3	23	13	38	25	26	128	39	51
HC0074	Well Care Home Health, Inc.	Wake	Granville	0	0	19	10	28	19	13	89	29	32
HC0339	Intrepid USA Healthcare Services	Wake	Granville	0	0	4	7	19	4	8	42	11	12
HC0354	BAYADA Home Health Care, Inc.	Person	Granville	0	0	4	5	5	7	7	28	9	14
HC2112	Medi Home Health Agency	Wake	Granville	0	0	2	3	8	10	4	27	5	14
HC1176	Liberty Home Care	Durham	Granville	0	0	2	5	10	5	3	25	7	8

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0823	Maria Parham Regional Home Health	Vance	Granville	0	0	4	2	4	4	3	17	6	7
HC0422	Rex Home Services	Wake	Granville	0	0	1	0	2	0	0	3	1	0
HC1437	North Carolina Home Health	Wake	Granville	0	0	0	1	2	0	0	3	1	0
HC0327	Brookdale Home Health Raleigh	Durham	Granville	0	0	0	0	0	2	0	2	0	2
HC0500	Franklin County Home Health Agency	Franklin	Granville	0	1	1	0	0	0	0	2	2	0
HC3820	BAYADA Home Health Care, Inc.	Wake	Granville	0	0	0	1	1	0	0	2	1	0
HC0166	Amedisys Home Health of Chapel Hill	Orange	Granville	0	0	0	0	1	0	0	1	0	0
HC2562	Liberty Home Care	Wake	Granville	0	0	1	0	0	0	0	1	1	0
HC0828	Pediatric Services of America, Inc.	Wake	Granville	0	0	0	0	0	0	0	0	0	0
<b>Granville Totals</b>				<b>4</b>	<b>28</b>	<b>151</b>	<b>126</b>	<b>273</b>	<b>233</b>	<b>215</b>	<b>1,030</b>	<b>305</b>	<b>448</b>
HC0428	Gentiva Health Services	Lenoir	Greene	0	2	22	12	43	41	40	160	36	81
HC0195	3HC	Lenoir	Greene	0	4	30	14	31	36	17	132	48	53
HC0168	AssistedCare of the Carolinas	<b>Greene</b>	<b>Greene</b>	0	5	16	11	31	37	14	114	32	51
HC1443	Vidant Home Health and Hospice	Pitt	Greene	0	6	19	6	13	11	8	63	31	19
HC0328	Gentiva Health Services	Pitt	Greene	0	0	0	0	4	1	1	6	0	2
HC0343	Wilson County Home Health	Wilson	Greene	0	1	0	0	0	0	2	3	1	2
HC0509	3HC	Pitt	Greene	0	1	1	0	1	0	0	3	2	0
HC0508	3HC	Wilson	Greene	0	0	1	0	0	0	1	2	1	1
HC0228	3HC	Wayne	Greene	0	0	1	0	0	0	0	1	1	0
<b>Greene Totals</b>				<b>0</b>	<b>19</b>	<b>90</b>	<b>43</b>	<b>123</b>	<b>126</b>	<b>83</b>	<b>484</b>	<b>152</b>	<b>209</b>
HC0297	Advanced Home Care	<b>Guilford</b>	<b>Guilford</b>	102	221	1004	455	1126	1094	671	4673	1680	1765
HC0952	Gentiva Health Services	<b>Guilford</b>	<b>Guilford</b>	1	49	413	294	716	659	577	2709	756	1236
HC0303	Encompass Home Health Of North Carolina	<b>Guilford</b>	<b>Guilford</b>	0	20	175	65	249	291	322	1122	260	613
HC1286	BAYADA Home Health Care, Inc.	<b>Guilford</b>	<b>Guilford</b>	0	13	83	55	176	180	123	630	151	303
HC0395	Brookdale Home Health Winston	<b>Guilford</b>	<b>Guilford</b>	0	0	2	10	57	126	237	432	12	363
HC1885	Interim HealthCare of the Triad, Inc.	<b>Guilford</b>	<b>Guilford</b>	16	28	62	31	87	93	59	376	121	152
HC0521	Piedmont Home Care	Davidson	Guilford	0	4	23	18	68	84	89	286	45	173
HC0134	Amedisys Home Health	Alamance	Guilford	0	3	20	12	45	62	140	282	35	202
HC0249	Advanced Home Care	Alamance	Guilford	7	15	49	21	63	71	41	267	85	112
HC0217	Advanced Home Care, Inc.	Rockingham	Guilford	9	16	56	28	72	57	22	260	100	79
HC0567	Gentiva Health Services	Forsyth	Guilford	0	9	54	32	57	52	31	235	95	83
HC0495	Amedisys Home Health Care	Davidson	Guilford	0	4	21	17	62	55	59	218	42	114
HC1210	Gentiva Health Services	Forsyth	Guilford	0	9	18	12	41	51	68	199	39	119
HC0124	Liberty Home Care	Davidson	Guilford	0	6	28	21	61	43	30	189	55	73
HC0522	Home Health of Randolph Hospital	Randolph	Guilford	9	0	5	28	36	26	21	125	33	47
HC0231	Gentiva Health Services	Forsyth	Guilford	0	0	2	1	23	31	59	116	3	90

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HC0953	Gentiva Health Services	Randolph	Guilford	0	1	11	8	32	21	22	95	20	43
HC0496	Well Care Home Health, Inc.	Davie	Guilford	0	7	14	10	27	19	13	90	31	32
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Guilford	0	0	2	4	11	30	39	86	6	69
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Guilford	5	7	9	7	9	17	8	62	23	25
HC0374	Hospice and Palliative Care of Greensboro	<b>Guilford</b>	<b>Guilford</b>	37	3	0	0	0	0	0	40	3	0
HC0358	BAYADA Home Health Care, Inc.	Davidson	Guilford	0	3	6	3	4	12	5	33	12	17
HC0499	Advanced Home Care, Inc.	Forsyth	Guilford	0	1	5	3	3	5	3	20	9	8
HC0361	Life Path Home Health	Alamance	Guilford	0	0	0	0	1	2	2	5	0	4
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Guilford	0	0	1	1	1	0	2	5	2	2
HC0489	Caswell County Home Health Agency	Caswell	Guilford	1	0	1	0	0	0	1	3	1	1
HC2562	Liberty Home Care	Wake	Guilford	0	0	0	1	0	1	0	2	1	1
HC0397	CareBridge Home Health	Randolph	Guilford	1	0	0	0	0	0	0	1	0	0
HC1131	Gentiva Health Services	Forsyth	Guilford	0	0	0	0	1	0	0	1	0	0
<b>Guilford Totals</b>				<b>188</b>	<b>419</b>	<b>2,064</b>	<b>1,137</b>	<b>3,028</b>	<b>3,082</b>	<b>2,644</b>	<b>12,562</b>	<b>3,620</b>	<b>5,726</b>
HC0497	Gentiva Health Services	Nash	Halifax	0	10	66	45	196	169	145	631	121	314
HC0765	Home Health and Hospice of Halifax	<b>Halifax</b>	<b>Halifax</b>	5	26	74	46	126	130	92	499	146	222
HC0168	AssistedCare of the Carolinas	Greene	Halifax	0	0	10	3	9	15	10	47	13	25
HC0530	Northampton Co. Home Health Agency	Northampton	Halifax	0	0	3	2	6	5	0	16	5	5
HC0341	Warren County Home Health Agency	Warren	Halifax	0	0	0	1	0	1	1	3	1	2
HC0501	Granville-Vance Home Health Agency	Vance	Halifax	1	0	1	0	0	0	0	2	1	0
HC0508	3HC	Wilson	Halifax	0	0	1	0	0	0	0	1	1	0
<b>Halifax Totals</b>				<b>6</b>	<b>36</b>	<b>155</b>	<b>97</b>	<b>337</b>	<b>320</b>	<b>248</b>	<b>1,199</b>	<b>288</b>	<b>568</b>
HC0125	Liberty Home Care	<b>Harnett</b>	<b>Harnett</b>	0	4	77	50	201	221	171	724	131	392
HC0503	Harnett County Home Health Agency	<b>Harnett</b>	<b>Harnett</b>	0	35	130	74	124	92	66	521	239	158
HC0074	Well Care Home Health, Inc.	Wake	Harnett	0	30	108	52	114	113	47	464	190	160
HC0299	Gentiva Health Services	Wake	Harnett	0	3	37	29	86	85	99	339	69	184
HC0339	Intrepid USA Healthcare Services	Wake	Harnett	0	2	27	28	30	32	18	137	57	50
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Harnett	0	4	15	9	21	21	12	82	28	33
HC0426	Liberty Home Care	Lee	Harnett	0	1	7	7	13	13	9	50	15	22
HC0283	Cape Fear Valley Home Health	Cumberland	Harnett	0	0	9	3	7	10	0	29	12	10
HC0422	Rex Home Services	Wake	Harnett	0	1	5	2	6	5	4	23	8	9
HC0257	Sampson Home Health	Sampson	Harnett	4	1	4	0	3	6	5	23	5	11
HC3421	Five Points Home Health	Cumberland	Harnett	4	0	4	1	2	4	4	19	5	8
HC2112	Medi Home Health Agency	Wake	Harnett	0	0	4	4	4	5	1	18	8	6
HC0002	Liberty Home Care	Moore	Harnett	0	0	2	3	4	6	1	16	5	7
HC1437	North Carolina Home Health	Wake	Harnett	0	1	4	1	3	3	3	15	6	6

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HC3820	BAYADA Home Health Care, Inc.	Wake	Harnett	0	1	1	0	4	1	6	13	2	7
HC1293	WakeMed Home Health	Wake	Harnett	0	2	2	0	5	3	1	13	4	4
HC0166	Amedisys Home Health of Chapel Hill	Orange	Harnett	0	0	4	1	3	3	1	12	5	4
HC0031	Transitions LifeCare	Wake	Harnett	0	0	2	2	3	1	3	11	4	4
HC2562	Liberty Home Care	Wake	Harnett	0	0	0	0	0	2	1	3	0	3
HC0274	Liberty Home Care	Cumberland	Harnett	0	0	0	0	0	2	1	3	0	3
HC0359	HealthKeeperz	Cumberland	Harnett	0	0	0	0	1	1	0	2	0	1
HC2803	UNC Home Health	Chatham	Harnett	0	1	0	0	0	0	0	1	1	0
HC0332	FirstHealth Home Care	Moore	Harnett	0	0	1	0	0	0	0	1	1	0
HC4538	PruittHealth Home Health-Wake	Wake	Harnett	0	0	0	0	0	1	0	1	0	1
HC0403	Healthkeeperz	Scotland	Harnett	0	1	0	0	0	0	0	1	1	0
HC0828	Pediatric Services of America, Inc.	Wake	Harnett	0	0	0	0	0	0	0	0	0	0
<b>Harnett Totals</b>				<b>8</b>	<b>87</b>	<b>443</b>	<b>266</b>	<b>634</b>	<b>630</b>	<b>453</b>	<b>2,521</b>	<b>796</b>	<b>1,083</b>
HC0109	Home Care Services of Haywood Regional Medical Center	<b>Haywood</b>	<b>Haywood</b>	28	10	93	59	175	230	184	779	162	414
HC0279	CarePartners Home Health Services	<b>Haywood</b>	<b>Haywood</b>	38	31	157	60	186	178	124	774	248	302
HC2114	Gentiva Health Services	Buncombe	Haywood	0	1	31	19	52	87	76	266	51	163
HC0114	CarePartners Home Health Services	Buncombe	Haywood	31	1	2	0	3	1	1	39	3	2
HC0157	Harris Home Health	Jackson	Haywood	0	2	4	0	3	3	3	15	6	6
HC0067	CarePartners Home Care & Hospice	Transylvania	Haywood	0	0	0	0	0	0	1	1	0	1
<b>Haywood Totals</b>				<b>97</b>	<b>45</b>	<b>287</b>	<b>138</b>	<b>419</b>	<b>499</b>	<b>389</b>	<b>1,874</b>	<b>470</b>	<b>888</b>
HC0201	Pardee Home Care	<b>Henderson</b>	<b>Henderson</b>	0	49	122	225	271	362	303	1332	396	665
HC0440	CarePartners Home Health Services	<b>Henderson</b>	<b>Henderson</b>	3	36	136	72	234	192	139	812	244	331
HC2114	Gentiva Health Services	Buncombe	Henderson	0	10	88	70	169	208	255	800	168	463
HC0911	Park Ridge Home Health	<b>Henderson</b>	<b>Henderson</b>	0	9	54	44	117	130	119	473	107	249
HC0114	CarePartners Home Health Services	Buncombe	Henderson	36	0	5	2	15	14	13	85	7	27
HC0436	CareSouth Homecare Professionals	Polk	Henderson	0	0	1	12	11	12	7	43	13	19
HC0279	CarePartners Home Health Services	Haywood	Henderson	38	1	0	0	0	1	0	40	1	1
HC0067	CarePartners Home Care & Hospice	Transylvania	Henderson	2	1	3	1	10	10	4	31	5	14
<b>Henderson Totals</b>				<b>79</b>	<b>106</b>	<b>409</b>	<b>426</b>	<b>827</b>	<b>929</b>	<b>840</b>	<b>3,616</b>	<b>941</b>	<b>1,769</b>
HC0504	Hertford - Gates Home Health Agency	<b>Hertford</b>	<b>Hertford</b>	2	9	26	23	63	63	48	234	58	111
HC1052	Vidant Home Health and Hospice	Bertie	Hertford	0	4	24	14	17	17	11	87	42	28
HC0329	Gentiva Health Services	Beaufort	Hertford	0	1	8	6	13	11	5	44	15	16
HC0530	Northampton Co. Home Health Agency	Northampton	Hertford	0	0	2	0	7	4	3	16	2	7
HC0480	Bertie County Home Health	Bertie	Hertford	0	0	0	0	1	2	1	4	0	3
<b>Hertford Totals</b>				<b>2</b>	<b>14</b>	<b>60</b>	<b>43</b>	<b>101</b>	<b>97</b>	<b>68</b>	<b>385</b>	<b>117</b>	<b>165</b>
HC0277	Liberty Home Care	<b>Hoke</b>	<b>Hoke</b>	0	7	34	18	79	74	68	280	59	142

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0423	FirstHealth Home Care-Richmond	Richmond	Hoke	0	5	40	22	59	34	14	174	67	48
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Hoke	0	1	4	3	8	27	23	66	8	50
HC0359	HealthKeeperz	Cumberland	Hoke	7	6	9	9	7	11	5	54	24	16
HC0283	Cape Fear Valley Home Health	Cumberland	Hoke	0	7	10	7	11	11	6	52	24	17
HC3421	Five Points Home Health	Cumberland	Hoke	1	3	0	2	0	4	1	11	5	5
HC0526	Robeson County Home Health Agency	Robeson	Hoke	2	0	0	0	2	0	0	4	0	0
HC0332	FirstHealth Home Care	Moore	Hoke	0	0	2	0	2	0	0	4	2	0
HC1178	Liberty Home Care	Robeson	Hoke	0	0	0	0	1	1	1	3	0	2
HC0403	Healthkeeperz	Scotland	Hoke	1	0	0	0	0	0	0	1	0	0
HC0274	Liberty Home Care	Cumberland	Hoke	0	0	1	0	0	0	0	1	1	0
<b>Hoke Totals</b>				<b>11</b>	<b>29</b>	<b>100</b>	<b>61</b>	<b>169</b>	<b>162</b>	<b>118</b>	<b>650</b>	<b>190</b>	<b>280</b>
HC0379	Hydeland Home Care Agency	Hyde	Hyde	0	1	19	10	35	18	12	95	30	30
HC0525	Roanoke Home Care & Hospice	Martin	Hyde	0	0	0	0	0	1	0	1	0	1
<b>Hyde Totals</b>				<b>0</b>	<b>1</b>	<b>19</b>	<b>10</b>	<b>35</b>	<b>19</b>	<b>12</b>	<b>96</b>	<b>30</b>	<b>31</b>
HC0515	Iredell Home Health	Iredell	Iredell	28	21	136	104	240	251	170	950	261	421
HC0170	Gentiva Health Services	Iredell	Iredell	0	25	136	69	209	241	155	835	230	396
HC0159	Gentiva Health Services	Iredell	Iredell	0	20	123	72	206	204	157	782	215	361
HC1325	Lake Norman Home Health	Iredell	Iredell	0	10	75	41	95	82	82	385	126	164
HC0399	Advanced Home Care	Rowan	Iredell	1	13	87	42	124	70	28	365	142	98
HC0357	BAYADA Home Health Care, Inc.	Rowan	Iredell	0	9	41	20	93	106	59	328	70	165
HC0395	Brookdale Home Health Winston	Guilford	Iredell	0	0	0	2	15	57	158	232	2	215
HC0135	Healthy@Home-Carolinas Medical Center Lincoln	Lincoln	Iredell	0	7	24	10	46	35	10	132	41	45
HC0476	Medi Home Health Agency	Alexander	Iredell	0	4	25	9	21	28	19	106	38	47
HC3966	PHC Home Health	Mecklenburg	Iredell	0	3	18	14	23	10	1	69	35	11
HC0355	BAYADA Home Health Care, Inc.	Mecklenburg	Iredell	0	2	0	0	6	14	27	49	2	41
HC0057	Guardian Health Services	Catawba	Iredell	16	2	3	3	4	2	2	32	8	4
HC0270	Gentiva Health Services	Rowan	Iredell	0	0	4	3	4	4	3	18	7	7
HC1901	Interim HealthCare of the Triad, Inc.	Mecklenburg	Iredell	0	0	7	1	4	3	0	15	8	3
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Iredell	0	0	3	1	3	3	0	10	4	3
HC0499	Advanced Home Care, Inc.	Forsyth	Iredell	0	0	3	0	3	2	0	8	3	2
HC0281	Advanced Home Care	Cabarrus	Iredell	0	0	0	0	0	3	1	4	0	4
HC0171	Advanced Home Care	Mecklenburg	Iredell	0	0	2	0	1	0	0	3	2	0
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Iredell	3	0	0	0	0	0	0	3	0	0
HC4677	Healthy @ Home - University	Mecklenburg	Iredell	0	0	1	0	1	0	0	2	1	0
HC0496	Well Care Home Health, Inc.	Davie	Iredell	0	0	0	0	1	1	0	2	0	1
HC0495	Amedisys Home Health Care	Davidson	Iredell	0	0	0	0	0	1	0	1	0	1

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HC0490	Gentiva Health Service	Catawba	Iredell	1	0	0	0	0	0	0	1	0	0
<b>Iredell Totals</b>				<b>49</b>	<b>116</b>	<b>688</b>	<b>391</b>	<b>1,099</b>	<b>1,117</b>	<b>872</b>	<b>4,332</b>	<b>1,195</b>	<b>1,989</b>
HC0157	Harris Home Health	Jackson	Jackson	0	17	67	55	136	148	179	602	139	327
HC0279	CarePartners Home Health Services	Haywood	Jackson	15	7	28	15	39	33	20	157	50	53
HC0067	CarePartners Home Care & Hospice	Transylvania	Jackson	1	0	2	4	11	7	8	33	6	15
HC0109	Home Care Services of Haywood Regional Medical Center	Haywood	Jackson	0	0	1	1	3	1	2	8	2	3
HC0114	CarePartners Home Health Services	Buncombe	Jackson	7	0	0	0	0	0	0	7	0	0
<b>Jackson Totals</b>				<b>23</b>	<b>24</b>	<b>98</b>	<b>75</b>	<b>189</b>	<b>189</b>	<b>209</b>	<b>807</b>	<b>197</b>	<b>398</b>
HC0507	3HC	Johnston	Johnston	5	37	154	85	200	190	147	818	276	337
HC0074	Well Care Home Health, Inc.	Wake	Johnston	1	16	78	36	112	97	54	394	130	151
HC0125	Liberty Home Care	Harnett	Johnston	0	2	34	22	93	89	72	312	58	161
HC1299	Gentiva Health Services	Wayne	Johnston	0	6	52	31	83	80	56	308	89	136
HC0299	Gentiva Health Services	Wake	Johnston	0	3	26	11	48	54	27	169	40	81
HC0166	Amedisys Home Health of Chapel Hill	Orange	Johnston	0	2	8	10	34	48	52	154	20	100
HC0422	Rex Home Services	Wake	Johnston	0	7	31	14	37	24	8	121	52	32
HC0339	Intrepid USA Healthcare Services	Wake	Johnston	0	1	8	9	31	28	19	96	18	47
HC1293	WakeMed Home Health	Wake	Johnston	0	8	22	3	28	23	7	91	33	30
HC2112	Medi Home Health Agency	Wake	Johnston	0	3	9	7	17	17	13	66	19	30
HC0327	Brookdale Home Health Raleigh	Durham	Johnston	0	0	1	1	8	14	24	48	2	38
HC0343	Wilson County Home Health	Wilson	Johnston	3	2	5	5	5	14	4	38	12	18
HC0497	Gentiva Health Services	Nash	Johnston	0	0	3	5	8	11	3	30	8	14
HC0168	AssistedCare of the Carolinas	Greene	Johnston	0	1	1	2	8	10	0	22	4	10
HC1437	North Carolina Home Health	Wake	Johnston	0	1	3	0	6	7	1	18	4	8
HC3820	BAYADA Home Health Care, Inc.	Wake	Johnston	0	0	1	1	3	4	2	11	2	6
HC4538	PruittHealth Home Health-Wake	Wake	Johnston	0	0	1	0	1	3	1	6	1	4
HC0031	Transitions LifeCare	Wake	Johnston	0	1	0	0	1	2	1	5	1	3
HC0228	3HC	Wayne	Johnston	0	0	1	1	0	0	3	5	2	3
HC0828	Pediatric Services of America, Inc.	Wake	Johnston	4	0	0	0	0	0	0	4	0	0
HC2562	Liberty Home Care	Wake	Johnston	0	0	1	0	0	2	0	3	1	2
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Johnston	0	0	0	1	1	0	0	2	1	0
HC0255	3HC	Sampson	Johnston	0	0	1	0	0	1	0	2	1	1
HC0508	3HC	Wilson	Johnston	0	0	0	0	0	1	0	1	0	1
HC3421	Five Points Home Health	Cumberland	Johnston	1	0	0	0	0	0	0	1	0	0
HC0195	3HC	Lenoir	Johnston	0	0	1	0	0	0	0	1	1	0
HC1028	Maxim Healthcare Services	Wake	Johnston	0	0	0	0	0	0	0	0	0	0
<b>Johnston Totals</b>				<b>14</b>	<b>90</b>	<b>441</b>	<b>244</b>	<b>724</b>	<b>719</b>	<b>494</b>	<b>2,726</b>	<b>775</b>	<b>1,213</b>

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HC0506	3HC	Jones	Jones	0	5	20	7	29	25	12	98	32	37
HC0431	Gentiva Health Services	Jones	Jones	0	2	10	7	22	29	20	90	19	49
HC0165	CarolinaEast Home Care	Craven	Jones	0	0	6	3	6	3	0	18	9	3
HC0316	Liberty Home Care	Onslow	Jones	0	1	2	0	3	9	1	16	3	10
HC1209	Continuum Home Care and Hospice	Onslow	Jones	0	1	0	1	9	1	2	14	2	3
HC0531	Onslow County Home Health and Hospice	Onslow	Jones	0	0	2	2	2	4	1	11	4	5
HC0195	3HC	Lenoir	Jones	0	0	0	0	2	4	1	7	0	5
HC0493	PruittHealth Home Health - New Bern	Craven	Jones	0	0	1	1	2	1	2	7	2	3
HC0168	AssistedCare of the Carolinas	Greene	Jones	0	0	0	2	0	0	1	3	2	1
HC1231	Well Care Home Health	New Hanover	Jones	0	0	1	0	0	1	0	2	1	1
HC0277	Liberty Home Care	Hoke	Jones	0	0	0	0	1	0	0	1	0	0
HC1176	Liberty Home Care	Durham	Jones	0	0	0	0	1	0	0	1	0	0
HC0053	Vidant Home Health & Hospice	Duplin	Jones	0	0	0	0	0	0	1	1	0	1
<b>Jones Totals</b>				<b>0</b>	<b>9</b>	<b>42</b>	<b>23</b>	<b>77</b>	<b>77</b>	<b>41</b>	<b>269</b>	<b>74</b>	<b>118</b>
HC0426	Liberty Home Care	Lee	Lee	0	7	61	57	150	161	125	561	125	286
HC0166	Amedisys Home Health of Chapel Hill	Orange	Lee	0	9	48	30	100	76	55	318	87	131
HC0332	FirstHealth Home Care	Moore	Lee	0	1	28	18	65	35	11	158	47	46
HC2803	UNC Home Health	Chatham	Lee	1	9	33	11	21	12	11	98	53	23
HC0074	Well Care Home Health, Inc.	Wake	Lee	0	4	21	10	33	17	8	93	35	25
HC2112	Medi Home Health Agency	Wake	Lee	0	0	4	4	14	10	11	43	8	21
HC0125	Liberty Home Care	Harnett	Lee	0	0	1	1	5	6	3	16	2	9
HC3421	Five Points Home Health	Cumberland	Lee	4	1	2	1	0	0	0	8	4	0
HC0528	Liberty Home Care	Chatham	Lee	0	0	0	2	2	0	2	6	2	2
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Lee	0	0	3	0	0	0	0	3	3	0
HC1437	North Carolina Home Health	Wake	Lee	0	1	1	0	1	0	0	3	2	0
HC0124	Liberty Home Care	Davidson	Lee	0	0	0	0	1	1	0	2	0	1
HC0274	Liberty Home Care	Cumberland	Lee	0	0	0	0	1	0	0	1	0	0
HC0283	Cape Fear Valley Home Health	Cumberland	Lee	0	0	0	0	0	1	0	1	0	1
HC0828	Pediatric Services of America, Inc.	Wake	Lee	1	0	0	0	0	0	0	1	0	0
HC0359	HealthKeeperz	Cumberland	Lee	0	0	0	0	1	0	0	1	0	0
<b>Lee Totals</b>				<b>6</b>	<b>32</b>	<b>202</b>	<b>134</b>	<b>394</b>	<b>319</b>	<b>226</b>	<b>1,313</b>	<b>368</b>	<b>545</b>
HC0428	Gentiva Health Services	Lenoir	Lenoir	0	12	103	85	215	263	207	885	200	470
HC0195	3HC	Lenoir	Lenoir	7	32	163	114	226	198	108	848	309	306
HC0168	AssistedCare of the Carolinas	Greene	Lenoir	0	3	18	24	25	42	31	143	45	73
HC1565	Gentiva Health Services	Lenoir	Lenoir	0	1	9	10	31	41	29	121	20	70
HC1443	Vidant Home Health and Hospice	Pitt	Lenoir	0	2	16	20	25	8	5	76	38	13

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HC1299	Gentiva Health Services	Wayne	Lenoir	0	0	1	4	8	3	4	20	5	7
HC0053	Vidant Home Health & Hospice	Duplin	Lenoir	0	1	2	1	6	3	2	15	4	5
HC1231	Well Care Home Health	New Hanover	Lenoir	0	0	1	0	2	1	0	4	1	1
HC0228	3HC	Wayne	Lenoir	0	0	0	1	0	3	0	4	1	3
HC0509	3HC	Pitt	Lenoir	0	0	2	0	1	0	0	3	2	0
HC0493	PruittHealth Home Health - New Bern	Craven	Lenoir	0	0	1	0	0	1	0	2	1	1
HC1209	Continuum Home Care and Hospice	Onslow	Lenoir	0	0	0	0	1	1	0	2	0	1
HC0328	Gentiva Health Services	Pitt	Lenoir	0	0	0	0	0	0	1	1	0	1
HC0506	3HC	Jones	Lenoir	0	0	0	0	0	1	0	1	0	1
<b>Lenoir Totals</b>				<b>7</b>	<b>51</b>	<b>316</b>	<b>259</b>	<b>540</b>	<b>565</b>	<b>387</b>	<b>2,125</b>	<b>626</b>	<b>952</b>
HC0135	Healthy@Home-Carolinas Medical Center Lincoln	<b>Lincoln</b>	<b>Lincoln</b>	0	24	121	61	159	152	72	589	206	224
HC0268	Gentiva Health Services	Gaston	Lincoln	0	15	90	54	137	108	102	506	159	210
HC0391	Gentiva Health Services	<b>Lincoln</b>	<b>Lincoln</b>	0	7	49	17	143	135	120	471	73	255
HC0906	Advanced Home Care	Gaston	Lincoln	0	6	59	24	83	61	23	256	89	84
HC0356	BAYADA Home Health Care, Inc.	Gaston	Lincoln	0	0	17	15	40	49	30	151	32	79
HC1903	Interim HealthCare of the Triad, Inc.	Gaston	Lincoln	11	12	37	8	19	9	5	101	57	14
HC1325	Lake Norman Home Health	Iredell	Lincoln	0	5	22	8	26	19	14	94	35	33
HC0353	Amedisys Home Health Care	Gaston	Lincoln	0	1	11	4	23	27	20	86	16	47
HC0159	Gentiva Health Services	Iredell	Lincoln	0	1	12	2	24	20	12	71	15	32
HC3966	PHC Home Health	Mecklenburg	Lincoln	0	8	26	7	12	9	8	70	41	17
HC0227	Gentiva Health Services	Catawba	Lincoln	0	3	5	3	22	22	11	66	11	33
HC1902	Interim Healthcare of the Triad, Inc.	Catawba	Lincoln	4	3	8	6	5	5	2	33	17	7
HC0057	Guardian Health Services	Catawba	Lincoln	3	1	4	3	8	6	5	30	8	11
HC0042	Healthy@Home-Cleveland County HealthCare System	Cleveland	Lincoln	0	0	1	1	3	0	0	5	2	0
HC0487	Advanced Home Care	Caldwell	Lincoln	0	0	2	0	1	0	0	3	2	0
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Lincoln	3	0	0	0	0	0	0	3	0	0
HC0490	Gentiva Health Service	Catawba	Lincoln	1	0	0	1	0	0	0	2	1	0
HC0221	Gentiva Health Services	Cleveland	Lincoln	0	0	1	0	1	0	0	2	1	0
HC0515	Iredell Home Health	Iredell	Lincoln	0	0	0	0	1	0	0	1	0	0
HC0171	Advanced Home Care	Mecklenburg	Lincoln	0	0	1	0	0	0	0	1	1	0
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Lincoln	0	0	0	1	0	0	0	1	1	0
<b>Lincoln Totals</b>				<b>22</b>	<b>86</b>	<b>466</b>	<b>215</b>	<b>707</b>	<b>622</b>	<b>424</b>	<b>2,542</b>	<b>767</b>	<b>1,046</b>
HC0324	Angel Home Health Hospice	<b>Macon</b>	<b>Macon</b>	26	12	79	51	169	207	153	697	142	360
HC0157	Harris Home Health	Jackson	Macon	0	5	14	11	41	34	46	151	30	80
HC0104	Mountain Home Nursing Service	Clay	Macon	0	0	9	2	9	39	20	79	11	59
HC0109	Home Care Services of Haywood Regional Medical Center	Haywood	Macon	0	0	0	0	2	0	0	2	0	0

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HC0275	Good Shepherd Home Health and Hospice Agency	Clay	Macon	0	0	0	0	1	1	0	2	0	1
<b>Macon Totals</b>				<b>26</b>	<b>17</b>	<b>102</b>	<b>64</b>	<b>222</b>	<b>281</b>	<b>219</b>	<b>931</b>	<b>183</b>	<b>500</b>
HC0114	CarePartners Home Health Services	Buncombe	Madison	6	12	58	46	91	77	48	338	116	125
HC0419	Madison Home Care & Hospice	<b>Madison</b>	<b>Madison</b>	0	7	19	13	71	64	58	232	39	122
HC2114	Gentiva Health Services	Buncombe	Madison	0	1	5	4	15	14	22	61	10	36
HC0279	CarePartners Home Health Services	Haywood	Madison	9	0	2	2	2	5	1	21	4	6
HC0323	PruittHealth Home Health-Yancey	Yancey	Madison	0	1	0	0	1	1	0	3	1	1
<b>Madison Totals</b>				<b>15</b>	<b>21</b>	<b>84</b>	<b>65</b>	<b>180</b>	<b>161</b>	<b>129</b>	<b>655</b>	<b>170</b>	<b>290</b>
HC0329	Gentiva Health Services	Beaufort	Martin	0	8	50	32	100	101	78	369	90	179
HC0525	Roanoke Home Care & Hospice	<b>Martin</b>	<b>Martin</b>	10	11	38	29	69	79	62	298	78	141
HC1634	Vidant Home Health and Hospice	Beaufort	Martin	0	7	19	18	15	15	3	77	44	18
HC1443	Vidant Home Health and Hospice	Pitt	Martin	0	2	8	7	15	9	8	49	17	17
HC0168	AssistedCare of the Carolinas	Greene	Martin	0	0	5	1	4	4	4	18	6	8
HC0328	Gentiva Health Services	Pitt	Martin	0	0	1	0	1	2	1	5	1	3
HC1052	Vidant Home Health and Hospice	Bertie	Martin	0	0	1	0	2	1	0	4	1	1
HC0509	3HC	Pitt	Martin	0	0	0	0	3	0	0	3	0	0
HC0480	Bertie County Home Health	Bertie	Martin	0	0	1	0	0	0	0	1	1	0
<b>Martin Totals</b>				<b>10</b>	<b>28</b>	<b>123</b>	<b>87</b>	<b>209</b>	<b>211</b>	<b>156</b>	<b>824</b>	<b>238</b>	<b>367</b>
HC0114	CarePartners Home Health Services	Buncombe	McDowell	24	25	95	61	128	107	49	489	181	156
HC2114	Gentiva Health Services	Buncombe	McDowell	0	12	81	57	123	112	84	469	150	196
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	McDowell	0	10	36	30	71	56	22	225	76	78
HC0435	Encompass Home Health of North Carolina	<b>McDowell</b>	<b>McDowell</b>	0	2	14	32	11	69	75	203	48	144
HC0477	Medi Home Health and Hospice	Watauga	McDowell	0	5	30	12	13	4	2	66	47	6
HC0186	Carolina Home Care	Rutherford	McDowell	3	4	13	2	7	3	0	32	19	3
HC0279	CarePartners Home Health Services	Haywood	McDowell	28	0	0	0	0	0	0	28	0	0
HC0319	PruittHealth Home Health-Mitchell	Mitchell	McDowell	0	0	0	0	0	2	3	5	0	5
<b>McDowell Totals</b>				<b>55</b>	<b>58</b>	<b>269</b>	<b>194</b>	<b>353</b>	<b>353</b>	<b>235</b>	<b>1,517</b>	<b>521</b>	<b>588</b>
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	<b>Mecklenburg</b>	<b>Mecklenburg</b>	536	182	542	271	602	564	342	3039	995	906
HC0097	Gentiva Health Services	<b>Mecklenburg</b>	<b>Mecklenburg</b>	1	71	468	267	712	700	712	2931	806	1412
HC0138	Gentiva Health Services	<b>Mecklenburg</b>	<b>Mecklenburg</b>	0	115	547	316	706	627	447	2758	978	1074
HC0171	Advanced Home Care	<b>Mecklenburg</b>	<b>Mecklenburg</b>	2	132	492	256	674	670	455	2681	880	1125
HC1901	Interim HealthCare of the Triad, Inc.	<b>Mecklenburg</b>	<b>Mecklenburg</b>	104	157	414	197	295	253	121	1541	768	374
HC0281	Advanced Home Care	Cabarrus	Mecklenburg	0	49	189	73	255	251	140	957	311	391
HC4677	Healthy @ Home - University	<b>Mecklenburg</b>	<b>Mecklenburg</b>	0	65	191	90	254	192	129	921	346	321
HC0355	BAYADA Home Health Care, Inc.	<b>Mecklenburg</b>	<b>Mecklenburg</b>	0	19	76	45	224	238	300	902	140	538
HC0369	Brookdale Home Health Charlotte	<b>Mecklenburg</b>	<b>Mecklenburg</b>	0	0	1	5	49	175	487	717	6	662

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1238	Union Regional Home Care	Union	Mecklenburg	0	34	76	55	186	149	120	620	165	269
HC3966	PHC Home Health	Mecklenburg	Mecklenburg	0	22	85	54	112	104	89	466	161	193
HC3694	Liberty Home Care and Hospice	Mecklenburg	Mecklenburg	0	14	45	29	97	71	82	338	88	153
HC2057	Gentiva Health Services	Union	Mecklenburg	0	3	30	15	48	49	19	164	48	68
HC0353	Amedisys Home Health Care	Gaston	Mecklenburg	0	6	20	19	32	28	46	151	45	74
HC0787	Gentiva Health Services	Mecklenburg	Mecklenburg	0	3	7	9	19	27	38	103	19	65
HC1325	Lake Norman Home Health	Iredell	Mecklenburg	0	3	18	6	20	10	7	64	27	17
HC0270	Gentiva Health Services	Rowan	Mecklenburg	0	4	13	3	17	11	5	53	20	16
HC0906	Advanced Home Care	Gaston	Mecklenburg	0	2	1	0	0	2	2	7	3	4
HC0486	BAYADA Home Health Care, Inc.	Cabarrus	Mecklenburg	0	1	1	0	4	0	0	6	2	0
HC0399	Advanced Home Care	Rowan	Mecklenburg	0	0	2	1	0	0	0	3	3	0
HC2404	Health@Home - Troy	Montgomery	Mecklenburg	0	0	0	0	0	1	0	1	0	1
HC0515	Iredell Home Health	Iredell	Mecklenburg	0	0	0	0	1	0	0	1	0	0
HC0308	Healthy@Home - Albemarle	Stanly	Mecklenburg	0	0	1	0	0	0	0	1	1	0
<b>Mecklenburg Totals</b>				<b>643</b>	<b>882</b>	<b>3,219</b>	<b>1,711</b>	<b>4,307</b>	<b>4,122</b>	<b>3,541</b>	<b>18,425</b>	<b>5,812</b>	<b>7,663</b>
HC0319	Pruithhealth Home Health-Mitchell	Mitchell	Mitchell	3	7	35	23	76	79	80	303	65	159
HC0114	CarePartners Home Health Services	Buncombe	Mitchell	4	8	39	24	62	62	35	234	71	97
HC0477	Medi Home Health and Hospice	Watauga	Mitchell	0	1	4	1	5	10	12	33	6	22
HC0279	CarePartners Home Health Services	Haywood	Mitchell	5	0	0	0	0	0	0	5	0	0
HC0317	PruittHealth Home Health - Avery	Avery	Mitchell	0	0	1	0	0	2	1	4	1	3
HC0323	PruittHealth Home Health-Yancey	Yancey	Mitchell	0	1	0	0	0	1	0	2	1	1
<b>Mitchell Totals</b>				<b>12</b>	<b>17</b>	<b>79</b>	<b>48</b>	<b>143</b>	<b>154</b>	<b>128</b>	<b>581</b>	<b>144</b>	<b>282</b>
HC0332	FirstHealth Home Care	Moore	Montgomery	0	8	29	20	63	50	28	198	57	78
HC2404	Health@Home - Troy	Montgomery	Montgomery	18	2	15	9	32	48	31	155	26	79
HC0953	Gentiva Health Services	Randolph	Montgomery	0	5	17	9	31	31	12	105	31	43
HC0522	Home Health of Randolph Hospital	Randolph	Montgomery	5	1	0	22	28	17	15	88	23	32
HC0929	Encompass Home Health of North Carolina	Randolph	Montgomery	0	5	2	2	22	19	7	57	9	26
HC0514	Stanly County Home Health Agency	Stanly	Montgomery	1	1	5	5	4	9	7	32	11	16
HC0002	Liberty Home Care	Moore	Montgomery	0	1	4	2	11	4	5	27	7	9
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Montgomery	13	0	0	0	0	0	0	13	0	0
HC1238	Union Regional Home Care	Union	Montgomery	0	0	0	4	0	1	0	5	4	1
HC0264	Liberty Home Care	Anson	Montgomery	0	0	1	0	2	1	0	4	1	1
HC4677	Healthy @ Home - University	Mecklenburg	Montgomery	0	1	2	0	0	0	0	3	3	0
HC0308	Healthy@Home - Albemarle	Stanly	Montgomery	1	0	0	0	0	0	0	1	0	0
HC0281	Advanced Home Care	Cabarrus	Montgomery	0	0	0	0	1	0	0	1	0	0
<b>Montgomery Totals</b>				<b>38</b>	<b>24</b>	<b>75</b>	<b>73</b>	<b>194</b>	<b>180</b>	<b>105</b>	<b>689</b>	<b>172</b>	<b>285</b>

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0332	FirstHealth Home Care	Moore	Moore	1	25	171	93	377	318	188	1173	289	506
HC0002	Liberty Home Care	Moore	Moore	0	12	47	35	113	153	175	535	94	328
HC0929	Encompass Home Health of North Carolina	Randolph	Moore	0	3	40	24	67	90	58	282	67	148
HC0403	Healthkeeperz	Scotland	Moore	7	10	27	11	31	31	46	163	48	77
HC0522	Home Health of Randolph Hospital	Randolph	Moore	3	0	1	7	0	11	2	24	8	13
HC3421	Five Points Home Health	Cumberland	Moore	1	0	2	0	1	1	0	5	2	1
HC0426	Liberty Home Care	Lee	Moore	0	0	2	0	1	0	1	4	2	1
HC0074	Well Care Home Health, Inc.	Wake	Moore	0	0	0	1	1	1	0	3	1	1
HC0528	Liberty Home Care	Chatham	Moore	0	0	0	0	0	0	2	2	0	2
HC0277	Liberty Home Care	Hoke	Moore	0	0	0	1	0	0	1	2	1	1
HC2404	Health@Home - Troy	Montgomery	Moore	1	0	0	0	0	0	1	2	0	1
HC0423	FirstHealth Home Care-Richmond	Richmond	Moore	0	0	2	0	0	0	0	2	2	0
HC0283	Cape Fear Valley Home Health	Cumberland	Moore	0	0	0	0	0	0	1	1	0	1
HC0359	HealthKeeperz	Cumberland	Moore	0	0	0	1	0	0	0	1	1	0
HC0124	Liberty Home Care	Davidson	Moore	0	0	1	0	0	0	0	1	1	0
<b>Moore Totals</b>				<b>13</b>	<b>50</b>	<b>293</b>	<b>173</b>	<b>591</b>	<b>605</b>	<b>475</b>	<b>2,200</b>	<b>516</b>	<b>1,080</b>
HC0497	Gentiva Health Services	Nash	Nash	0	13	90	43	173	214	157	690	146	371
HC0520	Nash County Home Health Agency	Nash	Nash	4	13	77	38	138	136	104	510	128	240
HC0508	3HC	Wilson	Nash	6	18	102	61	99	76	56	418	181	132
HC0168	AssistedCare of the Carolinas	Greene	Nash	0	3	43	28	97	109	115	395	74	224
HC0074	Well Care Home Health, Inc.	Wake	Nash	0	9	59	42	86	66	43	305	110	109
HC0343	Wilson County Home Health	Wilson	Nash	7	7	30	7	11	15	5	82	44	20
HC1437	North Carolina Home Health	Wake	Nash	0	0	0	0	1	0	1	2	0	1
HC0339	Intrepid USA Healthcare Services	Wake	Nash	0	0	0	0	1	1	0	2	0	1
HC0078	Amedisys Home Health	Franklin	Nash	0	0	0	0	1	1	0	2	0	1
HC0500	Franklin County Home Health Agency	Franklin	Nash	0	0	0	0	1	1	0	2	0	1
HC0255	3HC	Sampson	Nash	0	1	0	0	0	0	0	1	1	0
HC4538	PruittHealth Home Health-Wake	Wake	Nash	0	0	0	0	1	0	0	1	0	0
HC1293	WakeMed Home Health	Wake	Nash	0	0	1	0	0	0	0	1	1	0
HC0031	Transitions LifeCare	Wake	Nash	0	0	0	0	1	0	0	1	0	0
HC1176	Liberty Home Care	Durham	Nash	0	0	0	0	1	0	0	1	0	0
HC1028	Maxim Healthcare Services	Wake	Nash	0	0	0	0	0	0	0	0	0	0
<b>Nash Totals</b>				<b>17</b>	<b>64</b>	<b>402</b>	<b>219</b>	<b>611</b>	<b>619</b>	<b>481</b>	<b>2,413</b>	<b>685</b>	<b>1,100</b>
HC0532	NHRMC Home Care	Pender	New Hanover	22	102	382	237	593	544	353	2233	721	897
HC1231	Well Care Home Health	New Hanover	New Hanover	23	63	305	199	531	572	431	2124	567	1003
HC1500	AssistedCare Home Health	Brunswick	New Hanover	4	42	145	106	231	232	198	958	293	430

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HC0196	Liberty Home Care	New Hanover	New Hanover	0	5	29	19	90	126	212	481	53	338
HC1176	Liberty Home Care	Durham	New Hanover	0	0	0	0	1	0	1	2	0	1
HC0288	Liberty Home Care	Brunswick	New Hanover	0	0	0	0	0	0	1	1	0	1
<b>New Hanover Totals</b>				<b>49</b>	<b>212</b>	<b>861</b>	<b>561</b>	<b>1,446</b>	<b>1,474</b>	<b>1,196</b>	<b>5,799</b>	<b>1,634</b>	<b>2,670</b>
HC0530	Northampton Co. Home Health Agency	Northampton	Northampton	0	9	57	33	105	102	79	385	99	181
HC0497	Gentiva Health Services	Nash	Northampton	0	2	6	3	31	24	28	94	11	52
HC0765	Home Health and Hospice of Halifax	Halifax	Northampton	0	0	5	2	9	6	1	23	7	7
HC0504	Hertford - Gates Home Health Agency	Hertford	Northampton	0	1	2	1	2	3	1	10	4	4
HC0480	Bertie County Home Health	Bertie	Northampton	0	0	1	0	0	0	0	1	1	0
HC1028	Maxim Healthcare Services	Wake	Northampton	0	0	0	0	0	0	0	0	0	0
<b>Northampton Totals</b>				<b>0</b>	<b>12</b>	<b>71</b>	<b>39</b>	<b>147</b>	<b>135</b>	<b>109</b>	<b>513</b>	<b>122</b>	<b>244</b>
HC1231	Well Care Home Health	New Hanover	Onslow	1	49	192	106	245	222	142	957	347	364
HC0531	Onslow County Home Health and Hospice	Onslow	Onslow	18	46	117	47	125	141	69	563	210	210
HC1209	Continuum Home Care and Hospice	Onslow	Onslow	0	18	53	27	93	108	55	354	98	163
HC0316	Liberty Home Care	Onslow	Onslow	0	12	42	28	68	71	61	282	82	132
HC0431	Gentiva Health Services	Jones	Onslow	0	5	28	26	51	84	55	249	59	139
HC1500	AssistedCare Home Health	Brunswick	Onslow	0	8	27	15	57	52	30	189	50	82
HC0506	3HC	Jones	Onslow	1	7	35	30	46	39	22	180	72	61
HC0532	NHRMC Home Care	Pender	Onslow	18	8	30	20	49	32	16	173	58	48
HC0073	Gentiva Health Services	Carteret	Onslow	0	1	6	2	16	13	16	54	9	29
HC1353	Liberty Home Care	Carteret	Onslow	0	0	0	0	1	2	1	4	0	3
HC0053	Vidant Home Health & Hospice	Duplin	Onslow	0	0	1	1	0	0	1	3	2	1
HC0493	PruittHealth Home Health - New Bern	Craven	Onslow	0	0	0	1	1	0	1	3	1	1
HC0195	3HC	Lenoir	Onslow	0	0	1	0	1	0	0	2	1	0
HC1176	Liberty Home Care	Durham	Onslow	0	0	0	0	0	1	0	1	0	1
HC0507	3HC	Johnston	Onslow	0	0	1	0	0	0	0	1	1	0
<b>Onslow Totals</b>				<b>38</b>	<b>154</b>	<b>533</b>	<b>303</b>	<b>753</b>	<b>765</b>	<b>469</b>	<b>3,015</b>	<b>990</b>	<b>1,234</b>
HC0030	UNC Home Health	Orange	Orange	3	44	132	99	202	170	157	807	275	327
HC0360	Duke Home Health	Durham	Orange	3	7	50	32	117	88	70	367	89	158
HC0166	Amedisys Home Health of Chapel Hill	Orange	Orange	0	1	20	24	70	92	93	300	45	185
HC0299	Gentiva Health Services	Wake	Orange	0	0	6	6	18	32	56	118	12	88
HC1176	Liberty Home Care	Durham	Orange	0	1	15	19	28	19	30	112	35	49
HC0327	Brookdale Home Health Raleigh	Durham	Orange	0	0	0	0	7	33	64	104	0	97
HC0074	Well Care Home Health, Inc.	Wake	Orange	0	1	13	8	29	24	16	91	22	40
HC0249	Advanced Home Care	Alamance	Orange	0	4	10	6	10	21	11	62	20	32
HC2112	Medi Home Health Agency	Wake	Orange	0	0	1	2	8	7	2	20	3	9

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HC0134	Amedisys Home Health	Alamance	Orange	0	0	3	0	7	2	3	15	3	5
HC0361	Life Path Home Health	Alamance	Orange	8	0	0	0	0	1	1	10	0	2
HC1437	North Carolina Home Health	Wake	Orange	0	1	1	0	3	1	1	7	2	2
HC0828	Pediatric Services of America, Inc.	Wake	Orange	6	0	0	0	0	0	0	6	0	0
HC4538	PruittHealth Home Health-Wake	Wake	Orange	0	0	1	0	2	1	1	5	1	2
HC3820	BAYADA Home Health Care, Inc.	Wake	Orange	0	0	1	0	1	2	0	4	1	2
HC0031	Transitions LifeCare	Wake	Orange	0	0	1	0	1	1	0	3	1	1
HC0145	Amedisys Home Health	Alamance	Orange	0	0	0	0	2	0	0	2	0	0
HC0339	Intrepid USA Healthcare Services	Wake	Orange	0	1	0	0	0	1	0	2	1	1
HC0489	Caswell County Home Health Agency	Caswell	Orange	0	1	0	0	0	0	0	1	1	0
HC0528	Liberty Home Care	Chatham	Orange	0	0	0	0	0	1	0	1	0	1
HC2111	Gentiva Health Services	Durham	Orange	0	0	0	0	0	0	1	1	0	1
<b>Orange Totals</b>				<b>20</b>	<b>61</b>	<b>254</b>	<b>196</b>	<b>505</b>	<b>496</b>	<b>506</b>	<b>2,038</b>	<b>511</b>	<b>1,002</b>
HC0165	CarolinaEast Home Care	Craven	Pamlico	0	4	14	17	45	24	18	122	35	42
HC0431	Gentiva Health Services	Jones	Pamlico	0	0	5	10	25	23	18	81	15	41
HC0493	PruittHealth Home Health - New Bern	Craven	Pamlico	0	1	3	4	7	6	4	25	8	10
<b>Pamlico Totals</b>				<b>0</b>	<b>5</b>	<b>22</b>	<b>31</b>	<b>77</b>	<b>53</b>	<b>40</b>	<b>228</b>	<b>58</b>	<b>93</b>
HC0471	Albemarle Home Care	<b>Pasquotank</b>	<b>Pasquotank</b>	6	14	90	49	136	123	127	545	153	250
HC1071	Sentara Home Care Services	<b>Pasquotank</b>	<b>Pasquotank</b>	2	10	55	30	90	64	47	298	95	111
HC0473	Albemarle Home Care	Camden	Pasquotank	0	0	5	2	5	15	8	35	7	23
HC0475	Albemarle Home Care	Currituck	Pasquotank	0	0	1	0	0	0	0	1	1	0
HC0472	Albemarle Home Care and Hospice of NC, Inc	Perquimans	Pasquotank	0	0	0	1	0	0	0	1	1	0
HC0474	Albemarle Home Care	Chowan	Pasquotank	0	0	0	0	0	1	0	1	0	1
<b>Pasquotank Totals</b>				<b>8</b>	<b>24</b>	<b>151</b>	<b>82</b>	<b>231</b>	<b>203</b>	<b>182</b>	<b>881</b>	<b>257</b>	<b>385</b>
HC0532	NHRMC Home Care	<b>Pender</b>	<b>Pender</b>	9	19	141	89	196	160	92	706	249	252
HC1231	Well Care Home Health	New Hanover	Pender	6	19	92	55	215	201	103	691	166	304
HC1500	AssistedCare Home Health	Brunswick	Pender	0	9	21	17	35	36	19	137	47	55
HC1241	Liberty Home Care	<b>Pender</b>	<b>Pender</b>	0	1	6	5	16	13	17	58	12	30
HC1565	Gentiva Health Services	Lenoir	Pender	0	1	3	0	0	1	3	8	4	4
HC1209	Continuum Home Care and Hospice	Onslow	Pender	0	1	2	0	1	1	1	6	3	2
HC0053	Vidant Home Health & Hospice	Duplin	Pender	0	1	1	1	0	1	0	4	3	1
HC0431	Gentiva Health Services	Jones	Pender	0	0	2	0	0	2	0	4	2	2
HC0531	Onslow County Home Health and Hospice	Onslow	Pender	0	0	4	0	0	0	0	4	4	0
HC0196	Liberty Home Care	New Hanover	Pender	0	0	1	0	0	1	2	4	1	3
HC0257	Sampson Home Health	Sampson	Pender	0	0	0	0	0	1	1	2	0	2
<b>Pender Totals</b>				<b>15</b>	<b>51</b>	<b>273</b>	<b>167</b>	<b>463</b>	<b>417</b>	<b>238</b>	<b>1,624</b>	<b>491</b>	<b>655</b>

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0472	Albemarle Home Care and Hospice of NC, Inc	Perquimans	Perquimans	1	4	27	15	54	65	40	206	46	105
HC1071	Sentara Home Care Services	Pasquotank	Perquimans	0	2	6	9	21	33	16	87	17	49
HC0474	Albemarle Home Care	Chowan	Perquimans	0	0	1	0	1	0	0	2	1	0
HC0471	Albemarle Home Care	Pasquotank	Perquimans	0	0	0	0	0	1	0	1	0	1
<b>Perquimans Totals</b>				<b>1</b>	<b>6</b>	<b>34</b>	<b>24</b>	<b>76</b>	<b>99</b>	<b>56</b>	<b>296</b>	<b>64</b>	<b>155</b>
HC0354	BAYADA Home Health Care, Inc.	Person	Person	0	3	37	13	92	97	78	320	53	175
HC0533	Home Health and Hospice of Person County	Person	Person	1	8	35	22	39	60	40	205	65	100
HC0360	Duke Home Health	Durham	Person	1	5	37	24	58	44	35	204	66	79
HC0074	Well Care Home Health, Inc.	Wake	Person	0	3	16	10	32	28	8	97	29	36
HC1176	Liberty Home Care	Durham	Person	0	0	10	5	11	17	6	49	15	23
HC0145	Amedisys Home Health	Alamance	Person	0	0	2	2	10	8	5	27	4	13
HC0134	Amedisys Home Health	Alamance	Person	0	0	3	0	5	1	2	11	3	3
HC2112	Medi Home Health Agency	Wake	Person	0	0	2	0	2	3	1	8	2	4
HC0339	Intrepid USA Healthcare Services	Wake	Person	0	0	2	0	2	0	0	4	2	0
HC1437	North Carolina Home Health	Wake	Person	0	0	0	0	1	1	0	2	0	1
HC0828	Pediatric Services of America, Inc.	Wake	Person	1	0	0	0	0	0	0	1	0	0
<b>Person Totals</b>				<b>3</b>	<b>19</b>	<b>144</b>	<b>76</b>	<b>252</b>	<b>259</b>	<b>175</b>	<b>928</b>	<b>239</b>	<b>434</b>
HC1443	Vidant Home Health and Hospice	Pitt	Pitt	2	53	286	168	334	292	149	1284	507	441
HC0328	Gentiva Health Services	Pitt	Pitt	0	26	101	78	247	300	281	1033	205	581
HC0509	3HC	Pitt	Pitt	2	26	137	85	186	144	88	668	248	232
HC0168	AssistedCare of the Carolinas	Greene	Pitt	0	6	68	52	123	107	81	437	126	188
HC0428	Gentiva Health Services	Lenoir	Pitt	0	3	2	4	10	15	7	41	9	22
HC0329	Gentiva Health Services	Beaufort	Pitt	0	1	4	1	2	4	1	13	6	5
HC0506	3HC	Jones	Pitt	0	0	0	0	11	0	0	11	0	0
HC0508	3HC	Wilson	Pitt	0	1	1	1	0	1	0	4	3	1
HC0497	Gentiva Health Services	Nash	Pitt	0	0	0	1	0	1	2	4	1	3
HC0493	PruittHealth Home Health - New Bern	Craven	Pitt	0	0	2	0	1	0	0	3	2	0
HC1634	Vidant Home Health and Hospice	Beaufort	Pitt	0	0	0	0	3	0	0	3	0	0
HC0195	3HC	Lenoir	Pitt	0	0	0	2	1	0	0	3	2	0
HC1231	Well Care Home Health	New Hanover	Pitt	0	0	1	0	0	0	0	1	1	0
HC0343	Wilson County Home Health	Wilson	Pitt	0	0	0	0	1	0	0	1	0	0
HC1299	Gentiva Health Services	Wayne	Pitt	0	1	0	0	0	0	0	1	1	0
<b>Pitt Totals</b>				<b>4</b>	<b>117</b>	<b>602</b>	<b>392</b>	<b>919</b>	<b>864</b>	<b>609</b>	<b>3,507</b>	<b>1,111</b>	<b>1,473</b>
HC2114	Gentiva Health Services	Buncombe	Polk	0	2	26	21	54	56	98	257	49	154
HC0436	CareSouth Homecare Professionals	Polk	Polk	0	2	7	4	36	51	33	133	13	84
HC0186	Carolina Home Care	Rutherford	Polk	5	4	13	10	27	15	9	83	27	24

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0201	Pardee Home Care	Henderson	Polk	0	7	6	9	10	12	5	49	22	17
HC0911	Park Ridge Home Health	Henderson	Polk	0	0	1	5	2	5	2	15	6	7
HC0440	CarePartners Home Health Services	Henderson	Polk	0	0	1	3	2	0	0	6	4	0
<b>Polk Totals</b>				<b>5</b>	<b>15</b>	<b>54</b>	<b>52</b>	<b>131</b>	<b>139</b>	<b>147</b>	<b>543</b>	<b>121</b>	<b>286</b>
HC0522	Home Health of Randolph Hospital	<b>Randolph</b>	<b>Randolph</b>	241	130	199	360	498	718	538	2684	689	1256
HC0297	Advanced Home Care	Guilford	Randolph	5	26	152	71	154	125	48	581	249	173
HC0953	Gentiva Health Services	<b>Randolph</b>	<b>Randolph</b>	0	12	76	52	160	137	73	510	140	210
HC0929	Encompass Home Health of North Carolina	<b>Randolph</b>	<b>Randolph</b>	0	15	47	19	60	99	81	321	81	180
HC0495	Amedisys Home Health Care	Davidson	Randolph	0	2	8	4	36	45	19	114	14	64
HC0249	Advanced Home Care	Alamance	Randolph	1	6	19	9	20	21	10	86	34	31
HC0358	BAYADA Home Health Care, Inc.	Davidson	Randolph	0	3	12	10	19	19	10	73	25	29
HC0528	Liberty Home Care	Chatham	Randolph	0	1	9	7	19	22	10	68	17	32
HC0395	Brookdale Home Health Winston	Guilford	Randolph	0	0	0	0	10	24	33	67	0	57
HC1885	Interim HealthCare of the Triad, Inc.	Guilford	Randolph	1	3	6	8	11	5	0	34	17	5
HC0124	Liberty Home Care	Davidson	Randolph	0	2	2	0	8	7	4	23	4	11
HC0952	Gentiva Health Services	Guilford	Randolph	0	0	7	4	7	2	2	22	11	4
HC0397	CareBridge Home Health	<b>Randolph</b>	<b>Randolph</b>	14	4	0	0	0	1	0	19	4	1
HC0521	Piedmont Home Care	Davidson	Randolph	0	0	5	1	3	4	4	17	6	8
HC1286	BAYADA Home Health Care, Inc.	Guilford	Randolph	0	0	1	0	0	3	1	5	1	4
HC0496	Well Care Home Health, Inc.	Davie	Randolph	0	1	2	0	1	1	0	5	3	1
HC0231	Gentiva Health Services	Forsyth	Randolph	0	0	0	0	0	2	1	3	0	3
HC2404	Health@Home - Troy	Montgomery	Randolph	1	1	0	0	0	0	0	2	1	0
HC1176	Liberty Home Care	Durham	Randolph	0	0	1	0	0	0	0	1	1	0
<b>Randolph Totals</b>				<b>263</b>	<b>206</b>	<b>546</b>	<b>545</b>	<b>1,006</b>	<b>1,235</b>	<b>834</b>	<b>4,635</b>	<b>1,297</b>	<b>2,069</b>
HC0423	FirstHealth Home Care-Richmond	<b>Richmond</b>	<b>Richmond</b>	0	11	111	54	163	121	80	540	176	201
HC0264	Liberty Home Care	Anson	Richmond	0	4	37	32	104	87	54	318	73	141
HC0403	Healthkeeperz	Scotland	Richmond	8	9	29	21	40	30	24	161	59	54
HC3421	Five Points Home Health	Cumberland	Richmond	1	1	3	1	0	1	1	8	5	2
HC0002	Liberty Home Care	Moore	Richmond	0	0	1	2	5	0	0	8	3	0
HC1178	Liberty Home Care	Robeson	Richmond	0	0	0	2	2	0	0	4	2	0
HC2404	Health@Home - Troy	Montgomery	Richmond	0	0	1	0	2	1	0	4	1	1
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Richmond	1	0	0	0	0	0	0	1	0	0
HC0359	HealthKeeperz	Cumberland	Richmond	0	0	1	0	0	0	0	1	1	0
<b>Richmond Totals</b>				<b>10</b>	<b>25</b>	<b>183</b>	<b>112</b>	<b>316</b>	<b>240</b>	<b>159</b>	<b>1,045</b>	<b>320</b>	<b>399</b>
HC0235	Southeastern Home Health	<b>Robeson</b>	<b>Robeson</b>	26	248	105	271	243	145	42	1080	624	187
HC0526	Robeson County Home Health Agency	<b>Robeson</b>	<b>Robeson</b>	15	19	106	71	139	131	90	571	196	221

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1178	Liberty Home Care	Robeson	Robeson	0	26	115	70	153	130	64	558	211	194
HC0403	Healthkeeperz	Scotland	Robeson	9	23	102	54	118	82	44	432	179	126
HC0359	HealthKeeperz	Cumberland	Robeson	11	21	67	33	54	60	35	281	121	95
HC3421	Five Points Home Health	Cumberland	Robeson	1	13	26	18	19	22	9	108	57	31
HC0283	Cape Fear Valley Home Health	Cumberland	Robeson	0	5	20	12	28	24	14	103	37	38
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Robeson	0	3	14	12	27	9	11	76	29	20
HC0277	Liberty Home Care	Hoke	Robeson	0	1	5	3	11	10	11	41	9	21
HC0274	Liberty Home Care	Cumberland	Robeson	0	0	2	0	0	1	1	4	2	2
HC0309	Liberty Home Care	Bladen	Robeson	0	0	1	0	0	0	2	3	1	2
HC0423	FirstHealth Home Care-Richmond	Richmond	Robeson	0	0	0	0	1	0	0	1	0	0
HC0339	Intrepid USA Healthcare Services	Wake	Robeson	0	0	0	0	0	1	0	1	0	1
<b>Robeson Totals</b>				<b>62</b>	<b>359</b>	<b>563</b>	<b>544</b>	<b>793</b>	<b>615</b>	<b>323</b>	<b>3,259</b>	<b>1,466</b>	<b>938</b>
HC0217	Advanced Home Care, Inc.	Rockingham	Rockingham	15	60	384	200	515	506	340	2020	644	846
HC0952	Gentiva Health Services	Guilford	Rockingham	0	5	68	42	77	63	20	275	115	83
HC0303	Encompass Home Health Of North Carolina	Guilford	Rockingham	0	22	22	17	29	69	66	225	61	135
HC0395	Brookdale Home Health Winston	Guilford	Rockingham	0	0	1	2	14	27	76	120	3	103
HC1286	BAYADA Home Health Care, Inc.	Guilford	Rockingham	0	4	13	16	23	41	19	116	33	60
HC0134	Amedisys Home Health	Alamance	Rockingham	0	0	4	6	25	17	11	63	10	28
HC1885	Interim HealthCare of the Triad, Inc.	Guilford	Rockingham	0	3	4	4	2	4	0	17	11	4
HC0297	Advanced Home Care	Guilford	Rockingham	1	0	4	0	4	6	2	17	4	8
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Rockingham	0	0	2	2	1	0	0	5	4	0
HC0249	Advanced Home Care	Alamance	Rockingham	0	0	1	0	0	3	0	4	1	3
HC0124	Liberty Home Care	Davidson	Rockingham	0	0	1	0	2	0	0	3	1	0
HC0489	Caswell County Home Health Agency	Caswell	Rockingham	2	0	1	0	0	0	0	3	1	0
HC0361	Life Path Home Health	Alamance	Rockingham	0	0	0	0	1	0	0	1	0	0
HC0496	Well Care Home Health, Inc.	Davie	Rockingham	0	0	0	0	0	1	0	1	0	1
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Rockingham	0	0	0	1	0	0	0	1	1	0
<b>Rockingham Totals</b>				<b>18</b>	<b>94</b>	<b>505</b>	<b>290</b>	<b>693</b>	<b>737</b>	<b>534</b>	<b>2,871</b>	<b>889</b>	<b>1,271</b>
HC0265	Gentiva Health Services	Rowan	Rowan	0	33	208	139	350	346	338	1414	380	684
HC0399	Advanced Home Care	Rowan	Rowan	2	48	325	157	339	252	125	1248	530	377
HC0357	BAYADA Home Health Care, Inc.	Rowan	Rowan	0	7	55	56	118	119	89	444	118	208
HC0270	Gentiva Health Services	Rowan	Rowan	0	2	41	23	58	51	39	214	66	90
HC4677	Healthy @ Home - University	Mecklenburg	Rowan	0	7	34	22	48	38	16	165	63	54
HC0124	Liberty Home Care	Davidson	Rowan	0	1	3	3	14	26	19	66	7	45
HC3966	PHC Home Health	Mecklenburg	Rowan	0	8	11	6	5	4	5	39	25	9
HC0495	Amedisys Home Health Care	Davidson	Rowan	0	0	3	3	5	10	16	37	6	26

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HC0395	Brookdale Home Health Winston	Guilford	Rowan	0	0	0	0	4	8	25	37	0	33
HC0521	Piedmont Home Care	Davidson	Rowan	0	1	7	5	13	8	1	35	13	9
HC1325	Lake Norman Home Health	Iredell	Rowan	0	1	14	2	3	8	4	32	17	12
HC1104	Encompass Home Health of North Carolina	Davidson	Rowan	0	5	6	5	9	3	1	29	16	4
HC0281	Advanced Home Care	Cabarrus	Rowan	0	2	5	1	5	6	6	25	8	12
HC0308	Healthy@Home - Albemarle	Stanly	Rowan	5	0	2	3	6	2	1	19	5	3
HC0170	Gentiva Health Services	Iredell	Rowan	0	3	1	0	4	5	4	17	4	9
HC0499	Advanced Home Care, Inc.	Forsyth	Rowan	0	0	1	1	10	0	1	13	2	1
HC0515	Iredell Home Health	Iredell	Rowan	0	1	2	3	3	4	0	13	6	4
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Rowan	4	0	0	0	0	0	0	4	0	0
HC0486	BAYADA Home Health Care, Inc.	Cabarrus	Rowan	0	0	0	1	0	2	1	4	1	3
HC0514	Stanly County Home Health Agency	Stanly	Rowan	1	0	1	0	0	1	0	3	1	1
HC2404	Health@Home - Troy	Montgomery	Rowan	1	2	0	0	0	0	0	3	2	0
HC0496	Well Care Home Health, Inc.	Davie	Rowan	0	0	1	0	1	1	0	3	1	1
HC0171	Advanced Home Care	Mecklenburg	Rowan	0	0	0	0	1	0	0	1	0	0
<b>Rowan Totals</b>				<b>13</b>	<b>121</b>	<b>720</b>	<b>430</b>	<b>996</b>	<b>894</b>	<b>691</b>	<b>3,865</b>	<b>1,271</b>	<b>1,585</b>
HC0186	Carolina Home Care	<b>Rutherford</b>	<b>Rutherford</b>	38	44	178	88	236	197	168	949	310	365
HC0221	Gentiva Health Services	Cleveland	Rutherford	0	19	98	58	151	117	104	547	175	221
HC0445	CareSouth Homecare Professionals	<b>Rutherford</b>	<b>Rutherford</b>	0	20	35	24	87	59	31	256	79	90
HC0042	Healthy@Home-Cleveland County HealthCare System	Cleveland	Rutherford	0	5	23	10	34	22	9	103	38	31
HC0201	Pardee Home Care	Henderson	Rutherford	0	0	0	0	1	7	2	10	0	9
HC0105	Healthy@Home - Blue Ridge HealthCare	Burke	Rutherford	0	1	2	1	3	1	1	9	4	2
HC0356	BAYADA Home Health Care, Inc.	Gaston	Rutherford	0	2	0	1	1	2	1	7	3	3
HC0268	Gentiva Health Services	Gaston	Rutherford	0	0	1	0	1	0	0	2	1	0
<b>Rutherford Totals</b>				<b>38</b>	<b>91</b>	<b>337</b>	<b>182</b>	<b>514</b>	<b>405</b>	<b>316</b>	<b>1,883</b>	<b>610</b>	<b>721</b>
HC0257	Sampson Home Health	<b>Sampson</b>	<b>Sampson</b>	38	19	78	41	170	154	117	617	138	271
HC0255	3HC	<b>Sampson</b>	<b>Sampson</b>	5	7	76	43	102	98	68	399	126	166
HC1231	Well Care Home Health	New Hanover	Sampson	0	13	37	20	43	29	26	168	70	55
HC0125	Liberty Home Care	Harnett	Sampson	0	1	15	8	37	42	29	132	24	71
HC1565	Gentiva Health Services	Lenoir	Sampson	0	1	25	13	37	31	18	125	39	49
HC0074	Well Care Home Health, Inc.	Wake	Sampson	0	5	20	10	23	16	10	84	35	26
HC0283	Cape Fear Valley Home Health	Cumberland	Sampson	0	2	10	5	11	8	3	39	17	11
HC0532	NHRMC Home Care	Pender	Sampson	1	1	8	2	9	7	3	31	11	10
HC0274	Liberty Home Care	Cumberland	Sampson	0	0	7	2	7	4	9	29	9	13
HC0309	Liberty Home Care	Bladen	Sampson	0	1	5	1	4	4	2	17	7	6
HC0292	Amedisys Home Health of Fayetteville	Cumberland	Sampson	0	0	4	2	5	4	2	17	6	6

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HC1500	AssistedCare Home Health	Brunswick	Sampson	0	0	0	1	2	3	1	7	1	4
HC1299	Gentiva Health Services	Wayne	Sampson	0	0	0	0	0	4	0	4	0	4
HC0053	Vidant Home Health & Hospice	Duplin	Sampson	0	1	1	0	1	0	1	4	2	1
HC0228	3HC	Wayne	Sampson	0	0	0	0	0	2	1	3	0	3
HC0507	3HC	Johnston	Sampson	0	0	1	0	0	0	0	1	1	0
HC0359	HealthKeeperz	Cumberland	Sampson	0	0	0	0	0	1	0	1	0	1
<b>Sampson Totals</b>				<b>44</b>	<b>51</b>	<b>287</b>	<b>148</b>	<b>451</b>	<b>407</b>	<b>290</b>	<b>1,678</b>	<b>486</b>	<b>697</b>
HC0403	Healthkeeperz	Scotland	Scotland	29	65	236	133	281	238	173	1155	434	411
HC1178	Liberty Home Care	Robeson	Scotland	0	6	29	15	39	25	18	132	50	43
HC0423	FirstHealth Home Care-Richmond	Richmond	Scotland	0	3	27	17	42	16	3	108	47	19
HC3421	Five Points Home Health	Cumberland	Scotland	0	0	5	1	4	3	0	13	6	3
HC0277	Liberty Home Care	Hoke	Scotland	0	0	3	1	2	0	0	6	4	0
HC0352	Liberty Home Care	Robeson	Scotland	0	0	0	1	2	0	0	3	1	0
HC0235	Southeastern Home Health	Robeson	Scotland	0	0	0	1	0	0	0	1	1	0
<b>Scotland Totals</b>				<b>29</b>	<b>74</b>	<b>300</b>	<b>169</b>	<b>370</b>	<b>282</b>	<b>194</b>	<b>1,418</b>	<b>543</b>	<b>476</b>
HC0270	Gentiva Health Services	Rowan	Stanly	0	12	55	35	91	79	49	321	102	128
HC0308	Healthy@Home - Albemarle	Stanly	Stanly	17	7	39	27	78	72	49	289	73	121
HC0514	Stanly County Home Health Agency	Stanly	Stanly	51	5	28	14	39	48	42	227	47	90
HC0486	BAYADA Home Health Care, Inc.	Cabarrus	Stanly	0	1	9	7	37	62	38	154	17	100
HC0281	Advanced Home Care	Cabarrus	Stanly	1	6	39	20	40	27	15	148	65	42
HC1238	Union Regional Home Care	Union	Stanly	0	2	14	7	10	5	4	42	23	9
HC2404	Health@Home - Troy	Montgomery	Stanly	5	0	7	10	12	4	1	39	17	5
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Stanly	35	0	0	0	0	0	0	35	0	0
HC4677	Healthy @ Home - University	Mecklenburg	Stanly	0	0	6	2	2	1	1	12	8	2
HC0522	Home Health of Randolph Hospital	Randolph	Stanly	0	0	0	1	1	0	1	3	1	1
HC3966	PHC Home Health	Mecklenburg	Stanly	0	0	1	1	0	0	1	3	2	1
HC0357	BAYADA Home Health Care, Inc.	Rowan	Stanly	0	0	0	0	0	1	0	1	0	1
<b>Stanly Totals</b>				<b>109</b>	<b>33</b>	<b>198</b>	<b>124</b>	<b>310</b>	<b>299</b>	<b>201</b>	<b>1,274</b>	<b>355</b>	<b>500</b>
HC1699	Gentiva Health Services	Stokes	Stokes	0	10	63	40	127	179	166	585	113	345
HC0499	Advanced Home Care, Inc.	Forsyth	Stokes	2	13	76	51	101	87	39	369	140	126
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Stokes	0	2	11	17	29	14	6	79	30	20
HC0517	Pioneer Home Health of Stokes County, LLC	Stokes	Stokes	0	2	9	5	23	16	15	70	16	31
HC0217	Advanced Home Care, Inc.	Rockingham	Stokes	1	1	11	7	20	11	4	55	19	15
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Stokes	0	1	6	1	9	22	10	49	8	32
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Stokes	1	0	16	7	6	6	2	38	23	8
HC0420	Liberty Home Care	Surry	Stokes	0	0	4	3	11	8	5	31	7	13

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**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Stokes	0	2	9	2	6	1	1	21	13	2
HC1104	Encompass Home Health of North Carolina	Davidson	Stokes	0	0	0	1	3	7	8	19	1	15
HC0521	Piedmont Home Care	Davidson	Stokes	0	0	0	0	3	2	1	6	0	3
HC0124	Liberty Home Care	Davidson	Stokes	0	0	1	0	2	2	0	5	1	2
HC0567	Gentiva Health Services	Forsyth	Stokes	0	0	0	1	2	2	0	5	1	2
HC0297	Advanced Home Care	Guilford	Stokes	0	0	1	0	0	0	1	2	1	1
HC0496	Well Care Home Health, Inc.	Davie	Stokes	0	0	0	0	0	1	0	1	0	1
<b>Stokes Totals</b>				<b>4</b>	<b>31</b>	<b>207</b>	<b>135</b>	<b>342</b>	<b>358</b>	<b>258</b>	<b>1,335</b>	<b>373</b>	<b>616</b>
HC1699	Gentiva Health Services	Stokes	Surry	0	6	82	49	171	186	160	654	137	346
HC0346	Yadkin Valley Home Health	Yadkin	Surry	5	8	30	77	127	149	130	526	115	279
HC0420	Liberty Home Care	<b>Surry</b>	<b>Surry</b>	0	8	56	36	121	163	127	511	100	290
HC0499	Advanced Home Care, Inc.	Forsyth	Surry	1	9	48	27	67	41	18	211	84	59
HC0296	PruittHealth Home Health- Pilot Mountain	<b>Surry</b>	<b>Surry</b>	0	8	22	13	36	35	22	136	43	57
HC0430	Wake Forest Baptist Health Care at Home, LLC	Wilkes	Surry	0	0	12	5	19	30	29	95	17	59
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Surry	0	5	22	11	24	21	11	94	38	32
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Surry	0	1	7	5	31	17	5	66	13	22
HC0252	Gentiva Health Services	Wilkes	Surry	0	1	2	4	8	5	3	23	7	8
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Surry	2	0	1	0	0	1	0	4	1	1
HC0478	Medi Home Health and Hospice	Alleghany	Surry	0	0	0	0	1	1	0	2	0	1
HC0517	Pioneer Home Health of Stokes County, LLC	Stokes	Surry	0	0	1	0	0	0	0	1	1	0
HC0124	Liberty Home Care	Davidson	Surry	0	0	0	0	0	0	1	1	0	1
<b>Surry Totals</b>				<b>8</b>	<b>46</b>	<b>283</b>	<b>227</b>	<b>605</b>	<b>649</b>	<b>506</b>	<b>2,324</b>	<b>556</b>	<b>1,155</b>
HC0157	Harris Home Health	Jackson	Swain	0	11	52	20	80	59	57	279	83	116
HC0279	CarePartners Home Health Services	Haywood	Swain	3	1	1	1	1	1	0	8	3	1
HC0109	Home Care Services of Haywood Regional Medical Center	Haywood	Swain	0	0	1	0	0	1	0	2	1	1
HC0114	CarePartners Home Health Services	Buncombe	Swain	1	0	0	0	0	0	0	1	0	0
<b>Swain Totals</b>				<b>4</b>	<b>12</b>	<b>54</b>	<b>21</b>	<b>81</b>	<b>61</b>	<b>57</b>	<b>290</b>	<b>87</b>	<b>118</b>
HC0067	CarePartners Home Care & Hospice	<b>Transylvania</b>	<b>Transylvania</b>	31	31	102	75	206	253	220	918	208	473
HC2114	Gentiva Health Services	Buncombe	Transylvania	0	1	14	5	33	62	76	191	20	138
HC0201	Pardee Home Care	Henderson	Transylvania	0	1	3	4	2	6	3	19	8	9
HC0911	Park Ridge Home Health	Henderson	Transylvania	0	0	2	3	6	6	1	18	5	7
HC0440	CarePartners Home Health Services	Henderson	Transylvania	0	0	2	0	3	0	0	5	2	0
HC0114	CarePartners Home Health Services	Buncombe	Transylvania	1	0	0	0	1	1	0	3	0	1
<b>Transylvania Totals</b>				<b>32</b>	<b>33</b>	<b>123</b>	<b>87</b>	<b>251</b>	<b>328</b>	<b>300</b>	<b>1,154</b>	<b>243</b>	<b>628</b>
HC0524	Roanoke Home Care	<b>Tyrrell</b>	<b>Tyrrell</b>	1	3	8	6	26	20	18	82	17	38
HC0523	Roanoke Home Care	Washington	Tyrrell	1	0	0	0	0	0	0	1	0	0

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
<b>Tyrrell Totals</b>				<b>2</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>26</b>	<b>20</b>	<b>18</b>	<b>83</b>	<b>17</b>	<b>38</b>
HC2057	Gentiva Health Services	Union	Union	0	34	166	111	307	325	273	1216	311	598
HC1238	Union Regional Home Care	Union	Union	0	47	169	94	291	280	138	1019	310	418
HC0171	Advanced Home Care	Mecklenburg	Union	1	12	97	51	125	115	63	464	160	178
HC0355	BAYADA Home Health Care, Inc.	Mecklenburg	Union	0	5	25	21	58	68	29	206	51	97
HC0369	Brookdale Home Health Charlotte	Mecklenburg	Union	0	0	0	5	23	63	91	182	5	154
HC1901	Interim HealthCare of the Triad, Inc.	Mecklenburg	Union	6	5	47	23	27	24	5	137	75	29
HC1038	Healthy@ Home - Carolinas Medical Center - Charlotte	Mecklenburg	Union	85	0	1	2	0	1	0	89	3	1
HC3694	Liberty Home Care and Hospice	Mecklenburg	Union	0	0	12	4	13	14	12	55	16	26
HC3966	PHC Home Health	Mecklenburg	Union	0	0	5	2	7	7	6	27	7	13
HC0097	Gentiva Health Services	Mecklenburg	Union	0	0	1	0	2	0	0	3	1	0
HC0264	Liberty Home Care	Anson	Union	0	0	1	0	0	1	0	2	1	1
HC0308	Healthy@Home - Albemarle	Stanly	Union	1	0	0	0	1	0	0	2	0	0
HC0356	BAYADA Home Health Care, Inc.	Gaston	Union	0	0	0	1	0	0	0	1	1	0
HC2404	Health@Home - Troy	Montgomery	Union	1	0	0	0	0	0	0	1	0	0
HC0196	Liberty Home Care	New Hanover	Union	0	0	0	0	0	0	1	1	0	1
<b>Union Totals</b>				<b>94</b>	<b>103</b>	<b>524</b>	<b>314</b>	<b>854</b>	<b>898</b>	<b>618</b>	<b>3,405</b>	<b>941</b>	<b>1,516</b>
HC0823	Maria Parham Regional Home Health	Vance	Vance	0	9	45	28	73	67	45	267	82	112
HC0078	Amedisys Home Health	Franklin	Vance	0	6	26	14	80	90	51	267	46	141
HC0215	Gentiva Health Services	Franklin	Vance	0	2	30	16	34	44	23	149	48	67
HC0501	Granville-Vance Home Health Agency	Vance	Vance	4	13	29	20	29	23	21	139	62	44
HC0074	Well Care Home Health, Inc.	Wake	Vance	0	5	16	8	30	15	7	81	29	22
HC0360	Duke Home Health	Durham	Vance	2	11	22	12	16	9	1	73	45	10
HC0339	Intrepid USA Healthcare Services	Wake	Vance	0	0	7	2	8	7	7	31	9	14
HC0500	Franklin County Home Health Agency	Franklin	Vance	0	0	2	0	1	1	1	5	2	2
HC0354	BAYADA Home Health Care, Inc.	Person	Vance	0	0	1	0	3	0	0	4	1	0
HC0828	Pediatric Services of America, Inc.	Wake	Vance	1	0	0	0	0	0	0	1	0	0
HC2112	Medi Home Health Agency	Wake	Vance	0	0	0	0	0	0	1	1	0	1
HC0341	Warren County Home Health Agency	Warren	Vance	0	0	1	0	0	0	0	1	1	0
<b>Vance Totals</b>				<b>7</b>	<b>46</b>	<b>179</b>	<b>100</b>	<b>274</b>	<b>256</b>	<b>157</b>	<b>1,019</b>	<b>325</b>	<b>413</b>
HC0422	Rex Home Services	Wake	Wake	8	91	472	350	844	811	495	3071	913	1306
HC0299	Gentiva Health Services	Wake	Wake	0	27	251	174	581	737	833	2603	452	1570
HC1293	WakeMed Home Health	Wake	Wake	0	176	550	231	540	493	312	2302	957	805
HC0074	Well Care Home Health, Inc.	Wake	Wake	2	61	331	189	555	561	372	2071	581	933
HC0360	Duke Home Health	Durham	Wake	5	53	217	93	251	213	151	983	363	364
HC3820	BAYADA Home Health Care, Inc.	Wake	Wake	0	6	56	28	161	251	315	817	90	566

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC2562	Liberty Home Care	Wake	Wake	0	21	118	79	247	182	139	786	218	321
HC0507	3HC	Johnston	Wake	16	43	108	57	136	100	79	539	208	179
HC0339	Intrepid USA Healthcare Services	Wake	Wake	0	4	41	50	119	126	178	518	95	304
HC0145	Amedisys Home Health	Alamance	Wake	0	15	37	25	80	107	142	406	77	249
HC2112	Medi Home Health Agency	Wake	Wake	0	6	31	28	75	122	120	382	65	242
HC4538	PruittHealth Home Health-Wake	Wake	Wake	0	4	30	14	79	100	129	356	48	229
HC0166	Amedisys Home Health of Chapel Hill	Orange	Wake	0	10	20	13	70	121	106	340	43	227
HC0327	Brookdale Home Health Raleigh	Durham	Wake	0	0	5	7	44	87	185	328	12	272
HC0031	Transitions LifeCare	Wake	Wake	0	6	35	12	75	74	89	291	53	163
HC0215	Gentiva Health Services	Franklin	Wake	0	7	18	15	44	45	44	173	40	89
HC1437	North Carolina Home Health	Wake	Wake	0	3	12	6	30	24	23	98	21	47
HC0078	Amedisys Home Health	Franklin	Wake	0	1	3	2	9	10	8	33	6	18
HC0828	Pediatric Services of America, Inc.	Wake	Wake	32	0	0	0	0	0	0	32	0	0
HC0125	Liberty Home Care	Harnett	Wake	0	0	3	0	4	4	7	18	3	11
HC0500	Franklin County Home Health Agency	Franklin	Wake	0	0	1	0	0	3	3	7	1	6
HC0002	Liberty Home Care	Moore	Wake	0	0	0	0	2	0	1	3	0	1
HC0228	3HC	Wayne	Wake	0	0	0	0	1	1	0	2	0	1
HC1176	Liberty Home Care	Durham	Wake	0	0	1	0	0	0	0	1	1	0
HC0508	3HC	Wilson	Wake	0	0	0	0	0	1	0	1	0	1
HC1028	Maxim Healthcare Services	Wake	Wake	0	1	0	0	0	0	0	1	1	0
HC0528	Liberty Home Care	Chatham	Wake	0	0	0	0	0	1	0	1	0	1
HC0249	Advanced Home Care	Alamance	Wake	0	1	0	0	0	0	0	1	1	0
HC0288	Liberty Home Care	Brunswick	Wake	0	0	0	0	0	0	1	1	0	1
HC1353	Liberty Home Care	Carteret	Wake	0	0	0	0	0	0	1	1	0	1
HC0255	3HC	Sampson	Wake	0	0	0	0	0	1	0	1	0	1
HC3421	Five Points Home Health	Cumberland	Wake	0	0	0	0	1	0	0	1	0	0
<b>Wake Totals</b>				<b>63</b>	<b>536</b>	<b>2,340</b>	<b>1,373</b>	<b>3,948</b>	<b>4,175</b>	<b>3,733</b>	<b>16,168</b>	<b>4,249</b>	<b>7,908</b>
HC0341	Warren County Home Health Agency	Warren	Warren	3	5	31	24	42	40	56	201	60	96
HC0078	Amedisys Home Health	Franklin	Warren	0	4	12	14	40	43	27	140	30	70
HC0215	Gentiva Health Services	Franklin	Warren	0	4	18	12	37	36	22	129	34	58
HC0823	Maria Parham Regional Home Health	Vance	Warren	0	2	18	8	17	17	17	79	28	34
HC0074	Well Care Home Health, Inc.	Wake	Warren	0	3	8	8	15	10	6	50	19	16
HC0501	Granville-Vance Home Health Agency	Vance	Warren	1	1	5	2	3	0	1	13	8	1
HC0765	Home Health and Hospice of Halifax	Halifax	Warren	0	0	3	0	0	1	1	5	3	2
HC0500	Franklin County Home Health Agency	Franklin	Warren	0	0	0	0	1	2	0	3	0	2
HC0497	Gentiva Health Services	Nash	Warren	0	0	0	0	1	1	0	2	0	1

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Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC0828	Pediatric Services of America, Inc.	Wake	Warren	0	0	0	0	0	0	0	0	0	0
<b>Warren Totals</b>				<b>4</b>	<b>19</b>	<b>95</b>	<b>68</b>	<b>156</b>	<b>150</b>	<b>130</b>	<b>622</b>	<b>182</b>	<b>280</b>
HC0523	Roanoke Home Care	Washington	Washington	8	7	30	22	51	38	28	184	59	66
HC0329	Gentiva Health Services	Beaufort	Washington	0	8	28	12	35	31	23	137	48	54
HC1052	Vidant Home Health and Hospice	Bertie	Washington	0	1	5	3	9	5	4	27	9	9
HC1634	Vidant Home Health and Hospice	Beaufort	Washington	0	1	2	0	0	1	2	6	3	3
HC0525	Roanoke Home Care & Hospice	Martin	Washington	0	0	1	0	0	1	0	2	1	1
HC0524	Roanoke Home Care	Tyrrell	Washington	0	0	0	0	1	0	1	2	0	1
<b>Washington Totals</b>				<b>8</b>	<b>17</b>	<b>66</b>	<b>37</b>	<b>96</b>	<b>76</b>	<b>58</b>	<b>358</b>	<b>120</b>	<b>134</b>
HC1544	Gentiva Health Services	Watauga	Watauga	0	6	52	43	121	151	128	501	101	279
HC0477	Medi Home Health and Hospice	Watauga	Watauga	0	2	21	13	50	47	54	187	36	101
HC0487	Advanced Home Care	Caldwell	Watauga	0	0	0	0	3	0	0	3	0	0
HC0317	PruittHealth Home Health - Avery	Avery	Watauga	0	0	1	0	0	0	0	1	1	0
<b>Watauga Totals</b>				<b>0</b>	<b>8</b>	<b>74</b>	<b>56</b>	<b>174</b>	<b>198</b>	<b>182</b>	<b>692</b>	<b>138</b>	<b>380</b>
HC0228	3HC	Wayne	Wayne	23	72	304	161	344	336	196	1436	537	532
HC1299	Gentiva Health Services	Wayne	Wayne	0	30	156	100	214	280	218	998	286	498
HC0074	Well Care Home Health, Inc.	Wake	Wayne	0	13	57	37	95	69	48	319	107	117
HC0168	AssistedCare of the Carolinas	Greene	Wayne	0	6	41	34	74	60	46	261	81	106
HC0327	Brookdale Home Health Raleigh	Durham	Wayne	0	0	0	1	10	30	57	98	1	87
HC0053	Vidant Home Health & Hospice	Duplin	Wayne	3	3	5	3	9	8	8	39	11	16
HC0343	Wilson County Home Health	Wilson	Wayne	1	3	2	1	2	3	0	12	6	3
HC0195	3HC	Lenoir	Wayne	0	1	3	1	1	1	2	9	5	3
HC0428	Gentiva Health Services	Lenoir	Wayne	0	0	2	1	1	1	0	5	3	1
HC0508	3HC	Wilson	Wayne	0	0	2	0	0	0	1	3	2	1
HC0255	3HC	Sampson	Wayne	0	0	0	0	1	1	1	3	0	2
HC0507	3HC	Johnston	Wayne	0	0	0	0	1	2	0	3	0	2
HC0506	3HC	Jones	Wayne	0	0	0	0	0	0	1	1	0	1
<b>Wayne Totals</b>				<b>27</b>	<b>128</b>	<b>572</b>	<b>339</b>	<b>752</b>	<b>791</b>	<b>578</b>	<b>3,187</b>	<b>1,039</b>	<b>1,369</b>
HC0430	Wake Forest Baptist Health Care at Home, LLC	Wilkes	Wilkes	0	28	167	82	231	232	161	901	277	393
HC0508	3HC	Wilson	Wilkes	6	22	96	62	128	122	99	535	180	221
HC0346	Yadkin Valley Home Health	Yadkin	Wilkes	1	1	31	156	100	125	83	497	188	208
HC0252	Gentiva Health Services	Wilkes	Wilkes	0	9	41	20	58	78	48	254	70	126
HC0478	Medi Home Health and Hospice	Alleghany	Wilkes	0	0	16	12	39	37	16	120	28	53
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Wilkes	0	1	14	3	13	14	10	55	18	24
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Wilkes	0	1	5	2	16	5	0	29	8	5
HC0487	Advanced Home Care	Caldwell	Wilkes	0	0	0	0	8	0	1	9	0	1

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HC0499	Advanced Home Care, Inc.	Forsyth	Wilkes	0	0	1	0	1	1	0	3	1	1
HC0479	Medi Home Health and Hospice	Ashe	Wilkes	0	0	1	0	0	2	0	3	1	2
HC0515	Iredell Home Health	Iredell	Wilkes	0	0	0	1	0	2	0	3	1	2
HC0496	Well Care Home Health, Inc.	Davie	Wilkes	0	0	0	0	0	1	0	1	0	1
HC0420	Liberty Home Care	Surry	Wilkes	0	0	0	0	0	1	0	1	0	1
HC0170	Gentiva Health Services	Iredell	Wilkes	0	0	0	0	0	0	1	1	0	1
<b>Wilkes Totals</b>				<b>7</b>	<b>62</b>	<b>372</b>	<b>338</b>	<b>594</b>	<b>620</b>	<b>419</b>	<b>2,412</b>	<b>772</b>	<b>1,039</b>
HC0343	Wilson County Home Health	<b>Wilson</b>	<b>Wilson</b>	58	91	262	121	347	315	318	1512	474	633
HC0508	3HC	<b>Wilson</b>	<b>Wilson</b>	6	22	96	62	128	122	99	535	180	221
HC0074	Well Care Home Health, Inc.	Wake	Wilson	0	9	34	18	63	52	37	213	61	89
HC0168	AssistedCare of the Carolinas	Greene	Wilson	0	3	21	16	40	34	46	160	40	80
HC1443	Vidant Home Health and Hospice	Pitt	Wilson	0	3	2	3	3	2	0	13	8	2
HC0497	Gentiva Health Services	Nash	Wilson	0	0	4	2	3	2	1	12	6	3
HC0228	3HC	Wayne	Wilson	0	0	1	1	0	1	0	3	2	1
HC0509	3HC	Pitt	Wilson	0	2	1	0	0	0	0	3	3	0
HC0195	3HC	Lenoir	Wilson	1	0	0	0	0	1	0	2	0	1
HC1299	Gentiva Health Services	Wayne	Wilson	0	0	0	0	0	1	0	1	0	1
HC0507	3HC	Johnston	Wilson	0	0	0	0	0	1	0	1	0	1
HC1028	Maxim Healthcare Services	Wake	Wilson	0	0	0	0	0	0	0	0	0	0
HC0828	Pediatric Services of America, Inc.	Wake	Wilson	0	0	0	0	0	0	0	0	0	0
<b>Wilson Totals</b>				<b>65</b>	<b>130</b>	<b>421</b>	<b>223</b>	<b>584</b>	<b>531</b>	<b>501</b>	<b>2,455</b>	<b>774</b>	<b>1,032</b>
HC0346	Yadkin Valley Home Health	<b>Yadkin</b>	<b>Yadkin</b>	0	6	27	48	111	134	110	436	81	244
HC0499	Advanced Home Care, Inc.	Forsyth	Yadkin	0	3	47	16	47	41	25	179	66	66
HC0430	Wake Forest Baptist Health Care at Home, LLC	Wilkes	Yadkin	0	16	35	9	36	37	23	156	60	60
HC1304	Amedisys Home Health of Winston-Salem	Forsyth	Yadkin	0	0	11	15	28	30	30	114	26	60
HC0252	Gentiva Health Services	Wilkes	Yadkin	0	2	23	16	17	15	3	76	41	18
HC0296	PruittHealth Home Health- Pilot Mountain	Surry	Yadkin	0	4	3	3	13	6	6	35	10	12
HC0496	Well Care Home Health, Inc.	Davie	Yadkin	0	0	6	1	6	9	2	24	7	11
HC0567	Gentiva Health Services	Forsyth	Yadkin	0	0	4	2	11	5	0	22	6	5
HC0005	BAYADA Home Health Care, Inc.	Forsyth	Yadkin	0	1	3	0	3	10	3	20	4	13
HC0420	Liberty Home Care	Surry	Yadkin	0	0	1	0	3	2	1	7	1	3
HC1886	Interim HealthCare of the Triad, Inc.	Forsyth	Yadkin	0	1	1	1	3	0	1	7	3	1
HC0170	Gentiva Health Services	Iredell	Yadkin	0	0	0	0	2	2	2	6	0	4
HC0515	Iredell Home Health	Iredell	Yadkin	1	0	0	0	0	1	0	2	0	1
HC0521	Piedmont Home Care	Davidson	Yadkin	0	0	0	0	0	0	1	1	0	1
HC0357	BAYADA Home Health Care, Inc.	Rowan	Yadkin	0	0	0	0	0	1	0	1	0	1

Figures were entered from the 2017 Home Health Data Supplements. Data were self-reported to Healthcare Planning.

**Table12A: Home Health Data by County of Patient Origin - 2016 Data - Agencies or Offices Serving Residents of Counties by Age**

Lic. #	Name	Facility County	Resident County	< 18	18-40	41-59	60-64	65-74	75-84	85 and >	Total	18-64	75+
HC1699	Gentiva Health Services	Stokes	Yadkin	0	0	0	0	1	0	0	1	0	0
HC0124	Liberty Home Care	Davidson	Yadkin	0	0	0	0	1	0	0	1	0	0
<b>Yadkin Totals</b>				<b>1</b>	<b>33</b>	<b>161</b>	<b>111</b>	<b>282</b>	<b>293</b>	<b>207</b>	<b>1,088</b>	<b>305</b>	<b>500</b>
HC0114	CarePartners Home Health Services	Buncombe	Yancey	9	12	45	27	90	72	51	306	84	123
HC0323	PruittHealth Home Health-Yancey	<b>Yancey</b>	<b>Yancey</b>	2	3	24	15	55	81	80	260	42	161
HC0419	Madison Home Care & Hospice	Madison	Yancey	0	0	0	2	2	6	4	14	2	10
HC0319	Pruitthealth Home Health-Mitchell	Mitchell	Yancey	1	2	0	2	1	2	3	11	4	5
HC0279	CarePartners Home Health Services	Haywood	Yancey	5	1	0	0	0	0	0	6	1	0
<b>Yancey Totals</b>				<b>17</b>	<b>18</b>	<b>69</b>	<b>46</b>	<b>148</b>	<b>161</b>	<b>138</b>	<b>597</b>	<b>133</b>	<b>299</b>
<b>North Carolina Totals</b>				<b>3,420</b>	<b>8,254</b>	<b>36,763</b>	<b>22,268</b>	<b>57,461</b>	<b>57,506</b>	<b>44,893</b>	<b>230,565</b>	<b>67,285</b>	<b>102,399</b>

Figures were entered from the 2017 Home Health Data Supplements. Data were self-reported to Healthcare Planning.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Under Age 18											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	3	4,925	0.61	3	4,907	0.61	1	4,898	0.20	-33.3333%	-33.1193%
Clay	0	1,886	0.00	0	1,895	0.00	1	1,906	0.52	0.0000%	0.0000%
Graham	0	1,869	0.00	0	1,861	0.00	0	1,828	0.00	0.0000%	0.0000%
Haywood	52	11,121	4.68	70	11,103	6.30	97	11,195	8.66	36.5934%	36.1331%
Jackson	9	7,235	1.24	11	7,281	1.51	23	7,356	3.13	65.6566%	64.2046%
Macon	13	6,495	2.00	18	6,544	2.75	26	6,553	3.97	41.4530%	40.8354%
Swain	0	3,454	0.00	0	3,503	0.00	4	3,541	1.13	0.0000%	0.0000%
<b>Region A Totals</b>	<b>77</b>	<b>36,985</b>	<b>2.08</b>	<b>102</b>	<b>37,094</b>	<b>2.75</b>	<b>152</b>	<b>37,277</b>	<b>4.08</b>	<b>40.7436%</b>	<b>40.1832%</b>
Buncombe	169	49,427	3.42	155	49,704	3.12	222	50,037	4.44	17.4709%	16.7387%
Henderson	58	22,035	2.63	54	22,059	2.45	79	22,068	3.58	19.6999%	19.6194%
Madison	17	4,024	4.22	14	3,984	3.51	15	4,004	3.75	-5.2521%	-5.1063%
Transylvania	28	5,656	4.95	33	5,654	5.84	32	5,643	5.67	7.4134%	7.5288%
<b>Region B Totals</b>	<b>272</b>	<b>81,142</b>	<b>3.35</b>	<b>256</b>	<b>81,401</b>	<b>3.14</b>	<b>348</b>	<b>81,752</b>	<b>4.26</b>	<b>15.0276%</b>	<b>14.5860%</b>
Cleveland	87	21,711	4.01	90	21,507	4.18	55	21,323	2.58	-17.7203%	-16.9660%
McDowell	40	9,443	4.24	25	9,331	2.68	55	9,313	5.91	41.2500%	41.8377%
Polk	10	3,597	2.78	12	3,547	3.38	5	3,485	1.43	-19.1667%	-17.9502%
Rutherford	33	14,361	2.30	37	14,211	2.60	38	14,131	2.69	7.4120%	8.2944%
<b>Region C Totals</b>	<b>170</b>	<b>49,112</b>	<b>3.46</b>	<b>164</b>	<b>48,596</b>	<b>3.37</b>	<b>153</b>	<b>48,252</b>	<b>3.17</b>	<b>-5.1184%</b>	<b>-4.2736%</b>
Alleghany	0	2,044	0.00	0	2,029	0.00	0	2,021	0.00	0.0000%	0.0000%
Ashe	1	5,165	0.19	0	5,108	0.00	0	5,028	0.00	-50.0000%	-50.0000%
Avery	0	2,873	0.00	5	2,820	1.77	4	2,785	1.44	-10.0000%	-9.4973%
Mitchell	11	2,905	3.79	14	2,890	4.84	12	2,817	4.26	6.4935%	7.9344%
Watauga	2	6,925	0.29	0	6,932	0.00	0	7,022	0.00	-50.0000%	-50.0000%
Wilkes	3	14,717	0.20	1	14,588	0.07	7	14,374	0.49	266.6667%	272.0248%
Yancey	7	3,382	2.07	9	3,359	2.68	17	3,348	5.08	58.7302%	59.4806%
<b>Region D Totals</b>	<b>24</b>	<b>38,011</b>	<b>0.63</b>	<b>29</b>	<b>37,726</b>	<b>0.77</b>	<b>40</b>	<b>37,395</b>	<b>1.07</b>	<b>29.3822%</b>	<b>30.4490%</b>
Alexander	37	7,955	4.65	34	7,966	4.27	10	7,784	1.28	-39.3482%	-39.0678%
Burke	74	18,637	3.97	55	18,409	2.99	24	18,261	1.31	-41.0197%	-40.3826%
Caldwell	62	17,383	3.57	54	17,133	3.15	27	16,937	1.59	-31.4516%	-30.5269%
Catawba	155	35,495	4.37	126	35,329	3.57	28	35,051	0.80	-48.2437%	-47.9646%
<b>Region E Totals</b>	<b>328</b>	<b>79,470</b>	<b>4.13</b>	<b>269</b>	<b>78,837</b>	<b>3.41</b>	<b>89</b>	<b>78,033</b>	<b>1.14</b>	<b>-42.4512%</b>	<b>-41.9515%</b>
Anson	30	5,483	5.47	28	5,430	5.16	8	5,323	1.50	-39.0476%	-38.3050%
Cabarrus	108	49,549	2.18	82	50,215	1.63	85	50,777	1.67	-10.2078%	-11.2849%
Gaston	246	48,864	5.03	213	48,807	4.36	152	49,089	3.10	-21.0266%	-21.1810%
Iredell	55	39,263	1.40	59	39,107	1.51	49	39,420	1.24	-4.8382%	-4.9540%
Lincoln	46	17,410	2.64	39	17,267	2.26	22	17,355	1.27	-29.4036%	-29.1955%
Mecklenburg *	806	247,083	3.26	692	250,786	2.76	643	255,423	2.52	-10.6124%	-12.0897%
Rowan	28	31,641	0.88	38	31,324	1.21	13	31,780	0.41	-15.0376%	-14.5963%
Stanly	100	13,167	7.59	121	13,139	9.21	109	13,098	8.32	5.5413%	5.8112%
Union	159	59,454	2.67	130	59,349	2.19	94	58,686	1.60	-22.9657%	-22.4849%
<b>Region F Totals</b>	<b>1,578</b>	<b>511,914</b>	<b>3.08</b>	<b>1,402</b>	<b>515,424</b>	<b>2.72</b>	<b>1,175</b>	<b>520,951</b>	<b>2.26</b>	<b>-13.6723%</b>	<b>-14.4194%</b>
Alamance	43	35,306	1.22	31	35,420	0.88	26	35,484	0.73	-22.0180%	-22.2097%
Caswell	10	4,427	2.26	7	4,388	1.60	4	4,339	0.92	-36.4286%	-35.7948%
Davidson	27	37,016	0.73	22	36,668	0.60	22	36,451	0.60	-9.2593%	-8.5749%
Guilford	235	115,447	2.04	176	115,461	1.52	188	115,789	1.62	-9.1441%	-9.2999%
Montgomery	56	6,351	8.82	80	6,306	12.69	38	6,264	6.07	-4.8214%	-4.1525%
Randolph	203	33,160	6.12	260	32,913	7.90	263	32,295	8.14	14.6163%	16.0648%
Rockingham	21	19,443	1.08	17	19,279	0.88	18	19,007	0.95	-6.5826%	-5.4807%
<b>Region G Totals</b>	<b>595</b>	<b>251,150</b>	<b>2.37</b>	<b>593</b>	<b>250,435</b>	<b>2.37</b>	<b>559</b>	<b>249,629</b>	<b>2.24</b>	<b>-3.0348%</b>	<b>-2.7404%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Under Age 18											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	4	8,859	0.45	5	8,697	0.57	0	8,676	0.00	-37.5000%	-36.3358%
Forsyth	100	86,404	1.16	67	86,916	0.77	64	86,863	0.74	-18.7388%	-18.9070%
Stokes	7	9,320	0.75	5	9,100	0.55	4	8,889	0.45	-24.2857%	-22.4728%
Surry	6	16,292	0.37	8	16,003	0.50	8	15,611	0.51	16.6667%	19.1261%
Yadkin	5	8,261	0.61	5	8,088	0.62	1	7,949	0.13	-40.0000%	-38.7556%
<b>Region I Totals</b>	<b>122</b>	<b>129,136</b>	<b>0.94</b>	<b>90</b>	<b>128,804</b>	<b>0.70</b>	<b>77</b>	<b>127,988</b>	<b>0.60</b>	<b>-20.3370%</b>	<b>-19.9692%</b>
Chatham	13	13,880	0.94	14	13,898	1.01	6	14,147	0.42	-24.7253%	-25.1722%
Durham	49	67,236	0.73	42	69,044	0.61	44	70,635	0.62	-4.7619%	-7.0640%
Johnston	34	47,611	0.71	21	47,843	0.44	14	48,439	0.29	-35.7843%	-36.3442%
Lee	10	14,977	0.67	11	14,922	0.74	6	14,817	0.40	-17.7273%	-17.3313%
Moore *	46	19,565	2.35	33	19,727	1.67	13	19,940	0.65	-44.4335%	-44.9384%
Orange	29	27,514	1.05	20	27,444	0.73	20	26,834	0.75	-15.5172%	-14.2927%
Wake *	89	246,661	0.36	76	248,862	0.31	63	251,781	0.25	-15.8560%	-16.7141%
<b>Region J Totals</b>	<b>270</b>	<b>437,444</b>	<b>0.62</b>	<b>217</b>	<b>441,740</b>	<b>0.49</b>	<b>166</b>	<b>446,593</b>	<b>0.37</b>	<b>-21.5660%</b>	<b>-22.3724%</b>
Franklin	7	14,552	0.48	10	14,469	0.69	11	14,549	0.76	26.4286%	26.5359%
Granville	3	11,978	0.25	6	11,859	0.51	4	11,866	0.34	33.3333%	34.3171%
Person	4	8,509	0.47	4	8,440	0.47	3	8,436	0.36	-12.5000%	-12.0735%
Vance	8	10,881	0.74	13	10,803	1.20	7	10,764	0.65	8.1731%	8.8573%
Warren	2	3,896	0.51	2	3,864	0.52	4	3,834	1.04	50.0000%	51.1966%
<b>Region K Totals</b>	<b>24</b>	<b>49,816</b>	<b>0.48</b>	<b>35</b>	<b>49,435</b>	<b>0.71</b>	<b>29</b>	<b>49,449</b>	<b>0.59</b>	<b>14.3452%</b>	<b>14.8955%</b>
Edgecombe	9	12,959	0.69	11	12,813	0.86	5	12,578	0.40	-16.1616%	-15.0407%
Halifax	11	11,621	0.95	2	11,498	0.17	6	11,262	0.53	59.0909%	62.3315%
Nash	31	21,176	1.46	12	20,837	0.58	17	20,586	0.83	-9.8118%	-8.6333%
Northampton	2	4,069	0.49	1	4,007	0.25	0	3,951	0.00	-75.0000%	-74.6132%
Wilson	71	19,275	3.68	50	19,161	2.61	65	19,097	3.40	0.2113%	0.6386%
<b>Region L Totals</b>	<b>124</b>	<b>69,100</b>	<b>1.79</b>	<b>76</b>	<b>68,316</b>	<b>1.11</b>	<b>93</b>	<b>67,474</b>	<b>1.38</b>	<b>-8.1706%</b>	<b>-7.0554%</b>
Cumberland *	131	87,765	1.49	121	88,586	1.37	61	87,122	0.70	-28.6102%	-28.6146%
Harnett *	26	34,520	0.75	21	35,113	0.60	8	35,134	0.23	-40.5678%	-41.2612%
Sampson	45	16,017	2.81	49	15,993	3.06	44	15,830	2.78	-0.6576%	-0.1136%
<b>Region M Totals</b>	<b>202</b>	<b>138,302</b>	<b>1.46</b>	<b>191</b>	<b>139,692</b>	<b>1.37</b>	<b>113</b>	<b>138,086</b>	<b>0.82</b>	<b>-23.1416%</b>	<b>-23.2680%</b>
Bladen	30	7,613	3.94	22	7,522	2.92	21	7,420	2.83	-15.6061%	-14.5064%
Hoke *	17	15,755	1.08	21	16,030	1.31	11	16,378	0.67	-12.0448%	-13.6609%
Richmond	31	10,713	2.89	19	10,590	1.79	10	10,446	0.96	-43.0390%	-42.3203%
Robeson	84	33,967	2.47	94	33,502	2.81	62	33,062	1.88	-11.0689%	-9.8534%
Scotland	21	8,657	2.43	17	8,513	2.00	29	8,387	3.46	25.7703%	27.7364%
<b>Region N Totals</b>	<b>183</b>	<b>76,705</b>	<b>2.39</b>	<b>173</b>	<b>76,157</b>	<b>2.27</b>	<b>133</b>	<b>75,693</b>	<b>1.76</b>	<b>-14.2929%</b>	<b>-13.7172%</b>
Brunswick	94	21,016	4.47	70	21,408	3.27	58	21,772	2.66	-21.3374%	-22.7118%
Columbus	57	12,692	4.49	44	12,575	3.50	28	12,365	2.26	-29.5853%	-28.6858%
New Hanover *	99	41,762	2.37	65	42,070	1.55	49	42,497	1.15	-29.4794%	-30.0985%
Pender	31	11,977	2.59	23	12,187	1.89	15	12,362	1.21	-30.2945%	-31.3954%
<b>Region O Totals</b>	<b>281</b>	<b>87,447</b>	<b>3.21</b>	<b>202</b>	<b>88,240</b>	<b>2.29</b>	<b>150</b>	<b>88,996</b>	<b>1.69</b>	<b>-26.9282%</b>	<b>-27.5666%</b>
Carteret *	4	12,464	0.32	3	12,383	0.24	2	12,381	0.16	-29.1667%	-28.9160%
Craven *	13	25,742	0.51	5	26,131	0.19	5	26,200	0.19	-30.7692%	-31.1872%
Duplin	47	14,798	3.18	13	14,753	0.88	9	14,556	0.62	-51.5548%	-51.0442%
Greene	1	4,760	0.21	2	4,695	0.43	0	4,598	0.00	0.0000%	1.3845%
Jones	0	2,124	0.00	0	2,115	0.00	0	2,085	0.00	0.0000%	0.0000%
Lenoir	8	13,409	0.60	5	13,308	0.38	7	13,089	0.53	1.2500%	2.6584%
Onslow *	99	53,420	1.85	74	55,160	1.34	38	57,054	0.67	-36.9506%	-38.9819%
Pamlico	0	2,168	0.00	0	2,135	0.00	0	2,090	0.00	0.0000%	0.0000%
Wayne *	16	30,830	0.52	22	30,857	0.71	27	30,647	0.88	30.1136%	30.4740%
<b>Region P Totals</b>	<b>188</b>	<b>159,715</b>	<b>1.18</b>	<b>124</b>	<b>161,537</b>	<b>0.77</b>	<b>88</b>	<b>162,700</b>	<b>0.54</b>	<b>-31.5374%</b>	<b>-32.1630%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

<b>Under Age 18</b>											
<b>County</b>	<b>Home Health Patients in 2014</b>	<b>Estimated 2014 Population</b>	<b>Use Rate for 2014</b>	<b>Home Health Patients in 2015</b>	<b>Estimated 2015 Population</b>	<b>Use Rate for 2015</b>	<b>Home Health Patients in 2016</b>	<b>Estimated 2016 Population</b>	<b>Use Rate for 2016</b>	<b>Average Annual Rate of Change in Number of Patients</b>	<b>Average Annual Rate of Change in Use Rates per 1000</b>
Beaufort	0	10,087	0.00	2	10,015	0.20	0	9,933	0.00	-50.0000%	-50.0000%
Bertie	1	4,026	0.25	1	3,931	0.25	2	3,880	0.52	50.0000%	52.5228%
Hertford	2	4,919	0.41	2	4,874	0.41	2	4,847	0.41	0.0000%	0.7402%
Martin	10	4,976	2.01	8	4,923	1.63	10	4,935	2.03	2.5000%	2.7787%
Pitt	2	38,590	0.05	4	38,642	0.10	4	38,900	0.10	50.0000%	49.5338%
<b>Region Q Totals</b>	<b>15</b>	<b>62,598</b>	<b>0.24</b>	<b>17</b>	<b>62,385</b>	<b>0.27</b>	<b>18</b>	<b>62,495</b>	<b>0.29</b>	<b>9.6078%</b>	<b>9.7081%</b>
Camden	5	2,273	2.20	4	2,256	1.77	0	2,159	0.00	-60.0000%	-59.6986%
Chowan	7	3,110	2.25	4	3,072	1.30	5	3,020	1.66	-8.9286%	-7.4990%
Currituck	5	5,375	0.93	10	5,469	1.83	4	5,541	0.72	20.0000%	18.0213%
Dare	12	6,831	1.76	11	6,860	1.60	9	6,931	1.30	-13.2576%	-13.8704%
Gates	0	2,465	0.00	2	2,404	0.83	0	2,296	0.00	-50.0000%	-50.0000%
Hyde	0	1,004	0.00	0	989	0.00	0	977	0.00	0.0000%	0.0000%
Pasquotank *	14	9,060	1.55	16	9,169	1.75	8	9,199	0.87	-17.8571%	-18.6180%
Perquimans	10	2,658	3.76	8	2,625	3.05	1	2,607	0.38	-53.7500%	-53.2040%
Tyrrell	2	745	2.68	2	762	2.62	2	777	2.57	0.0000%	-2.0807%
Washington	7	2,792	2.51	7	2,754	2.54	8	2,699	2.96	7.1429%	8.9972%
<b>Region R Totals</b>	<b>62</b>	<b>36,313</b>	<b>1.71</b>	<b>64</b>	<b>36,360</b>	<b>1.76</b>	<b>37</b>	<b>36,206</b>	<b>1.02</b>	<b>-19.4808%</b>	<b>-19.4246%</b>
<b>Grand Totals</b>	<b>4,515</b>	<b>2,294,360</b>	<b>1.97</b>	<b>4,004</b>	<b>2,302,179</b>	<b>1.74</b>	<b>3,420</b>	<b>2,308,969</b>	<b>1.48</b>	<b>-12.9516%</b>	<b>-13.2278%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 18-64											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	143	15,104	9.47	184	15,030	12.24	142	15,158	9.37	2.9226%	2.9135%
Clay	48	5,886	8.15	58	5,920	9.80	50	5,965	8.38	3.5201%	2.8480%
Graham	41	4,988	8.22	36	4,990	7.21	57	4,849	11.76	23.0691%	25.3535%
Haywood	311	34,593	8.99	455	34,527	13.18	470	34,966	13.44	24.7995%	24.2909%
Jackson	150	26,468	5.67	171	26,416	6.47	197	26,687	7.38	14.6023%	14.1296%
Macon	126	18,748	6.72	143	18,868	7.58	183	18,849	9.71	20.7320%	20.4356%
Swain	66	8,652	7.63	52	8,723	5.96	87	8,716	9.98	23.0478%	22.7943%
<b>Region A Totals</b>	<b>885</b>	<b>114,439</b>	<b>7.73</b>	<b>1,099</b>	<b>114,474</b>	<b>9.60</b>	<b>1,186</b>	<b>115,190</b>	<b>10.30</b>	<b>16.0485%</b>	<b>15.6942%</b>
Buncombe	1,851	156,708	11.81	1,881	157,789	11.92	1,790	159,274	11.24	-1.6086%	-2.4003%
Henderson	852	61,418	13.87	724	61,810	11.71	941	62,534	15.05	7.4745%	6.4526%
Madison	170	13,193	12.89	176	13,238	13.30	170	13,173	12.91	0.0602%	0.1225%
Transylvania	230	18,080	12.72	264	18,153	14.54	243	18,174	13.37	3.4140%	3.1301%
<b>Region B Totals</b>	<b>3,103</b>	<b>249,399</b>	<b>12.44</b>	<b>3,045</b>	<b>250,990</b>	<b>12.13</b>	<b>3,144</b>	<b>253,155</b>	<b>12.42</b>	<b>0.6910%</b>	<b>-0.0615%</b>
Cleveland	1,166	59,610	19.56	1,115	59,671	18.69	1,145	59,365	19.29	-0.8417%	-0.6259%
McDowell	532	27,453	19.38	542	27,414	19.77	521	27,324	19.07	-0.9974%	-0.7666%
Polk	107	11,552	9.26	85	11,549	7.36	121	11,506	10.52	10.8961%	11.1724%
Rutherford	569	40,083	14.20	607	39,887	15.22	610	39,891	15.29	3.5863%	3.8434%
<b>Region C Totals</b>	<b>2,374</b>	<b>138,698</b>	<b>17.12</b>	<b>2,349</b>	<b>138,521</b>	<b>16.96</b>	<b>2,397</b>	<b>138,086</b>	<b>17.36</b>	<b>0.4952%</b>	<b>0.7191%</b>
Alleghany	39	6,418	6.08	39	6,415	6.08	57	6,450	8.84	23.0769%	22.7038%
Ashe	120	15,984	7.51	163	15,945	10.22	145	15,770	9.19	12.3952%	13.0549%
Avery	81	11,465	7.06	129	11,442	11.27	127	11,339	11.20	28.8544%	29.4616%
Mitchell	166	9,364	17.73	174	9,343	18.62	144	8,922	16.14	-6.2111%	-4.1407%
Watauga	153	38,315	3.99	132	38,392	3.44	138	38,909	3.55	-4.5900%	-5.3711%
Wilkes	528	41,652	12.68	538	41,576	12.94	772	41,222	18.73	22.6942%	23.4035%
Yancey	167	10,419	16.03	196	10,352	18.93	133	10,327	12.88	-7.3888%	-6.9269%
<b>Region D Totals</b>	<b>1,254</b>	<b>133,617</b>	<b>9.39</b>	<b>1,371</b>	<b>133,465</b>	<b>10.27</b>	<b>1,516</b>	<b>132,939</b>	<b>11.40</b>	<b>9.9532%</b>	<b>10.2342%</b>
Alexander	331	23,123	14.31	366	23,291	15.71	328	23,099	14.20	0.0958%	0.0694%
Burke	866	54,289	15.95	808	54,115	14.93	696	53,953	12.90	-10.2794%	-10.0001%
Caldwell	707	50,576	13.98	726	50,440	14.39	736	50,586	14.55	2.0324%	2.0246%
Catawba	1,697	95,415	17.79	1,597	95,264	16.76	1,340	94,955	14.11	-10.9927%	-10.7816%
<b>Region E Totals</b>	<b>3,601</b>	<b>223,403</b>	<b>16.12</b>	<b>3,497</b>	<b>223,110</b>	<b>15.67</b>	<b>3,100</b>	<b>222,593</b>	<b>13.93</b>	<b>-7.1203%</b>	<b>-6.9536%</b>
Anson	219	16,745	13.08	272	16,693	16.29	214	16,445	13.01	1.4387%	2.2254%
Cabarrus	1,608	117,909	13.64	1,584	121,063	13.08	1,528	124,126	12.31	-2.5139%	-4.9873%
Gaston	2,475	130,676	18.94	2,329	131,051	17.77	2,224	132,448	16.79	-5.2037%	-5.8419%
Iredell	1,267	103,808	12.21	1,198	105,151	11.39	1,195	107,708	11.09	-2.8482%	-4.6360%
Lincoln	815	50,196	16.24	786	50,449	15.58	767	51,405	14.92	-2.9878%	-4.1370%
Mecklenburg *	6,227	664,255	9.37	6,088	674,565	9.03	5,812	687,672	8.45	-3.3829%	-5.0398%
Rowan	1,229	85,081	14.45	1,244	84,955	14.64	1,271	85,962	14.79	1.6955%	1.1721%
Stanly	547	37,256	14.68	578	37,245	15.52	355	37,244	9.53	-16.4570%	-16.4406%
Union	1,097	132,115	8.30	1,023	135,466	7.55	941	138,408	6.80	-7.3807%	-9.5117%
<b>Region F Totals</b>	<b>15,484</b>	<b>1,338,041</b>	<b>11.57</b>	<b>15,102</b>	<b>1,356,638</b>	<b>11.13</b>	<b>14,307</b>	<b>1,381,418</b>	<b>10.36</b>	<b>-3.8656%</b>	<b>-5.3838%</b>
Alamance	1,078	95,686	11.27	1,074	96,675	11.11	1,164	97,677	11.92	4.0044%	2.9389%
Caswell	258	14,901	17.31	223	14,818	15.05	198	14,703	13.47	-12.3883%	-11.7990%
Davidson	1,214	100,576	12.07	1,192	100,680	11.84	1,251	101,306	12.35	1.5687%	1.1938%
Guilford	3,389	326,500	10.38	3,537	328,072	10.78	3,620	330,190	10.96	3.3568%	2.7786%
Montgomery	213	16,346	13.03	300	16,253	18.46	172	16,209	10.61	-0.9108%	-0.4300%
Randolph	1,168	87,090	13.41	1,278	87,323	14.64	1,297	86,928	14.92	5.4523%	5.5369%
Rockingham	860	56,363	15.26	857	56,177	15.26	889	55,575	16.00	1.6926%	2.4194%
<b>Region G Totals</b>	<b>8,180</b>	<b>697,462</b>	<b>11.73</b>	<b>8,461</b>	<b>699,998</b>	<b>12.09</b>	<b>8,591</b>	<b>702,588</b>	<b>12.23</b>	<b>2.4858%</b>	<b>2.1113%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 18-64											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	306	24,921	12.28	352	24,865	14.16	336	25,164	13.35	5.2436%	4.8061%
Forsyth	2,690	225,616	11.92	2,567	227,021	11.31	2,548	227,438	11.20	-2.6563%	-3.0426%
Stokes	356	28,885	12.32	341	28,964	11.77	373	28,901	12.91	2.5853%	2.5739%
Surry	441	44,038	10.01	566	44,086	12.84	556	43,702	12.72	13.2889%	13.6507%
Yadkin	366	22,769	16.07	331	22,629	14.63	305	22,555	13.52	-8.7089%	-8.2780%
<b>Region I Totals</b>	<b>4,159</b>	<b>346,229</b>	<b>12.01</b>	<b>4,157</b>	<b>347,565</b>	<b>11.96</b>	<b>4,118</b>	<b>347,760</b>	<b>11.84</b>	<b>-0.4931%</b>	<b>-0.7130%</b>
Chatham	243	39,656	6.13	246	39,974	6.15	259	41,550	6.23	3.2596%	0.8602%
Durham	1,317	192,780	6.83	1,401	194,973	7.19	1,255	196,257	6.39	-2.0215%	-2.9128%
Johnston	1,024	110,802	9.24	1,044	112,776	9.26	775	116,438	6.66	-11.9066%	-13.9662%
Lee	306	35,238	8.68	407	35,139	11.58	368	34,842	10.56	11.7121%	12.2848%
Moore *	508	49,015	10.36	507	49,445	10.25	516	49,926	10.34	0.7891%	-0.1351%
Orange	453	96,134	4.71	558	96,920	5.76	511	96,702	5.28	7.3779%	6.9817%
Wake *	4,067	638,961	6.37	4,351	651,144	6.68	4,249	666,756	6.37	2.3194%	0.1752%
<b>Region J Totals</b>	<b>7,918</b>	<b>1,162,586</b>	<b>6.81</b>	<b>8,514</b>	<b>1,180,371</b>	<b>7.21</b>	<b>7,933</b>	<b>1,202,471</b>	<b>6.60</b>	<b>0.3515%</b>	<b>-1.3148%</b>
Franklin	482	39,246	12.28	509	39,530	12.88	504	40,078	12.58	2.3097%	1.2534%
Granville	279	37,579	7.42	272	37,499	7.25	305	37,794	8.07	4.8117%	4.4781%
Person	265	23,994	11.04	285	23,906	11.92	239	24,043	9.94	-4.2966%	-4.3376%
Vance	317	26,891	11.79	335	26,736	12.53	325	26,686	12.18	1.3466%	1.7438%
Warren	172	12,189	14.11	171	12,112	14.12	182	11,986	15.18	2.9257%	3.8011%
<b>Region K Totals</b>	<b>1,515</b>	<b>139,899</b>	<b>10.83</b>	<b>1,572</b>	<b>139,783</b>	<b>11.25</b>	<b>1,555</b>	<b>140,587</b>	<b>11.06</b>	<b>1.3405%</b>	<b>1.1007%</b>
Edgecombe	439	33,207	13.22	518	33,041	15.68	463	31,881	14.52	3.6888%	5.6114%
Halifax	381	31,942	11.93	330	31,535	10.46	288	30,805	9.35	-13.0565%	-11.4635%
Nash	721	57,917	12.45	620	57,545	10.77	685	57,245	11.97	-1.7622%	-1.1948%
Northampton	124	12,479	9.94	116	12,423	9.34	122	12,329	9.90	-0.6396%	-0.0278%
Wilson	753	49,171	15.31	837	49,196	17.01	774	49,302	15.70	1.8142%	1.6866%
<b>Region L Totals</b>	<b>2,418</b>	<b>184,716</b>	<b>13.09</b>	<b>2,421</b>	<b>183,740</b>	<b>13.18</b>	<b>2,332</b>	<b>181,562</b>	<b>12.84</b>	<b>-1.7760%</b>	<b>-0.9324%</b>
Cumberland *	1,587	177,072	8.96	1,629	178,149	9.14	1,625	176,057	9.23	1.2005%	1.4829%
Harnett *	727	72,347	10.05	775	73,196	10.59	796	73,183	10.88	4.6561%	4.0470%
Sampson	454	38,117	11.91	470	38,045	12.35	486	37,506	12.96	3.4642%	4.3052%
<b>Region M Totals</b>	<b>2,768</b>	<b>287,536</b>	<b>9.63</b>	<b>2,874</b>	<b>289,390</b>	<b>9.93</b>	<b>2,907</b>	<b>286,746</b>	<b>10.14</b>	<b>2.4889%</b>	<b>2.6226%</b>
Bladen	356	21,153	16.83	375	21,066	17.80	364	20,863	17.45	1.2019%	1.8916%
Hoke *	226	27,875	8.11	229	27,916	8.20	190	28,648	6.63	-7.8516%	-8.9860%
Richmond	340	27,486	12.37	373	27,426	13.60	320	27,207	11.76	-2.2516%	-1.7863%
Robeson	1,401	81,940	17.10	1,693	81,587	20.75	1,466	81,306	18.03	3.7171%	4.1281%
Scotland	317	21,718	14.60	293	21,471	13.65	543	21,177	25.64	38.8766%	40.6947%
<b>Region N Totals</b>	<b>2,640</b>	<b>180,172</b>	<b>14.65</b>	<b>2,963</b>	<b>179,466</b>	<b>16.51</b>	<b>2,883</b>	<b>179,201</b>	<b>16.09</b>	<b>4.7674%</b>	<b>5.0601%</b>
Brunswick	884	65,475	13.50	966	66,870	14.45	1,018	68,394	14.88	7.3295%	5.0156%
Columbus	811	35,037	23.15	873	34,863	25.04	834	34,427	24.23	1.5888%	2.4623%
New Hanover *	1,513	140,540	10.77	1,559	142,117	10.97	1,634	143,331	11.40	3.9255%	2.9100%
Pender	479	34,834	13.75	433	34,979	12.38	491	36,387	13.49	1.8958%	-0.4855%
<b>Region O Totals</b>	<b>3,687</b>	<b>275,886</b>	<b>13.36</b>	<b>3,831</b>	<b>278,829</b>	<b>13.74</b>	<b>3,977</b>	<b>282,539</b>	<b>14.08</b>	<b>3.8583%</b>	<b>2.6284%</b>
Carteret *	342	40,686	8.41	325	40,485	8.03	321	40,451	7.94	-3.1008%	-2.8234%
Craven *	622	55,217	11.26	586	55,233	10.61	588	53,691	10.95	-2.7232%	-1.2960%
Duplin	473	35,582	13.29	452	35,699	12.66	477	35,253	13.53	0.5456%	1.0566%
Greene	111	13,506	8.22	143	13,491	10.60	152	13,277	11.45	17.5613%	18.4895%
Jones	73	6,343	11.51	83	6,339	13.09	74	6,281	11.78	1.4276%	1.8751%
Lenoir	544	34,967	15.56	625	34,823	17.95	626	34,379	18.21	7.5249%	8.4092%
Onslow *	910	92,885	9.80	936	91,937	10.18	990	92,486	10.70	4.3132%	4.5296%
Pamlico	54	7,575	7.13	40	7,513	5.32	58	7,476	7.76	9.5370%	10.2015%
Wayne *	874	73,118	11.95	990	73,295	13.51	1,039	72,249	14.38	9.1109%	9.7338%
<b>Region P Totals</b>	<b>4,003</b>	<b>359,879</b>	<b>11.12</b>	<b>4,180</b>	<b>358,815</b>	<b>11.65</b>	<b>4,325</b>	<b>355,543</b>	<b>12.16</b>	<b>3.9453%</b>	<b>4.5762%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

<b>Ages 18-64</b>											
<b>County</b>	<b>Home Health Patients in 2014</b>	<b>Estimated 2014 Population</b>	<b>Use Rate for 2014</b>	<b>Home Health Patients in 2015</b>	<b>Estimated 2015 Population</b>	<b>Use Rate for 2015</b>	<b>Home Health Patients in 2016</b>	<b>Estimated 2016 Population</b>	<b>Use Rate for 2016</b>	<b>Average Annual Rate of Change in Number of Patients</b>	<b>Average Annual Rate of Change in Use Rates per 1000</b>
Beaufort	337	27,258	12.36	359	27,013	13.29	373	26,889	13.87	5.2140%	5.9366%
Bertie	159	12,809	12.41	152	12,622	12.04	196	12,591	15.57	12.2724%	13.1393%
Hertford	174	15,415	11.29	107	15,284	7.00	117	15,191	7.70	-14.5800%	-13.9817%
Martin	208	13,960	14.90	226	13,805	16.37	238	13,735	17.33	6.9818%	7.8601%
Pitt	1,043	116,012	8.99	1,091	116,109	9.40	1,111	116,053	9.57	3.2176%	3.1985%
<b>Region Q Totals</b>	<b>1,921</b>	<b>185,454</b>	<b>10.36</b>	<b>1,935</b>	<b>184,833</b>	<b>10.47</b>	<b>2,035</b>	<b>184,459</b>	<b>11.03</b>	<b>2.9484%</b>	<b>3.2242%</b>
Camden	54	6,444	8.38	75	6,513	11.52	25	6,456	3.87	-13.8889%	-14.4774%
Chowan	93	8,305	11.20	86	8,294	10.37	84	8,066	10.41	-4.9262%	-3.4844%
Currituck	178	15,956	11.16	196	16,342	11.99	151	16,661	9.06	-6.4234%	-8.4614%
Dare	201	22,044	9.12	194	21,925	8.85	184	22,270	8.26	-4.3186%	-4.7913%
Gates	104	7,400	14.05	98	7,385	13.27	47	7,247	6.49	-28.9050%	-28.3527%
Hyde	26	3,763	6.91	21	3,735	5.62	30	3,672	8.17	11.8132%	13.3414%
Pasquotank *	298	23,899	12.47	306	24,047	12.73	257	24,094	10.67	-6.6643%	-7.0622%
Perquimans	111	7,554	14.69	98	7,459	13.14	64	7,526	8.50	-23.2028%	-22.9313%
Tyrrell	19	2,602	7.30	20	2,585	7.74	17	2,623	6.48	-4.8684%	-5.1380%
Washington	84	7,251	11.58	92	7,171	12.83	120	7,021	17.09	19.9793%	21.9836%
<b>Region R Totals</b>	<b>1,168</b>	<b>105,218</b>	<b>11.10</b>	<b>1,186</b>	<b>105,456</b>	<b>11.25</b>	<b>979</b>	<b>105,636</b>	<b>9.27</b>	<b>-7.9563%</b>	<b>-8.1412%</b>
<b>Grand Totals</b>	<b>67,078</b>	<b>6,122,634</b>	<b>10.96</b>	<b>68,557</b>	<b>6,165,444</b>	<b>11.12</b>	<b>67,285</b>	<b>6,212,473</b>	<b>10.83</b>	<b>0.1748%</b>	<b>-0.5516%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 65-74											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	176	4,390	40.09	210	4,493	46.74	134	4,602	29.12	-8.4361%	-10.5595%
Clay	82	1,775	46.20	86	1,813	47.44	47	1,900	24.74	-20.2354%	-22.5857%
Graham	39	1,138	34.27	23	1,161	19.81	37	1,153	32.09	9.9220%	9.8959%
Haywood	320	7,936	40.32	410	8,114	50.53	419	8,337	50.26	15.1601%	12.3879%
Jackson	145	4,463	32.49	168	4,596	36.55	189	4,673	40.45	14.1810%	11.5777%
Macon	172	5,078	33.87	184	5,195	35.42	222	5,310	41.81	13.8145%	11.3033%
Swain	39	1,654	23.58	59	1,672	35.29	81	1,714	47.26	44.2851%	41.7887%
<b>Region A Totals</b>	<b>973</b>	<b>26,434</b>	<b>36.81</b>	<b>1,140</b>	<b>27,044</b>	<b>42.15</b>	<b>1,129</b>	<b>27,689</b>	<b>40.77</b>	<b>8.0992%</b>	<b>5.6244%</b>
Buncombe	1,513	25,735	58.79	1,595	27,077	58.91	1,550	28,336	54.70	1.2992%	-3.4721%
Henderson	815	14,860	54.85	786	15,297	51.38	827	15,796	52.36	0.8290%	-2.2105%
Madison	178	2,605	68.33	164	2,700	60.74	180	2,771	64.96	0.9455%	-2.0815%
Transylvania	248	5,130	48.34	237	5,204	45.54	251	5,320	47.18	0.7358%	-1.0982%
<b>Region B Totals</b>	<b>2,754</b>	<b>48,330</b>	<b>56.98</b>	<b>2,782</b>	<b>50,278</b>	<b>55.33</b>	<b>2,808</b>	<b>52,223</b>	<b>53.77</b>	<b>0.9756%</b>	<b>-2.8609%</b>
Cleveland	851	9,948	85.54	908	10,273	88.39	917	10,457	87.69	3.8446%	1.2683%
McDowell	374	4,903	76.28	395	5,035	78.45	353	5,175	68.21	-2.5090%	-5.1022%
Polk	125	2,976	42.00	139	3,090	44.98	131	3,183	41.16	2.7223%	-0.7058%
Rutherford	428	7,732	55.35	493	7,853	62.78	514	7,997	64.27	9.7233%	7.8972%
<b>Region C Totals</b>	<b>1,778</b>	<b>25,559</b>	<b>69.56</b>	<b>1,935</b>	<b>26,251</b>	<b>73.71</b>	<b>1,915</b>	<b>26,812</b>	<b>71.42</b>	<b>3.8983%</b>	<b>1.4285%</b>
Alleghany	49	1,488	32.93	54	1,528	35.34	61	1,558	39.15	11.5835%	9.0535%
Ashe	150	3,595	41.72	188	3,650	51.51	101	3,677	27.47	-10.4716%	-11.6132%
Avery	60	2,001	29.99	153	2,048	74.71	122	2,085	58.51	67.3693%	63.7357%
Mitchell	153	2,013	76.01	143	2,003	71.39	143	1,983	72.11	-3.2680%	-2.5304%
Watauga	121	4,553	26.58	163	4,722	34.52	174	4,969	35.02	20.7296%	15.6658%
Wilkes	367	7,822	46.92	428	8,028	53.31	594	8,112	73.22	27.7032%	25.4883%
Yancey	179	2,341	76.46	172	2,388	72.03	148	2,438	60.71	-8.9321%	-10.7600%
<b>Region D Totals</b>	<b>1,079</b>	<b>23,813</b>	<b>45.31</b>	<b>1,301</b>	<b>24,367</b>	<b>53.39</b>	<b>1,343</b>	<b>24,822</b>	<b>54.11</b>	<b>11.9014%</b>	<b>9.5847%</b>
Alexander	247	4,113	60.05	253	4,263	59.35	244	4,325	56.42	-0.5641%	-3.0574%
Burke	666	9,454	70.45	605	9,758	62.00	643	9,945	64.66	-1.4391%	-3.8533%
Caldwell	609	8,653	70.38	635	8,884	71.48	639	9,048	70.62	2.4496%	0.1820%
Catawba	1,307	15,029	86.97	1,196	15,521	77.06	1,065	15,836	67.25	-9.7230%	-12.0589%
<b>Region E Totals</b>	<b>2,829</b>	<b>37,249</b>	<b>75.95</b>	<b>2,689</b>	<b>38,426</b>	<b>69.98</b>	<b>2,591</b>	<b>39,154</b>	<b>66.17</b>	<b>-4.2966%</b>	<b>-6.6481%</b>
Anson	156	2,443	63.86	172	2,539	67.74	178	2,581	68.97	6.8724%	3.9460%
Cabarrus	1,273	14,201	89.64	1,250	14,994	83.37	1,179	15,656	75.31	-3.7434%	-8.3341%
Gaston	1,703	18,708	91.03	1,792	19,435	92.20	1,774	20,202	87.81	2.1108%	-1.7365%
Iredell	1,030	14,584	70.63	1,094	15,229	71.84	1,099	15,910	69.08	3.3353%	-1.0639%
Lincoln	677	8,029	84.32	695	8,319	83.54	707	8,681	81.44	2.1927%	-1.7177%
Mecklenburg *	4,172	61,785	67.52	4,314	65,768	65.59	4,307	69,592	61.89	1.6207%	-4.2534%
Rowan	953	12,782	74.56	955	13,173	72.50	996	13,729	72.55	2.2515%	-1.3475%
Stanly	469	6,217	75.44	497	6,411	77.52	310	6,541	47.39	-15.8278%	-18.0510%
Union	876	15,688	55.84	946	16,503	57.32	854	17,230	49.56	-0.8671%	-5.4382%
<b>Region F Totals</b>	<b>11,309</b>	<b>154,437</b>	<b>73.23</b>	<b>11,715</b>	<b>162,371</b>	<b>72.15</b>	<b>11,404</b>	<b>170,122</b>	<b>67.03</b>	<b>0.4677%</b>	<b>-4.2808%</b>
Alamance	847	13,736	61.66	879	14,343	61.28	1,025	14,804	69.24	10.1939%	6.1823%
Caswell	154	2,600	59.23	186	2,706	68.74	148	2,812	52.63	0.1746%	-3.6908%
Davidson	964	16,140	59.73	981	16,581	59.16	1,026	16,961	60.49	3.1753%	0.6504%
Guilford	2,628	40,621	64.70	2,610	42,601	61.27	3,028	44,495	68.05	7.6652%	2.8880%
Montgomery	173	3,073	56.30	267	3,184	83.86	194	3,253	59.64	13.4972%	10.0364%
Randolph	967	13,639	70.90	1,050	14,026	74.86	1,006	14,296	70.37	2.1964%	-0.2064%
Rockingham	652	9,601	67.91	636	9,847	64.59	693	10,033	69.07	3.2541%	1.0257%
<b>Region G Totals</b>	<b>6,385</b>	<b>99,410</b>	<b>64.23</b>	<b>6,609</b>	<b>103,288</b>	<b>63.99</b>	<b>7,120</b>	<b>106,654</b>	<b>66.76</b>	<b>5.6201%</b>	<b>1.9769%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 65-74											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	257	4,403	58.37	294	4,541	64.74	284	4,684	60.63	5.4978%	2.2850%
Forsyth	2,119	29,786	71.14	2,194	31,130	70.48	2,247	32,313	69.54	2.9775%	-1.1323%
Stokes	300	5,092	58.92	311	5,158	60.29	342	5,262	64.99	6.8173%	5.0673%
Surry	448	7,633	58.69	524	7,825	66.96	605	7,910	76.49	16.2112%	14.1558%
Yadkin	272	3,906	69.64	274	3,971	69.00	282	3,989	70.69	1.8275%	0.7708%
<b>Region I Totals</b>	<b>3,396</b>	<b>50,820</b>	<b>66.82</b>	<b>3,597</b>	<b>52,625</b>	<b>68.35</b>	<b>3,760</b>	<b>54,158</b>	<b>69.43</b>	<b>5.2251%</b>	<b>1.9292%</b>
Chatham	249	8,694	28.64	310	9,170	33.81	392	10,028	39.09	25.4748%	16.8339%
Durham	1,006	19,144	52.55	1,193	20,451	58.33	1,129	21,703	52.02	6.6119%	0.0928%
Johnston	755	13,758	54.88	822	14,450	56.89	724	15,233	47.53	-1.5240%	-6.3946%
Lee	248	5,146	48.19	403	5,261	76.60	394	5,327	73.96	30.1334%	27.7517%
Moore *	424	12,189	34.79	553	12,571	43.99	591	12,908	45.79	18.6481%	15.2713%
Orange	405	10,257	39.49	469	10,948	42.84	505	11,627	43.43	11.7392%	4.9406%
Wake *	3,407	61,429	55.46	3,998	65,264	61.26	3,948	69,381	56.90	8.0480%	1.6704%
<b>Region J Totals</b>	<b>6,494</b>	<b>130,617</b>	<b>49.72</b>	<b>7,748</b>	<b>138,115</b>	<b>56.10</b>	<b>7,683</b>	<b>146,207</b>	<b>52.55</b>	<b>9.2356%</b>	<b>3.2529%</b>
Franklin	377	5,747	65.60	444	6,056	73.32	449	6,350	70.71	9.4490%	4.1034%
Granville	235	5,169	45.46	266	5,464	48.68	273	5,700	47.89	7.9115%	2.7313%
Person	208	3,971	52.38	238	4,130	57.63	252	4,296	58.66	10.1527%	5.9045%
Vance	224	4,265	52.52	235	4,419	53.18	274	4,516	60.67	10.7532%	7.6730%
Warren	134	2,463	54.41	148	2,536	58.36	156	2,595	60.12	7.9266%	5.1387%
<b>Region K Totals</b>	<b>1,178</b>	<b>21,615</b>	<b>54.50</b>	<b>1,331</b>	<b>22,605</b>	<b>58.88</b>	<b>1,404</b>	<b>23,457</b>	<b>59.85</b>	<b>9.2364%</b>	<b>4.8465%</b>
Edgecombe	331	5,399	61.31	334	5,612	59.52	373	5,823	64.06	6.2915%	2.3532%
Halifax	315	5,401	58.32	322	5,606	57.44	337	5,748	58.63	3.4403%	0.2785%
Nash	543	9,235	58.80	539	9,653	55.84	611	10,038	60.87	6.3107%	1.9876%
Northampton	122	2,589	47.12	123	2,555	48.14	147	2,595	56.65	10.1659%	9.9157%
Wilson	435	7,499	58.01	608	7,805	77.90	584	8,127	71.86	17.9114%	13.2686%
<b>Region L Totals</b>	<b>1,746</b>	<b>30,123</b>	<b>57.96</b>	<b>1,926</b>	<b>31,231</b>	<b>61.67</b>	<b>2,052</b>	<b>32,331</b>	<b>63.47</b>	<b>8.4257%</b>	<b>4.6565%</b>
Cumberland *	1,053	21,715	48.49	1,143	22,608	50.56	1,148	23,525	48.80	4.4922%	0.3909%
Harnett *	505	8,960	56.36	561	9,324	60.17	634	9,528	66.54	12.0508%	8.6726%
Sampson	392	5,898	66.46	395	6,052	65.27	451	6,174	73.05	7.4713%	5.0611%
<b>Region M Totals</b>	<b>1,950</b>	<b>36,573</b>	<b>53.32</b>	<b>2,099</b>	<b>37,984</b>	<b>55.26</b>	<b>2,233</b>	<b>39,227</b>	<b>56.93</b>	<b>7.0125%</b>	<b>3.3277%</b>
Bladen	283	3,782	74.83	323	3,940	81.98	293	4,035	72.61	2.4232%	-0.9332%
Hoke *	156	2,714	57.48	178	2,860	62.24	169	3,048	55.45	4.5232%	-1.3173%
Richmond	260	4,399	59.10	307	4,547	67.52	316	4,650	67.96	10.5043%	7.4426%
Robeson	812	10,907	74.45	923	11,325	81.50	793	11,735	67.58	-0.2073%	-3.8059%
Scotland	222	3,453	64.29	202	3,586	56.33	370	3,752	98.61	37.0797%	31.3403%
<b>Region N Totals</b>	<b>1,733</b>	<b>25,255</b>	<b>68.62</b>	<b>1,933</b>	<b>26,258</b>	<b>73.62</b>	<b>1,941</b>	<b>27,220</b>	<b>71.31</b>	<b>5.9773%</b>	<b>2.0726%</b>
Brunswick	1,142	21,220	53.82	1,253	22,399	55.94	1,262	23,684	53.28	5.2190%	-0.4009%
Columbus	552	5,910	93.40	581	6,069	95.73	557	6,116	91.07	0.5614%	-1.1857%
New Hanover *	1,255	20,040	62.62	1,376	20,955	65.66	1,446	21,870	66.12	7.3643%	2.7722%
Pender	412	5,827	70.71	422	6,120	68.95	463	6,395	72.40	6.0714%	1.2605%
<b>Region O Totals</b>	<b>3,361</b>	<b>52,997</b>	<b>63.42</b>	<b>3,632</b>	<b>55,543</b>	<b>65.39</b>	<b>3,728</b>	<b>58,065</b>	<b>64.20</b>	<b>5.3531%</b>	<b>0.6473%</b>
Carteret *	391	9,244	42.30	381	9,584	39.75	381	9,860	38.64	-1.2788%	-4.4068%
Craven *	528	9,460	55.81	504	9,653	52.21	596	9,396	63.43	6.8543%	7.5173%
Duplin	378	5,610	67.38	369	5,769	63.96	383	5,779	66.27	0.7065%	-0.7285%
Greene	84	1,735	48.41	113	1,825	61.92	123	1,908	64.47	21.6867%	16.0021%
Jones	54	1,157	46.67	69	1,176	58.67	77	1,196	64.38	19.6860%	17.7207%
Lenoir	457	5,901	77.44	524	6,067	86.37	540	6,194	87.18	8.8571%	6.2320%
Onslow *	672	9,800	68.57	752	10,090	74.53	753	10,380	72.54	6.0189%	3.0119%
Pamlico	70	1,960	35.71	65	2,011	32.32	77	2,058	37.41	5.6593%	3.1292%
Wayne *	661	10,324	64.03	786	10,658	73.75	752	10,945	68.71	7.2925%	4.1749%
<b>Region P Totals</b>	<b>3,295</b>	<b>55,191</b>	<b>59.70</b>	<b>3,563</b>	<b>56,833</b>	<b>62.69</b>	<b>3,682</b>	<b>57,716</b>	<b>63.80</b>	<b>5.7367%</b>	<b>3.3841%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

<b>Ages 65-74</b>											
<b>County</b>	<b>Home Health Patients in 2014</b>	<b>Estimated 2014 Population</b>	<b>Use Rate for 2014</b>	<b>Home Health Patients in 2015</b>	<b>Estimated 2015 Population</b>	<b>Use Rate for 2015</b>	<b>Home Health Patients in 2016</b>	<b>Estimated 2016 Population</b>	<b>Use Rate for 2016</b>	<b>Average Annual Rate of Change in Number of Patients</b>	<b>Average Annual Rate of Change in Use Rates per 1000</b>
Beaufort	312	6,290	49.60	344	6,522	52.74	393	6,703	58.63	12.2503%	8.7468%
Bertie	91	1,998	45.55	112	2,050	54.63	121	2,172	55.71	15.5563%	10.9612%
Hertford	118	2,371	49.77	112	2,415	46.38	101	2,502	40.37	-7.4531%	-9.8856%
Martin	197	2,777	70.94	192	2,868	66.95	209	2,952	70.80	3.1580%	0.0631%
Pitt	803	11,797	68.07	885	12,408	71.32	919	12,922	71.12	7.0268%	2.2479%
<b>Region Q Totals</b>	<b>1,521</b>	<b>25,233</b>	<b>60.28</b>	<b>1,645</b>	<b>26,263</b>	<b>62.64</b>	<b>1,743</b>	<b>27,251</b>	<b>63.96</b>	<b>7.0550%</b>	<b>3.0134%</b>
Camden	40	925	43.24	40	961	41.62	22	966	22.77	-22.5000%	-24.5154%
Chowan	83	1,786	46.47	82	1,835	44.69	84	1,832	45.85	0.6171%	-0.6181%
Currituck	148	2,374	62.34	127	2,480	51.21	123	2,594	47.42	-8.6694%	-12.6314%
Dare	188	4,077	46.11	162	4,251	38.11	191	4,540	42.07	2.0357%	-3.4804%
Gates	69	1,223	56.42	81	1,237	65.48	41	1,263	32.46	-15.9957%	-17.1810%
Hyde	13	554	23.47	18	584	30.82	35	603	58.04	66.4530%	59.8332%
Pasquotank *	193	3,318	58.17	208	3,456	60.19	231	3,561	64.87	9.4149%	5.6258%
Perquimans	81	1,987	40.76	90	2,000	45.00	76	2,011	37.79	-2.2222%	-2.8143%
Tyrrell	25	416	60.10	22	408	53.92	26	411	63.26	3.0909%	3.5223%
Washington	82	1,476	55.56	90	1,545	58.25	96	1,590	60.38	8.2114%	4.2511%
<b>Region R Totals</b>	<b>922</b>	<b>18,136</b>	<b>50.84</b>	<b>920</b>	<b>18,757</b>	<b>49.05</b>	<b>925</b>	<b>19,371</b>	<b>47.75</b>	<b>0.1633%</b>	<b>-3.0820%</b>
<b>Grand Totals</b>	<b>52,703</b>	<b>861,792</b>	<b>61.16</b>	<b>56,565</b>	<b>898,239</b>	<b>62.97</b>	<b>57,461</b>	<b>932,479</b>	<b>61.62</b>	<b>4.4559%</b>	<b>0.4134%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 75 and Over											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	301	2,941	102.35	363	3,057	118.74	385	3,220	119.57	13.3293%	8.3568%
Clay	136	1,203	113.05	154	1,258	122.42	251	1,318	190.44	38.1112%	31.9259%
Graham	56	845	66.27	62	878	70.62	110	892	123.32	44.0668%	40.5939%
Haywood	588	6,263	93.88	676	6,434	105.07	888	6,628	133.98	23.1635%	19.7133%
Jackson	253	2,866	88.28	274	2,986	91.76	398	3,193	124.65	26.7779%	19.8934%
Macon	364	4,111	88.54	393	4,244	92.60	500	4,379	114.18	17.5967%	13.9439%
Swain	57	1,069	53.32	53	1,089	48.67	118	1,135	103.96	57.8120%	52.4465%
<b>Region A Totals</b>	<b>1,755</b>	<b>19,298</b>	<b>90.94</b>	<b>1,975</b>	<b>19,946</b>	<b>99.02</b>	<b>2,650</b>	<b>20,765</b>	<b>127.62</b>	<b>23.3564%</b>	<b>18.8823%</b>
Buncombe	3,124	19,401	161.02	2,864	19,774	144.84	2,962	20,284	146.03	-2.4504%	-4.6153%
Henderson	1,783	12,590	141.62	1,764	12,950	136.22	1,769	13,408	131.94	-0.3911%	-3.4790%
Madison	334	1,762	189.56	285	1,806	157.81	290	1,870	155.08	-6.4581%	-9.2388%
Transylvania	557	4,574	121.78	618	4,727	130.74	628	4,919	127.67	6.2848%	2.5060%
<b>Region B Totals</b>	<b>5,798</b>	<b>38,327</b>	<b>151.28</b>	<b>5,531</b>	<b>39,257</b>	<b>140.89</b>	<b>5,649</b>	<b>40,481</b>	<b>139.55</b>	<b>-1.2358%</b>	<b>-3.9098%</b>
Cleveland	1,543	6,641	232.34	1,461	6,795	215.01	1,662	6,852	242.56	4.2217%	2.6756%
McDowell	613	3,521	174.10	586	3,600	162.78	588	3,673	160.09	-2.0316%	-4.0777%
Polk	260	2,630	98.86	287	2,662	107.81	286	2,753	103.89	5.0181%	2.7076%
Rutherford	649	5,424	119.65	681	5,515	123.48	721	5,646	127.70	5.4022%	3.3082%
<b>Region C Totals</b>	<b>3,065</b>	<b>18,216</b>	<b>168.26</b>	<b>3,015</b>	<b>18,572</b>	<b>162.34</b>	<b>3,257</b>	<b>18,924</b>	<b>172.11</b>	<b>3.1976%</b>	<b>1.2501%</b>
Alleghany	71	1,161	61.15	74	1,187	62.34	119	1,226	97.06	32.5181%	28.8188%
Ashe	327	2,704	120.93	397	2,779	142.86	333	2,843	117.13	2.6429%	0.0605%
Avery	166	1,556	106.68	284	1,592	178.39	296	1,628	181.82	37.6548%	34.5681%
Mitchell	335	1,548	216.41	281	1,590	176.73	282	1,606	175.59	-7.8818%	-9.4895%
Watauga	311	3,130	99.36	399	3,268	122.09	380	3,440	110.47	11.7670%	6.6772%
Wilkes	752	5,699	131.95	790	5,808	136.02	1,039	5,955	174.48	18.2861%	15.6770%
Yancey	360	1,773	203.05	333	1,816	183.37	299	1,867	160.15	-8.8551%	-11.1766%
<b>Region D Totals</b>	<b>2,322</b>	<b>17,571</b>	<b>132.15</b>	<b>2,558</b>	<b>18,040</b>	<b>141.80</b>	<b>2,748</b>	<b>18,565</b>	<b>148.02</b>	<b>8.7957%</b>	<b>5.8447%</b>
Alexander	412	2,638	156.18	403	2,782	144.86	390	2,846	137.03	-2.7051%	-6.3248%
Burke	1,177	6,818	172.63	1,013	6,916	146.47	1,061	7,115	149.12	-4.5977%	-6.6722%
Caldwell	887	5,835	152.01	909	5,934	153.19	923	6,120	150.82	2.0102%	-0.3877%
Catawba	2,277	9,893	230.16	2,173	10,068	215.83	1,989	10,264	193.78	-6.5175%	-8.2208%
<b>Region E Totals</b>	<b>4,753</b>	<b>25,184</b>	<b>188.73</b>	<b>4,498</b>	<b>25,700</b>	<b>175.02</b>	<b>4,363</b>	<b>26,345</b>	<b>165.61</b>	<b>-4.1832%</b>	<b>-6.3206%</b>
Anson	306	1,793	170.66	289	1,807	159.93	253	1,806	140.09	-9.0062%	-9.3478%
Cabarrus	2,104	9,421	223.33	2,009	9,727	206.54	2,006	10,036	199.88	-2.3323%	-5.3713%
Gaston	2,822	12,497	225.81	2,878	12,643	227.64	2,848	12,925	220.35	0.4710%	-1.1974%
Iredell	1,937	9,506	203.77	1,796	9,794	183.38	1,989	10,168	195.61	1.7334%	-1.6666%
Lincoln	1,011	4,567	221.37	1,010	4,775	211.52	1,046	5,034	207.79	1.7327%	-3.1073%
Mecklenburg *	6,954	39,554	175.81	7,018	40,934	171.45	7,663	42,524	180.20	5.0555%	1.3130%
Rowan	1,521	9,205	165.24	1,578	9,258	170.45	1,585	9,492	166.98	2.0956%	0.5605%
Stanly	762	4,421	172.36	804	4,460	180.27	500	4,564	109.55	-16.1496%	-17.3194%
Union	1,503	8,699	172.78	1,404	9,228	152.15	1,516	9,706	156.19	0.6952%	-4.6411%
<b>Region F Totals</b>	<b>18,920</b>	<b>99,663</b>	<b>189.84</b>	<b>18,786</b>	<b>102,626</b>	<b>183.05</b>	<b>19,406</b>	<b>106,255</b>	<b>182.64</b>	<b>1.2960%</b>	<b>-1.9014%</b>
Alamance	1,745	11,060	157.78	1,917	11,186	171.37	2,118	11,406	185.69	10.1709%	8.4867%
Caswell	282	1,678	168.06	279	1,731	161.18	270	1,761	153.32	-2.1448%	-4.4838%
Davidson	1,628	10,732	151.70	1,646	10,998	149.66	1,665	11,235	148.20	1.1300%	-1.1596%
Guilford	5,043	29,713	169.72	5,201	30,281	171.76	5,726	30,894	185.34	6.6136%	4.5541%
Montgomery	358	2,049	174.72	460	2,099	219.15	285	2,168	131.46	-4.7759%	-7.2923%
Randolph	1,723	9,190	187.49	1,924	9,404	204.59	2,069	9,572	216.15	9.6010%	7.3868%
Rockingham	1,115	7,150	155.94	1,059	7,240	146.27	1,271	7,366	172.55	7.4982%	5.8814%
<b>Region G Totals</b>	<b>11,894</b>	<b>71,572</b>	<b>166.18</b>	<b>12,486</b>	<b>72,939</b>	<b>171.18</b>	<b>13,404</b>	<b>74,402</b>	<b>180.16</b>	<b>6.1648%</b>	<b>4.1256%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

Ages 75 and Over											
County	Home Health Patients in 2014	Estimated 2014 Population	Use Rate for 2014	Home Health Patients in 2015	Estimated 2015 Population	Use Rate for 2015	Home Health Patients in 2016	Estimated 2016 Population	Use Rate for 2016	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	603	3,291	183.23	645	3,372	191.28	563	3,465	162.48	-2.8740%	-5.3301%
Forsyth	4,486	22,452	199.80	4,565	22,786	200.34	4,817	23,074	208.76	3.6406%	2.2363%
Stokes	644	3,489	184.58	612	3,565	171.67	616	3,683	167.25	-2.1577%	-4.7831%
Surry	920	5,877	156.54	1,105	5,920	186.66	1,155	5,972	193.40	12.3168%	11.4255%
Yadkin	430	2,910	147.77	462	2,967	155.71	500	3,028	165.13	7.8335%	5.7113%
<b>Region I Totals</b>	<b>7,083</b>	<b>38,019</b>	<b>186.30</b>	<b>7,389</b>	<b>38,610</b>	<b>191.38</b>	<b>7,651</b>	<b>39,222</b>	<b>195.07</b>	<b>3.9330%</b>	<b>2.3268%</b>
Chatham	517	6,496	79.59	680	6,809	99.87	674	7,451	90.46	15.3228%	8.0296%
Durham	1,882	13,034	144.39	2,289	13,339	171.60	2,138	13,737	155.64	7.5146%	4.7710%
Johnston	1,381	7,879	175.28	1,384	8,240	167.96	1,213	8,651	140.22	-6.0691%	-10.3464%
Lee	369	3,844	95.99	625	3,880	161.08	545	3,921	139.00	28.2883%	27.0467%
Moore *	947	10,937	86.59	1,131	11,157	101.37	1,080	11,529	93.68	7.4602%	4.7422%
Orange	896	6,025	148.71	984	6,287	156.51	1,002	6,541	153.19	5.8253%	1.5599%
Wake *	6,759	37,288	181.26	7,588	39,193	193.61	7,908	41,013	192.82	8.2412%	3.2004%
<b>Region J Totals</b>	<b>12,751</b>	<b>85,503</b>	<b>149.13</b>	<b>14,681</b>	<b>88,905</b>	<b>165.13</b>	<b>14,560</b>	<b>92,843</b>	<b>156.82</b>	<b>7.1559%</b>	<b>2.8498%</b>
Franklin	630	3,672	171.57	709	3,793	186.92	596	3,948	150.96	-1.6991%	-5.1443%
Granville	440	3,376	130.33	497	3,458	143.72	448	3,559	125.88	1.5477%	-1.0706%
Person	387	2,794	138.51	466	2,846	163.74	434	2,937	147.77	6.7732%	4.2304%
Vance	355	3,041	116.74	425	3,064	138.71	413	3,147	131.24	8.4474%	6.7166%
Warren	314	1,976	158.91	268	2,002	133.87	280	2,054	136.32	-5.0860%	-6.9628%
<b>Region K Totals</b>	<b>2,126</b>	<b>14,859</b>	<b>143.08</b>	<b>2,365</b>	<b>15,163</b>	<b>155.97</b>	<b>2,171</b>	<b>15,645</b>	<b>138.77</b>	<b>1.5194%</b>	<b>-1.0098%</b>
Edgecombe	518	3,909	132.51	596	3,928	151.73	551	3,966	138.93	3.7538%	3.0326%
Halifax	585	4,225	138.46	590	4,237	139.25	568	4,247	133.74	-1.4371%	-1.6932%
Nash	1,038	6,200	167.42	984	6,296	156.29	1,100	6,411	171.58	3.2932%	1.5678%
Northampton	286	2,081	137.43	265	2,110	125.59	244	2,162	112.86	-7.6336%	-9.3776%
Wilson	895	5,460	163.92	1,192	5,515	216.14	1,032	5,626	183.43	9.8808%	8.3626%
<b>Region L Totals</b>	<b>3,322</b>	<b>21,875</b>	<b>151.86</b>	<b>3,627</b>	<b>22,086</b>	<b>164.22</b>	<b>3,495</b>	<b>22,412</b>	<b>155.94</b>	<b>2.7709%</b>	<b>1.5486%</b>
Cumberland *	1,881	14,534	129.42	2,171	14,901	145.69	2,101	15,241	137.85	6.0965%	3.5957%
Harnett *	992	5,676	174.77	1,048	5,899	177.66	1,083	6,134	176.56	4.4924%	0.5160%
Sampson	720	4,368	164.84	680	4,426	153.64	697	4,483	155.48	-1.5278%	-2.7982%
<b>Region M Totals</b>	<b>3,593</b>	<b>24,578</b>	<b>146.19</b>	<b>3,899</b>	<b>25,226</b>	<b>154.56</b>	<b>3,881</b>	<b>25,858</b>	<b>150.09</b>	<b>4.0275%</b>	<b>1.4173%</b>
Bladen	389	2,565	151.66	417	2,624	158.92	446	2,693	165.61	7.0762%	4.5008%
Hoke *	244	1,588	153.65	278	1,632	170.34	280	1,692	165.48	7.3269%	4.0052%
Richmond	378	2,945	128.35	399	2,958	134.89	399	2,998	133.09	2.7778%	1.8787%
Robeson	1,222	6,748	181.09	1,354	6,843	197.87	938	7,014	133.73	-9.9609%	-11.5745%
Scotland	252	2,231	112.95	235	2,234	105.19	476	2,310	206.06	47.9036%	44.5089%
<b>Region N Totals</b>	<b>2,485</b>	<b>16,077</b>	<b>154.57</b>	<b>2,683</b>	<b>16,291</b>	<b>164.69</b>	<b>2,539</b>	<b>16,707</b>	<b>151.97</b>	<b>1.3003%</b>	<b>-0.5870%</b>
Brunswick	1,440	10,141	142.00	1,639	10,900	150.37	1,711	11,862	144.24	9.1062%	0.9103%
Columbus	848	4,006	211.68	863	4,072	211.94	842	4,187	201.10	-0.3323%	-2.4969%
New Hanover *	2,424	13,983	173.35	2,646	14,348	184.42	2,670	14,830	180.04	5.0327%	2.0045%
Pender	662	3,902	169.66	632	3,843	164.45	655	3,961	165.36	-0.4462%	-1.2571%
<b>Region O Totals</b>	<b>5,374</b>	<b>32,032</b>	<b>167.77</b>	<b>5,780</b>	<b>33,163</b>	<b>174.29</b>	<b>5,878</b>	<b>34,840</b>	<b>168.71</b>	<b>4.6252%</b>	<b>0.3436%</b>
Carteret *	748	6,000	124.67	851	6,177	137.77	824	6,440	127.95	5.2987%	1.6915%
Craven *	908	7,725	117.54	1,015	7,822	129.76	984	7,862	125.16	4.3650%	3.4252%
Duplin	704	4,136	170.21	758	4,225	179.41	742	4,280	173.36	2.7798%	1.0168%
Greene	164	1,282	127.93	187	1,298	144.07	209	1,290	162.02	12.8945%	12.5383%
Jones	122	846	144.21	111	860	129.07	118	862	136.89	-1.3550%	-2.2189%
Lenoir	890	4,549	195.65	912	4,582	199.04	952	4,611	206.46	3.4289%	2.7317%
Onslow *	1,123	6,559	171.22	1,238	6,823	181.45	1,234	7,100	173.80	4.9587%	0.8815%
Pamlico	96	1,434	66.95	108	1,499	72.05	93	1,553	59.88	-0.6944%	-4.6307%
Wayne *	1,205	7,933	151.90	1,535	8,027	191.23	1,369	8,149	168.00	8.2858%	6.8723%
<b>Region P Totals</b>	<b>5,960</b>	<b>40,464</b>	<b>147.29</b>	<b>6,715</b>	<b>41,313</b>	<b>162.54</b>	<b>6,525</b>	<b>42,147</b>	<b>154.82</b>	<b>4.9191%</b>	<b>2.8001%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population**

<b>Ages 75 and Over</b>											
<b>County</b>	<b>Home Health Patients in 2014</b>	<b>Estimated 2014 Population</b>	<b>Use Rate for 2014</b>	<b>Home Health Patients in 2015</b>	<b>Estimated 2015 Population</b>	<b>Use Rate for 2015</b>	<b>Home Health Patients in 2016</b>	<b>Estimated 2016 Population</b>	<b>Use Rate for 2016</b>	<b>Average Annual Rate of Change in Number of Patients</b>	<b>Average Annual Rate of Change in Use Rates per 1000</b>
Beaufort	453	4,079	111.06	522	4,168	125.24	543	4,302	126.22	9.6274%	6.7770%
Bertie	235	1,788	131.43	244	1,758	138.79	246	1,770	138.98	2.3247%	2.8689%
Hertford	252	1,890	133.33	165	1,928	85.58	165	1,862	88.61	-17.2619%	-16.1349%
Martin	367	2,001	183.41	368	2,008	183.27	367	2,027	181.06	0.0004%	-0.6418%
Pitt	1,192	8,015	148.72	1,326	8,231	161.10	1,473	8,436	174.61	11.1638%	8.3544%
<b>Region Q Totals</b>	<b>2,499</b>	<b>17,773</b>	<b>140.61</b>	<b>2,625</b>	<b>18,093</b>	<b>145.08</b>	<b>2,794</b>	<b>18,397</b>	<b>151.87</b>	<b>5.7401%</b>	<b>3.9317%</b>
Camden	61	597	102.18	69	619	111.47	34	642	52.96	-18.8049%	-21.6977%
Chowan	162	1,436	112.81	150	1,469	102.11	151	1,500	100.67	-3.3704%	-5.4506%
Currituck	192	1,253	153.23	213	1,325	160.75	186	1,398	133.05	-0.8693%	-6.1633%
Dare	254	2,421	104.92	299	2,543	117.58	260	2,670	97.38	2.3365%	-2.5553%
Gates	97	859	112.92	109	888	122.75	54	895	60.34	-19.0438%	-21.0724%
Hyde	29	422	68.72	41	427	96.02	31	426	72.77	8.4945%	7.7555%
Pasquotank *	333	2,450	135.92	303	2,468	122.77	385	2,477	155.43	9.0268%	8.4642%
Perquimans	143	1,428	100.14	124	1,482	83.67	155	1,555	99.68	5.8566%	1.3428%
Tyrrell	38	372	102.15	30	387	77.52	38	404	94.06	2.8070%	-1.3880%
Washington	110	1,163	94.58	130	1,176	110.54	134	1,198	111.85	10.6294%	9.0297%
<b>Region R Totals</b>	<b>1,419</b>	<b>12,401</b>	<b>114.43</b>	<b>1,468</b>	<b>12,784</b>	<b>114.83</b>	<b>1,428</b>	<b>13,165</b>	<b>108.47</b>	<b>0.3642%</b>	<b>-2.5931%</b>
<b>Grand Totals</b>	<b>95,119</b>	<b>593,412</b>	<b>160.29</b>	<b>100,081</b>	<b>608,714</b>	<b>164.41</b>	<b>102,399</b>	<b>626,973</b>	<b>163.32</b>	<b>3.7664%</b>	<b>0.9540%</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.

**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Under Age 18								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Cherokee	1	40.7436%	2.22	0.2042	40.1832%	0.4503	4,845	2.18
Clay	1	40.7436%	2.22	0.5247	40.1832%	1.1571	1,907	2.21
Graham	0	40.7436%	0.00	0.0000	40.1832%	0.0000	1,761	0.00
Haywood	97	40.7436%	215.56	8.6646	40.1832%	19.1097	11,239	214.77
Jackson	23	40.7436%	51.11	3.1267	40.1832%	6.8959	7,385	50.93
Macon	26	40.7436%	57.78	3.9676	40.1832%	8.7506	6,671	58.38
Swain	4	40.7436%	8.89	1.1296	40.1832%	2.4914	3,730	9.29
<b>Region A Totals</b>	<b>152</b>	<b>40.7436%</b>	<b>337.79</b>	<b>4.0776</b>	<b>40.1832%</b>	<b>8.9931</b>	<b>37,538</b>	<b>337.76</b>
Buncombe	222	15.0276%	322.08	4.4367	14.5860%	6.3781	50,296	320.79
Henderson	79	15.0276%	114.62	3.5798	14.5860%	5.1463	22,030	113.37
Madison	15	15.0276%	21.76	3.7463	14.5860%	5.3855	3,907	21.04
Transylvania	32	15.0276%	46.43	5.6707	14.5860%	8.1521	5,752	46.89
<b>Region B Totals</b>	<b>348</b>	<b>15.0276%</b>	<b>504.89</b>	<b>4.2568</b>	<b>14.5860%</b>	<b>6.1195</b>	<b>81,985</b>	<b>502.10</b>
Cleveland	55	-5.1184%	46.55	2.5794	-4.2736%	2.2487	20,795	46.76
McDowell	55	-5.1184%	46.55	5.9057	-4.2736%	5.1486	9,012	46.40
Polk	5	-5.1184%	4.23	1.4347	-4.2736%	1.2508	3,399	4.25
Rutherford	38	-5.1184%	32.17	2.6891	-4.2736%	2.3444	13,859	32.49
<b>Region C Totals</b>	<b>153</b>	<b>-5.1184%</b>	<b>129.51</b>	<b>3.1709</b>	<b>-4.2736%</b>	<b>2.7643</b>	<b>47,065</b>	<b>129.90</b>
Alleghany	0	29.3822%	0.00	0.0000	30.4490%	0.0000	1,968	0.00
Ashe	0	29.3822%	0.00	0.0000	30.4490%	0.0000	4,856	0.00
Avery	4	29.3822%	7.53	1.4363	30.4490%	2.7483	2,726	7.49
Mitchell	12	29.3822%	22.58	4.2599	30.4490%	8.1511	2,801	22.83
Watauga	0	29.3822%	0.00	0.0000	30.4490%	0.0000	7,132	0.00
Wilkes	7	29.3822%	13.17	0.4870	30.4490%	0.9318	13,868	12.92
Yancey	17	29.3822%	31.98	5.0777	30.4490%	9.7160	3,338	32.43
<b>Region D Totals</b>	<b>40</b>	<b>29.3822%</b>	<b>75.26</b>	<b>1.0697</b>	<b>30.4490%</b>	<b>2.0468</b>	<b>36,689</b>	<b>75.68</b>
Alexander	10	-42.4512%	-2.74	1.2847	-41.9515%	-0.3321	7,528	-2.50
Burke	24	-42.4512%	-6.56	1.3143	-41.9515%	-0.3398	17,672	-6.00
Caldwell	27	-42.4512%	-7.39	1.5941	-41.9515%	-0.4122	16,220	-6.69
Catawba	28	-42.4512%	-7.66	0.7988	-41.9515%	-0.2065	34,144	-7.05
<b>Region E Totals</b>	<b>89</b>	<b>-42.4512%</b>	<b>-24.34</b>	<b>1.1405</b>	<b>-41.9515%</b>	<b>-0.2949</b>	<b>75,564</b>	<b>-22.24</b>
Anson	8	-13.6723%	4.72	1.5029	-14.4194%	0.8528	5,136	4.38
Cabarrus	85	-13.6723%	50.14	1.6740	-14.4194%	0.9499	51,779	49.18
Gaston	152	-13.6723%	89.65	3.0964	-14.4194%	1.7570	49,151	86.36
Iredell	49	-13.6723%	28.90	1.2430	-14.4194%	0.7053	39,320	27.73
Lincoln	22	-13.6723%	12.98	1.2676	-14.4194%	0.7193	17,167	12.35
Mecklenburg *	643	-13.6723%	379.26	2.5174	-14.4194%	1.4284	264,464	377.76
Rowan	13	-13.6723%	7.67	0.4091	-14.4194%	0.2321	31,612	7.34
Stanly	109	-13.6723%	64.29	8.3219	-14.4194%	4.7220	12,929	61.05
Union	94	-13.6723%	55.44	1.6017	-14.4194%	0.9089	57,749	52.49
<b>Region F Totals</b>	<b>1,175</b>	<b>-13.6723%</b>	<b>693.05</b>	<b>2.2555</b>	<b>-14.4194%</b>	<b>1.2798</b>	<b>529,307</b>	<b>678.64</b>
Alamance	26	-3.0348%	23.63	0.7327	-2.7404%	0.6725	35,756	24.05
Caswell	4	-3.0348%	3.64	0.9219	-2.7404%	0.8461	4,229	3.58
Davidson	22	-3.0348%	20.00	0.6035	-2.7404%	0.5539	35,685	19.77
Guilford	188	-3.0348%	170.88	1.6236	-2.7404%	1.4902	115,652	172.34
Montgomery	38	-3.0348%	34.54	6.0664	-2.7404%	5.5677	6,052	33.70
Randolph	263	-3.0348%	239.06	8.1437	-2.7404%	7.4742	31,105	232.48
Rockingham	18	-3.0348%	16.36	0.9470	-2.7404%	0.8692	18,513	16.09
<b>Region G Totals</b>	<b>559</b>	<b>-3.0348%</b>	<b>508.11</b>	<b>2.2393</b>	<b>-2.7404%</b>	<b>2.0552</b>	<b>246,992</b>	<b>502.00</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold of need for a new home health agency.

Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Davie	0	-20.3370%	0.00	0.0000	-19.9692%	0.0000	8,412	0.00
Forsyth	64	-20.3370%	24.95	0.7368	-19.9692%	0.2954	87,892	25.96
Stokes	4	-20.3370%	1.56	0.4500	-19.9692%	0.1804	8,588	1.55
Surry	8	-20.3370%	3.12	0.5125	-19.9692%	0.2055	15,050	3.09
Yadkin	1	-20.3370%	0.39	0.1258	-19.9692%	0.0504	7,609	0.38
<b>Region I Totals</b>	<b>77</b>	<b>-20.3370%</b>	<b>30.02</b>	<b>0.6016</b>	<b>-19.9692%</b>	<b>0.2412</b>	<b>127,551</b>	<b>30.99</b>
Chatham	6	-21.5660%	2.12	0.4241	-22.3724%	0.1395	14,163	1.98
Durham	44	-21.5660%	15.53	0.6229	-22.3724%	0.2048	75,196	15.40
Johnston	14	-21.5660%	4.94	0.2890	-22.3724%	0.0950	49,336	4.69
Lee	6	-21.5660%	2.12	0.4049	-22.3724%	0.1332	14,651	1.95
Moore *	13	-21.5660%	4.59	0.6520	-22.3724%	0.2144	20,285	4.35
Orange	20	-21.5660%	7.06	0.7453	-22.3724%	0.2451	26,595	6.52
Wake *	63	-21.5660%	22.24	0.2502	-22.3724%	0.0823	256,649	21.12
<b>Region J Totals</b>	<b>166</b>	<b>-21.5660%</b>	<b>58.60</b>	<b>0.3717</b>	<b>-22.3724%</b>	<b>0.1222</b>	<b>456,875</b>	<b>56.00</b>
Franklin	11	14.3452%	15.73	0.7561	14.8955%	1.0939	14,514	15.88
Granville	4	14.3452%	5.72	0.3371	14.8955%	0.4877	11,653	5.68
Person	3	14.3452%	4.29	0.3556	14.8955%	0.5145	8,387	4.32
Vance	7	14.3452%	10.01	0.6503	14.8955%	0.9409	10,518	9.90
Warren	4	14.3452%	5.72	1.0433	14.8955%	1.5095	3,814	5.76
<b>Region K Totals</b>	<b>29</b>	<b>14.3452%</b>	<b>41.48</b>	<b>0.5865</b>	<b>14.8955%</b>	<b>0.8485</b>	<b>48,886</b>	<b>41.53</b>
Edgecombe	5	-8.1706%	3.77	0.3975	-7.0554%	0.3134	12,222	3.83
Halifax	6	-8.1706%	4.53	0.5328	-7.0554%	0.4200	10,867	4.56
Nash	17	-8.1706%	12.83	0.8258	-7.0554%	0.6510	19,809	12.90
Northampton	0	-8.1706%	0.00	0.0000	-7.0554%	0.0000	3,885	0.00
Wilson	65	-8.1706%	49.07	3.4037	-7.0554%	2.6832	18,952	50.85
<b>Region L Totals</b>	<b>93</b>	<b>-8.1706%</b>	<b>70.20</b>	<b>1.3783</b>	<b>-7.0554%</b>	<b>1.0866</b>	<b>65,735</b>	<b>72.14</b>
Cumberland *	61	-23.1416%	18.65	0.7002	-23.2680%	0.2114	86,496	18.29
Harnett *	8	-23.1416%	2.45	0.2277	-23.2680%	0.0688	35,526	2.44
Sampson	44	-23.1416%	13.45	2.7795	-23.2680%	0.8393	15,416	12.94
<b>Region M Totals</b>	<b>113</b>	<b>-23.1416%</b>	<b>34.55</b>	<b>0.8183</b>	<b>-23.2680%</b>	<b>0.2471</b>	<b>137,438</b>	<b>33.67</b>
Bladen	21	-14.2929%	12.00	2.8302	-13.7172%	1.6655	7,243	12.06
Hoke *	11	-14.2929%	6.28	0.6716	-13.7172%	0.3952	17,171	6.79
Richmond	10	-14.2929%	5.71	0.9573	-13.7172%	0.5634	10,137	5.71
Robeson	62	-14.2929%	35.42	1.8753	-13.7172%	1.1036	31,637	34.91
Scotland	29	-14.2929%	16.57	3.4577	-13.7172%	2.0348	8,237	16.76
<b>Region N Totals</b>	<b>133</b>	<b>-14.2929%</b>	<b>75.97</b>	<b>1.7571</b>	<b>-13.7172%</b>	<b>1.0340</b>	<b>74,425</b>	<b>76.24</b>
Brunswick	58	-26.9282%	11.14	2.6640	-27.5666%	0.4609	22,487	10.36
Columbus	28	-26.9282%	5.38	2.2645	-27.5666%	0.3918	11,947	4.68
New Hanover *	49	-26.9282%	9.42	1.1530	-27.5666%	0.1995	43,206	8.62
Pender	15	-26.9282%	2.88	1.2134	-27.5666%	0.2099	12,801	2.69
<b>Region O Totals</b>	<b>150</b>	<b>-26.9282%</b>	<b>28.82</b>	<b>1.6855</b>	<b>-27.5666%</b>	<b>0.2916</b>	<b>90,441</b>	<b>26.35</b>

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Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Carteret *	2	-31.5374%	0.11	0.1615	-32.1630%	0.0057	12,178	0.07
Craven *	5	-31.5374%	0.27	0.1908	-32.1630%	0.0067	26,545	0.18
Duplin	9	-31.5374%	0.48	0.6183	-32.1630%	0.0217	14,289	0.31
Greene	0	-31.5374%	0.00	0.0000	-32.1630%	0.0000	4,392	0.00
Jones	0	-31.5374%	0.00	0.0000	-32.1630%	0.0000	2,055	0.00
Lenoir	7	-31.5374%	0.38	0.5348	-32.1630%	0.0188	12,799	0.24
Onslow *	38	-31.5374%	2.05	0.6660	-32.1630%	0.0234	61,701	1.44
Pamlico	0	-31.5374%	0.00	0.0000	-32.1630%	0.0000	2,073	0.00
Wayne *	27	-31.5374%	1.45	0.8810	-32.1630%	0.0309	30,875	0.96
<b>Region P Totals</b>	<b>88</b>	<b>-31.5374%</b>	<b>4.74</b>	<b>0.5409</b>	<b>-32.1630%</b>	<b>0.0190</b>	<b>166,907</b>	<b>3.20</b>
Beaufort	0	9.6078%	0.00	0.0000	9.7081%	0.0000	9,545	0.00
Bertie	2	9.6078%	2.58	0.5155	9.7081%	0.6656	3,847	2.56
Hertford	2	9.6078%	2.58	0.4126	9.7081%	0.5328	4,745	2.53
Martin	10	9.6078%	12.88	2.0263	9.7081%	2.6165	4,822	12.62
Pitt	4	9.6078%	5.15	0.1028	9.7081%	0.1328	38,965	5.17
<b>Region Q Totals</b>	<b>18</b>	<b>9.6078%</b>	<b>23.19</b>	<b>0.2880</b>	<b>9.7081%</b>	<b>0.3719</b>	<b>61,924</b>	<b>22.88</b>
Camden	0	-19.4808%	0.00	0.0000	-19.4246%	0.0000	2,028	0.00
Chowan	5	-19.4808%	2.08	1.6556	-19.4246%	0.6908	2,898	2.00
Currituck	4	-19.4808%	1.66	0.7219	-19.4246%	0.3012	5,698	1.72
Dare	9	-19.4808%	3.74	1.2985	-19.4246%	0.5418	7,071	3.83
Gates	0	-19.4808%	0.00	0.0000	-19.4246%	0.0000	2,203	0.00
Hyde	0	-19.4808%	0.00	0.0000	-19.4246%	0.0000	964	0.00
Pasquotank *	8	-19.4808%	3.32	0.8697	-19.4246%	0.3629	9,215	3.34
Perquimans	1	-19.4808%	0.42	0.3836	-19.4246%	0.1601	2,603	0.42
Tyrrell	2	-19.4808%	0.83	2.5740	-19.4246%	1.0740	780	0.84
Washington	8	-19.4808%	3.32	2.9641	-19.4246%	1.2368	2,677	3.31
<b>Region R Totals</b>	<b>37</b>	<b>-19.4808%</b>	<b>15.38</b>	<b>1.0219</b>	<b>-19.4246%</b>	<b>0.4264</b>	<b>36,137</b>	<b>15.46</b>
<b>Grand Totals</b>	<b>3,420</b>	<b>-12.9516%</b>	<b>2,607.22</b>	<b>1.4812</b>	<b>-13.2278%</b>	<b>0.8934</b>	<b>2,321,459</b>	<b>2,582.28</b>

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**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 18-64								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Cherokee	142	16.0485%	210.37	9.3680	15.6942%	13.7787	14,901	205.32
Clay	50	16.0485%	74.07	8.3822	15.6942%	12.3288	5,901	72.75
Graham	57	16.0485%	84.44	11.7550	15.6942%	17.2895	4,771	82.49
Haywood	470	16.0485%	696.28	13.4416	15.6942%	19.7703	35,380	699.47
Jackson	197	16.0485%	291.85	7.3819	15.6942%	10.8574	26,961	292.73
Macon	183	16.0485%	271.11	9.7087	15.6942%	14.2799	19,015	271.53
Swain	87	16.0485%	128.89	9.9816	15.6942%	14.6812	8,809	129.33
<b>Region A Totals</b>	<b>1,186</b>	<b>16.0485%</b>	<b>1,757.01</b>	<b>10.2960</b>	<b>15.6942%</b>	<b>15.1437</b>	<b>115,738</b>	<b>1,753.62</b>
Buncombe	1,790	0.6910%	1,827.11	11.2385	-0.0615%	11.2178	162,937	1,827.79
Henderson	941	0.6910%	960.51	15.0478	-0.0615%	15.0201	64,030	961.73
Madison	170	0.6910%	173.52	12.9052	-0.0615%	12.8814	13,199	170.02
Transylvania	243	0.6910%	248.04	13.3707	-0.0615%	13.3461	18,266	243.78
<b>Region B Totals</b>	<b>3,144</b>	<b>0.6910%</b>	<b>3,209.18</b>	<b>12.4193</b>	<b>-0.0615%</b>	<b>12.3964</b>	<b>258,432</b>	<b>3,203.32</b>
Cleveland	1,145	0.4952%	1,162.01	19.2875	0.7191%	19.7036	58,967	1,161.86
McDowell	521	0.4952%	528.74	19.0675	0.7191%	19.4788	27,268	531.15
Polk	121	0.4952%	122.80	10.5163	0.7191%	10.7431	11,428	122.77
Rutherford	610	0.4952%	619.06	15.2917	0.7191%	15.6216	39,614	618.83
<b>Region C Totals</b>	<b>2,397</b>	<b>0.4952%</b>	<b>2,432.61</b>	<b>17.3587</b>	<b>0.7191%</b>	<b>17.7332</b>	<b>137,277</b>	<b>2,434.61</b>
Alleghany	57	9.9532%	74.02	8.8372	10.2342%	11.5505	6,536	75.49
Ashe	145	9.9532%	188.30	9.1947	10.2342%	12.0177	15,350	184.47
Avery	127	9.9532%	164.92	11.2003	10.2342%	14.6391	11,221	164.26
Mitchell	144	9.9532%	187.00	16.1399	10.2342%	21.0952	8,774	185.09
Watauga	138	9.9532%	179.21	3.5467	10.2342%	4.6357	39,689	183.99
Wilkes	772	9.9532%	1,002.52	18.7279	10.2342%	24.4778	40,840	999.67
Yancey	133	9.9532%	172.71	12.8789	10.2342%	16.8330	10,188	171.49
<b>Region D Totals</b>	<b>1,516</b>	<b>9.9532%</b>	<b>1,968.67</b>	<b>11.4037</b>	<b>10.2342%</b>	<b>14.9050</b>	<b>132,598</b>	<b>1,964.47</b>
Alexander	328	-7.1203%	257.94	14.1997	-6.9536%	11.2376	23,060	259.14
Burke	696	-7.1203%	547.33	12.9001	-6.9536%	10.2090	53,929	550.56
Caldwell	736	-7.1203%	578.78	14.5495	-6.9536%	11.5143	50,524	581.75
Catawba	1,340	-7.1203%	1,053.76	14.1119	-6.9536%	11.1681	94,860	1,059.40
<b>Region E Totals</b>	<b>3,100</b>	<b>-7.1203%</b>	<b>2,437.81</b>	<b>13.9268</b>	<b>-6.9536%</b>	<b>11.0215</b>	<b>222,373</b>	<b>2,450.85</b>
Anson	214	-3.8656%	189.18	13.0131	-5.3838%	10.9113	16,375	178.67
Cabarrus	1,528	-3.8656%	1,350.80	12.3101	-5.3838%	10.3218	132,415	1,366.76
Gaston	2,224	-3.8656%	1,966.08	16.7915	-5.3838%	14.0794	135,579	1,908.87
Iredell	1,195	-3.8656%	1,056.42	11.0948	-5.3838%	9.3028	113,698	1,057.71
Lincoln	767	-3.8656%	678.05	14.9207	-5.3838%	12.5108	53,107	664.41
Mecklenburg *	5,812	-3.8656%	5,137.99	8.4517	-5.3838%	7.0866	727,117	5,152.81
Rowan	1,271	-3.8656%	1,123.60	14.7856	-5.3838%	12.3975	86,618	1,073.85
Stanly	355	-3.8656%	313.83	9.5317	-5.3838%	7.9922	37,238	297.61
Union	941	-3.8656%	831.87	6.7987	-5.3838%	5.7006	147,498	840.83
<b>Region F Totals</b>	<b>14,307</b>	<b>-3.8656%</b>	<b>12,647.83</b>	<b>10.3567</b>	<b>-5.3838%</b>	<b>8.6840</b>	<b>1,449,645</b>	<b>12,541.54</b>
Alamance	1,164	2.4858%	1,250.81	11.9168	2.1113%	12.6716	100,844	1,277.86
Caswell	198	2.4858%	212.77	13.4666	2.1113%	14.3196	14,401	206.22
Davidson	1,251	2.4858%	1,344.29	12.3487	2.1113%	13.1309	102,336	1,343.76
Guilford	3,620	2.4858%	3,889.96	10.9634	2.1113%	11.6578	334,492	3,899.44
Montgomery	172	2.4858%	184.83	10.6114	2.1113%	11.2835	16,223	183.05
Randolph	1,297	2.4858%	1,393.72	14.9204	2.1113%	15.8654	86,917	1,378.98
Rockingham	889	2.4858%	955.30	15.9964	2.1113%	17.0096	54,668	929.88
<b>Region G Totals</b>	<b>8,591</b>	<b>2.4858%</b>	<b>9,231.67</b>	<b>12.2276</b>	<b>2.1113%</b>	<b>13.0021</b>	<b>709,881</b>	<b>9,219.19</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold of need for a new home health agency.

**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 18-64								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Davie	336	-0.4931%	331.03	13.3524	-0.7130%	13.0668	25,374	331.56
Forsyth	2,548	-0.4931%	2,510.30	11.2031	-0.7130%	10.9634	231,856	2,541.93
Stokes	373	-0.4931%	367.48	12.9061	-0.7130%	12.6301	28,466	359.53
Surry	556	-0.4931%	547.77	12.7225	-0.7130%	12.4504	43,566	542.41
Yadkin	305	-0.4931%	300.49	13.5225	-0.7130%	13.2333	22,209	293.90
<b>Region I Totals</b>	<b>4,118</b>	<b>-0.4931%</b>	<b>4,057.08</b>	<b>11.8415</b>	<b>-0.7130%</b>	<b>11.5882</b>	<b>351,471</b>	<b>4,069.33</b>
Chatham	259	0.3515%	261.73	6.2335	-1.3148%	5.9876	42,826	256.42
Durham	1,255	0.3515%	1,268.24	6.3947	-1.3148%	6.1425	201,628	1,238.49
Johnston	775	0.3515%	783.17	6.6559	-1.3148%	6.3934	124,616	796.72
Lee	368	0.3515%	371.88	10.5620	-1.3148%	10.1454	34,511	350.13
Moore *	516	0.3515%	521.44	10.3353	-1.3148%	9.9276	51,479	511.07
Orange	511	0.3515%	516.39	5.2843	-1.3148%	5.0758	98,378	499.35
Wake *	4,249	0.3515%	4,293.81	6.3726	-1.3148%	6.1213	708,257	4,335.45
<b>Region J Totals</b>	<b>7,933</b>	<b>0.3515%</b>	<b>8,016.67</b>	<b>6.5972</b>	<b>-1.3148%</b>	<b>6.3370</b>	<b>1,261,695</b>	<b>7,987.62</b>
Franklin	504	1.3405%	524.27	12.5755	1.1007%	12.9907	41,097	533.88
Granville	305	1.3405%	317.27	8.0701	1.1007%	8.3365	38,140	317.96
Person	239	1.3405%	248.61	9.9405	1.1007%	10.2688	23,833	244.74
Vance	325	1.3405%	338.07	12.1787	1.1007%	12.5808	26,438	332.61
Warren	182	1.3405%	189.32	15.1844	1.1007%	15.6858	11,680	183.21
<b>Region K Totals</b>	<b>1,555</b>	<b>1.3405%</b>	<b>1,617.53</b>	<b>11.0608</b>	<b>1.1007%</b>	<b>11.4260</b>	<b>141,188</b>	<b>1,612.39</b>
Edgecombe	463	-1.7760%	438.33	14.5228	-0.9324%	14.1165	30,988	437.44
Halifax	288	-1.7760%	272.65	9.3491	-0.9324%	9.0876	29,522	268.28
Nash	685	-1.7760%	648.50	11.9661	-0.9324%	11.6314	56,274	654.55
Northampton	122	-1.7760%	115.50	9.8954	-0.9324%	9.6186	12,027	115.68
Wilson	774	-1.7760%	732.76	15.6992	-0.9324%	15.2600	49,699	758.41
<b>Region L Totals</b>	<b>2,332</b>	<b>-1.7760%</b>	<b>2,207.75</b>	<b>12.8441</b>	<b>-0.9324%</b>	<b>12.4848</b>	<b>178,510</b>	<b>2,234.36</b>
Cumberland *	1,625	2.4889%	1,746.33	9.2300	2.6226%	9.9562	171,109	1,703.59
Harnett *	796	2.4889%	855.43	10.8768	2.6226%	11.7326	75,417	884.84
Sampson	486	2.4889%	522.29	12.9579	2.6226%	13.9774	37,163	519.44
<b>Region M Totals</b>	<b>2,907</b>	<b>2.4889%</b>	<b>3,124.05</b>	<b>10.1379</b>	<b>2.6226%</b>	<b>10.9355</b>	<b>283,689</b>	<b>3,107.87</b>
Bladen	364	4.7674%	416.06	17.4472	5.0601%	20.0957	20,471	411.38
Hoke *	190	4.7674%	217.17	6.6322	5.0601%	7.6390	31,368	239.62
Richmond	320	4.7674%	365.77	11.7617	5.0601%	13.5472	26,866	363.96
Robeson	1,466	4.7674%	1,675.67	18.0306	5.0601%	20.7678	80,575	1,673.36
Scotland	543	4.7674%	620.66	25.6410	5.0601%	29.5334	20,381	601.92
<b>Region N Totals</b>	<b>2,883</b>	<b>4.7674%</b>	<b>3,295.34</b>	<b>16.0881</b>	<b>5.0601%</b>	<b>18.5303</b>	<b>179,661</b>	<b>3,290.24</b>
Brunswick	1,018	3.8583%	1,135.83	14.8843	2.6284%	16.0580	71,788	1,152.77
Columbus	834	3.8583%	930.54	24.2252	2.6284%	26.1354	34,334	897.33
New Hanover *	1,634	3.8583%	1,823.13	11.4002	2.6284%	12.2991	147,276	1,811.36
Pender	491	3.8583%	547.83	13.4938	2.6284%	14.5578	38,436	559.55
<b>Region O Totals</b>	<b>3,977</b>	<b>3.8583%</b>	<b>4,437.34</b>	<b>14.0759</b>	<b>2.6284%</b>	<b>15.1858</b>	<b>291,834</b>	<b>4,421.01</b>

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Ages 18-64								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Carteret *	321	3.9453%	358.99	7.9355	4.5762%	9.0250	40,047	361.42
Craven *	588	3.9453%	657.59	10.9516	4.5762%	12.4551	52,038	648.14
Duplin	477	3.9453%	533.46	13.5308	4.5762%	15.3884	34,898	537.02
Greene	152	3.9453%	169.99	11.4484	4.5762%	13.0201	13,148	171.19
Jones	74	3.9453%	82.76	11.7816	4.5762%	13.3990	6,161	82.55
Lenoir	626	3.9453%	700.09	18.2088	4.5762%	20.7086	33,818	700.32
Onslow *	990	3.9453%	1,107.18	10.7043	4.5762%	12.1739	92,525	1,126.39
Pamlico	58	3.9453%	64.86	7.7582	4.5762%	8.8232	7,266	64.11
Wayne *	1,039	3.9453%	1,161.97	14.3808	4.5762%	16.3551	72,393	1,184.00
<b>Region P Totals</b>	<b>4,325</b>	<b>3.9453%</b>	<b>4,836.90</b>	<b>12.1645</b>	<b>4.5762%</b>	<b>13.8345</b>	<b>352,294</b>	<b>4,875.14</b>
Beaufort	373	2.9484%	405.99	13.8718	3.2242%	15.2136	26,419	401.93
Bertie	196	2.9484%	213.34	15.5667	3.2242%	17.0724	12,119	206.90
Hertford	117	2.9484%	127.35	7.7019	3.2242%	8.4469	14,854	125.47
Martin	238	2.9484%	259.05	17.3280	3.2242%	19.0041	13,227	251.37
Pitt	1,111	2.9484%	1,209.27	9.5732	3.2242%	10.4992	115,938	1,217.26
<b>Region Q Totals</b>	<b>2,035</b>	<b>2.9484%</b>	<b>2,215.00</b>	<b>11.0323</b>	<b>3.2242%</b>	<b>12.0994</b>	<b>182,557</b>	<b>2,202.92</b>
Camden	25	-7.9563%	19.03	3.8724	-8.1412%	2.9266	6,433	18.83
Chowan	84	-7.9563%	63.95	10.4141	-8.1412%	7.8706	7,707	60.66
Currituck	151	-7.9563%	114.96	9.0631	-8.1412%	6.8496	17,642	120.84
Dare	184	-7.9563%	140.08	8.2622	-8.1412%	6.2443	22,302	139.26
Gates	47	-7.9563%	35.78	6.4854	-8.1412%	4.9015	7,127	34.93
Hyde	30	-7.9563%	22.84	8.1699	-8.1412%	6.1745	3,500	21.61
Pasquotank *	257	-7.9563%	195.66	10.6666	-8.1412%	8.0614	24,011	193.56
Perquimans	64	-7.9563%	48.72	8.5039	-8.1412%	6.4269	7,566	48.63
Tyrrell	17	-7.9563%	12.94	6.4811	-8.1412%	4.8982	2,584	12.66
Washington	120	-7.9563%	91.36	17.0916	-8.1412%	12.9172	6,595	85.19
<b>Region R Totals</b>	<b>979</b>	<b>-7.9563%</b>	<b>745.32</b>	<b>9.2677</b>	<b>-8.1412%</b>	<b>7.0042</b>	<b>105,467</b>	<b>736.16</b>
<b>Grand Totals</b>	<b>67,285</b>	<b>0.1748%</b>	<b>68,237.75</b>	<b>10.8306</b>	<b>-0.5516%</b>	<b>10.6514</b>	<b>6,354,310</b>	<b>68,104.67</b>

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**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 65-74								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Cherokee	134	8.0992%	166.56	29.1178	5.6244%	34.0309	4,606	156.75
Clay	47	8.0992%	58.42	24.7368	5.6244%	28.9107	1,930	55.80
Graham	37	8.0992%	45.99	32.0902	5.6244%	37.5048	1,113	41.74
Haywood	419	8.0992%	520.81	50.2579	5.6244%	58.7380	8,736	513.14
Jackson	189	8.0992%	234.92	40.4451	5.6244%	47.2695	4,867	230.06
Macon	222	8.0992%	275.94	41.8079	5.6244%	48.8623	5,527	270.06
Swain	81	8.0992%	100.68	47.2579	5.6244%	55.2318	1,779	98.26
<b>Region A Totals</b>	<b>1,129</b>	<b>8.0992%</b>	<b>1,403.32</b>	<b>40.7743</b>	<b>5.6244%</b>	<b>47.6543</b>	<b>28,558</b>	<b>1,365.80</b>
Buncombe	1,550	0.9756%	1,595.37	54.7007	-2.8609%	50.0059	31,524	1,576.39
Henderson	827	0.9756%	851.21	52.3550	-2.8609%	47.8616	16,573	793.21
Madison	180	0.9756%	185.27	64.9585	-2.8609%	59.3833	3,072	182.43
Transylvania	251	0.9756%	258.35	47.1805	-2.8609%	43.1311	5,440	234.63
<b>Region B Totals</b>	<b>2,808</b>	<b>0.9756%</b>	<b>2,890.19</b>	<b>53.7694</b>	<b>-2.8609%</b>	<b>49.1546</b>	<b>56,609</b>	<b>2,786.66</b>
Cleveland	917	3.8983%	1,024.24	87.6925	1.4285%	91.4505	11,122	1,017.11
McDowell	353	3.8983%	394.28	68.2126	1.4285%	71.1358	5,586	397.36
Polk	131	3.8983%	146.32	41.1561	1.4285%	42.9199	3,331	142.97
Rutherford	514	3.8983%	574.11	64.2741	1.4285%	67.0285	8,258	553.52
<b>Region C Totals</b>	<b>1,915</b>	<b>3.8983%</b>	<b>2,138.96</b>	<b>71.4232</b>	<b>1.4285%</b>	<b>74.4841</b>	<b>28,297</b>	<b>2,110.96</b>
Alleghany	61	11.9014%	82.78	39.1528	9.5847%	50.4107	1,595	80.41
Ashe	101	11.9014%	137.06	27.4680	9.5847%	35.3662	3,852	136.23
Avery	122	11.9014%	165.56	58.5132	9.5847%	75.3381	2,206	166.20
Mitchell	143	11.9014%	194.06	72.1130	9.5847%	92.8483	2,020	187.55
Watauga	174	11.9014%	236.13	35.0171	9.5847%	45.0859	5,377	242.43
Wilkes	594	11.9014%	806.08	73.2249	9.5847%	94.2799	8,487	800.15
Yancey	148	11.9014%	200.84	60.7055	9.5847%	78.1607	2,502	195.56
<b>Region D Totals</b>	<b>1,343</b>	<b>11.9014%</b>	<b>1,822.51</b>	<b>54.1052</b>	<b>9.5847%</b>	<b>69.6626</b>	<b>26,039</b>	<b>1,808.52</b>
Alexander	244	-4.2966%	212.55	56.4162	-6.6481%	45.1643	4,483	202.47
Burke	643	-4.2966%	560.12	64.6556	-6.6481%	51.7605	10,355	535.98
Caldwell	639	-4.2966%	556.63	70.6233	-6.6481%	56.5380	9,605	543.05
Catawba	1,065	-4.2966%	927.72	67.2518	-6.6481%	53.8389	16,663	897.12
<b>Region E Totals</b>	<b>2,591</b>	<b>-4.2966%</b>	<b>2,257.02</b>	<b>66.1746</b>	<b>-6.6481%</b>	<b>52.9765</b>	<b>41,106</b>	<b>2,178.62</b>
Anson	178	0.4677%	180.50	68.9655	-4.2808%	60.1087	2,739	164.64
Cabarrus	1,179	0.4677%	1,195.54	75.3066	-4.2808%	65.6354	17,421	1,143.43
Gaston	1,774	0.4677%	1,798.89	87.8131	-4.2808%	76.5358	22,012	1,684.71
Iredell	1,099	0.4677%	1,114.42	69.0761	-4.2808%	60.2050	17,495	1,053.29
Lincoln	707	0.4677%	716.92	81.4422	-4.2808%	70.9831	9,564	678.88
Mecklenburg *	4,307	0.4677%	4,367.43	61.8893	-4.2808%	53.9412	80,424	4,338.17
Rowan	996	0.4677%	1,009.97	72.5472	-4.2808%	63.2304	15,069	952.82
Stanly	310	0.4677%	314.35	47.3934	-4.2808%	41.3069	6,947	286.96
Union	854	0.4677%	865.98	49.5647	-4.2808%	43.1994	18,987	820.23
<b>Region F Totals</b>	<b>11,404</b>	<b>0.4677%</b>	<b>11,564.00</b>	<b>67.0342</b>	<b>-4.2808%</b>	<b>58.4254</b>	<b>190,658</b>	<b>11,123.12</b>
Alamance	1,025	5.6201%	1,197.82	69.2380	1.9769%	73.3444	16,311	1,196.32
Caswell	148	5.6201%	172.95	52.6316	1.9769%	55.7530	3,027	168.76
Davidson	1,026	5.6201%	1,198.99	60.4917	1.9769%	64.0793	18,051	1,156.70
Guilford	3,028	5.6201%	3,538.53	68.0526	1.9769%	72.0886	49,310	3,554.69
Montgomery	194	5.6201%	226.71	59.6373	1.9769%	63.1742	3,376	213.28
Randolph	1,006	5.6201%	1,175.61	70.3693	1.9769%	74.5427	15,020	1,119.63
Rockingham	693	5.6201%	809.84	69.0721	1.9769%	73.1685	10,810	790.95
<b>Region G Totals</b>	<b>7,120</b>	<b>5.6201%</b>	<b>8,320.44</b>	<b>66.7579</b>	<b>1.9769%</b>	<b>70.7172</b>	<b>115,905</b>	<b>8,200.33</b>

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Davie	284	5.2251%	328.52	60.6319	1.9292%	64.1411	5,125	328.72
Forsyth	2,247	5.2251%	2,599.23	69.5386	1.9292%	73.5633	35,854	2,637.54
Stokes	342	5.2251%	395.61	64.9943	1.9292%	68.7560	5,555	381.94
Surry	605	5.2251%	699.84	76.4855	1.9292%	80.9122	8,291	670.84
Yadkin	282	5.2251%	326.20	70.6944	1.9292%	74.7860	4,076	304.83
<b>Region I Totals</b>	<b>3,760</b>	<b>5.2251%</b>	<b>4,349.40</b>	<b>69.4265</b>	<b>1.9292%</b>	<b>73.4447</b>	<b>58,901</b>	<b>4,323.87</b>
Chatham	392	9.2356%	500.61	39.0905	3.2529%	42.9053	11,363	487.53
Durham	1,129	9.2356%	1,441.81	52.0205	3.2529%	57.0971	25,438	1,452.43
Johnston	724	9.2356%	924.60	47.5284	3.2529%	52.1666	17,521	914.01
Lee	394	9.2356%	503.16	73.9628	3.2529%	81.1808	5,545	450.15
Moore *	591	9.2356%	754.75	45.7856	3.2529%	50.2537	13,616	684.25
Orange	505	9.2356%	644.92	43.4334	3.2529%	47.6720	13,616	649.10
Wake *	3,948	9.2356%	5,041.86	56.9032	3.2529%	62.4563	81,417	5,085.00
<b>Region J Totals</b>	<b>7,683</b>	<b>9.2356%</b>	<b>9,811.71</b>	<b>52.5488</b>	<b>3.2529%</b>	<b>57.6769</b>	<b>168,516</b>	<b>9,722.49</b>
Franklin	449	9.2364%	573.41	70.7087	4.8465%	80.9893	7,120	576.64
Granville	273	9.2364%	348.65	47.8947	4.8465%	54.8583	6,309	346.10
Person	252	9.2364%	321.83	58.6592	4.8465%	67.1879	4,687	314.91
Vance	274	9.2364%	349.92	60.6732	4.8465%	69.4947	4,826	335.38
Warren	156	9.2364%	199.23	60.1156	4.8465%	68.8561	2,735	188.32
<b>Region K Totals</b>	<b>1,404</b>	<b>9.2364%</b>	<b>1,793.04</b>	<b>59.8542</b>	<b>4.8465%</b>	<b>68.5566</b>	<b>25,677</b>	<b>1,761.36</b>
Edgecombe	373	8.4257%	467.28	64.0563	4.6565%	73.0046	6,451	470.95
Halifax	337	8.4257%	422.18	58.6291	4.6565%	66.8192	6,218	415.48
Nash	611	8.4257%	765.44	60.8687	4.6565%	69.3717	10,959	760.24
Northampton	147	8.4257%	184.16	56.6474	4.6565%	64.5607	2,700	174.31
Wilson	584	8.4257%	731.62	71.8592	4.6565%	81.8975	9,053	741.42
<b>Region L Totals</b>	<b>2,052</b>	<b>8.4257%</b>	<b>2,570.68</b>	<b>63.4685</b>	<b>4.6565%</b>	<b>72.3347</b>	<b>35,381</b>	<b>2,562.41</b>
Cumberland *	1,148	7.0125%	1,389.51	48.7991	3.3277%	53.6708	26,044	1,397.80
Harnett *	634	7.0125%	767.38	66.5407	3.3277%	73.1836	10,391	760.45
Sampson	451	7.0125%	545.88	73.0483	3.3277%	80.3408	6,640	533.46
<b>Region M Totals</b>	<b>2,233</b>	<b>7.0125%</b>	<b>2,702.77</b>	<b>56.9251</b>	<b>3.3277%</b>	<b>62.6080</b>	<b>43,075</b>	<b>2,691.72</b>
Bladen	293	5.9773%	345.54	72.6146	2.0726%	77.1296	4,360	336.28
Hoke *	169	5.9773%	199.30	55.4462	2.0726%	58.8937	3,663	215.73
Richmond	316	5.9773%	372.66	67.9570	2.0726%	72.1824	4,990	360.19
Robeson	793	5.9773%	935.20	67.5756	2.0726%	71.7773	12,678	909.99
Scotland	370	5.9773%	436.35	98.6141	2.0726%	104.7456	4,030	422.12
<b>Region N Totals</b>	<b>1,941</b>	<b>5.9773%</b>	<b>2,289.06</b>	<b>71.3079</b>	<b>2.0726%</b>	<b>75.7416</b>	<b>29,721</b>	<b>2,244.32</b>
Brunswick	1,262	5.3531%	1,464.67	53.2849	0.6473%	54.3197	25,498	1,385.04
Columbus	557	5.3531%	646.45	91.0726	0.6473%	92.8411	6,401	594.28
New Hanover *	1,446	5.3531%	1,678.22	66.1180	0.6473%	67.4019	23,903	1,611.11
Pender	463	5.3531%	537.35	72.4003	0.6473%	73.8063	7,083	522.77
<b>Region O Totals</b>	<b>3,728</b>	<b>5.3531%</b>	<b>4,326.69</b>	<b>64.2039</b>	<b>0.6473%</b>	<b>65.4507</b>	<b>62,885</b>	<b>4,113.20</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold of need for a new home health agency.

**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 65-74								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Carteret *	381	5.7367%	446.57	38.6410	3.3841%	42.5640	10,457	445.09
Craven *	596	5.7367%	698.57	63.4312	3.3841%	69.8710	9,207	643.30
Duplin	383	5.7367%	448.91	66.2744	3.3841%	73.0029	6,077	443.64
Greene	123	5.7367%	144.17	64.4654	3.3841%	71.0102	2,146	152.39
Jones	77	5.7367%	90.25	64.3813	3.3841%	70.9175	1,314	93.19
Lenoir	540	5.7367%	632.93	87.1811	3.3841%	96.0321	6,711	644.47
Onslow *	753	5.7367%	882.59	72.5434	3.3841%	79.9082	11,553	923.18
Pamlico	77	5.7367%	90.25	37.4150	3.3841%	41.2135	2,117	87.25
Wayne *	752	5.7367%	881.42	68.7072	3.3841%	75.6826	11,956	904.86
<b>Region P Totals</b>	<b>3,682</b>	<b>5.7367%</b>	<b>4,315.68</b>	<b>63.7951</b>	<b>3.3841%</b>	<b>70.2719</b>	<b>61,538</b>	<b>4,337.37</b>
Beaufort	393	7.0550%	476.18	58.6305	3.0134%	63.9308	6,988	446.75
Bertie	121	7.0550%	146.61	55.7090	3.0134%	60.7453	2,347	142.57
Hertford	101	7.0550%	122.38	40.3677	3.0134%	44.0170	2,758	121.40
Martin	209	7.0550%	253.23	70.7995	3.0134%	77.1999	3,154	243.49
Pitt	919	7.0550%	1,113.51	71.1190	3.0134%	77.5484	14,558	1,128.95
<b>Region Q Totals</b>	<b>1,743</b>	<b>7.0550%</b>	<b>2,111.91</b>	<b>63.9610</b>	<b>3.0134%</b>	<b>69.7432</b>	<b>29,805</b>	<b>2,083.15</b>
Camden	22	0.1633%	22.11	22.7743	-3.0820%	20.6686	1,014	20.96
Chowan	84	0.1633%	84.41	45.8515	-3.0820%	41.6121	1,862	77.48
Currituck	123	0.1633%	123.60	47.4171	-3.0820%	43.0330	2,882	124.02
Dare	191	0.1633%	191.94	42.0705	-3.0820%	38.1807	5,019	191.63
Gates	41	0.1633%	41.20	32.4624	-3.0820%	29.4609	1,304	38.42
Hyde	35	0.1633%	35.17	58.0431	-3.0820%	52.6765	716	37.72
Pasquotank *	231	0.1633%	232.13	64.8694	-3.0820%	58.8717	3,763	221.53
Perquimans	76	0.1633%	76.37	37.7921	-3.0820%	34.2979	2,023	69.38
Tyrrell	26	0.1633%	26.13	63.2603	-3.0820%	57.4113	437	25.09
Washington	96	0.1633%	96.47	60.3774	-3.0820%	54.7949	1,681	92.11
<b>Region R Totals</b>	<b>925</b>	<b>0.1633%</b>	<b>929.53</b>	<b>47.7518</b>	<b>-3.0820%</b>	<b>43.3367</b>	<b>20,701</b>	<b>898.34</b>
<b>Grand Totals</b>	<b>57,461</b>	<b>4.4559%</b>	<b>65,596.90</b>	<b>61.6218</b>	<b>0.4134%</b>	<b>62.3860</b>	<b>1,023,372</b>	<b>64,312.23</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold of need for a new home health agency.

**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 75 and Over								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Cherokee	385	23.3564%	654.77	119.5652	18.8823%	187.2953	3,690	691.12
Clay	251	23.3564%	426.87	190.4401	18.8823%	298.3187	1,505	448.97
Graham	110	23.3564%	187.08	123.3184	18.8823%	193.1746	977	188.73
Haywood	888	23.3564%	1,510.21	133.9771	18.8823%	209.8711	7,256	1,522.82
Jackson	398	23.3564%	676.88	124.6477	18.8823%	195.2568	3,630	708.78
Macon	500	23.3564%	850.35	114.1813	18.8823%	178.8616	4,835	864.80
Swain	118	23.3564%	200.68	103.9648	18.8823%	162.8577	1,246	202.92
<b>Region A Totals</b>	<b>2,650</b>	<b>23.3564%</b>	<b>4,506.83</b>	<b>127.6186</b>	<b>18.8823%</b>	<b>199.9107</b>	<b>23,139</b>	<b>4,628.14</b>
Buncombe	2,962	-1.2358%	2,852.19	146.0264	-3.9098%	128.8983	22,472	2,896.60
Henderson	1,769	-1.2358%	1,703.42	131.9362	-3.9098%	116.4607	14,949	1,740.97
Madison	290	-1.2358%	279.25	155.0802	-3.9098%	136.8901	2,100	287.47
Transylvania	628	-1.2358%	604.72	127.6682	-3.9098%	112.6934	5,536	623.87
<b>Region B Totals</b>	<b>5,649</b>	<b>-1.2358%</b>	<b>5,439.57</b>	<b>139.5469</b>	<b>-3.9098%</b>	<b>123.1788</b>	<b>45,057</b>	<b>5,548.91</b>
Cleveland	1,662	3.1976%	1,821.43	242.5569	1.2501%	251.6537	7,384	1,858.21
McDowell	588	3.1976%	644.41	160.0871	1.2501%	166.0910	3,973	659.88
Polk	286	3.1976%	313.44	103.8867	1.2501%	107.7828	3,037	327.34
Rutherford	721	3.1976%	790.16	127.7010	1.2501%	132.4903	6,111	809.65
<b>Region C Totals</b>	<b>3,257</b>	<b>3.1976%</b>	<b>3,569.44</b>	<b>172.1095</b>	<b>1.2501%</b>	<b>178.5642</b>	<b>20,505</b>	<b>3,655.07</b>
Alleghany	119	8.7957%	150.40	97.0636	5.8447%	114.0828	1,352	154.24
Ashe	333	8.7957%	420.87	117.1298	5.8447%	137.6674	3,081	424.15
Avery	296	8.7957%	374.11	181.8182	5.8447%	213.6983	1,740	371.84
Mitchell	282	8.7957%	356.41	175.5915	5.8447%	206.3798	1,706	352.08
Watauga	380	8.7957%	480.27	110.4651	5.8447%	129.8341	3,947	512.46
Wilkes	1,039	8.7957%	1,313.16	174.4752	5.8447%	205.0678	6,468	1,326.38
Yancey	299	8.7957%	377.90	160.1500	5.8447%	188.2308	2,012	378.72
<b>Region D Totals</b>	<b>2,748</b>	<b>8.7957%</b>	<b>3,473.11</b>	<b>148.0205</b>	<b>5.8447%</b>	<b>173.9745</b>	<b>20,306</b>	<b>3,519.87</b>
Alexander	390	-4.1832%	341.06	137.0344	-6.3206%	111.0502	3,256	361.58
Burke	1,061	-4.1832%	927.85	149.1216	-6.3206%	120.8454	7,684	928.58
Caldwell	923	-4.1832%	807.17	150.8170	-6.3206%	122.2193	6,673	815.57
Catawba	1,989	-4.1832%	1,739.39	193.7841	-6.3206%	157.0391	11,265	1,769.04
<b>Region E Totals</b>	<b>4,363</b>	<b>-4.1832%</b>	<b>3,815.46</b>	<b>165.6102</b>	<b>-6.3206%</b>	<b>134.2074</b>	<b>28,878</b>	<b>3,874.77</b>
Anson	253	1.2960%	262.84	140.0886	-1.9014%	132.0978	1,905	251.65
Cabarrus	2,006	1.2960%	2,084.00	199.8804	-1.9014%	188.4790	11,531	2,173.35
Gaston	2,848	1.2960%	2,958.73	220.3482	-1.9014%	207.7793	14,010	2,910.99
Iredell	1,989	1.2960%	2,066.33	195.6137	-1.9014%	184.4557	11,643	2,147.62
Lincoln	1,046	1.2960%	1,086.67	207.7870	-1.9014%	195.9347	5,876	1,151.31
Mecklenburg *	7,663	1.2960%	7,960.95	180.2041	-1.9014%	169.9251	49,347	8,385.29
Rowan	1,585	1.2960%	1,646.63	166.9827	-1.9014%	157.4579	10,194	1,605.13
Stanly	500	1.2960%	519.44	109.5530	-1.9014%	103.3040	5,001	516.62
Union	1,516	1.2960%	1,574.94	156.1920	-1.9014%	147.2827	11,904	1,753.25
<b>Region F Totals</b>	<b>19,406</b>	<b>1.2960%</b>	<b>20,160.53</b>	<b>182.6361</b>	<b>-1.9014%</b>	<b>172.2184</b>	<b>121,411</b>	<b>20,895.21</b>
Alamance	2,118	6.1648%	2,509.71	185.6917	4.1256%	208.6743	12,416	2,590.90
Caswell	270	6.1648%	319.93	153.3220	4.1256%	172.2983	1,955	336.84
Davidson	1,665	6.1648%	1,972.93	148.1976	4.1256%	166.5396	12,259	2,041.61
Guilford	5,726	6.1648%	6,784.98	185.3434	4.1256%	208.2829	33,782	7,036.21
Montgomery	285	6.1648%	337.71	131.4576	4.1256%	147.7277	2,443	360.90
Randolph	2,069	6.1648%	2,451.65	216.1513	4.1256%	242.9038	10,494	2,549.03
Rockingham	1,271	6.1648%	1,506.06	172.5496	4.1256%	193.9056	7,761	1,504.90
<b>Region G Totals</b>	<b>13,404</b>	<b>6.1648%</b>	<b>15,882.98</b>	<b>180.1564</b>	<b>4.1256%</b>	<b>202.4540</b>	<b>81,110</b>	<b>16,420.40</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.  
A projected deficit of 325 patients is the threshold of need for a new home health agency.

**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 75 and Over								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Davie	563	3.9330%	629.43	162.4820	2.3268%	173.8237	3,817	663.48
Forsyth	4,817	3.9330%	5,385.36	208.7631	2.3268%	223.3354	25,025	5,588.97
Stokes	616	3.9330%	688.68	167.2550	2.3268%	178.9298	4,054	725.38
Surry	1,155	3.9330%	1,291.28	193.4025	2.3268%	206.9026	6,290	1,301.42
Yadkin	500	3.9330%	559.00	165.1255	2.3268%	176.6517	3,233	571.11
<b>Region I Totals</b>	<b>7,651</b>	<b>3.9330%</b>	<b>8,553.74</b>	<b>195.0691</b>	<b>2.3268%</b>	<b>208.6855</b>	<b>42,419</b>	<b>8,850.37</b>
Chatham	674	7.1559%	818.69	90.4577	2.8498%	98.1911	8,912	875.08
Durham	2,138	7.1559%	2,596.98	155.6381	2.8498%	168.9440	15,378	2,598.02
Johnston	1,213	7.1559%	1,473.40	140.2150	2.8498%	152.2024	10,176	1,548.81
Lee	545	7.1559%	662.00	138.9952	2.8498%	150.8782	4,198	633.39
Moore *	1,080	7.1559%	1,311.85	93.6768	2.8498%	101.6855	12,714	1,292.83
Orange	1,002	7.1559%	1,217.11	153.1876	2.8498%	166.2840	7,786	1,294.69
Wake *	7,908	7.1559%	9,605.67	192.8169	2.8498%	209.3014	49,605	10,382.39
<b>Region J Totals</b>	<b>14,560</b>	<b>7.1559%</b>	<b>17,685.71</b>	<b>156.8239</b>	<b>2.8498%</b>	<b>170.2312</b>	<b>108,769</b>	<b>18,625.21</b>
Franklin	596	1.5194%	623.17	150.9625	-1.0098%	146.3893	4,559	667.39
Granville	448	1.5194%	468.42	125.8781	-1.0098%	122.0647	4,008	489.24
Person	434	1.5194%	453.78	147.7698	-1.0098%	143.2933	3,189	456.96
Vance	413	1.5194%	431.83	131.2361	-1.0098%	127.2604	3,366	428.36
Warren	280	1.5194%	292.76	136.3194	-1.0098%	132.1897	2,256	298.22
<b>Region K Totals</b>	<b>2,171</b>	<b>1.5194%</b>	<b>2,269.96</b>	<b>138.7664</b>	<b>-1.0098%</b>	<b>134.5626</b>	<b>17,378</b>	<b>2,340.17</b>
Edgecombe	551	2.7709%	596.80	138.9309	1.5486%	145.3852	4,235	615.71
Halifax	568	2.7709%	615.22	133.7415	1.5486%	139.9547	4,373	612.02
Nash	1,100	2.7709%	1,191.44	171.5801	1.5486%	179.5512	6,968	1,251.11
Northampton	244	2.7709%	264.28	112.8585	1.5486%	118.1015	2,313	273.17
Wilson	1,032	2.7709%	1,117.79	183.4341	1.5486%	191.9559	6,170	1,184.37
<b>Region L Totals</b>	<b>3,495</b>	<b>2.7709%</b>	<b>3,785.53</b>	<b>155.9432</b>	<b>1.5486%</b>	<b>163.1879</b>	<b>24,059</b>	<b>3,936.38</b>
Cumberland *	2,101	4.0275%	2,354.85	137.8518	1.4173%	143.7130	16,533	2,376.01
Harnett *	1,083	4.0275%	1,213.85	176.5569	1.4173%	184.0637	6,839	1,258.81
Sampson	697	4.0275%	781.21	155.4762	1.4173%	162.0867	4,774	773.80
<b>Region M Totals</b>	<b>3,881</b>	<b>4.0275%</b>	<b>4,349.92</b>	<b>150.0889</b>	<b>1.4173%</b>	<b>156.4704</b>	<b>28,146</b>	<b>4,408.62</b>
Bladen	446	1.3003%	463.40	165.6146	-0.5870%	162.6983	2,937	477.84
Hoke *	280	1.3003%	290.92	165.4846	-0.5870%	162.5706	1,960	318.64
Richmond	399	1.3003%	414.57	133.0887	-0.5870%	130.7452	3,125	408.58
Robeson	938	1.3003%	974.59	133.7325	-0.5870%	131.3776	7,453	979.16
Scotland	476	1.3003%	494.57	206.0606	-0.5870%	202.4321	2,461	498.19
<b>Region N Totals</b>	<b>2,539</b>	<b>1.3003%</b>	<b>2,638.05</b>	<b>151.9722</b>	<b>-0.5870%</b>	<b>149.2962</b>	<b>17,936</b>	<b>2,682.40</b>
Brunswick	1,711	4.6252%	1,948.41	144.2421	0.3436%	145.7291	15,478	2,255.60
Columbus	842	4.6252%	958.83	201.0986	0.3436%	203.1718	4,408	895.58
New Hanover *	2,670	4.6252%	3,040.48	180.0405	0.3436%	181.8965	16,898	3,073.69
Pender	655	4.6252%	745.89	165.3623	0.3436%	167.0670	4,551	760.32
<b>Region O Totals</b>	<b>5,878</b>	<b>4.6252%</b>	<b>6,693.61</b>	<b>168.7141</b>	<b>0.3436%</b>	<b>170.4534</b>	<b>41,335</b>	<b>6,985.19</b>

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**Table 12C: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

Ages 75 and Over								
County	Home Health Patients in 2016	COG's Average Annual Rate of Change in # Patients Served	Anticipated # of Patients Receiving Services in 2019	Geographic Unit's Use Rate per 1000 in 2016	COG's Average Annual Rate of Change in Use Rate	Anticipated Use Rate per 1000 in 2019	Projected 2019 Population	Potential Home Health Patients in 2019
Carteret *	824	4.9191%	945.60	127.9503	2.8001%	138.6984	7,313	1,014.30
Craven *	984	4.9191%	1,129.21	125.1590	2.8001%	135.6726	8,257	1,120.25
Duplin	742	4.9191%	851.50	173.3645	2.8001%	187.9274	4,603	865.03
Greene	209	4.9191%	239.84	162.0155	2.8001%	175.6251	1,386	243.42
Jones	118	4.9191%	135.41	136.8910	2.8001%	148.3901	896	132.96
Lenoir	952	4.9191%	1,092.49	206.4628	2.8001%	223.8061	4,751	1,063.30
Onslow *	1,234	4.9191%	1,416.11	173.8028	2.8001%	188.4026	7,824	1,474.06
Pamlico	93	4.9191%	106.72	59.8841	2.8001%	64.9145	1,740	112.95
Wayne *	1,369	4.9191%	1,571.03	167.9961	2.8001%	182.1081	8,683	1,581.24
<b>Region P Totals</b>	<b>6,525</b>	<b>4.9191%</b>	<b>7,487.92</b>	<b>154.8153</b>	<b>2.8001%</b>	<b>167.8201</b>	<b>45,453</b>	<b>7,607.51</b>
Beaufort	543	5.7401%	636.51	126.2204	3.9317%	141.1083	4,875	687.90
Bertie	246	5.7401%	288.36	138.9831	3.9317%	155.3764	1,796	279.06
Hertford	165	5.7401%	193.41	88.6144	3.9317%	99.0666	1,976	195.76
Martin	367	5.7401%	430.20	181.0557	3.9317%	202.4116	2,157	436.60
Pitt	1,473	5.7401%	1,726.65	174.6088	3.9317%	195.2043	9,196	1,795.10
<b>Region Q Totals</b>	<b>2,794</b>	<b>5.7401%</b>	<b>3,275.13</b>	<b>151.8726</b>	<b>3.9317%</b>	<b>169.7863</b>	<b>20,000</b>	<b>3,394.42</b>
Camden	34	0.3642%	34.37	52.9595	-2.5931%	48.8396	748	36.53
Chowan	151	0.3642%	152.65	100.6667	-2.5931%	92.8355	1,586	147.24
Currituck	186	0.3642%	188.03	133.0472	-2.5931%	122.6970	1,682	206.38
Dare	260	0.3642%	262.84	97.3783	-2.5931%	89.8029	3,093	277.76
Gates	54	0.3642%	54.59	60.3352	-2.5931%	55.6415	1,012	56.31
Hyde	31	0.3642%	31.34	72.7700	-2.5931%	67.1089	458	30.74
Pasquotank *	385	0.3642%	389.21	155.4300	-2.5931%	143.3385	2,667	382.28
Perquimans	155	0.3642%	156.69	99.6785	-2.5931%	91.9241	1,798	165.28
Tyrrell	38	0.3642%	38.42	94.0594	-2.5931%	86.7422	414	35.91
Washington	134	0.3642%	135.46	111.8531	-2.5931%	103.1517	1,318	135.95
<b>Region R Totals</b>	<b>1,428</b>	<b>0.3642%</b>	<b>1,443.60</b>	<b>108.4694</b>	<b>-2.5931%</b>	<b>100.0312</b>	<b>14,776</b>	<b>1,474.38</b>
<b>Grand Totals</b>	<b>102,399</b>	<b>3.7664%</b>	<b>115,031.10</b>	<b>163.3228</b>	<b>0.9540%</b>	<b>167.9973</b>	<b>700,677</b>	<b>118,847.01</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold of need for a new home health agency.

**Table 12D: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

**Need Projections**

County	Placeholder Adjustments for Agencies Under Development	Adjusted Potential Total People Served	Projected Utilization in 2019	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	1,033.91	1,055.36	-21.45	0
Clay	0	561.59	579.73	-18.14	0
Graham	0	317.51	312.96	4.55	0
Haywood	0	2,942.87	2,950.21	-7.34	0
Jackson	0	1,254.76	1,282.50	-27.74	0
Macon	0	1,455.17	1,464.76	-9.59	0
Swain	0	439.14	439.80	-0.66	0
<b>Region A Totals</b>	<b>0</b>	<b>8,004.95</b>	<b>8,085.32</b>	<b>-80.36</b>	
Buncombe	0	6,596.75	6,621.57	-24.83	0
Henderson	0	3,629.74	3,609.29	20.46	0
Madison	0	659.80	660.96	-1.15	0
Transylvania	0	1,157.53	1,149.17	8.35	0
<b>Region B Totals</b>	<b>0</b>	<b>12,043.82</b>	<b>12,040.99</b>	<b>2.83</b>	
Cleveland	0	4,054.24	4,083.94	-29.71	0
McDowell	0	1,613.98	1,634.79	-20.81	0
Polk	0	586.79	597.33	-10.54	0
Rutherford	0	2,015.50	2,014.49	1.01	0
<b>Region C Totals</b>	<b>0</b>	<b>8,270.51</b>	<b>8,330.56</b>	<b>-60.05</b>	
Alleghany	0	307.20	310.14	-2.94	0
Ashe	0	746.23	744.86	1.37	0
Avery	0	712.11	709.79	2.32	0
Mitchell	0	760.04	747.56	12.49	0
Watauga	0	895.60	938.87	-43.27	0
Wilkes	0	3,134.93	3,139.13	-4.20	0
Yancey	0	783.44	778.20	5.23	0
<b>Region D Totals</b>	<b>0</b>	<b>7,339.55</b>	<b>7,368.54</b>	<b>-28.99</b>	
Alexander	0	808.81	820.69	-11.88	0
Burke	0	2,028.73	2,009.11	19.62	0
Caldwell	0	1,935.20	1,933.68	1.52	0
Catawba	0	3,713.22	3,718.51	-5.30	0
<b>Region E Totals</b>	<b>0</b>	<b>8,485.95</b>	<b>8,482.00</b>	<b>3.95</b>	
Anson	0	637.24	599.34	37.90	0
Cabarrus	0	4,680.47	4,732.73	-52.26	0
Gaston	0	6,813.36	6,590.92	222.44	0
Iredell	0	4,266.07	4,286.35	-20.28	0
Lincoln	0	2,494.62	2,506.95	-12.34	0
Mecklenburg *	325	18,170.63	18,254.04	-83.41	0
Rowan	0	3,787.87	3,639.13	148.74	0
Stanly	0	1,211.91	1,162.25	49.67	0
Union	0	3,328.24	3,466.80	-138.56	0
<b>Region F Totals</b>	<b>325</b>	<b>45,390.41</b>	<b>45,238.51</b>	<b>151.91</b>	

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold for a new home health agency.

**Table 12D: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

**Need Projections**

County	Placeholder Adjustments for Agencies Under Development	Adjusted Potential Total People Served	Projected Utilization in 2019	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	4,981.96	5,089.12	-107.16	0
Caswell	0	709.29	715.40	-6.11	0
Davidson	0	4,536.21	4,561.83	-25.63	0
Guilford	0	14,384.35	14,662.68	-278.33	0
Montgomery	0	783.78	790.92	-7.14	0
Randolph	0	5,260.04	5,280.13	-20.09	0
Rockingham	0	3,287.56	3,241.83	45.74	0
<b>Region G Totals</b>	<b>0</b>	<b>33,943.20</b>	<b>34,341.92</b>	<b>-398.72</b>	
Davie	0	1,288.98	1,323.77	-34.79	0
Forsyth	325	10,844.84	10,794.40	50.44	0
Stokes	0	1,453.33	1,468.40	-15.06	0
Surry	0	2,542.01	2,517.77	24.24	0
Yadkin	0	1,186.08	1,170.22	15.85	0
<b>Region I Totals</b>	<b>325</b>	<b>17,315.24</b>	<b>17,274.55</b>	<b>40.68</b>	
Chatham	0	1,583.15	1,621.01	-37.86	0
Durham	0	5,322.56	5,304.35	18.21	0
Johnston	0	3,186.12	3,264.23	-78.11	0
Lee	0	1,539.16	1,435.61	103.55	0
Moore *	0	2,592.63	2,492.50	100.13	0
Orange	0	2,385.48	2,449.66	-64.18	0
Wake *	0	18,963.59	19,823.96	-860.37	2
<b>Region J Totals</b>	<b>0</b>	<b>35,572.69</b>	<b>36,391.32</b>	<b>-818.63</b>	
Franklin	0	1,736.58	1,793.79	-57.21	0
Granville	0	1,140.05	1,158.98	-18.92	0
Person	0	1,028.51	1,020.92	7.59	0
Vance	0	1,129.83	1,106.25	23.58	0
Warren	0	687.03	675.51	11.52	0
<b>Region K Totals</b>	<b>0</b>	<b>5,722.01</b>	<b>5,755.45</b>	<b>-33.44</b>	
Edgecombe	0	1,506.19	1,527.93	-21.74	0
Halifax	0	1,314.58	1,300.35	14.23	0
Nash	0	2,618.22	2,678.80	-60.58	0
Northampton	0	563.94	563.17	0.77	0
Wilson	0	2,631.23	2,735.05	-103.81	0
<b>Region L Totals</b>	<b>0</b>	<b>8,634.17</b>	<b>8,805.30</b>	<b>-171.13</b>	
Cumberland *	0	5,509.34	5,495.69	13.66	0
Harnett *	0	2,839.11	2,906.54	-67.43	0
Sampson	0	1,862.83	1,839.65	23.19	0
<b>Region M Totals</b>	<b>0</b>	<b>10,211.29</b>	<b>10,241.88</b>	<b>-30.59</b>	
Bladen	0	1,236.99	1,237.57	-0.58	0
Hoke *	0	713.69	780.77	-67.09	0
Richmond	0	1,158.71	1,138.44	20.27	0
Robeson	0	3,620.88	3,597.43	23.45	0
Scotland	0	1,568.14	1,538.99	29.15	0
<b>Region N Totals</b>	<b>0</b>	<b>8,298.41</b>	<b>8,293.20</b>	<b>5.21</b>	

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.  
A projected deficit of 325 patients is the threshold for a new home health agency.

**Table 12D: 2019 Need Projections for Medicare-certified Home Health Agencies or Offices**

**Need Projections**

County	Placeholder Adjustments for Agencies Under Development	Adjusted Potential Total People Served	Projected Utilization in 2019	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	0	4,560.06	4,803.77	-243.71	0
Columbus	0	2,541.20	2,391.87	149.33	0
New Hanover *	0	6,551.25	6,504.78	46.47	0
Pender	0	1,833.96	1,845.32	-11.37	0
<b>Region O Totals</b>	<b>0</b>	<b>15,486.46</b>	<b>15,545.74</b>	<b>-59.29</b>	
Carteret *	0	1,751.27	1,820.88	-69.61	0
Craven *	0	2,485.65	2,411.87	73.78	0
Duplin	0	1,834.36	1,846.00	-11.64	0
Greene	0	554.00	566.99	-12.99	0
Jones	0	308.42	308.69	-0.27	0
Lenoir	0	2,425.90	2,408.34	17.56	0
Onslow *	0	3,407.92	3,525.07	-117.15	0
Pamlico	0	261.84	264.31	-2.47	0
Wayne *	0	3,615.88	3,671.06	-55.18	0
<b>Region P Totals</b>	<b>0</b>	<b>16,645.24</b>	<b>16,823.22</b>	<b>-177.97</b>	
Beaufort	0	1,518.68	1,536.58	-17.90	0
Bertie	0	650.88	631.09	19.80	0
Hertford	0	445.72	445.15	0.56	0
Martin	0	955.37	944.07	11.29	0
Pitt	0	4,054.58	4,146.48	-91.90	0
<b>Region Q Totals</b>	<b>0</b>	<b>7,625.22</b>	<b>7,703.37</b>	<b>-78.15</b>	
Camden	0	75.51	76.32	-0.80	0
Chowan	0	303.09	287.38	15.71	0
Currituck	0	428.25	452.95	-24.70	0
Dare	0	598.60	612.48	-13.88	0
Gates	0	131.57	129.66	1.91	0
Hyde	0	89.35	90.06	-0.71	0
Pasquotank *	0	820.32	800.72	19.60	0
Perquimans	0	282.21	283.71	-1.50	0
Tyrrell	0	78.32	74.49	3.82	0
Washington	0	326.62	316.56	10.05	0
<b>Region R Totals</b>	<b>0</b>	<b>3,133.83</b>	<b>3,124.34</b>	<b>9.49</b>	
<b>Grand Totals</b>	<b>650</b>	<b>252,122.97</b>	<b>253,846.20</b>	<b>-1,723.23</b>	<b>2</b>

\* Adjustments for active duty military personnel have been applied to the Ages 18-64 population. A projected deficit of 325 patients is the threshold for a new home health agency.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is a need for two additional Medicare-certified home health agencies or offices in Wake County as shown in Table 12E. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 12E: Medicare-certified Home Health Agency or Office Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional Medicare-certified home health agencies or offices as specified.

<b>County</b>	<b>HSA</b>	<b>Home Health Agencies/Office Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Wake	IV	2	October 15, 2018	November 1, 2018
It is determined that there is no need for additional Medicare-certified home health agencies or offices anywhere else in the state.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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# Chapter 13:

## Hospice Services

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## CHAPTER 13

# HOSPICE SERVICES

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### **Summary of Hospice Services and Supply**

In the fall of 2017, there were 240 hospice facilities (including hospice home care facilities, hospice inpatient and residential facilities) listed as being separately licensed in North Carolina according to the North Carolina Division of Health Service Regulation.

According to the hospice licensure law, as passed by the N.C. General Assembly in 1984, a hospice must provide home care services to terminally ill patients with a life expectancy generally not to exceed six months and their families, with provision for inpatient care or hospice residential care, as long as hospice inpatient is provided directly or through a contractual agreement. Data reported on the 2017 licensure renewal applications indicate that 45,538 hospice patients were served in 2015-2016.

There are 44 hospice inpatient facilities (comprising 459 licensed beds) in North Carolina, providing acute symptom control and pain management for hospice patients. Of the 44 facilities, 41 are free-standing hospice inpatient units in Alamance, Brunswick, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Catawba, Chatham, Cleveland, Columbus, Davidson, Durham, Forsyth, Gaston, Guilford, Haywood, Henderson, Iredell, Johnston, Mecklenburg, Moore, New Hanover, Orange, Pitt, Randolph, Richmond, Robeson, Rockingham, Rowan, Rutherford, Scotland, Surry, Union, Wake, Wayne and Yadkin counties. There are three hospitals that have hospice inpatient units as part of the hospital; two are in Mecklenburg County and the other is in Robeson County. Hospice inpatient facilities in Lincoln, Macon, Mecklenburg and Wake counties will be adding a total of 38 beds after licensing.

There are 27 hospice residential facilities (comprising 165 licensed beds) currently providing residential hospice care for patients who have frail and elderly caregivers or who live alone. These facilities are in Alamance, Buncombe, Burke, Cabarrus, Caldwell, Carteret, Catawba, Chatham, Cleveland, Davidson, Forsyth, Gaston, Guilford, Johnston, Randolph, Rockingham, Rowan, Rutherford, Scotland, Surry, Union, Wake, Wayne and Yadkin counties.

### **Changes from the Previous Plan**

For the North Carolina 2018 State Medical Facilities Plan, references to dates have been advanced one year.

### **Basic Assumptions of the Method**

#### **Hospice Home Care Offices:**

1. County mortality (death) rates for the most recent years (2011-2015) are used as the basis for hospice patient need projection. The five-year death rate for 2011-2015 is used as an indicator of deaths from all sites in each county and is not affected by changes in actual deaths from year to year.
2. Because previous years' data are used as the basis for projections, the two-year trailing average growth rate in statewide number of deaths served should be calculated over the previous three years and applied to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the target year. Hospice deaths served will not be projected to exceed 60 percent of total deaths.
3. Median projected hospice deaths is projected by applying a projected statewide median percent of deaths served by hospice to projected deaths in each county. Projected statewide

median percent of deaths served should be calculated by applying the two-year trailing average growth rate in the statewide median percent of deaths served over the previous three years to the current statewide median percent of deaths served.

4. An additional hospice is indicated if: 1) the county's deficit is 90 or more, and 2) the number of licensed hospice home care offices located in the county per 100,000 population is three or less.

#### **Hospice Inpatient Beds:**

1. Because previous years' data are used as the basis for projections, the two-year trailing average growth rate in statewide hospice admissions should be calculated over the previous three years and applied to the current reported number of hospice admissions to project total hospice admissions.
2. Total projected admissions and the lower of the statewide median average length of stay per admission and each county's average length of stay per admission are used as the basis for projecting estimated inpatient days for each county.
3. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county is used as a basis for estimating days of care in licensed inpatient hospice facility beds.

#### **Hospice Residential Beds:**

Rules for hospice residential beds were adopted by the Medical Care Commission in 1991. This category of beds does not have a methodology to project need and no need methodology was recommended for the North Carolina Proposed 2018 State Medical Facilities Plan.

#### **Sources of Data**

##### **Population:**

Estimates and projections of population were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status-Armed Forces" in the "Selected Economic Characteristics" portion of the 2015 American Community Survey 5-year Estimates.

##### **Number of Deaths and Death Rates:**

Deaths and death rates are from "Selected Vital Statistics for 2015 and 2011-2015, Vol. 1" published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

##### **Utilization and Licensed Offices:**

Total reported hospice patient deaths, admissions, days of care and licensed offices by county were compiled from the "2017 Annual Data Supplement to Licensure Application" as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation by existing licensed hospices and by home care agencies and health departments who meet the requirements of the rules for hospice licensure.

##### **Application of the Standard Methodology**

The steps in applying the projection methods are as follows:

**Hospice Home Care Offices:**

- Step 1: The 2011-2015 death rate/1,000 population is entered.
- Step 2: The estimated 2019 population of each county is entered with adjustments for the counties with more than 500 active duty military personnel.
- Step 3: Projected 2019 deaths for each county is calculated by multiplying the county death rate (Step 1) by the 2019 estimated population (Step 2) divided by 1,000.
- Step 4: The total number of reported hospice patient deaths, by county of patient residence, from annual data supplements to licensure applications is entered.
- Step 5: The “Two-Year Trailing Average Growth Rate in Statewide Number of Deaths Served” over the previous three years is calculated.

<b>Year</b>	<b>Statewide Number Deaths Served</b>	<b>Growth</b>
2014	36,596	
2015	39,164	7.0%
2016	40,438	3.3%
<b>Two-Year Trailing Average Growth Rate</b>		<b>5.1%</b>

- Step 6a: 2019 number of hospice deaths served at two-year trailing average growth rate is calculated by multiplying the number of reported hospice deaths (Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) (Number of reported deaths x 105.1% x 105.1% x 105.1%).
- Step 6b: 2019 number of hospice deaths served limited to 60 percent is calculated by multiplying the projected 2019 deaths for each county (Step 2) by 60 percent.
- Step 6c: Projected 2019 number of hospice deaths served is determined to be the lower of:
  - a. Projected 2019 number of hospice deaths served at two-year trailing average growth rate (Step 6a), or;
  - b. Projected 2019 number of hospice deaths served limited to 60 percent (Step 6b).
- Step 7: The “Two-Year Trailing Average Growth Rate in Statewide Median Percent of Deaths Served” over the previous three years is calculated.

<b>Year</b>	<b>Median Percent of Deaths Served</b>	<b>Growth</b>
2014	37.27%	
2015	41.36%	11.0%
2016	41.59%	0.6%
<b>Two Year Trailing Average Growth Rate</b>		<b>5.8%</b>

- Step 8: The projected median statewide percent of deaths served is calculated by multiplying the current statewide median percent of deaths served by the statewide two-year trailing average growth rate for median percent of deaths served (Step 7) for three years (statewide median percent of deaths served x 105.8% x 105.8% x 105.8%).

- Step 9: Median projected 2019 hospice deaths is calculated by multiplying projected 2019 deaths (Step 3) by the projected statewide median percent of deaths served (Step 8).
- Step 10: In counties for which additional hospice home care office need determinations were made, determine the difference between 90 and the number of hospice patient deaths reported by each new office in the county for which a need determination was made. If a new office reports more than 90 hospice patient deaths in the county for which a need determination was made, the office's reported number of hospice patient deaths is not adjusted for that county. If a new office reported fewer than 90 hospice patient deaths in the county for which a need determination was made, an adjustment "placeholder" equal to the difference between the reported number of hospice patient deaths and 90 is used. The adjustment "placeholder" is made through the third annual Plan following either: a) issuance of the certificate of need if the approved applicant had a hospice home care office in the county prior to the issuance of the certificate; or, b) certification of the new office that received the certificate of need in the county for which a need determination was made if the approved applicant did not have an existing hospice home care office in the county prior to the issuance of the certificate.
- Step 11: Project the number of patients in need (deficit or surplus) by subtracting the median projected 2019 hospice deaths (Step 9) for each county from the projected 2019 number of hospice deaths served (Step 6c) plus any adjustment (Step 10).
- Step 12: The number of licensed hospice home care offices located in each county from annual data supplements to licensure applications is entered.
- Step 13: The number of licensed hospice home care offices per 100,000 population for each county is calculated by dividing the number of licensed hospice offices (Step 12) by the 2019 estimated population (Step 2) divided by 100,000.
- Step 14: A need determination would be made for a county if both of the following are true:
- a. The county's deficit (Step 11) is 90 or more, and;
  - b. The county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or less.

A hospice office's service area is the hospice planning area in which the hospice office is located. Each of the 100 counties in the state is a separate hospice planning area.

**Hospice Inpatient Beds:**

- Step 1: The total number of reported hospice admissions, by county of patient residence, from annual data supplements to licensure applications is entered.
- Step 2: The total number of days of care, by county of patient residence, from annual data supplements to licensure applications is entered.
- Step 3: The average length of stay per admission (ALOS) is calculated by dividing total days of care (Step 2) by total admissions (Step 1).

Step 4: The “Two-Year Trailing Average Growth Rate in Statewide Number of Admissions” over the previous three years is calculated.

<b>Year</b>	<b>Statewide Hospice Admissions</b>	<b>Growth</b>
2014	41,391	
2015	44,246	6.9%
2016	45,538	2.9%
<b>Two-Year Trailing Average Growth Rate</b>		<b>4.9%</b>

Step 5: Total 2021 admissions is calculated for each county by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years (total admissions x 104.9% x 104.9% x 104.9% x 104.9% x 104.9%).

Step 6a: 2021 days of care at the county ALOS is calculated by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3).

Step 6b: 2021 days of care at the statewide ALOS is calculated by multiplying the total admissions (Step 5) by the statewide median ALOS per admission.

Step 6c: Projected 2021 days of care for inpatient estimates is determined to be the lower of:

- a. 2021 days of care at the county ALOS (Step 6a), or;
- b. 2021 days of care at the statewide ALOS (Step 6b).

Step 7: Projected 2021 inpatient days is calculated for each county by multiplying the projected 2021 days of care for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate.

<b>Year</b>	<b>General Inpatient Days of Care</b>	<b>Statewide Total Days of Care</b>	<b>Two Year Trailing Average Statewide Inpatient Utilization Rate</b>
2015	123,992	3,231,700	
2016	117,499	3,380,346	
<b>Totals</b>	<b>241,491</b>	<b>6,612,046</b>	<b>3.65%</b>

Step 8: Projected inpatient hospice beds is calculated by dividing 2021 projected inpatient days (Step 7) by 365 days and then dividing by 0.85 to adjust for a targeted 85 percent occupancy.

Step 9: Adjust the projected inpatient hospice beds (Step 8) by the number of licensed hospice beds in each county, certificate of need approved/licensure pending beds, and beds available in previous Plans.

Step 10: Calculate occupancy rates of existing hospice inpatient facilities based on 2017 annual data supplements to licensure application.

Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85 percent occupancy. Indicate for such counties either zero

or the deficit indicated in Step 9, whichever is greater. Further adjustments are made for certificate of need approved closures.

Step 12: For single counties with a projected deficit of six or more hospice inpatient beds, applications for single county Hospice Inpatient Units will be considered. The single county need equals the projected deficit.

A hospice inpatient facility bed's service area is the hospice inpatient facility bed planning area in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed planning area.

The Long-Term and Behavioral Health Committee and the State Health Coordinating Council will consider petitions for adjusted need determinations that are filed in accordance with provisions outlined in Chapter 2 of the State Medical Facilities Plan. Applicants for certificates of need are encouraged to contact Certificate of Need to arrange pre-application conferences prior to submission of applications.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
<b>Agencies or Offices serving residents of Alamance</b>					
HC0361	Alamance	Life Path Home Health	846	77,152	728
HOS3049	Alamance	Liberty Home Care and Hospice	17	3,677	14
HOS3823	Alamance	Amedisys Hospice	31	3,647	6
HOS3063	Alamance	Community Home Care and Hospice	17	2,322	8
HOS0021	Durham	Duke Hospice	16	869	11
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	4	646	6
HOS0370	Chatham	UNC Hospice	3	264	4
HOS3148	Guilford	Hospice & Palliative Care Greensboro	1	243	0
HC0374	Guilford	Hospice and Palliative Care of Greensboro	5	219	5
HOS0387	Iredell	Hospice of Iredell County, Inc.	1	68	0
HOS3147	Wake	Amedisys Hospice	1	60	0
HOS4736	Randolph	Hospic of Randolph County	1	55	1
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	2	34	3
HOS4614	Forsyth	Hospice & Palliative CareCenter	1	2	1
HOS3295	Stokes	Hospice & Palliative CareCenter	1	1	1
<b>Alamance Totals</b>			<b>947</b>	<b>89,259</b>	<b>788</b>
<b>Agencies or Offices serving residents of Alexander</b>					
HC0362	Alexander	Hospice and Home Care of Alexander County, Inc.	39	5,170	35
HOS0367	Catawba	Catawba Regional Hospice	33	3,210	28
HOS0387	Iredell	Hospice of Iredell County, Inc.	23	2,428	15
HOS3273	Iredell	Community Home Care and Hospice	10	1,651	3
HOS3181	Iredell	Gordon Hospice House	22	283	25
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	4	131	4
HOS1338	Iredell	Hospice of Iredell County, Inc.	0	66	0
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	1	46	0
HOS3084	Davie	Hospice & Palliative CareCenter	4	11	4
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	0	6	2
<b>Alexander Totals</b>			<b>136</b>	<b>13,002</b>	<b>116</b>
<b>Agencies or Offices serving residents of Alleghany</b>					
HOS1123	Alleghany	Medi Home Health and Hospice	66	12,102	43
HOS1001	Surry	Mountain Valley Hospice and Palliative Care	11	1,162	10
HOS1124	Ashe	Medi Home Health and Hospice	0	309	1
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	8	46	10
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	1	11	1
<b>Alleghany Totals</b>			<b>86</b>	<b>13,630</b>	<b>65</b>
<b>Agencies or Offices serving residents of Anson</b>					
HOS1898	Anson	Hospice Services of Anson County	52	4,653	66
HOS3064	Anson	Liberty Home Care and Hospice	16	2,219	15
HC1869	Anson	Anson Community Hospice, Inc.	31	1,451	26
HOS3007	Richmond	Community Home Care and Hospice	7	916	3
HOS0405	Union	Hospice of Union County	12	627	14
HOS3199	Montgomery	Community Home Care and Hospice	1	27	0
HOS0402	Stanly	Hospice of Stanly County, Inc.	1	20	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	2	19	1

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0417	Columbus	Lower Cape Fear Hospice and Life CareCenter	1	14	1
HOS4477	Moore	FirstHealth Hospice House	1	3	1
<b>Anson Totals</b>			<b>124</b>	<b>9,949</b>	<b>128</b>
<b>Agencies or Offices serving residents of Ashe</b>					
HOS1124	Ashe	Medi Home Health and Hospice	122	16,142	85
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	42	3,250	35
HOS1123	Alleghany	Medi Home Health and Hospice	6	1,983	13
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	4	541	3
HOS1122	Watauga	Medi Home Health and Hospice	1	326	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	2	10	2
HOS4599	Rowan	Glenn A. Kiser Hospice House	1	8	1
HOS3084	Davie	Hospice & Palliative CareCenter	1	6	1
<b>Ashe Totals</b>			<b>179</b>	<b>22,266</b>	<b>141</b>
<b>Agencies or Offices serving residents of Avery</b>					
HOS0363	Avery	Medi Home Hospice	33	14,384	64
HOS0832	Mitchell	Hospice & Palliative Care Center of the Blue Ridge, Inc.	31	4,113	16
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	15	482	11
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	2	49	2
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	4	1
<b>Avery Totals</b>			<b>82</b>	<b>19,032</b>	<b>94</b>
<b>Agencies or Offices serving residents of Beaufort</b>					
HOS2516	Beaufort	Community Home Care & Hospice	118	12,637	90
HOS0331	Pitt	AseraCare Hospice	72	6,386	72
HOS4596	Washington	Amedisys Hospice Care	26	3,050	8
HOS1711	Pitt	Vidant Home Health and Hospice	40	2,273	31
HOS3347	Craven	PruittHealth Hospice-New Bern	1	356	2
HOS0394	Pamlico	Hospice of Pamlico County, Inc.	3	51	2
HOS3238	Craven	Continuum Home Care & Hospice of Craven County	1	47	0
HOS2302	Craven	Community Hospice LLC	1	19	0
HOS3008	Martin	Community Home Care & Hospice	1	16	0
HOS4682	Craven	Craven County Hospice	1	2	1
<b>Beaufort Totals</b>			<b>264</b>	<b>24,837</b>	<b>206</b>
<b>Agencies or Offices serving residents of Bertie</b>					
HOS3008	Martin	Community Home Care & Hospice	34	3,745	36
HOS0425	Hertford	Vidant Home Health and Hospice	41	1,437	25
HOS4596	Washington	Amedisys Hospice Care	2	90	2
HOS3009	Halifax	Community Home Care and Hospice	2	83	2
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	12	0
HOS1711	Pitt	Vidant Home Health and Hospice	1	5	1
<b>Bertie Totals</b>			<b>81</b>	<b>5,372</b>	<b>66</b>
<b>Agencies or Offices serving residents of Bladen</b>					
HOS0415	Bladen	Lower Cape Fear Hospice and Life CareCenter	77	7,532	80
HOS3011	Columbus	Community Home Care and Hospice	25	5,250	15
HOS2007	Columbus	Liberty Home Care and Hospice	22	2,680	16
HC0359	Cumberland	HealthKeeperz	2	173	2

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HC4027	Robeson	Amedisys Hospice Care	3	152	1
HOS2003	Bladen	Liberty Home Care and Hospice	4	113	2
HOS1599	Robeson	Southeastern Hospice	14	63	14
HOS3066	Robeson	Liberty Home Care and Hospice	2	55	2
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	3	20	2
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	3	20	2
HOS2060	Robeson	Community Home Care and Hospice	1	16	0
<b>Bladen Totals</b>			<b>156</b>	<b>16,074</b>	<b>136</b>
<b>Agencies or Offices serving residents of Brunswick</b>					
HOS0414	Brunswick	Lower Cape Fear Hospice, and Life CareCenter	601	36,315	565
HOS4018	Brunswick	Amedisys Hospice Care	71	11,494	38
HOS2006	Brunswick	Liberty Home Care and Hospice	64	6,310	55
HOS3010	Brunswick	Community Home Care and Hospice	15	2,052	11
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	1	71	0
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	24	1
HOS2008	New Hanover	Liberty Home Care and Hospice	1	21	1
HOS4307	Randolph	The Randolph Hospice House	1	11	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	6	0
HOS3051	Davidson	Liberty Home Care and Hospice	0	1	0
HOS3064	Anson	Liberty Home Care and Hospice	0	1	0
HOS3147	Wake	Amedisys Hospice	1	0	0
<b>Brunswick Totals</b>			<b>757</b>	<b>56,306</b>	<b>672</b>
<b>Agencies or Offices serving residents of Buncombe</b>					
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	1,228	86,664	1,107
HOS0386	Henderson	Four Seasons Compassions for Life	173	17,673	133
HC0419	Madison	Madison Home Care and Hospice	13	798	16
HOS2143	Henderson	Four Seasons Compassion for Life	41	704	70
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	1	281	1
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	1	217	0
HOS0390	Macon	Four Seasons Compassion for Life	1	110	0
HOS4307	Randolph	The Randolph Hospice House	1	17	0
HOS0371	Cleveland	Hospice Cleveland County	1	6	1
HOS0405	Union	Hospice of Union County	1	3	1
<b>Buncombe Totals</b>			<b>1,461</b>	<b>106,473</b>	<b>1,329</b>
<b>Agencies or Offices serving residents of Burke</b>					
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	467	38,880	428
HOS0367	Catawba	Catawba Regional Hospice	24	6,785	24
HOS0363	Avery	Medi Home Hospice	19	1,211	10
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	15	654	15
HOS3273	Iredell	Community Home Care and Hospice	4	113	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	6	1
HOS1153	McDowell	CarePartners Hospice & Palliative Care McDowell	2	3	3
<b>Burke Totals</b>			<b>532</b>	<b>47,652</b>	<b>482</b>
<b>Agencies or Offices serving residents of Cabarrus</b>					
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	567	44,910	643

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3116	Union	Community Home Care and Hospice	45	6,946	31
HOS1702	Mecklenburg	Hospice & Palliative Care Lake Norman	52	5,943	45
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	36	2,198	34
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	8	1,189	14
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	14	851	11
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	19	588	18
HOS3199	Montgomery	Community Home Care and Hospice	7	396	7
HOS2425	Rowan	Rowan Hospice & Palliative Care, LLC	9	386	9
HOS0402	Stanly	Hospice of Stanly County, Inc.	4	100	3
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	1	74	0
HOS0405	Union	Hospice of Union County	2	51	3
HOS4599	Rowan	Glenn A. Kiser Hospice House	0	38	4
HOS1338	Iredell	Hospice of Iredell County, Inc.	1	8	0
HOS3273	Iredell	Community Home Care and Hospice	0	3	0
HOS3181	Iredell	Gordon Hospice House	0	3	0
<b>Cabarrus Totals</b>			<b>765</b>	<b>63,684</b>	<b>822</b>
<b>Agencies or Offices serving residents of Caldwell</b>					
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	451	38,482	414
HOS0367	Catawba	Catawba Regional Hospice	26	3,073	24
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	12	995	11
HOS3273	Iredell	Community Home Care and Hospice	9	580	3
HOS0363	Avery	Medi Home Hospice	3	122	7
HOS3084	Davie	Hospice & Palliative CareCenter	5	8	5
<b>Caldwell Totals</b>			<b>506</b>	<b>43,260</b>	<b>464</b>
<b>Agencies or Offices serving residents of Camden</b>					
HOS1677	Pasquotank	Albemarle Home Care and Hospice	27	303	23
HOS3301	Pasquotank	Community Home Care and Hospice	5	227	4
<b>Camden Totals</b>			<b>32</b>	<b>530</b>	<b>27</b>
<b>Agencies or Offices serving residents of Carteret</b>					
HOS0613	Carteret	Carteret Health Care Home Health & Hospice	115	4,642	86
HOS3006	Onslow	Community Home Care and Hospice	82	4,442	61
HOS4623	Carteret	SECU Crystal Coast Hospice House	193	2,920	175
HC0506	Jones	3HC	35	1,989	10
HOS3238	Craven	Continuum Home Care & Hospice of Craven County	19	1,585	13
HOS3347	Craven	PruittHealth Hospice-New Bern	13	584	10
HOS3048	Carteret	Liberty Home Care and Hospice	15	576	9
HC1209	Onslow	Continuum Home Care and Hospice	1	298	0
HC0195	Lenoir	3HC	1	39	0
HC0228	Wayne	3HC	3	38	2
HOS3010	Brunswick	Community Home Care and Hospice	1	1	0
<b>Carteret Totals</b>			<b>478</b>	<b>17,114</b>	<b>366</b>
<b>Agencies or Offices serving residents of Caswell</b>					
HC0361	Alamance	Life Path Home Health	69	5,004	62
HOS3823	Alamance	Amedisys Hospice	13	1,773	6
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	789	3

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0398	Rockingham	Hospice of Rockingham County, Inc.	4	308	3
HOS3063	Alamance	Community Home Care and Hospice	4	267	0
HOS3049	Alamance	Liberty Home Care and Hospice	6	170	5
HOS3304	Durham	Liberty Home Care and Hospice	1	132	0
HC0533	Person	Home Health and Hospice of Person County	1	92	0
HOS3147	Wake	Amedisys Hospice	1	0	1
<b>Caswell Totals</b>			<b>100</b>	<b>8,535</b>	<b>80</b>
<b>Agencies or Offices serving residents of Catawba</b>					
HOS0367	Catawba	Catawba Regional Hospice	961	65,643	909
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	15	2,671	15
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	41	2,212	36
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	13	1,520	13
HOS1702	Mecklenburg	Hospice & Palliative Care Lake Norman	1	208	1
HOS0363	Avery	Medi Home Hospice	4	108	3
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	2	66	2
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	6	46	6
HOS3181	Iredell	Gordon Hospice House	4	27	3
HOS3084	Davie	Hospice & Palliative CareCenter	10	26	9
HOS0405	Union	Hospice of Union County	1	26	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	16	3
HOS0387	Iredell	Hospice of Iredell County, Inc.	3	8	2
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	4	1
<b>Catawba Totals</b>			<b>1,063</b>	<b>72,581</b>	<b>1,004</b>
<b>Agencies or Offices serving residents of Chatham</b>					
HOS2983	Chatham	Community Home Care & Hospice	61	10,486	57
HOS0370	Chatham	UNC Hospice	116	7,572	94
HOS3149	Chatham	Liberty Home Care and Hospice	50	4,259	45
HOS3135	Chatham	Transitions LifeCare	20	1,971	18
HOS0021	Durham	Duke Hospice	12	1,072	11
HOS4736	Randolph	Hospice of Randolph County	3	420	3
HOS2281	Wake	Heartland Home Health Care and Hospice	2	412	2
HOS3086	Lee	Liberty Home Care and Hospice	2	221	2
HC0361	Alamance	Life Path Home Health	7	204	6
HOS3147	Wake	Amedisys Hospice	3	134	2
HOS4307	Randolph	The Randolph Hospice House	7	132	11
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	1	81	0
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	0	19	0
HOS4477	Moore	FirstHealth Hospice House	2	15	1
HC0427	Moore	FirstHealth Hospice & Palliative Care	1	15	0
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	3	14	0
HOS2034	Lee	Community Home Care and Hospice	1	9	1
<b>Chatham Totals</b>			<b>291</b>	<b>27,036</b>	<b>253</b>
<b>Agencies or Offices serving residents of Cherokee</b>					
HOS0390	Macon	Four Seasons Compassion for Life	54	4,066	43
HC0275	Clay	Good Shepherd Home Health and Hospice Agency, Inc.	53	2,364	42

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4650	Jackson	Harris Palliative Care and Hospice	4	831	3
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	3	10	3
HOS2143	Henderson	Four Seasons Compassion for Life	0	6	0
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	1	1
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	1	1	1
<b>Cherokee Totals</b>			<b>116</b>	<b>7,279</b>	<b>93</b>
<b>Agencies or Offices serving residents of Chowan</b>					
HOS3301	Pasquotank	Community Home Care and Hospice	15	1,184	12
HOS1677	Pasquotank	Albemarle Home Care and Hospice	29	681	21
HOS4596	Washington	Amedisys Hospice Care	9	603	7
HOS0425	Hertford	Vidant Home Health and Hospice	3	518	2
<b>Chowan Totals</b>			<b>56</b>	<b>2,986</b>	<b>42</b>
<b>Agencies or Offices serving residents of Clay</b>					
HC0318	Cherokee	Good Shepherd Home Health and Hospice Agency, Inc.	18	1,693	18
HOS0390	Macon	Four Seasons Compassion for Life	27	997	18
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	2	7	2
<b>Clay Totals</b>			<b>47</b>	<b>2,697</b>	<b>38</b>
<b>Agencies or Offices serving residents of Cleveland</b>					
HOS0371	Cleveland	Hospice Cleveland County	672	53,661	622
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	17	2,201	14
HOS3116	Union	Community Home Care and Hospice	8	1,470	4
HC0812	Gaston	Hospice of Gaston County, Inc.	14	389	10
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	5	189	4
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	2	127	2
HOS0367	Catawba	Catawba Regional Hospice	1	101	0
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	3	22	3
HOS3717	Gaston	Robin Johnson House - Gaston Hospice	2	5	0
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	3	1
<b>Cleveland Totals</b>			<b>725</b>	<b>58,168</b>	<b>660</b>
<b>Agencies or Offices serving residents of Columbus</b>					
HOS0417	Columbus	Lower Cape Fear Hospice and Life CareCenter	245	24,528	230
HOS3011	Columbus	Community Home Care and Hospice	25	6,979	18
HOS2007	Columbus	Liberty Home Care and Hospice	71	6,285	59
HOS4018	Brunswick	Amedisys Hospice Care	5	997	0
HOS3010	Brunswick	Community Home Care and Hospice	1	92	1
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	1	37	1
HC0359	Cumberland	HealthKeeperz	1	17	1
<b>Columbus Totals</b>			<b>349</b>	<b>38,935</b>	<b>310</b>
<b>Agencies or Offices serving residents of Craven</b>					
HOS4682	Craven	Craven County Hospice	149	11,057	132
HOS2302	Craven	Community Hospice LLC	99	8,269	83
HOS3347	Craven	PruittHealth Hospice-New Bern	51	6,583	44
HC0506	Jones	3HC	57	3,943	38
HOS3238	Craven	Continuum Home Care & Hospice of Craven County	26	2,530	28
HOS0331	Pitt	AseraCare Hospice	2	827	2

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4623	Carteret	SECU Crystal Coast Hospice House	20	291	11
HOS2005	Onslow	Liberty Home Care and Hospice	2	195	1
HOS0613	Carteret	Carteret Health Care Home Health & Hospice	3	163	2
HOS0394	Pamlico	Hospice of Pamlico County, Inc.	3	93	3
HOS3048	Carteret	Liberty Home Care and Hospice	1	89	1
HC0228	Wayne	3HC	10	88	4
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	48	1
HOS2516	Beaufort	Community Home Care & Hospice	1	16	0
HC0195	Lenoir	3HC	1	4	1
HOS0416	New Hanover	Lower Cape Fear Hospice and Life CareCenter	1	2	1
<b>Craven Totals</b>			<b>427</b>	<b>34,198</b>	<b>352</b>
<b>Agencies or Offices serving residents of Cumberland</b>					
HC1331	Cumberland	Community Home Care and Hospice	214	14,988	182
HC4027	Robeson	Amedisys Hospice Care	104	13,555	65
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	233	13,277	173
HC0359	Cumberland	HealthKeeperz	111	12,636	83
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	76	6,059	72
HOS2004	Cumberland	Liberty Home Care and Hospice	73	3,951	57
HC0255	Sampson	3HC	68	3,648	43
HOS3067	Harnett	Liberty Home Care and Hospice	5	643	8
HOS2048	Harnett	Community Home Care and Hospice	9	384	8
HOS1599	Robeson	Southeastern Hospice	5	216	5
HOS2060	Robeson	Community Home Care and Hospice	3	193	1
HOS3054	Sampson	Liberty Home Care and Hospice	3	118	1
HOS4477	Moore	FirstHealth Hospice House	14	80	13
HC0228	Wayne	3HC	9	59	4
HOS3007	Richmond	Community Home Care and Hospice	0	56	0
HC1844	Sampson	Community Home Care and Hospice	2	45	2
HOS4088	Johnston	SECU Hospice House of Johnston Health	6	30	5
HOS2861	Robeson	Native Angels Hospice	3	26	3
HC0506	Jones	3HC	1	21	0
HOS3011	Columbus	Community Home Care and Hospice	1	15	0
HOS0375	Harnett	Transitions LifeCare	1	13	1
HOS4623	Carteret	SECU Crystal Coast Hospice House	1	6	0
HOS3031	Scotland	Scotland Regional Hospice	1	6	1
HOS0415	Bladen	Lower Cape Fear Hospice and Life CareCenter	1	5	1
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	5	1
HOS3181	Iredell	Gordon Hospice House	1	4	1
<b>Cumberland Totals</b>			<b>946</b>	<b>70,039</b>	<b>730</b>
<b>Agencies or Offices serving residents of Currituck</b>					
HOS3301	Pasquotank	Community Home Care and Hospice	38	3,138	37
HOS1677	Pasquotank	Albemarle Home Care and Hospice	41	303	51
<b>Currituck Totals</b>			<b>79</b>	<b>3,441</b>	<b>88</b>
<b>Agencies or Offices serving residents of Dare</b>					
HC0494	Dare	Dare Home Health & Hospice	104	5,575	89

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3302	Hyde	Community Home Care and Hospice	7	349	7
<b>Dare Totals</b>			<b>111</b>	<b>5,924</b>	<b>96</b>
<b>Agencies or Offices serving residents of Davidson</b>					
HOS0372	Davidson	Hospice of Davidson County, Inc.	620	40,540	580
HOS4614	Forsyth	Hospice & Palliative CareCenter	58	3,921	55
HOS1581	Guilford	Hospice of the Piedmont, Inc.	114	3,655	103
HOS3075	Randolph	Community Home Care and Hospice	2	1,332	3
HOS2425	Rowan	Rowan Hospice & Palliative Care, LLC	5	865	8
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	4	341	4
HOS3823	Alamance	Amedisys Hospice	3	289	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	22	280	27
HOS4736	Randolph	Hospic of Randolph County	3	145	4
HOS0402	Stanly	Hospice of Stanly County, Inc.	1	73	1
HOS3051	Davidson	Liberty Home Care and Hospice	3	49	2
HOS4307	Randolph	The Randolph Hospice House	2	25	1
HOS4599	Rowan	Glenn A. Kiser Hospice House	1	16	2
HOS0405	Union	Hospice of Union County	0	5	1
<b>Davidson Totals</b>			<b>838</b>	<b>51,536</b>	<b>792</b>
<b>Agencies or Offices serving residents of Davie</b>					
HOS3084	Davie	Hospice & Palliative CareCenter	132	11,059	117
HOS3051	Davidson	Liberty Home Care and Hospice	22	4,068	21
HOS0387	Iredell	Hospice of Iredell County, Inc.	14	1,451	6
HOS3273	Iredell	Community Home Care and Hospice	9	905	4
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	47	712	62
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	500	1
HOS4614	Forsyth	Hospice & Palliative CareCenter	2	358	4
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	3	154	2
HOS3181	Iredell	Gordon Hospice House	7	102	11
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	2	92	1
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	0	33	0
HOS4599	Rowan	Glenn A. Kiser Hospice House	3	11	3
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	1	3	1
<b>Davie Totals</b>			<b>243</b>	<b>19,448</b>	<b>233</b>
<b>Agencies or Offices serving residents of Duplin</b>					
HC1844	Sampson	Community Home Care and Hospice	46	5,722	34
HC0053	Duplin	Vidant Home Health & Hospice	66	4,000	39
HOS3052	Pender	Lower Cape Fear Hospice and Life Care Center	62	2,665	58
HOS2984	Lenoir	Community Home Care & Hospice	12	2,192	13
HOS3261	Lenoir	Continuum Home Care & Hospice of Lenoir County	3	1,324	4
HOS3345	Pitt	PruittHealth Hospice-Farmville	5	1,168	4
HC0195	Lenoir	3HC	11	984	5
HC0228	Wayne	3HC	11	587	7
HC2361	Wayne	Community Home Care and Hospice	5	174	3
HC1331	Cumberland	Community Home Care and Hospice	1	29	0
HOS3303	Duplin	Liberty Home Care and Hospice	1	26	1

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3054	Sampson	Liberty Home Care and Hospice	0	16	1
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	5	1
<b>Duplin Totals</b>			<b>224</b>	<b>18,892</b>	<b>170</b>
<b>Agencies or Offices serving residents of Durham</b>					
HOS0021	Durham	Duke Hospice	380	30,880	349
HOS3126	Durham	Transitions LifeCare	117	11,507	92
HC0361	Alamance	Life Path Home Health	26	6,300	17
HOS3304	Durham	Liberty Home Care and Hospice	38	5,341	31
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	45	3,936	23
HOS2281	Wake	Heartland Home Health Care and Hospice	47	3,765	22
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	390	3,549	446
HOS3147	Wake	Amedisys Hospice	38	2,636	18
HOS0370	Chatham	UNC Hospice	26	1,982	21
HOS4791	Granville	Gentiva Hospice	18	1,505	7
HOS2223	Wake	Community Home Care & Hospice	7	717	5
HOS2997	Orange	Community Home Care and Hospice	2	590	4
HOS3826	Franklin	Amedisys Hospice	5	54	1
HOS0416	New Hanover	Lower Cape Fear Hospice and Life CareCenter	1	14	2
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	13	1
HOS2561	Vance	Community Home Care & Hospice	1	9	0
HC0533	Person	Home Health and Hospice of Person County	1	4	0
HOS2034	Lee	Community Home Care and Hospice	0	3	0
<b>Durham Totals</b>			<b>1,143</b>	<b>72,805</b>	<b>1,039</b>
<b>Agencies or Offices serving residents of Edgecombe</b>					
HOS2424	Nash	Community Home Care & Hospice	46	4,875	26
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	34	3,350	26
HOS1711	Pitt	Vidant Home Health and Hospice	38	2,057	30
HOS0331	Pitt	AseraCare Hospice	26	1,847	26
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	23	1,789	16
HC0508	Wilson	3HC	29	1,582	21
HC0498	Edgecombe	Gentiva Health Services	15	772	9
HC0228	Wayne	3HC	3	25	3
HOS0408	Wilson	Hospice of Wilson Medical Center	3	24	3
HC0509	Pitt	3HC	1	18	1
HOS4088	Johnston	SECU Hospice House of Johnston Health	3	15	0
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	14	1
HOS2996	Pitt	Community Home Care and Hospice	2	7	2
<b>Edgecombe Totals</b>			<b>224</b>	<b>16,375</b>	<b>164</b>
<b>Agencies or Offices serving residents of Forsyth</b>					
HOS4614	Forsyth	Hospice & Palliative CareCenter	849	67,107	798
HOS3295	Stokes	Hospice & Palliative CareCenter	199	13,019	191
HOS3063	Alamance	Community Home Care and Hospice	56	10,613	35
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	411	6,877	606
HOS3051	Davidson	Liberty Home Care and Hospice	40	3,397	32
HOS3273	Iredell	Community Home Care and Hospice	10	2,680	11

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3084	Davie	Hospice & Palliative CareCenter	31	2,162	26
HOS1581	Guilford	Hospice of the Piedmont, Inc.	43	2,080	37
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	17	1,532	8
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	19	1,495	16
HOS1303	Surry	Mountain Valley Hospice and Palliative Care	10	801	4
HOS3148	Guilford	Hospice & Palliative Care Greensboro	7	675	5
HOS3823	Alamance	Amedisys Hospice	7	464	2
HC0374	Guilford	Hospice and Palliative Care of Greensboro	2	366	1
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	3	129	8
HOS0372	Davidson	Hospice of Davidson County, Inc.	9	70	9
HOS3181	Iredell	Gordon Hospice House	1	12	1
HOS4599	Rowan	Glenn A. Kiser Hospice House	1	7	1
<b>Forsyth Totals</b>			<b>1,715</b>	<b>113,486</b>	<b>1,791</b>
<b>Agencies or Offices serving residents of Franklin</b>					
HOS3125	Franklin	Transitions LifeCare	65	4,487	62
HOS2281	Wake	Heartland Home Health Care and Hospice	19	1,823	12
HOS4791	Granville	Gentiva Hospice	21	1,442	11
HOS3826	Franklin	Amedisys Hospice	29	1,363	24
HOS2561	Vance	Community Home Care & Hospice	11	598	10
HOS0021	Durham	Duke Hospice	9	548	7
HOS2223	Wake	Community Home Care & Hospice	1	364	0
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	266	0
HOS3058	Wake	Liberty Home Care and Hospice	0	19	0
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	2	16	2
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	8	1
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	1	5	1
HOS3147	Wake	Amedisys Hospice	1	0	5
<b>Franklin Totals</b>			<b>161</b>	<b>10,939</b>	<b>135</b>
<b>Agencies or Offices serving residents of Gaston</b>					
HC0812	Gaston	Hospice of Gaston County, Inc.	709	39,195	546
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	112	11,188	96
HOS0371	Cleveland	Hospice Cleveland County	78	6,597	63
HOS3116	Union	Community Home Care and Hospice	24	5,297	12
HOS3717	Gaston	Robin Johnson House - Gaston Hospice	223	3,372	301
HOS0367	Catawba	Catawba Regional Hospice	25	2,005	23
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	4	695	3
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	36	575	35
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	15	359	10
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	100	1
HOS0396	Polk	Hospice of the Carolina Foothills, Inc.	1	15	0
HOS0405	Union	Hospice of Union County	3	10	2
HOS3084	Davie	Hospice & Palliative CareCenter	1	1	1
<b>Gaston Totals</b>			<b>1,232</b>	<b>69,409</b>	<b>1,093</b>
<b>Agencies or Offices serving residents of Gates</b>					
HOS3301	Pasquotank	Community Home Care and Hospice	15	1,238	11

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS1677	Pasquotank	Albemarle Home Care and Hospice	12	606	13
HOS0425	Hertford	Vidant Home Health and Hospice	3	127	3
<b>Gates Totals</b>			<b>30</b>	<b>1,971</b>	<b>27</b>
<b>Agencies or Offices serving residents of Graham</b>					
HOS4650	Jackson	Harris Palliative Care and Hospice	17	712	14
HOS0390	Macon	Four Seasons Compassion for Life	10	634	9
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	1	5	1
<b>Graham Totals</b>			<b>28</b>	<b>1,351</b>	<b>24</b>
<b>Agencies or Offices serving residents of Granville</b>					
HOS3826	Franklin	Amedisys Hospice	50	4,086	28
HOS2561	Vance	Community Home Care & Hospice	53	3,010	49
HOS0021	Durham	Duke Hospice	52	2,381	46
HOS4791	Granville	Gentiva Hospice	13	861	6
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	5	514	6
HOS3304	Durham	Liberty Home Care and Hospice	2	494	2
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	6	134	8
HOS3133	Granville	Transitions LifeCare	4	46	3
HOS2281	Wake	Heartland Home Health Care and Hospice	2	18	1
<b>Granville Totals</b>			<b>187</b>	<b>11,544</b>	<b>149</b>
<b>Agencies or Offices serving residents of Greene</b>					
HOS2984	Lenoir	Community Home Care & Hospice	37	3,486	35
HC0195	Lenoir	3HC	21	1,430	13
HOS3345	Pitt	PruittHealth Hospice-Farmville	10	1,346	10
HOS0331	Pitt	AseraCare Hospice	5	1,314	7
HOS3261	Lenoir	Continuum Home Care & Hospice of Lenoir County	1	333	2
HOS1711	Pitt	Vidant Home Health and Hospice	4	290	4
HC0228	Wayne	3HC	4	90	3
HC0498	Edgecombe	Gentiva Health Services	2	52	2
HOS4623	Carteret	SECU Crystal Coast Hospice House	1	5	0
<b>Greene Totals</b>			<b>85</b>	<b>8,346</b>	<b>76</b>
<b>Agencies or Offices serving residents of Guilford</b>					
HC0374	Guilford	Hospice and Palliative Care of Greensboro	983	61,519	935
HOS3148	Guilford	Hospice & Palliative Care Greensboro	380	47,939	329
HOS1581	Guilford	Hospice of the Piedmont, Inc.	554	37,300	531
HOS3063	Alamance	Community Home Care and Hospice	74	15,243	47
HOS3075	Randolph	Community Home Care and Hospice	35	6,419	33
HC0361	Alamance	Life Path Home Health	58	3,700	54
HOS3823	Alamance	Amedisys Hospice	23	2,915	6
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	27	2,205	18
HOS4614	Forsyth	Hospice & Palliative CareCenter	12	1,255	12
HOS3049	Alamance	Liberty Home Care and Hospice	9	1,072	5
HOS3295	Stokes	Hospice & Palliative CareCenter	5	541	4
HOS4307	Randolph	The Randolph Hospice House	14	213	15
HOS0398	Rockingham	Hospice of Rockingham County, Inc.	3	177	3
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	106	8

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0372	Davidson	Hospice of Davidson County, Inc.	6	90	6
HOS3051	Davidson	Liberty Home Care and Hospice	1	21	0
HOS4736	Randolph	Hospic of Randolph County	2	11	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	2	9	1
HOS4599	Rowan	Glenn A. Kiser Hospice House	2	7	2
HOS0405	Union	Hospice of Union County	1	5	1
HOS4477	Moore	FirstHealth Hospice House	1	3	1
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	1	2	1
HOS3181	Iredell	Gordon Hospice House	1	1	1
<b>Guilford Totals</b>			<b>2,195</b>	<b>180,753</b>	<b>2,014</b>
<b>Agencies or Offices serving residents of Halifax</b>					
HOS3009	Halifax	Community Home Care and Hospice	75	7,450	69
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	29	2,927	20
HC0765	Halifax	Home Health and Hospice of Halifax	47	2,441	27
HOS3256	Halifax	Continuum Home Care & Hospice of Halifax County	10	788	9
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	23	683	21
HC0498	Edgecombe	Gentiva Health Services	14	565	5
HOS0331	Pitt	AseraCare Hospice	2	240	2
HOS3008	Martin	Community Home Care & Hospice	1	22	1
HOS2424	Nash	Community Home Care & Hospice	1	15	0
<b>Halifax Totals</b>			<b>202</b>	<b>15,131</b>	<b>154</b>
<b>Agencies or Offices serving residents of Harnett</b>					
HOS2048	Harnett	Community Home Care and Hospice	108	12,764	89
HOS3067	Harnett	Liberty Home Care and Hospice	90	8,086	68
HOS0375	Harnett	Transitions LifeCare	100	5,010	90
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	13	1,135	5
HOS2281	Wake	Heartland Home Health Care and Hospice	10	1,090	10
HOS2034	Lee	Community Home Care and Hospice	10	798	8
HOS3069	Johnston	Liberty Home Care and Hospice	1	390	2
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	4	372	2
HOS3086	Lee	Liberty Home Care and Hospice	11	349	9
HOS4088	Johnston	SECU Hospice House of Johnston Health	27	214	20
HOS0370	Chatham	UNC Hospice	3	142	3
HOS3147	Wake	Amedisys Hospice	3	137	0
HC0359	Cumberland	HealthKeeperz	0	94	1
HOS2004	Cumberland	Liberty Home Care and Hospice	1	65	0
HC1331	Cumberland	Community Home Care and Hospice	1	48	0
HOS3011	Columbus	Community Home Care and Hospice	1	41	0
HC0427	Moore	FirstHealth Hospice & Palliative Care	2	20	2
HOS4477	Moore	FirstHealth Hospice House	1	5	1
HOS3050	Moore	Liberty Home Care and Hospice	1	3	1
HC4027	Robeson	Amedisys Hospice Care	1	3	1
HOS3058	Wake	Liberty Home Care and Hospice	0	1	0
HOS3054	Sampson	Liberty Home Care and Hospice	1	1	0
<b>Harnett Totals</b>			<b>389</b>	<b>30,768</b>	<b>312</b>

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
<b>Agencies or Offices serving residents of Haywood</b>					
HOS3825	Haywood	Haywood Hospice & Palliative Care	286	10,418	267
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	78	5,272	62
HOS0386	Henderson	Four Seasons Compassions for Life	20	1,336	16
HOS4650	Jackson	Harris Palliative Care and Hospice	7	376	5
HOS0390	Macon	Four Seasons Compassion for Life	2	238	0
<b>Haywood Totals</b>			<b>393</b>	<b>17,640</b>	<b>350</b>
<b>Agencies or Offices serving residents of Henderson</b>					
HOS0386	Henderson	Four Seasons Compassions for Life	562	41,717	380
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	74	3,397	63
HOS2143	Henderson	Four Seasons Compassion for Life	259	2,698	367
HC0067	Transylvania	CarePartners Home Care & Hospice	2	397	2
HOS3181	Iredell	Gordon Hospice House	1	22	1
HOS0390	Macon	Four Seasons Compassion for Life	8	18	0
HOS0396	Polk	Hospice of the Carolina Foothills, Inc.	1	3	1
HOS0405	Union	Hospice of Union County	1	2	1
<b>Henderson Totals</b>			<b>908</b>	<b>48,254</b>	<b>815</b>
<b>Agencies or Offices serving residents of Hertford</b>					
HOS0425	Hertford	Vidant Home Health and Hospice	48	2,835	33
HOS3008	Martin	Community Home Care & Hospice	17	725	11
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	13	636	10
HOS4596	Washington	Amedisys Hospice Care	2	20	2
<b>Hertford Totals</b>			<b>80</b>	<b>4,216</b>	<b>56</b>
<b>Agencies or Offices serving residents of Hoke</b>					
HOS2290	Hoke	Liberty Home Care and Hospice	57	5,996	40
HC4027	Robeson	Amedisys Hospice Care	8	1,152	9
HC0359	Cumberland	HealthKeeperz	9	541	7
HC0427	Moore	FirstHealth Hospice & Palliative Care	3	479	1
HC1331	Cumberland	Community Home Care and Hospice	9	431	8
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	4	348	2
HOS4477	Moore	FirstHealth Hospice House	30	177	25
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	8	105	3
HOS3031	Scotland	Scotland Regional Hospice	3	90	3
HOS1599	Robeson	Southeastern Hospice	1	28	1
HOS3050	Moore	Liberty Home Care and Hospice	1	17	1
HOS3011	Columbus	Community Home Care and Hospice	0	6	0
<b>Hoke Totals</b>			<b>133</b>	<b>9,370</b>	<b>100</b>
<b>Agencies or Offices serving residents of Hyde</b>					
HOS4596	Washington	Amedisys Hospice Care	17	1,027	13
HOS3302	Hyde	Community Home Care and Hospice	11	618	11
<b>Hyde Totals</b>			<b>28</b>	<b>1,645</b>	<b>24</b>
<b>Agencies or Offices serving residents of Iredell</b>					
HOS0387	Iredell	Hospice of Iredell County, Inc.	331	31,568	186
HOS1338	Iredell	Hospice of Iredell County, Inc.	147	15,265	116
HOS1702	Mecklenburg	Hospice & Palliative Care Lake Norman	48	5,957	48

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3273	Iredell	Community Home Care and Hospice	28	3,672	12
HOS3181	Iredell	Gordon Hospice House	213	3,560	303
HOS0367	Catawba	Catawba Regional Hospice	25	2,449	19
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	11	1,362	10
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	0	732	0
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	3	533	2
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	23	423	23
HOS3084	Davie	Hospice & Palliative CareCenter	4	270	6
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	17	222	13
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	1	154	0
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	50	1
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	1	41	0
HOS0405	Union	Hospice of Union County	2	13	2
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	0	9	0
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	6	1
<b>Iredell Totals</b>			<b>856</b>	<b>66,286</b>	<b>742</b>
<b>Agencies or Offices serving residents of Jackson</b>					
HOS4650	Jackson	Harris Palliative Care and Hospice	159	13,381	134
HOS0390	Macon	Four Seasons Compassion for Life	24	1,484	13
HOS3825	Haywood	Haywood Hospice & Palliative Care	2	200	2
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	10	64	10
HOS2143	Henderson	Four Seasons Compassion for Life	1	39	5
HOS0386	Henderson	Four Seasons Compassions for Life	0	1	0
<b>Jackson Totals</b>			<b>196</b>	<b>15,169</b>	<b>164</b>
<b>Agencies or Offices serving residents of Johnston</b>					
HC0507	Johnston	3HC	86	6,345	66
HOS3069	Johnston	Liberty Home Care and Hospice	61	5,982	50
HOS2135	Johnston	Community Home Care & Hospice	77	5,908	50
HOS3124	Johnston	Transitions LifeCare	75	5,720	72
HC0383	Johnston	Johnston Health Home Care and Hospice	89	3,640	78
HOS4088	Johnston	SECU Hospice House of Johnston Health	246	2,612	219
HOS2281	Wake	Heartland Home Health Care and Hospice	28	2,246	18
HOS3147	Wake	Amedisys Hospice	17	847	8
HOS3058	Wake	Liberty Home Care and Hospice	1	405	2
HOS3067	Harnett	Liberty Home Care and Hospice	3	403	1
HC2361	Wayne	Community Home Care and Hospice	4	389	10
HC0228	Wayne	3HC	4	165	8
HOS3345	Pitt	PruittHealth Hospice-Farmville	3	160	2
HOS0408	Wilson	Hospice of Wilson Medical Center	8	142	8
HOS2424	Nash	Community Home Care & Hospice	0	95	2
HC0508	Wilson	3HC	1	71	0
HOS2223	Wake	Community Home Care & Hospice	0	53	0
HOS2241	Wilson	Community Home Care & Hospice	0	23	3
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	19	1
HC1844	Sampson	Community Home Care and Hospice	0	11	3
HOS2048	Harnett	Community Home Care and Hospice	0	9	1

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3054	Sampson	Liberty Home Care and Hospice	1	1	0
<b>Johnston Totals</b>			<b>705</b>	<b>35,246</b>	<b>602</b>
<b>Agencies or Offices serving residents of Jones</b>					
HC0506	Jones	3HC	19	1,372	13
HOS2302	Craven	Community Hospice LLC	12	477	10
HC0053	Duplin	Vidant Home Health & Hospice	1	345	1
HC0195	Lenoir	3HC	3	271	1
HOS3238	Craven	Continuum Home Care & Hospice of Craven County	2	210	1
HC0228	Wayne	3HC	4	154	4
HOS3347	Craven	PruittHealth Hospice-New Bern	1	91	0
HOS3006	Onslow	Community Home Care and Hospice	2	66	2
HOS4623	Carteret	SECU Crystal Coast Hospice House	6	37	4
HOS0331	Pitt	AseraCare Hospice	0	35	0
HOS4682	Craven	Craven County Hospice	1	32	1
HOS2005	Onslow	Liberty Home Care and Hospice	1	20	0
HC1209	Onslow	Continuum Home Care and Hospice	1	17	1
<b>Jones Totals</b>			<b>53</b>	<b>3,127</b>	<b>38</b>
<b>Agencies or Offices serving residents of Lee</b>					
HOS2034	Lee	Community Home Care and Hospice	120	13,905	95
HOS3086	Lee	Liberty Home Care and Hospice	130	9,764	105
HOS3147	Wake	Amedisys Hospice	17	1,530	16
HOS0370	Chatham	UNC Hospice	19	840	14
HOS4477	Moore	FirstHealth Hospice House	21	120	21
HOS3149	Chatham	Liberty Home Care and Hospice	3	70	2
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	1	50	1
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	46	1
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	2	46	2
HOS3067	Harnett	Liberty Home Care and Hospice	1	18	1
HOS0375	Harnett	Transitions LifeCare	1	7	1
<b>Lee Totals</b>			<b>316</b>	<b>26,396</b>	<b>259</b>
<b>Agencies or Offices serving residents of Lenoir</b>					
HC0195	Lenoir	3HC	110	7,922	78
HOS2984	Lenoir	Community Home Care & Hospice	49	4,336	39
HOS0331	Pitt	AseraCare Hospice	13	3,409	12
HOS3261	Lenoir	Continuum Home Care & Hospice of Lenoir County	20	2,433	24
HOS3345	Pitt	PruittHealth Hospice-Farmville	11	2,328	11
HC2361	Wayne	Community Home Care and Hospice	5	1,011	6
HC0228	Wayne	3HC	35	420	20
HOS1711	Pitt	Vidant Home Health and Hospice	7	196	6
HC0053	Duplin	Vidant Home Health & Hospice	2	124	2
HC0506	Jones	3HC	1	5	0
HOS4623	Carteret	SECU Crystal Coast Hospice House	1	2	0
<b>Lenoir Totals</b>			<b>254</b>	<b>22,186</b>	<b>198</b>
<b>Agencies or Offices serving residents of Lincoln</b>					
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	213	25,561	192

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0367	Catawba	Catawba Regional Hospice	71	5,136	63
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	48	1,113	46
HC0812	Gaston	Hospice of Gaston County, Inc.	15	965	14
HOS0371	Cleveland	Hospice Cleveland County	7	635	8
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	18	613	18
HOS3273	Iredell	Community Home Care and Hospice	4	414	3
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	285	0
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	164	0
HOS3717	Gaston	Robin Johnson House - Gaston Hospice	4	53	0
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	2	21	2
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	2	14	2
HOS3181	Iredell	Gordon Hospice House	2	7	2
HOS3084	Davie	Hospice & Palliative CareCenter	1	2	1
<b>Lincoln Totals</b>			<b>389</b>	<b>34,983</b>	<b>351</b>
<b>Agencies or Offices serving residents of Macon</b>					
HOS0390	Macon	Four Seasons Compassion for Life	76	7,063	64
HC0324	Macon	Angel Home Health & Hospice	98	6,761	85
HOS4650	Jackson	Harris Palliative Care and Hospice	29	2,242	30
HOS2143	Henderson	Four Seasons Compassion for Life	2	35	6
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	7	20	7
<b>Macon Totals</b>			<b>212</b>	<b>16,121</b>	<b>192</b>
<b>Agencies or Offices serving residents of Madison</b>					
HC0419	Madison	Madison Home Care and Hospice	56	4,496	55
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	77	3,919	68
HOS0832	Mitchell	Hospice & Palliative Care Center of the Blue Ridge, Inc.	2	184	1
HOS3825	Haywood	Haywood Hospice & Palliative Care	1	75	1
HOS1027	Yancey	Yancey Hospice and Palliative Care	2	45	3
<b>Madison Totals</b>			<b>138</b>	<b>8,719</b>	<b>128</b>
<b>Agencies or Offices serving residents of Martin</b>					
HOS3008	Martin	Community Home Care & Hospice	73	9,479	65
HOS4596	Washington	Amedisys Hospice Care	17	1,100	13
HOS1711	Pitt	Vidant Home Health and Hospice	9	541	7
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	407	1
HC0498	Edgecombe	Gentiva Health Services	5	266	3
HOS0331	Pitt	AseraCare Hospice	6	177	6
HOS0425	Hertford	Vidant Home Health and Hospice	1	8	0
HC0509	Pitt	3HC	1	7	1
<b>Martin Totals</b>			<b>113</b>	<b>11,985</b>	<b>96</b>
<b>Agencies or Offices serving residents of McDowell</b>					
HOS1153	McDowell	CarePartners Hospice & Palliative Care McDowell	152	19,782	132
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	66	7,229	53
HOS0364	Burke	Burke Hospice and Palliative Care, Inc.	12	1,857	9
HOS0363	Avery	Medi Home Hospice	13	1,785	4
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	35	300	28
HOS0832	Mitchell	Hospice & Palliative Care Center of the Blue Ridge, Inc.	2	32	2

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	32	2
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	1	15	1
HOS0371	Cleveland	Hospice Cleveland County	1	11	1
HOS0367	Catawba	Catawba Regional Hospice	1	10	0
<b>McDowell Totals</b>			<b>284</b>	<b>31,053</b>	<b>232</b>
<b>Agencies or Offices serving residents of Mecklenburg</b>					
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	1,510	157,157	1,336
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	792	31,185	736
HOS1702	Mecklenburg	Hospice & Palliative Care Lake Norman	222	27,470	211
HOS3116	Union	Community Home Care and Hospice	111	19,220	82
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	497	9,214	486
HOS0405	Union	Hospice of Union County	163	8,395	176
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	61	5,578	45
HOS1338	Iredell	Hospice of Iredell County, Inc.	7	1,219	4
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	15	771	16
HOS3064	Anson	Liberty Home Care and Hospice	25	579	20
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	1	456	3
HC0812	Gaston	Hospice of Gaston County, Inc.	7	330	6
HOS3273	Iredell	Community Home Care and Hospice	3	98	2
HOS0367	Catawba	Catawba Regional Hospice	2	56	0
HOS3181	Iredell	Gordon Hospice House	2	47	3
HC0361	Alamance	Life Path Home Health	1	13	1
HOS0387	Iredell	Hospice of Iredell County, Inc.	1	6	0
HOS3084	Davie	Hospice & Palliative CareCenter	3	5	3
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	4	1
HOS4599	Rowan	Glenn A. Kiser Hospice House	1	1	1
HOS0416	New Hanover	Lower Cape Fear Hospice and Life CareCenter	1	1	1
<b>Mecklenburg Totals</b>			<b>3,426</b>	<b>261,805</b>	<b>3,133</b>
<b>Agencies or Offices serving residents of Mitchell</b>					
HOS0832	Mitchell	Hospice & Palliative Care Center of the Blue Ridge, Inc.	113	18,907	83
HOS0363	Avery	Medi Home Hospice	13	1,748	9
HOS1027	Yancey	Yancey Hospice and Palliative Care	5	1,305	3
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	11	61	10
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	1	1
<b>Mitchell Totals</b>			<b>143</b>	<b>22,022</b>	<b>106</b>
<b>Agencies or Offices serving residents of Montgomery</b>					
HC0427	Moore	FirstHealth Hospice & Palliative Care	71	7,081	53
HOS3199	Montgomery	Community Home Care and Hospice	24	4,333	24
HOS4736	Randolph	Hospice of Randolph County	10	1,194	7
HOS0402	Stanly	Hospice of Stanly County, Inc.	15	812	15
HOS4477	Moore	FirstHealth Hospice House	35	276	32
HOS3066	Robeson	Liberty Home Care and Hospice	1	272	0
HC0424	Richmond	Richmond County Hospice, Inc.	3	142	2
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	1	136	0
HOS4307	Randolph	The Randolph Hospice House	14	134	16

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	6	1
<b>Montgomery Totals</b>			<b>175</b>	<b>14,386</b>	<b>150</b>
<b>Agencies or Offices serving residents of Moore</b>					
HC0427	Moore	FirstHealth Hospice & Palliative Care	432	45,406	312
HOS3050	Moore	Liberty Home Care and Hospice	53	5,125	36
HOS3007	Richmond	Community Home Care and Hospice	6	1,935	8
HC0424	Richmond	Richmond County Hospice, Inc.	5	1,891	5
HOS4477	Moore	FirstHealth Hospice House	286	1,598	222
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	17	1,258	12
HOS2290	Hoke	Liberty Home Care and Hospice	0	310	1
HOS4736	Randolph	Hospic of Randolph County	4	216	3
HOS2983	Chatham	Community Home Care & Hospice	1	131	0
HOS3199	Montgomery	Community Home Care and Hospice	1	61	1
HOS4307	Randolph	The Randolph Hospice House	1	53	2
HC4027	Robeson	Amedisys Hospice Care	1	11	0
HOS2034	Lee	Community Home Care and Hospice	1	9	0
HC1331	Cumberland	Community Home Care and Hospice	0	4	0
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	0	0	0
<b>Moore Totals</b>			<b>808</b>	<b>58,008</b>	<b>602</b>
<b>Agencies or Offices serving residents of Nash</b>					
HOS2424	Nash	Community Home Care & Hospice	60	8,061	47
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	144	5,714	127
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	58	4,135	50
HC0508	Wilson	3HC	44	2,335	30
HC0498	Edgecombe	Gentiva Health Services	19	787	9
HOS0331	Pitt	AseraCare Hospice	4	245	4
HOS2281	Wake	Heartland Home Health Care and Hospice	3	218	2
HOS3826	Franklin	Amedisys Hospice	6	208	3
HOS0408	Wilson	Hospice of Wilson Medical Center	9	141	9
HOS3147	Wake	Amedisys Hospice	1	140	0
HOS4088	Johnston	SECU Hospice House of Johnston Health	9	138	5
HOS2241	Wilson	Community Home Care & Hospice	3	136	2
HOS3125	Franklin	Transitions LifeCare	2	80	3
HC0228	Wayne	3HC	6	78	2
HOS2561	Vance	Community Home Care & Hospice	1	6	1
<b>Nash Totals</b>			<b>369</b>	<b>22,422</b>	<b>294</b>
<b>Agencies or Offices serving residents of New Hanover</b>					
HOS0416	New Hanover	Lower Cape Fear Hospice and Life CareCenter	966	59,534	966
HOS2008	New Hanover	Liberty Home Care and Hospice	76	9,261	48
HOS3010	Brunswick	Community Home Care and Hospice	32	5,688	20
HOS4018	Brunswick	Amedisys Hospice Care	21	1,644	13
HOS3242	Pender	Continuum Home Care & Hospice of Pender County	1	381	1
HOS3059	Pender	Liberty Home Care and Hospice	1	151	0
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	2	27	1
HC1844	Sampson	Community Home Care and Hospice	0	6	1

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HOS3011	Columbus	Community Home Care and Hospice	0	3	0
<b>New Hanover Totals</b>			<b>1,099</b>	<b>76,695</b>	<b>1,050</b>
<b>Agencies or Offices serving residents of Northampton</b>					
HOS3009	Halifax	Community Home Care and Hospice	57	7,666	47
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	24	4,280	15
HOS0425	Hertford	Vidant Home Health and Hospice	17	297	14
HOS3256	Halifax	Continuum Home Care & Hospice of Halifax County	2	266	2
HC0765	Halifax	Home Health and Hospice of Halifax	1	12	1
HOS1581	Guilford	Hospice of the Piedmont, Inc.	0	9	1
HOS0405	Union	Hospice of Union County	1	8	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	8	1
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	1	3	1
<b>Northampton Totals</b>			<b>104</b>	<b>12,549</b>	<b>83</b>
<b>Agencies or Offices serving residents of Onslow</b>					
HOS3052	Pender	Lower Cape Fear Hospice and Life Care Center	170	10,701	161
HOS3006	Onslow	Community Home Care and Hospice	102	9,231	70
HC1209	Onslow	Continuum Home Care and Hospice	74	6,235	61
HC0531	Onslow	Onslow County Home Health And Hospice	39	2,198	34
HC0506	Jones	3HC	27	887	17
HOS2005	Onslow	Liberty Home Care and Hospice	27	759	27
HOS3347	Craven	PruittHealth Hospice-New Bern	4	642	3
HOS3048	Carteret	Liberty Home Care and Hospice	0	212	0
HOS3010	Brunswick	Community Home Care and Hospice	2	133	0
HOS4623	Carteret	SECU Crystal Coast Hospice House	11	96	7
HOS0613	Carteret	Carteret Health Care Home Health & Hospice	0	83	0
HOS3242	Pender	Continuum Home Care & Hospice of Pender County	2	77	2
HC0228	Wayne	3HC	5	46	3
HOS3325	Graham	Continuum Home Care & Hospice of Graham County	0	0	0
<b>Onslow Totals</b>			<b>463</b>	<b>31,300</b>	<b>385</b>
<b>Agencies or Offices serving residents of Orange</b>					
HOS0370	Chatham	UNC Hospice	125	7,807	100
HOS0021	Durham	Duke Hospice	87	7,302	92
HC0361	Alamance	Life Path Home Health	81	6,806	65
HOS3147	Wake	Amedisys Hospice	40	4,714	20
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	31	3,666	21
HOS3135	Chatham	Transitions LifeCare	34	2,245	37
HOS3304	Durham	Liberty Home Care and Hospice	9	1,688	10
HOS2281	Wake	Heartland Home Health Care and Hospice	12	894	6
HOS2223	Wake	Community Home Care & Hospice	3	732	2
HOS3823	Alamance	Amedisys Hospice	9	633	2
HOS2983	Chatham	Community Home Care & Hospice	4	113	1
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	12	104	14
HOS2997	Orange	Community Home Care and Hospice	0	25	1
HC1331	Cumberland	Community Home Care and Hospice	0	6	1
HOS4477	Moore	FirstHealth Hospice House	1	3	1
<b>Orange Totals</b>			<b>448</b>	<b>36,738</b>	<b>373</b>

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**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
<b>Agencies or Offices serving residents of Pamlico</b>					
HOS0394	Pamlico	Hospice of Pamlico County, Inc.	50	1,842	36
HOS3238	Craven	Continuum Home Care & Hospice of Craven County	2	269	2
HOS2302	Craven	Community Hospice LLC	3	258	3
HOS4682	Craven	Craven County Hospice	0	102	1
HOS3347	Craven	PruittHealth Hospice-New Bern	1	76	0
HOS2516	Beaufort	Community Home Care & Hospice	0	5	0
<b>Pamlico Totals</b>			<b>56</b>	<b>2,552</b>	<b>42</b>
<b>Agencies or Offices serving residents of Pasquotank</b>					
HOS3301	Pasquotank	Community Home Care and Hospice	72	4,427	58
HOS1677	Pasquotank	Albemarle Home Care and Hospice	114	4,165	124
<b>Pasquotank Totals</b>			<b>186</b>	<b>8,592</b>	<b>182</b>
<b>Agencies or Offices serving residents of Pender</b>					
HOS3052	Pender	Lower Cape Fear Hospice and Life Care Center	281	18,112	262
HOS3010	Brunswick	Community Home Care and Hospice	22	3,694	15
HOS4018	Brunswick	Amedisys Hospice Care	2	759	2
HOS3242	Pender	Continuum Home Care & Hospice of Pender County	3	335	2
HC0053	Duplin	Vidant Home Health & Hospice	2	169	1
HOS3347	Craven	PruittHealth Hospice-New Bern	2	112	1
HOS3059	Pender	Liberty Home Care and Hospice	3	70	3
HOS3006	Onslow	Community Home Care and Hospice	0	28	0
HC1844	Sampson	Community Home Care and Hospice	0	8	0
<b>Pender Totals</b>			<b>315</b>	<b>23,287</b>	<b>286</b>
<b>Agencies or Offices serving residents of Perquimans</b>					
HOS1677	Pasquotank	Albemarle Home Care and Hospice	24	1,514	26
HOS4596	Washington	Amedisys Hospice Care	12	757	4
HOS3301	Pasquotank	Community Home Care and Hospice	16	655	13
<b>Perquimans Totals</b>			<b>52</b>	<b>2,926</b>	<b>43</b>
<b>Agencies or Offices serving residents of Person</b>					
HC0533	Person	Home Health and Hospice of Person County	64	4,882	56
HOS0021	Durham	Duke Hospice	47	2,539	47
HOS2223	Wake	Community Home Care & Hospice	25	1,058	16
HOS3304	Durham	Liberty Home Care and Hospice	17	566	14
HOS2997	Orange	Community Home Care and Hospice	3	538	5
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	4	343	4
HOS3826	Franklin	Amedisys Hospice	3	151	3
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	6	101	9
HOS3823	Alamance	Amedisys Hospice	3	48	1
HC0361	Alamance	Life Path Home Health	4	28	4
HOS3049	Alamance	Liberty Home Care and Hospice	1	7	1
<b>Person Totals</b>			<b>177</b>	<b>10,261</b>	<b>160</b>
<b>Agencies or Offices serving residents of Pitt</b>					
HOS0331	Pitt	AseraCare Hospice	120	12,566	113
HOS2996	Pitt	Community Home Care and Hospice	92	9,143	83
HC0509	Pitt	3HC	63	6,158	40

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HOS1711	Pitt	Vidant Home Health and Hospice	197	5,318	149
HOS3345	Pitt	PruittHealth Hospice-Farmville	43	4,893	35
HC0498	Edgecombe	Gentiva Health Services	21	1,030	8
HOS4596	Washington	Amedisys Hospice Care	9	935	5
HOS3261	Lenoir	Continuum Home Care & Hospice of Lenoir County	0	65	1
HC0228	Wayne	3HC	4	30	2
HOS3008	Martin	Community Home Care & Hospice	1	26	1
HOS2516	Beaufort	Community Home Care & Hospice	1	25	3
HOS2984	Lenoir	Community Home Care & Hospice	2	23	2
HOS2424	Nash	Community Home Care & Hospice	1	16	0
HOS0405	Union	Hospice of Union County	1	2	1
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	1	2	1
HOS4614	Forsyth	Hospice & Palliative CareCenter	1	1	1
<b>Pitt Totals</b>			<b>557</b>	<b>40,233</b>	<b>445</b>
<b>Agencies or Offices serving residents of Polk</b>					
HOS0396	Polk	Hospice of the Carolina Foothills, Inc.	96	9,457	88
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	48	1,786	20
HOS0386	Henderson	Four Seasons Compassions for Life	0	44	0
HOS2143	Henderson	Four Seasons Compassion for Life	3	17	5
HOS0405	Union	Hospice of Union County	0	7	1
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	2	3	1
<b>Polk Totals</b>			<b>149</b>	<b>11,314</b>	<b>115</b>
<b>Agencies or Offices serving residents of Randolph</b>					
HOS4736	Randolph	Hospic of Randolph County	372	43,736	252
HOS3075	Randolph	Community Home Care and Hospice	32	6,923	23
HOS1581	Guilford	Hospice of the Piedmont, Inc.	125	6,102	124
HOS4307	Randolph	The Randolph Hospice House	198	3,493	291
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	24	2,323	18
HC0361	Alamance	Life Path Home Health	5	714	5
HOS0372	Davidson	Hospice of Davidson County, Inc.	12	659	11
HOS2983	Chatham	Community Home Care & Hospice	3	613	4
HC0374	Guilford	Hospice and Palliative Care of Greensboro	12	476	12
HOS3149	Chatham	Liberty Home Care and Hospice	2	157	2
HOS0387	Iredell	Hospice of Iredell County, Inc.	0	115	1
HOS3051	Davidson	Liberty Home Care and Hospice	2	45	2
HOS4614	Forsyth	Hospice & Palliative CareCenter	2	3	2
HOS3295	Stokes	Hospice & Palliative CareCenter	1	1	1
<b>Randolph Totals</b>			<b>790</b>	<b>65,360</b>	<b>748</b>
<b>Agencies or Offices serving residents of Richmond</b>					
HC0424	Richmond	Richmond County Hospice, Inc.	225	19,934	203
HOS3007	Richmond	Community Home Care and Hospice	46	12,491	29
HOS3031	Scotland	Scotland Regional Hospice	9	1,911	2
HOS2138	Richmond	Hospice Haven of Richmond County	199	1,785	143
HOS3050	Moore	Liberty Home Care and Hospice	15	1,727	8
HC0359	Cumberland	HealthKeeperz	5	693	3

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	14	608	11
HOS3064	Anson	Liberty Home Care and Hospice	4	454	1
HC4027	Robeson	Amedisys Hospice Care	0	186	0
HOS4477	Moore	FirstHealth Hospice House	17	85	16
<b>Richmond Totals</b>			<b>534</b>	<b>39,874</b>	<b>416</b>
<b>Agencies or Offices serving residents of Robeson</b>					
HOS2060	Robeson	Community Home Care and Hospice	159	24,396	151
HC0359	Cumberland	HealthKeeperz	67	6,971	57
HOS1599	Robeson	Southeastern Hospice	264	6,747	226
HOS3066	Robeson	Liberty Home Care and Hospice	36	4,860	22
HC4027	Robeson	Amedisys Hospice Care	42	3,784	28
HOS3031	Scotland	Scotland Regional Hospice	62	3,650	56
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	11	706	10
HOS2290	Hoke	Liberty Home Care and Hospice	9	517	10
HOS0417	Columbus	Lower Cape Fear Hospice and Life CareCenter	1	373	2
HC1331	Cumberland	Community Home Care and Hospice	4	239	2
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	2	175	1
HOS4477	Moore	FirstHealth Hospice House	4	30	4
HOS4088	Johnston	SECU Hospice House of Johnston Health	1	15	0
HOS3011	Columbus	Community Home Care and Hospice	0	12	0
HOS3199	Montgomery	Community Home Care and Hospice	0	11	0
HOS2861	Robeson	Native Angels Hospice	1	7	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	3	1
<b>Robeson Totals</b>			<b>664</b>	<b>52,496</b>	<b>571</b>
<b>Agencies or Offices serving residents of Rockingham</b>					
HOS0398	Rockingham	Hospice of Rockingham County, Inc.	448	15,935	425
HOS3063	Alamance	Community Home Care and Hospice	6	1,424	4
HC0374	Guilford	Hospice and Palliative Care of Greensboro	14	1,322	14
HC0361	Alamance	Life Path Home Health	3	964	4
HOS3295	Stokes	Hospice & Palliative CareCenter	8	664	6
HOS3148	Guilford	Hospice & Palliative Care Greensboro	7	396	7
HOS3049	Alamance	Liberty Home Care and Hospice	5	254	2
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	3	221	2
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	0	23	2
HOS1581	Guilford	Hospice of the Piedmont, Inc.	1	8	1
HOS4307	Randolph	The Randolph Hospice House	1	7	1
HOS3823	Alamance	Amedisys Hospice	6	5	1
HOS4614	Forsyth	Hospice & Palliative CareCenter	1	1	1
<b>Rockingham Totals</b>			<b>503</b>	<b>21,224</b>	<b>470</b>
<b>Agencies or Offices serving residents of Rowan</b>					
HOS2425	Rowan	Rowan Hospice & Palliative Care, LLC	339	23,567	306
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	98	6,820	103
HOS3273	Iredell	Community Home Care and Hospice	18	2,124	4
HOS3051	Davidson	Liberty Home Care and Hospice	16	1,893	14
HOS4599	Rowan	Glenn A. Kiser Hospice House	118	1,613	197

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	30	1,003	24
HOS3199	Montgomery	Community Home Care and Hospice	8	748	4
HOS3116	Union	Community Home Care and Hospice	3	745	2
HOS0387	Iredell	Hospice of Iredell County, Inc.	5	381	2
HOS1702	Mecklenburg	Hospice & Pallative Care Lake Norman	4	313	3
HOS1338	Iredell	Hospice of Iredell County, Inc.	4	141	3
HOS3075	Randolph	Community Home Care and Hospice	1	85	0
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	6	47	6
HOS0402	Stanly	Hospice of Stanly County, Inc.	1	40	0
HOS3181	Iredell	Gordon Hospice House	6	32	6
HOS3084	Davie	Hospice & Palliative CareCenter	3	15	3
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	4	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	3	1
HOS4614	Forsyth	Hospice & Palliative CareCenter	1	1	1
HOS0417	Columbus	Lower Cape Fear Hospice and Life CareCenter	0	1	1
<b>Rowan Totals</b>			<b>663</b>	<b>39,576</b>	<b>681</b>
<b>Agencies or Offices serving residents of Rutherford</b>					
HOS0400	Rutherford	Hospice of Rutherford County, Inc.	461	42,097	474
HOS0371	Cleveland	Hospice Cleveland County	12	310	12
HOS0396	Polk	Hospice of the Carolina Foothills, Inc.	2	208	2
HOS1153	McDowell	CarePartners Hospice & Palliative Care McDowell	1	195	2
HOS0386	Henderson	Four Seasons Compassions for Life	1	60	0
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	3	19	3
HOS2143	Henderson	Four Seasons Compassion for Life	3	8	4
<b>Rutherford Totals</b>			<b>483</b>	<b>42,897</b>	<b>497</b>
<b>Agencies or Offices serving residents of Sampson</b>					
HC1844	Sampson	Community Home Care and Hospice	56	7,662	38
HOS3054	Sampson	Liberty Home Care and Hospice	70	4,685	61
HC0255	Sampson	3HC	56	4,101	33
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	5	578	0
HC0359	Cumberland	HealthKeeperz	1	427	0
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	9	305	6
HOS3067	Harnett	Liberty Home Care and Hospice	5	292	4
HC0228	Wayne	3HC	24	203	15
HOS3011	Columbus	Community Home Care and Hospice	0	70	1
HOS0415	Bladen	Lower Cape Fear Hospice and Life CareCenter	6	69	5
HC4027	Robeson	Amedisys Hospice Care	4	65	5
HOS4088	Johnston	SECU Hospice House of Johnston Health	8	57	7
HC0506	Jones	3HC	1	6	0
HOS2004	Cumberland	Liberty Home Care and Hospice	1	4	1
HOS0375	Harnett	Transitions LifeCare	1	2	1
<b>Sampson Totals</b>			<b>247</b>	<b>18,526</b>	<b>177</b>
<b>Agencies or Offices serving residents of Scotland</b>					
HOS3031	Scotland	Scotland Regional Hospice	242	15,936	224
HOS2060	Robeson	Community Home Care and Hospice	13	3,795	5

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS3007	Richmond	Community Home Care and Hospice	4	533	1
HC0359	Cumberland	HealthKeeperz	4	436	1
HC4027	Robeson	Amedisys Hospice Care	4	212	1
HOS2290	Hoke	Liberty Home Care and Hospice	1	17	0
HOS4477	Moore	FirstHealth Hospice House	3	9	3
<b>Scotland Totals</b>			<b>271</b>	<b>20,938</b>	<b>235</b>
<b>Agencies or Offices serving residents of Stanly</b>					
HOS0402	Stanly	Hospice of Stanly County, Inc.	229	13,857	213
HOS3199	Montgomery	Community Home Care and Hospice	122	11,314	112
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	28	939	36
HOS0405	Union	Hospice of Union County	1	125	3
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	6	14	6
HOS4599	Rowan	Glenn A. Kiser Hospice House	1	11	0
HOS2425	Rowan	Rowan Hospice & Palliative Care, LLC	1	8	1
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	2	1
<b>Stanly Totals</b>			<b>389</b>	<b>26,270</b>	<b>372</b>
<b>Agencies or Offices serving residents of Stokes</b>					
HOS3295	Stokes	Hospice & Palliative CareCenter	115	8,591	101
HOS1303	Surry	Mountain Valley Hospice and Palliative Care	93	6,549	63
HOS3063	Alamance	Community Home Care and Hospice	5	1,027	3
HOS3148	Guilford	Hospice & Palliative Care Greensboro	1	993	4
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	44	907	67
HOS4614	Forsyth	Hospice & Palliative CareCenter	1	572	0
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	15	384	23
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	1	185	1
HOS0398	Rockingham	Hospice of Rockingham County, Inc.	3	42	3
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	1	22	1
HOS0404	Surry	Mountain Valley Hospice and Palliative Care	0	13	1
HC0374	Guilford	Hospice and Palliative Care of Greensboro	1	3	1
<b>Stokes Totals</b>			<b>280</b>	<b>19,288</b>	<b>268</b>
<b>Agencies or Offices serving residents of Surry</b>					
HOS0404	Surry	Mountain Valley Hospice and Palliative Care	275	33,540	179
HOS1303	Surry	Mountain Valley Hospice and Palliative Care	56	5,576	39
HOS1001	Surry	Mountain Valley Hospice and Palliative Care	50	3,927	33
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	122	2,496	203
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	16	1,565	17
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	10	642	7
HOS3295	Stokes	Hospice & Palliative CareCenter	3	416	2
HOS1123	Alleghany	Medi Home Health and Hospice	2	313	0
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	1	37	0
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	12	1
<b>Surry Totals</b>			<b>536</b>	<b>48,524</b>	<b>481</b>
<b>Agencies or Offices serving residents of Swain</b>					
HOS4650	Jackson	Harris Palliative Care and Hospice	62	5,221	56
HOS0390	Macon	Four Seasons Compassion for Life	14	1,072	12

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<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	9	73	7
HOS2143	Henderson	Four Seasons Compassion for Life	0	4	1
HOS0386	Henderson	Four Seasons Compassions for Life	0	2	0
<b>Swain Totals</b>			<b>85</b>	<b>6,372</b>	<b>76</b>
<b>Agencies or Offices serving residents of Transylvania</b>					
HC0067	Transylvania	CarePartners Home Care & Hospice	184	12,336	170
HOS0386	Henderson	Four Seasons Compassions for Life	31	3,063	30
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	18	329	16
HOS2143	Henderson	Four Seasons Compassion for Life	10	130	16
<b>Transylvania Totals</b>			<b>243</b>	<b>15,858</b>	<b>232</b>
<b>Agencies or Offices serving residents of Tyrrell</b>					
HOS4596	Washington	Amedisys Hospice Care	15	1,532	7
HOS3302	Hyde	Community Home Care and Hospice	2	156	3
<b>Tyrrell Totals</b>			<b>17</b>	<b>1,688</b>	<b>10</b>
<b>Agencies or Offices serving residents of Union</b>					
HOS0405	Union	Hospice of Union County	292	26,823	374
HOS3132	Mecklenburg	Hospice & Palliative Care Charlotte Region	205	22,245	184
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	138	5,178	128
HOS3116	Union	Community Home Care and Hospice	27	2,630	22
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	33	803	27
HOS0389	Lincoln	Hospice & Palliative Care Lincoln County	0	366	0
HOS0402	Stanly	Hospice of Stanly County, Inc.	1	288	0
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	20	191	19
HOS3064	Anson	Liberty Home Care and Hospice	1	41	2
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	4	14	2
HOS1898	Anson	Hospice Services of Anson County	2	11	2
HOS3007	Richmond	Community Home Care and Hospice	0	2	0
<b>Union Totals</b>			<b>723</b>	<b>58,592</b>	<b>760</b>
<b>Agencies or Offices serving residents of Vance</b>					
HOS2561	Vance	Community Home Care & Hospice	100	4,568	81
HOS3826	Franklin	Amedisys Hospice	51	1,947	36
HOS4791	Granville	Gentiva Hospice	18	1,650	9
HOS3304	Durham	Liberty Home Care and Hospice	1	452	0
HOS0021	Durham	Duke Hospice	8	255	7
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	96	1
HOS2281	Wake	Heartland Home Health Care and Hospice	1	91	1
HOS3133	Granville	Transitions LifeCare	3	30	3
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	1	10	1
<b>Vance Totals</b>			<b>184</b>	<b>9,099</b>	<b>139</b>
<b>Agencies or Offices serving residents of Wake</b>					
HOS1595	Wake	Transitions LifeCare	2,494	163,930	2,282
HOS2281	Wake	Heartland Home Health Care and Hospice	354	38,855	255
HOS3058	Wake	Liberty Home Care and Hospice	102	16,450	75
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	87	11,163	72
HOS3147	Wake	Amedisys Hospice	65	6,566	32

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS2125	Wake	Duke Hospice	97	5,657	85
HOS2223	Wake	Community Home Care & Hospice	25	5,165	14
HOS4791	Granville	Gentiva Hospice	55	4,197	21
HOS2135	Johnston	Community Home Care & Hospice	26	2,586	12
HC0507	Johnston	3HC	14	1,735	14
HOS3826	Franklin	Amedisys Hospice	18	816	1
HOS4088	Johnston	SECU Hospice House of Johnston Health	45	473	30
HOS3067	Harnett	Liberty Home Care and Hospice	3	251	4
HOS2048	Harnett	Community Home Care and Hospice	1	208	0
HOS3069	Johnston	Liberty Home Care and Hospice	2	163	1
HOS3793	Durham	Duke Hospice, Hock Family Pavilion	12	162	15
HOS0405	Union	Hospice of Union County	2	40	1
HOS2034	Lee	Community Home Care and Hospice	1	36	0
HOS4477	Moore	FirstHealth Hospice House	3	33	2
HOS4307	Randolph	The Randolph Hospice House	1	19	1
HC0228	Wayne	3HC	2	17	0
HOS3010	Brunswick	Community Home Care and Hospice	1	15	0
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	0	5	1
<b>Wake Totals</b>			<b>3,410</b>	<b>258,542</b>	<b>2,918</b>
<b>Agencies or Offices serving residents of Warren</b>					
HOS2561	Vance	Community Home Care & Hospice	32	1,233	27
HOS3826	Franklin	Amedisys Hospice	25	1,146	13
HOS4791	Granville	Gentiva Hospice	11	465	7
HC0765	Halifax	Home Health and Hospice of Halifax	1	414	1
HOS3009	Halifax	Community Home Care and Hospice	3	208	1
HOS3304	Durham	Liberty Home Care and Hospice	4	72	2
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	1	33	1
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	0	21	1
HOS3256	Halifax	Continuum Home Care & Hospice of Halifax County	1	9	1
<b>Warren Totals</b>			<b>78</b>	<b>3,601</b>	<b>54</b>
<b>Agencies or Offices serving residents of Washington</b>					
HOS4596	Washington	Amedisys Hospice Care	60	4,967	47
HOS3008	Martin	Community Home Care & Hospice	16	1,154	12
HOS0331	Pitt	AseraCare Hospice	0	106	1
HOS2516	Beaufort	Community Home Care & Hospice	0	69	1
HOS1711	Pitt	Vidant Home Health and Hospice	2	13	2
<b>Washington Totals</b>			<b>78</b>	<b>6,309</b>	<b>63</b>
<b>Agencies or Offices serving residents of Watauga</b>					
HOS1122	Watauga	Medi Home Health and Hospice	92	16,378	70
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	81	5,218	69
HOS1124	Ashe	Medi Home Health and Hospice	0	100	2
HOS0363	Avery	Medi Home Hospice	2	38	1
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	1	16	1
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	1	11	1
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	6	1

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS4436	Mecklenburg	Hospice & Palliative Care Charlotte Region	1	2	1
HOS3084	Davie	Hospice & Palliative CareCenter	1	2	1
<b>Watauga Totals</b>			<b>180</b>	<b>21,771</b>	<b>147</b>
<b>Agencies or Offices serving residents of Wayne</b>					
HC2361	Wayne	Community Home Care and Hospice	143	21,075	127
HC0228	Wayne	3HC	552	18,535	509
HC0195	Lenoir	3HC	7	464	1
HC0053	Duplin	Vidant Home Health & Hospice	3	243	1
HC0255	Sampson	3HC	2	168	0
HOS4088	Johnston	SECU Hospice House of Johnston Health	17	109	9
HC0508	Wilson	3HC	1	73	0
HOS2241	Wilson	Community Home Care & Hospice	1	68	0
HC0509	Pitt	3HC	1	52	0
HOS2984	Lenoir	Community Home Care & Hospice	1	37	0
HC0507	Johnston	3HC	1	23	1
HOS4623	Carteret	SECU Crystal Coast Hospice House	2	17	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	1	11	1
HOS3261	Lenoir	Continuum Home Care & Hospice of Lenoir County	1	8	1
HOS3345	Pitt	PruittHealth Hospice-Farmville	1	3	1
HC1844	Sampson	Community Home Care and Hospice	0	3	0
<b>Wayne Totals</b>			<b>734</b>	<b>40,889</b>	<b>652</b>
<b>Agencies or Offices serving residents of Wilkes</b>					
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	176	10,501	109
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	126	5,962	107
HOS1001	Surry	Mountain Valley Hospice and Palliative Care	58	4,233	33
HOS1124	Ashe	Medi Home Health and Hospice	7	1,314	3
HOS3084	Davie	Hospice & Palliative CareCenter	12	835	14
HOS0185	Caldwell	Caldwell Hospice and Palliative Care, Inc.	9	626	5
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	31	373	44
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	4	72	5
HOS0387	Iredell	Hospice of Iredell County, Inc.	1	51	2
HOS4614	Forsyth	Hospice & Palliative CareCenter	0	45	1
HOS3181	Iredell	Gordon Hospice House	1	17	1
HOS4477	Moore	FirstHealth Hospice House	1	12	1
<b>Wilkes Totals</b>			<b>426</b>	<b>24,041</b>	<b>325</b>
<b>Agencies or Offices serving residents of Wilson</b>					
HOS2241	Wilson	Community Home Care & Hospice	103	9,384	82
HOS0408	Wilson	Hospice of Wilson Medical Center	104	5,175	82
HC0508	Wilson	3HC	50	2,494	32
HOS0331	Pitt	AseraCare Hospice	16	1,478	11
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	4	557	4
HC0498	Edgecombe	Gentiva Health Services	10	522	4
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	3	122	3
HOS4088	Johnston	SECU Hospice House of Johnston Health	11	56	10
HC0228	Wayne	3HC	9	48	7

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table 13A: Hospice Data by County of Patient Origin - 2016 Data**

<b>Lic. #</b>	<b>Facility County</b>	<b>Facility Name</b>	<b>Admissions</b>	<b>Days of Care</b>	<b>Deaths</b>
HOS2996	Pitt	Community Home Care and Hospice	0	42	0
HOS3147	Wake	Amedisys Hospice	1	8	1
HOS2135	Johnston	Community Home Care & Hospice	0	4	1
<b>Wilson Totals</b>			<b>311</b>	<b>19,890</b>	<b>237</b>
<b>Agencies or Offices serving residents of Yadkin</b>					
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	91	7,046	57
HOS3084	Davie	Hospice & Palliative CareCenter	35	2,707	34
HOS3796	Surry	Mountain Valley Hospice and Palliative Care	36	383	53
HOS4413	Wilkes	PruittHealth Hospice-Wilkes	7	261	4
HOS1603	Forsyth	Kate B. Reynolds Hospice Home	12	203	15
HOS0404	Surry	Mountain Valley Hospice and Palliative Care	1	195	0
HOS3273	Iredell	Community Home Care and Hospice	2	81	1
HOS0407	Wilkes	Wake Forest Baptist HealthCare at HomeHospice-Wilkes	2	52	1
HOS0387	Iredell	Hospice of Iredell County, Inc.	3	26	2
HOS3181	Iredell	Gordon Hospice House	1	5	1
HOS0372	Davidson	Hospice of Davidson County, Inc.	1	4	1
HOS1581	Guilford	Hospice of the Piedmont, Inc.	1	2	1
HOS0365	Cabarrus	Hospice & Palliative Care of Cabarrus County	1	1	1
HOS1001	Surry	Mountain Valley Hospice and Palliative Care	0	1	0
<b>Yadkin Totals</b>			<b>193</b>	<b>10,967</b>	<b>171</b>
<b>Agencies or Offices serving residents of Yancey</b>					
HOS1027	Yancey	Yancey Hospice and Palliative Care	77	11,049	69
HOS0832	Mitchell	Hospice & Palliative Care Center of the Blue Ridge, Inc.	44	5,745	37
HC0419	Madison	Madison Home Care and Hospice	2	325	3
HOS0113	Buncombe	CarePartners Hospice & Palliative Care Services	16	136	12
HOS0363	Avery	Medi Home Hospice	0	0	0
<b>Yancey Totals</b>			<b>139</b>	<b>17,255</b>	<b>121</b>
<b>Grand Totals</b>			<b>45,538</b>	<b>3,380,346</b>	<b>40,438</b>

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Table13B: Year 2019 Hospice Home Care Office Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
County	2011-2015 Death Rate/1000 Population	2019 Population (excluding military)	Projected 2019 Deaths	2016 Reported Number of Hospice Patient Deaths	2019 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2019 Number of Hospice Deaths Served Limited to 60%	Projected 2019 Number of Hospice Deaths Served	Median Projected 2019 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2017 License Data Supplements	Col. E x 3 Years Growth at 5.1% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (49.2%)		Col. H + Col. J - Col. I	2017 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Alamance	10.1	165,327	1,670	788	916	1,002	916	822	0	94	5	3.0	0
Alexander	9.9	38,327	379	116	135	228	135	187	0	-52	1	2.6	0
Alleghany	11.4	11,451	131	65	76	78	76	64	0	11	1	8.7	0
Anson	11.4	26,155	298	128	149	179	149	147	0	2	3	11.5	0
Ashe	12.4	27,139	337	141	164	202	164	166	0	-2	1	3.7	0
Avery	10.6	17,893	190	94	109	114	109	93	0	16	1	5.6	0
Beaufort	12.0	47,827	574	206	239	344	239	282	0	-43	2	4.2	0
Bertie	12.1	20,109	243	66	77	146	77	120	0	-43	0	0.0	0
Bladen	11.4	35,011	399	136	158	239	158	196	0	-38	3	8.6	0
Brunswick	10.7	135,251	1,447	672	781	868	781	712	0	69	4	3.0	0
Buncombe	9.9	267,229	2,646	1,329	1,544	1,587	1,544	1,302	0	243	1	0.4	0
Burke	11.3	89,640	1,013	482	560	608	560	498	0	62	2	2.2	0
Cabarrus	7.8	213,146	1,663	822	955	998	955	818	0	137	2	0.9	0
Caldwell	11.2	83,022	930	464	539	558	539	458	0	82	2	2.4	0
Camden	7.6	10,223	78	27	31	47	31	38	0	-7	0	0.0	0
Carteret *	11.0	69,995	770	366	425	462	425	379	0	46	5	7.1	0
Caswell	11.6	23,612	274	80	93	164	93	135	0	-42	0	0.0	0
Catawba	10.3	156,932	1,616	1,004	1,167	970	970	795	0	174	3	1.9	0
Chatham	9.4	77,264	726	253	294	436	294	357	0	-63	4	5.2	0
Cherokee	13.5	28,042	379	93	108	227	108	186	0	-78	1	3.6	0
Chowan	12.2	14,053	171	42	49	103	49	84	0	-36	1	7.1	0
Clay	13.0	11,243	146	38	44	88	44	72	0	-28	1	8.9	0
Cleveland	11.9	98,268	1,169	660	767	702	702	575	0	126	3	3.1	0
Columbus	11.8	57,090	674	310	360	404	360	332	0	29	4	7.0	0
Craven *	9.8	96,047	941	352	409	565	409	463	0	-54	4	4.2	0
Cumberland *	7.3	300,182	2,191	730	848	1,315	848	1,078	90	-140	9	3.0	1

\* Population projections were adjusted to exclude active duty military personnel.

**Table13B: Year 2019 Hospice Home Care Office Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
County	2011-2015 Death Rate/1000 Population	2019 Population (excluding military)	Projected 2019 Deaths	2016 Reported Number of Hospice Patient Deaths	2019 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2019 Number of Hospice Deaths Served Limited to 60%	Projected 2019 Number of Hospice Deaths Served	Median Projected 2019 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2017 License Data Supplements	Col. E x 3 Years Growth at 5.1% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (49.2%)		Col. H + Col. J - Col. I	2017 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Currituck	9.1	27,904	254	88	102	152	102	125	0	-23	0	0.0	0
Dare	8.5	37,485	319	96	112	191	112	157	0	-45	2	5.3	0
Davidson	10.4	168,331	1,751	792	920	1,050	920	861	0	59	4	2.4	0
Davie	10.4	42,728	444	233	271	267	267	219	0	48	2	4.7	0
Duplin	8.9	59,867	533	170	198	320	198	262	0	-65	2	3.3	0
Durham	6.4	317,640	2,033	1,039	1,207	1,220	1,207	1,000	0	207	6	1.9	0
Edgecombe	11.0	53,896	593	164	191	356	191	292	0	-101	2	3.7	0
Forsyth	8.8	380,627	3,350	1,791	2,081	2,010	2,010	1,648	0	361	2	0.5	0
Franklin	8.5	67,290	572	135	157	343	157	281	0	-125	4	5.9	0
Gaston	10.5	220,752	2,318	1,093	1,270	1,391	1,270	1,141	0	130	2	0.9	0
Gates	9.6	11,646	112	27	31	67	31	55	0	-24	0	0.0	0
Graham	12.2	8,622	105	24	28	63	28	52	0	-24	1	11.6	0
Granville	8.5	60,110	511	149	173	307	173	251	24	-54	2	3.3	0
Greene	8.9	21,072	188	76	88	113	88	92	0	-4	1	4.7	0
Guilford	8.0	533,236	4,266	2,014	2,340	2,560	2,340	2,099	0	241	5	0.9	0
Halifax	12.3	50,980	627	154	179	376	179	309	0	-130	3	5.9	0
Harnett *	7.3	128,173	936	312	363	561	363	460	0	-98	5	3.9	0
Haywood	12.2	62,611	764	350	407	458	407	376	0	31	1	1.6	0
Henderson	12.2	117,582	1,435	815	947	861	861	706	0	155	2	1.7	0
Hertford	10.8	24,333	263	56	65	158	65	129	0	-64	1	4.1	0
Hoke *	5.9	54,162	320	100	116	192	116	157	0	-41	1	1.8	0
Hyde	10.0	5,638	56	24	28	34	28	28	0	0	1	17.7	0
Iredell	8.9	182,156	1,621	742	862	973	862	798	0	65	4	2.2	0
Jackson	8.3	42,843	356	164	191	213	191	175	0	16	1	2.3	0
Johnston	7.2	201,649	1,452	602	700	871	700	714	0	-15	6	3.0	0
Jones	12.3	10,426	128	38	44	77	44	63	0	-19	1	9.6	0

\* Population projections were adjusted to exclude active duty military personnel.

**Table13B: Year 2019 Hospice Home Care Office Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
County	2011-2015 Death Rate/1000 Population	2019 Population (excluding military)	Projected 2019 Deaths	2016 Reported Number of Hospice Patient Deaths	2019 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2019 Number of Hospice Deaths Served Limited to 60%	Projected 2019 Number of Hospice Deaths Served	Median Projected 2019 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2017 License Data Supplements	Col. E x 3 Years Growth at 5.1% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (49.2%)		Col. H + Col. J - Col. I	2017 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Lee	9.3	58,905	548	259	301	329	301	270	0	31	1	1.7	0
Lenoir	12.0	58,079	697	198	230	418	230	343	0	-113	3	5.2	0
Lincoln	9.2	85,714	789	351	408	473	408	388	0	20	1	1.2	0
Macon	12.8	36,048	461	192	223	277	223	227	0	-4	2	5.5	0
Madison	10.7	22,278	238	128	149	143	143	117	0	26	1	4.5	0
Martin	13.3	23,360	311	96	112	186	112	153	0	-41	2	8.6	0
McDowell	11.4	45,839	523	232	270	314	270	257	0	12	1	2.2	0
Mecklenburg *	5.6	1,121,352	6,280	3,133	3,641	3,768	3,641	3,090	0	551	5	0.4	0
Mitchell	13.8	15,301	211	106	123	127	123	104	0	19	1	6.5	0
Montgomery	10.2	28,094	287	150	174	172	172	141	0	31	1	3.6	0
Moore *	11.5	98,094	1,128	602	700	677	677	555	0	122	2	2.0	0
Nash	10.4	94,010	978	294	342	587	342	481	0	-139	4	4.3	0
New Hanover *	8.4	231,283	1,943	1,050	1,220	1,166	1,166	956	0	210	3	1.3	0
Northampton	12.7	20,925	266	83	96	159	96	131	0	-34	1	4.8	0
Onslow *	5.3	173,603	920	385	447	552	447	453	0	-5	4	2.3	0
Orange	5.4	146,375	790	373	433	474	433	389	0	45	3	2.0	0
Pamlico	11.8	13,196	156	42	49	93	49	77	0	-28	2	15.2	0
Pasquotank *	10.2	39,656	404	182	212	243	212	199	0	12	2	5.0	0
Pender	9.1	62,871	572	286	332	343	332	282	0	51	3	4.8	0
Perquimans	11.3	13,990	158	43	50	95	50	78	0	-28	0	0.0	0
Person	10.6	40,096	425	160	186	255	186	209	0	-23	1	2.5	0
Pitt	6.9	178,657	1,233	445	517	740	517	607	0	-89	8	4.5	0
Polk	13.5	21,195	286	115	134	172	134	141	0	-7	1	4.7	0
Randolph	9.8	143,536	1,407	748	869	844	844	692	0	152	3	2.1	0
Richmond	11.7	45,118	528	416	483	317	317	260	0	57	3	6.6	0
Robeson	9.4	132,343	1,244	571	664	746	664	612	0	51	6	4.5	0

\* Population projections were adjusted to exclude active duty military personnel.

**Table13B: Year 2019 Hospice Home Care Office Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
County	2011-2015 Death Rate/1000 Population	2019 Population (excluding military)	Projected 2019 Deaths	2016 Reported Number of Hospice Patient Deaths	2019 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2019 Number of Hospice Deaths Served Limited to 60%	Projected 2019 Number of Hospice Deaths Served	Median Projected 2019 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2017 License Data Supplements	Col. E x 3 Years Growth at 5.1% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (49.2%)		Col. H + Col. J - Col. I	2017 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Rockingham	12.1	91,752	1,110	470	546	666	546	546	0	0	1	1.1	0
Rowan	11.3	143,493	1,621	681	791	973	791	798	0	-7	4	2.8	0
Rutherford	12.6	67,842	855	497	578	513	513	421	0	92	2	2.9	0
Sampson	10.1	63,993	646	177	206	388	206	318	0	-112	4	6.3	0
Scotland	10.6	35,109	372	235	273	223	223	183	0	40	0	0.0	0
Stanly	11.1	62,115	689	372	432	414	414	339	0	74	2	3.2	0
Stokes	10.8	46,663	504	268	311	302	302	248	0	54	1	2.1	0
Surry	11.8	73,197	864	481	559	518	518	425	0	93	4	5.5	0
Swain	12.7	15,564	198	76	88	119	88	97	0	-9	0	0.0	0
Transylvania	12.0	34,994	420	232	270	252	252	207	0	45	1	2.9	0
Tyrrell	10.3	4,215	43	10	12	26	12	21	0	-10	0	0.0	0
Union	5.9	236,138	1,393	760	883	836	836	686	0	150	3	1.3	0
Vance	10.8	45,148	488	139	162	293	162	240	0	-78	2	4.4	0
Wake *	5.0	1,095,928	5,480	2,918	3,391	3,288	3,288	2,696	0	591	7	0.6	0
Warren	11.2	20,485	229	54	63	138	63	113	0	-50	0	0.0	0
Washington	11.8	12,271	145	63	73	87	73	71	0	2	2	16.3	0
Watauga	6.2	56,145	348	147	171	209	171	171	0	0	1	1.8	0
Wayne *	9.0	123,907	1,115	652	758	669	669	549	0	120	3	2.4	0
Wilkes	11.2	69,663	780	325	378	468	378	384	0	-6	3	4.3	0
Wilson	10.0	83,874	839	237	275	503	275	413	0	-137	4	4.8	0
Yadkin	10.9	37,127	405	171	199	243	199	199	0	0	1	2.7	0
Yancey	12.8	18,040	231	121	141	139	139	114	0	25	1	5.5	0
<b>Grand Totals</b>	<b>8.5</b>	<b>10,399,818</b>	<b>88,398</b>	<b>40,438</b>	<b>46,993</b>	<b>53,039</b>	<b>46,993</b>	<b>43,500</b>	<b>114</b>	<b>3,607</b>	<b>234</b>	<b>2.3</b>	<b>1</b>

\* Population projections were adjusted to exclude active duty military personnel.

**Table 13C: Year 2021 Hospice Inpatient Bed Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2016 Data)	Total Days of Care (2016 Data)	ALOS per Admission	Total 2021 Admissions	2021 Days of Care at County ALOS	2021 Days of Care at Statewide ALOS	Projected 2021 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ Surplus for Facilities not at 85% Occupancy
Source or Formula =>	2017 License Data Supplement	2017 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.9% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (74.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.65%	(Col. I/366) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2017 License Data Supplement	
Alamance	947	89,259	94.25	1,203	113,426	89,684	89,684	3,276	11	14	0	-3	39.23%	-3
Alexander	136	13,002	95.60	173	16,522	12,880	12,880	470	2		0	2		2
Alleghany	86	13,630	158.49	109	17,320	8,144	8,144	297	1		0	1		1
Anson	124	9,949	80.23	158	12,643	11,743	11,743	429	1		0	1		1
Ashe	179	22,266	124.39	227	28,295	16,952	16,952	619	2		0	2		2
Avery	82	19,032	232.10	104	24,185	7,766	7,766	284	1		0	1		1
Beaufort	264	24,837	94.08	335	31,562	25,002	25,002	913	3		0	3		3
Bertie	81	5,372	66.32	103	6,826	7,671	6,826	249	1		0	1		1
Bladen	156	16,074	103.04	198	20,426	14,774	14,774	540	2		0	2		2
Brunswick	757	56,306	74.38	962	71,551	71,690	71,551	2,613	8	7	0	1	61.28%	0
Buncombe	1,461	106,473	72.88	1,857	135,301	138,361	135,301	4,942	16	25	0	-9	64.08%	-9
Burke	532	47,652	89.57	676	60,554	50,382	50,382	1,840	6	11	0	-5	31.65%	-5
Cabarrus	765	63,684	83.25	972	80,926	72,448	72,448	2,646	9	14	0	-5	64.40%	-5
Caldwell	506	43,260	85.49	643	54,973	47,920	47,920	1,750	6	12	0	-6	93.07%	-6
Camden	32	530	16.56	41	673	3,031	673	25	0		0	0		0
Carteret	478	17,114	35.80	607	21,748	45,268	21,748	794	3	6	0	-3	82.19%	-3
Caswell	100	8,535	85.35	127	10,846	9,470	9,470	346	1		0	1		1
Catawba	1,063	72,581	68.28	1,351	92,232	100,670	92,232	3,369	11	17	0	-6	65.75%	-6
Chatham	291	27,036	92.91	370	34,356	27,559	27,559	1,007	3	6	0	-3		-3
Cherokee	116	7,279	62.75	147	9,250	10,986	9,250	338	1		0	1		1
Chowan	56	2,986	53.32	71	3,794	5,303	3,794	139	0		0	0		0
Clay	47	2,697	57.38	60	3,427	4,451	3,427	125	0		0	0		0
Cleveland	725	58,168	80.23	921	73,917	68,660	68,660	2,508	8	10	0	-2	79.29%	-2
Columbus	349	38,935	111.56	443	49,477	33,051	33,051	1,207	4	6	0	-2	71.22%	-2
Craven	427	34,198	80.09	543	43,457	40,438	40,438	1,477	5		0	5		5
Cumberland	946	70,039	74.04	1,202	89,002	89,589	89,002	3,251	10		0	10		10

**Table 13C: Year 2021 Hospice Inpatient Bed Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2016 Data)	Total Days of Care (2016 Data)	ALOS per Admission	Total 2021 Admissions	2021 Days of Care at County ALOS	2021 Days of Care at Statewide ALOS	Projected 2021 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ Surplus for Facilities not at 85% Occupancy
Source or Formula =>	2017 License Data Supplement	2017 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.9% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (74.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.65%	(Col. I/366) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2017 License Data Supplement	
Currituck	79	3,441	43.56	100	4,373	7,482	4,373	160	1		0	1		1
Dare	111	5,924	53.37	141	7,528	10,512	7,528	275	1		0	1		1
Davidson	838	51,536	61.50	1,065	65,489	79,361	65,489	2,392	8	8	0	0	82.96%	0
Davie	243	19,448	80.03	309	24,714	23,013	23,013	840	3		0	3		3
Duplin	224	18,892	84.34	285	24,007	21,214	21,214	775	2		0	2		2
Durham	1,143	72,805	63.70	1,452	92,517	108,246	92,517	3,379	11	12	0	-1	91.07%	-1
Edgecombe	224	16,375	73.10	285	20,809	21,214	20,809	760	2		0	2		2
Forsyth	1,715	113,486	66.17	2,179	144,212	162,416	144,212	5,267	17	30	0	-13	56.20%	-13
Franklin	161	10,939	67.94	205	13,901	15,247	13,901	508	2		0	2		2
Gaston	1,232	69,409	56.34	1,566	88,202	116,674	88,202	3,221	10	13	0	-3	33.54%	-3
Gates	30	1,971	65.70	38	2,505	2,841	2,505	91	0		0	0		0
Graham	28	1,351	48.25	36	1,717	2,652	1,717	63	0		0	0		0
Granville	187	11,544	61.73	238	14,670	17,710	14,670	536	2		0	2		2
Greene	85	8,346	98.19	108	10,606	8,050	8,050	294	1		0	1		1
Guilford	2,195	180,753	82.35	2,789	229,692	207,874	207,874	7,592	24	26	0	-2	54.32%	-2
Halifax	202	15,131	74.91	257	19,228	19,130	19,130	699	2		0	2		2
Harnett	389	30,768	79.10	494	39,098	36,840	36,840	1,345	4		0	4		4
Haywood	393	17,640	44.89	499	22,416	37,218	22,416	819	3	6	0	-3	33.33%	-3
Henderson	908	48,254	53.14	1,154	61,319	85,991	61,319	2,240	7	19	0	-12	46.92%	-12
Hertford	80	4,216	52.70	102	5,357	7,576	5,357	196	1		0	1		1
Hoke	133	9,370	70.45	169	11,907	12,596	11,907	435	1		0	1		1
Hyde	28	1,645	58.75	36	2,090	2,652	2,090	76	0		0	0		0
Iredell	856	66,286	77.44	1,088	84,233	81,066	81,066	2,961	10	15	0	-5	53.06%	-5
Jackson	196	15,169	77.39	249	19,276	18,562	18,562	678	2		0	2		2
Johnston	705	35,246	49.99	896	44,789	66,766	44,789	1,636	5	12	0	-7	31.92%	-7
Jones	53	3,127	59.00	67	3,974	5,019	3,974	145	0		0	0		0

**Table 13C: Year 2021 Hospice Inpatient Bed Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2016 Data)	Total Days of Care (2016 Data)	ALOS per Admission	Total 2021 Admissions	2021 Days of Care at County ALOS	2021 Days of Care at Statewide ALOS	Projected 2021 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ Surplus for Facilities not at 85% Occupancy
Source or Formula =>	2017 License Data Supplement	2017 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.9% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (74.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.65%	(Col. I/366) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2017 License Data Supplement	
Lee	316	26,396	83.53	402	33,543	29,926	29,926	1,093	4		0	4		4
Lenoir	254	22,186	87.35	323	28,193	24,055	24,055	879	3		0	3		3
Lincoln	389	34,983	89.93	494	44,455	36,840	36,840	1,345	4	0	6	-2		-2
Macon	212	16,121	76.04	269	20,486	20,077	20,077	733	2	0	6	-4		-4
Madison	138	8,719	63.18	175	11,080	13,069	11,080	405	1		0	1		1
Martin	113	11,985	106.06	144	15,230	10,701	10,701	391	1		0	1		1
McDowell	284	31,053	109.34	361	39,461	26,896	26,896	982	3		0	3		3
Mecklenburg	3,426	261,805	76.42	4,354	332,689	324,453	324,453	11,850	38	37	16	-15	71.28%	-15
Mitchell	143	22,022	154.00	182	27,984	13,543	13,543	495	2		0	2		2
Montgomery	175	14,386	82.21	222	18,281	16,573	16,573	605	2		0	2		2
Moore	808	58,008	71.79	1,027	73,714	76,520	73,714	2,692	9	11	0	-2	61.03%	-2
Nash	369	22,422	60.76	469	28,493	34,945	28,493	1,041	3		0	3		3
New Hanover	1,099	76,695	69.79	1,397	97,460	104,079	97,460	3,560	11	18	0	-7	75.58%	-7
Northampton	104	12,549	120.66	132	15,947	9,849	9,849	360	1		0	1		1
Onslow	463	31,300	67.60	588	39,774	43,848	39,774	1,453	5		0	5		5
Orange	448	36,738	82.00	569	46,685	42,427	42,427	1,550	5	6	0	-1		-1
Pamlico	56	2,552	45.57	71	3,243	5,303	3,243	118	0		0	0		0
Pasquotank	186	8,592	46.19	236	10,918	17,615	10,918	399	1		0	1		1
Pender	315	23,287	73.93	400	29,592	29,832	29,592	1,081	3		0	3		3
Perquimans	52	2,926	56.27	66	3,718	4,925	3,718	136	0		0	0		0
Person	177	10,261	57.97	225	13,039	16,762	13,039	476	2		0	2		2
Pitt	557	40,233	72.23	708	51,126	52,750	51,126	1,867	6	8	0	-2	55.94%	-2
Polk	149	11,314	75.93	189	14,377	14,111	14,111	515	2		0	2		2
Randolph	790	65,360	82.73	1,004	83,056	74,816	74,816	2,732	9	12	0	-3	55.40%	-3
Richmond	534	39,874	74.67	679	50,670	50,572	50,572	1,847	6	6	0	0	68.90%	0
Robeson	664	52,496	79.06	844	66,709	62,883	62,883	2,297	7	12	0	-5	44.79%	-5

**Table 13C: Year 2021 Hospice Inpatient Bed Need Projections**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2016 Data)	Total Days of Care (2016 Data)	ALOS per Admission	Total 2021 Admissions	2021 Days of Care at County ALOS	2021 Days of Care at Statewide ALOS	Projected 2021 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/ Surplus for Facilities not at 85% Occupancy
Source or Formula =>	2017 License Data Supplement	2017 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.9% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (74.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.65%	(Col. I/366) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2017 License Data Supplement	
Rockingham	503	21,224	42.19	639	26,970	47,636	26,970	985	3	5	0	-2	54.75%	-2
Rowan	663	39,576	59.69	843	50,291	62,788	50,291	1,837	6	7	0	-1	45.32%	-1
Rutherford	483	42,897	88.81	614	54,511	45,742	45,742	1,671	5	10	0	-5	54.23%	-5
Sampson	247	18,526	75.00	314	23,542	23,392	23,392	854	3		0	3		3
Scotland	271	20,938	77.26	344	26,607	25,665	25,665	937	3	6	0	-3	54.33%	-3
Stanly	389	26,270	67.53	494	33,383	36,840	33,383	1,219	4		0	4		4
Stokes	280	19,288	68.89	356	24,510	26,517	24,510	895	3		0	3		3
Surry	536	48,524	90.53	681	61,662	50,761	50,761	1,854	6	16	0	-10	60.72%	-10
Swain	85	6,372	74.96	108	8,097	8,050	8,050	294	1		0	1		1
Transylvania	243	15,858	65.26	309	20,152	23,013	20,152	736	2		0	2		2
Tyrrell	17	1,688	99.29	22	2,145	1,610	1,610	59	0		0	0		0
Union	723	58,592	81.04	919	74,456	68,470	68,470	2,501	8	6	0	2	68.94%	0
Vance	184	9,099	49.45	234	11,563	17,425	11,563	422	1		0	1		1
Wake	3,410	258,542	75.82	4,333	328,542	322,938	322,938	11,795	38	14	10	14	97.25%	14
Warren	78	3,601	46.17	99	4,576	7,387	4,576	167	1		0	1		1
Washington	78	6,309	80.88	99	8,017	7,387	7,387	270	1		0	1		1
Watauga	180	21,771	120.95	229	27,666	17,047	17,047	623	2		0	2		2
Wayne	734	40,889	55.71	933	51,960	69,512	51,960	1,898	6	12	0	-6	83.90%	-6
Wilkes	426	24,041	56.43	541	30,550	40,344	30,550	1,116	4		0	4		4
Wilson	311	19,890	63.95	395	25,275	29,453	25,275	923	3		0	3		3
Yadkin	193	10,967	56.82	245	13,936	18,278	13,936	509	2	4	0	-2		-2
Yancey	139	17,255	124.14	177	21,927	13,164	13,164	481	2		0	2		2
<b>Grand Totals</b>	<b>45,538</b>	<b>3,380,346</b>		<b>57,867</b>	<b>4,295,577</b>	<b>4,312,596</b>	<b>3,991,467</b>	<b>145,780</b>	<b>470</b>	<b>459</b>	<b>38</b>			

Patients originating from out of state were not included in the calculation of the two-year trailing average statewide hospice inpatient utilization rate (3.65%).

**Table 13D(1): Hospice Inpatient Facilities**

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice Home of Alamance Caswell	14	0
Brunswick	HOS0414	Lower Cape Fear Hospice, and Life CareCenter	7	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	25	0
Burke	HOS1670	Burke Palliative Care Center	11	0
Cabarrus	HOS3389	Bob & Carolyn Tucker Hospice House (Cabarrus)	14	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	8	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Catawba Valley Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Wendover Hospice House	6	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear Hospice and Life CareCenter	6	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	Hospice & Palliative Care Greensboro-Beacon Place	11	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	6	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	15	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Lincoln		Lincoln County Hospice	0	6
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Levine & Dickson Hospice House	16	0
Mecklenburg	HOS4588	Levine & Dickson Hospice House of Southminster	10	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	8	10
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Mecklenburg		East Mecklenburg at Aldersgate	0	6
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear Hospice and Life Care Center	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	Vidant Home Health and Hospice	8	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	5	0
Rowan	HOS4599	Glenn A. Kiser Hospice House	7	0
Rutherford	HOS2891	Hospice of Rutherford County, Inc.	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Hospice of Union County	6	0
Wake	HOS1595	Transitions LifeCare	14	10
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Yadkinville Care Center	4	0
<b>Grand Totals</b>			<b>459</b>	<b>38</b>

Figures were taken from the 2017 Hospice Data Supplements. Data were self reported to Healthcare Planning.

**Table 13D(2): Hospice Inpatient Facilities Occupancy Rate for FY2016**

County	Facility	Number of Licensed Beds 10/1/2015	Number of Beds Added during FY2016	Number of Licensed Beds 9/30/2016	Days of Care per 2017 Data Supplement	Occupancy Rate for Reporting Period
Alamance	Hospice Home of Alamance Caswell	14	0	14	2,010	39.23%
Brunswick	Lower Cape Fear Hospice, and Life CareCenter	7	0	7	1,570	61.28%
Buncombe	CarePartners Hospice & Palliative Care Services	25	0	25	5,863	64.08%
Burke	* Burke Palliative Care Center	8	3	11	1,201	31.65%
Cabarrus	Bob & Carolyn Tucker Hospice House (Cabarrus)	14	0	14	3,300	64.40%
Caldwell	* Caldwell Hospice & Palliative Care	4	4	8	2,247	97.02%
Caldwell	Caldwell Hospice and Palliative Care, Inc.	4	0	4	1,271	86.82%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,805	82.19%
Catawba	Catawba Valley Hospice House	11	0	11	3,175	78.86%
Catawba	Sherrills Ford Hospice House	6	0	6	916	41.71%
Cleveland	Wendover Hospice House	6	0	6	1,792	81.60%
Cleveland	Testa Family Hospice House	4	0	4	1,110	75.82%
Columbus	Lower Cape Fear Hospice and Life CareCenter	6	0	6	1,564	71.22%
Davidson	Hospice of Davidson County/Hinkle Hospice House	8	0	8	2,429	82.96%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	4,000	91.07%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	6,171	56.20%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	1,596	33.54%
Guilford	Hospice Home at High Point	15	0	15	3,288	59.89%
Guilford	Hospice & Palliative Care Greensboro-Beacon Place	11	0	11	1,881	46.72%
Haywood	Haywood Hospice & Palliative Care	6	0	6	732	33.33%
Henderson	Four Seasons Compassion for Life	19	0	19	3,263	46.92%
Iredell	Gordon Hospice House	15	0	15	2,913	53.06%
Johnston	SECU Hospice House of Johnston Health	12	0	12	1,402	31.92%
Mecklenburg	Levine & Dickson Hospice House	16	0	16	3,898	66.56%
Mecklenburg	Levine & Dickson Hospice House of Southminster	10	0	10	3,043	83.14%
Mecklenburg	Novant Health Presbyterian Medical Center	8	0	8	2,072	70.77%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	640	58.29%
Moore	FirstHealth Hospice House	11	0	11	2,457	61.03%
New Hanover	Lower Cape Fear Hospice and Life Care Center	18	0	18	4,979	75.58%
Pitt	Vidant Home Health and Hospice	8	0	8	1,638	55.94%
Randolph	The Randolph Hospice House	12	0	12	2,433	55.40%
Richmond	Hospice Haven of Richmond County	6	0	6	1,513	68.90%
Robeson	Southeastern Regional Medical Center	12	0	12	1,967	44.79%
Rockingham	Hospice of Rockingham County, Inc.	5	0	5	1,002	54.75%
Rowan	Glenn A. Kiser Hospice House	7	0	7	1,161	45.32%
Rutherford	Hospice of Rutherford County, Inc.	10	0	10	1,985	54.23%
Scotland	Scotland Regional Hospice	6	0	6	1,193	54.33%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	3,556	60.72%
Union	Hospice of Union County	6	0	6	1,514	68.94%
Wake	Transitions LifeCare	14	0	14	4,983	97.25%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	3,685	83.90%
<b>Grand Totals</b>		<b>436</b>	<b>7</b>	<b>443</b>	<b>99,218</b>	

\*Occupancy rate adjusted for beds open during the data reporting year or for part of data reporting year.

Figures were taken from the 2017 Hospice Data Supplements. Data were self reported to Healthcare Planning.

**Table 13E: Hospice Residential Facilities**

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice Home of Alamance Caswell	8	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	2	0
Burke	HOS1670	Burke Palliative Care Center	3	0
Cabarrus	HOS3389	Bob & Carolyn Tucker Hospice House (Cabarrus)	10	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	4	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Catawba Valley Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Wendover Hospice House	10	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Guilford	HOS1416	Hospice & Palliative Care Greensboro-Beacon Place	3	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	3	0
Rowan	HOS4599	Glenn A. Kiser Hospice House	7	0
Rutherford	HOS2891	Hospice of Rutherford County, Inc.	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Hospice of Union County	20	0
Wake	HOS1595	Transitions LifeCare	6	0
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Yadkinville Care Center	2	0
<b>Grand Totals</b>			<b>165</b>	<b>0</b>

**Table 13F: Inventory of Hospice Residential Beds**

County	CON Award	Operational Facility
Alamance	0	8
Alexander		
Alleghany		
Anson		
Ashe		
Avery		
Beaufort		
Bertie		
Bladen		
Brunswick		
Buncombe	0	2
Burke	0	3
Cabarrus	0	10
Caldwell	0	6
Camden		
Carteret	0	4
Caswell		
Catawba	0	10
Chatham	0	4
Cherokee		
Chowan		
Clay		
Cleveland	0	14
Columbus		
Craven		
Cumberland		
Currituck		
Dare		
Davidson	0	4
Davie		
Duplin		
Durham		
Edgecombe		
Forsyth	0	10
Franklin		
Gaston	0	6
Gates		
Graham		
Granville		
Greene		
Guilford	0	6
Halifax		
Harnett		
Haywood		
Henderson		
Hertford		
Hoke		
Hyde		
Iredell		
Jackson		
Johnston	0	6
Jones		
Lee		

**Table 13F: Inventory of Hospice Residential Beds**

County	CON Award	Operational Facility
Lenoir		
Lincoln		
Macon		
Madison		
Martin		
McDowell		
Mecklenburg		
Mitchell		
Montgomery		
Moore		
Nash		
New Hanover		
Northampton		
Onslow		
Orange		
Pamlico		
Pasquotank		
Pender		
Perquimans		
Person		
Pitt		
Polk		
Randolph	0	4
Richmond		
Robeson		
Rockingham	0	3
Rowan	0	7
Rutherford	0	8
Sampson		
Scotland	0	6
Stanly		
Stokes		
Surry	0	4
Swain		
Transylvania		
Tyrrell		
Union	0	20
Vance		
Wake	0	6
Warren		
Washington		
Watauga		
Wayne	0	12
Wilkes		
Wilson		
Yadkin	0	2
Yancey		
<b>Grand Totals</b>	<b>0</b>	<b>165</b>

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is a need for one additional hospice home care agency or office in Cumberland County as shown in Table 13G. There is no need anywhere else in the state and no other reviews are scheduled. However, in response to a petition from Liberty Home Care Services, the State Health Coordinating Council approved an adjusted need determination for one additional hospice home care office in Hyde County.

**Table 13G: Hospice Home Care Office Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional hospice home care offices as specified.

<b>County</b>	<b>HSA</b>	<b>Hospice Home Care Office Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Cumberland	V	1	June 15, 2018	July 1, 2018
Hyde***	VI	1	February 15, 2018	March 1, 2018
It is determined that there is no need for additional hospice home care offices anywhere else in the state.				

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* In response to a petition from Liberty Home Care Services, the State Health Coordinating Council approved the adjusted need determination for one additional hospice home care office in Hyde County.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there was a need for 10 hospice inpatient beds in Cumberland County and 14 hospice inpatient beds in Wake County. However, in response to a petition from Transitions LifeCare, the State Health Coordinating Council approved a decrease in the need determination in Wake County as shown in Table 13H. There is no need anywhere in the state and no other reviews are scheduled.

**Table 13H: Hospice Inpatient Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional hospice inpatient beds as specified.

<b>County</b>	<b>HSA</b>	<b>Hospice Inpatient Beds Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Cumberland	V	10	June 15, 2018	July 1, 2018
Wake***	IV	10	April 16, 2018	May 1, 2018
It is determined that there is no need for additional hospice inpatient beds anywhere else in the state.				

- \* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).
- \*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).
- \*\*\* In response to a petition from Transitions LifeCare, the State Health Coordinating Council approved a decrease in the need determination from 14 to 10 hospice inpatient beds in Wake County.

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# Chapter 14:

End-Stage Renal Disease Dialysis Facilities

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## CHAPTER 14

# END-STAGE RENAL DISEASE DIALYSIS FACILITIES

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### Summary of Dialysis Station Supply and Utilization

Inventories of dialysis facilities and current utilization rates are presented twice a year in “Semiannual Dialysis Reports” required by this chapter. According to the “July 2017 North Carolina Semiannual Dialysis Report,” there were 204 End-Stage Renal Disease (ESRD) dialysis facilities certified and operating in North Carolina providing a total of 4,972 dialysis stations. Certificates of need had been issued for an additional 224 dialysis stations, but the stations were not yet certified. Another 93 dialysis stations had been requested, but had not completed the certificate of need review and appeals process. The number of facilities per county ranged from zero to 17.

For the July 2017 North Carolina Semiannual Dialysis Report, utilization data were based on reported numbers of patients obtained from certified dialysis providers. Of the 202 certified facilities operational on December 31, 2016, 93 were at or above 80 percent utilization (*i.e., operating with at least 3.2 patients per station*).

### Changes from the Previous Plan

No substantive changes to the dialysis need methodology have been incorporated into the North Carolina 2018 State Medical Facilities Plan. Dates have been advanced by one year, as needed to represent the time period for the 2018 Plan.

### Basic Principles

The principles underlying projection of need for additional dialysis stations are as follows:

1. Increases in the number of facilities or stations should be done to meet the specific need for either a new facility or an expansion.
2. New facilities must have a projected need for at least 10 stations (or 32 patients at 3.2 patients per station) to be cost effective and to assure quality of care.
3. Healthcare Planning will maintain a list of existing facilities and stations, utilization rates, and projected need by county that is updated semiannually. Updated projections will be available two times a year on a published schedule. Existing or potential providers interested in expanding in any area of the state may contact Healthcare Planning for projected need in the area of interest. (*Note: A dialysis station’s service area is the dialysis station planning area in which the dialysis station is located. Except for the Cherokee-Clay-Graham Multicounty Planning Area and the Avery-Mitchell-Yancey Multicounty Planning Area, each of the 94 remaining counties is a separate dialysis station planning area.*)
4. Updates of the projections may target counties that have developed sufficient need to warrant consideration for facility expansion or for establishment of a new facility. Actual numbers are not published in the Plan so they can be updated as appropriate by Healthcare Planning.
5. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.

6. No existing facility may expand unless its utilization is 80 percent or greater. Any facility at 80 percent utilization or greater may apply to expand.
7. Facilities reporting no patients to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section for four consecutive Semiannual Dialysis Reports will be excluded from future inventories.
8. Quality of Care: All facilities should comply with Medicare and Medicaid regulations relating to the delivery and certification of ESRD services and with relevant North Carolina statutory provisions. An applicant already involved in the provision of end-stage renal disease services should provide evidence that care of high quality has been provided in the past.

The following are considered indicators of quality of care and existing providers proposing to expand their operations should include in their applications data which include, but are not limited to, the following:

- a. utilization rates;
  - b. morbidity and mortality rates;
  - c. number of patients that are home trained and patients on home dialysis;
  - d. number of patients receiving transplants;
  - e. number of patients currently on the transplant waiting list;
  - f. hospital admission rates; and
  - g. conversion rates for patients who have acquired hepatitis or AIDS.
9. Availability of Manpower and Ancillary/Support Services: The applicant should show evidence of the availability of qualified staff and other health manpower and management for the provision of quality ESRD services as well as the availability of a safe and adequate water supply, provision for treatment of wastewater discharge, and a standing electrical service with backup capabilities.
  10. Patient Access to In-Center ESRD Services: As a means of making ESRD services more accessible to patients, one of the goals of the N.C. Department of Health and Human Services is to minimize patient travel time to and from the center.

Therefore,

- a. End-stage renal disease treatment should be provided in North Carolina such that patients who require renal dialysis are able to be served in a facility no farther than 30 miles from the patients' homes.
  - b. In areas where it is apparent that patients are currently traveling more than 30 miles for in-center dialysis, favorable consideration should be given to proposed new facilities which would serve patients who are farthest away from existing, operational or approved facilities.
11. Transplantation Services: Transplantation services should be available to, and a priority for, all ESRD patients whose conditions make them suitable candidates for this treatment. New enrollees should meet with and have access to a transplantation representative to provide patient education and evaluation for transplantation.

12. Availability of Dialysis Care: The North Carolina State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for:
- a. Home training and backup for patients suitable for home dialysis in the ESRD dialysis facility or in a facility that is a reasonable distance from the patient's residence;
  - b. ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules;
  - c. Services in rural, remote areas.

**Sources of Data**

**Inventory Data:**

Data on the current number of dialysis facilities and stations shall be obtained from Certificate of Need and from the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, N. C. Department of Health and Human Services.

**Dialysis Patient Data:**

Data on the dialysis population by county and by facility as of June 30, 2017 and as of December 31, 2017 shall be provided by End-Stage Renal Disease providers operating certified dialysis facilities to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

**Method for Projecting New Dialysis Station Need**

Healthcare Planning shall determine need for new dialysis stations two times each calendar year, and shall make a report of such determinations available to all who request it. This report shall be called the North Carolina Semiannual Dialysis Report (SDR). Relocations of existing dialysis stations within a county shall be reviewed independently (*see Chapter 3, Category D*). The Semiannual Dialysis Reports will use facility, station and active patient data as of June 30, 2017 for the "January 2018 SDR" and as of December 31, 2017 for the "July 2018 SDR." A new five-year trend line will be established in the "July 2018 SDR" based on data as reported to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section for the time period ending December 31, 2017. Need for new dialysis stations shall be determined as follows:

1. County Need (*for the January 2018 SDR – Using the trend line ending with 12/31/2016 data*)
  - a. The average annual rate (percent) of change in total number of dialysis patients resident in each county from the end of 2012 to the end of 2016 is multiplied by the county's June 30, 2017 total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total June 30, 2018 patients.
  - b. The percent of each county's total patients who were home dialysis patients on June 30, 2017 is multiplied by the county's projected total June 30, 2018 patients, and the product is subtracted from the county's projected total June 30, 2018 patients. The remainder is the county's projected June 30, 2018 in-center dialysis patients.

- c. The projected number of each county's June 30, 2018 in-center patients is divided by 3.2. The quotient is the projection of the county's June 30, 2018 in-center dialysis stations.
  - d. From each county's projected number of June 30, 2018 in-center stations is subtracted the county's number of stations certified for Medicare, certificate of need-approved and awaiting certification, awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which certificate of need decisions have not been made. The remainder is the county's June 30, 2018 projected station surplus or deficit.
  - e. If a county's June 30, 2018 projected station deficit is 10 or greater and the January SDR shows that utilization of each dialysis facility in the county is 80 percent or greater, the June 30, 2018 county station need determination is the same as the June 30, 2018 projected station deficit. If a county's June 30, 2018 projected station deficit is 10 or greater and the January SDR shows the county has no dialysis facility located in the county, then the June 30, 2018 county station need determination is the same as the June 30, 2018 projected station deficit. If a county's June 30, 2018 projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80 percent, the county's June 30, 2018 station need is zero.
2. County Need *(for the July 2018 SDR – Using a new trend line based on 12/31/2017 data)*
- a. The average annual rate (percent) of change in total number of dialysis patients resident in each county from the end of 2013 to the end of 2017 is multiplied by the county's December 31, 2017 total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total December 31, 2018 patients.
  - b. The percent of each county's total patients who were home dialysis patients on December 31, 2017 is multiplied by the county's projected total December 31, 2018 patients, and the product is subtracted from the county's projected total December 31, 2018 patients. The remainder is the county's projected December 31, 2018 in-center dialysis patients.
  - c. The projected number of each county's December 31, 2018 in-center patients is divided by 3.2. The quotient is the projection of the county's December 31, 2018 in-center dialysis stations.
  - d. From each county's projected number of December 31, 2018 in-center stations is subtracted the county's number of stations certified for Medicare, certificate of need-approved and awaiting certification, awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which certificate of need decisions have not been made. The remainder is the county's December 31, 2018 projected station surplus or deficit.
  - e. If a county's December 31, 2018 projected station deficit is 10 or greater and the July SDR shows that utilization of each dialysis facility in the county is 80 percent

or greater, the December 31, 2018 county station need determination is the same as the December 31, 2018 projected station deficit. If a county's December 31, 2018 projected station deficit is 10 or greater and the July SDR shows the county has no dialysis facility located in the county, then the December 31, 2018 county station need determination is the same as the December 31, 2018 projected station deficit. If a county's December 31, 2018 projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80 percent, the county's December 31, 2018 station need is zero.

### 3. Facility Need

A dialysis facility located in a county for which the result of the County Need methodology is zero in the current Semiannual Dialysis Report is determined to need additional stations to the extent that:

- a. Its utilization, reported in the current SDR, is 3.2 patients per station or greater.
- b. Such need, calculated as follows, is reported in an application for a certificate of need:
  - i. The facility's number of in-center dialysis patients reported in the previous Dialysis Report (SDR<sub>1</sub>) is subtracted from the number of in-center dialysis patients reported in the current SDR (SDR<sub>2</sub>). The difference is multiplied by 2 to project the net in-center change for one year. Divide the projected net in-center change for the year by the number of in-center patients from SDR<sub>1</sub> to determine the projected annual growth rate.
  - ii. The quotient from 3.b.i. is divided by 12.
  - iii. The quotient from 3.b.ii. is multiplied by 6 (*the number of months from June 30, 2017 until December 31, 2017*) for the January 2, 2018 SDR and by 12 (*the number of months from December 31, 2016 until December 31, 2017*) for the July 2, 2018 SDR.
  - iv. The product from 3.b.iii. is multiplied by the number of the facility's in-center patients reported in the current SDR and that product is added to such reported number of in-center patients.
  - v. The sum from 3.b.iv. is divided by 3.2, and from the quotient is subtracted the facility's current number of certified stations as recorded in the current SDR and the number of pending new stations for which a certificate of need application has been approved. The remainder is the number of stations needed.
- c. The facility may apply to expand to meet the need established in 3.b.v., up to a maximum of 10 stations.

*[NOTE: "Rounding" to the nearest whole number is allowed only in Step 1(c), Step 2(c) and Step 3(b)(v). In these instances, fractions of 0.5000 or greater shall be rounded to the next higher whole number.]*

Unless specific adjusted need determinations are recommended by the North Carolina State Health Coordinating Council, an application for a certificate of need for additional dialysis stations can be considered consistent with the need determinations of this Plan only if it demonstrates a need by utilizing one of the methods of determining need outlined in this chapter.

**Timeline**

The schedule for publication of the North Carolina Semiannual Dialysis Reports and for receipt of certificate of need applications based on each issue of that report in 2018 shall be as follows:

Data for Period Ending	Publication of Semi-annual Dialysis Report	Certificate of Need Application Due Dates	Certificate of Need Beginning Review Dates
June 30, 2017	January 2, 2018	March 15, 2018	April 1, 2018
December 31, 2017	July 2, 2018	September 17, 2018	October 1, 2018

Please be advised that 5:30 p.m. on the specified application due date is the filing deadline for any certificate of need application in response to these dialysis reports. The filing deadline is absolute.

# Chapter 15:

## Psychiatric Inpatient Services

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## CHAPTER 15

# PSYCHIATRIC INPATIENT SERVICES

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### **Background Information**

Certificates of need are required prior to the development of inpatient psychiatric beds identified as needed in the North Carolina 2018 State Medical Facilities Plan. In addition, community hospitals wishing to transfer beds from state psychiatric facilities must obtain a certificate of need prior to establishing these beds pursuant to Policy PSY-1. Further, community hospitals may develop psychiatric beds by converting acute care beds to psychiatric beds through a contract with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services or one or more of the local management entities-managed care organizations (LME-MCOs) (Area Mental Health, Developmental Disabilities and Substance Abuse Authorities) in accordance with G.S. §131E-184. If the hospital has executed such a contract, the conversion will be exempt from certificate of need requirements.

### **Changes from the Previous Plan**

Two substantive changes to the methodology have been incorporated into the North Carolina 2018 State Medical Facilities Plan. The methodology for determining psychiatric bed need has been updated to reflect the use of Major Diagnostic Categories to identify days of care for facilities that report to Truven Health Analytics. Also, the service areas for need determinations were updated to reflect Nash County's move from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.

Throughout the chapter, data have been revised to reflect services provided during FY 2015-2016, and dates have been advanced by one year, where appropriate. The base year is changed to 2016, and the base year utilization data is applied to Year 2020 population estimates.

### **Basic Principles**

Services for people with a mental disorder should be organized in such a way that a continuum of care is available. Because needs of people with a mental disorder vary greatly, they require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization of individuals in acute distress, and relocating people from state facilities to community programs to the extent appropriate services are developed in the community.

Inpatient psychiatric treatment of children and adolescents (which is more extensive than stabilization) shall occur in units which are separate and distinct from both adult psychiatric units and general pediatric units. In order to maximize efficiency and ensure the availability of a continuum of care, psychiatric beds for children and adolescents shall be developed in conjunction with outpatient treatment programs.

### **Summary of Bed Supply and Utilization**

Psychiatric inpatient services are provided by four state-owned regional hospitals, by specialty hospitals and by general acute care hospitals with designated psychiatric units. The non-state hospitals had 2,137

licensed beds and provided a total of 517,073 days of care during the 12-month period ending September 30, 2016 – 20.3 percent of which were provided to patients younger than 18 years of age.

### **Methodology for Determining Psychiatric Bed Need**

The methodology used to project need for psychiatric beds focuses on short-term psychiatric beds only, i.e., those beds used primarily by patients with lengths of stay of 60 days or fewer. The methodology is based on Year 2016 utilization data obtained from Truven Health Analytics, a collector of hospital patient discharge information. The data were gathered from all acute care hospitals and specialty psychiatric hospitals in North Carolina. State hospital data are excluded because these hospitals are not subject to the certificate of need law. The data include days of care for all psychiatric patients by their county of residence and age group. Major Diagnostic Category (MDC) code 19 (Mental Diseases and Disorders) was used in the survey. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2017 “Mental Health/Substance Abuse Hospital License Renewal Application” submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

### **Basic Assumptions of the Methodology**

1. A psychiatric inpatient bed’s service area is the catchment area for the LME-MCO for mental health, developmental disabilities and substance use disorder services in which the bed is located. The counties comprising each of the seven LME-MCO catchment areas for mental health, developmental disabilities and substance use disorder services are listed in Table 15B.
2. Children and adolescents require psychiatric treatment in units that are programmatically and physically distinct from adult patient units.
3. Short-term psychiatric beds in the state psychiatric hospitals being used by residents of each psychiatric planning area program may be relocated to community facilities in accordance with Policy PSY-1.
4. Optimum occupancy of freestanding psychiatric hospitals and designated psychiatric units in acute care hospitals is considered to be 75 percent.
5. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. Need in the North Carolina 2018 State Medical Facilities Plan is projected for Year 2020.

### **Sources of Data**

#### **Inventory Data:**

North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; Certificate of Need; and the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

#### **Population Data:**

North Carolina Office of State Budget and Management (OSBM).

#### **Utilization Data:**

Truven Health Analytics collected data for the period from October 2015 through September 2016 from the providers of psychiatric inpatient services and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill distilled the data down to the individual counties. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2017 “Mental

Health/Substance Abuse Hospital License Renewal Application” submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

### **Application of the Methodology**

Each step explained below is applied to the seven LME-MCOs to arrive at bed surpluses/deficits in each LME-MCO.

#### **Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents**

- Step 1: The estimated Year 2020 days of care for children/adolescents is determined by taking the actual 2016 days of care for the age group birth through 17, multiplying that number by the projected Year 2020 child/adolescent population and then dividing by the Year 2016 child/adolescent population.
- Step 2: The adjusted Year 2020 days of care is divided by 366 and then by 75 percent to arrive at the child/adolescent bed need in Year 2020, assuming 75 percent occupancy.
- Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing child/adolescent beds in the planning inventory is then subtracted from the bed need (from Step 2) in order to arrive at the Year 2020 unmet bed need for children and adolescents.

#### **Part 2: Determining Projected Patient Days of Care and Bed Need for Adults**

- Step 1: The estimated Year 2020 days of care for adults is determined by taking the actual Year 2016 days of care for the age group 18 and over, multiplying that number by the projected Year 2020 adult population and then dividing by the Year 2016 adult population.
- Step 2: The projected Year 2020 days of care is divided by 366 and then divided by 75 percent to arrive at the adult bed need in Year 2020, assuming 75 percent occupancy.
- Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing adult beds in the planning inventory is then subtracted from the bed need (from Step 2) in order to arrive at the Year 2020 unmet bed need for adults.

**Table 15A: Inventory of Psychiatric Beds, Excluding State Hospitals  
By Local Management Entity-Managed Care Organization (LME-MCO)**

Local Management Entity- Managed Care Organization	Hospital	County	Licensed Adult Beds	Licensed Child/Adol Beds	Total Licensed Beds	License Pending		Available in SMFP Adult	Available in SMFP Child/Adol	Total Adult Inventory	Total Child/Adol Inventory	Total All Beds
						CON Adult	CON Child/Adol					
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center	Cumberland	28	0	28	0	0	0	0	28	0	28
	Duke Regional Hospital	Durham	23	0	23	0	0	0	0	23	0	23
	Duke University Medical Center	Durham	19	0	19	0	0	0	0	19	0	19
	Veritas Collaborative *	Durham	0	6	6	0	0	0	0	0	6	6
	Johnston Health	Johnston	20	0	20	0	0	0	0	20	0	20
	Holly Hill Hospital	Wake	140	60	200	57	0	0	0	197	60	257
	Strategic Behavioral Center-Garner **	Wake	0	32	32	24	0	0	0	24	32	56
	Triangle Springs	Wake	0	0	0	43	0	0	0	43	0	43
UNC Hospitals at WakeBrook **	Wake	28	0	28	0	0	0	0	28	0	28	
<b>Alliance Behavioral Healthcare Totals</b>			<b>258</b>	<b>98</b>	<b>356</b>	<b>124</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>382</b>	<b>98</b>	<b>480</b>
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	Alamance	36	8	44	0	0	0	0	36	8	44
	Carolinas HealthCare System Northeast	Cabarrus	10	0	10	0	0	0	0	10	0	10
	Novant Health Thomasville Medical Center	Davidson	45	0	45	0	0	0	0	45	0	45
	North Carolina Baptist Hospital	Forsyth	24	20	44	0	0	0	0	24	20	44
	Novant Health Forsyth Medical Center	Forsyth	80	0	80	0	0	0	0	80	0	80
	Old Vineyard Youth Services **	Forsyth	78	18	96	26	34	0	0	104	52	156
	Franklin Medical Center (closed) ***	Franklin	13	0	13	0	0	0	0	13	0	13
	Halifax Regional Medical Center	Halifax	20	0	20	0	0	0	0	20	0	20
	Carolinas Medical Center (Behavioral Health)	Mecklenburg	110	22	132	0	0	0	0	110	22	132
	Novant Health Presbyterian Medical Center	Mecklenburg	55	20	75	0	0	0	0	55	20	75
	SBH-Charlotte **	Mecklenburg	0	24	24	0	0	0	0	0	24	24
	University of North Carolina Hospitals	Orange	58	18	76	0	0	0	0	58	18	76
	Novant Health Rowan Medical Center (Lifeworks Behavioral Health Unit)	Rowan	40	0	40	0	0	0	0	40	0	40
Carolinas HealthCare System Stanly	Stanly	12	0	12	0	0	0	0	12	0	12	
LifeBrite Community Hospital of Stokes	Stokes	6	0	6	0	0	0	0	6	0	6	
<b>Cardinal Innovations Healthcare Solutions</b>			<b>587</b>	<b>130</b>	<b>717</b>	<b>26</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>613</b>	<b>164</b>	<b>777</b>
Eastpointe	Vidant Duplin Hospital	Duplin	25	0	25	0	0	0	0	25	0	25
	Southeastern Regional Medical Center ^	Robeson	33	0	33	0	0	0	0	33	0	33
	Wayne Memorial Hospital	Wayne	61	0	61	0	0	0	0	61	0	61
	Wilson Medical Center ****	Wilson	23	0	23	1	0	0	0	24	0	24
<b>Eastpointe Totals</b>			<b>142</b>	<b>0</b>	<b>142</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>143</b>	<b>0</b>	<b>143</b>
Partners Behavioral Health Management	Carolinas HealthCare System - Blue Ridge	Burke	22	0	22	0	0	0	0	22	0	22
	Catawba Valley Medical Center	Catawba	38	0	38	0	0	0	0	38	0	38
	Frye Regional Medical Center	Catawba	84	0	84	0	0	0	0	84	0	84
	Carolinas HealthCare System Kings Mountain	Cleveland	14	0	14	0	0	0	0	14	0	14
	CaroMont Regional Medical Center	Gaston	36	27	63	0	0	0	0	36	27	63
	Davis Regional Medical Center **	Iredell	28	0	28	14	0	0	0	42	0	42
<b>Partners Behavioral Health Management Totals</b>			<b>222</b>	<b>27</b>	<b>249</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>236</b>	<b>27</b>	<b>263</b>

**Table 15A: Inventory of Psychiatric Beds, Excluding State Hospitals  
By Local Management Entity-Managed Care Organization (LME-MCO)**

Local Management Entity- Managed Care Organization	Hospital	County	Licensed Adult Beds	Licensed Child/Adol Beds	Total Licensed Beds	License Pending		Available in SMFP Adult	Available in SMFP Child/Adol	Total Adult Inventory	Total Child/Adol Inventory	Total All Beds
						CON Adult	CON Child/Adol					
Sandhills Center	Cone Health (Behavioral Health Center)	Guilford	50	30	80	0	0	0	0	50	30	80
	High Point Regional Health System	Guilford	24	0	24	0	0	0	0	24	0	24
	Good Hope Hospital	Harnett	16	0	16	0	0	0	0	16	0	16
	Central Carolina Hospital	Lee	10	0	10	0	0	0	0	10	0	10
	FirstHealth Moore Regional Hospital	Moore	36	0	36	0	0	0	0	36	0	36
	Sandhills Regional Medical Center	Richmond	10	0	10	0	0	0	0	10	0	10
<b>Sandhills Center Totals</b>			<b>146</b>	<b>30</b>	<b>176</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>146</b>	<b>30</b>	<b>176</b>
Vaya Health	Alexander Hospital ****	Alexander	0	0	0	25	0	0	0	25	0	25
	Charles A. Cannon Memorial Hospital (Appalachian Behavioral Healthcare) ^^	Avery	10	0	10	0	0	0	0	10	0	10
	Mission Hospital/Copstone Center	Buncombe	45	17	62	0	0	0	0	45	17	62
	Caldwell Memorial Hospital	Caldwell	0	0	0	27	0	0	0	27	0	27
	Haywood Regional Medical Center ****	Haywood	16	0	16	17	0	0	0	33	0	33
	Margaret R. Pardee Memorial Hospital	Henderson	21	0	21	0	0	0	0	21	0	21
	Park Ridge Health	Henderson	41	0	41	0	0	0	0	41	0	41
	St. Luke's Hospital	Polk	10	0	10	0	0	0	0	10	0	10
	Rutherford Regional Medical Center	Rutherford	14	0	14	0	0	0	0	14	0	14
<b>Vaya Health Totals</b>			<b>157</b>	<b>17</b>	<b>174</b>	<b>69</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>226</b>	<b>17</b>	<b>243</b>
Trillium	Vidant Beaufort Hospital	Beaufort	22	0	22	0	0	0	0	22	0	22
	Strategic Behavioral Center - Leland	Brunswick	0	20	20	20	0	0	0	20	20	40
	CarolinaEast Medical Center	Craven	23	0	23	0	0	0	0	23	0	23
	Vidant Roanoke-Chowan Hospital	Hertford	28	0	28	0	0	0	0	28	0	28
	Nash General Hospital	Nash	44	0	44	0	0	0	0	44	0	44
	New Hanover Regional Medical Center	New Hanover	62	0	62	0	0	0	0	62	0	62
	Brynn Marr Behavioral Health System **	Onslow	12	60	72	0	0	0	0	12	60	72
	Vidant Medical Center	Pitt	52	0	52	0	0	0	0	52	0	52
<b>Trillium Totals</b>			<b>243</b>	<b>80</b>	<b>323</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>263</b>	<b>80</b>	<b>343</b>
<b>State Totals</b>			<b>1,755</b>	<b>382</b>	<b>2,137</b>	<b>254</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>2,009</b>	<b>416</b>	<b>2,425</b>

\* Excludes 25 adult CON-approved beds for eating disorder patients, approved pursuant to a special need determination in the 2014 SMFP. These beds are not included in the inventory used to project need for adult psychiatric inpatient beds.

\*\* CON-approved projects that are Policy PSY-1 bed transfers from State Psychiatric Hospitals.

\*\*\* Duke Life Point Maria Parham Medical Center received a grant from the Dorothea Dix Hospital Property Fund to renovate and convert 33 acute care beds to adult psychiatric beds at the site of the closed Franklin Medical Center. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 15A.

\*\*\*\* Adult beds are to be converted from acute care beds to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

^ Southeastern Regional Medical Center was awarded a grant to develop 10 adult psychiatric inpatient beds. These beds do not require a certificate of need and are not yet accounted for in Table 15A.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 15A.

**Table 15B: 2020 Projections of Psychiatric Bed Need  
By Local Management Entity-Managed Care Organization (LME-MCO)  
Part 1. Projection of Child/Adolescent Psychiatric Bed Need for 2020**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Local Management Entity-Managed Care Organization	2016 <18 Days of Care	2016 <18 Population Projected	2020 <18 Population Projected	2020 <18 Projected Days of Care	<18 Number of Beds Needed	<18 Total Beds Needed	Child/Adol Inventory	Child/Adol Need (Surplus or Deficit) Deficits are "-"
Formula				(Column B x Column D) / Column C	Column E / 366	Column F / 75%		Column H - Column G
<b>Alliance Behavioral Healthcare:</b> Cumberland, Durham, Johnston, Wake	24,807	457,977	470,812	25,502	70	93	98	5
<b>Cardinal Innovations Healthcare Solutions:</b> Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	31,306	711,165	720,717	31,726	87	116	164	48
<b>Eastpointe:</b> Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	7,613	171,629	167,267	7,420	20	27	0	-27
<b>Partners Behavioral Health Management:</b> Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	7,546	204,059	200,544	7,416	20	27	27	0
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	10,233	256,386	255,955	10,216	28	37	30	-7
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	8,288	208,074	206,254	8,216	22	30	17	-13
<b>Trillium:</b> Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	15,076	299,679	306,827	15,436	42	56	80	24
<b>Child/Adolescent Grand Totals</b>	<b>104,869</b>	<b>2,308,969</b>	<b>2,328,376</b>	<b>105,931</b>	<b>289</b>	<b>386</b>	<b>416</b>	

**Table 15B: 2020 Projections of Psychiatric Bed Need  
By Local Management Entity-Managed Care Organization (LME-MCO)  
Part 2. Projection of Adult Psychiatric Bed Need for 2020**

Column A	Column K	Column L	Column M	Column N	Column O	Column P	Column Q	Column R
Local Management Entity-Managed Care Organization	2016 18+ Days of Care	2016 18+ Population Projected	2020 18+ Population Projected	2020 18+ Projected Days of Care	Number of Beds Adults Needed	Total Beds Needed	Adult Inventory	Adult Bed Need (Surplus or Deficit) Deficits are "-"
Formula				(Column K x Column M) / Column L	Column N / 366	Column O / 75%		Column Q - Column P
<b>Alliance Behavioral Healthcare:</b> Cumberland, Durham, Johnston, Wake	69,409	1,390,725	1,502,784	75,002	205	273	382	109
<b>Cardinal Innovations Healthcare Solutions:</b> Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	117,503	2,367,108	2,524,834	125,333	342	457	613	156
<b>Eastpointe:</b> Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	36,380	553,727	561,100	36,864	101	134	143	9
<b>Partners Behavioral Health Management:</b> Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	41,076	720,379	749,659	42,746	117	156	236	80
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	37,514	843,549	876,685	38,988	107	142	146	4
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	52,111	889,001	919,822	53,918	147	196	226	30
<b>Trillium:</b> Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	58,211	1,085,017	1,121,116	60,148	164	219	263	44
<b>Adult Grand Totals</b>	<b>412,204</b>	<b>7,849,506</b>	<b>8,256,000</b>	<b>432,997</b>	<b>1,183</b>	<b>1,577</b>	<b>2,009</b>	

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for 47 child/adolescent psychiatric inpatient beds, as shown in Table 15C (1). There is no need anywhere else in the state and no other reviews are scheduled.

**Table 15C (1): Child/Adolescent Psychiatric Inpatient Bed Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional child/adolescent psychiatric inpatient beds as specified.

<b>Local Management Entity-Managed Care Organization (LME-MCO) and Counties</b>	<b>HSA</b>	<b>Child/Adolescent Psychiatric Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
<b>Eastpointe:</b> Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	V, VI	27	August 15, 2018	September 1, 2018
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	II, IV, V	7	July 16, 2018	August 1, 2018
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	I	13	March 15, 2018	April 1, 2018
It is determined that there is no need for additional child/adolescent psychiatric inpatient beds anywhere else in the state and no other reviews are scheduled.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined that there is no need for additional adult psychiatric inpatient beds anywhere in the state and no other reviews are scheduled as shown in Table 15C(2).

**Table 15C (2): Adult Psychiatric Inpatient Bed  
Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional adult psychiatric inpatient beds as specified.

<b>Local Management Entity- Managed Care Organization (LME-MCO) and Counties</b>	<b>HSA</b>	<b>Adult Psychiatric Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional adult psychiatric inpatient beds anywhere else in the state and no other reviews are scheduled.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).

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# Chapter 16:

Substance Use Disorder Inpatient and Residential Services  
(Chemical Dependency Treatment Beds)

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## **CHAPTER 16**

# **SUBSTANCE USE DISORDER INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)**

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### **Summary of Bed Supply and Utilization**

Three state-operated Alcohol and Drug Abuse Treatment Centers are certified by the Centers for Medicare & Medicaid Services as acute inpatient psychiatric hospitals and provide substance use disorder/psychiatric stabilization and treatment.

### **Changes from the Previous Plan**

Two substantive changes to the methodology have been incorporated into the North Carolina 2018 State Medical Facilities Plan. The methodology for determining chemical dependency (substance use disorder) treatment bed need has been updated to reflect the use of Major Diagnostic Categories to identify days of care for facilities that report to Truven Health Analytics. Also, the service areas for need determinations were updated to reflect Nash County's move from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.

Throughout the chapter, data have been revised to reflect services provided during fiscal year 2015-2016, and dates have been advanced by one year, where appropriate. The base year is changed to 2016 and the base year utilization data is applied to Year 2020 population estimates.

### **Basic Principles**

Services for people with a substance use disorder should be organized in such a way that a continuum of care is available. Because their needs vary greatly, people with a substance use disorder require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state-operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community. This avoids institutionalization of individuals in acute distress and allows relocating people from state facilities to community programs to the extent appropriate services are developed in the community. Adolescents should receive substance use disorder treatment services that are distinct from services provided to adults.

It is essential that a continuum of services be available for the treatment of substance use disorders. Physical withdrawal from addicting substance(s) is accomplished through detoxification services. Hospitalization shall be considered the most restrictive form of therapeutic intervention or treatment and shall be used only when this level of 24-hour care and supervision is required to meet the patient's health care needs. Following detoxification, the individual should receive substance use disorder-related services addressing his/her physical, emotional, psychological and social needs.

In addition, individuals should have access to a continuum of appropriate services including periodic, day/night and residential/inpatient services. Support services (e.g., Alcoholics and Narcotics Anonymous, vocational rehabilitation) that help the individual remain in control of his/her life and prevent the possibility of relapse should also be available.

The 2003 Session of the General Assembly of North Carolina approved Session Law 2003-390, House Bill 815, which stated that it was:

“An act to amend the definition of chemical dependency treatment facility to provide that social setting detoxification facilities and medical detoxification facilities are not chemical dependency treatment facilities for the purposes of Certificate of Need requirements and to amend the definition of chemical dependency treatment bed to provide that beds licensed for detoxification are not chemical dependency treatment beds for the purposes of Certificate of Need requirements; and to provide that social setting detoxification facilities and medical detoxification facilities shall not deny admission or treatment to an individual on the basis of the individual's inability to pay.”

In response to House Bill 815, the detoxification-only beds for residential facilities were removed from the inventory in this chapter. Licenses for acute care hospitals were revised to change the existing licensed medical detoxification beds to licensed chemical dependency/substance use disorder treatment beds. See DFS Advisory in Appendix E.

### **Basic Assumptions of the Methodology**

1. Children and adolescents require treatment in units that are programmatically and physically distinct from adult patient units.
2. Target occupancy of substance use disorder treatment units in hospitals and residential facilities is considered to be 85 percent.
3. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. Need in the North Carolina 2018 State Medical Facilities Plan is projected for Year 2020.

### **Inventory Data:**

North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; Certificate of Need; and Division of State Operated Healthcare Facilities.

### **Population Data:**

North Carolina Office of State Budget and Management.

### **Utilization Data:**

Truven Health Analytics collected data for the period from October 2015 through September 2016 from hospital providers, and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill distilled the data down to the individual counties. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2017 “Mental Health/Substance Abuse Hospital License Renewal Application” and the “Substance Abuse Residential Treatment Data Collection Form,” as attached to the 2017 “License Renewal Application for MH/DD/SAS Facilities,” submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

### **Methodology for Determining Chemical Dependency (Substance Use Disorder) Treatment Bed Need**

The methodology is based on 2016 hospital utilization data obtained from Truven Health Analytics, a collector of hospital patient discharge information. Data reflecting utilization of chemical dependency (substance use disorder) residential treatment facilities and mental health hospitals that did not submit data to Truven Health Analytics in 2016 were derived from the 2017 “Substance Abuse Residential Treatment

Data Collection Form” and the 2017 “Mental Health/Substance Abuse Hospital License Renewal Application,” as submitted to the North Carolina Division of Health Service Regulation. The data collected and calculated include the days of care for all substance use disorder patients by their county of residence and age group, for a one-year time period. Major Diagnostic Category (MDC) code 20 (Alcohol/Drug Use or Induced Mental Disorders) was used to identify records used in the methodology.

### **Application of the Methodology**

A chemical dependency treatment bed’s service area is the mental health planning region in which the bed is located. The LME-MCOs comprising the three mental health planning regions are listed in Table 16B. The counties comprising each of the seven LME-MCO catchment areas for mental health, developmental disabilities and substance use disorder services are listed in Table 15 B Part 1 & Part 2. Each step explained below is applied individually to the seven mental health LME-MCOs, and then bed surpluses/deficits in the LME-MCOs are combined to arrive at the total surpluses/deficits for the three mental health planning regions. Treatment utilization data from acute care and specialty hospitals and from residential treatment facilities were incorporated into the methodology.

### **Part 1: Determining Projected Patient Days of Care and Total Bed Need**

- Step 1: The estimated Year 2020 days of care for all age groups is determined by taking the actual Year 2016 days of care, multiplying that number by the projected Year 2020 population and then dividing by the Year 2016 population.
- Step 2: The Year 2020 days of care is divided by 366 and then by 85 percent to arrive at the total bed need in Year 2020, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance use disorder) treatment beds in hospitals and residential treatment facilities.

### **Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults**

- Step 1: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) in order to arrive at the Year 2020 unmet bed need for all age groups (“total bed surplus/deficit”).
- Step 2: Nine percent of the total bed need is subtracted as the estimated Year 2020 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of care were for children and adolescents).
- Step 3: The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2020 child/adolescent unmet bed need.
- Step 4: The adult bed need is then calculated by subtracting the child/adolescent bed “surplus/deficit” from the total bed “surplus/deficit.”

**Table 16A: Inventory of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities  
By Local Management Entity-Managed Care Organization (LME-MCO) & Mental Health Planning Region**

Local Management Entity-Managed Care Organization	Facility Name	Type	HSA	County	Total All Beds	Detox/Treatment Beds: Total					Detox/Treatment Beds: Adult				Detox/Treatment Beds: Child/Adolescent				Detox Only Beds *
						Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Licensed Beds	
Eastpointe	Community Outreach Youth Services	R	V	Robeson	8	8	0	8	0	0	0	0	0	8	0	8	0	0	
<b>EASTPOINTE TOTALS</b>					<b>8</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	
Trillium	Nash General Hospital	H	VI	Nash	16	16	16	0	0	16	16	0	0	0	0	0	0	0	
	The Wilmington Treatment Center	H	V	New Hanover	44	44	44	0	0	44	44	0	0	0	0	0	0	0	
	Brynn Marr Behavioral Health System	H	VI	Onslow	12	12	12	0	0	12	12	0	0	0	0	0	0	0	
<b>TRILLIUM TOTALS</b>					<b>72</b>	<b>72</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>72</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Eastern Region Totals</b>					<b>80</b>	<b>80</b>	<b>72</b>	<b>8</b>	<b>0</b>	<b>72</b>	<b>72</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>0</b>	
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center	H	V	Cumberland	11	4	4	0	0	4	4	0	0	0	0	0	0	7	
	Holly Hill Hospital	H	IV	Wake	28	28	28	0	0	28	28	0	0	0	0	0	0	0	
	Triangle Springs	R	IV	Wake	34	34	0	34	0	34	0	34	0	0	0	0	0	0	
<b>ALLIANCE BEHAVIORAL HEALTHCARE TOTALS</b>					<b>73</b>	<b>66</b>	<b>32</b>	<b>34</b>	<b>0</b>	<b>66</b>	<b>32</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	H	II	Alamance	12	12	12	0	0	0	0	0	0	12	12	0	0	0	
	Path of Hope, Men	R	II	Davidson	12	12	12	0	0	12	12	0	0	0	0	0	0	0	
	Path of Hope, Women	R	II	Davidson	6	6	6	0	0	6	6	0	0	0	0	0	0	0	
	Addiction Recovery Care Association	R	II	Forsyth	48	36	36	0	0	36	36	0	0	0	0	0	0	12	
	Old Vineyard Youth Services	H	II	Forsyth	8	8	8	0	0	4	4	0	0	4	4	0	0	0	
	Anuvia Prevention & Recovery Center	R	III	Mecklenburg	41	32	32	0	0	32	32	0	0	0	0	0	0	9	
	Carolinas Medical Ctr. (Behavioral Health)	H	III	Mecklenburg	11	11	11	0	0	11	11	0	0	0	0	0	0	0	
	McLeod Addictive Disease Center	R	III	Mecklenburg	36	30	30	0	0	30	30	0	0	0	0	0	0	6	
	UNC Hospitals	H	IV	Orange	16	0	0	0	0	0	0	0	0	0	0	0	0	16	
	Novant Health Rowan Medical Center	H	III	Rowan	15	15	15	0	0	15	15	0	0	0	0	0	0	0	
CHS Behavioral Health - First Step **	R	III	Union	4	0	16	-16	0	0	16	-16	0	0	0	0	0	4		
<b>CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS</b>					<b>209</b>	<b>162</b>	<b>178</b>	<b>-16</b>	<b>0</b>	<b>146</b>	<b>162</b>	<b>-16</b>	<b>0</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>47</b>	
Sandhills Center	Daymark Guilford Co. Treatment Facility	R	II	Guilford	51	40	40	0	0	40	40	0	0	0	0	0	0	11	
	Fellowship Hall	H	II	Guilford	60	60	60	0	0	60	60	0	0	0	0	0	0	0	
	High Point Regional Hospital	H	II	Guilford	4	4	4	0	0	4	4	0	0	0	0	0	0	0	
	Lodge II (of Fellowship Hall)	R	II	Guilford	16	16	16	0	0	16	16	0	0	0	0	0	0	0	
	Mose Kiser, Jr. Lodge (of Fellowship Hall)	R	II	Guilford	23	23	23	0	0	23	23	0	0	0	0	0	0	0	
	FirstHealth Moore Regional Hospital	H	V	Moore	14	14	14	0	0	14	14	0	0	0	0	0	0	0	
	Samaritan Colony	R	V	Richmond	12	12	12	0	0	12	12	0	0	0	0	0	0	0	
<b>SANDHILLS CENTER TOTALS</b>					<b>180</b>	<b>169</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>169</b>	<b>169</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	
<b>Central Region Totals</b>					<b>462</b>	<b>397</b>	<b>379</b>	<b>18</b>	<b>0</b>	<b>381</b>	<b>363</b>	<b>18</b>	<b>0</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>65</b>	
Partners Behavioral Health Management	Frye Regional Medical Center	H	I	Catawba	16	16	16	0	0	16	16	0	0	0	0	0	0	0	
	Carolinas HealthCare System Kings Mountain*	H	I	Cleveland	6	0	0	0	0	0	0	0	0	0	0	0	0	6	
	Phoenix Counseling Center	R	III	Gaston	11	6	6	0	0	6	6	0	0	0	0	0	0	5	
	Hope Valley, Men	R	II	Surry	30	22	22	0	0	22	22	0	0	0	0	0	0	8	
	Hope Valley, Women	R	II	Surry	8	8	8	0	0	8	8	0	0	0	0	0	0	0	
<b>PARTNERS BEHAVIORAL HEALTH MANAGEMENT TOTALS</b>					<b>71</b>	<b>52</b>	<b>52</b>	<b>0</b>	<b>0</b>	<b>52</b>	<b>52</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	
Vaya Health	Alexander Youth Services	R	I	Alexander	15	15	0	15	0	0	0	0	0	15	0	15	0	0	
	Robert Swain Recovery Center	R	I	Buncombe	22	22	22	0	0	16	16	0	0	6	6	0	0	0	
	Pavillon International	R	I	Polk	51	46	46	0	0	46	46	0	0	0	0	0	0	5	
	Transylvania Regional Hospital	H	I	Transylvania	40	40	40	0	0	40	40	0	0	0	0	0	0	0	
Synergy Recovery at the Bundy Center	R	I	Wilkes	10	4	4	0	0	4	4	0	0	0	0	0	0	6		
<b>VAYA HEALTH TOTALS</b>					<b>138</b>	<b>127</b>	<b>112</b>	<b>15</b>	<b>0</b>	<b>106</b>	<b>106</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>15</b>	<b>0</b>	<b>11</b>	
<b>Western Region Totals</b>					<b>209</b>	<b>179</b>	<b>164</b>	<b>15</b>	<b>0</b>	<b>158</b>	<b>158</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>15</b>	<b>0</b>	<b>30</b>	
<b>State Totals</b>					<b>751</b>	<b>656</b>	<b>615</b>	<b>41</b>	<b>0</b>	<b>611</b>	<b>593</b>	<b>18</b>	<b>0</b>	<b>45</b>	<b>22</b>	<b>23</b>	<b>0</b>	<b>95</b>	

\* Detox Only Beds are not part of the Planning Inventory per Appendix E of the State Medical Facilities Plan. The data are provided for information purposes only.

\*\* On 12/17/2015, CHS Behavioral Health-First Step delicensed all 16 beds under licensure category 10A NCAC 27G.3400. This action removed the 16 adult substance use beds from the planning inventory. The facility did not report days of care for 2015-2016.

**Table 16B: 2020 Projection of Chemical Dependency (Substance Use Disorder) Treatment Bed Need  
By Mental Health Planning Region**

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	
Local Management Entity Managed Care Organization (LME-MCO) by Mental Health Planning Region Totals	2016 Days of Care	2016 Population	Projected 2020 Population	2020 Projected Days of Care	Number of Beds	Total Beds Needed	Total Planning Inventory	Total Bed (Surplus/Deficit) (H - G) Deficits are "-."	Child/Adol. Bed %	Child/Adol. Planning Inventory	Child/Adol. Bed Need (Surplus/Deficit)	Adult Bed Need (Surplus/Deficit)	2018 Treatment Bed Need Determination	
													Child/Adol.	Adult
Formula				(Column B x Column D) / Column C	Column E / 366	Column F / 85%		Column H - Column G	Column G x 9%		Column K - Column J	Column I - Column L [Rounded]		
<b>Eastpointe:</b> Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	6,247	725,356	728,367	6,273	17	20	8	-12	2	8	6	-18		
<b>Trillium:</b> Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	14,860	1,384,696	1,427,943	15,324	42	49	72	23	4	0	-4	27		
<b>Eastern Region Totals</b>	<b>21,107</b>	<b>2,110,052</b>	<b>2,156,310</b>	<b>21,597</b>	<b>59</b>	<b>69</b>	<b>80</b>	<b>11</b>	<b>6</b>	<b>8</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>
<b>Alliance Behavioral Healthcare:</b> Cumberland, Durham, Johnston, Wake	16,295	1,848,702	1,973,596	17,396	48	56	66	10	5	0	-5	15		
<b>Cardinal Innovations Healthcare Solutions:</b> Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	52,047	3,078,273	3,245,551	54,875	150	176	162	-14	16	16	0	-14		
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	33,049	1,099,935	1,132,640	34,032	93	109	169	60	10	0	-10	70		
<b>Central Region Totals</b>	<b>101,391</b>	<b>6,026,910</b>	<b>6,351,787</b>	<b>106,303</b>	<b>290</b>	<b>342</b>	<b>397</b>	<b>55</b>	<b>31</b>	<b>16</b>	<b>-15</b>	<b>71</b>	<b>15</b>	<b>0</b>
<b>Partners Behavioral Health Management:</b> Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	13,678	924,438	950,203	14,059	38	45	52	7	4	0	-4	11		
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	17,729	1,097,075	1,126,076	18,198	50	58	127	69	5	21	16	53		
<b>Western Region Totals</b>	<b>31,407</b>	<b>2,021,513</b>	<b>2,076,279</b>	<b>32,257</b>	<b>88</b>	<b>104</b>	<b>179</b>	<b>75</b>	<b>9</b>	<b>21</b>	<b>12</b>	<b>64</b>	<b>0</b>	<b>0</b>
							<b>656</b>	<b>&lt; Grand Totals &gt;</b>		<b>45</b>				

**Note:** When calculating with a computer versus manually, rounding differences can occur. If calculating manually, the recommendation is to carry the rate out to at least four decimal places, recognizing that computer programs may use fractions with many more decimal places, which may result in slightly different projections. Table 16B was created using Microsoft Excel.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined there is no need for additional adult chemical dependency (substance use disorder) treatment beds anywhere else in the state and no other reviews are scheduled as shown in Table 16C. However, in response to a petition from the Central Region, the State Health Coordinating Council approved an adjusted need determination for 14 adult chemical dependency (substance use disorder) treatment beds in the Sandhills LME-MCO for women, with a preference for development of beds in Moore or Richmond County.

**Table 16C: Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination**

*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the mental health planning regions listed in the table below need additional adult chemical dependency treatment beds as specified.

<b>Mental Health Planning Region</b>	<b>HSA</b>	<b>Adult Chemical Dependency Treatment Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
Central Region	II, III, IV, V	14***	May 15, 2018	June 1, 2018
Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.				

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

\*\*\* In response to a petition for the Central Region, the State Health Coordinating Council approved an adjusted need determination for 14 adult chemical dependency treatment beds in the Sandhills LME-MCO for women, with a preference for development of beds in Moore or Richmond County. Further, certificate of need applicants must commit to establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured).

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined the need for 15 child/adolescent chemical dependency (substance use disorder) treatment beds, as shown in Table 16D. There is no need anywhere else in the state and no other reviews are scheduled.

**Table 16D: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the mental health planning regions listed in the table below need additional child/adolescent chemical dependency treatment beds as specified.

<b>Mental Health Planning Region</b>	<b>HSA</b>	<b>Child/Adolescent Chemical Dependency Treatment Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
<b>Central Region</b>	II, III, IV, V	15	March 15, 2018	April 1, 2018

Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.

\* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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# Chapter 17:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

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## CHAPTER 17

# INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

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### **Background Information**

Area mental health, developmental disability and substance use disorder authorities (G.S. 122C-117(a)(2)) have responsibility by law to ensure provision of services to people in need within their catchment areas. A certificate of need application for a new or expanded Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) should contain written comments from the Local Management Entity/Managed Care Organization (LME-MCO) of the area authority relative to its endorsement of the project and involvement in the development of a client admission/discharge agreement. The LME-MCOs shall serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and ensured coordination with services outside the facility.

The North Carolina Department of Health and Human Services is committed to the integration of people with intellectual disabilities/developmental disabilities into community living to the fullest extent possible. Community-based alternatives are encouraged, particularly through the transfer of ICF/IID beds from state developmental centers. Other alternatives may include small, community-based, non-ICF/IID residential options as well as other sites through the Medicaid Waiver Community Alternatives Program (CAP) - MR/DD Program.

Facilities proposing to transfer ICF/IID beds from state developmental centers to communities shall demonstrate that they are committed to serving the same type of residents normally served in state operated developmental centers. To ensure that relocated beds will serve those people, any certificate of need application for beds allocated under the above policy must meet the requirements of Chapter 858 of the 1983 Session Laws. The application for transferred beds shall include a written agreement by the applicant with the following representatives which outlines the operational aspects of the bed transfers: director of the LME-MCO serving the county where the program is to be located; the director of the applicable state developmental center; the director of the North Carolina Division of State Operated Healthcare Facilities; and the Secretary of the North Carolina Department of Health and Human Services.

Alternatively, notwithstanding the requirements of Chapter 858 of the 1983 Session Laws, facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. To help ensure the relocated beds will serve these residents, such proposals shall include a written agreement with the following representatives: director of the LME-MCO serving the county where the program is to be located; the director of the applicable state developmental center; the director of the North Carolina Division of State Operated Healthcare Facilities; and the secretary of the North Carolina Department of Health and Human Services.

### **Changes from the Previous Plan**

One substantive change to the ICF/IID methodology has been incorporated into the 2018 State Medical Facilities Plan. The service areas for need determinations were updated to reflect Nash County's move from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.

## **Basic Principles**

People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, the full continuum of services should be explored to determine the most appropriate level of care for their needs.

Services for people with a developmental disability should be organized in such a way that a continuum of care is available. For most individuals, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization of individuals with a developmental disability, and relocating people from state facilities to community programs to the extent appropriate services are developed in the community.

## **Summary of ICF/IID Bed Supply and Utilization**

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities is a category of group home care designated by the federal-state Medicaid program. A total of 5,102 certified ICF/IID beds are in operation. This total includes four state facilities and their 2,317 beds. The beds located in state facilities are excluded from the regular bed inventory because such facilities are not subject to the state's certificate of need law.

## **Other States' ICF/IID Bed Totals**

The agency has surveyed the southeastern states that cover ICF/IID beds under their certificate of need statutes. The research found:

In the state of Tennessee, the legislature has capped the number of beds at 668. If the ratio of beds to population is calculated, it is the following:

$$5,368,198 \div 668 = 8,036 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 8,036 = 924 \text{ beds instead of 5,102 beds}$$

In the state of Kentucky, the number of beds is capped at 1,208. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$3,908,124 \div 1,208 = 3,235 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 3,235 = 2,295 \text{ beds instead of 5,102 beds}$$

In the state of South Carolina, the number of beds is 2,714. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$3,760,181 \div 2,714 = 1,385 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 1,385 = 5,361 \text{ beds instead of 5,102 beds}$$

In the state of Virginia, the number of beds is 2,090. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$6,733,996 \div 2,090 = 3,222 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 3,222 = 2,305 \text{ beds instead of 5,102 beds}$$

### **Comparison of North Carolina to Other States and Need Determination Methodology**

If North Carolina used any of the individual state's ratios above or need methodologies (except for South Carolina's), the need for ICF/IID beds would indicate that the present number of 5,102 beds providing service in the state is an adequate number of beds.

If North Carolina used the average of the ratios for people per bed from the above four states, the need for ICF/IID beds would equal to 1,870 beds:

$$7,425,183 \div 3,970 = 1,870 \text{ beds instead of 5,102 beds}$$

In the publication State of Tennessee's Health Guidelines for Growth, it is stated that

"the population-based estimate of the total need for ICF/MR facilities is .05 percent of the general population. This estimate is based on the estimate for all mental retardation of 1 percent. Of the 1 percent estimate, 5 percent of those are estimated to meet level 1 criteria and be appropriate for ICF/MR services."

If North Carolina used the .05 percent of its general Year 2016 population, the need for ICF/IID beds would equal to 5,079 beds:

$$10,158,475 \times .01 = 101,584 \times .05 = 5,079 \text{ beds instead of 5,102 beds}$$

The North Carolina Division of Health Service Regulation's basic position continues to be that additional ICF/IID beds in North Carolina are in conflict with the experience and practice of surrounding states that indicate that North Carolina has a more than adequate number of ICF/IID beds in comparison to other southeastern states.

### **Need Determination for ICF/IID Beds**

The service area for an ICF/IID bed is the catchment area for the LME-MCO for developmental disability and substance use disorder services in which the bed is located. LME-MCO catchment areas for mental health, developmental disability and substance use disorder services are listed in Table 17A: Inventory of ICF/IID Facilities and Beds.

In accordance with the policy titled: POLICY ICF/IID-2: TRANSFER OF ICF/IID BEDS FROM STATE OPERATED DEVELOPMENTAL CENTERS TO COMMUNITY FACILITIES FOR INDIVIDUALS

WHO CURRENTLY OCCUPY THE BEDS, a proposal was submitted by the North Carolina Division of MH/DD/SAS to facilitate the downsizing of the state operated developmental centers.

The proposal indicated that the North Carolina Division of MH/DD/SAS will transfer existing adult certified ICF/IID beds in state operated developmental centers through the certificate of need process to establish ICF/IID group homes in the community to serve people with complex behavioral challenges and/or medical conditions for whom a community ICF/IID placement is appropriate, as determined by the individual's treatment team and with the individual/guardian being in favor of the placement.

**Sources of Data**

North Carolina Department of Health and Human Services, Division of State Operated Healthcare Facilities; Division of Health Service Regulation, Mental Health Licensure and Certification Section and Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	Extra Special Care	Cumberland	0	0		6	6
	Holliday's Place Group Home	Cumberland	0	0		6	6
	Hope Mills Home	Cumberland	0	0		6	6
	My Place	Cumberland	0	0		6	6
	No Place Like Home	Cumberland	0	0		5	5
	Northside Group Home	Cumberland	0	0		6	6
	Southern Avenue Home	Cumberland	0	0		6	6
	Strickland Bridge Homes A & B	Cumberland	0	0		12	12
	Thomas S. Decatur Home	Cumberland	0	0		6	6
	The Carter Clinic Residential Home	Cumberland	0	0		6	6
	Wilmington Road Group Home	Cumberland	0	0		6	6
	Chandler Road	Durham	0	0		6	6
	Holloway Street Home	Durham	0	0		6	6
	Kenwood Drive Home	Durham	0	0		6	6
	Keywest Center	Durham	0	0		6	6
	Lynn Road	Durham	0	0		6	6
	Mineral Springs I	Durham	0	0		6	6
	Mineral Springs II	Durham	0	0		6	6
	SCI-Triangle House I	Durham	0	0		6	6
	SCI-Triangle House II	Durham	0	0		6	6
	Seven Oaks Road-Durham	Durham	0	0		5	5
	VOCA-Gentry	Durham	0	0		6	6
	VOCA-Obie	Durham	0	0		6	6
	Voca-Otis Street Home	Durham	0	0		6	6
	Canterbury Road Home	Johnston	0	0		6	6
	Country Manor Group Home	Johnston	0	0		6	6
	Heath Avenue Home	Johnston	0	0		6	6
	VOCA-Greenwood Group Home	Johnston	0	0		6	6
	VOCA-Laurelwood	Johnston	0	0		6	6
	Avent Ferry Home	Wake	0	0		6	6
	Bass Lake	Wake	0	0		6	6
	Blanche Drive	Wake	0	0		6	6
	Country Lane	Wake	0	0		6	6
	Dartmouth Road Group Home	Wake	0	0		6	6
	Dickens Drive Home	Wake	0	0		6	6
	Forest Creek Group Home	Wake	0	0		6	6
	Georgia Court	Wake	0	0		6	6
	Helmsdale Group Home	Wake	0	0		6	6
	Hickory Avenue Home	Wake	0	0		6	6
	Hilltop Home	Wake	0	0		22	22
	Huntleigh	Wake	0	0		6	6
	Jade Tree	Wake	0	0		6	6
Lockley Road	Wake	0	0		6	6	
Mason Street	Wake	0	0		6	6	
Rockwood	Wake	0	0		6	6	

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
<b>Alliance Behavioral Healthcare:</b> Cumberland, Durham, Johnston, Wake	Rolling Meadows	Wake	0	0		6	6
	Stonegate	Wake	0	0		6	6
	Tammy Lynn Center for Developmental Disabilities	Wake	0	0		30	30
	Trotters Bluff	Wake	0	0		6	6
	VOCA - Creekway	Wake	0	0		6	6
	VOCA - Olive Home	Wake	0	0		6	6
<b>Totals for Alliance Behavioral Healthcare</b>			<b>0</b>	<b>0</b>		<b>350</b>	<b>350</b>
<b>Cardinal Innovations Healthcare Solutions:</b> Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Poplar Street Group Home	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc./Rosemont Street	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc./Veterans Drive	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	Alamance	0	0		6	6
	Bost Children's Center	Cabarrus	0	0		10	10
	Christy Woods Group Home	Cabarrus	0	0		5	5
	Michigan Street Home	Cabarrus	0	0		5	5
	Clear Creek	Cabarrus	0	0		120	120
	Wilhelm Place Home	Cabarrus	0	0		5	5
	CLLC (Carolina Living & Learning Center)	Chatham	0	0		15	15
	Scotthurst I & II	Davidson	0	0		12	12
	Boxwood Acres	Davie	0	0		6	6
	Pleasant Acres	Davie	0	0		6	6
	Twinbrooks	Davie	0	0		6	6
	Forsyth Group Home #1	Forsyth	0	0		6	6
	Forsyth Group Home #2	Forsyth	0	0		6	6
	Konnoak Group Home	Forsyth	0	0		6	6
	Pineview	Forsyth	0	0		5	5
	The Arches-Horizons Residential Care Center	Forsyth	0	0		10	10
	The Atrium/The Respite Center	Forsyth	0	0		30	30
	Wilson Smith Cottage	Forsyth	0	0		6	6
	Dove Road Home	Granville	0	0		6	6
	Granville ICF/MR Group Home	Granville	0	0		5	5
	Park Avenue Home	Granville	0	0		6	6
	Stem Road Home	Granville	0	0		6	6
	Idlewood Group Home	Halifax	0	0		6	6
	LIFE, Inc./ Lakeview	Halifax	0	0		6	6
	LIFE, Inc./King Street Group Home	Halifax	0	0		6	6
	McFarland Road	Halifax	0	0		6	6
	SCI-Roanoke House	Halifax	0	0		12	12
	Bon Rea Drive Group Home	Mecklenburg	0	0		6	6
	Dalmoor Drive Group Home	Mecklenburg	0	0		6	6
	Flowe Drive Group Home	Mecklenburg	0	0		6	6
Gail B. Hanks Group Home	Mecklenburg	0	0		6	6	
Heathcroft	Mecklenburg	0	0		6	6	
Leaves	Mecklenburg	0	0		6	6	
Mantle Court Group Home	Mecklenburg	0	0		6	6	

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
	Oak Street Group Home-St. Mark	Mecklenburg	0	0		6	6
	Ravendale Drive Group Home	Mecklenburg	0	0		6	6
	Monroe Rd.	Mecklenburg	0	0		6	6
	Shelburne Place	Mecklenburg	0	0		6	6
	Burtonwood Circle Home	Mecklenburg	0	0		6	6
	Lakeview	Mecklenburg	0	0		6	6
	Starnes Group Home	Mecklenburg	0	0		6	6
	Tuckaseegee Group Home	Mecklenburg	0	0		6	6
	VOCA-Denbur Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Freedom Group Home	Mecklenburg	0	0		6	6
	VOCA-Harrisburg Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Mallard Drive	Mecklenburg	0	0		6	6
	Enoch Drive	Mecklenburg	0	0		6	6
	VOCA-Norwich Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Oak Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Oakhaven Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Purser Group Home	Mecklenburg	0	0		6	6
	VOCA-Sandburg Group Home	Mecklenburg	0	0		6	6
	VOCA-Simpson Group Home	Mecklenburg	0	0		6	6
	VOCA-St. John's Church Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Toddville Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Wilson Avenue Group Home	Mecklenburg	0	0		6	6
	VOCA-Woodbridge Road Group Home	Mecklenburg	0	0		6	6
	Browne Group Home	Mecklenburg	0	0		6	6
	Christopher Road	Orange	0	0		6	6
	Quail Roost Group Home (ICF/MR)	Orange	0	0		6	6
	Residential Services, Inc. Retirement Center	Orange	0	0		15	15
	Shadylawn	Orange	0	0		6	6
	Silo Drive Facility-Chapel Hill	Orange	0	0		6	6
	West Main Street Facility-Carrboro	Orange	0	0		6	6
	Cates Street ICF/MR	Person	0	0		6	6
	Frank Street ICF/MR	Person	0	0		6	6
	Rouse's Group Home #6	Rockingham	0	0		6	6
	Rouse's Group Homes	Rockingham	0	0		30	30
	Laura Springs Road Home	Rowan	0	0		6	6
	Myron Place	Rowan	0	0		6	6
	Rockwell 1 & 2	Rowan	0	0		12	12
	Smith Street Home	Rowan	0	0		6	6
	Stoneridge	Rowan	0	0		6	6
	A. Jack Wall Group Home	Stanly	0	0		6	6
	Carolina Farms Group Home #1	Stanly	0	0		6	6
	Carolina Farms Group Home #2	Stanly	0	0		6	6
	Carolina Farms Group Home #3	Stanly	0	0		6	6
	Marie G. Smith Group Home	Stanly	0	0		6	6
	Morrow Valley Farmstead	Stanly	0	10	F-11267-16	0	10

**Cardinal Innovations Healthcare Solutions:** Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
<b>Cardinal Innovations Healthcare Solutions:</b> Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Moss I Group Home	Stanly	0	0		5	5
	Moss II Group Home	Stanly	0	0		6	6
	Robert W. Thompson Group Home	Stanly	0	0		6	6
	Pilotview	Stokes	0	0		5	5
	Karen Lane Home	Union	0	0		6	6
	Meadowview Home	Union	0	0		6	6
	Ridgefield Home	Union	0	0		6	6
	<b>Totals for Cardinal Innovations</b>			<b>0</b>	<b>10</b>		<b>733</b>
<b>Eastpointe:</b> Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	Midlake Residential	Bladen	0	0		6	6
	Northridge Residential	Bladen	0	0		6	6
	Riverside Residential	Columbus	0	0		6	6
	Strawberry House	Columbus	0	0		6	6
	SCI-Duplin House	Duplin	0	0		6	6
	Skill Creations of Kenansville	Duplin	0	0		15	15
	Skill Creations of Tarboro	Edgecombe	0	0		15	15
	Fox Run Group Home	Lenoir	0	0		6	6
	LaGrange Home	Lenoir	0	0		6	6
	Bear Creek	Lenoir	0	0		113	113
	Robin's Nest Group Home	Lenoir	0	0		6	6
	Roseanne Group Home	Lenoir	0	0		5	5
	Skill Creations of Kinston	Lenoir	0	0		15	15
	Washington Street East Group Home	Lenoir	0	0		6	6
	Corbel Residential	Robeson	0	0		6	6
	Eastbrook	Robeson	0	0		6	6
	Wakulla I & II	Robeson	0	0		12	12
	Westside Residential	Robeson	0	0		6	6
	Skill Creations of Clinton	Sampson	0	0		15	15
	College Park	Scotland	0	0		6	6
	Lee Forest Home	Scotland	0	0		6	6
	Scotland Forest Home	Scotland	0	0		6	6
	Airport Road Group Home	Wayne	0	0		6	6
	Daughtry Field Road Group Home	Wayne	0	0		6	6
	Highway 117 Group Home	Wayne	0	0		6	6
	Holly Street Home	Wayne	0	0		6	6
	LIFE, Inc./Walnut Street Group Home	Wayne	0	0		6	6
	LIFE, Inc./William Street Home	Wayne	0	0		6	6
	North Drive Group Home	Wayne	0	0		6	6
	Norwood Avenue Home	Wayne	0	0		6	6
	Walnut Creek	Wayne	0	0		37	37
	Skill Creations	Wayne	0	0		15	15
LIFE, Inc./Raven Ridge Group Home	Wilson	0	0		6	6	
McKeel Loop Road Home	Wilson	0	0		6	6	
Skill Creations of Wilson	Wilson	0	0		15	15	
<b>Totals for Eastpointe</b>			<b>0</b>	<b>0</b>		<b>407</b>	<b>407</b>

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
<b>Partners Behavioral Health Management:</b> Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	Chesterfield Group Home	Burke	0	0		6	6
	Hartland Group Home	Burke	0	0		6	6
	SCI-Burke ICF/MR Group Home	Burke	0	0		5	5
	23rd Street Home	Catawba	0	0		6	6
	Penny Lane #1	Catawba	0	0		6	6
	Penny Lane II	Catawba	0	0		6	6
	Shannonbrook Home	Catawba	0	0		6	6
	Wendover Home	Catawba	0	0		6	6
	VOCA-Young Group Home	Cleveland	0	0		6	6
	Wooding Place Group Home	Cleveland	0	0		6	6
	Belmont Group Home	Gaston	0	0		5	5
	Cherryville ICF/MR Group Home	Gaston	0	0		5	5
	Franklin Group Home	Gaston	0	0		5	5
	Holy Angels Services-McAuley Residences	Gaston	0	0		48	48
	Meek Road Group Home	Gaston	0	0		5	5
	Mountain Ridge Group Home	Gaston	0	0		6	6
	Springdale Lane Group Home	Gaston	0	0		5	5
	Bonnie Lane Group Home	Iredell	0	0		6	6
	Dal-Wan Heights Group Home	Iredell	0	0		6	6
	Fanjoy Home #1	Iredell	0	0		6	6
	Fanjoy Home #2	Iredell	0	0		6	6
	Hollingswood Group Home	Iredell	0	0		6	6
	Oakdale Group Home	Iredell	0	0		6	6
	Pinewood Group Home	Iredell	0	0		6	6
	Brookwood Home	Lincoln	0	0		6	6
	Linoak Group Home	Lincoln	0	0		6	6
	Riverview Home	Lincoln	0	0		6	6
	Sunny Hill Group Home #1	Lincoln	0	0		6	6
	Sunny Hill II	Lincoln	0	0		6	6
	Park Drive Group Home	Surry	0	0		6	6
Sydnor Street Group Home	Surry	0	0		6	6	
Yadkin I	Yadkin	0	0		6	6	
Yadkin II & III	Yadkin	0	0		12	12	
<b>Totals for Partners Behavioral Health</b>			<b>0</b>	<b>0</b>		<b>240</b>	<b>240</b>
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	Ansonville Group Home	Anson	0	0		6	6
	Friendway Group Home	Guilford	0	0		6	6
	Guilford #1	Guilford	0	0		6	6
	Guilford #2	Guilford	0	0		6	6
	Guilford #3	Guilford	0	0		6	6
	Gatewood	Guilford	0	0		15	15
	Guilford IV	Guilford	0	0		6	6
	Holden Group Home	Guilford	0	0		6	6
	Ridgely Oak	Guilford	0	0		6	6
	Rollingwood	Guilford	0	0		6	6
	West Friendly	Guilford	0	0		6	6

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
<b>Sandhills Center:</b> Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	Westminister	Guilford	0	0		6	6
	Southridge Road	Guilford	0	0		5	5
	Summerlyn	Guilford	0	0		6	6
	VOCA-Meadowood Drive Group Home	Guilford	0	0		6	6
	Watson's Group Home	Guilford	0	0		6	6
	Westridge (908 Westridge Road)	Guilford	0	0		5	5
	Westridge (1609 Westridge Road)	Guilford	0	0		6	6
	Erwin #2 Group Home	Harnett	0	0		6	6
	Erwin Avenue Home	Harnett	0	0		6	6
	Lillington Group Home	Harnett	0	0		6	6
	Ashley Heights Home	Hoke	0	0		6	6
	Old Farm Road	Hoke	0	0		6	6
	Hickory II Group Home	Lee	0	0		6	6
	Pine Ridge Group Home	Lee	0	0		6	6
	Skill Creations of Sanford	Lee	0	0		15	15
	T.L.C. Home, Inc.	Lee	0	0		10	10
	VOCA-Sixth Street Group Home	Lee	0	0		6	6
	Mt. Gilead Children's Home	Montgomery	0	0		6	6
	Myrtlewood Group Home	Montgomery	0	0		6	6
	Crest Road Group Home	Moore	0	0		6	6
	Magnolia Group Home	Moore	0	0		6	6
	Moore County Home For Autistic Adults	Moore	0	0		6	6
	Sherwood Park Home	Moore	0	0		15	15
	Brookwood	Randolph	0	0		6	6
	Timberlea Group Home	Randolph	0	0		6	6
	Hoffman Group Home	Richmond	0	0		6	6
	Mallard Lane Center	Richmond	0	0		5	5
	Pence Place	Richmond	0	0		9	9
<b>Totals for Sandhills Center</b>			<b>0</b>	<b>0</b>		<b>265</b>	<b>265</b>
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	Ellendale Group Home	Alexander	0	0		6	6
	Little River Group Home	Alexander	0	0		6	6
	VOCA-Second Avenue Group Home	Alexander	0	0		6	6
	New River Cottage, Inc.	Alleghany	0	0		5	5
	Ridgecrest I	Ashe	0	0		6	6
	Ridgecrest II	Ashe	0	0		6	6
	Thomas Street Home	Ashe	0	0		6	6
	Blue Ridge Homes	Buncombe	0	0		32	32
	Chiles Avenue Group Home	Buncombe	0	0		6	6
	Irene Wortham Residential Center-Azalea	Buncombe	0	0		6	6
	IWRC-Dogwood	Buncombe	0	0		6	6
	IWC-Rose Street Home	Buncombe	0	0		12	12
	New Stock Road Group Home	Buncombe	0	0		6	6
	Pisgah Group Home	Buncombe	0	0		6	6
	Emory Road	Buncombe	0	0		6	6
	WNC Group Home - Kenmore	Buncombe	0	0		6	6

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
<b>Vaya Health:</b> Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	WNC Group Home - Montford	Buncombe	0	0		5	5
	WNC Group Home - Ora	Buncombe	0	0		6	6
	Creekside Group Home	Caldwell	0	0		6	6
	Lower Creek Group Home	Caldwell	0	0		6	6
	Playmore Group Home	Caldwell	0	0		6	6
	VOCA-Laurel Group Home	Caldwell	0	0		6	6
	Country Cove Group Home	Henderson	0	0		6	6
	Pinebrook Group Home	Henderson	0	0		6	6
	Rayside A	Henderson	0	0		4	4
	Rayside B	Henderson	0	0		4	4
	Smoky ICF/MR Group Home	Jackson	0	0		6	6
	Webster Group Home	Jackson	0	0		6	6
	Iotla Street Group Home	Macon	0	0		6	6
	Macon County Group Home	Macon	0	0		6	6
	Blue Ridge Homes-Madison	Madison	0	0		32	32
	Laurelwood Group Home	McDowell	0	0		6	6
	VOCA-Rollins Group Home	Rutherford	0	0		6	6
	VOCA-Woodland	Rutherford	0	0		6	6
	Forest Bend Group Home	Transylvania	0	0		6	6
	Wildcat Group Home	Watauga	0	0		15	15
	Lakewood	Wilkes	0	0		6	6
	Lewis Fork Homes I & II	Wilkes	0	0		12	12
	VOCA-Apple Valley	Wilkes	0	0		6	6
	VOCA-Blairfield	Wilkes	0	0		6	6
	VOCA-College Street	Wilkes	0	0		6	6
	VOCA-Kimsey	Wilkes	0	0		6	6
VOCA-Welborn Ave.	Wilkes	0	0		6	6	
<b>Totals for Vaya Health</b>			<b>0</b>	<b>0</b>		<b>325</b>	<b>325</b>
<b>Trillium:</b> Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	LIFE, Inc./Beaufort Heights Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Dixon Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Edgewood Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Minute Man Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Slatestone Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Folly Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc./Lockwood Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc./Grey Fox Run Group Home	Carteret	0	0		6	6
	LIFE, Inc./Nine Foot Road Group Home	Carteret	0	0		6	6
	LIFE, Inc./Albemarle Group Home	Chowan	0	0		6	6
	LIFE, Inc./Chowan Group Home	Chowan	0	0		6	6
	LIFE, Inc./Coke Avenue Group Home	Chowan	0	0		6	6
	Luke Street	Chowan	0	0		6	6
	Brices Creek Road Home	Craven	0	0		6	6
	Dogwood House	Craven	0	0		5	5
	Kimberly Road	Craven	0	0		6	6
	LIFE, Inc./Cherry Lane	Craven	0	0		6	6

**Table 17A: Inventory of ICF/IID Facilities and Beds**

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)	
			Child Beds	Adult Beds				
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	LIFE, Inc./Lavenham Group Home	Craven	0	0		6	6	
	LIFE, Inc./Oakdale Home	Craven	0	0		6	6	
	RHA/Howell's Child Care Center/Riverbend	Craven	0	0		125	125	
	Roanoke Place	Hertford	0	0		6	6	
	LIFE, Inc./Twin Acres Group Home	Martin	0	0		6	6	
	LIFE, Inc./ Green Tee Lane	Nash	0	0		6	6	
	SCI Nash House I	Nash	0	0		6	6	
	SCI Nash House II	Nash	0	0		6	6	
	Greenville Loop Group Home	New Hanover	0	0		6	6	
	LIFE, Inc./Cherokee Trail Group Home	New Hanover	0	0		6	6	
	Lifetime Resources, Inc. Echo Farms Group Home	New Hanover	0	0		6	6	
	Myrtle Grove Group Home	New Hanover	0	0		6	6	
	Robert E. Lee Group Home	New Hanover	0	0		6	6	
	Robin Hood Group Home	New Hanover	0	0		6	6	
	SCI-Coastal House I and II	New Hanover	0	0		12	12	
	Countryview Residential	Onslow	0	0		6	6	
	Queen's Pond	Onslow	0	0		14	14	
	Sandridge	Onslow	0	0		24	24	
	Curry House	Pitt	0	0		6	6	
	Pitt County Group Home #1	Pitt	0	0		6	6	
	Pitt County Group Home #2	Pitt	0	0		6	6	
	Pitt County Group Home #3	Pitt	0	0		6	6	
	RHA/Howell Care Centers/Forest Hills Group Home	Pitt	0	0		6	6	
	RHA/Howell Care Centers/King George Group Home	Pitt	0	0		6	6	
	RHA/Howell Care Centers/Tar River	Pitt	0	0		30	30	
	SCI-East	Pitt	0	0		12	12	
	Skill Creations of Greenville	Pitt	0	0		15	15	
	LIFE, Inc./Old Roper Road Group Home	Washington	0	0		6	6	
	LIFE, Inc/ Wilson Street Group Home	Washington	0	0		6	6	
	<b>Totals for Trillium</b>			<b>0</b>	<b>0</b>		<b>465</b>	<b>465</b>
			<b>Cumulative Totals:</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>2,785</b>	<b>2,795</b>

**Table 17B: State Facility Beds Excluded from ICF/IID Inventory by Local Management Entity-Managed Care Organization (LME-MCO)**

<b>Local Management Entity – Managed Care Organization (LME-MCO)</b>	<b>Facility Name</b>	<b>HSA</b>	<b>Number of Certified Beds</b>	<b>Reason for Exclusion</b>
Cardinal Innovations Healthcare Solutions	Murdoch Center	IV	640	State Facility
Eastpointe	Caswell Center	VI	807	State Facility
Eastpointe	O’Berry Center	VI	389*	State Facility
Partners Behavioral Health Management	J. Iverson Riddle Developmental Center	I	481	State Facility
		<b>Total</b>	<b>2,317</b>	

\* As a neuro-medical treatment center, O’Berry Center has certified nursing facility beds in addition to the 389 ICF/IID beds.

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined that there is no need for additional adult ICF/IID beds in the state and no other reviews are scheduled as shown in Table 17C.

**Table 17C: Adult ICF/IID Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional adult ICF/IID beds as specified.

<b>LME-MCO by Planning Region</b>	<b>Adult ICF/IID Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional adult ICF/IID beds anywhere in the state and no other reviews are scheduled.			

\* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

**Need Determination**

Application of the standard methodology for the North Carolina 2018 State Medical Facilities Plan determined that there is no need for additional child ICF/IID beds in the state and no other reviews are scheduled as shown in Table 17D.

**Table 17D: Child ICF/IID Bed Need Determination**  
*(Scheduled for Certificate of Need Review Commencing in 2018)*

It is determined that the counties listed in the table below need additional child ICF/IID beds as specified.

<b>LME-MCO by Planning Region</b>	<b>Child ICF/IID Bed Need Determination*</b>	<b>Certificate of Need Application Due Date**</b>	<b>Certificate of Need Beginning Review Date</b>
It is determined that there is no need for additional child ICF/IID beds anywhere in the state and no other reviews are scheduled.			

\* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

\*\* Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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# Appendix A:

North Carolina Health Service Areas

# Appendix B:

Partial Listing of Healthcare Planning Acronyms/Terms

# Appendix C:

List of Contiguous Counties

# Appendix D:

North Carolina's Certificate of Need Statute

# Appendix E:

Regulation of Detoxification Services Provided in Hospitals  
Licensed under Article 5, Chapter 131E,  
of the General Statutes

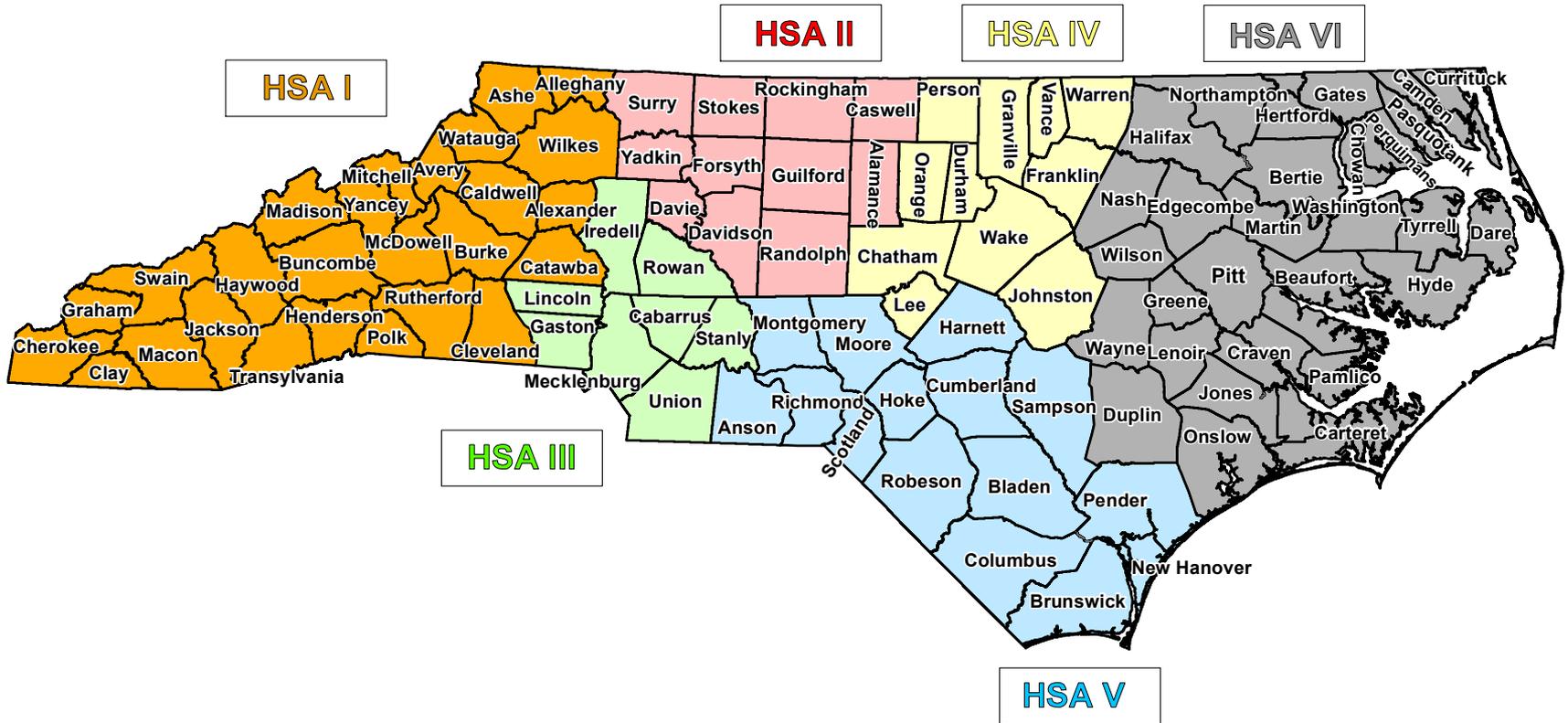
# Appendix F:

Academic Medical Center Teaching Hospitals

# Appendix G:

Critical Access Hospitals

# Appendix A: North Carolina Health Service Areas



## Appendix B: Partial Listing of Healthcare Planning Acronyms/Terms

### Statute 131 E – 175 et. seq. – Certificate of Need Law

<u><b>Acronym / Term</b></u>	<u><b>Refers to / Meaning</b></u>
<b>AC</b>	Acute Care
<b>ACH</b>	Adult Care Home
<b>ACS</b>	Acute Care Services
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>APA</b>	Administrative Procedures Act
<b>ASC</b>	Ambulatory Surgery Center
<b>CAP MR/DD</b>	Community Alternatives Program for Mentally Retarded/Developmentally Disabled Persons (same as CAP/MR Waiver Program)
<b>CCRC</b>	Continuing Care Retirement Community
<b>CD</b>	Chemical Dependency
<b>CMS</b>	Centers for Medicare & Medicaid Services (Federal Agency)
<b>COG</b>	Council of Governments
<b>CON</b>	Certificate of Need
<b>CPT</b>	Current Procedural Terminology (code set maintained by the American Medical Association)
<b>C-Section</b>	Cesarean Section
<b>DD</b>	Developmental Disability
<b>DFS</b>	Division of Facility Services which has become the DHSR
<b>DHSR</b>	Division of Health Service Regulation
<b>DHHS</b>	Department of Health and Human Services
<b>DMA</b>	Division of Medical Assistance
<b>DMH/DD/SAS</b>	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
<b>DRG</b>	Diagnosis Related Group
<b>DSM III R</b>	Diagnostic and Statistical Manual of Mental Disorders (revised)
<b>Endo</b>	Endoscopy
<b>ESRD</b>	End-Stage Renal Disease
<b>ESTV</b>	Equivalent Simple Treatment Visits
<b>ESWL</b>	Extracorporeal Shock Wave Lithotripsy
<b>GS</b>	General Statute(s)
<b>HCUP</b>	Healthcare Cost and Utilization Project
<b>HPCON</b>	Healthcare Planning and Certificate of Need Section (A section within DHSR that reviews applications and awards Certificates of Need)
<b>HIV+</b>	Infection with Human Immunodeficiency Virus
<b>HH</b>	Home Health
<b>HSA</b>	Health Service Area
<b>HUD</b>	Housing and Urban Development (Federal Agency)
<b>ICD</b>	International Classification of Diseases
<b>ICF/IID</b>	Intermediate Care Facility for Individuals with Intellectual Disabilities (new name for Intermediate Care Facility for the Mentally Retarded based on 2010 Rosa's Law)
<b>ICU</b>	Intensive Care Unit
<b>IP</b>	Inpatient
<b>LME</b>	Local Management Entity
<b>LRA</b>	License Renewal Application

<b>LTC</b>	Long-Term Care
<b>LTCH</b>	Long-Term Care Hospital
<b>MCO</b>	Managed Care Organization
<b>MDC</b>	Major Diagnostic Category
<b>MH</b>	Mental Health
<b>MRI</b>	Magnetic Resonance Imaging Scanner
<b>NCAC</b>	North Carolina Administrative Code (also known as: Rules)
<b>NH</b>	Nursing Home and Nursing Care Facilities
<b>OP</b>	Outpatient
<b>OR</b>	Operating Room
<b>PET</b>	Positron Emission Tomography Scanner
<b>Plan</b>	North Carolina State Medical Facilities Plan
<b>PSY</b>	Psychiatric
<b>QAV</b>	Quality, Access and Value
<b>SA</b>	Substance Abuse
<b>SDR</b>	Semiannual Dialysis Report (prepared by Healthcare Planning)
<b>SHCC</b>	State Health Coordinating Council (Official Title: North Carolina State Health Coordinating Council)
<b>SMFP</b>	State Medical Facilities Plan

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## Appendix C: List of "Contiguous Counties"

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For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

<b>DUPLIN</b>	<b>DURHAM</b>	<b>EDGECOMBE</b>	<b>FORSYTH</b>	<b>FRANKLIN</b>	<b>GASTON</b>
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

<b>GATES</b>	<b>GRAHAM</b>	<b>GRANVILLE</b>	<b>GREENE</b>	<b>GUILFORD</b>	<b>HALIFAX</b>
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

<b>HARNETT</b>	<b>HAYWOOD</b>	<b>HENDERSON</b>	<b>HERTFORD</b>	<b>HOKE</b>	<b>HYDE</b>
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

<b>IREDELL</b>	<b>JACKSON</b>	<b>JOHNSTON</b>	<b>JONES</b>	<b>LEE</b>	<b>LENOIR</b>
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

<b>LINCOLN</b>	<b>McDOWELL</b>	<b>MACON</b>	<b>MADISON</b>	<b>MARTIN</b>	<b>MECKLENBURG</b>
Burke	Avery	Cherokee	Buncombe	Beaufort	Cabarrus
Catawba	Buncombe	Clay	Haywood	Bertie	Gaston
Cleveland	Burke	Graham	Yancey	Edgecombe	Lincoln
Gaston	Mitchell	Jackson		Halifax	Iredell
Iredell	Rutherford	Swain		Pitt	Union
Mecklenburg	Yancey			Washington	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONSLow	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			

## Appendix D: North Carolina Certificate of Need Statute

### Article 9

#### Certificate of Need

##### § 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance

program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
- (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

#### **§ 131E-176. Definitions.**

As used in this Article, unless the context clearly requires otherwise, the following terms have the meanings specified:

- (1) "Adult care home" means a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes that provides residential care for aged or disabled persons whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) "Air ambulance" means aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) "Ambulatory surgical facility" means a facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room, as defined in Article 5 Part 1 and Article 6, Part 4 of this Chapter, and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under G.S. Chapter 131E, Article 6, Part D, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program as defined in subdivision (1c) of this section and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) "Ambulatory surgical program" means a formal program for providing on a same-day basis those surgical procedures which require local, regional or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) "Bed capacity" means space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

- (2a) "Bone marrow transplantation services" means the process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) "Burn intensive care services" means services provided in a unit designed to care for patients who have been severely burned.
- (2c) "Campus" means the adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) "Capital expenditure" means an expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed.
- (2f) "Cardiac catheterization equipment" means the equipment used to provide cardiac catheterization services.
- (2g) "Cardiac catheterization services" means those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
- (3) "Certificate of need" means a written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
- (4) Repealed.
- (5) "Change in bed capacity" means (i) any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another, or (ii) any redistribution of health service facility bed capacity among the categories of health service facility bed as defined in G.S. 131E-176(9c), or (iii) any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (5a) "Chemical dependency treatment facility" means a public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or substance abuse. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of chemically dependent or substance abusing persons and related services. The facility or unit may be:
  - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5, Chapter 131E, of the General Statutes,
  - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of General Statutes Chapter 122 or Article 2 of General Statutes Chapter 122C,
  - c. A freestanding facility specializing in treatment of persons who are substance abusers or chemically dependent licensed under Article 1A of General Statutes Chapter 122 or Article 2 of General Statutes Chapter 122C; and may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance abuse, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of chemically dependent or substance abusing persons, but shall not include social

- setting detoxification facilities, medical detoxification facilities, halfway houses or recovery farms.
- (5b) "Chemical dependency treatment beds" means beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance abuse are chemical dependency treatment beds. Chemical dependency treatment beds shall not include beds licensed for detoxification.
  - (6) "Department" means the North Carolina Department of Health and Human Services.
  - (7) To "develop" when used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.
  - (7a) "Diagnostic center" means a freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds five hundred thousand dollars (\$500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than five hundred thousand dollars (\$500,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.
  - (7b) "Expedited review" means the status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
    - a. The review is not competitive.
    - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
    - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
    - d. The agency has not determined that a public hearing is in the public interest.
  - (7c) "Gamma knife" means equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
  - (7d) "Gastrointestinal endoscopy room" means a room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
  - (8),(9) Repealed.
  - (9a) "Health service" means an organized, interrelated medical, diagnostic, therapeutic, and/or rehabilitative activity that is integral to the prevention of disease or the clinical management of a sick, injured, or disabled person. "Health service" does not include administrative and other activities that are not integral to clinical management.
  - (9b) "Health service facility" means a hospital; long-term care hospital; psychiatric facility; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for the mentally retarded; home health agency office; chemical dependency treatment facility; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.
  - (9c) "Health service facility bed" means a bed licensed for use in a health service facility in the categories of (i) acute care beds; (ii) psychiatric beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for the mentally retarded; (vi) chemical dependency treatment beds; (vii) hospice inpatient facility beds; (viii) hospice

- residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) "Health maintenance organization (HMO)" means a public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage;
  - b. Is compensated, except for copayments, for the provision of the basic health care services listed above to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and
  - c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) "Heart-lung bypass machine" means the equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
- (11) Repealed
- (12) "Home health agency" means a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
- "Home health services" means items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for paragraph e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
- a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse;
  - b. Physical, occupational or speech therapy;
  - c. Medical social services, home health aid services, and other therapeutic services;
  - d. Medical supplies, other than drugs and biologicals and the use of medical appliances;
  - e. Any of the foregoing items and services which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual in his home, or which are furnished at such facility while he is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.
- (13) "Hospital" means a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77 of the General Statutes, except long-term care hospitals.
- (13a) "Hospice" means any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of

- an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
- (13b) "Hospice inpatient facility" means a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in G.S. 131E-176(5)(ii) for hospice inpatient beds.
- (13c) "Hospice residential care facility" means a freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
- (14) Repealed.
- (14a) "Intermediate care facility for the mentally retarded" means facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for persons with mental retardation, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed.
- (14c) Reserved for future codification.
- (14d) Repealed.
- (14e) "Kidney disease treatment center" means a facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) "Legacy Medical Care Facility" means an institution that meets all of the following requirements:
- a. Is not presently operating.
  - b. Has not continuously operated for at least the past six months.
  - c. Within the last 24 months:
    1. Was operated by a person holding a license under G.S. 131E-77; and
    2. Was primarily engaged in providing to inpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) "Linear accelerator" means a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) "Lithotripter" means extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.
- (14k) "Long-term care hospital" means a hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.

- (14m) "Magnetic resonance imaging scanner" means medical imaging equipment that uses nuclear magnetic resonance.
- (14n) "Main campus" means all of the following for the purposes of G.S. 131E-184(f) and (g) only:
  - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
  - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) "Major medical equipment" means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than seven hundred fifty thousand dollars (\$750,000). In determining whether the major medical equipment costs more than seven hundred fifty thousand dollars (\$750,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section.
- (15) Repealed.
- (15a) "Multispecialty ambulatory surgical program" means a formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.
- (15b) "Neonatal intensive care services" means those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) "New institutional health services" means any of the following:
  - a. The construction, development, or other establishment of a new health service facility.
  - b. Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding two million dollars (\$2,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds two million dollars (\$2,000,000).
  - c. Any change in bed capacity as defined in G.S. 131E-176(5).
  - d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
  - e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.

- f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
  - 1. Bone marrow transplantation services.
  - 2. Burn intensive care services.
  - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate such equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
  - 3. Neonatal intensive care services.
  - 4. Open-heart surgery services.
  - 5. Solid organ transplantation services.
- f1. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
  - 1. Air ambulance.<sup>1</sup>
  - 2. Repealed.
  - 3. Cardiac catheterization equipment.
  - 4. Gamma knife.
  - 5. Heart-lung bypass machine.
  - 5a. Linear accelerator.
  - 6. Lithotripter.
  - 7. Magnetic resonance imaging scanner.
  - 8. Positron emission tomography scanner.
  - 9. Simulator.
- g.to k. Repealed.
- l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
- m. Any conversion of nonhealth service facility beds to health service facility beds.
- n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility;
- o. The opening of an additional office by an existing home health agency or hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
- p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
- q. The relocation of a health service facility from one service area to another.
- r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
- s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if such equipment would otherwise be subject to review

<sup>1</sup> Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

in accordance with G.S. 131E-176(16)(f1.) or G.S. 131E-176(16)(p) if it had been acquired in North Carolina.

- t. Repealed.
  - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
  - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) "North Carolina State Health Coordinating Council" means the Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) "Nursing care" means:
- a. Skilled nursing care and related services for residents who require medical or nursing care;
  - b. Rehabilitation services for the rehabilitation of injured, disabled, or sick persons; or
  - c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.
- These are services which are not primarily for the care and treatment of mental diseases.
- (17b) "Nursing home facility" means a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.
- (18) To "offer," when used in connection with health services, means that the person holds himself out as capable of providing, or as having the means for the provision of, specified health services.
- (18a) Repealed. 8-26-05
- (18b) "Open-heart surgery services" means the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.
- (18c) "Operating room" means a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.
- (19) "Person" means an individual, a trust or estate, a partnership, a corporation, including associations, joint stock companies, and insurance companies; the State, or a political subdivision or agency or instrumentality of the State.
- (19a) "Positron emission tomography scanner" means equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
- (20) "Project" or "capital expenditure project" means a proposal to undertake a capital expenditure that results in the offering of a new institutional health service as defined by this Article. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility

- construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
- (21) "Psychiatric facility" means a public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.
  - (22) "Rehabilitation facility" means a public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services which are provided under competent, professional supervision.
  - (22a) "Replacement equipment" means equipment that costs less than two million dollars (\$2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than two million dollars (\$2,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.
  - (23) Repealed.
  - (24) Repealed.
  - (24a) "Service area" means the area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
  - (24b) "Simulator" means a machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
  - (24c) Reserved for future codification.
  - (24d) "Solid organ transplantation services" means the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
  - (24e) Reserved for future codification.
  - (24f) "Specialty ambulatory surgical program" means a formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
  - (25) "State Medical Facilities Plan" means the plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
  - (26) Repealed.
  - (27) Repealed.

**§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.**

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;
- (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
- (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
- (8) Repealed.
- (9) Collect fees for submitting applications for certificates of need.
- (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

**§ 131E-178. Activities requiring certificate of need.**

(a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:

- (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;

- (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
- (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
- (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

(b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.

(c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:

- (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
- (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
- (3) In the case of donated property, the date on which the gift is completed.

(d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:

- (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
- (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.

(e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

#### **§ 131E-179. Research activities.**

(a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital

expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:

- (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
- (2) Substantially change the bed capacity of the facility; or
- (3) Substantially change the medical or other patient care services of the facility.

(b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.

(c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

#### **§ 131E-180. Repealed.**

#### **§ 131E-181. Nature of certificate of need.**

(a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).

(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. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:

- (1) Any increase in the consumer price index;
- (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
- (3) Any increase in cost due to professional fees or the purchase of services and supplies.

(c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.

(d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

### **§ 131E-182. Application.**

(a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.

(b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.

(c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

### **§ 131E-183. Review criteria.**

(a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

- (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
- (2) Repealed.
- (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
- (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.
- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
  - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and
  - b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
    1. Would be available under a contract of at least five years' duration;
    2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
    3. Would cost no more than if the services were provided by the HMO; and
    4. Would be available in a manner which is administratively feasible to the HMO.
- (11) Repealed
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.
- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
  - a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
  - b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal

assistance, including the existence of any civil rights access complaints against the applicant;

- c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
  - d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.
- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.

(b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

(c) Repealed.

#### **§ 131E-184. Exemptions from review.**

(a) Except as provided in subsection (b), the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

- (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
- (1a) To comply with State licensure standards.
- (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
- (2) Repealed.
- (3) To provide data processing equipment.
- (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
- (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.

- (6) To provide any nonhealth service facility or service.
- (7) To provide replacement equipment.
- (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
- (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.

(b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).

(c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided:

- (1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and/or one or more of the Area Mental Health, Developmental Disabilities, and Substance Abuse Authorities to provide psychiatric beds to patients referred by the contracting agency or agencies; and
- (2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.

(d) In accordance with, and subject to the limitations of G.S. 148-19.1, the Department shall exempt from certificate of need review the construction and operation of a new chemical dependency or substance abuse facility for the purpose of providing inpatient chemical dependency or substance abuse services solely to inmates of the Department of Correction. If an inpatient chemical dependency or substance abuse facility provides services both to inmates of the Department of Correction and to members of the general public, only the portion of the facility that serves inmates shall be exempt from certificate of need review.

(e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The proposed capital expenditure would:
  - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:
    - 1. Nursing home facility,
    - 2. Adult care home facility, or
    - 3. Intermediate care facility for the mentally retarded; and
  - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
  - a. Conversion of semiprivate resident rooms to private rooms.
  - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
  - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.

(f) The Department shall exempt from certificate of need review the purchase of any

replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:

- (1) The equipment being replaced is located on the main campus.
- (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
- (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(h) The Department shall exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility must give the Department written notice (i) of its intention to acquire or reopen a Legacy Medical Care Facility and (ii) that the hospital will be operational within 36 months of the notice.

#### **§ 131E-185. Review process.**

(a) Repealed.

(a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

- (1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:
  - a. Facts relating to the service area proposed in the application;
  - b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
  - c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.
- (2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such

public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:

- a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
- b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
- c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

- (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
- (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
- (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.

(a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.

(b) Repealed.

(c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

#### **§ 131E-186. Decision.**

(a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded nursing care or intermediate care for the mentally retarded bed capacity shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.

(b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

**§ 131E-187. Issuance of a certificate of need.**

- (a) Deleted. See Session Law 2009-373; SB 804.
- (b) Deleted. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
  - (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
  - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
  - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
  - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
  - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

**§ 131E-188. Administrative and judicial review.**

(a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
- (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

(a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be

secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

(b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with the Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.

(b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

(1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

(2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.

(c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

**§ 131E-189. Withdrawal of a certificate of need.**

(a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.

(b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.

(c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.

**§ 131E-190. Enforcement and sanctions.**

(a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.

(b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.

(c) Repealed.

(d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.

(e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.

(f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article.

(g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.

(h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.

(i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).



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

Michael F. Easley, Governor  
Carmen Hooker Odom., Secretary

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DFS ADVISORY

Title: Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes

Date: October 22, 2003

Purpose

The purpose of this Advisory is to provide The Agency’s interpretation of the certificate of need requirements for acute care hospitals to develop new or expanded detoxification services and interpretation of hospital licensing requirements for beds used for detoxification services.

Background

House Bill 815, which revised Article 9, Chapter 131E, the Certificate of Need Law, was approved August 7, 2003, and excludes “social setting detoxification” and “medical detoxification” facilities from the definition of chemical treatment facilities licensed under Chapter 122C. Consequently, the Certificate of Need Law no longer regulates the development of facilities licensed as “non-hospital medical detoxification for individuals who are substance abusers” or “social setting detoxification for substance abuse.”

Policy

The change in the law did not revise the definition of a “chemical treatment facility” for detoxification units in an acute care hospital licensed under Article 5, Chapter 131E. Pursuant to enactment of House Bill 815, the Agency recently reviewed the licensure regulations for acute care hospitals and determined there is no licensure category for medical detoxification services that is separate from the licensure categories for psychiatric, substance abuse or acute care beds. In other words, medical detoxification services may be a component of licensed psychiatric, substance abuse and acute care services in acute care hospitals. Therefore, acute care hospitals may provide medical detoxification services in existing licensed psychiatric, substance abuse/chemical dependency treatment or acute care beds without a certificate of need. As a result of this interpretation, the Agency will revise current licenses for acute care hospitals to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds given that, to date, detoxification beds have been recognized by the Agency as one type of substance abuse bed.

In summary, if an acute care hospital wants to develop new or expanded detoxification services at this time, it may do so without a certificate of need, as long as the services are provided in an existing licensed acute care, psychiatric or substance abuse bed. However, if an acute care hospital wants to increase the bed capacity in its facility to develop or expand detoxification services, it must first obtain a certificate of need to add either licensed acute care, psychiatric or substance abuse beds for that purpose.

Robert J. Fitzgerald  
Director



## Appendix F: Academic Medical Center Teaching Hospitals

Academic Medical Center Teaching Hospital	Medical School Affiliation	Year Designated
North Carolina Baptist Hospital Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (919) 966-4131	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4451	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000	After	January 1, 1990

## Appendix G: Critical Access Hospitals

County	Facility Name, Address and Telephone Number
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681 (828) 377-4745
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Beaufort	Vidant Pungo Hospital (closed) 202 East Water Street Belhaven, North Carolina 27810
Bertie	Vidant Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

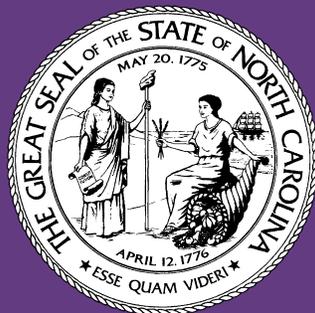
## Appendix G: Critical Access Hospitals

County	Facility Name, Address and Telephone Number
Cherokee	Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	Vidant Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Halifax	Our Community Hospital 921 Junior High School Road Scotland Neck, North Carolina 27874 (252) 826-4144
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

## Appendix G: Critical Access Hospitals

<b>County</b>	<b>Facility Name, Address and Telephone Number</b>
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington County Hospital 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055 (336) 679-2041

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# *Health Service Regulation*

## State Medical Facilities Plan

# State Health Coordinating Council Meeting Minutes

2018 SMFP



Healthcare Planning & Certificate of Need Section

**State Health Coordinating Council Meeting  
Minutes  
March 1, 2017  
Brown Building, Raleigh, North Carolina**

<b>Members Present:</b> Dr. Christopher Ullrich, Chairman; Trey Adams, Peter Brunnick, James Burgin, Stephen DeBiasi, Dr. Sandra Greene, Kurt Jakusz, Dr. Lyndon Jordan, Stephen Lawler, Kenneth Lewis, Brian Lucas, Dr. Robert McBride, Denise Michaud, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam
<b>Members Absent:</b> Christina Apperson, Dr. Mark Ellis, Senator Ralph Hise, Valarie Jarvis, Representative Donny Lambeth, James Martin
<b>Healthcare Planning Staff Present:</b> Paige Bennett, Elizabeth Brown, Amy Craddock, Patrick Curry, Tom Dickson, Andrea Emanuel
<b>DHSR Staff Present:</b> Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson, Julie Halatek, Gloria Hale, Celia Inman, Mike McKillip, Jane Rhoe-Jones, Bernetta Thorne-Williams, Greg Yakaboski
<b>Attorney General's Office:</b> June Ferrell, Derek Hunter, Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Dr. Ullrich welcomed Council members, staff and visitors to the first meeting of the planning cycle for the N.C. 2018 State Medical Facilities Plan (SMFP). He explained the meeting had two parts; The first is a business meeting that was open to the public, but not a public hearing. The second part will allow for a public hearing for anyone asking to address the State Health Coordinating Council (SHCC) and make comments on issues they wish to bring before the Council. He noted that this was the first of seven public hearing held this year with the other six to be held this summer, following the adoption of the Proposed 2018 SMFP</p> <p>Next, Dr. Ullrich asked the Council members to introduce themselves by stating their name, affiliation, and SHCC appointment type.</p> <p>Mr. Mark Payne, Director of the Division of Health Service Regulation, asked that staff and the Attorney General's staff introduce themselves.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council</b>	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up. Although, he stated the agenda was very light and contained no new items requiring a vote from Council members.		
<b>Approval of Minutes from October 7, 2016</b>	A motion was made and seconded to accept the minutes of October 5, 2016.	Dr. Parikh Mr. Lewis	Motion approved
<b>SHCC Committee Assignments for 2017</b>	<p>Dr. Ullrich ran through the structure of the three standing Committees.</p> <p>Acute Care Services Committee membership includes Dr. Sandra Greene (Chair); Christina Apperson; Dr. Mark Ellis; Representative Donny Lambeth; Stephen Lawler (Vice-Chair); Kenneth Lewis; Dr. Robert McBride. Amy Craddock will staff the Committee.</p> <p>Denise Michaud will now chair the Long-Term and Behavioral Health Committee. Keith Branch, our new member, will also be on the committee. In addition to Peter Brunnick; James Burgin; Kurt Jakusz; James Martin, Jr.; Dr. Jaylan Parikh (Vice-Chair). TJ Pulliam will continue to serve on the committee. Elizabeth Brown, Amy Craddock and Andrea Emanuel will staff the Committee.</p> <p>Technology and Equipment Committee membership consists of Dr. Chris Ullrich (Chair); Trey Adams; Stephen DeBiasi; Senator Ralph Hise; Valerie Jarvis; Dr. Lyndon Jordan, III (Vice-Chair); Brian Lucas; Dr. Prashant Patel. Patrick Curry will staff the Committee.</p> <p>Dr. Ullrich thanked everybody for agreeing to serve.</p>		
<b>Hospital and Patient Trends Impacting the SMFP</b>	Dr. Ullrich gave a presentation to the SHCC that included data on patient trends for acute care and surgical procedures. One of the trends discussed was the shifting of care from more regional/community hospitals to tertiary and quaternary facilities. Data also showed facility utilization was dependent on the size and location of the facility, with community hospitals having lower utilization than those in urban areas. The information included maps on hospital affiliation. The overall message was that patient patterns of care are changing		

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	in NC and these changes will have an impact on the methodologies and needs in the SMFP.																							
<b>Operating Room Methodology Workgroup Recommendations</b>	<p>The OR Methodology Workgroup report was provided by Dr. Sandra Greene. The Workgroup met five times: October 11, November 10, and December 13 of 2016, and January 11 and February 15 of 2017. The Workgroup reviewed the current operating room methodology, heard extensive comments from interested and affected parties and recommends substantial changes to several areas of the OR assumptions and methodology. These recommendations are made to the Acute Care Services (ACS) Committee of the State Health Coordinating Council (SHCC) for consideration in the 2018 State Medical Facilities Plan (SMFP). At the June 7, 2017 meeting, the SHCC will receive the final report for consideration in the Proposed 2018 SMFP.</p> <p><b>Recommendations for immediate action for the 2018 SMFP:</b>  <u>Recommendation 1:</u> Categorize facilities into groups based on the total number of surgical hours reported on the most recent License Renewal Application (LRA), with two exceptions – Academic Medical Center (AMC) Teaching Hospitals and Ambulatory Surgical Units (AMSUs). AMCs will form a separate group. AMSUs will form two separate groups. One group will consist of AMSUs with at least 50% of total surgical procedures in either the ophthalmology or otolaryngology category or a combination of the two. All other AMSUs will be in the second group. See Table 1 for grouping.</p> <p>Table 1. Facility Grouping</p> <table border="1" data-bbox="527 987 1451 1321"> <thead> <tr> <th data-bbox="527 987 1268 1089">Group</th> <th data-bbox="1268 987 1352 1089">Hrs. per Day</th> <th data-bbox="1352 987 1451 1089">Days per Year</th> </tr> </thead> <tbody> <tr> <td data-bbox="527 1089 1268 1127">1. Academic Medical Center Teaching Hospitals</td> <td data-bbox="1268 1089 1352 1127">0</td> <td data-bbox="1352 1089 1451 1127">260</td> </tr> <tr> <td data-bbox="527 1127 1268 1164">2. Hospitals reporting more than 40,000 surgical hours</td> <td data-bbox="1268 1127 1352 1164">0</td> <td data-bbox="1352 1127 1451 1164">260</td> </tr> <tr> <td data-bbox="527 1164 1268 1201">3. Hospitals reporting 15,000 to 40,000 surgical hours</td> <td data-bbox="1268 1164 1352 1201"></td> <td data-bbox="1352 1164 1451 1201">260</td> </tr> <tr> <td data-bbox="527 1201 1268 1239">4. Hospitals reporting less than 15,000 surgical hours</td> <td data-bbox="1268 1201 1352 1239"></td> <td data-bbox="1352 1201 1451 1239">250</td> </tr> <tr> <td data-bbox="527 1239 1268 1276">5. AMSUs performing at least 50% of their procedures in either ophthalmology or otolaryngology or a combination of the two.</td> <td data-bbox="1268 1239 1352 1276"></td> <td data-bbox="1352 1239 1451 1276">250</td> </tr> <tr> <td data-bbox="527 1276 1268 1321">6. All AMSUs not in category 5.</td> <td data-bbox="1268 1276 1352 1321"></td> <td data-bbox="1352 1276 1451 1321">250</td> </tr> </tbody> </table>	Group	Hrs. per Day	Days per Year	1. Academic Medical Center Teaching Hospitals	0	260	2. Hospitals reporting more than 40,000 surgical hours	0	260	3. Hospitals reporting 15,000 to 40,000 surgical hours		260	4. Hospitals reporting less than 15,000 surgical hours		250	5. AMSUs performing at least 50% of their procedures in either ophthalmology or otolaryngology or a combination of the two.		250	6. All AMSUs not in category 5.		250		
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Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Recommendation 2:</u> Assign Availability (hours per day and days per year routinely scheduled for surgery) based on the facility's group membership. See Table 1 for grouping. This categorization replaces the current methodology availability assumptions of 9 hours per day and 260 days per year.</p> <p><u>Recommendation 3:</u> Implement 75% as the assumption of full utilization of an OR for all facilities. This percentage replaces the 80% assumption in the current methodology.</p> <p><u>Recommendation 4:</u> Apply the facility's reported average inpatient and average ambulatory surgery case times from the current LRA to determine the total surgical hours. For facilities with a greater than 10% increase in case time from the previous LRA, the need determination calculations will use the value corresponding to 10% above the previous year's reported case time. Inpatient and ambulatory case time adjustments will be made separately. In addition, for non-AMC facilities with average case time greater than 1 standard deviation above the mean for their group, their average case time will be reduced to the value equal to 1 standard deviation above the mean for the group. AMCs with an average case time above the standard deviation will not have their case time reduced.</p> <p><u>Recommendation 5:</u> Use the four-year population growth rate in each service area to calculate the projected surgical hours.</p> <p><u>Recommendation 6:</u> Calculate OR deficits/surpluses by facility/owner rather than by service area. Calculate deficits and surpluses separately for each facility in the service area unless under common ownership/controlling entity with others in the service area. Otherwise, total the deficits and surpluses for all facilities under a common owner/controlling entity in the service area. Determine service area OR needs by summing the deficits for all facilities and owners/controlling entities in each service area.</p> <p><u>Recommendation 7:</u> Revise Policy AC-3 to include in the planning inventory and need determination calculations all ORs approved under this policy, regardless of approval date.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Recommendations for action for the 2019 SMFP and beyond:</b></p> <p><u>Recommendation 8:</u> Improve the LRA data to make it more accurate and verifiable by revising terminology, clarifying definitions, and providing instruction and guidance regarding key data elements. Focus specifically on improving the reporting of ownership/controlling entity information, surgical availability, inpatient case time, ambulatory case time, and number of inpatient and ambulatory cases.</p> <p><u>Recommendation 9:</u> In agreement with the 2007-2008 Operating Room Methodology Workgroup, the current Workgroup recommends the use of accurate and verifiable billing data regarding surgical procedures performed in their ORs. This information would come from the data that hospitals and AMSUs submit to Truven Health Analytics. The Acute Care Services Committee should continue to explore the use of Truven data to identify procedures performed in licensed ORs (versus procedure rooms or elsewhere) and to function as the official source of data on surgical procedures.</p>		
<p><b>Dental Operating Room Demonstration Project Update</b></p>	<p>Martha Frisone provided an update on the dental projects from the 2016 SMFP, which included a need determination for 4 SS ASFs with up to 2 ORs; 1 in each of 4 Regions: Region 1- HSA IV; Region 2- HSA III; Region 3- HSAs V and VI; Region 4- HSAs I and II</p> <p>The Agency received 2 proposals for each Region. The approved applicants were:</p> <p>Region 1: Valleygate Dental Surgery Center of Raleigh, LLC (Garner) (Wake)  Region 2: Carolinas Center for Ambulatory Dentistry (Charlotte) (Mecklenburg)  Region 3: Valleygate Dental Surgery Center of Fayetteville, LLC and VFD Real Estate Partners, LLC (Fayetteville) (Cumberland)  Region 4: Valleygate Dental Surgery Center of the West, LLC (Greensboro) (Guilford)</p> <p>All 4 denied applicants appealed the denial of their application and the approval of the competing application.  The parties negotiated a settlement and the settlement agreement has been signed by all parties and the Director of the Division. The certificates will be</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>issued as soon as the petitioners file notice of withdrawal with prejudice at the Office of Administrative Hearings.</p> <p>As a result of the settlement, the denied applicant in the Region 1 review, Surgical Center for Dental Professionals of Raleigh, LLC, will receive a certificate of need and the project will be developed in Raleigh rather than in Garner.</p> <p>The certificate holders have one year from the date the certificate is issued to obtain licensure.</p>		
<b>Conclusion of the Business Meeting</b>			
<b>Convening of the Public Hearing Regarding the NC Proposed 2018 State Medical Facilities Plan</b>	<p>Dr. Ullrich called the public hearing to order.</p> <p>One speaker signed up to speak.</p> <p><b><u>Mr. Tom Siemers– J. Arthur Doshier Memorial Hospital</u></b> Mr. Siemers will be submitting a petition requesting a new policy and a change to the methodology as developed by the Operating Room (OR) Workgroup.</p> <p>The proposed policy, <i>Policy AC-7 Critical Access Hospitals</i> reads, To ensure the viability of Critical Access Hospitals (CAH) in North Carolina, addition of one or more operating rooms to a service area in which a CAH operates is only permitted if the certificate of need application includes a signed letter from an authorized representative of the CAH stating that the project will not have an adverse impact on the its ability to provide comprehensive emergency, inpatient and outpatient medical services to residents of the CAH service area. This shall apply if the CAH has an active license in good standing with NC DHSR.</p> <p>The petition will request the SHCC consider adding the following to the proposed OR Workgroup methodology: In a service area with a Critical Access Hospital, rounding up should not occur if the Critical Access Hospital itself does not report 90 percent utilization of its operating room capacity based</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>on an assumption of 2,000 case hours per operating room per year. The hours assume 250 days a year, 8 hours a day.</p> <p>The Council had questions about costs and outcomes if procedures were shifted from the hospital to an outpatient setting. They also discussed the importance of health care delivery in both rural and urban areas and how the SMFP can best address the needs.</p>		
<p><b>(Reconvening of the Business Meeting)</b> <b>Old Business</b></p>			
<p><b>Adjournment</b></p>	<p>There being no further business, Dr. Ullrich adjourned the meeting.</p>	<p>Mr. Lawler Dr. Parikh</p>	<p>Motion approved</p>



Healthcare Planning & Certificate of Need Section

**State Health Coordinating Council Meeting  
Minutes  
June 7, 2017  
Brown Building, Raleigh, North Carolina**

**Members Present:** Dr. Christopher Ullrich, Chairman; Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Stephen DeBiasi, Dr. Sandra Greene, Dr. Mark Ellis, Kurt Jakusz, Dr. Lyndon Jordan, Stephen Lawler, Kenneth Lewis, James Martin, Dr. Robert McBride, Denise Michaud, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam

**Members Absent:** Senator Ralph Hise, Valarie Jarvis, Representative Donny Lambeth, Brian Lucas

**Healthcare Planning Staff Present:** Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel, Sharetta Blackwell

**DHSR Staff Present:** Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson, Julie Halatek, Gloria Hale

**Attorney General's Office:** Bethany Burgon, June Ferrell, Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome</b>	<p>Dr. Ullrich welcomed Council members, staff and visitors to the second meeting of the planning cycle for the N.C. 2018 State Medical Facilities Plan (SMFP).</p> <p>He introduced the special guest speaker, Dr. Mandy Cohen, the Secretary of Department of Health and Human Services.</p>		
<b>Guest Speaker: Secretary Mandy Cohen, MD</b>	<p>Secretary Cohen wanted to talk about the changes coming to NC and to make sure the decisions and discussions of the SHCC reflect the current thinking:</p> <p>The first issue is the transformation of Medicaid to a managed care model. It is anticipated this will be launched in 2019 and they hope to have approval of the submitted waiver. It is anticipated this change will bring opportunities and changes in the health systems.</p> <p>The thinking is more expansive and includes broader improvements to health outside of the walls of the hospital. Some</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>of the considerations include: access to care, value for the dollars spent, and new ways for organizations to interact with each other through sharing information and data.</p> <p>The second issue is the opioid crisis. This is causing strain in ED, and public health systems. DHHS is looking at how different groups can work together in a coordinated way. Another issue is working on increasing access for all behavioral health services.</p> <p>Secretary Cohen answered several questions from members. The first question was regarding the impact on CCNC under the new managed care model. She indicated DHHS will be reviewing the services, including their data analytics and the prescription partnership program to identify what may be effective and how they can be continued.</p> <p>A second question was related to the costs of NC Fast data entry overtime. Secretary Cohen acknowledged the transition from paper to a digital platform had challenges, but the benefits of tracking patients was worth it and that there are discussion on how to offset the costs to the counties.</p> <p>Finally, Dr. Ullrich, asked for a commitment to have regular input and feedback from the Department. He noted such communication should include identified challenges where the SHCC can contribute constructive solutions. Secretary agreed and stated DHHS will be making changes with full transparency with the SHCC and the entire health care community.</p>		
<p><b>Announcements/ Introductions</b></p>	<p>The Proposed 2018 SMFP will be posted on the Healthcare Planning and Certificate of Need Section's website in the beginning of July and will be followed by public hearings for comments at various locations throughout the state from July 11 to July 26, 2017. There are copies of the public hearing schedules as well as the schedules for this year's remaining Council and Committee meetings on the table in the back of the room.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Ullrich noted that two Committees received comments past the submitted deadline. They both voted not to consider the comments and to adhere to the deadlines as outlined in the SMFP.</p> <p>Next, Dr. Ullrich asked the Council members to introduce themselves by stating their name, affiliation, and SHCC appointment type.</p> <p>Mark Payne introduced Martha Frisone in her new role as Chief of Healthcare Planning and Certificate of Need and Sharetta Blackwell as the new Administrative Assistant to Healthcare Planning.</p> <p>Dr. Ullrich asked that staff and the Attorney General's staff introduce themselves.</p>		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council</b>	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up.</p>		
<b>Approval of Minutes from March 1, 2017</b>	<p>A motion was made and seconded to accept the minutes of March 1, 2017.</p>	<p>Mr. Lawler Mr. DeBiasi</p>	<p>Motion approved; Unanimously.</p>
<b>Recommendations from Acute Care Services Committee</b>	<p>Dr. Sandra Greene presented the report for the Acute Care Services Committee. The Acute Care Services Committee met twice this year, first on April 4 and again on May 2.</p> <p>Topics reviewed and discussed at the April 4 meeting included:</p> <ul style="list-style-type: none"> <li>• Current Acute Care Services policies and methodologies;</li> <li>• Review of recommendations from the Operating Room Methodology Workgroup;</li> <li>• A Change to Policy AC-3, based on the recommendation of the Operating Room Methodology Workgroup;</li> <li>• Adherence to strict deadlines for accepting comments to petitions; and</li> <li>• A presentation by Triangle Orthopaedics Surgery Center.</li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Topics reviewed and discussed at the May 2 meeting included:</p> <ul style="list-style-type: none"> <li>• Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters;</li> <li>• A comparison between Licensure and Truven Health Analytics data;</li> <li>• Presentation of data pertaining to the new operating room methodology.</li> </ul> <p>Comments were received regarding the revision of the operating room methodology. In addition, there was one petition related to Chapter 6. The Committee authorized staff to update narratives, tables, and need determinations for the Proposed 2018 SMFP, as updates are received. The following is an overview of the Committee’s recommendations for Acute Care Services (Chapters 5 through 8) for the Proposed 2018 SMFP.</p> <p><b>Chapter 5: Acute Care Hospital Beds</b></p> <p>The Committee reviewed and discussed the policies, methodology, and assumptions for acute care beds.</p> <p>Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding <math>\pm 5\%</math>. Staff will work with the Sheps Center, Truven, and the hospitals during the summer to improve discrepant data. Staff will notify the Committee if need projections change.</p> <p>Committee members reviewed draft Tables 5A, 5B, and 5C. At the time of the meeting, calculations resulted in a need determination of 93 acute care beds. North Carolina Baptist Hospital notified the Agency of errors in their Truven data. They requested that the Committee substitute days of care from the License Renewal Application in the Proposed 2018 SMFP with the expectation that the refreshed Truven data will be corrected for the final 2018 SMFP. This substitution removed the draft need in Forsyth County originally reported at the May 2 meeting. Since the meeting, data updates and corrections added needs in Moore and Orange Counties and adjusted the</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>need in Mecklenburg County, for a total draft need determination of 90 acute care beds:</p> <p><b>32 additional acute care beds in the Mecklenburg County service area</b>  <b>22 additional acute care beds in the Moore County service area</b>  <b>36 additional acute care beds in the Orange County service area</b></p> <p><b>Chapter 6: Operating Rooms</b></p> <p>At last year’s meeting in September, the Committee noted that Triangle Orthopaedics Surgery Center was not in compliance with one of the requirements of the Single Specialty Ambulatory Surgery Facility Demonstration Project. The facility did not meet the requirement that at least 7% revenue would be attributed to self-pay and Medicaid patients. As a result, the Agency directed the facility to provide payer mix data more frequently and to describe their activities and plans to achieve the 7% requirement. As requested, Triangle Orthopaedics reported back at the April 2017 meeting. The payer mix reports showed that the facility has been achieving the 7% requirement and that activities designed to achieve and maintain this level are ongoing.</p> <p>There was one petition for Chapter 6. The Agency received two letters of support for this petition. The Agency received one comment after the deadline, which the Committee voted not to accept and voted to reiterate adherence to the comment deadlines. The Agency did not consider this comment when preparing its report.</p> <p><b>Petitioner:</b> J. Arthur Doshier Memorial Hospital  <b>Request:</b> The petitioner made two requests. The first request was the addition of Policy AC – 7. This policy would require an applicant for one or more operating rooms in a service area with a critical access hospital to obtain a letter from that hospital stating that the proposed ORs would not have an adverse impact on its ability to provide essential services. The second request was to dispense with the standard rounding of fractional OR deficits in service areas with a critical access hospital unless the critical</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>access hospital reports at least 90% utilization of its OR capacity, based on the new OR methodology assumptions.</p> <p><b>Committee Recommendation:</b> The Agency’s analysis showed that the unique characteristics of Brunswick County made the circumstances described in the petition unlikely to exist anywhere else in the state. Spring petitions are intended to address policies and methodologies with the potential for a statewide impact. The summer petition process would be the appropriate avenue by which to address Doshier Hospital’s concerns. The Committee voted to deny the petition; the vote was 3 in favor of denial, 1 opposed.</p> <p>The Committee approved a motion to have the staff study and review issues surrounding the provision of surgical services in Brunswick County and report back at the next meeting. The staff provided a report at the May 2 meeting that showed the certificates of need issued in rural counties, the pattern of surgical procedures in Brunswick County since 2011, and current need determinations in the Brunswick County service area. The Committee reviewed and discussed the changes recommended by the Operating Room Methodology Workgroup and by Healthcare Planning staff. The Committee voted to make the following changes to the methodology and assumptions:</p> <ul style="list-style-type: none"> <li>• Group facilities by the total number of surgical hours derived from data reported on the License Renewal Application.</li> <li>• Calculate operating room deficits and surpluses separately for each health system.</li> <li>• Base availability and utilization assumptions on the group to which the facility is assigned.</li> <li>• Need determination calculations use case times reported by the facility, adjusted for outliers.</li> <li>• When a need is calculated, the minimum need determination is two operating rooms. The maximum operating room need determination in a single service area is six. These changes will be evaluated after the first year of implementation of the new methodology.</li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<ul style="list-style-type: none"> <li>Revise Policy AC-3 to include in the inventory and need determination calculations all operating rooms approved under this policy and their associated procedures, regardless of the date of approval.</li> </ul> <p>Staff added a table in the methodology section of the narrative to show the average inpatient and ambulatory case times by group. This information is important for the CON application process.</p> <p>The Committee reviewed Tables 6A, 6B, and 6C. At the time of the May 2 Acute Care Services Committee meeting, the new methodology resulted in a need determination for 28 ORs. Since that meeting, corrections and updates to the tables resulted in <b>need determinations for 30 ORs:</b>  <b>2 ORs in Buncombe County; 4 ORs in Durham County</b>  <b>6 ORs in Forsyth County; 6 ORs in Mecklenburg County</b>  <b>6 ORs in Orange County; 6 ORs in Wake County</b></p> <p>Updated Tables 6A, 6B, and 6C have been posted for this meeting.</p> <p>The Committee reviewed the new Table 6E, which lists the four facilities issued Certificates of Need to develop operating rooms for the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project.</p> <p>The Committee also reviewed the Endoscopy Room Inventory in Table 6F. The updated table has been posted for this meeting.</p> <p><b>Chapter 7: Other Acute Care Services</b></p> <p>The Committee reviewed the policy and methodologies for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services.</p> <p>Staff presented draft Tables 7A, 7C, 7E and 7F. There are <b>no need determinations</b> for these services at this time.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Chapter 8: Inpatient Rehabilitation Services</b></p> <p>The Committee reviewed the methodology and assumptions for Inpatient Rehabilitation Services, as well as a draft of Table 8A.</p> <p>Application of the standard methodology indicated <b>no need for additional inpatient rehabilitation beds</b> in the state at this time.</p> <p><b>Committee Recommendation Regarding Acute Care Services:</b></p> <p>The Committee recommends acceptance of the Acute Care Services policies, methodology and assumptions, and draft tables, with the understanding that staff will make updates as needed. In addition, references to dates will be advanced one year, as appropriate.</p> <p>The Committee discussed the changing landscape in healthcare with more patients having insurance and whether the 7% requirement for the demonstration projects is appropriate. Further discussion centered on access issues, including financial access. High deductible plans do provide insurance, but are still barriers to care if the patient is unable to afford the deductible. Secretary Cohen was supportive of the new requirements of the dental demonstration projects. Dr. McBride discussed the difficulty in Mallard Creek meeting the 7% requirement. They have hired a private transport company to pick up patients. He hopes this issue will be discussed further. Dr. Ullrich welcomed suggestions on how the calculation needed to change and stated that after 3 year of solid data they can consider making changes to the requirements of the single specialty demonstration projects.</p> <p>Ms. Apperson expressed concerns about losing the history of both the 7% requirement for the single specialty projects and the 30% requirement for the dental projects as a result of any changes to the projects.</p>	Mr. DeBiasi	Motion Approved; Unanimously
<p><b>Recommendations from Long Term Behavioral Health Committee</b></p>	<p>Ms. Denies Michaud presented the report for the Long Term Behavioral Health Committee. The Long-Term and Behavioral Health (LTBH) Committee met twice this year, first on April 7<sup>th</sup> and again on May 5<sup>th</sup>.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The topics reviewed and discussed at the April 7<sup>th</sup> meeting included:</p> <ul style="list-style-type: none"> <li>• Current Long-Term and Behavioral Health policies and methodologies and one Adult Care Home petition;</li> <li>• Proposed language changes in Chapters 15, 16 and 17; and</li> <li>• Adherence to strict deadlines for accepting comments to petitions.</li> </ul> <p>The topics reviewed and discussed at the May 5<sup>th</sup> meeting included:</p> <ul style="list-style-type: none"> <li>• Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters; and</li> <li>• Proposed introduction of two new tables and re-labeling of two existing tables in the Semiannual Dialysis Report beginning July 2017.</li> </ul> <p>The following is an overview of the Committee’s recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2018 State Medical Facilities Plan (SMFP).</p> <p><b>Chapter 10: Nursing Care Facilities</b></p> <p>The Committee reviewed the policies and methodologies for nursing care facilities.</p> <p>Staff presented draft tables 10A, 10B, 10C and 10D. Application of the methodology based on data and information currently available indicated <b>no need for additional nursing home beds</b> anywhere in the state.</p> <p><b>Chapter 11: Adult Care Homes</b></p> <p>The Committee reviewed the policies and methodologies for adult care homes.</p> <p>Staff presented draft tables 11A, 11B, 11C and 11D. Application of the methodology based on data and information currently available results in <b>need determinations for 50 beds: 30 beds in Ashe County</b></p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>20 beds in Greene County</b></p> <p>There was one petition for Chapter 11. The agency received one comment on the petition, and one comment on the comment (submitted after the deadline). The Committee voted to not consider the comments that were submitted late and to reiterate a commitment to adhering to strict deadlines as published in the SMFP. The Agency did not consider this comment when preparing its report.</p> <p><b>Petitioner:</b> Singh Development, LLC</p> <p><b>Request:</b> The petitioner submitted a proposal to amend policy LTC-2 which pertains to relocation of adult care home beds.</p> <p>The current LTC-2 policy allows relocation of beds from one county provided: 1) the counties in question are contiguous to each other and the facility losing beds or moving currently serves residents of the county receiving beds; 2) a deficit is not created or increased in the county losing beds; and 3) a surplus is not created or increased in the county gaining beds.</p> <p>The petitioner proposed to replace the existing third criterion with language that would allow relocation of licensed adult care home beds from a county with a surplus of beds to a contiguous high-growth county with a small surplus of beds. The replacement language reads as follows:</p> <p>Demonstrate that a proposal to move licensed adult care home beds from a county with a surplus of beds to a county with a surplus of beds shall meet the following conditions, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins:</p> <ul style="list-style-type: none"> <li>a. The county losing beds as a result of the proposal has a surplus greater than or equal to 15 percent of available inventory;</li> <li>b. Once beds are moved, percent surplus of available beds for the county losing beds does not fall below 15 percent as a result of the</li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>project;</p> <ul style="list-style-type: none"> <li>c. The county receiving licensed adult care beds as a result of a proposal has a surplus of beds less than 15 percent of available inventory;</li> <li>d. Once beds are moved, percent surplus of available inventory for the county receiving beds does not exceed 15 percent as a result of the project; and,</li> <li>e. Using North Carolina Office of State Budget and Management population data, demonstrate the county receiving beds has a five year forward average population growth rate greater than North Carolina average.</li> </ul> <p><b>Committee Recommendation:</b> Staff analyses found that if the language of the third condition in the current policy were removed and replaced as proposed by the petitioner, the policy would lose language that currently explains the conditions under which counties with a deficit could receive beds.</p> <p>Staff analyses also found the current Adult Care Home need methodology is similar to the former Nursing Home need methodology in that it uses some of the same elements that were removed from the Nursing Home methodology in order to improve the accuracy of nursing home bed need projections.</p> <p>The Committee voted to approve the agency recommendation to deny the petitioner's request to amend Policy LTC-2. It also voted to approve the agency recommendation to review the Adult Care Home methodology no earlier than the 2019 SMFP cycle, depending on the availability of staffing resources.</p> <p><b>Chapter 12: Home Health Services</b></p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Application of the methodology based on data and information currently available results in <b>a draft need determination for Wake County for two new Medicare-certified home health agencies or offices.</b></p> <p><b>Chapter 13: Hospice Services</b></p> <p>Application of the methodology based on data and information currently available results in <b>one draft need determination for Cumberland County for a new home hospice office.</b></p> <p>Application of the methodology based on data and information currently available results two draft need determinations:  <b>one in Cumberland County for 10 hospice inpatient beds; and  one in Wake County for 14 hospice inpatient beds.</b></p> <p><b>Chapter 14: End-Stage Renal Disease Dialysis Facilities</b></p> <p>The Committee voted to recommend including two additional tables in the Semiannual Dialysis Report. The addition of dialysis data by county of patient origin, would become Table A. The second new table, Table C: Census of Home Dialysis Patients, would show the total number home hemodialysis patients, number of home peritoneal patients and total number of home patients by county and provider number.</p> <p>Furthermore, in the same vote, the Committee agreed the former Table A will become Table B: Inventory of Dialysis Stations and Calculation of Utilization Rates and the former Table B will become Table D: ESRD Dialysis Station Need Determinations by Planning Area in the July 2017 Semiannual Dialysis Report and all future SDRs.</p> <p>Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for July 2017 on July 1<sup>st</sup>. This report will be available on the DHSR website.</p> <p><b>Chapter 15: Psychiatric Inpatient Services</b></p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The complexity of mapping ICD-9 codes to the new ICD-10 codes made data extraction onerous and time consuming. Staff recommended using Major Diagnostic Category (MDC) codes instead and presented an analysis that demonstrated very few differences in totals between the two approaches. The Committee voted to recommend using the MDC codes to identify psychiatric bed days of care reported to Truven rather than ICD-10 codes.</p> <p>Application of the revised methodology based on data and information currently available results in <b>no draft need determinations for adult or child/adolescent psychiatric inpatient beds.</b></p> <p><b>Chapter 16: Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)</b></p> <p>Similarly to Chapter 15, the Committee voted to use the MDC codes rather than ICD-10 codes to identify substance use disorder inpatient and residential days of care reported to Truven.</p> <p>Application of the methodology based on data and information currently available results in the following draft need determination: <b>Child/Adolescent Chemical Dependency Treatment Beds; Central Region, 15 beds.</b></p> <p><b>There was no need determination for adult beds anywhere in the state.</b></p> <p><b>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</b></p> <p>Application of the methodology based on data and information currently available results in <b>no draft need determinations at this time.</b></p> <p><b><u>Recommendation for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17 for the Proposed 2018 SMFP:</u></b></p>	<p>Dr. Greene</p>	<p>Motion approved; Mr. Burgin recused.</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The Committee recommends that the current assumptions and methodology be accepted as presented for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, for the Proposed 2018 Plan, and that references to dates be advanced one year, as appropriate. Also, the committee recommends to authorize staff to update narratives, tables and need determinations as new and corrected data are received.</p> <p><b>Ms. Michaud provided an update from previous LTBH Committee discussion:</b></p> <p>A final item concerns something that was not discussed by the Committee this year. Session Law 2015-241 Section 12F (d) and (e) required DHHS to develop a plan to use a portion (no more than 25 million dollars) of the funds from the sale of the Dorothea Dix property to produce up to 150 new behavioral inpatient beds. The plan was finalized last year and as a result, in 2016, the SHCC voted to include beds approved for development in the appropriate inventories. Of note, these beds do not require a certificate of need.</p> <p>The beds have finally been awarded and I would like to share with you an update. On May 31, 2017, the General Assembly awarded Duke Life Point Maria Parham Medical Center approximately \$10 million to develop 33 licensed psychiatric inpatient beds for adults at the site of the closed Franklin Regional Medical Center. Also, Charles A. Cannon, Jr. Memorial Hospital in Avery County was awarded approximately \$6.5 million to develop 27 licensed psychiatric inpatient beds for adults.</p> <p>Once the information is finalized, placeholders for the new beds to be developed will be included in the planning inventory in Chapter 15 (in Table 15A). Because some of the beds will be converted from acute care beds to psychiatric beds, placeholders will also be included in Chapter 5 (in Table 5A), as appropriate.</p>		
<p><b>Recommendations from Technology and Equipment Committee</b></p>	<p>Dr. Christopher Ullrich presented the report for the Technology and Equipment Committee. The Technology and Equipment Committee met once on May 10, 2017.</p> <p>The topics reviewed and discussed included:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<ul style="list-style-type: none"> <li>• Current policies, assumptions, and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2018 State Medical Facilities Plan (SMFP);</li> <li>• Preliminary drafts of need projections generated by the standard methodologies;</li> <li>• Mobile PET scanner utilization analysis; and</li> <li>• Fixed multi-position MRI Scanner demonstration projects.</li> </ul> <p>The following is an overview of the Committee’s recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation for Chapter 9 - Technology and Equipment of the Proposed 2018 Plan. This report’s organization is by equipment and aligns with the organization of Chapter 9 of the SMFP.</p> <p><b>Chapter 9: Technology and Equipment</b> No petitions or comments were received on any section of Chapter 9.</p> <p><b>Lithotripsy:</b> Application of the methodology based on data and information currently available results in <b>no draft need determinations</b> at this time.</p> <p><b>Gamma Knife:</b> Based on data and information currently available, <b>no draft need determinations</b> have been identified at this time.</p> <p><b>Linear Accelerators:</b> Application of the methodology based on data and information currently available results in <b>no draft need determinations</b> at this time.</p> <p><b>Positron Emission Tomography (PET) Scanners:</b> As an item of outstanding old business, the Committee reviewed the number of TE-1 Fixed PET to Mobile PET conversions and mobile PET utilization. The</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>analysis and subsequent recommendation from the Agency, was that one additional mobile scanner would be needed to maintain statewide coverage. The Committee voted to approve <b>a need determination for one mobile PET scanner statewide.</b></p> <p>There were <b>no need determinations for fixed PET scanners.</b></p> <p><b>Magnetic Resonance Imaging (MRI) Scanners:</b> Application of the methodology based on data and information currently available results in <b>two need determinations for fixed MRI scanners in the multi-county service area of Pasquotank/Camden/Currituck/Perquimans and in Union County.</b> This is an update from the information initially presented at the May 10th Committee meeting. The need for one fixed MRI scanner in Mecklenburg County was removed when data corrections were received.</p> <p>The Committee discussed another outstanding business item, adding the two demonstration projects for the fixed multi-positional MRI scanners 9Q(6) back into the need determination table 9P. The Agency’s analysis showed that adding these scanners to the inventory would not result in significant changes in the need determinations and thus recommended it. The Committee agreed and voted to make this change.</p> <p><b>Cardiac Catheterization Equipment:</b> Application of the methodology based on data and information currently available <b>results in one need determination for fixed cardiac catheterization equipment in Buncombe County</b> at this time.</p> <p><b>Recommendation for Chapter 9: Technology and Equipment for the Proposed 2018 SMFP:</b> The Committee recommends the current assumptions, methodologies and draft tables for lithotripsy, gamma knife, linear accelerators, PET scanners, MRI Scanners, and cardiac catheterization equipment be accepted for the Proposed 2018 Plan. References to dates will be advanced one year, as appropriate. Also, the Committee recommend to authorize the staff to update all narratives, tables and need determinations for the Proposed 2018</p>	<p>Dr. Patel</p>	<p>Motion approved; Unanimously.</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Plan as new and corrected data are received. Need determinations are subject to change.		
<b>Adoption of the NC Proposed 2018 State Medical Facilities Plan</b>	<p>Dr. Ullrich asked for a motion to adopt the <i>Proposed 2018 State Medical Facilities Plan</i>, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the <i>Plan</i>.</p> <p>Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as it is received, as well as make non-substantive edits to narratives.</p>	<p>Mr. Lewis Dr. Parikh</p> <p>Ms. Michaud Mr. Brunnick</p>	<p>Motion approved; Unanimously.</p> <p>Motion approved; Unanimously.</p>
<b>Review of the Public Hearings and Remaining SHCC Meeting Schedule/Other Business</b>	<p>Dr. Ullrich reviewed the six public hearings, dates and locations that they would take place beginning on July 11, 2017 with the final public hearing on July 26, 2017. Mr. Payne stated the July 26, 2017 public hearing would take place in the same room as this meeting of the SHCC. Dr. Ullrich encouraged everyone to attend at least one public hearing.</p> <p>Dr. Ullrich provided additional thoughts on Secretary Cohen's presentation and noted that she discussed a Medicaid overhaul process with integration of behavioral health and transition to managed care. In addition, Ms. Michaud provided an update on the inpatient behavioral beds from Session Law 2015-241. In discussion with Director Payne and staff there will be a review of the behavioral health bed and substance use disorder bed and service areas and methodologies for the 2019 State Medical Facilities Plan. In the meantime, Dr. Ullrich strongly encouraged the use of the petition process until the review can be complete.</p> <p>Ms. Frisone provided an update on the per diem process.</p>		
<b>Adjournment</b>	There being no further business, Dr. Ullrich adjourned the meeting.	Dr. Parikh Dr. Jordan	Motion approved; Unanimously.



**State Health Coordinating Council Meeting – DRAFT**  
**Minutes**

Healthcare Planning & Certificate of Need Section

**October 4, 2017**

**Brown Building, Raleigh, North Carolina**

<b>Members Present:</b> Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Valarie Jarvis, Dr. Lyndon Jordan, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jaylan Parikh, Dr. Prashant Patel
<b>Members Absent:</b> Dr. Christopher Ullrich, Chairman, Senator Ralph Hise, Representative Donny Lambeth, Stephen Lawler, Brian Lucas, James Martin, Dr. T. J. Pulliam
<b>Healthcare Planning Staff Present:</b> Sharetta Blackwell, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel
<b>DHSR Staff Present:</b> Mark Payne, Martha Frisone, Lisa Pittman, Gloria Hale, Celia Inman, Mike McKillip
<b>Attorney General's Office:</b> June Ferrell, Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Dr. Sandra Greene presided. She welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2018 State Medical Facilities Plan (SMFP). She acknowledged that the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff.</p> <p>She stated that the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the <i>Proposed 2018 SMFP</i> in response to the public hearings conducted across the state this summer. She stated action would be taken on updated tables and need projections. She noted that following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval.</p> <p>The members introduced themselves by stating their name, affiliation, and SHCC appointment type, followed by staff introductions.</p>		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order</b>	<p>Dr. Greene gave an overview of the procedures to observe before taking action at the meeting. Dr. Greene inquired whether anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. She asked members to declare conflicts as agenda items came up.</p> <p>Dr. McBride recused himself from voting on the petition from Mallard Creek Surgery Center, due to his affiliation with OrthoCarolina. Dr. Jordan disclosed that, as a radiologist, he</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>No. 122 Extending the State Health Coordinating Council</b></p>	<p>provides fixed PET services and will be presenting a report on that topic; this was an acknowledgment, but not a formal recusal. Mr. Burgin recused himself from voting on the petition regarding Transitions LifeCare (he rents office space to the company for their Harnett County location).</p>		
<p><b>Approval of Minutes from September 6, 2017</b></p>	<p>A motion was made and seconded to accept the minutes of September 6, 2017.</p>	<p>Mr. Brunnick Dr. Jordan</p>	<p>Motion approved</p>
<p><b>Recommendations from the Acute Care Services Committee</b></p>	<p>Dr. Greene presented the report from the Acute Care Services Committee, which met once after the May Council meeting, on September 12, 2017. Following is an overview of the Committee’s recommendations for Acute Care Services, Chapters 5-8, of the <i>Proposed 2018 SMFP</i>. Dr. Greene noted that all inventories and need determinations are subject to change.</p> <p>The Agency received one petition for this chapter.</p> <p><b><u>Request:</u></b> UNC Hospitals requests removal of the need determination in the <i>2018 SMFP</i> for 36 acute care beds in Orange County. The Agency received no letters or comments.</p> <p><b><u>Committee Recommendation:</u></b> After incorporation of the refreshed Truven data, Orange County no longer has a need for acute care beds. Therefore, the Committee recommends to the SHCC denying the petition because it is moot.</p> <p><b><i>Data Discrepancy Report</i></b> Staff compared Truven Health Analytics data for 2016 to data from the License Renewal Applications. The Committee originally reviewed a list of 19 hospitals with acute days of care discrepancies between the two data sources that exceed plus-or-minus five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 9 hospitals that have a greater than a five percent discrepancy. The changes in Truven data for those facilities with discrepancies do not affect need determinations.</p> <p>Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable. Application of the methodology, based on data and information currently available, results in the following draft need determinations:</p> <ul style="list-style-type: none"> <li>• Mecklenburg County, 50 Acute Care Beds</li> <li>• Moore County, 22 Acute Care Beds</li> </ul>		

**Chapter 6: Operating Rooms**

The Agency received eight petitions for this chapter.

***Petition 1: OrthoCarolina***

**Request:** OrthoCarolina requests two changes to the requirements of the Single Specialty Ambulatory Surgery Demonstration Project: (1) reduction of the charity care (self-pay and Medicaid) requirement from 7% of total revenue to 5%; and (2) exclusion of the revenue from procedures that do not yet have a Medicare allowable amount or are not currently ambulatory surgery center-approved by Medicare from the denominator of the charity care percentage calculation. The Agency received three comments: one in opposition, one mixed, and one in favor.

**Committee Recommendation:** The Committee recommends to the SHCC approval of the exclusion of revenue from procedures that do not yet have a Medicare allowable amount from the calculation of the charity care percentage. When Medicare establishes allowable reimbursement amounts, the revenue for these procedures will be included in the calculations. This change applies to all demonstration sites. The Committee recommends denial of the request to reduce the requirement from 7% to 5%.

In addition, based on internal Agency discussions, as well as discussions with the demonstration sites and the Committee, it became clear that the original reporting instructions in the 2010 SMFP needed to be altered. The Committee, therefore, recommends altering the instructions provided to the demonstration sites such that they use revenue earned rather than revenue collected in the calculation of the percentage of revenue attributable to self-pay and Medicaid.

***Petition 2: Cape Fear Valley Medical Center***

**Request:** Cape Fear Valley Medical Center requests an adjustment to the operating room (OR) methodology such that the projected growth rate for surgical cases be held constant when population growth is negative. The Agency received one letter of support.

**Committee Recommendation:** The Committee recommends to the SHCC approval of the petition.

***Petition 3: Wake Forest Baptist Health***

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Request:</u></b> Wake Forest Baptist Health requests a reduction in the need determination for ORs in Forsyth County from six to four. The Agency received one neutral comment and one letter in opposition.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC that underutilized ORs be included in the inventory as though they were not underutilized when a CON has been issued for their replacement. This clarification to the methodology results in a reduction of the OR need in Forsyth County from six to four.</p> <p>In addition, the Agency brought to the Committee a recommendation regarding a situation unforeseen during the deliberations of the OR Methodology Workgroup. If, for example, ORs to be relocated from a hospital to a new entity in another health system are removed from the hospital's inventory upon issuance of the CON, it is possible that this can generate a need in the service area, because doing so would reduce the health system's inventory. This result does not reflect the intent of the methodology. The Committee recommends to the SHCC that Chapter 6 of the SMFP should include language such that ORs to be relocated will be removed from the original facility's inventory when they are licensed in the new facility. Staff will draft language for review and approval in preparation for the Final 2018 SMFP.</p> <p><b><i>Petition 4: Duke University Health System</i></b></p> <p><b><u>Request:</u></b> This request was in the form of a comment. Duke University Health System submitted a comment regarding the definition of "health system" as used in the OR methodology. The Agency received no other comments or letters.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC clarifying the definition of health system to include leased facilities and to describe more clearly when a joint venture should be included in a health system.</p> <p><b><i>Petition 5: Wilmington Health</i></b></p> <p><b><u>Request:</u></b> Wilmington Health petitioned for an adjusted need determination for two ORs in Onslow County. This petition was withdrawn in August, so no action was taken.</p> <p><b><i>Petition 6: Graystone Ophthalmology Associates</i></b></p> <p><b><u>Request:</u></b> Graystone Ophthalmology Associates requests an adjusted need determination for one OR in Catawba County. Nineteen documents were submitted in support of the petition.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Among these, 12 were from physicians in the practice. One letter was submitted in opposition to the petition.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approving the Petition.</p> <p><b><i>Petition 7: Cape Fear Valley Medical Center</i></b></p> <p><b><u>Request:</u></b> Cape Fear Valley Medical Center requests an adjusted need determination for one OR in Cumberland County. The Agency received two comments regarding the petition. One was from Cape Fear Valley Medical Center in favor of the petition. The other was opposed.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approving the petition, with the stipulation that the <i>2018 SMFP</i> include an adjusted need determination for one OR in Cumberland County to be used for the training of surgical residents in inpatient and outpatient procedures.</p> <p><b><i>Petition 8: Azura Vascular Care</i></b></p> <p><b><u>Request:</u></b> Fresenius Vascular Care, d/b/a Azura Vascular Care, and four other petitioners request an adjusted need determination for a demonstration project to develop two ORs in each of the six Health Service Areas statewide. These ORs would be located in single-specialty vascular access ambulatory surgical facilities, and would provide a full range of vascular access services necessary for end-stage renal disease patients. The Agency received 62 letters of support for this petition. Three comments recommending denial were also received, but one was withdrawn. One of the comments considered to be in opposition actually favored the idea of a demonstration project, but expressed objections to most of the petitioners' proposals such that it was considered by the Agency to effectively be in opposition to the petition.</p> <p><b><u>Committee Recommendation:</u></b> The Committee acknowledged the need to examine this issue further, but agreed with the Agency that it is premature to move forward with a demonstration project at this time. Dr. Greene stated that she will work with the Agency early in 2018 to plan the appropriate next steps. The Committee recommends to the SHCC denying the petition.</p> <p><b><i>Draft Need Determinations</i></b></p> <p>Based on data and information currently available, application of the methodology results in the following draft need determinations at this time:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<ul style="list-style-type: none"> <li>• Buncombe County, 2 ORs</li> <li>• Durham County, 4 ORs</li> <li>• Forsyth County, 6 ORs</li> <li>• Mecklenburg County, 6 ORs</li> <li>• Orange County, 6 ORs</li> <li>• Wake County, 6 ORs</li> </ul> <p><b><u>Chapter 7: Other Acute Care Services</u></b></p> <p>The Agency received no petitions or comments for this chapter. Based on data and information currently available, application of the methodology results in no draft need determinations.</p> <p><b><u>Chapter 8: Inpatient Rehabilitation</u></b></p> <p>The Agency received one petition for this chapter.</p> <p><b><u>Request:</u></b> Novant Health and HealthSouth Corporation request an adjusted need determination for 50 inpatient rehabilitation beds in Health Service Area III. The Agency received 93 letters of support and two comments in opposition to this petition.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approving an amended request to the Petition to show a need for eight inpatient rehabilitation beds in HSA III in the <i>2018 SMFP</i>.</p> <p><b><i>Draft Need Determinations</i></b></p> <p>Based on data and information currently available, application of the methodology results in no draft need determinations at this time.</p> <p><b><u>Recommendations Related to All Chapters</u></b></p> <p>The Committee recommends to the SHCC approval of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations as indicated.</p>	<p>Mr. DeBiasi Dr. Parikh</p>	<p>Motion approved (Mr. Adams and Dr. McBride recused.)</p>
<p><b>Recommendations from the Long-Term and</b></p>	<p>Ms. Michaud stated that the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 8, 2017.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>Behavioral Health Committee</b></p>	<p>Following is an overview of the Committee’s recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the <i>2018 SMFP</i>. For all chapters, inventories have been updated to reflect any changes, and tables include placeholders where applicable. All inventories and need determinations are subject to change.</p> <p><b><u>Chapter 10: Nursing Care Facilities</u></b></p> <p>There was one petition related to this chapter.</p> <p><b><u>Request:</u></b> Bermuda Village Retirement Community requests an adjusted need determination for 21 nursing beds in Davie County in the <i>2018 SMFP</i>. The agency received 22 documents in support of the petition and one document in opposition.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approving the petition for an adjusted need determination for 21 nursing home beds in Davie County in the <i>2018 SMFP</i>.</p> <p><b><u>Draft Need Determinations</u></b> The application of the methodology based on data and information currently available results in no draft need determinations.</p> <p><b><u>Chapter 11: Adult Care Homes</u></b></p> <p>There was one petition related to this chapter.</p> <p><b><u>Request:</u></b> Mr. Whitcomb Rummel and Ms. Christen Campbell have petitioned the SHCC for an adjusted need determination for 80 adult care home beds in Orange County in the <i>2018 SMFP</i>. Seven (7) documents in support of and one document in opposition to the Petition were received.</p> <p><b><u>Committee Recommendation</u></b> In late 2017/early 2018, the Council will be conducting a review and accepting comments on the standard methodology. Thus, the Committee makes the following two recommendations to the SHCC: 1) to invite the Petitioners to engage in the process for reviewing the adult care home standard methodology, and 2) to not approve the Petition to adjust the need determination for 80 adult care home beds in Orange County in the <i>2018 SMFP</i>.</p>		

***Draft Need Determinations***

The application of the adult care home methodology based on data and information currently available results in the following draft need determinations:

- 30 beds in Ashe County
- 60 beds in Cherokee County
- 20 beds in Greene County
- 20 beds in Jones County
- 10 beds in Washington County

**Chapter 12: Home Health Services**

There was one petition related to this chapter.

**Request:** Heaven Sent Private Care, LLC (Heaven Sent) requests an adjusted need determination be included in the *North Carolina 2018 State Medical Facilities Plan (SMFP)* for one Medicare-certified home health office in Randolph County. One document was received in opposition to this Petition.

**Committee Recommendation:** The Committee recommends to the SHCC denying the Petition.

***Draft Need Determinations***

The application of the methodology based on data and information currently available results in the following need determination:

- Wake County – two new Medicare-certified home health agencies or offices

**Chapter 13: Hospice Services**

The Agency received four petitions related to this chapter.

***Petition 1: Transitions LifeCare***

**Request:** Transitions LifeCare (TL) requested the need determination for 14 hospice inpatient beds in Wake County in the *2018 SMFP* be reduced to 6 hospice inpatient beds.

**Committee Recommendation:** The Committee recommends to the SHCC denying the Petitioner’s request to reduce the need determination to six hospice inpatient beds and alternatively, approving a need determination for 10 hospice inpatient beds for Wake County based on the proposed substitution of Wake County’s FY2015 Average Length of Stay (ALOS) instead of the FY2016 ALOS in the *2018 SMFP*.

***Petition 2: BAYADA Home Health Care, Inc.***

**Request:** BAYADA Home Health Care, Inc. requested an adjusted need determination for a hospice home care office for Harnett County in the *2018 SMFP*.

**Committee Recommendation:** The Committee recommends to the SHCC denying this Petition.

***Petition 3: Liberty Home Care Services***

**Request:** Liberty Home Care Services requested an adjusted need determination for one hospice home care office in Hyde County.

**Committee Recommendation:** The Committee recommends to the SHCC approving this Petition.

***Petition 4: Continuum Care Hospice***

**Request:** Continuum Care Hospice requested an adjusted need determination for one hospice home care office in Mecklenburg County, specifically organized and staffed to serve African American patients.

**Committee Recommendation:** The Committee recommends to the SHCC denying this Petition.

***Draft Need Determinations***

Application of the methodologies based on data and information currently available results in the following draft need determinations:

- Hospice Home Care Office
  - Cumberland County – one new hospice home care office
- Hospice Inpatient Beds
  - Cumberland County – 10 hospice inpatient beds
  - Wake County – 14 hospice inpatient beds

**Chapter 14: End-Stage Renal Disease Dialysis Facilities**

There were no petitions or comments for this chapter.

***Draft Need Determinations***

Application of the County Need methodology for the *2018 SMFP* determined there is no need for additional dialysis stations anywhere in the state. The need for additional new dialysis

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>stations is determined two times each calendar year. Determinations are made available in the <i>North Carolina Semiannual Dialysis Report (SDR)</i>.</p> <p><b><u>Chapter 15: Psychiatric Inpatient Services</u></b></p> <p>There were no petitions or comments for Chapter 15.</p> <p><b><i>Data Updates</i></b>            There is one update that applies to Chapters 15, 16, and 17. Nash County has moved from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.</p> <p>Application of the methodology based on data and information currently available results in a draft need determination for seven child/adolescent psychiatric inpatient beds in the Sandhills LME-MCO and no need for adult beds anywhere in the state.</p> <p><b><i>Recommendations Related to Psychiatric Inpatient Services</i></b></p> <p>The committee received updates regarding beds to be developed with funds allocated by the General Assembly from the Dorothea Dix Hospital Property Fund. Some funds were awarded in 2016. In the 2017 session, the General Assembly awarded additional funds from the sale of the Dorothea Dix Hospital property, under Session Law 2017-57. Just as with the beds awarded previously under a different session law, the LTBH committee recommends to the SHCC that the beds developed based on SL 2017-57 be included in the regular psychiatric inpatient bed inventory once they are licensed, provided they are in categories covered in the SMFP.</p> <p><b><u>Chapter 16: Substance Use Disorder Inpatient &amp; Residential Services (Chemical Dependency Treatment Beds)</u></b></p> <p>There was one petition for this chapter.</p> <p><b><u>Request:</u></b> Samaritan Colony requested an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC that the <i>2018 SMFP</i> include a need determination for 14 adult substance use disorder treatment beds in the Sandhills Center LME-MCO for women, with a preference for development of beds in Moore or Richmond County. The Committee concurred with the Agency's further recommendation that the need determination stipulate that CON applicants must commit to</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured).</p> <p><b><i>Draft Need Determinations</i></b> The application of the methodology based on data and information currently available results in a draft need for 15 child/adolescent beds in the Central Region and no adult beds anywhere in the state.</p> <p><b><u>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</u></b></p> <p>There were no petitions or comments related to this chapter.</p> <p><b><i>Draft Need Determinations</i></b> The application of the methodology based on data and information currently available results in no draft need determinations.</p> <p><b><u>Recommendations Related to All Chapters</u></b></p> <p>The Committee recommends to the SHCC approval of <b>Chapters 10 - 17: Long-Term Care Facilities and Services</b> with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	<p>Dr. McBride Mr. Brunnick</p>	<p>Motion approved (Mr. Burgin recused.)</p>
<p><b>Recommendations from the Technology and Equipment Committee</b></p>	<p>Dr. Jordan stated that on September 13, 2017, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the <i>North Carolina Proposed 2018 SMFP</i>.</p> <p>The Committee makes the following recommendations for consideration by the SHCC in preparation for the Technology and Equipment chapter of the <i>2018 SMFP</i>. For all sections of Chapter 9, inventories have been updated to reflect any changes, and tables include placeholders where applicable. All inventories and need determinations are subject to change.</p> <p><b><u>Magnetic Resonance Imaging (MRI) Section</u></b></p> <p>The Committee received one petition for this section.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Request:</u></b> Sentara Albemarle Medical Center requested an adjusted need determination to remove the need for one fixed MRI scanner in the Pasquotank/Camden/Currituck/Perquimans Service Area.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approval of the Petition.</p> <p><b><i>Draft Need Determinations</i></b> The <i>Proposed 2018 SMFP</i> shows need determinations for a fixed MRI machine in the Pasquotank service area and in Union County. Since the proposed plan was published, staff updated data in Table 9P for Brunswick, Carteret, Dare, and Pasquotank service areas. None of the updated data changed the need determinations.</p> <p><b><u>Cardiac Catheterization Equipment Section</u></b></p> <p>The Agency received one petition for this section.</p> <p><b><u>Request:</u></b> Caldwell Memorial Hospital requested an adjusted need determination for a fixed cardiac catheterization machine in Caldwell County. This petition received four letters of support.</p> <p><b><u>Committee Recommendation:</u></b> The Committee recommends to the SHCC approval of the Petition.</p> <p><b><i>Draft Need Determinations</i></b> The <i>Proposed 2018 SMFP</i> showed one need determination for fixed cardiac catheterization equipment in the Buncombe/Graham/Madison/Yancey Service Area.</p> <p>Table 9X includes corrected the data for Caldwell County, now showing 684 weighted procedures rather than 600. No need determinations changed as a result. The only need determination for this section is 1 unit of fixed cardiac catheterization equipment in the Buncombe/Graham/Madison/Yancey service area.</p> <p><b><u>Positron Emission Tomography (PET) Scanners Section</u></b></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for positron emission tomography. The <i>Proposed 2018 SMFP</i> showed a need determination for one additional mobile PET scanner statewide. The Committee received no petitions and two comments regarding the positron emission tomography section of the <i>Proposed 2018 SMFP</i>.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Lithotripsy Section</u></b></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for lithotripsy. There was no need indicated anywhere in the state for additional lithotripsy. The Committee received no petitions and no comments over the summer regarding the lithotripsy section of the <i>Proposed 2018 SMFP</i>.</p> <p><b><u>Linear Accelerator Section</u></b></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and no comments over the summer regarding the linear accelerator section of the <i>Proposed 2018 SMFP</i>.</p> <p><b><u>Gamma Knife Section</u></b></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the <i>Proposed 2018 SMFP</i>.</p> <p><b><u>Recommendations Related to Entire Chapter</u></b></p> <p>The Committee recommends to the SHCC approval of Chapter 9: Technology and Equipment, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	<p>Mr. Brunnick Mr. Burgin</p>	<p>Motion approved (Dr. Jordan recused.)</p>
<p><b>SHCC's Recommendation to the Governor</b></p>	<p>Having heard each of the Committee Reports, and taking action on each, Dr. Greene asked for a motion to direct staff to incorporate the council's actions into a recommended version of the N.C. <i>2018 SMFP</i> for submission to the governor. In addition, Dr. Greene asked for a motion to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.</p>	<p>Ms. Michaud Mr. Brunnick</p>	<p>Motion approved</p>
<p><b>Other Business</b></p>	<p>Dr. Greene thanked all the Council members, and former council members, for sharing their time with us this year. She gave a special thanks to those who have played leadership roles as Committee Chairs. In addition, she thanked staff for their support. She thanked the audience for their participation throughout the year at Council meetings, committee meetings, and public hearings. She noted that everyone is a valuable part of this process.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Mr. Adams asked committee members to consider before the first committee meetings in 2018 looking at equipment and services that perhaps no longer require formal need methodologies.</p> <p>Mr. Burgin asked whether it was possible to address issues with the quality of data received from facilities. Dr. Greene noted that although this activity takes a lot of staff time and it difficult to obtain corrected data, it is an important issue because planning depends on the underlying data.</p> <p>It was announced that there will be two meetings for those interested in the review of the Adult Care Home Bed Need Methodology and engaging in the process to determine what changes are needed, if any. These meetings will be held in this room, beginning at 10:00 a.m. on November 2 and on December 13.</p> <p>It was announced that staff will make the recommended need determinations and CON review dates available for work planning purposes only by posting them on the Healthcare Planning website the first week of November. These recommended need determinations and dates will be accompanied by a disclaimer, which will advise everyone that nothing is final until the Governor signs the <i>2018 SMFP</i>.</p> <p>Dr. Greene announced the dates for the State Health Coordinating Council meetings next year, as follows:</p> <ul style="list-style-type: none"> <li>• Wednesday – March 7, 2018</li> <li>• Wednesday – May 30, 2018</li> <li>• Wednesday – August 29, 2018</li> <li>• Wednesday – October 3, 2018</li> </ul> <p>All of the Council meetings will be held in this room (Brown Building, conference room 104, on the Dix Campus). The meeting on August 29, 2018 is intended as a telephone conference meeting, but members are free to attend in person if they prefer. Additional information for the Council and committee meetings will be posted on the Division of Health Service Regulation’s website throughout the year.</p>		
Adjournment	There being no further business, Dr. Greene adjourned the meeting.	Mr. Brunnick Dr. Jordan	Motion approved

# Acute Care Services Committee Meeting Minutes

2018 SMFP



## Acute Care Services Committee Minutes

**April 4, 2017**  
**10:00 AM – 12:00 PM**  
**Brown Bldg. Room 104**

MEMBERS PRESENT: Dr. Sandra Greene; Christina Apperson, Dr. Mark Ellis, Stephen Lawler, Kenneth Lewis, Dr. Christopher Ullrich ( <i>ex officio</i> )
MEMBERS ABSENT: Representative Donny Lambeth, Dr. Robert McBride
HPCON Staff Present: Dr. Amy Craddock, Paige Bennett, Elizabeth Brown, Patrick Curry, Andrea Emanuel, Tom Dickson, Martha Frisone, Mike McKillip
DHSR Staff Present: Mark Payne
AG's Office: Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Introductions</b>	<p>Dr. Greene welcomed members, staff, and the public to the first Acute Care Services Committee meeting of 2017. Dr. Greene asked Committee members and staff in attendance to introduce themselves. Dr. Greene explained that the meeting was open to the public, but discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff.</p> <p>Dr. Greene stated that the purpose of this meeting was to review the policies and methodologies for the Proposed 2018 State Medical Facilities Plan (SMFP).</p>		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council</b>	<p>Dr. Greene reviewed Executive Orders 46 and 122, with committee members and explained procedures to observe before taking action at the meeting. Dr. Greene inquired whether any member had a conflict of interest or needed to declare that they would derive a financial benefit from any matter on the agenda. She asked if any member intended to recuse himself or herself from voting on any agenda item. There were no recusals. Dr. Greene requested members to make a declaration of the conflict if a conflict of arose for a member during the meeting.</p>		
<b>Approval of minutes from the September 13, 2016 Meeting</b>	<p>A motion was made and seconded to approve the September 13, 2016 minutes.</p>	<p>Mr. Lawler Ms. Apperson</p>	<p>Minutes approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>Acute Care Hospital Beds – Chapter 5</b></p>	<p><b>Policies and Need Methodology Review</b></p> <p>No petitions or comments were received pertaining to Chapter 5.</p> <p>Dr. Craddock reviewed the GEN policies in Chapter 4 of the SMFP. They apply to all Health Services. Dr. Craddock reviewed Policy AC-1 (Use of Licensed Bed Capacity for Data Planning Purposes), AC-3 (Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects), AC-4 (Reconversion to Acute Care) and AC-5 (Replacement of Acute Care Bed Capacity).</p> <p>Dr. Craddock reviewed the methodology for Chapter 5.</p> <ol style="list-style-type: none"> <li>1. Determine acute care bed service areas</li> <li>2. Determine number of beds in inventory (licensed, CONs, prior year need determinations)</li> <li>3. Enter total inpatient days of care for current reporting, as provided to Truven Health Analytics</li> <li>4. Calculate the growth rate multiplier by using the average change in days of care over the past four years.</li> <li>5. Calculate projected census for 2020.</li> <li>6. Multiply projected census by target occupancy factor.</li> <li>7. Determine the surplus or deficit of beds for each facility or owner (for facilities under common ownership).</li> <li>8. Sum the surpluses and deficits for each service area/owner to determine the number of beds needed.</li> </ol> <p><b>Committee Recommendations</b></p> <p>A motion was made and seconded to carry forward the Acute Care Bed policies and need determination methodology without changes.</p>	<p>Mr. Lewis Ms. Apperson</p>	<p>Motion approved</p>
<p><b>Other Acute Care Services - Chapter 7</b></p>	<p><b>Policies and Need Methodology Review</b></p> <p>There were no petitions or comments received regarding the policies and methodology for Chapter 7.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Craddock reviewed the Acute Care policy pertaining to this chapter.</p> <p><b>Policy AC-6 Heart-Lung Bypass Machines for Emergency Coverage</b>  A need is determined for one additional heart lung bypass machine whenever a hospital is operating an open heart surgery program with only 1 heart-lung bypass machine.</p> <p><b><u>Methodology</u></b></p> <p><b><u>Open Heart Surgery Services</u></b>  This need determination methodology was eliminated beginning with the 2012 SMFP. However, a CON is required to obtain heart-lung bypass equipment.</p> <p><b><u>Burn Intensive Care Services</u></b>  There will be a need for new burn ICU beds when both of the existing services have an average annual occupancy rate of at least 80% for the immediate two reporting years. If this occurs, then calculations are performed to determine the number of beds needed.</p> <p>To determine need:</p> <ol style="list-style-type: none"> <li>1. Calculate 4-year average annual growth rate for burn unit days of care, using the 5 most recent years of data.</li> <li>2. Determine the number of beds needed such that the total projected utilization (of existing and CON-approved beds) would be 80%.</li> <li>3. To arrive at the need determination, subtract the total existing beds from number of beds generated by the projected utilization for 2020.</li> </ol> <p><b><u>Transplantation Services</u></b></p> <p><b>Bone Marrow Transplantation Services</b> The need determination is based solely on the number of allogeneic bone marrow transplants performed. These are performed only Academic Medical Center Teaching Hospitals. A need is determined when each of the existing services has performed at least 20 allogeneic bone marrow transplants during the fiscal year just prior to the development of the current SMFP.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Solid Organ Transplantation Services</b> Solid organ transplantation services are limited to Academic Medical Center Teaching Hospitals and availability of solid organs. There is no mathematically-based methodology for calculating need.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to carry forward the current methodology for the Other Acute Care Services.</p>	Ms. Apperson Dr. Ellis	Motion approved
<p><b>Inpatient Rehabilitation Services – Chapter 8</b></p>	<p><b>Need Methodology Review</b> Dr. Craddock reviewed the Inpatient Rehabilitation Services methodology steps, and explained that need determination was calculated by Health Service Area (HSA).</p> <ol style="list-style-type: none"> <li>1. Calculate 3-year average annual rate of change for inpatient rehabilitation days of care, using the 4 most recent years of data for each HSA.</li> <li>2. Determine the number of beds needed in 2020 such that the total utilization (of existing and additional beds) would be 80%.</li> <li>3. To arrive at the need determination, subtract the total existing beds from number of beds generated by the projected utilization for 2020.</li> </ol> <p>There were no petitions or comments received regarding the policies and methodology for Chapter 8.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to carry forward the current methodology for Inpatient Rehabilitation Services.</p>	Mr. Lawler Dr. Ellis	Motion approved
<p><b>Operating Rooms – Chapter 6</b></p>	<p><b>Need Methodology Review</b></p> <p>There are no OR policies in Chapter 4 of the SMFP. Dr. Greene deferred the need methodology review until her presentation of the Operating Room Methodology Workgroup recommendations, later on the agenda.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>One petition was received pertaining to Chapter 6. One comment on the petition was received after the March 16, 2017 deadline. The Agency did not consider this comment in preparation of the Agency Report.</p> <p>A motion was made not to accept or consider the late comment.</p> <p>The Committee made a second motion supporting a strict adherence to the deadlines for comments as outlined in the SMFP.</p> <p>Dr. Craddock then presented the Agency Report on the petition.</p> <p>J. Arthur Doshier Memorial Hospital submitted a petition that requested the following:</p> <p><u>Policy AC-7: Critical Access Hospitals</u>: “To ensure the viability of Critical Access Hospitals (CAH) in North Carolina, addition of one or more operating rooms to a service area in which a CAH operates is only permitted if the certificate of need application includes a signed letter from an authorized representative of the CAH stating that the project will not have an adverse impact” on the CAH.</p> <p>and</p> <p><u>Methodology Recommendation</u>: “In a service area with a Critical Access Hospital, rounding up should not occur if the Critical Access Hospital itself does not report 90 percent utilization of its operating room capacity.”</p> <p>Brunswick County has two facilities that provide surgical services. J. Arthur Doshier Memorial Hospital (Doshier), a CAH, has two shared operating rooms (OR). Novant Brunswick Medical Center (Novant) has four shared ORs and one dedicated C-section OR (which is excluded from the need determination calculations). The 2016 SMFP included a need determination for one OR in Brunswick County. Need determinations are based on utilization of existing ORs and projected population growth. Brunswick County had a deficit of .37</p>	<p>Mr. Lawler Dr. Ellis</p> <p>Mr. Lawler Ms. Apperson</p>	<p>Motion approved</p> <p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>ORs. The need was rounded up to one OR because the county has between six and ten ORs, per the standard methodology. Two certificate of need (CON) applications are currently under review for this need determination. A decision is expected by April 29, 2017.</p> <p>The Petitioner's requests center around the following four issues.</p> <p><b><u>Proliferation of Unnecessary ORs:</u></b> Generally, the Petitioner claims that CAHs can be disadvantaged when the SMFP shows an OR need determination in a county with a CAH. The Petitioner asserts that both a new policy and a methodology change are required to address this potential statewide problem. The Agency's analysis finds no evidence of a current or potential statewide problem (see Table 1). Rather, the conditions likely to trigger an OR need determination exist only in Brunswick County for two reasons. It is the only county with a CAH and another facility providing surgical services that are both included in the methodology. Also, Brunswick County is the fastest growing county with a CAH. Pender County (which is contiguous with Brunswick and has a CAH) has a projected 7.86% growth rate for the same time period. Growth rates for all other counties with a CAH are substantially lower or declining. Even though Pender County has a high population growth rate, its low OR utilization rate (4.8%) renders it extremely unlikely that the county will show a need for additional ORs.</p> <p><b><u>Rounding:</u></b> The Petitioner notes that the rounding method can easily create excess capacity in a small county. The rounding method in the current methodology first appeared in the 2009 SMFP; this change emerged from the 2007 OR Workgroup and a petition from a hospital. The rationale for the rounding method is that smaller facilities generally cannot achieve the economies of scale possible in larger facilities. As such, the methodology should not require them to meet the same efficiency standards as large facilities. In other words, the rounding system was specifically designed to benefit service areas with a small number of ORs.</p> <p><b><u>Operating Room Utilization at Critical Access Hospitals:</u></b> The Petitioner requests that rounding should not occur in service areas with a CAH unless the CAH reports 90% OR utilization. For a hospital in the group that includes</p>		

	<p>CAHs, the Workgroup recommends 1,500 hours be considered full utilization. Using the recommended methodology, the Petitioner proposes that rounding should not occur until the CAH reaches 120% of <u>full</u> utilization. Implementation of this requirement would put a CAH at a disadvantage in developing a new OR, if utilization ever does reach this need determination threshold.</p> <p><b>Procedure Rooms:</b> The Petitioner claims that rounding can create a situation in which an entity can apply for an OR and also propose to develop new procedure rooms that (according to the Petitioner) can increase capacity well beyond the county's needs. Development of a procedure room is not a "new institutional health service" which requires a CON except under limited circumstances. Therefore, changing the rounding process will not affect the development of procedure rooms.</p> <p><b>Agency Recommendation:</b> The Petitioner's arguments reflect the situation in Brunswick County only and do not reflect a statewide situation. The arguments also do not address a situation likely to exist in the future in other service areas with a CAH. The SHCC is sensitive to the needs of rural areas, but the requested policy and methodology changes would not have an impact on rural counties in general. Only Brunswick County has exhibited the conditions that could possibly trigger implementation of the requested changes. Moreover, the SMFP provides a process for entities to address concerns regarding need determinations published in a proposed SMFP. Any entity could have submitted a petition in July of 2015 to request removal of the need in Brunswick County in the Proposed 2017 SMFP. Given available information submitted by the March 16, 2017 deadline, and in consideration of factors discussed above, the agency recommends denial of the Petitioner's request for a new policy and the request for a change to the methodology.</p> <p><b>Committee Recommendation:</b> The committee discussed the petition and Agency Report. A motion was made to deny the petition from J. Arthur Doshier Memorial Hospital.</p> <p>A further motion was made to have the staff study and review issues surrounding the provision of surgical services in Brunswick County and report</p>	<p>Mr. Lawler Dr. Ellis</p> <p>Mr. Lawler Mr. Lewis</p>	<p>Motion approved (3 in favor, 1 opposed. Dr. Greene and Dr. Ullrich did not vote.)</p> <p>Motion approved</p>
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Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>their recommendations back to the Acute Care Services Committee for whether, and if so how, to address its unique characteristics in the methodology, with special attention to issues of rural health care and the type of rounding used in the methodology.</p> <p><b><u>Presentation from Triangle Orthopaedics Surgery Center</u></b>  As requested at the September 13, 2016 Committee meeting, Ms. Christine Washick (administrator of Triangle Orthopaedics Surgery Center) gave a report on the facility's efforts to comply with the requirement that 7% of the facility's total collected revenue be attributed to self-pay and Medicaid. Ms. Washick She also described the efforts to work with referral sources to meet this requirement. She also presented data from the last three quarters (July 2016-March 2017) showing that the facility had achieved 10.6% of revenue from self-pay and Medicaid sources.</p> <p>A motion was made to accept the Report from Triangle Orthopaedics Surgery Center.</p> <p><b><u>Operating Room Methodology Workgroup Recommendations</u></b></p> <p>Dr. Greene presented the recommendations from the Operating Room Methodology Workgroup.</p> <p><u>Recommendation 1:</u> Categorize facilities into groups based on the total number of surgical hours reported on the most recent License Renewal Application (LRA), with two exceptions – Academic Medical Center (AMC) Teaching Hospitals and Ambulatory Surgical Facilities (AMSUs). AMCs will form a separate group. AMSUs will form two separate groups. One group will consist of AMSUs with at least 50% of total surgical procedures in either the ophthalmology or otolaryngology category or a combination of the two. All other AMSUs will be in the second group. See Table 1 for grouping.</p> <p><u>Recommendation 2:</u> Assign Availability (hours per day and days per year routinely scheduled for surgery) based on the facility's group membership. See</p>	<p>Mr. Lewis Dr. Ellis</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Table 1 for grouping. This categorization replaces the current methodology availability assumptions of 9 hours per day and 260 days per year.</p> <p><u>Recommendation 3</u>: Implement 75% as the assumption of full utilization of an OR for all facilities. This percentage replaces the 80% assumption in the current methodology.</p> <p><u>Recommendation 4</u>: Apply the facility's reported average inpatient and average ambulatory surgery case times from the current LRA to determine the total surgical hours. For facilities with a greater than 10% increase in case time from the previous LRA, the need determination calculations will use the value corresponding to 10% above the previous year's reported case time. Inpatient and ambulatory case time adjustments will be made separately. In addition, for non-AMC facilities with average case time greater than 1 standard deviation above the mean for their group, their average case time will be reduced to the value equal to 1 standard deviation above the mean for the group. AMCs with an average case time above the standard deviation will <b>not</b> have their case time reduced.</p> <p><u>Recommendation 5</u>: Use the four year population growth rate in each service area to calculate the projected surgical hours.</p> <p><u>Recommendation 6</u>: Calculate OR deficits/surpluses by facility/owner rather than by service area. Calculate deficits and surpluses separately for each facility in the service area unless under common ownership/controlling entity with others in the service area. Otherwise, total the deficits and surpluses for all facilities under a common owner/controlling entity in the service area. Determine service area OR needs by summing the deficits for all facilities and owners/controlling entities in each service area.</p> <p><u>Recommendation 7</u>: Revise Policy AC-3 to include in the planning inventory and need determination calculations all ORs approved under this policy, regardless of approval date.</p> <p>Dr. Craddock presented the staff's proposed alteration to Recommendation 4. In addition to the provisions of Recommendation 4, the staff recommends that</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>for facilities with a greater than 20% decrease in case time from the previous adjusted case time, the need determination calculations will use the value corresponding to 20% below the previous year's adjusted case time.</p> <p>Dr. Greene then presented the final recommendations, which are relevant to the 2019 SMFP and beyond.</p> <p><u>Recommendation 8:</u> Improve the LRA data to make it more accurate and verifiable by revising terminology, clarifying definitions, and providing instruction and guidance regarding key data elements. Focus specifically on improving the reporting of ownership/controlling entity information, surgical availability, inpatient case time, ambulatory case time, and number of inpatient and ambulatory cases.</p> <p><u>Recommendation 9:</u> In agreement with the 2007-2008 Operating Room Methodology Workgroup, the current Workgroup recommends the use of accurate and verifiable billing data regarding surgical procedures performed in ORs. This information would come from the data that hospitals and AMSUs submit to Truven Health Analytics. The Acute Care Services Committee should continue to explore the use of Truven data to identify procedures performed in licensed ORs (versus procedure rooms or elsewhere) and to function as the official source of data on surgical procedures.</p> <p>The Committee discussed the Workgroup's recommendations. Based on the number of ORs needed in the preliminary Proposed 2018 SMFP data, they asked the staff to make recommendations to the committee regarding a phased approach to implementation of the new methodology.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to carry forward the policies and methodology for operating rooms proposed by the Operating Room Methodology Workgroup, as amended by Staff Recommendation 4.</p>	<p>Ms. Apperson Dr. Ellis</p>	<p>Motion approved</p>
<b>Other Business</b>	<p>A motion was made and seconded for staff to make necessary updates and corrections to narratives, tables and need determinations for the Proposed 2018</p>	<p>Mr. Lewis Dr. Ellis</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>SMFP as new and updated data is received. Dr. Craddock reminded members to complete their contact and disclosure forms, if they had not already done so. There was no other business brought before the Committee.</p> <p>The next meeting of the Committee is Tuesday, May 2, 2017 at 10:00 am.</p>		
<b>Adjournment</b>	Dr. Greene adjourned the meeting.	Mr. Lewis Ms. Apperson	Motion approved



**Acute Care Services Committee Minutes**  
**May 2, 2017**  
**10:00 AM-12:00 PM**  
**Brown Building Room 104**

Healthcare Planning & Certificate of Need Section

<b>Members Present:</b> Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Dr. Christopher Ullrich ( <i>ex officio</i> )
<b>Members Absent:</b> Representative Donny Lambeth
<b>Healthcare Planning Staff:</b> Amy Craddock, Paige Bennett, Elizabeth Brown, Tom Dickson, Andrea Emanuel
<b>DHSR Staff:</b> Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson
<b>Attorney General's Office:</b> Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Dr. Greene welcomed members, staff and visitors to the meeting. She stated that the purpose of the meeting was to review preliminary drafts of need projections generated by the standard methodologies in the acute care services chapters. Dr. Greene noted that information for Chapter 6 will be presented after Chapters 5, 7, and 8 to assure sufficient time to discuss the new operating room methodology.</p> <p>Dr. Greene stated that following this meeting, the Acute Care Services Committee's recommendations will be forwarded to all members of the State Health Coordinating Council (SHCC) for their consideration at the June 7, 2017 SHCC meeting. Dr. Greene announced that a series of six public hearings on the Proposed Plan will be held throughout July. The dates and locations of those hearings are on page 13 of the 2017 SMFP. Also, during July and August Healthcare Planning will accept petitions and comments on the Proposed 2018 SMFP. The deadlines for those petitions and comments are also listed on page 13 of the 2017 SMFP.</p> <p>Dr. Greene acknowledged that today's meeting was open to the public. However, discussions, deliberations and recommendations are limited to the members of the Acute Care Services Committee.</p>		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order</b>	Dr. Greene reviewed Executive Orders 46 and 122 with committee members and explained procedures to observe before taking action at the meeting.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>No. 122 Extending the State Health Coordinating Council</b>	There were no recusals.		
<b>Approval of minutes from the April 4, 2017</b>	A motion was made and seconded to approve the April 4, 2017 minutes.	Ms. Apperson Mr. Lawler	Minutes approved
<b>Acute Care Hospital Beds – Chapter 5</b>	<p><b><u>Acute Care Hospital Beds – Chapter 5</u></b> Dr. Craddock reviewed Chapter 5.</p> <p><b>Licensure/Truven Data Comparison</b> This report is a table that is not printed in the SMFP. The agency reconciles the acute care days of care between the Hospital License Renewal Application (LRA) submitted to DHSR and the data submitted to Truven Health Analytics. This table lists facilities that show a greater than 5% discrepancy between the two data sources. Currently, the list contains 20 facilities.</p> <p>This year, the Committee approved a change in the timing of notifying hospitals of discrepancies. Once the materials were posted on April 25, 2017, the agency communicated with the NC Hospital Association to notify facilities to request that they correct their data with the agency and/or with Truven. An updated Discrepancy Report will be presented at the September 12, 2017 Acute Care Services committee meeting, after receipt of the “refreshed” Truven data and any corrections to LRAs submitted to the agency.</p> <p><b>Data Tables</b> Table 5A shows the inventory of acute care beds, along with the bed surplus and deficit numbers. Based on the draft Table 5A, there was a 0.35% increase in days of care from last year.</p> <p>Table 5B shows+ draft bed need determinations for 2018 in two service areas at this point:  Forsyth County – 57 beds  Mecklenburg County – 36 beds</p> <p>On May 1, 2017, the Agency received an email from North Carolina Baptist Hospital indicating an error in its Truven data. This error led to the reporting to Truven of a significantly higher number of days of care than should have been reported. As a result, the facility requested that the Agency use the days of care reported on the LRA in the Proposed SMFP rather than the Truven data. Use of the LRA data would remove the need in Forsyth County.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>When Truven data is refreshed later in the year and if any corrections are made to the data, the need determinations may change.</p> <p>Table 5C is an inventory of beds in Long-Term Care Hospitals. New beds were licensed during 2016 for a total of 456 licensed beds. There is no need determination methodology for Long-Term Care Hospitals.</p> <p><b><u>Committee Recommendations</u></b>  A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds, to the full SHCC for approval. This motion included the use of LRA days of care data in the Proposed 2018 SMFP for North Carolina Baptist Hospital.</p>	Dr. McBride Mr. Lewis	Motion approved
<p><b>Other Acute Care Services - Chapter 7</b></p>	<p><b><u>Other Acute Care Services – Chapter 7</u></b></p> <p>Dr. Craddock reviewed Chapter 7. Chapter 7 covers several areas of acute care services.</p> <p>Table 7A and graph: Open-Heart Surgery Procedures. This table shows the number of procedures. There is no need determination methodology for this service.</p> <p>Table 7C and graph: Burn ICU Services. Utilization is slightly down from last year. There is no need determination for the Proposed 2018 SMFP.</p> <p>Table 7E and graph: Bone Marrow Transplants. There is no need determination for this service in the Proposed 2018 SMFP.</p> <p>Table 7G and graph: Solid Organ Transplants. There is no need determination for this service in the Proposed 2018 SMFP.</p> <p><b><u>Committee Recommendation</u></b>  A motion was made and seconded to forward the Other Acute Care bed data and need projections to the full SHCC for approval.</p>	Mr. Lawler Dr. McBride	Motion approved
<p><b>Inpatient Rehabilitation Services – Chapter 8</b></p>	<p><b><u>Inpatient Rehabilitation Services – Chapter 8</u></b></p> <p>Dr. Craddock reviewed Chapter 8.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Table 8A shows the inventory and utilization of Inpatient Rehabilitation Beds. Utilization is at 61.3%, which is a slight decrease from last year (62.1%). There is no need determination for inpatient rehabilitation beds in the Proposed 2018 SMFP.</p> <p><b>Charts for Chapter 8 Narrative</b> The first accompanying chart (which appears on the first page of the Chapter 8 narrative) shows slight variation in days of care since 2010. The next chart reflects this trend and shows that utilization has ranged from 60.8% to 62.1% since 2010.</p> <p><b><u>Committee Recommendation</u></b> A motion was made and seconded to forward the Inpatient Rehabilitation Services bed data and need projections to the full SHCC for approval.</p>	<p>Mr. Lewis Dr. McBride</p>	<p>Motion approved</p>
<p><b>Operating Rooms – Chapter 6</b></p>	<p><b><u>Operating Rooms – Chapter 6</u></b></p> <p>Dr. Craddock reviewed several aspects of Chapter 6, reflective of the new methodology.</p> <p><b>AC-3 Policy Change</b> Dr. Craddock presented edits to Policy AC-3 in Chapter 4 of the SMFP to reflect the changes approved at the Committee’s April 4, 2017 meeting.</p> <p><b>Data Tables</b> There was a 1.9% increase in the number of inpatient surgical cases from last year and a 2.6% increase in ambulatory cases.</p> <p>Dr. Craddock pointed out that the tables reflect the new methodology as approved at the Committee’s April 4, 2017 meeting.</p> <p>Table 6A presents the inventory of ORs and shows how each facility is grouped for the need determination methodology calculations. Table 6B shows the steps related to projecting OR need.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions														
	<p>Table 6C shows that there are currently 4 draft need determinations for ORs.</p> <table data-bbox="604 201 1192 337"> <tr> <td>Buncombe: 2</td> <td>New Hanover: 1</td> </tr> <tr> <td>Durham: 4</td> <td>Orange: 6</td> </tr> <tr> <td>Forsyth: 4</td> <td>Pitt: 1</td> </tr> <tr> <td>Mecklenburg: 12</td> <td>Wake: 7</td> </tr> </table> <p><b>Chapter 6 Narrative</b> Dr. Craddock next called the Committee’s attention to the revisions to the Chapter 6 narrative. In particular, she addressed the definition of “health system” as the term is to be used in the new methodology.</p> <p><b>Staff Recommendations</b> At the April 4, 2017 meeting, the Committee asked the staff to make recommendations regarding a phased approach to implementing the new methodology. Dr. Craddock presented these recommendations. She first presented language to add to the Assumptions of the Methodology section of the Chapter 6 narrative. The language, with changes to the original shown as strike-throughs, was approved as follows:</p> <p style="padding-left: 40px;">For the 2018 SMFP, when a need is calculated, the minimum need determination for operating rooms is set to two, after rounding. <del>However, service areas with deficits that round to one operating room and consist of rural counties could reasonably expect a favorable decision from the SHCC if they petition for one operating room. The service area is considered to be rural if the county with the facility providing surgical services is a rural county as defined by the North Carolina Rural Center.</del> In addition, the maximum operating room need determination in a service area in a single year will not exceed six, regardless of the deficit calculated. The Agency will reevaluate these two adjustments in 2018 to recommend whether to continue them.</p> <p>She next presented the draft 2018 need determinations, reflecting the staff’s recommended changes:</p> <table data-bbox="604 1240 1192 1344"> <tr> <td>Buncombe: 2</td> <td>Mecklenburg: 6</td> </tr> <tr> <td>Durham: 4</td> <td>Orange: 6</td> </tr> <tr> <td>Forsyth: 4</td> <td>Wake: 6</td> </tr> </table>	Buncombe: 2	New Hanover: 1	Durham: 4	Orange: 6	Forsyth: 4	Pitt: 1	Mecklenburg: 12	Wake: 7	Buncombe: 2	Mecklenburg: 6	Durham: 4	Orange: 6	Forsyth: 4	Wake: 6		
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Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Craddock also pointed out the addition of Table 6E to Chapter 6. This table shows the Certificates of Need issued pursuant to the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project.</p> <p><b><u>Committee Recommendation</u></b> A motion was made and seconded to forward the revisions to Policy AC-3, operating room data, revised Chapter 6 narrative, Staff Recommendations as modified, and need projections (based on Staff Recommendations) to the full SHCC for approval.</p>	<p>Dr. McBride Dr. Ellis</p>	<p>Motion approved</p>
<b>Brunswick County Analysis</b>	<p>At the April 4, 2017 meeting, the Committee asked the staff to study and review issues surrounding the provision of surgical services in Brunswick County.</p> <p>Dr. Craddock presented an analysis of certificates of need issued in rural counties, the pattern of surgical procedures in Brunswick County since 2011, and current need determinations in Brunswick County.</p> <p><b><u>Committee Recommendation</u></b> A motion was made and seconded to accept the staff's report.</p>	<p>Mr. Lewis Dr. McBride</p>	<p>Motion approved</p>
<b>Committee Recommendation</b>	<p>A motion was made and seconded to accept the data and need projections for Chapters 5, 6, 7, and 8, with the understanding that staff will make necessary corrections and changes, and to authorize staff to make updates to all tables and narratives as needed.</p>	<p>Mr. Lewis Ms. Apperson</p>	<p>Motion approved</p>
<b>Other Business</b>	<p>There was no other business.</p> <p>Dr. Greene noted the next Acute Care Services Committee meeting is Tuesday, September 12 at 10:00 a.m. The next full SHCC meeting is Wednesday, June 7 at 10:00 a.m. Both meetings are in this room.</p>		
<b>Adjournment</b>	<p>Dr. Greene called for a motion to adjourn. Dr. Greene adjourned the meeting.</p>	<p>Mr. Lawler Mr. Lewis</p>	<p>Motion approved</p>



## Acute Care Services Committee Minutes - **DRAFT**

Healthcare Planning and Certificate of Need Section

September 12, 2017

10:00a.m. – 12 Noon

Brown Bldg. Room 104, Raleigh, N.C.

<b>Members Present:</b> Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth, Kenneth Lewis, Dr. Robert McBride
<b>Members Absent:</b> Stephen Lawler
<b>Healthcare Planning Staff Present:</b> Paige Bennett, Sharetta Blackwell, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel
<b>DHSR Staff Present:</b> Martha Frisone, Fatimah Wilson
<b>Attorney General's Office:</b> Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Introductions</b>	Dr. Greene welcomed members, staff and visitors to the meeting. She acknowledged that the meeting was open to the public; however, discussions, deliberations, and recommendations would be limited to members of the Acute Care Services Committee and staff.		
<b>Review of Executive Order No. 46 and Executive Order No. 122</b>	Dr. Greene reviewed Executive Orders 46 ( <i>Reauthorizing the State Health Coordinating Council</i> ) and 122 ( <i>Extending the State Health Coordinating Council</i> ) with committee members and explained procedures to observe before taking action at the meeting.  Dr. McBride recused himself from voting on the petition from OrthoCarolina.		
<b>Approval of May 2, 2017 Minutes</b>	A motion was made and seconded to approve the May 2, 2017 minutes.	Dr. McBride Dr. Ellis	Motion approved
<b>Order of Meeting</b>	Dr. Greene announced that, due to the large number of petitions pertaining to Chapter 6, the meeting will cover chapters in the following order: 5, 7, 8, and 6. Petitions, comments, and agency reports pertaining to the petitions discussed at the meeting can be located at: <a href="https://www2.ncdhhs.gov/dhsr/mfp/committeemeet.html#acsc">https://www2.ncdhhs.gov/dhsr/mfp/committeemeet.html#acsc</a> .		
<b>Acute Care Hospital Beds – Chapter 5</b>	Dr. Greene asked Dr. Craddock to provide an update and review of the hospitals with Truven data discrepancies.  <b><i>Truven Data Discrepancy Report</i></b> The agency reconciles the acute days of care reported on the Hospital License Renewal Applications (LRA) submitted to DHSR with the data submitted to Truven Health Analytics. The Agency provides this comparison report for committee review and comment, but does not include it in Chapter 5 of the SMFP. The agency receives Truven data twice during the year. Staff		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>presented a preliminary Data Discrepancy report at the May 2<sup>nd</sup> meeting. The current table uses the “refreshed” Truven data, which was received in August; it incorporates all data changes made by the hospitals, including corrections to Truven and LRA data as a result of the draft discrepancy report. The table presented lists the facilities that still have a greater than ±5% discrepancy between the License Renewal Applications and data submitted to Truven. The preliminary report contained 19 facilities. After corrections and revisions, the current report contains 9 facilities. None of these discrepancies affected need determinations.</p> <p>There was one petition for Chapter 5. Dr. Craddock presented the Agency Report.</p> <p><b>Petitioner: UNC Hospitals</b> The Petition requests the removal of the need determination for 36 beds in Orange County. No comments were received.</p> <p><b>Recommendation:</b> Given that the refreshed Truven data resulted in removal of the need determination in Orange County, the Committee voted to accept the Agency’s recommendation to deny the petition because it is moot.</p> <p><b>Data Updates</b> Dr. Craddock noted that Truven data was refreshed and incorporated into Table 5A (Acute Care Bed Need Projections). Refreshed Truven data resulted in two changes to the need determinations presented in the <i>2018 Proposed SMFP</i>. The need determination in Mecklenburg County increased from 36 beds to 50. The need determination for 36 beds in Orange County was removed. The need determination in Moore County remained at 22.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds, to the SHCC.</p>	<p>Dr. McBride Ms. Apperson</p> <p>Ms. Apperson Dr. McBride</p>	<p>Motion approved</p> <p>Motion Approved</p>
<p><b>Other Acute Care Services - Chapter 7</b></p>	<p>The Agency received no petitions or comments in any of these areas. Updates to data did not result in changes to need determinations.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to forward Chapter 7, Other Acute Care Services, to the SHCC.</p>	<p>Rep. Lambeth Dr. McBride</p>	<p>Motion approved</p>
<p><b>Inpatient Rehabilitation Services – Chapter 8</b></p>	<p>The Agency received one petition regarding inpatient rehabilitation services. Dr. Andrea Emanuel presented the Agency Report.</p> <p><b>Petitioners: Novant Health and HealthSouth Corporation</b> The Petitioners request an adjusted need determination for 50 inpatient rehabilitation beds in Health Service Area (HSA) III. The Agency received 93 letters of support of and two comments</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>in opposition to this petition.</p> <p><b>Discussion:</b> The committee discussed the rationale for the request for 50 beds in light of the methodology's indication for a need for only eight beds. In addition, Rep. Lambeth noted that under healthcare reform new policies at the state level are likely to incentivize providers to move to lower level bed options for patients that do not require full hospitalization. He recommended that the Agency review the methodology to examine whether it is responsive to this situation, such that the projection of bed need allows sufficient time for development of new beds.</p> <p><b>Recommendation:</b> The agency recommends approving an amendment to the Petitioners' request to show a need for eight inpatient rehabilitation beds in the <i>2018 SMFP</i>. The Committee voted to accept the Agency's recommendation.</p> <p><b>Data Updates</b> Updates to data did not result in changes to need determinations.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services, to the SHCC.</p>	<p>Dr. McBride Ms. Apperson</p> <p>Dr. McBride Dr. Ellis</p>	<p>Motion Approved (4 in favor, 1 opposed. Chair did not vote.)</p> <p>Motion Approved</p>
<p><b>Operating Rooms – Chapter 6</b></p>	<p><b>Single Specialty Ambulatory Surgery Facility Demonstration Project.</b> Dr. Craddock provided the following updates.</p> <p><b><i>Piedmont Outpatient Surgery Center in Forsyth County submitted its Year 5 report.</i></b> Piedmont Outpatient Surgery Center received a license in February 2012. The report covers the period, January 1, 2016-December 31, 2016. This is POSC's final report for the demonstration project. Based on the review of the annual report, the agency determined that Piedmont Outpatient Surgery Center materially complies with the demonstration project criteria outlined in the Plan and conditions on the certificate of need. In addition, the Agency determined that POSC has met all reporting requirements of the Demonstration Project.</p> <p><b><i>Mallard Creek Surgery Center in Mecklenburg County submitted its Year 3 report.</i></b> Mallard Creek Surgery Center received a license in May of 2014. The agency received the project report for the period May 7, 2016 to May 6, 2017. Based on the review of the annual report, the agency determined that Mallard Creek Surgery Center materially complies with the demonstration project criteria in Table 6D in the <i>2010 Plan</i> and the conditions on the certificate of need.</p> <p><b><i>Triangle Orthopaedics Surgery Center in Wake County submitted its Year 4 report.</i></b> Triangle Orthopaedics Surgery Center received a license in February 2013. The agency received</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>the facility's report for the period March 1, 2016 to February 28, 2017. Dr. Craddock noted that she requested additional information from TOSC regarding the sharp increase in the net revenue attributed to self-pay and Medicaid from last year. The administrator at TOSC reported that, per instructions in the 2010 SMFP, the source of the difference is that the basis for calculating revenue uses revenue collected. The number of patients, however, corresponds to the patients seen during a reporting period, regardless of when revenue (if any) was collected for them. The Committee discussed this issue in further detail later during presentation of the petition from OrthoCarolina.</p> <p>After presentation of the reports and discussion, Dr. Greene noted that Piedmont Outpatient Surgery Center has completed its reporting requirements for the demonstration project, and asked what happens next. Ms. Frisone responded that, based on the CON law, the facility must remain a single specialty facility, unless a request is made and approved to become multi-specialty. If this occurs, the application will be reviewed based on the statutory and regulatory review criteria.</p>		
	<p>The Agency received eight petitions regarding operating rooms. Dr. Craddock presented the Agency reports.</p> <p><b>Petition 1. OrthoCarolina</b>  The Petitioner proposes to change the following requirements of the Single Specialty Ambulatory Surgery Demonstration Project:</p> <ul style="list-style-type: none"> <li>• Reduce the charity care requirement from 7% to 5%; and</li> <li>• Exclude the revenue from procedures that do not yet have a Medicare allowable amount or are not currently ASC (ambulatory surgery center) approved by Medicare from the denominator.</li> </ul> <p>The Agency received one comment in favor of the petition, one mixed, and one opposed.</p> <p><b>Discussion:</b> Another issue brought to the Committee concerns the basis for calculating the 7% requirement. This was introduced earlier in the meeting in the discussion of the Triangle Orthopaedics Surgery Center report. This issue concerns the accounting basis used for reporting of revenue. The language in Table 6D of the 2010 SMFP refers to revenue collected. The demonstration sites correctly interpret this language in terms of cost accounting to mean that the facility must have received the reimbursement funds. Typically, the facilities use the accrual accounting method to tabulate revenue, however. This confusion is an unintended consequence of the wording of the demonstration criteria. The Agency recommends correcting this confusion by changing the language in the applicable criterion in Table 6D of the 2010 SMFP.</p> <p>Dr. McBride provided additional information about OrthoCarolina's activities regarding service to persons who are indigent and/or uninsured, in response to a comment submitted to the Agency.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Recommendations:</b> (1) The Agency recommends approval of the request to change the seven percent requirement calculation for all three demonstration sites. Chapter 6 of the SMFP will include the following revised instructions to demonstration sites (replaced language crossed out, new language underlined): “the percentage of the facility’s total <del>collected</del> <u>earned</u> revenue that is attributed to self-pay and Medicaid revenue shall be at least seven percent, which shall be calculated as follows: the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue <del>collected</del> <u>earned</u> from self-pay and Medicaid cases, divided by the total <del>collected</del> <u>earned</u> revenues for all surgical cases performed in the facility <u>for procedures for which there is a Medicare allowable fee.</u> (2) The Agency recommends denial of the request to reduce the percentage of revenue attributable to self-pay and Medicaid from 7% to 5%. The Committee voted to accept the Agency’s recommendation.</p>	Rep. Lambeth Dr. Ellis	Motion approved (Dr. McBride recused)
	<p><b>Petition 2: Cape Fear Valley Medical Center</b> The Petitioner requests an adjustment to the operating room (OR) methodology such that the projected growth rate for surgical cases be held constant when population growth is negative. The Agency received one letter of support.</p> <p><b>Recommendation:</b> The Agency recommends approval of the petition. The Committee voted to accept the Agency’s recommendation.</p>	Dr. McBride Rep. Lambeth	Motion Approved
	<p><b>Petition 3: Wake Forest Baptist Health</b> The Petitioner requests an adjustment to the 2018 SMFP need determination for ORs in Forsyth County, by reducing the OR need from six to four.</p> <p><b>Recommendation:</b> The Agency recommends approval of the petition. Further, the Agency recommends clarification of language in the Methodology for Projecting Operating Room Need section of Chapter 6 of the SMFP to reflect this exception to the handling of underutilized ORs. Staff will submit the new language to Dr. Greene for approval. The Committee voted to accept the Agency’s recommendation.</p>	Dr. McBride Mr. Lewis	Motion Approved
	<p><b>Petition (Comment) 4: Duke University Health System</b> Duke University Health System (DUHS) submitted a Comment regarding the definition of a health system as used in the OR methodology. Specifically, the Comment states that Duke Regional Hospital (DRH) should not be included as a facility of the DUHS. No comments or letters were received in relation to this comment.</p> <p>Since release of the Proposed 2018 SMFP, and apart from the Comment from DUHS and the particulars of the relationship between Duke Regional Hospital and Duke University Medical Center, Agency staff has considered the need to clarify the definition of health system and how health systems are included in need determination calculations.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Recommendation:</b> The Agency recommends the following revisions to the Assumptions of the Methodology section on page 1 in Chapter 6 of the 2018 SMFP (deleted language is crossed out, new language is underlined):</p> <p>A “health system” includes all licensed or approved health service facilities with operating rooms located in the same service area that are owned <u>or leased</u> by:</p> <ol style="list-style-type: none"> <li>1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or</li> <li>2. the same parent corporation or holding company; or</li> <li>3. a subsidiary of the same parent corporation or holding company; or</li> <li>4. a joint venture in which the same parent; holding company; or a subsidiary of the same parent or holding company is a participant and has <del>a controlling interest in the health service facility</del> <u>the authority to propose changes in the location or number of ORs in the health service facility.</u></li> </ol> <p>The staff also proposed new language in the same section of Chapter 6 regarding a related issue that came to light after release of the Proposed 2018 SMFP. It involves a situation, for example, in which a CON is issued for a hospital to relocate ORs to a new corporate entity – one that the hospital may be part of but does not control. This situation can create a deficit for the hospital, and perhaps a need determination for the service area, merely by relocating the ORs. This result does not seem to reflect the intent of the methodology. Therefore, Agency staff crafted the following paragraph to add to the Assumptions of the Methodology section of Chapter 6.</p> <p><u>A health system may consist of only one health service facility. In the event that a need for additional operating rooms is generated by the relocation or transfer of operating rooms to a different health system, the need determination will not appear until the relocated or transferred operating rooms are licensed in their new location.</u></p> <p>The Committee voted to accept the Agency’s recommendation.</p>	<p>Dr. McBride Mr. Lewis</p>	<p>Motion Approved</p>
	<p><b>Petition 5:</b> Wilmington Health Submitted a petition for an adjusted need determination for two ORs in Onslow County. This petition was withdrawn in August, so no action was taken.</p> <p><b>Petition 6: Graystone Ophthalmology Associates</b> Graystone Eye Surgery Center requests an adjusted need determination for one additional OR in Catawba County. The Agency received 12 letters of support from physicians at Graystone, six additional letters of support, and one letter in opposition.</p> <p><b>Recommendation:</b> The Agency recommends approval of the petition. The Committee voted to accept the Agency’s recommendation.</p>	<p>Mr. Lewis Dr. McBride</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Petition 7: Cape Fear Valley Medical Center</b> The Petitioner requests an adjusted need determination for one additional OR in Cumberland County. The Agency received two comments, one in support and one opposed.</p> <p><b>Recommendation:</b> The Agency recommends approval of an adjusted need determination for one OR in Cumberland County in the 2018 SMFP for the purpose of training surgical residents in inpatient and outpatient procedures. The Committee voted to accept the Agency's recommendation.</p>	Rep. Lambeth Mr. Lewis	Motion Approved
	<p><b>Petition 8: Azura Vascular Care, and Partners</b> Fresenius Vascular Care, Inc. d/b/a Azura Vascular Care, American Access Care of NC, PLLC, Eastern Nephrology Associates, PLLC, Metrolina Nephrology Associates, PA, and North Carolina Nephrology, PA request an adjusted need determination for a demonstration project to develop two operating rooms in each of the six Health Services Areas statewide, to be located in single-specialty vascular access ambulatory surgical facilities, to provide a full range of vascular access services necessary for end-stage renal disease (ESRD) patients. The Agency received 62 letters of support and three comments in opposition to the petition; one of the comments was withdrawn.</p> <p><b>Discussion:</b> The Committee discussed the need to consider this proposal further. Dr. Greene and staff will consider options for the appropriate next steps.</p> <p><b>Recommendation:</b> The agency recommends denial of the petition.</p> <p>Dr. Craddock reported that updates to data since the release of the <i>2018 Proposed SMFP</i> yielded no changes to need determinations.</p> <p><b>Committee Recommendation:</b> A motion was made and seconded to forward Chapter 6, Operating Rooms.</p>	Dr. McBride Rep. Lambeth  Rep. Lambeth Ms. Apperson	Motion Approved  Motion approved
<b>Other Business</b>	<p><b>Committee Recommendation:</b> A motion was made and seconded to authorize staff to update tables and narratives as indicated.</p> <p>Dr. Greene reminded everyone that the SHCC would next meet on October 4, 2017 at 10:00 a.m. in Conference Room 104 of the Brown Building.</p>	Mr. Lewis Ms. Apperson	Motion approved
<b>Adjournment</b>	There being no further business, Dr. Greene adjourned the meeting.		

# Long-Term and Behavioral Health Committee Meeting Minutes

2018 SMFP



Healthcare Planning and Certificate of Need Section

**Long-Term and Behavioral Health Committee Minutes**  
**Friday, April 7, 2017**  
**10:00 a.m. -12 Noon**  
**Brown Bldg. Room 104, Raleigh, NC**

<b>Members Present:</b> Ms. Denise Michaud – LTBH Committee Chair, Dr. Chris Ullrich – SHCC Chair, Mr. Peter Brunnick, Mr. Kurt Jakusz, Mr. Jim Martin, Dr. Jay Parikh
<b>Members Absent:</b> Mr. Keith Branch, Mr. Jim Burgin, Dr. TJ Pulliam
<b>Healthcare Planning:</b> Ms. Paige Bennett, Ms. Elizabeth Brown, Amy Craddock PhD, Mr. Patrick Curry, Tom Dickson PhD, Andrea Emanuel PhD
<b>DHSR Staff:</b> Mr. Mark Payne, Ms. Martha Frisone, Ms. Fatimah Wilson
<b>AG's Office:</b> Mr. Derrick Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Ms. Michaud welcomed members, staff and guests to the first Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>She stated that the purpose of this meeting was to review the polices and methodologies to determine if changes are needed for the Proposed 2018 State Medical Facilities Plan, to discuss the petitions received, and to vote on a recommendation for the State Health Coordinating Council (SHCC). Ms. Michaud stated the meeting was open to the public, but discussion would be limited to members of the Long-Term and Behavioral Health Committee and staff, unless questions are specifically directed to someone in the audience.</p> <p>Ms. Michaud noted that the next LTBH Committee meeting would be on May 5<sup>th</sup> at 10:00 a.m. in this location.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p>		

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<b>Review of Executive Order No. 122: Extending the State Health Coordinating Council &amp; Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</b>	<p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting. Ms. Michaud inquired if anyone had a conflict, needed to declare that they would derive a benefit from any matter on the agenda, or intended to recuse themselves from voting on the matter. Ms. Michaud asked members to review the agenda and declare any conflicts on today’s agenda. There were no recusals.</p> <p>Ms. Michaud stated that if a conflict of interest not on the agenda came up during the meeting, the member with the conflict of interest would make a declaration of the conflict.</p>		
<b>Approval of September 9, 2016 Minutes</b>	<p>A motion made and second to accept the September 9, 2016, LTBH meeting minutes.</p>	<p>Mr. Brunnick Dr. Parikh</p>	<p>Motion approved</p>
<b>Nursing Care Facilities - Chapter 10</b>	<p>Dr. Andrea Emanuel provided the following report on policies and the methodology for Chapter 10</p> <ul style="list-style-type: none"> <li>○ There are four policies in Chapter 4 related to Nursing Homes. They can be found on pages 23-25 of the 2017 SMFP.</li> <li>● <b>NH-2: Plan Exemption for Continuing Care Retirement Communities</b> <ul style="list-style-type: none"> <li>○ This policy allows qualified continuing care retirement communities to include, from the outset, or add or convert bed capacity for nursing care without regard to the nursing care bed need shown in Chapter 10.</li> <li>○ According to the current policy, all of these beds are excluded</li> </ul> </li> <li>● <b>NH-5: Transfer of Nursing Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities</b> <ul style="list-style-type: none"> <li>○ This policy sets criteria for the transfer of state psychiatric hospital nursing beds to community nursing facilities, provided that services are available in the communities receiving the beds.</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>• <b>NH-6: Relocation of Nursing Facility Beds</b> <ul style="list-style-type: none"> <li>○ This policy sets conditions for relocating nursing facility beds in order to avoid creating a deficit or increasing a deficit in the county losing beds and to avoid creating a surplus or increasing a surplus in the county gaining beds.</li> </ul> </li> <li>• <b>NH-8: Innovation in Nursing Facility Design</b> <ul style="list-style-type: none"> <li>○ This policy mandates that new nursing facilities applying for a CON pursue approaches, practices and designs that address quality of care and quality of life needs of the residents.</li> </ul> </li> <li>• Description of the nursing home methodology is found on pages 189-191 of 2017 SMFP.</li> <li>• For this methodology, each of North Carolina’s 100 counties is considered a separate service area when determining nursing home bed utilization.</li> <li>• The following is an overview of the steps for the methodology: <ul style="list-style-type: none"> <li>○ Need is determined by calculating the county bed use rate per 1000 population based on a five year average annual change.</li> <li>○ These use rates, or “beds per 1,000 population,” are applied to each service area’s projected population going forward three years and a 95% vacancy factor, in order to calculate projected utilization.</li> <li>○ The amount of need per service area is then established based on the size of the service area’s projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds.</li> <li>○ Page 191 details how deficit size is used to determine the county’s bed need.</li> </ul> </li> </ul> <p>Dr. Emanuel noted no petitions were received for Chapter 10.</p>		

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	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve policies and the methodology for Chapter 10 to the SHCC.</p>	Dr. Parikh Mr. Brunnick	Motion approved
<p><b>Adult Care Homes – Chapter 11</b></p>	<p>Dr. Emanuel next provided the following report on policies and the methodology for Chapter 11:</p> <ul style="list-style-type: none"> <li>○ There are two policies in Chapter 4 related to Adult Care Homes. These policies are found on pages 25-26 of the 2017 SMFP.</li> <li>● <b>LTC-1: Plan Exemption for Continuing Care Retirement Communities-Adult Care Home Beds</b> <ul style="list-style-type: none"> <li>○ This policy sets criteria for adding or converting adult care beds in CCRC’s without regard for need determinations in Chapter 11.</li> <li>○ The policy also provides an exclusion from the SMFP inventory for 50% of the adult care beds in CCRC’s developed under this policy.</li> </ul> </li> <li>● <b>LTC-2: Relocation of Adult Care Home Beds</b> <ul style="list-style-type: none"> <li>○ This policy sets conditions for relocating adult care home beds to contiguous counties served by the facility in order to avoid creating or increasing a deficit in the county losing beds and to avoid creating or increasing a surplus in the county gaining beds.</li> </ul> </li> <li>● Description of the adult care home bed need methodology used is found on pages 217-219 of 2017 SMFP.</li> <li>● For this methodology, each of North Carolina’s 100 counties is considered a separate service area when determining adult care home utilization.</li> <li>● The proximate determinant of adult care home utilization is the age of the population.</li> <li>● The steps for the methodology are as follows: <ul style="list-style-type: none"> <li>○ Need is determined by calculating the statewide five-year average use rate per 1,000 population for each of five age groups based on data from annual license renewal applications.</li> </ul> </li> </ul>		

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	<ul style="list-style-type: none"> <li>○ These use rates, or “beds per 1,000 population,” are applied to the projected population going forward three years for each service area.</li> <li>○ The amount of need per service area is then established based on the size of the service area’s projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds.</li> <li>○ Page 219 details how deficit size is used to determine the county’s bed need.</li> </ul>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve policies and the methodology for Chapter 11 to the SHCC.</p>	Mr. Brunnick Dr. Parikh	Motion approved
	<p><b><u>Adult Care Home Petition submitted by Singh Development</u></b> Ms. Michaud noted there was one petition received from Singh Development and also a comment by the petitioner in response to comments submitted by Ridge Care. The comments on the comments were received after the deadline. Regarding the comment on the comments, Ms. Michaud gave the committee background on how, during its first meeting of the 2018 SMFP Cycle, the Acute Care Committee responded to a comment that was also submitted late.</p>		
	<p><b><u>Committee Discussion</u></b> Dr. Ullrich reiterated that the SHCC would return to its historic adherence of considering comments to the policy petition and of holding a strict deadline for submissions of comments.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to not consider the comments that were received after the deadline.</p>	Dr. Parikh Mr. Brunnick	Motion approved
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to reaffirm the SMFP deadlines for petitions and comments.</p>	Mr. Brunnick Dr. Parikh	Motion approved
	<p><b><u>Agency Report on Petition</u></b></p>		

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	<p>Dr. Emanuel noted that one petition from Singh Development was received for Chapter 11 and one comment from Ridge Care was submitted in opposition to the petition. The petition was submitted as a proposal to amendment to policy LTC-2 which pertains to relocation of adult care home beds. According to the current policy, adult care home beds can be relocated from one county to another provided three conditions exist: One is that the counties in question be contiguous to each other and that the county losing beds currently serves residents of the county receiving beds.</p> <p>The second condition requires that a deficit is not created or increased in the county losing beds. And the third condition is that a surplus is not created or increased in the county gaining beds</p> <p>The petitioner is proposing to replace the existing third criteria with language that would allow relocation of licensed adult care home beds from a county with a surplus of beds to a contiguous county also with a surplus of beds.</p> <p>According to the petitioner’s proposed policy, counties that would qualify to lose beds, referred to as ‘transfer out’ counties, would have to have a bed surplus of at least 15% and be contiguous to a ‘transfer-in’ county. Transfer-in counties, or counties gaining beds, would have to have a bed surplus of less than 15%, have a five-year forward average population growth rate greater than the State’s and be contiguous to a ‘transfer-out’ county.</p> <p>As part of our analysis, we followed the approach of the petitioner and used the most up-to-date population data from the NCOSBM. We found that a total of sixteen counties would potentially qualify as transfer-out counties and seven counties would potentially qualify as transfer-in counties.</p> <p>However, the Petitioner does not include zero-surplus or deficit counties in the model presented in the Petition. There are thirty-two such counties, and if the policy were expanded to include zero-surplus and deficit counties, but not have a population growth requirement, then an additional 22 deficit counties would qualify to receive beds. By not including these counties, the proposed policy does not increase patient access, which is a basic principle in the SMFP. In the petition, there</p>		

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	<p>is not an explanation for why zero-surplus or deficit counties would be excluded in the proposed policy.</p> <p>A second concern regarding amending the policy relates to the Adult Care Home need methodology. The need methodology and policies for Adult Care Home beds are very similar to that of the previous Nursing Home bed need methodology and policies. In recent history, a workgroup modified the projection calculation in the Nursing Home bed need methodology. Among other changes, utilization based on age groups no longer is considered, and county bed use rates, rather than State use rates, are now applied for more accurate projections of Nursing Home bed need. The current Adult Care Home bed need methodology uses some of the same elements that were removed from the former Nursing Home need methodology.</p> <p>Given the available information and comments submitted by the March 16th, 2017 deadline and in consideration of the factors discussed, the agency recommended denial of the Petitioner's request to amend Policy LTC-2. The Agency also proposed a review of the Adult Care Home methodology no earlier than the 2019 SMFP cycle, depending on the availability of staffing resources.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to accept the Agency recommendation to deny the Petitioner's request to amend Policy LTC-2.</p> <p><b><u>Discussion</u></b> Mr. Brunnick noted that he supports the recommendation of the Agency, and he fully supports the recommendation to review the ACH methodology as he is concerned about the points brought up by the petitioner regarding bed need in small-surplus, high growth service areas.</p>	Mr. Brunnick Dr. Parikh	Motion approved
<p><b>Medicare Certified Home Health Services – Chapter 12</b></p>	<p>Ms. Michaud first noted that no petitions or comments were received for this chapter. Next, Ms. Elizabeth Brown provided the following report on policies and the methodology for Chapter 12:</p> <p>Polices Applicable to Home Health Services (p. 26):</p>		

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	<p><b>Policy HH-3:</b> Need Determination for Medicare-Certified Home Health Agency in a County</p> <p><i>Establishes a need for a new home health office when there is no existing office located in a county with a population of 20,000 people or more; or if the county population is less than 20,000 people and there is no home health office located in a North Carolina county within 20 miles.</i></p> <p><i>[Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.]</i></p> <p><b>Standard Methodology</b> [Steps 1-14] (p.255-256) used to project need for new home health offices:</p> <p><i>Through the use of four different age groups, the utilization patterns of young and old patients are assessed. The standard methodology looks at growth in the number of patients and at growth in the existing agencies' ability to serve future patients. Historically, this is done county by county and averaged at the Council of Government region's level annual rate of change.</i></p>		
	<p><b><u>Committee Recommendation</u></b></p> <p>A motion made and seconded to approve policies and the methodology for Chapter 12 to the SHCC.</p>	Dr. Parikh Mr. Brunnick	Motion Approved
<b>Hospice Services – Chapter 13</b>	<p>Next, Ms. Michaud noted that no petitions or comments were received for this chapter. Ms. Brown noted there are no policies applicable to Hospice Services. She then provided the following report on the methodology for Chapter 13:</p> <p><b>Standard Methodology</b> [Steps 1-14] (p. 325-327) used to project need for new hospice home care offices...</p> <ul style="list-style-type: none"> <li>• The hospice home care standard methodology uses county mortality rates for the most recent five years as the basis for hospice patient need projection. A two-year trailing average growth rate in statewide number of</li> </ul>		

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	<p>deaths served is used over the previous three years. This projects changes in the capacity of existing agencies to serve deaths from each county by the target year. Median projected hospice deaths is done by applying the projected statewide median percent of deaths served by hospice to projected deaths in each county. An additional home care office is needed if the county's deficit is 90 or more and the number of licensed offices in the county per 100,000 is 3 or less.</p> <p><b>Standard Methodology [Steps 1-12] (p. 327-328)</b> used to project need for new hospices inpatient beds...</p> <ul style="list-style-type: none"> <li>The methodology uses total projected admissions, statewide median average length of stay per admission and each county's average length of stay per admission and each county's average length of stay per admission for projecting estimated inpatient days for each county. Similar to the hospice home care methodology, previous years' data is used, so a two-year trailing average growth rate in statewide hospice admissions is done over the previous three years. Total projected admissions and the lower of the statewide median average length of stay per admission and each county's average length of stay per admission are used as the basis for projecting estimated inpatient days for each county. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county is used as a basis for estimating days of care in licensed inpatient hospice facility beds.</li> </ul> <p><b>Hospice Residential Beds (p. 324)</b> There is no need methodology for hospice residential beds</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve policies and the methodology for Chapter 13 to the SHCC.</p>	Mr. Brunnick Mr. Martin	Motion approved
<b>End-Stage Renal Disease Dialysis Facilities – Chapter 14</b>	Ms. Michaud noted that no petitions or comments were received for this chapter. Next, Ms. Brown provided the following report on policies and the methodology for Chapter 14:		

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	<p><b>Policy ESRD-2: Relocation of Dialysis Stations (p.27)</b>  <i>This policy notes that stations can be relocated only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate stations to a contiguous county shall demonstrate that the facility currently serving patients of that contiguous county. Even then, the relocation must not create a “surplus” in the receiving county or a “deficit” in the donor county.</i></p> <p><b>Standard Methodology (p. 375-378)</b> used to project need for new dialysis stations...  The need for new dialysis stations is determined two times each calendar year. Determinations are made available in the North Carolina Semiannual Dialysis Report (SDR).</p> <ul style="list-style-type: none"> <li>• <b>County Need:</b> Is based on all residents of North Carolina, regardless of where they are currently receiving services. Future patient counts are projected for 6 to 12 months into the future based on a five-year trend line. Need is based on 80 percent utilization of existing stations, at 3.2 patients per station. The threshold for need is a projected deficit of 10 stations.</li> <li>• <b>Facility Need:</b> Is a permissive methodology, which allows an existing provider located in a county where the projected County Need is zero, to apply for additional stations if that facility is operating at or above 80 percent utilization and feels it needs additional capacity. (Because patients can chose to cross county lines, this allows a facility in “high demand” to apply for expansion even if the host county has sufficient stations based on local county residents.)</li> </ul>		
	<p><b><u>Committee Recommendation</u></b>  A motion made and seconded to approve policies and the methodology for Chapter 14 to the SHCC.</p>	<p>Mr. Brunnick  Dr. Parikh</p>	<p>Motion approved</p>
<p><b>Psychiatric Inpatient Services - Chapter 15</b></p>	<p>Ms. Michaud noted there were no petitions received for this chapter.</p>		

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	<p>Regarding LME-MCOs, Dr. Amy Craddock noted that mergers are continuing. Nash County will leave the Eastpointe LME-MCO and become part of Trillium effective July 1. Eastpointe announced that it will merge with Cardinal Innovations Health Care on July 1, as well, but this has not been confirmed by DMH.</p> <p>Dr. Craddock next provided the following report on policies and the methodology for Chapter 15:</p> <p><b><u>Policies</u></b></p> <p>The first policy MH-1. Linkages between Treatment Settings. This policy pertains not only to Chapter 15, but also to chapters 16 &amp; 17. According to this policy, the CON applicant shall document that the affected LME-MCO has been contacted and invited to comment on proposed services described in the CON application.</p> <p>A second policy PSY-1. Transfer of Beds from State Psychiatric Hospitals to Community Facilities applies specifically to Chapter 15. According to this policy, beds may be relocated from state facilities through the CON process, provided services and programs shall be available in the community. Beds transferred from state facilities shall be closed within 90 days after the date that the community beds become operational. CON applicants must commit to serve the type of short-term patients normally placed in the state facility beds. To help ensure that this occurs, there must be a written Memorandum of Agreement between LME-MCO, Secretary of DHHS, and the CON applicant.</p> <p><b><u>Recommended Changes to Diagnosis Coding</u></b></p> <p>Before discussing the methodology for Chapter 15, Dr. Craddock discussed an issue that pertains to both Chapter 15 and Chapter 16. She then reviewed data for psychiatric and substance use disorder days of care provided in acute care hospitals, which comes from the data that the hospitals submit to Truven. Truven submits this data to the Sheps Center at UNC, and Sheps provides it to Healthcare Planning. In the past, Sheps has used ICD-9 codes to select cases, based on the person's primary diagnosis at discharge. Beginning this year, the data uses ICD-10 codes. The process of mapping ICD-9 to ICD-10 codes is onerous and error-prone. A much</p>		

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	<p>simpler method is to use the Major Diagnosis Categories (MDC) created by the Centers for Medicare and Medicaid Services (CMS). These categories are created using ICD-9 codes. Beginning with the data provided to us this year; the MDC codes will reflect the use of ICD-10 codes. There is one code for psychiatric disorders and one for substance use disorders.</p> <p>Sheps provided Healthcare Planning with last year's data selected using the MDCs to see what, if any, differences exist between the two methods of selecting cases. Dr. Craddock pointed out that in the table projected on the screen shows that the differences are very slight.</p> <p>In the 2017 SMFP, using MDC versus ICD-9 codes would not have changed needs for adult psychiatric beds at the state level, but would have resulted in a small change in needs for child/adolescent psychiatric beds in two LME-MCOs. The 35-bed need for Eastpointe would have increased to 36 beds; the 2-bed need in Partners Behavioral Health Management would have decreased to 1 bed. The use of MDC codes would not have changed substance use disorder bed need in any region or for any other age groups.</p> <p>Therefore, the Agency recommends use of MDCs to select cases for Chapters 15 and Chapter 16. If approved, the language will be changed accordingly and presented for consideration by the committee at the next meeting.</p> <p>Dr. Craddock pointed out that voting on this recommendation will occur when the committee votes on each chapter's methodology.</p> <p><b><u>Methodology</u></b> Basic assumptions of the methodology include identification of the bed service area as the LME-MCO in which the beds are located, note that treatment settings for adults should be separate from those for children and adolescents, and identify the optimum occupancy to be 75%. Days of care are projected two years beyond the SMFP publication year (2020).</p>		

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	<p><b>Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents</b></p> <p>Step 1: The estimated Year 2020 days of care for children/adolescents are determined by taking the current (2016) days of care for patients up through 17 years of age, multiplying that number by the projected Year 2020 child/adolescent population and then dividing by the Year 2016 child/adolescent population.</p> <p>Step 2: The adjusted Year 2020 days of care is divided by 365 and then by 75 percent to arrive at the child/adolescent bed need for 75 percent occupancy.</p> <p>Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing child/adolescent beds in the planning inventory is then subtracted from the bed need (from Step 3) to arrive at the Year 2020 unmet bed need for children and adolescents.</p> <p><b>Part 2: Determining Projected Patient Days of Care and Bed Need for Adults</b></p> <p>The methodology is identical to the child/adolescent methodology, except that it is based on the child/adolescent population rather than the adult population.</p> <p>Step 1: The estimated Year 2020 days of care for adults is determined by taking the actual Year 2016 days of care for the age group 18 and over, multiplying that number by the projected Year 2020 adult population and then dividing by the Year 2016 adult population.</p> <p>Step 2: The projected Year 2020 days of care is divided by 365 and then divided by 75 percent to arrive at the adult bed need in Year 2020 for 75 percent occupancy.</p> <p>Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing adult beds in the planning inventory is then</p>		

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	<p>subtracted from the bed need (from Step 2) in order to arrive at the Year 2020 unmet bed need for adults.</p> <p>Dr. Craddock clarified that MDC codes were created by categorizing IDC-9 codes, and have been updated to correspond to ICD-10 codes.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve policies, the methodology, and use of MDC codes for Chapter 15.</p>	Dr. Parikh Mr. Brunnick	Motion approved
<p><b>Substance Abuse/Chemical Dependency - Chapter 16</b></p>	<p>Ms. Michaud noted there were no petitions received for this chapter. Dr. Craddock next noted there were no policies specific to Chapter 16 other than MH-1, which was discussed earlier. She then provided the following report on the methodology for Chapter 16:</p> <p>Basic assumptions of the methodology note that treatment units for the adult and the child/adolescent population should be physically and programmatically separate. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency treatment beds in hospitals and residential treatment facilities. Days of care and bed need are projected two years beyond the current SMFP publication year (2020).</p> <p><b>Part 1: Determining Projected Patient Days of Care and Total Bed Need</b></p> <p>Step 1: The estimated Year 2020 days of care for all age groups is determined by taking the current reporting year (2016) days of care, multiplying that number by the projected Year 2020 population and then dividing by the Year 2016 population.</p> <p>Step 2: The Year 2020 days of care is divided by 365 and then by 85 percent to arrive at the total bed need in Year 2020, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance abuse) treatment beds in hospitals and residential treatment</p>		

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	<p>facilities.</p> <p><b>Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults</b></p> <p>Step 1: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) to arrive at the Year 2020 <i>unmet</i> bed need for all age groups (“total bed surplus/deficit”).</p> <p>Step 2: Nine percent of the total bed need is subtracted as the estimated Year 2020 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents).</p> <p>Step 3: The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2020 child/adolescent unmet bed need.</p> <p>Step 4: The adult bed need is then calculated by subtracting the child/adolescent bed “surplus/deficit” from the total bed “surplus/deficit.”</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve policies, the methodology, and use of MDC codes for Chapter 16.</p>	Mr. Brunnick Mr. Martin	Motion approved
<p><b>Intermediate Care Facilities - Chapter 17</b></p>	<p>Ms. Michaud noted there were no petitions received for this chapter. Dr. Craddock then provided the following report on policies and the methodology for Chapter 17: Three polices address Chapter 17.</p> <p><b>ICF/IID-1: Transfer of Beds from State Operated Developmental Centers to Community Facilities for Medically Fragile Children</b></p> <p>Beds in state operated development centers may be relocated to community facilities via the CON process to serve children age birth through six years who have severe to</p>		

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	<p>profound developmental/intellectual disabilities <u>and</u> are medically fragile. Pertains to transfer of beds only, not patients. Once licensed in the community, the state operated beds shall be closed.</p> <p><b>ICF/IID-2: Transfer of Beds from State Operated Developmental Centers to Community Facilities for Individuals Who Currently Occupy the Beds</b></p> <p>Existing beds in state facilities may be transferred via the CON process to establish group homes in the community to serve people with complex behavioral challenges and/or medical conditions for whom such a community placement is appropriate. Once licensed in the community, the state operated beds shall be closed.</p> <p>Applicants must demonstrate their clinical experiences in serving the target population. To ensure that beds will be used to serve these individuals, a written agreement is required among the following: LME-MCO where group home is to be located, director of NC Division of State Operated Facilities, Secretary DHHS, and operator of group home.</p> <p><b>ICF/IID-3: Transfer of Beds of State Operated Developmental Centers to Community Facilities for Adults with Severe to Profound Developmental Disabilities</b></p> <p>Existing ICF/IID beds in state facilities may be transferred to the community via the CON process to replace Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (CAP I/DD) waiver slots lost as a result of the Centers for Medicaid and Medicare Services (CMS) policy designed to prohibit CAP I/DD waiver and ICF/IID beds from being located on the same campus. Applies to transfer of beds only, not patients. Once licensed in the community, the state operated beds shall be closed. Applies only to facilities that have lost waiver slots as a result of this CMS policy.</p> <p>CON applicants must demonstrate commitment to serve adults who have severe to profound intellectual/developmental disabilities.</p>		

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	<p><b><u>Methodology</u></b></p> <p>Beds are created in ICF/IID facilities by issuance of a CON to transfer beds from State Operated Developmental Centers. There is no calculation of bed need for ICF/IID facilities.</p>		
	<p><b><u>Committee Recommendation</u></b></p> <p>A motion made and seconded to approve policies and the methodology for Chapter 17.</p>	Dr. Parikh Mr. Brunnick	Motion approved
<b>Final Recommendation</b>	A motion was made to authorize staff to make updates and corrections to all tables and narratives as needed, including updates to the preambles.	Dr. Parikh Mr. Brunnick	Motion approved
<b>Other Business</b>	Ms. Michaud noted the next LTBH committee meeting will be on Friday, May 5, 2017 at 10:00 a.m. at this location. Also, the next full SHCC meeting will be on June 7, 2017 at 10:00 a.m at this location.		
<b>Adjournment</b>	<p>Ms. Michaud called for adjournment.</p> <p>A motion was made and seconded to adjourn the meeting.</p>	Ms. Michaud Dr. Parikh	Motion approved



Healthcare Planning and Certificate of Need Section

**Long-Term and Behavioral Health Committee Minutes**  
**Friday, May 5, 2017**  
**10:00 a.m. -12 Noon**  
**Brown Bldg. Room 104, Raleigh, NC**

<b>Members Present:</b> Ms. Denise Michaud – LTBH Committee Chair, Dr. Chris Ullrich – SHCC Chair, Mr. Peter Brunnick, Mr. James Burgin, Mr. Kurt Jakusz, Mr. Jim Martin, Dr. T.J. Pulliam
<b>Members Absent:</b> Mr. Keith Branch, Dr. Jaylan Parikh
<b>Healthcare Planning Staff:</b> Ms. Paige Bennett, Ms. Elizabeth Brown, Amy Craddock PhD, Tom Dickson PhD, Andrea Emanuel PhD
<b>DHSR Staff:</b> Mr. Mark Payne, Ms. Martha Frisone
<b>AG’s Office:</b> Mr. Derek Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Ms. Michaud welcomed members, staff and guests to the second Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>She stated that the purpose of this meeting was to conduct a preliminary review of the data tables and need determinations for Chapters 10-13, and 15-17 for the Proposed 2018 State Medical Facilities Plan (SMFP), and to make recommendations that would be forwarded to the SHCC for consideration at the June 7, 2017 meeting. Ms. Michaud stated the meeting was open to the public, but discussion would be limited to members of the Long-Term and Behavioral Health Committee and staff, unless questions are specifically directed to someone in the audience.</p> <p>Ms. Michaud noted that there would be a series of six public hearings on the Proposed Plan during the month of July and petitions and comments on the Proposed Plan would be accepted in July and August.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p>		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<b>Review of Executive Order No. 122: Extending the State Health Coordinating Council &amp; Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</b>	<p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting. Ms. Michaud inquired if anyone had a conflict, needed to declare that they would derive a benefit from any matter on the agenda, or intended to recuse themselves from voting on the matter. Ms. Michaud asked members to review the agenda and declare any conflicts on today's agenda. There were no recusals.</p> <p>Ms. Michaud stated that if a conflict of interest not on the agenda came up during the meeting, the member with the conflict of interest would make a declaration of the conflict.</p>		
<b>Approval of April 7, 20017 Minutes</b>	<p>A was motion made and second to accept the April 7, 2017 LTBH meeting minutes.</p>	<p>Mr. Brunnick Mr. Martin</p>	<p>Motion approved</p>
<b>Nursing Care Facilities - Chapter 10</b>	<p>Dr. Andrea Emanuel provided the following review of data for Chapter 10</p> <p><b>Table 10A</b> Based on the draft of Table 10A, there are 127 more nursing beds available than there were last year. However, compared to last year, 55 fewer beds will be excluded from the inventory. Thus, the total planning inventory has increased by 182 to a total of 43,610 nursing care beds.</p> <p><b>Table 10B</b> Table 10B shows the calculation of bed use rates for each county according to the current methodology. These use rates are applied to calculate bed need, which is shown in Table 10C.</p> <p><b>Tables 10C &amp; 10D</b> According to the calculations in Table 10C and as summarized in Table 10D, the current methodology does not show needs for nursing home beds anywhere in the state.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the nursing home data and draft need projections for Chapter 10 to the SHCC.</p>	<p>Dr. Pulliam Mr. Brunnick</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<p><b>Adult Care Homes – Chapter 11</b></p>	<p>Dr. Emanuel next provided the following report on data and placeholders for Chapter 11:</p> <p><b>Table 11A</b> According to draft Table 11A, there are 65 more adult care home beds available than there were last year. Based on the preliminary data, 237 beds will be excluded from the planning inventory, which is the same number of beds excluded last year. Therefore, the total planning inventory has also increased by 65 to a total of 44,104 adult care home beds.</p> <p><b>Tables 11B &amp; 11C</b> As calculated in Table 11B and summarized in Table 11C, there are two bed need determinations at this point – one for 30 beds in Ashe County and one for 20 beds in Greene County. Also, the need determinations in the 2017 plan for Jones and Washington counties (30 and 10 beds, respectively) have a CON application due date on July 17<sup>th</sup>, so these beds remain in the plan.</p> <p><b>Table 11D</b> Table 11D is an inventory for facilities that have 6 or fewer adult care beds. These beds are not regulated by CON and they are not included in the need determination calculation. However, they are presented here since they are not included in any of the other tables for this chapter.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the adult care home data and draft need projections for Chapter 11 to the SHCC.</p>	<p>Dr. Pulliam Mr. Brunnick</p>	<p>Motion approved</p>
<p><b>Medicare Certified Home Health Services – Chapter 12</b></p>	<p>Next, Ms. Elizabeth Brown provided the following review of the data and placeholders for Chapter 12:</p> <p><b>Utilization Data:</b> Patient origin data were compiled from the Home Health Agency 2017 Annual Data Supplement to License Application with a data reporting period of October 1, 2015 to September 30, 2016. It is provider self-reported data.</p>		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions								
	<p>Reports are preliminary. Numbers and need projections are subject to change as staff continue to review, clean and receive refreshed data.</p> <p><b>Table 12A: Home Health Data by County of Patient Origin – 2016 Data Draft</b></p> <table border="1" data-bbox="575 399 1488 560"> <thead> <tr> <th></th> <th>2017 SMFP</th> <th>Proposed 2018 SMFP - Draft</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Patients Served (All Counties)</td> <td>229,207</td> <td>226,827</td> <td>(2,380)</td> </tr> </tbody> </table> <p><b>Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000</b> Compared to 2015 data, the average “State Use Rates per 1, 000 Population” decreased in all four age groups.</p> <p><b>Table 12D – Need Projections Draft</b> There are currently two placeholders:</p> <ul style="list-style-type: none"> <li>• Forsyth County – 325</li> <li>• Mecklenburg County - 325</li> </ul> <p><b>Table 12D – 2018 Need Projections for Medicare-certified Home Health Agencies or Offices and Table 12E – Need Determination Draft</b> The standard methodology generated two need determinations in Wake County for new Medicare-certified home health offices in the <i>NC Proposed 2018 SMFP</i>.</p> <p>Ms Brown noted that there was one need determination in Mecklenburg County for one new Medicare-certified home health office in the NC 2017 SMFP. CON received three applications on April 17, 2017 for review and consideration.</p>		2017 SMFP	Proposed 2018 SMFP - Draft	DIFFERENCE	Total Patients Served (All Counties)	229,207	226,827	(2,380)		
	2017 SMFP	Proposed 2018 SMFP - Draft	DIFFERENCE								
Total Patients Served (All Counties)	229,207	226,827	(2,380)								
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded a recommendation to accept the Medicare-certified home health data and draft need projections for Chapter 12.</p>	Mr. Brunnick Mr. Martin	Motion Approved								

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<b>Hospice Services – Chapter 13</b>	<p>Ms. Brown presented the following review of data and placeholders for Chapter 13:</p> <p><b>Utilization Data:</b> Patient origin data were compiled from the Hospice Agency 2017 Annual Data Supplement to License Application with a data reporting period of October 1, 2015 to September 30, 2016. It is provider self-reported data.</p> <p>Reports are preliminary. Numbers and need projections are subject to change as staff continue to review, clean and receive refreshed data.</p> <p><b>Table 13A: Hospice data by County of Patient Origin – 2016 Data Draft</b></p> <table border="1" data-bbox="571 636 1493 889"> <thead> <tr> <th></th> <th>2017 SMFP</th> <th>Proposed 2018 Draft</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Admissions</td> <td>44,246</td> <td>45,569</td> <td>+1,323</td> </tr> <tr> <td>Total Days of Care</td> <td>3,231,700</td> <td>3,381,797</td> <td>+150,097</td> </tr> <tr> <td>Total Deaths</td> <td>39,164</td> <td>40,464</td> <td>+1,300</td> </tr> </tbody> </table> <p><b>Table 13B: Year 2019 Hospice Home Care Office Need Projections Draft</b> Based on provider self-reported data, the hospice home care standard methodology generated one need determination.</p> <p><b>Table 13G: Hospice Home Care Office Need Determination Draft</b> There is one hospice home care office need determination at this time based on current data in the proposed draft table.</p> <ul style="list-style-type: none"> <li>• Cumberland County: one new hospice home office</li> </ul> <p><b>Table 13C: Hospice Inpatient Bed Need Projections – Draft</b> The standard methodology that uses a two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county to project hospice days of care and inpatient days of care for each county. This generated two draft</p>		2017 SMFP	Proposed 2018 Draft	DIFFERENCE	Total Admissions	44,246	45,569	+1,323	Total Days of Care	3,231,700	3,381,797	+150,097	Total Deaths	39,164	40,464	+1,300		
	2017 SMFP	Proposed 2018 Draft	DIFFERENCE																
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Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	<p>hospice inpatient bed need determinations: 10 hospice inpatient beds in Cumberland County (HSA V) and 14 hospice inpatient bed in Wake County (HSA IV) as reflected in draft Table 13H.</p> <p>Ms. Brown noted that, in accordance with Policy GEN-1, a 9 bed placeholder in Cumberland County for 2017 SMFP Need Determination has been removed since the Certificate of Need Section received no applications by the 5:00 p.m. April 17, 2017 deadline.</p> <p><b>Table 13D (1): Hospice Inpatient Facilities - Draft</b> There are 449 licensed hospice inpatient beds in North Carolina. An additional 48 hospice inpatient beds are CON-Approved and under development.</p> <p><b>Table 13D (2): Hospice Inpatient Facilities Occupancy Rate for FY2015 - Draft</b> Four hospice inpatient facilities have occupancy rates equal to or above the 85 percent utilization rate established in the standard methodology for hospice inpatient beds.</p> <p><b>Table 13E &amp; 13F: Hospice Residential Facilities/Residential Bed Inventory - Draft</b> There are currently 159 licensed hospice residential beds and 6 CON-approved residential beds under development.</p> <p><b><u>Committee Discussion</u></b> Mr. Brunnick noted that it was relevant that only four inpatient facilities in the state had a utilization rate <math>\geq</math> 85%. The Committee and staff should consider this information when we look at future needs.</p> <p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the hospice data and draft need projections for Chapter 13 to the SHCC.</p>		
<b>End-Stage Renal Disease Dialysis Facilities – Chapter 14</b>	Ms. Brown also provided the following review of the data and placeholders for Chapter 14:	Mr. Jakusz Mr. Burgin	Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	<p>For the July 2017 North Carolina Semiannual Dialysis Report, staff recommends the following:</p> <ul style="list-style-type: none"> <li>• The addition of dialysis data by county of patient origin. This would become Table A: Dialysis Data by County of Patient Origin - <u>Month Year</u> Data.</li> <li>• Table B: Inventory of Dialysis Stations and Calculation of Utilization Rates* is the former Table A.</li> <li>• Table C: Census of Home Dialysis Patients, shows the total number of home hemodialysis patients, number of home peritoneal patients and total number of home patients by county and provider number.</li> <li>• Table D: ESRD Dialysis Station Need Determinations by Planning Area, is the former Table B.</li> </ul> <p>The proposed recommendation above follows formats of other chapters (i.e. home health, hospice, etc.) in the SMFP. Data from Table B and Table C both contribute to the output/need determination(s) in Table D.</p> <p>These are the only changes related to Chapter 14 recommended by the Agency.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the staff recommendation for the 2017 Semiannual Dialysis Report and all future SDRs with newly revised Tables A-D</p>	Mr. Burgin Dr. Pulliam	Motion approved
	<p>End-Stage Renal Disease Dialysis providers, operating certified dialysis facilities supply patient data to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section bi-annually.</p> <p>Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will appear in the North Carolina Semiannual Dialysis Report (SDR) for July 2017 on July 1<sup>st</sup>. This report will be available on the DHHS website.</p> <p>In response to a petition, the State Health Coordinating Council approved an</p>		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	adjusted need determination for Graham County in the 2017 SMFP and 2017 January SDR. The Certificate of Need Section received one application for review and consideration by the March 15, 2017 deadline.		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate for the <i>Proposed 2018 SMFP</i>.</p>	Dr. Pulliam Mr. Brunnick	Motion approved
<b>Psychiatric Inpatient Services - Chapter 15</b>	<p>Dr. Amy Craddock provided the following review of the data and placeholders for Chapter 15:</p> <p><b>Language Change</b></p> <p>She referenced a document provided to the Committee that shows the proposed language for Chapter 15 to implement the use of Major Diagnostic Category (MDC) codes, as the committee approved at the last meeting.</p> <p><b>Table 15A – Inventory of Beds</b></p> <p>This table reflects Nash County’s move from the Eastpointe to the Trillium LME-MCO, which is slated to become effective on July 1. There are 2,400 beds in the planning inventory. This number includes licensed beds, CON-approved beds, and placeholders for the 2017 SMFP need determinations. There are 1,984 adult, 416 child/adolescent beds.</p> <p>Current data shows no draft need determinations for child/adolescent or adult beds, so Tables 15C1 and C2 were not produced for this meeting.</p> <p>Data is still under revision and Truven days of care data will be refreshed during the summer. Most of the due dates have not passed for CON applications for the need determinations in the 2017 SMFP. Removal of these placeholders and these other data activities may change need determinations. Also, if the expected merger of Eastpointe and Cardinal takes place in July, the needs may change.</p>		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the changes to the Chapter 15 narrative, Psychiatric Inpatient data and draft need determinations for purposes of the Proposed 2018 SMFP</p>	Mr. Brunnick Mr. Jakusz	Motion approved
<p><b>Substance Abuse/Chemical Dependency - Chapter 16</b></p>	<p>Dr. Craddock next provided the following review of the data and placeholders for Chapter 16:</p> <p><b>Language Change</b></p> <p>The document provided to the Committee shows the proposed language for Chapter 16 to implement the use of MDC codes, as the committee approved at the last meeting.</p> <p><b>Table 16A – Inventory of Beds</b></p> <p>This table also reflects Nash County’s move from Eastpointe to Trillium. The total planning inventory is 656 beds. There are 615 licensed beds, 45 of which are child/adolescent beds; the remaining 611 are adult beds. The total planning inventory includes 41 CON-approved beds.</p> <p><b>Table 16B – Projection of Chemical Dependency Treatment Bed Need</b></p> <p>There was no need determination for adult beds anywhere in the state.</p> <p>Table 16D shows a need determination for 15 child/adolescent beds, all of which are in the Central Region.</p> <p>The due date has passed for CON applications for the need determination in the 2017 SMFP for 17 child/adolescent beds. No applications were received.</p>		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	<p>Data is still under revision and Truven days of care data will be refreshed later in the year. These activities may impact need determinations for both adult and child/adolescent beds. Also, if the expected merger of Eastpointe and Cardinal takes place in July, the needs may change.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance of the changes to the Chapter 16 narrative, Substance Use Disorder data and draft need determinations for purposes of the Proposed 2018 SMFP.</p>	Mr. Martin Dr. Pulliam	Motion approved
<p><b>Intermediate Care Facilities - Chapter 17</b></p>	<p>Dr. Craddock then provided the following review of the data and placeholders for Chapter 17:</p> <p><b>Table 17A and 17B</b></p> <p>Table 17A shows a total of 2,785 licensed beds in community-based facilities. There are CONs to develop 10 additional beds, bringing the total inventory to 2,795. Table 17B shows 2,317 beds in state developmental centers. These numbers reflect de-licensure of 3 beds, because these beds have been licensed as community-based ICF/IID beds.</p> <p>There is no need determination for either adult or child ICF/IID beds.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to recommend acceptance ICF/IID data for purposes of the Proposed 2018 SMFP.</p>	Mr. Brunnick Dr. Pulliam	Motion approved
<p><b>Other Business</b></p>	<p>A motion was made to recommend to approve data with the understanding that staff will continue to update and make necessary corrections and changes prior to sending forward to the SHCC.</p> <p>Ms. Michaud noted the next LTBH committee meeting will be on Friday, September 8, 2017 at 10:00 a.m. at this location. Also, the next full SHCC meeting will be on June 7, 2017 at 10:00 a.m. at this location.</p>	Dr. Pulliam Mr. Brunnick	Motion approved
<p><b>Adjournment</b></p>	<p>Ms. Michaud called for adjournment. A motion was made to adjourn the meeting.</p>	Dr. Pulliam Mr. Martin	Motion approved



Healthcare Planning and Certificate of Need Section

**Long-Term and Behavioral Health Committee Minutes- *DRAFT***

**September 8, 2017**

**10:00 a.m. – 12 Noon**

**Brown Bldg. Room 104, Raleigh, N.C.**

<b>Members Present:</b> Dr. Sandra Greene (ex-officio), Ms. Denise Michaud- LTBH Committee Chair, Dr. Jaylan Parikh-Vice-Chair, Dr. TJ Pulliam, Mr. Peter Brunnick, Mr. James Martin, Jr., Mr. James Burgin
<b>Members Absent:</b>
<b>Healthcare Planning Staff:</b> Ms. Paige Bennett, Ms. Elizabeth Brown, Amy Craddock PhD, Andrea Emanuel PhD, Tom Dickson PhD, Ms. Sharetta Blackwell
<b>DHSR Staff Present:</b> Ms. Martha Frisone, Ms. Celia Inman, Ms. Gloria Hale
<b>Attorney General's Office:</b> Mr. Derek Hunter

<b>Agenda Items</b>	<b>Discussion/Action</b>	<b>Motions</b>	<b>Recommendations/ Actions</b>
<b>Welcome &amp; Introductions</b>	<p>Ms. Michaud welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>She stated that the purpose of this meeting was to review petitions and comments received in response to the <i>Proposed 2018 State Medical Facilities Plan (SMFP)</i>. She stated the Committee would also review updated tables, reflecting changes since the <i>Proposed Plan</i> was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the <i>2018 State Medical Facilities Plan</i>. Ms. Michaud noted this meeting is open to the public. However, discussions, deliberations and recommendations are limited to the members of the Long-Term &amp; Behavioral Health Committee and staff, unless questions are specifically directed to someone in the audience.</p> <p>Ms. Michaud stated this was the third and final Long-Term &amp; Behavioral Health Committee meeting scheduled for this year.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p>		
<b>Review of Executive Order No. 122: Extending the State Health Coordinating</b>	<p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting. Ms. Michaud inquired if anyone had a conflict, needed to declare that they would derive a benefit from any matter on the agenda, or intended to</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Council &amp; Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</b>	<p>recuse themselves from voting on the matter. Ms. Michaud asked members to review the agenda and declare any conflicts on today's agenda.</p> <ul style="list-style-type: none"> <li>• Mr. Peter Brunnick recused himself from the Continuum Care Hospice Petition.</li> <li>• Mr. James Burgin recused himself from the Transitions LifeCare and BAYADA Home Health Care Petitions.</li> </ul>		
<b>Approval of May 5, 2017 Minutes</b>	<p>A motion was made and seconded to accept the May 5, 2017 minutes.</p>	<p>Mr. Brunnick Dr. Pulliam</p>	<p>Motion approved</p>
<b>Nursing Care Facilities – Chapter 10</b>	<p>Ms. Michaud stated there was one petition submitted for Chapter 10, Nursing Care Facilities.</p> <p><b><i>Petition 1: Bermuda Village Retirement Community</i></b> The petitioner requested an adjusted need determination for 21 nursing beds in Davie County. The Agency received 22 documents in support of this petition and one in opposition.</p> <p><b><u>Recommendation:</u></b> The Agency recommends adjusting the need determination in Davie County to include 21 additional nursing home beds. The committee voted to accept the Agency's recommendation.</p> <p><b><i>Data Updates</i></b></p> <p>Dr. Emanuel noted that data was updated for Tables 10A, 10B, and 10C. She stated that the data for nursing home beds has been updated which has caused changes to the tables in Chapter 10.</p> <p><b>Table 10A:</b> Since the proposed plan was published, there are 78 fewer nursing beds available. The number of exclusions has also decreased by 73 beds. Thus, the total planning inventory has decreased by 5 to a total of 43,464 nursing care beds.</p> <p><b>Table 10B:</b> Table 10B shows the calculation of bed use rates for each county according to the current methodology. Either the county rate or the state rate of -0.0129 has been</p>	<p>Mr. Burgin Mr. Brunnick</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>applied to calculate bed need for each county, again according to the methodology. This is the bed need shown in the last column of Table 10C.</p> <p><b>Table 10C:</b> Despite the changes to data, there continue to be no need determinations for nursing home beds anywhere in the state.</p> <p><b><u>Committee Recommendation:</u></b> A motion made and seconded to forward Chapter 10, Nursing Care Facilities, with approved changes to the SHCC.</p>	Dr. Pulliam Mr. Martin	Motion Approved
<p><b>Adult Care Homes - Chapter 11</b></p>	<p>Ms. Michaud stated there was one petition submitted for Chapter 11, Adult Care Homes.</p> <p><b><i>Petitioners: Mr. Whitcomb Rummel and Ms. Christen Campbell</i></b> The petitioner request for an adjusted need determination for 80 adult care home beds in Orange County. Seven (7) documents in support of the petition were received.</p> <p><b><u>Recommendation:</u></b> The Agency does not recommend approving this request. The Committee voted to approve the Agency's recommendation to deny the petition.</p> <p><b><i>Data Updates</i></b></p> <p>Dr. Emanuel noted that data was updated for Table 11A, and there are new needs in the plan for Table 11B.</p> <p><b>Table 11A:</b> The data for adult care home beds has been updated since the proposed plan was published, resulting in changes to tables in Chapter 11. For Table 11A, there are 54 fewer available beds and 40 more beds excluded from the inventory. Therefore, the total planning inventory has decreased by 94 for a total of 44,018 adult care home beds.</p> <p><b>Table 11B:</b> Looking at Table 11B, we continue to have a need for 30 beds in Ashe County. In Cherokee County, we have a new need for 60 beds because the Agency withdrew a certificate of need issued in 2008 for 70 beds because the beds were never</p>	Mr. Brunnick Mr. Martin	Motion Approved







Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Reason:</b> Not possible to have a need determination of zero.</p> <p><b>The second item:</b> recommend reformatting the outline found under the Facility Need Methodology to match actual outline.</p> <p><b>Reason:</b> Reduce confusion</p> <ul style="list-style-type: none"> <li>• In addition, the Agency recommends updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate, for the 2018 SMFP.</li> </ul> <p><b><u>Committee Recommendation:</u></b> A motion made and seconded to forward Chapter 14, ESRD Dialysis Services, with approved changes to the SHCC.</p>	Dr. Pulliam Mr. Burgin	Motion approved
<p><b>Psychiatric Inpatient Services – Chapter 15</b></p>	<p>Ms. Michaud stated there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services.</p> <p>Ms. Michaud asked Dr. Craddock for any updates related to Chapter 15.</p> <p>Under Session Law 2017-57 (this year's appropriations act), the General Assembly made additional non-recurring allocations from the Dorothea Dix Hospital Property Fund for psychiatric beds.</p> <ul style="list-style-type: none"> <li>• Up to \$4 million to Caldwell Memorial Hospital (Caldwell County)</li> <li>• Up to \$4 million to Cape Fear Valley Medical Center (Cumberland County)</li> <li>• Up to \$4 million to Mission Health System (Buncombe County)</li> <li>• Up to \$3 million to Good Hope Hospital (Harnett County)</li> <li>• Up to \$2 million to Dix Crisis Intervention Center (Onslow County).</li> <li>• Additional \$2 million for the establishment of two new crisis facilities.</li> </ul> <p>Like the previous award, at least 50% of beds must be reserved for indigent patients. The beds may be new beds, relocated psych beds, acute care beds converted to psych beds, or some combination. Healthcare Planning does not yet know how these beds will be licensed. As with the previous allocations, beds developed with these funds are exempt from Certificate of Need. Because this is a new allocation, the Agency recommends, just as with the beds previously</p>		



Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>Substance Use Disorder Inpatient &amp; Residential Services (Chemical Dependency Treatment Beds)- Chapter 16:</b></p>	<p>Ms. Michaud stated there was one petition submitted in relation to substance use disorder beds. The Agency received four letters of support for this petition.</p> <p><b>Petitioner: Samaritan Colony</b></p> <p>This petition requests an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women.</p> <p><b>Discussion:</b> Mr. Burgin asked how the utilization of 195% and 151% was calculated. Dr. Craddock responded that the information was reported by the facility. The days of care based on Truven data and LRAs can be vastly different.</p> <p><b>Recommendation:</b> The Agency recommends approval of request for an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women. Further, the Agency recommends that the need determination stipulate that certificate of need applicants must commit to establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured). The Committee voted to approve the Agency's recommendation.</p> <p><b>Data Updates</b></p> <ul style="list-style-type: none"> <li>• Tables 16A and 16B were updated to reflect refreshed Truven data and Nash County's move to Trillium.</li> </ul> <p>At this time, application of the methodology shows the same need determinations that were in the Proposed Plan:</p> <ul style="list-style-type: none"> <li>• <u>Child/Adolescent</u> Beds: Central Region – 15 beds</li> <li>• <u>Adult</u> Beds: None</li> </ul> <p>Dr. Craddock also noted a technical correction to the narrative. The term days of "stay" was used in this chapter, but in other chapters of the SMFP the term days of "care" was used. Staff will change the wording to days of "care."</p>	<p>Mr. Brunnick Dr. Pulliam</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Committee Recommendation:</u></b> A motion was made and seconded to forward Chapter 16, Substance Use Disorder Inpatient &amp; Residential Services with approved changes to the SHCC.</p>	Mr. Burgin Dr. Pulliam	Motion approved
<p><b>Intermediate Care Facilities for Individuals with Intellectual Disabilities - Chapter 17</b></p>	<p>Ms. Michaud stated there were no petitions or comments related to Chapter 17.</p> <p>Ms. Michaud asked Dr. Craddock were there updates related to Chapter 17.</p> <p>Dr. Craddock noted that the tables to reflect Nash County's move to a new LME-MCO were updated, and there were no additional changes to the chapter.</p> <p><b><u>Committee Recommendation:</u></b> A motion was made and seconded to forward Chapter 17, Intermediate Care Facilities for Individuals with Intellectual Disabilities, with approved changes to the SHCC.</p>	Mr. Martin Dr. Pulliam	Motion approved
<p><b>Other Business</b></p>	<p><b><u>Ongoing Updates to Proposed 2018 SMFP:</u></b></p> <p>Ms. Michaud noted that in order to complete their work on the Proposed 2018 State Medical Facilities Plan, staff will need to continue to update various portions of the Plan as new data is received.</p> <p><b><u>Committee Recommendation to Staff for Chapters 10- 17:</u></b> A motion made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended <i>Proposed 2018 State Medical Facilities Plan</i> as new and corrected data is received.</p> <p>Ms. Michaud stated that the agency will hold two meetings to discuss potential modifications to the Adult Care Methodology. All SHCC members and interested parties are invited to attend. The first meeting will be held on November 2, at 10:00 a.m. and the second meeting will be held on December 13th, at 10:00 a.m. Both meetings will be held in this room.</p> <p>Ms. Michaud reminded members the last full SHCC meeting for 2017 will be held on October 4<sup>th</sup> beginning at 10:00 am in this room.</p>	Mr. Brunnick Mr. Burgin	Motion approved
<p><b>Adjournment</b></p>	<p>Ms. Michaud asked for a motion to adjourn the meeting.</p>	Dr. Pulliam Mr. Martin	Motion approved

Technology & Equipment  
Committee Meeting Minutes

2018 SMFP



## Technology & Equipment Committee Minutes

May 10, 2017 10:00 am – 12 Noon  
Brown Building, Room 104, Raleigh, N.C.

<b>Members Present:</b> Dr. Christopher Ullrich, Trey Adams, Stephen DeBiasi, Valerie Jarvis, Dr. Lyndon Jordan III, Brian Lucas, Dr. Prashant Patel
<b>Members Absent:</b> Senator Ralph Hise
<b>Healthcare Planning Staff:</b> Amy Craddock, Andrea Emanuel, Paige Bennett, Tom Dickson, Elizabeth Brown
<b>DHSR Staff Present:</b> Fatimah Wilson, Lisa Pittman, Celia Inman, Tonya Rupp, Greg Yakaboski
<b>Attorney General's Office:</b> Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Introductions</b>	<p>Dr. Ullrich welcomed members, staff and guests to the first Technology and Equipment Committee meeting scheduled for this year. He noted the meeting was open to the public, but that the meeting did not include a public hearing. Therefore, discussion would be limited to members of the committee and staff.</p> <p>He stated following the meeting, the Committee's recommendations would be forwarded to the State Health Coordinating Council for consideration at the June 7, 2017 meeting.</p>		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council</b>	<p>Dr. Ullrich reviewed Executive Order No. 46: Reauthorizing the State Health Coordinating Council and Executive Order 122: Extending the State Health Coordinating Council. He inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up. Dr. Jordan disclosed that his organization owns and operates a fixed PET scanner facility. Mr. DeBiasi recused from multi-positional MRI votes. Dr. Ullrich disclosed his group interprets for Carolina Neurosurgery and Spine Associates, but does not have a financial</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	interest in the MRI equipment. He also noted that he has not discussed the multi-positional issue with the demonstration project operators.		
<b>Approval of minutes from May 10, 2017</b>	A motion was made to approve the minutes.	Mr. Adams Mr. Jarvis	Minutes approved. Unanimously.
<b>Positron Emission Tomography (PET)</b>	<p>Ms. Bennett provided the review of the methodology, the policy, data tables, and agency recommendations for regarding the PET section of Chapter 9.</p> <p>There were no petitions or comments on PET scanners.</p> <p>There is one Policy TE1: Conversion of Fixed PET Scanners to Mobile. This policy allows an applicant to convert a fixed PET under specific conditions.</p> <p><b><u>Review of Need Methodology</u></b>  The Service areas for PET scanners are defined in the SMFP as follows:  There are six multi-county groupings called Health Service Area (HSA). A fixed PET scanner's service area is the HSA in which the scanner is located.  The two mobile PET scanner planning regions have been defined as the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI).</p> <p><b>Steps: Methodology Part 1</b>  For PET scanners, we determine current inventory and multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine capacity at each facility. A need is determined for an additional fixed PET scanner if the utilization percentage is 80 percent or greater at a facility.</p> <p><b>Steps: Methodology Part 2</b>  This part of the methodology provides a condition to determine a need for one additional fixed PET scanner if a hospital based major cancer treatment facility program or provider does not own or operate a fixed dedicated PET scanner. The exception to this is that for both parts of the methodology combined, the maximum need determination for a single HSA in any one year will be no more</p>		

than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology.

No distinct methodology has been developed specifically for mobile PET scanners. Mobile capacity has been described in the SMFP as 2,600 procedures.

**Data Review**

Data for all the Sections of Chapter 9 are collected on the 2017 Hospital License Renewal Forms and Registration and Inventory Forms.

The data shows the number of PET scans on fixed scanners rose from 35,158 to 37,847 for an increase of 2,689 procedures. (Show Table 9L)

The number of scans on mobile provides increased as well. (Show Table 9M1 and 2). Last year the total number of scans was 6,505. This year the reported total is 7,159 on two scanners. The mobile scanners are operating at 135% and 140%. This percentage of capacity is calculated using a 2,600 threshold. There is a third mobile scanner in development through Policy TE-1 that came into operation in the last month or so. Next year once we receive data on the converted scanner, the committee will need to consider how to handle the scanner because it will need to accurately represented in both Tables 9L and 9M2.

There are no needs for fixed PET Scanners.

Based on the old business of the committee, there was discussion of continued review of the distribution of mobile PET machines and procedures. Based on this review and analysis, the staff is recommending a need for a mobile PET scanner.

The new data shows that fixed PET scans have increased 16.9% (Table 1) in the last three years. Table 2: Mobile PET scans have seen a 22% increase over the same time frame. Table 3 is the same as Table 9M1. Table 4 includes the total number of procedures on the two machines reporting data for FY 2015-2016. It calculates the number of machines needed at 2600 (100% capacity) and at 2080 (80% capacity). 80% was chosen because this is aligned with the fixed PET methodology.

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>It shows that there is a deficit in the number of scanners by almost a half of a scanner and since the number of procedures has been slowly, but steadily increasing the staff recommend adding a statewide need determination for 1 scanner as shown in Table 9O.</p> <p>After the analysis staff elected to recommend adding a statewide need in o</p> <p>Committee discussion included changes in reimbursement, clinical applications for the use of PET scans, and the recent increases in scans. Other questions arose about the urgency of scans, community access, and the appropriate capacity statewide for mobile scanners.</p> <p>Other questions including the service area of the mobile scanners and logistics of scheduling and moving the scanner across the state. Facilities are not able to add additional time based on the current use.</p> <p>The Agency reports are routinely treated as motions for committee discussions. Dr. Ullrich made a motion to accept the PET reports as presented.</p>		<p>Motion adopted. Unanimously; Dr. Jordan recused.</p>
<p><b>Magnetic Resonance Imaging</b></p>	<p>Ms. Bennett provided the review of the methodology, the policies, multi-positional MRI scanners, data tables, and agency recommendations for regarding the MRI section of Chapter 9.</p> <p>There were no petitions or comments for MRIs.</p> <p>There are two Policies for this section. The first is TE-2: Intraoperative MRI scanners qualified applicants can apply for an intraoperative MRI scanner to be used in an operating suite Pg 23. The second was added to the Plan last year, Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Scanners. This policy allows licensed facilities with 24 hour/7 day a week emergency care without a fixed MRI scanner to apply for one if they can demonstrate the machine will perform 850 weighted procedures.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Review of Need Methodology</u></b>  The Acute Care Bed Service Area as defined in Chapter 5 of the 2017 SMFP continues to be the service area for the fixed MRI scanners.</p> <p>The methodology for MRI scanners is a bit more intricate as there are tiers of need thresholds based on the number of scanners and, weighting of procedures based on complexity.</p> <p>Steps:</p> <p>The current inventory of fixed and mobile MRI scanners in each MRI service area by site are converted to fixed equivalent magnets.</p> <p>A value of one fixed equivalent magnet will be assigned for each existing and approved fixed MRI scanner.</p> <p>The number of MRI scans performed at each mobile site are divided by the threshold for the service area to determine the mobile site fixed equivalent</p> <p>Using the weighting value chart on page 148, we multiply the number of MRI scans by type (i.e. inpatient, outpatient, with or without contrast or sedation) according to their weighting adjustment value in order to determine adjusted total MRI procedures for all sites in each MRI service area and then calculate the average of those procedures.</p> <p>Utilization thresholds are listed on page 147 and are used to compare the average procedures per fixed equivalent magnet, with the threshold, to determine if there is a need</p> <p>There is an exception in the methodology that there will be no more than one MRI scanner need determination in any one service area per year unless there is an approved adjusted need determination.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Data Review</u></b>  As part of a continued review of the demonstration projects in the SMFP we were reviewing the data for the MRI machines in Table 9Q(6) – Fixed Multi-positional MRI scanners.</p> <p>Ms. Bennett discussed the analysis performed by staff for the adding the multi-positional scanners back into the tables for both the 2016 and 2017 SMFPs. You can see that in both service areas, because they are well utilized machines, they did not make a significant difference to the county calculations and no need determinations were changed as a result. The committee is probably interested in the proposed 2018. (Scroll down to the second page for Proposed data). Again this has made no difference in the need determinations. We were able to update the table and again it will be posted online.</p> <p>Discussion: The Committee discussed the service areas for these scanners and whether adding them back into the table would change it. Other topics included the increase in scans and the growth of population. Members also discussed the replacement of this equipment with regular MRI equipment. Dr. Ullrich explained that the vote would normalize the scanners rather than keep them out of the inventory. These highly utilized machines should not be segregated from the methodology.</p> <p>The Committee voted on placing the machines back into the main MRI table.</p> <p>Ms. Bennett provided a review of Table 9P and the need determinations. Ms. Bennett stated the number of MRI procedures as currently calculated in the Proposed 2018 SMFP decreased by 5,348, but there is still data cleaning and outstanding forms. So far there are 3 needs projected, 1 MRI in each: Mecklenburg County, Pasquotank/Camden/Currituck/Perquimans Health Service area, and Union County.</p> <p>There is one hospital in Mecklenburg County that has data, which doubled from last year to this year [Novant Health Matthews, 7666]. They have been asked to verify this information. The need determination may go away if the data is corrected.</p>		<p>Motion adopted.  Unanimously;  Dr. Jordan and Mr.  DeBiasi recused.</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Pasquotank HSA has only one facility with one fixed machine. They triggered the need by 1 procedure. It may be difficult for successful application to project procedure growth needed to meet the performance standards. The third need is in Union County and they are well above the threshold.</p> <p>A motion to adopt the MRI portion of 2018 Proposed SMFP.</p>	<p>Mr. DeBiasi Mr. Adams</p>	<p>Motion adopted. Unanimously.</p>
<p><b>Cardiac Catheterization</b></p>	<p>Ms. Bennett provided the review of the methodology, data tables, and agency recommendations for regarding the cardiac catheterization section of Chapter 9.</p> <p>There were no petitions and no comments for cardiac catheterization.</p> <p><b><u>Review of need methodology</u></b></p> <p>The cardiac catheterization equipment planning areas are the same as the Acute Care Bed Service Areas defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The cardiac catheterization equipment's service area is a single county unless there is no licensed acute care hospital located within the county and those counties are grouped with the single county where the largest proportion of patients received inpatient acute care services. These service areas are reviewed every three years.</p> <p>There are two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is for shared fixed cardiac catheterization equipment.</p> <p>Steps: Methodology Part 1</p> <p>For fixed cardiac catheterization equipment, procedures are weighted based upon complexity as described on page 179.</p> <p>The SHCC defines capacity as 1,500 diagnostic-equivalent procedures per year.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The number of fixed cardiac catheterization equipment required is determined by dividing the number of weighted or diagnostic-equivalent procedures performed at each facility by 1200 procedures (80% of 1500 capacity). The calculated number of required units of equipment is compared with the current inventory to determine if there is a need.</p> <p>Steps: Methodology Part 2</p> <p>If no unit of fixed cardiac catheterization equipment is located in a service area, a need exists for one shared fixed cardiac catheterization equipment when the number of mobile procedures done in this service area exceeds 240 (80% of 300 capacity) per year for each 8 hours per week in operation at that site.</p> <p><b>Data Review</b> The number of diagnostic cardiac catheterization procedures increased from 58,872 last year to 62,474, but the number of interventional procedures decreased from 27,168 to 25,486. Table 9W shows one need for fixed cardiac catheterization equipment in Buncombe County.</p> <p>A motion to adopt the cardiac catheterization portion of 2018 Proposed SMFP.</p>	Ms. Jarvis Dr. Jordan	Motion adopted. Unanimously.
<b>Lithotripsy</b>	<p>Ms. Bennett provided the review of the methodology, data tables, and agency recommendations for regarding the lithotripsy section of Chapter 9.</p> <p>There were no petitions or comments for lithotripsy.</p> <p><b>Review of Need Methodology</b></p> <p>The lithotripter planning area is the entire state so this is a statewide determination.</p> <p>Steps:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>First, using the July 1, 2018 estimated population from the North Carolina Office of State Budget and Management and the incidence of urinary stone disease of 16 cases per 10,000 population, the estimate of urinary disease cases is calculated.</p> <p>Based on the assumption that 90% of patients could be treated with lithotripsy, we use the estimate number of cases to calculate the number of patients in the state who have the potential to be treated by lithotripsy.</p> <p>The low range of annual treatment capacity is 1000. This is used to determine the number of lithotripters needed based upon the projected number of patients.</p> <p>The need will be identified when comparing the number of lithotripters in inventory to the number needed based upon projected incidence of urinary stone disease.</p> <p><b><u>Data Review</u></b></p> <p>The number of lithotripsy procedures decreased from this year to last year. Last year the total number of procedures was 10,019 and this year the total number is 9,529. As a result, the average number per machine decreased as well from 716 to 681. This calculation is using 14 as the denominator. There are 15 machines statewide including the need determination from the 2016 SMFP; however, the machine reported no data during the reporting year. The CON for the 2016 SMFP was awarded to Piedmont Stone Center.</p> <p>There were no need determinations for lithotripsy.</p> <p>Discussion: The Committee discussed the mobile lithotripsy capacity and the decrease in procedures.</p> <p>A motion to adopt the lithotripsy portion of 2018 Proposed SMFP.</p>	<p>Mr. Adams Dr. Patel</p>	<p>Motion adopted. Unanimously.</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p><b>Linear Accelerator</b></p>	<p>Ms. Bennett provided the review of the methodology, data tables, and agency recommendations for regarding the linear accelerator section of Chapter 9.</p> <p>There were no petitions or comments for linear accelerators.</p> <p><b><u>Review of Need Methodology</u></b></p> <p>Linear accelerator planning areas are the 28 multi-county groupings shown in Table 9I (pg 132).</p> <p>The methodology to determine a need for an additional linear accelerator in a service area must look at 3 criterion: efficiency, geographic accessibility and patient origin.</p> <p>For the Accessibility Criterion 1</p> <p>The area population (based on the 2017 population estimate from the North Carolina Office of Budget and Management) is divided by the inventory to determine the population per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied.</p> <p>For Patient Origin Criteria 2</p> <p>The number of patients served from outside the service area, based on reported patient origin data, is divided by the total number of patients served. If more than 45% of total patients served reside outside the service area, Criterion 2 is satisfied.</p> <p>For Efficiency Criterion 3</p> <p>The average number of Equivalent Simple Treatment Visits (ESTV) per linear accelerator are calculated in each service area and divided by 6,750 ESTVs to determine how many are needed. If the difference between the number needed and the current inventory is greater than or equal to a positive 0.25, Criterion 3 is satisfied.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>If any 2 of the 3 criterion are satisfied in a linear accelerator service area, a need is determined for one additional linear accelerator in that service area.</p> <p>To complete the methodology, Criterion 4 provides an exception for counties who reach a population of 120,000 or more and do not have a linear accelerator in inventory for that county.</p> <p><b><u>Data Review</u></b>  The average number of ESTVs per machine increased slightly from last year to this year from 4,520 procedures per machine to 4,602 procedures per machine. There were no need determination calculations for linear accelerators.</p> <p>A motion to adopt the linear accelerator portion of 2018 Proposed SMFP.</p>		<p>Motion adopted. Unanimously.</p>
<p><b>Gamma Knife</b></p>	<p>Ms. Bennett provided the review of the methodology, and data tables, for regarding the gamma knife section of Chapter 9.</p> <p>No petitions or comments were received regarding the Gamma Knife section.</p> <p><b><u>Review of Need Methodology</u></b>  There are two gamma knife planning regions, the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI). The gamma knife located at Wake Forest University Baptist Medical Center in HSA II serves the western portion of the state. The gamma knife located at Vidant Medical Center in HSA VI serves the eastern portion of the state. There are no tables for data, but data is updated in the verbiage in the plan.</p> <p><b><u>Data Review</u></b>  Unlike the other sections of Chapter 9, I do have the data for gamma knife for the proposed 2018 SMFP. During 2015-2016 as reported on the 2017 Hospital License Renewal applications 460 gamma knife procedures were reported by NC Baptist Hospital, and 230 procedures were reported by Vidant Medical Center. These were both increases over the past year. The two gamma knives assure that</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>the western and eastern portions of the state have equal access to gamma knife services. There is adequate capacity and geographical accessibility for gamma knife services in the state.</p> <p>A motion to adopt the gamma knife portion of 2018 Proposed SMFP.</p>	<p>Ms. Jarvis Mr. DeBiasi</p>	<p>Motion adopted. Unanimously.</p>
<b>Other Business</b>	<p>The chair made a motion to adopt Chapter 9 as discussed and forward to the full Council on the June 7<sup>th</sup> meeting.</p> <p>A motion was made and seconded to allow staff to continue to make necessary updates to narratives, tables and need determinations in the Proposed 2018 SMFP as new and corrected data is received.</p> <p>The Committee discussed the sections of Chapter 9 that might require focus in the future. Mr. Adams initiated discussion about removing the need methodologies for gamma knife and lithotripsy. Dr. Ullrich indicated rather than eliminating the need methodology, the Committee may consider creating policies. Dr. Patel discussed the capacity and appropriate use of all technologies to ensure utilization is clinically appropriate. Mr. Adams had concerns about the amount of staff time used on the gamma knife and lithotripsy methodologies.</p> <p>Regarding Mr. Adams's question of review of the methodologies, Dr. Ullrich said staff would review the methodology as time allows, but changes also would require stakeholder input.</p> <p>Dr. Ullrich reminded all members about all of the upcoming public hearings in July and the next SHCC meeting on June 7, 2017.</p>	<p>Mr. Adams Ms. DeBiasi</p> <p>Dr. Jordan Ms. Jarvis</p>	<p>Motion adopted. Unanimously.</p> <p>Motion adopted. Unanimously.</p>
<b>Adjournment</b>	<p>Dr. Ullrich requested a motion to adjourn. The Committee voted to adjourn.</p>	<p>Dr. Patel Dr. Jordan</p>	<p>Motion adopted. Unanimously.</p>



## Technology & Equipment Committee – **DRAFT** Minutes

September 13, 2017

10:00 am – 12 Noon

Brown Building, Room 104, Raleigh, N.C.

<b>Members Present:</b> Dr. Lyndon Jordan III, Trey Adams, Stephen DeBiasi, Valerie Jarvis, Dr. Prashant Patel
<b>Members Absent:</b> Senator Ralph Hise, Brian Lucas, Dr. Christopher Ullrich
<b>Other SHCC Members Present:</b> Dr. Sandra Greene
<b>Healthcare Planning Staff:</b> Paige Bennett, Sharetta Blackwell, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel
<b>DHSR Staff Present:</b> Martha Frisone, Fatimah Wilson, Lisa Pittman, Julie Halatek, Celia Inman, Mike McKillip, Tanya Rupp
<b>Attorney General's Office:</b> Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<b>Welcome &amp; Introductions</b>	Dr. Jordan presided at the meeting. He welcomed members, staff and guests to the final Technology and Equipment Committee meeting scheduled for this year. He noted the meeting was open to the public, but that the meeting was not a public hearing. Therefore, discussion would be limited to members of the committee and staff. He stated that following the meeting, the Committee will forward its recommendations to the State Health Coordinating Council for consideration at the October 4, 2017 meeting.		
<b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council</b>	Dr. Jordan reviewed Executive Order No. 46: Reauthorizing the State Health Coordinating Council and Executive Order 122: Extending the State Health Coordinating Council. He inquired whether anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Jordan asked members to declare conflicts as agenda items came up. Dr. Jordan disclosed that his organization owns and operates a fixed PET scanner facility, he has an affiliation with UNC, and he performs diagnostic radiology procedures in his practice; he stated that he will recuse himself should any issues arise that involves areas of conflict.		
<b>Approval of minutes from May 10, 2017</b>	A motion was made and seconded to approve the minutes.	Mr. Adams Ms. Jarvis	Motion approved



Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee forwarding the MRI section to the SHCC for the final 2018 SMFP.		
<b>Linear Accelerator</b>	<p>Ms. Bennett stated that the Agency received no petitions or comments.</p> <p><b><u>The Prostate Health Center Demonstration Project</u></b>  Ms. Bennett provided an update on this project. In response to a petition, the 2009 SMFP included requirements for a linear accelerator demonstration project. It required the successful CON applicant to provide annual reports and an evaluation at the end of the fourth year. The evaluation concluded that a similar project in other settings might be helpful in areas with where there is evidence of racial disparities in access to health care. Dr. Jordan asked staff to add this topic to the agenda for 2018 for further evaluation and discussion.</p> <p><b><u>Committee Recommendation:</u></b> The Agency recommends to the Committee forwarding the Linear Accelerator section to the SHCC for the final 2018 SMFP.</p>	<p>Ms. Jarvis Mr. DeBiasi</p> <p>Mr. Adams Ms. Jarvis</p>	<p>Motion approved</p> <p>Motion approved</p>
<b>Lithotripsy</b>	<p>The Agency received no petitions or comments for lithotripsy.</p> <p><b><u>Committee Recommendation:</u></b> The Agency recommends to the Committee forwarding the Lithotripsy section to the SHCC for the final 2018 SMFP.</p>	<p>Ms. Jarvis Mr. Adams</p>	<p>Motion approved</p>
<b>Positron Emission Tomography (PET) Scanner</b>	<p>Ms. Bennett stated that the Agency received no petitions, but received two comments; one comment supported the statewide need determination in the Proposed 2018 SMFP and the other addressed the first commenter.</p> <p><b><u>Committee Recommendation:</u></b> The Agency recommends to the Committee forwarding the Positron Emission Tomography (PET) section to the SHCC for the final 2018 SMFP.</p>	<p>Mr. Adams Mr. DeBiasi</p>	<p>Motion approved</p>
<b>Gamma Knife</b>	<p>Ms. Bennett stated that the Agency received no petitions or comments regarding the Gamma Knife section.</p> <p><b><u>Committee Recommendation:</u></b> The Agency recommends to the Committee forwarding the Gamma Knife section to the SHCC for the final 2018 SMFP.</p>	<p>Ms. Jarvis Mr. DeBiasi</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Chapter 9	<p><b>Committee Recommendation:</b> Authorize staff the make updates and changes as necessary to complete the 2018 SMFP, including changes to preambles. Forward Chapter 9 to the SHCC.</p> <p>Mr. Adams requested adding to the March 2018 meeting agenda a discussion regarding whether formal need methodologies are necessary for all sections of Chapter 9. He noted that, as technology has changed, formal methodologies for equipment such as Gamma Knife and Lithotripsy, and perhaps others, may no longer be necessary.</p>	Ms. Jarvis Mr. Adams	Motion approved
Other Business	<p>Dr. Jordan asked if there was any other business that the committee needs to address.</p> <p>He noted that at the September 6, 2017 SHCC meeting, Representative Lambeth requested that the T&amp;E Committee review the upcoming DHHS telemedicine report being developed as a result of House Bill 283 (An Act to Require the Department of Health And Human Services to Study and Recommend a Telemedicine Policy). The policy may affect more than just the T&amp;E Committee. Therefore, once the report has been released, the staff will work with the Council and all of the Committees to determine the impact and identify areas where the SMFP can be aligned with this new policy. Members may expect to learn more about this in 2018 Planning cycle.</p> <p>Dr. Jordan asked if there was any old business the committee needed to address. Dr. Patel asked whether the change in the ratio of diagnostic to interventional cardiac catheterization procedures signaled a patient access issue and/or an issue with standard of care. Dr. Greene mentioned the statewide data on county-level cardiac catheterization rates, noting that medical practices vary greatly across counties. Dr. Patel offered to share his data with Dr. Greene, and perhaps there could be additional discussion early next year.</p> <p>There was no other business to discuss. Dr. Jordan reminded that the next full SHCC meeting is Wednesday, October 4 at 10:00 AM in this room.</p>		
Adjournment	Dr. Jordan requested a motion to adjourn.	Mr. DeBiasi Mr. Adams	Motion approved

## N.C. State Health Coordinating Council Attendance - 2017

		SHCC Meetings (Full Council)					SHCC Committees (Acute Care Service, Long-Term and Behavioral Health, Technology and Equipment)				
Name	Term Expiration	3/1/2017	6/7/2017	9/6/2017	10/4/2017	Total Number of Council Meetings Missed	Committee Assignments	Meeting 1	Meeting 2	Meeting 3	Total Number of Committee Meetings Missed
Robert Adams	12/31/2017	1	1	1	1	0	TE	N/A	1	1	0
Christina Apperson	12/31/2019		1		1	2	ACS	1	1	1	0
Peter Brunnick	12/31/2017	1	1	1	1	0	LTBH	1	1	1	0
James Burgin	12/31/2017	1	1	1	1	0	LTBH		1	1	1
Stephen DeBiasi	12/31/2018	1	1	1	1	0	TE	N/A	1	1	0
Mark Ellis	12/31/2017		1	1	1	1	ACS	1	1	1	0
Sandra Greene	12/31/2017	1	1	1	1	0	ACS	1	1	1-ACS/1-LTBH/1-TE	0
Ralph Hise	12/31/2017					4	TE	N/A			2
Kurt Jakusz*	12/31/2018	1	1	N/A	N/A	0	LTBH	1	1	N/A	0
Valarie Jarvis	12/31/2019			1	1	2	TE	N/A	1	1	0
Lyndon Jordan	12/31/2017	1	1	1	1	0	TE	N/A	1	1	0
Donny Lambeth	12/31/2017		1	1		2	ACS			1	2
Stephen Lawler	12/31/2019	1	1	1		1	SHCC Vice-Chair/ACS	1	1		1
Kenneth Lewis	12/31/2019	1	1	1	1	0	ACS	1	1		1
Brian Lucas	12/31/2017	1	1	1		1	TE	N/A	1		1
James Martin	12/31/2018		1	1		2	LTBH	1	1	1	0
Robert McBride	12/31/2019	1	1	1	1	0	ACS		1	1	1
Denise Michaud	12/31/2017	1	1	1	1	0	LTBH	1	1	1	0
Jaylan Parikh	12/31/2018	1	1	1	1	0	LTBH	1		1	1
Prashant Patel	12/31/2018	1	1	1	1	0	TE	N/A	1	1	0
Thomas Pulliam	12/31/2018	1	1	1		1	LTBH		1	1	1
Christopher Ullrich	12/31/2019	1	1			2	SHCC Chair/TE	1-ACS/1-LTBH	1-ACS/1-LTBH/1-TE		0

**KEY:**

ACS = Acute Care Services Committee

LTBH = Long-Term and Behavioral Health Committee

TE = Technology and Equipment Committee

N/A = SHCC Member did not attend meeting due to resignation or scheduled meeting was officially canceled.