



Delivered Via Email

March 28, 2024

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Re: Comments on Competing Applications for a Certificate of Need for a new Medicare-Certified Home Health Agency in Cleveland County based on a statewide need; CON Project ID Numbers:

Project ID	Name
C-012472-24	CaroMont Partners
C-012487-24	PHC Home Health-Cleveland
C-012490-24	Well Care Home Health of Cleveland

Dear Ms. Mitchell, Mr. McKillip, and Ms. Lightbourne:

On behalf of Personal Home Care of North Carolina, LLC (“PHC”), Project ID C-012487-24, thank you for the opportunity to comment on the above referenced applications for a new Medicare-Certified Home Health Agency in Cleveland County. We understand that your time is limited, so we focused our comments on important issues in this review.

We believe that the applications submitted confirm and support the proposal from PHC as the most qualified to address the identified need.

We understand that the State’s Certificate of Need (“CON”) award for the proposed Home Health Agency must be based upon the statutory review criteria in G.S 131E-183 and that the Agency has discretion in choice of comparative factors when all applicants conform to the statutory review criteria.

In reviewing the applications, we know that the Agency will consider the extent to which each applicant meets all statutory review criteria.

COMPETITIVE METRICS

Regarding comparative metrics, we request that the CON Section consider metrics that have a special bearing in this batch of applications and have been used historically in the recent agency reviews for home health agency applications. Specifically:

- Access by service area residents
- Access by Medicare Patients
- Access by Medicaid Patients
- Competition (access to a new or alternative provider)
- Average Number of Visits per Unduplicated Patient
- Average Net Revenue per Visit
- Average Net Revenue per Unduplicated Patient
- Average Total Operating Cost per Visit
- Ratio of Average Net Revenue per Visit to Operating Cost per Visit
- Registered Nurse Salary
- Licensed Practical Nurse Salary
- Home Health Aid Salary

In this particular review, because of errors in data presented by the competing applicants, four of these are inappropriate for use in a comparative review. We have also suggested other comparative factors, as described below.

Average Net Revenue Per Visit

Well Care has the lowest average net revenue per visit. Generally, regarding this factor, the application proposing the lowest average net revenue per visit is the more effective alternative because a lower average may indicate a lower cost to patients and / or third-party payors. However, as we have shown in [Attachment C](#), Well Care made an incorrect assumption; this error makes them *appear* more favorable than the other applicants. However, after accounting for Well Care's error, PHC-Cleveland *actually* has the lowest average net revenue per visit.

Cost Per Visit

Well Care presents the lowest average cost per visit. However, as demonstrated in [Attachment C](#), Well Care's expenses **are significantly understated**.

Similar to average net revenue, the application proposing the lowest cost per visit is the more effective alternative. This factor may also indicate a lower cost to patients and / or third-party payors. Based on its own actual data, Well Care neither provides the lowest cost per visit, nor is it conforming to applicable criterion. Thus, PHC-Cleveland has the lowest average cost per visit after removing Well Care.

Access by Service Area Residents

Generally, regarding this comparative factor, the application projecting to serve the largest number of service area residents is the more effective alternative. This metric is based on the assumption that residents of a service area should be able to derive a benefit from a need determination for an additional Medicare-certified home health agency or office in the service area where they live. Both Well Care and CaroMont project to serve more patients from Cleveland County than PHC. However, as demonstrated in the attached comments, their methodologies are significantly flawed. The Agency should look more favorably on the most thorough and realistic projection, which PHC has provided. PHC is the only application that considers population growth by age group, use rates by age group, and existing providers.

Demonstrated Understanding of Medicare Reimbursement Rates

This is an important point, because Medicare reimbursement rates affect many of the comparative metrics such as average net revenue per visit, average net revenue per unduplicated patient, and ratio of average net revenue per visit to average total operating cost per visit.

CaroMont assumptions for calculating Medicare rates are vague. In fact, the rates are incorrect for Cleveland County. See the discussion in [Attachment B](#).

In its application, Well Care “projects an average three percent decrease in annual Medicare payments consistent with recent final payment rule adjustments.” As shown in [Attachment E](#), the final payment rule actually increased Medicare payments by three percent. Furthermore, Well Care directs the reader to view a non-existent revenue worksheet. PHC is the only applicant that provides full transparency in how its projected Medicare reimbursement rates are determined, taking into account case-mix and the applicable wage index.

Unnecessary Duplication

As detailed in [Attachment B](#), CaroMont demonstrates that its proposed patient count and approach to admissions will result in both unnecessary duplication and limited patient choice for residents of Cleveland County.

History of Serving Medicaid Patients

Among the three Applicants, PHC demonstrates the best history of service to Cleveland County Medicaid patients. Neither Well Care nor CaroMont have a history of service to Cleveland County Medicaid patients.

Forecast Service to Medicaid Patients

Well Care’s forecast of service to Medicaid patients is the result of two faulty assumptions. First, Well Care’s need and utilization projection is flawed and should be found non-conforming. Second, Well Care’s 15 percent Medicaid payor mix is unreasonable. According to the 2024 SMFP Patient Origin Reports, Well Care has served **only one Cleveland County patient**. Well Care has no history of providing even close to 15 percent Medicaid. See detail in [Attachment E](#).

Alternative Metrics

Well Care and CaroMont are non-conforming. Specifically, the competing applications' need/utilization, revenue, and expense assumptions are not reasonable.

Because the data are faulty, PHC asks that any comparatives be omitted from the review.

This would leave only two traditional comparative metrics: competition (new provider), and RN and HH Aide salaries. Comparison of these metrics only will result in a tie between PHC and Well Care. PHC proposes the Agency use letters indicating intent to refer specific number of patients as the tie breaker. See the Alternate Recommended Scorecard in [Attachment A](#).

Letters of Support

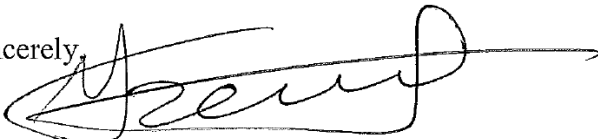
Neither Well Care nor CaroMont submitted any letters of support that included the number of referrals they could expect from providers. PHC has included letters in its application that express not only an ability to refer, but also the number of referrals it can expect to receive from each source. The seven physicians who submitted letters to PHC noted that they each expect to refer 10 patients per month to PHC, which amounts to 840 referrals per year. PHC has also included 27 letters of support that attest to its high quality of service (See [Attachment F](#)). Some letters are from people from outside of the proposed service area that are familiar with PHC's quality of service.

CONCLUSION

As noted on the scorecard in [Attachment A](#), PHC is clearly the most **realistic, cost-effective, and highest-value option** among all applications in this batch. PHC fully conforms to the statutory review criteria. Therefore, because the rules permit only one award, the Agency should approve PHC.

Thank you for the time and attention you and your staff give to reviewing these important and detailed documents. Please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ivan Belov', with a long horizontal flourish extending to the right.

Ivan Belov
Managing Member
Personal Home Care of NC, LLC

ATTACHMENTS

Recommended Scorecard..... A
Comments on CaroMont. B
Comments on Well Care C
2022 Medicare Cost Reports for Well Care Facilities D
Federal Register / Vol. 188, No. 217 / Rules and Regulations, pages 77745-77746..... E
Additional Letters of Support..... F

ATTACHMENT A

Recommended Scorecard

Comparative Metric	PHC	CaroMont	WellCare
Competition (access to a new or alternate provider)	equal	equal	equal
Registered Nurse Salary	less	less	more
Licensed Practical Nurse Salary	equal	equal	equal
Home Health Aide Salary	more	less	less
Letters of Support	more	less	less
Total	2	0	1
Rank 1st to 3rd	1	3	2

Data

Metric	PHC	CaroMont	WellCare
Competition (access to a new or alternate provider)	1	1	1
Registered Nurse Salary	\$ 109,304	\$ 93,058	\$ 113,075
Licensed Practical Nurse Salary	N/A	\$ 61,456	\$ 73,999
Home Health Aide Salary	\$ 50,938	\$ 43,392	\$ 50,746
Expected Referrals	840	0	0

Data Source/Calculation

Metric	PHC	CaroMont	WellCare	Location/Calculation
Competition (access to a new or alternate provider)	Form O, p. 183	Form O, p. 171	Form O, p. 139	Found in table
Registered Nurse Salary	H, p.172	H, p.169	H, p.138	Found in table
Licensed Practical Nurse Salary	H, p.172	H, p.169	H, p.138	Found in table
Home Health Aide Salary	H, p.172	H, p.169	H, p.138	Found in table
Expected Referrals	Exhibit I.2, p. 206	Exhibit I.2, p. 134	Exhibit I.2, p. 42	Sum of referrals in letters

ATTACHMENT B

Competitive Review of – CaroMont Partners / C-012472-24

Overview

This application proposes a closed-system, CaroMont home health program. Its high forecast utilization assumes that a “pattern” defined by one real data point and one estimated data point will sustain for six years. Flaws in assumptions make the application non-conforming to statutory criteria 1, 3, 4, and 5.

Errors in assumptions about Medicare reimbursement rates also make this application non-conforming to Criterion 5.

CON Review Criteria

- 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, ambulatory surgery operating rooms, or home health offices that may be approved.**

Overview

Because the volumes (number of patients and visits) are overstated, the application should not be found conforming to Policy Gen-3. See the discussion in Criterion 3 below.

Access

The Applicant proposes to develop a home health agency office in Shelby (Cleveland County) that serves only Cleveland County residents discharged from CaroMont Hospital in Gaston County. According to the DHSR Patient Origin reports for 2022, 78.1 percent of CaroMont admissions resided in Gaston County. Only 7 percent, 1,434 people, resided in Cleveland County¹. The application does not explain why it would not serve any residents from the county where most CaroMont County patients originate.

For this reason, the application should be found non-conforming to Criterion 1.

¹ Patient Origin Reports, General Acute Care Inpatient Services, 2022 Data page 14
https://info.ncdhhs.gov/dhsr/mfp/pdf/por/2023/02-Facility_Acute-2023.pdf

- 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.**

Information in this application suggests that forecasts of patient need and utilization are overstated. Throughout, the application refers to home health services rather than home health agency services. The proposed CON would be for a Medicare-certified home health agency office in Cleveland County. Throughout, the application discusses home health services, which could include services that are licensed but not Medicare-certified.

This application proposes to serve only residents of Cleveland County. Yet, CaroMont Hospital is in Gastonia, only 35 minutes away. Every letter of support is from Gastonia in Gaston County. The application fails to explain why no proposed patients are from Gaston County.

A careful review of the methodology indicates that CaroMont over-projects home health agency patients from Cleveland County. CaroMont's methodology for projecting the home health patients it proposes to serve is based on two factors:

1. Serving a portion of the 2025 Cleveland County 359.07 home health agency patient deficit identified by the 2024 SMFP.
2. Serving patients CaroMont Regional Medical Center (hospital) will discharge to the proposed CaroMont Home Health.

Many flaws in CaroMont's projections are related to item two. According to the Executive Summary, CaroMont owned a home health agency until 2021. Yet, CaroMont methodology for calculating critical annual change percentages of its discharges is based on only one full one-year period. The applicant provides no details on what happened prior to 2023. To create a second point, CaroMont annualized six months of fiscal year 2024. Using only these two points, CaroMont assumes its future home health discharges will increase by 10.6% annually through 2028. This is extremely optimistic and unreasonable. A longer-term trend with full years would provide a far more reasonable projection.

Table 1 shows the projected population growth for Cleveland County.

Table 1: Cleveland County Population Projections and Growth Rates 2023-2028

Age Groups	2022	2023	2024	2025	2026	2027	2028	7-Yr CAGR
0-17 Population	20,933	20,923	21,029	21,104	21,169	21,253	21,414	0.4%
0-17 Annual Change %		-0.05%	0.51%	0.36%	0.31%	0.40%	0.76%	
18-64 Population	59,470	59,704	59,872	59,990	60,179	60,316	60,378	0.3%
18-64 Annual Change %		0.39%	0.28%	0.20%	0.32%	0.23%	0.10%	
65-74 Population	11,577	11,626	11,688	11,843	12,035	12,204	12,376	1.1%
65-74 Annual Change %		0.42%	0.53%	1.33%	1.62%	1.40%	1.41%	
75+ Population	8,042	8,343	8,583	8,810	8,939	9,122	9,305	2.5%
75+ Annual Change %		3.74%	2.88%	2.64%	1.46%	2.05%	2.01%	
65+ Population	19,619	19,969	20,271	20,653	20,974	21,326	21,681	1.7%
65+ Annual Change %		1.78%	1.51%	1.88%	1.55%	1.68%	1.66%	
Total Population	100,022	100,596	101,172	101,747	102,322	102,895	103,473	0.6%
Total Annual Change %		0.57%	0.57%	0.57%	0.57%	0.56%	0.56%	

The rate of increase in CaroMont’s HH patient discharges (10.6% annual) far exceeds the population growth rate projections for Cleveland County provided in the application. As shown in Table 1, even the high-use 75+ population is projected to grow at only a 2.5% CAGR from 2022 through 2028. It is highly unreasonable to assume that home health patients discharged from CaroMont Hospital will increase 425% (10.6%/2.5%) faster than the most relevant demographic group, even when use rates are taken into account.

Consider the use rate of the 75+ age group. Table 2 below shows the Cleveland County population, home health agency use rates, and calculated patients for the 75+ age group from 2022 through 2028. The 2022 use rate is held flat until 2025, when we use the projected use rate provided by the 2024 SMFP.

Table 2: Cleveland County 75+ Age Group Population, HHA Use Rate, and Patient Projections

Description	2022	2023	2024	2025	2026	2027	2028	2022-2028 CAGR
75+ Population	8,042	8,343	8,583	8,810	8,939	9,122	9,305	2.46%
Use Rate	223.9	223.9	223.9	243.4	243.4	243.4	243.4	1.40%
HHA Patients	1,800	1,868	1,921	2,144	2,176	2,220	2,265	3.90%

Even this forecast, which incorporates use rates for the highest user group and the fastest growing age group, shows that Cleveland County home health agency patients aged 75+ will grow at a six-year CAGR of only 3.90% while the population grows at 2.5%. Total HHA patients will grow less than 3.9%. The CaroMont application provides no alternative information to show special factors to justify its extreme growth rate forecast.

Additionally, CaroMont provides no justification for its projected admissions per month. CaroMont projects it will capture nearly 90% of its own inflated discharges by fiscal year 2028, ramping up rapidly from just 19% in fiscal year 2026. However, capturing that percentage of discharges in such a short timeframe is unlikely, given patient freedom of choice². CaroMont's projected ramp far exceeds the underlying population growth rates in Cleveland County.

Other Flaws

On application page 53, CaroMont shows the inpatient and outpatient discharge data used to calculate the 1.5 years of historic annual change and projected change through 2028. However, CaroMont does not specify whether those outpatients are being discharged to home health agencies or home health care. This distinction is important because this application is for a home health agency.

The methodology projects that CaroMont will serve 912 patients in its third full year of operation. It shows that only 240 of those will be from the 2024 SMFP projected Cleveland County unserved home health agency patients. The only possible source of the remaining 672 patients –74 percent of the total - must be patients who would otherwise be served by existing home health agencies. The application states that CaroMont's deep clinical experience will drive a shift. However, even with its reported deep ties to the community, this applicant supplied no letters from admitting physicians indicating quantified intent to refer home health agency patients to CaroMont.

The letters of referral in Exhibit I.2 are only from people who work at CaroMont Regional Medical Center. Moreover, most of the letters are signed by registered nurses and case managers who are members of the "case management, care navigation, or discharge planning teams". None of these letters expresses a willingness to admit patients, and none specifies how many persons they expect to refer. None of the letters indicate that they've been signed by a physician. CaroMont proposes that most of its home health patients will be Medicare beneficiaries. Medicare rules permit only physicians and qualified mid-levels to admit to home health agencies³.

These issues raise concerns about the reliability of CaroMont's projected growth rates. Without a clear basis for these projections, assessing the reasonableness of the expected increase in home health patients is impossible, and CaroMont's application should be found non-conforming to Criterion 3.

² Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care
<https://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals>

³ Medicare.gov Home Health Services, <https://www.medicare.gov/coverage/home-health-services>, accessed **3.22.2024**.

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.

CaroMont states “One approach, which would involve no capital expenditure, is to not develop a Medicare-certified home health office in Cleveland County. However, CaroMont Partners believes that access to home health services for county residents would be unnecessarily limited by maintaining the status quo. CaroMont Partners is committed to increasing community access to better serve the healthcare needs of Cleveland County, which is consistent with the broader CaroMont Health strategic vision. As such, submitting a CON application allows CaroMont Partners to address the need determination in the 2024 State Medical Facilities Plan.”

However, there is no mention as to why CaroMont Regional Medical Center will dramatically change the pattern of patients discharged to existing home health agencies. This is important, because almost three-quarters of CaroMont’s forecast patients will be persons otherwise served by existing agencies, according to the 2024 SMFP home health agency methodology. CaroMont’s application contains no letters of support from Cleveland County.

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.

It is unclear how CaroMont came up with its Medicare reimbursement rates. On the accompanying assumptions to Form F.5, the applicant states the rates are from the Revenue Worksheet, lines 6-9. However, the Revenue Worksheet contains only the reimbursement rates with no assumptions. CaroMont does provide an excerpt from the Federal Register showing the CY 2024 National Standardized 30-Day Period Payment rate, but CMS and Medicare apply other factors to arrive at a provider’s actual reimbursement rate. An important one is the case-mix weight. Another is the Geographic Wage Index, which adjusts the labor portion of the case mix rate for the applicable wage index. This suggests that the writer may not understand home health agency reimbursement.

Furthermore, CaroMont applied inconsistent inflation assumptions. Table 3 shows CaroMont’s proposed Medicare reimbursement rates by payor type and the annual change percentage.

Table 3: CaroMont Partners Cleveland County Medicare Net Reimbursement per Episode

Medicare Reimbursement Type	06.30.26	06.30.27	06.30.28
Full w/o Outliers	2,099.00	2,161.97	2,226.83
% increase		3.0%	3.0%
Full w/ Outliers	2,623.75	2,623.75	2,623.75
% increase		0.0%	0.0%
PEPs	1,049.50	1,080.99	1,113.41
% increase		3.0%	3.0%
LUPAs	535.00	551.05	567.58
% increase		3.0%	3.0%

Source: CaroMont Partners Form F.5. Annual change percentage calculation = current year divided by prior year minus 1.

CaroMont does not explain why Full Episodes with Outliers is held flat while the others are increased annually by 3%.

The instructions for Section F – Criterion 5, item 4.a. state that the applicant should “describe the assumptions and methodology used to complete each form in 4.b...the description of the assumptions...should address each line item on that form.” The applicant did not provide all of its assumptions and, therefore, should be found non-conforming to Criterion 5.

6. The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

CaroMont proposes creating a new home health agency that primarily serves patients discharged from its own hospital, CaroMont Regional Medical Center. CaroMont’s methodology shows that 672 of the 912 home health patients that it proposes to serve by the third year of operation will be discharged to home health from CaroMont Regional Medical Center.

This method represents a case of unnecessary duplication of services because CaroMont provides no evidence to show that the existing home health agencies in Cleveland County are unable to accommodate the patients that CaroMont Health is discharging to home health. It stands to reason that CaroMont is proposing to decrease the number of patients it is referring to other home health agencies in favor of referring those patients to CaroMont Home Health. In this situation, only CaroMont is the beneficiary, not the discharged patients. The application fails to demonstrate that future discharged patients cannot or will not be served by the existing providers in Cleveland County. In fact, the application implies that discharge planners will attempt to steer patients away from existing agencies. The application does not provide an alternative forecast of need.

Therefore, CaroMont’s application should be denied preventing unnecessary duplication and should be found non-conforming to Criterion 6.

ATTACHMENT C

Competitive Review of – Well Care Home Health of Cleveland / C-012490-24

Overview

Well Care Home Health of Cleveland, LLC (Well Care) applied to acquire one new home health agency in response to the 2024 SMFP need determination for Cleveland County.

As illustrated in the following discussion, the Well Care application is non-conforming with statutory review criteria 1, 3, 5, and 13.

CON Review Criteria

- 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, ambulatory surgery operating rooms, or home health offices that may be approved.**

Overview

Because the volumes (number of patients and visits) are overstated, the application should not be found conforming to the Policy Gen-3. See discussion in Criterion 3 below.

- 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.**

Need:

Well Care's need methodology has significant flaws that render its patient and visit projections unreasonable and inaccurate. The methodology ignores population, use rates, and demographics of its proposed service area. Its shortcut need methodology considers only patients served in prior years. The fundamental issue is that Well Care relies on an unsupported high short-term growth rate that is heavily influenced by the impact of the COVID-19 pandemic. Table Q.2 from page 120 of Well Care's application shows the growth rates used in its need methodology.

Table Q.2
Home Health Patients Served (Unduplicated)

County	FFY2020	FFY2021	FFY2022	2-YR CAGR
Cleveland	3,659	3,315	3,947	3.9%
Burke	2,562	2,617	2,725	3.1%
Catawba	4,802	4,937	4,622	-1.9%
Rutherford	2,449	2,546	2,543	1.9%

Source: 2024 SMFP

Tables 1 and 2 below show the patients served for the counties Well Care Cleveland proposes to serve and CAGRs for different time periods. Table 1 shows a sharp drop in the number of home health patients served in Cleveland County in 2020. This drop is likely attributable to COVID-19 restrictions and patient concerns. This one-time event does not reflect the true long-term demand for home health services. By strategically selecting 2020 as the base year for its growth rate calculation, Well Care significantly overstates the projected growth in number of patients served.

Table 1: Home Health Patients Served in Well Care Cleveland’s Proposed Service Area 2018-2022

County	2018	2019	2020	2021	2022
Cleveland	3,799	4,229	3,659	3,315	3,947
Burke	2,397	2,518	2,562	2,616	2,725
Catawba	4,450	4,953	4,802	4,937	4,622
Rutherford	2,237	2,481	2,449	2,546	2,543

The 3-year and 4-year CAGRs based on Cleveland County data from 2019-2022 and 2018-2022, respectively, the growth is much lower at 1.0% and -2.3%, respectively. They are more reliable predictors of future growth because they are less impacted by the COVID-19 pandemic. The large difference between the 2-year CAGR and the 3-year and 4-year CAGRs shows that the 3.9% growth rate used by Well Care is an aberration driven by short-term factors rather than a reliable indicator of future demand.

Table 2: 2018-2022 CAGRs of Patients Served in Well Care Cleveland’s Proposed Service Area

County	2-yr CAGR	3-yr CAGR	4-yr CAGR
	FFY 2020-2022	FFY 2019-2022	FFY2018-2022
Cleveland	3.9%	1.0%	-2.3%
Burke	3.1%	3.3%	2.7%
Catawba	-1.9%	1.0%	-2.3%
Rutherford	1.9%	3.3%	0.8%

Well Care argues that “as the population continues to grow and age, the need for access to experienced and high-quality home health services will become even greater. While this is true, Table 3 shows that the 3.9% growth rate Well Care used to project Cleveland County patients through 2028 is unreasonable.

Table 3: Cleveland County Population Projections and Growth Rates 2022-2028

Age Groups	2022	2023	2024	2025	2026	2027	2028	7-Yr CAGR
0-17 Population	20,933	20,923	21,029	21,104	21,169	21,253	21,414	0.4%
0-17 Annual Change %		-0.05%	0.51%	0.36%	0.31%	0.40%	0.76%	
18-64 Population	59,470	59,704	59,872	59,990	60,179	60,316	60,378	0.3%
18-64 Annual Change %		0.39%	0.28%	0.20%	0.32%	0.23%	0.10%	
65-74 Population	11,577	11,626	11,688	11,843	12,035	12,204	12,376	1.1%
65-74 Annual Change %		0.42%	0.53%	1.33%	1.62%	1.40%	1.41%	
75+ Population	8,042	8,343	8,583	8,810	8,939	9,122	9,305	2.5%
75+ Annual Change %		3.74%	2.88%	2.64%	1.46%	2.05%	2.01%	
65+ Population	19,619	19,969	20,271	20,653	20,974	21,326	21,681	1.7%
65+ Annual Change %		1.78%	1.51%	1.88%	1.55%	1.68%	1.66%	
Total Population	100,022	100,596	101,172	101,747	102,322	102,895	103,473	0.6%
Total Annual Change %		0.57%	0.57%	0.57%	0.57%	0.56%	0.56%	

Source: NCOSBM Population Projections by Single Group and Sex, 2000-2050; accessed January 2024
 Annual change calculation: current year divided by prior year minus one

Well Care's projected 3.9% patient growth rate far exceeds the population growth projections for Cleveland County, especially among the key 75+ age group that is most likely to need home health services. As shown in Table 3, the 75+ population is only projected to grow at a 2.5% CAGR from 2022-2028. It is highly unreasonable to assume that home health patients will grow over 50% faster than the most relevant and fastest-growing demographic group, even taking into account the use rates.

Well Care's methodology also fails to account for the natural slowing of growth rates over time as markets mature. For example, as seen in the table above, the 75+ age group is projected to have annual growth rates decelerating from 3.74% in 2023 to 2.01% by 2028. By applying a constant 3.9% growth rate throughout the projection period, Well Care ignores this deceleration and likely overstates demand in the later years.

Well Care's patient projections for Cleveland County are exaggerated and should not be relied upon to determine the need for additional home health services. The 3.9% growth rate is unreasonable because it is based on an abnormally high short-term increase, far exceeds population growth rates for key age groups, and fails to account for slowing growth over time. The Agency should reject Well Care's application as it is based on inaccurate and overstated projections of future demand. At the very least, the Agency should look favorably on an applicant that provides a more thorough and accurate methodology.

Market Share

Well Care applies market share projections to its patient projections for Cleveland County to forecast the number of patients it would serve in its first three years of operation. Table Q.6 shows Well Care’s market share projections for its first three years of operation in each of the counties it proposes to serve.

County	SFY2026	SFY2027		SFY2028	
	Year 1 Market Share	Year 2 Gain	YR 2 Market Share	Year 3 Gain	YR 3 Market Share
Cleveland	7.1%	3.0%	10.1%	3.0%	13.1%
Burke	0.4%	1.5%	1.9%	2.0%	3.9%
Catawba	1.3%	1.5%	2.8%	2.0%	4.8%
Rutherford	1.4%	1.5%	2.9%	2.0%	4.9%

Home health patient origin data published by the NC DHSR shows that Well Care served only one Cleveland County patient in 2022 and ranked 15th of 15 providers serving Cleveland County in terms of the number of patients served. By proposing to hold 7.1% of the market share in Cleveland County by the end of its first year, Well Care is projecting a jump from the 15th to fifth-ranked provider in Cleveland County in just one year. Well Care does not provide sufficient evidence to support the feasibility of this rapid increase in market share.

Well Care includes only three letters from providers stating that they could refer patients to its Cleveland facility. These letters provide no estimates of the number of referrals Well Care would receive from these sources. Additionally, the patient origin data indicates that Well Care’s Mecklenburg facility served only 49 patients from any county west of Mecklenburg. Clearly, Well Care does not have strong enough relationships with referral sources in Cleveland County or sufficient experience serving Cleveland County and the surrounding areas to support reaching 323 patients and a 7.1% market share in just one year. Other providers have stronger established relationships.

Well Care cites its market shares in other counties as evidence that its Cleveland County market share projections are reasonable. On page 124 of its Cleveland CON application, Well Care indicates that Well Care Home Health of the Piedmont has a market share of 2.7% in Mecklenburg County based on data from fiscal year 2022. Well Care Home Health of the Piedmont is located in Mecklenburg County and began serving patients in 2020. In three years, Well Care Home Health of the Piedmont achieved only 2.7% market share in Mecklenburg County and ranked 10th among 24 providers.

After three years of operation, Well Care Home Health of the Piedmont served only 477 patients of the total 17,635 patients served in Mecklenburg County in 2022. On page 124 of its CON application, **Well Care projects that it will serve 643 patients from Cleveland County in its third year of operation.** This is 34.8% greater than the number of patients that Well Care served in its third year of operation in Mecklenburg. Well Care provides no explanation for this substantial difference in patient projections.

With regard to the supply of home health providers per resident, the home health market in Cleveland County is more competitive than Mecklenburg County. The ratio of providers serving the county to the number of patients served from that county in 2022 was 3.80 providers per 1000 patients in Cleveland County and 1.36 providers per 1000 patients in Mecklenburg County. The ratio of providers to patients in Cleveland County is more than double that of Mecklenburg County, which means that Cleveland County is more competitive for providers. This would likely result in slower growth for Well Care in Cleveland County as compared to Mecklenburg County. Table 4 shows the provider-to-patient ratios in Cleveland County and Mecklenburg County.

Table 4: Cleveland County Providers to Patient Ratio

	# of Providers Serving County	Total Patients	# of Providers per 1000 Patients
Notes	a	b	c
Cleveland	15	3,947	3.80
Mecklenburg	24	17,635	1.36

a: 2024 SMFP, Chapter 12: Home Health Data by County of Origin, December 2022 Data

b: 2024 SMFP, Chapter 12: Home Health Data by County of Origin, December 2022 Data

c: a/(b/1000)

A comparison of Well Care’s actual growth in Mecklenburg County and its projected growth in Cleveland County reveals that Well Care’s forecasted growth in Cleveland County is substantially overstated.

Visits per Patient

Well Care's assumption of 26.7 visits per unduplicated patient in the proposed Cleveland County agency is unreasonable and unsupported. This is much higher (39 to 107%) than Well Care's actual experience. Table 5 shows where visits per patient range from 12.9 to 19.3.

Table 5: Visits per unduplicated patient at existing Well Care locations compared to the proposed Well Care Cleveland facility

Site	Visits	Unduplicated Patients	Visits per Unduplicated Patient
Notes	a	b	c
New Hanover	163,323	8,480	19.3
Mecklenburg	10,712	832	12.9
Davie	62,787	3,593	17.5
Wake	132,969	7,526	17.7
Cleveland	30,211	1,131	26.7

a: **2022 Medicaid Cost Reports Worksheet S-3 Pt. I, Column 7, line 11.** See *Attachment D*

b: **2022 Medicaid Cost Reports Worksheet S-3 Pt. I, Column 8, line 13.** See *Attachment D*

c: a/b

It is also 24 to 26% higher than the visits per patient Well Care consistently used in its 2023 CON applications.

Table 6: Proposed visits per unduplicated patient in past Well Care applications compared to the proposed Well Care Cleveland facility

Site	Visits	Unduplicated Patients	Visits per Unduplicated Patient
Notes	a	b	c
Brunswick	36,842	1,737	21.2
Forsyth	54,642	2,539	21.5
New Hanover	42,394	1,998	21.2
Onslow	27,018	1,274	21.2
Pitt	22,016	1,034	21.3
Cleveland	30,211	1,131	26.7

a: From respective Well Care CON Applications, Form C.5

b: From respective Well Care CON Applications, Form C.5

c: a/b

Well Care provides no justification for this inflated utilization projection. The characteristics and demographics of Cleveland County do not support such drastically greater visits per patient than Well Care's other service areas.

By using unreasonably high visits per patient assumption, Well Care has artificially padded its application to appear more favorable in a comparative review. However, the application does not demonstrate the need of the population to be served for the proposed number of visits.

For all of these reasons, the application should be found non-conforming to Criterion 3.

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.**

Operating Expenses

In its CON application, Well Care claims an average total operating expense per visit of \$101.90 for year three. However, Well Care’s Medicare cost reports (Form CMS-1728-20) show that expense estimates in this CON application are substantially understated.

Data from Well Care’s Medicare Cost Reports show that as visits increase, the cost per visit decreases, which is expected. Piedmont Home Health Agency has the lowest number of visits (10,712) and the highest cost per visit (\$239.40). The proposed Well Care Cleveland HHA claims it will achieve a cost per visit of \$101.90 on 30,211 visits in 2028, six years after the cost report period illustrated in Table 7 below. By contrast, in 2022, **Well Care’s Wilmington office had the lowest cost per visit (\$144.12), which is seemingly achieved only by providing 5.4 times as many visits (163,323) as Well Care proposes for Cleveland County.**

Table 7 below shows that the more reasonable cost per visit will be slightly more than the \$164 at WellCare’s 2022 Advance office which had twice as many total visits.

Table 7: Well Care FY2022 Medicare Cost Report Average Total Operating Expense per Visit

					a	b	c
CMS MC Cost Report Identifier	License Number	Facility	City	State	Total Operating Cost	Total Visits	Avg Total Operating Cost per Visit
549915	HC1231	Well Care Home Health	Wilmington	NC	\$23,538,860	163,323	\$144.12
550055	HC0074	Well Care HH of the Triangle	Raleigh	NC	\$21,435,856	132,969	\$161.21
550054	HC0496	Well Care HH of the Triad	Advance	NC	\$10,307,720	62,787	\$164.17
550058	HC5130	Well Care HH of the Piedmont	Huntersville	NC	\$2,564,440	10,712	\$239.40
N/A	N/A	Well Care HH of Cleveland	Shelby	NC	\$3,078,502	30,211	\$101.90

- a. **2022 Medicaid Cost Reports Worksheet C Pt. 1, Column 2, line 10. See Attachment D**
- b. **2022 Medicaid Cost Reports Worksheet C Pt. 1, Column 3, line 10. See Attachment D**
- c. **a/b**

Source accessed 02/29/2024: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/Cost-Reports-by-Fiscal-Year>

Cost report summary worksheets in Attachment D show that, in 2022, no Well Care home health agency achieved costs as low as those proposed by Well Care Cleveland's home health agency for FY2028. We note in the discussion of Criterion 3 that visit forecasts are overstated.

Expenses are also understated. The combination will result in unreasonable estimates of costs per visit.

As illustrated in Table 8 below, even at the lowest average operating expense per visit from Table 7, the proposed Cleveland HHA incurs a net loss of over \$900k.

Table 8: Recalculated Well Care Cleveland Net Income Year 3

Notes	Metrics	Based on Wilmington Cost Report 2022	Based on Triad Cost Report 2022	Based on Triangle Cost Report 2022	Based on Piedmont Cost Report 2022
a	Avg Total Operating Cost per Visit: Worksheet C	\$144.12	\$164.17	\$161.21	\$239.40
b	Total Well Care Cleveland Visits Yr3	30,211	30,211	30,211	30,211
c	Recalculated Form F.3b Total Operating Expense	\$4,354,148	\$4,959,729	\$4,870,298	\$7,232,477
d	Well Care Cleveland Net Revenue Yr3	\$3,437,629	\$3,437,629	\$3,437,629	\$3,437,629
e	Recalculated Net Income (Loss)	\$(916,519)	\$(1,522,100)	\$(1,432,669)	\$(3,794,848)

a: From Table 7 above

b: From Well Care Cleveland CON application Form C.5

c: a * b

d: From Well Care Cleveland CON application Form F.2b

e: d – c

Data from these CMS cost reports indicate that information in the CON application is not *“based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.”*

Cost Reports are subject to audit. The differences between the Cost Report and CON Application are significant, and they are inadequately explained in the application. This indicates that Well Care deliberately understates its expenses to appear favorably in a comparative review. This is misleading to the Agency and provides Well Care with an unfair advantage over competitors who provide more accurate cost projections.

For these reasons, the application does not show *“immediate or long-term financial feasibility”* and should be found nonconforming to Criterion 5.

Medicare Reimbursement Rates

With no supporting evidence, “Well Care projects an average three percent decrease in annual Medicare payments consistent with recent final payment rule adjustments.” Form F.2b Assumptions, pg 140. This is a compound decrease of three percent through 2028.

This statement is repeated in the assumptions for Form F.5 on page 142. “Well Care projects an average three percent decrease in annual Medicare payments consistent with recent final payment rule adjustments.”

However, the Medicare payment rate actually increased by 3%. Please see **Attachment E**, which contains pages 77745-77746 from the Federal Register / Vol. 88, No. 217 / Monday, November 13, 2023 / Rules and Regulations. This information was available to Well Care at the time it filed the Cleveland application on February 15, 2024.

On its Form F.2b assumptions (pg 140) Well Care states, “See also the revenue worksheet on the following page”. However, this page is not included in the application. We can still confirm that Well Care is indeed deflating its Medicare Reimbursement rates by 3%. Table 9 shows Well Care’s Medicare Reimbursement Rates from Form F.5 and calculates the annual change percentage.

Table 9: Well Care Cleveland Medicare Reimbursement Rates from Form F.5

Medicare Payor Types	FY2026	FY2027	FY2028
Full Episode without Outlier	2,410	2,337	2,267
Annual change percentage		-3.0%	-3.0%
Full Episode with Outlier	2,660	2,637	2,567
Annual change percentage		-0.9%	-2.7%
Partial Episode Payment (PEP)	1,085	1,052	1,020
Annual change percentage		-3.0%	-3.0%
Low-Utilization Payment Adjustment (LUPA)	171	166	161
Annual change percentage		-2.9%	-3.0%

Annual change percentage calculation: current year divided by prior year minus 1

Further analysis shows the same thing. Table 10 divides Well Care Cleveland’s gross Medicare revenue by total Medicare episodes to get the average reimbursement per Medicare episode. It then calculates the percentage annual change. Note that for FY2026, an adjustment is needed. Well Care projects no Medicare reimbursement during the first project year's first six months. To get the average reimbursement per Medicare episode for FY2026, Medicare gross revenue is multiplied by two and then divided by total Medicare episodes.

Table 10: Well Care Cleveland Average Medicare Reimbursement Rate per Medicare Episode

Notes	Description	FY2026	FY2027	FY2028
a	Gross Medicare Patient Revenue	573,909	2,424,871	3,558,358
b	Total Medicare Patient Episodes	496	1,080	1,634
c	Average Reimbursement per Medicare Episode**	2,314	2,245	2,178
d	Percentage annual change in Medicare Reimbursement		-3.0%	-3.0%

- a. From Form F.2b
- b. Total Medicare Patient Episode Total from Table Q.17, pg 129
- c. a / b.
- c**. FY2026 calculation = a times 2 divided by b
- d. current year divided by prior year minus 1

It is crucial that the Agency understand the impact of Well Care’s assumption. Well Care Cleveland appears more favorable on a comparative metric that the Agency consistently uses in its reviews of HHA CON applications: Average Net Revenue per Visit. Generally, regarding this factor, the application proposing the lowest average net revenue per visit is the more effective alternative since a lower average may indicate a lower cost to the patient or third-party payor. **Well Care has made a significant assumption that is wrong to make its application appear more favorable than the other applicants.**

Because the financial forecasts are not based on reasonable estimates of costs or charges, Well Care’s application should be found non-conforming to criterion 5.

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;**

The Well Care application methodology describes a high proportion of Cleveland County residents who are Medicaid eligible, 33.3 percent in January 2021 and 35.8 percent in January 2024 (page 104). According to the 2022 Medicare cost report data in the CMS database, Well Care Medicaid service was very low at its existing facilities.

Table 11 shows Medicaid enrollment in counties with a Well Care Home Health facility. Table 12 shows the number of Medicaid patients served as a percentage of total patients served by those facilities. Clearly, the applicant’s existing services show a poor track record in comparison to the percentage of the population in the applicant’s service area that is medically underserved.

Table 11: 2022 Medicaid Enrollment in Counties with a Well Care Facility

Notes		a	b	c
County	Facility	Medicaid Enrollment	Population	Medicaid Eligibles as a % of Population
New Hanover	Well Care Home Health	46,431	235,502	19.7%
Davie	Well Care Home Health of the Triad	10,122	43,694	23.2%
Wake	Well Care Home Health of the Triangle	203,653	1,171,331	17.4%
Mecklenburg	Well Care Home Health of the Piedmont	288,854	1,143,390	25.3%

Note:

a: NC Medicaid Enrollment Dashboard

b: NCOSBM Sex and Single Years of Age Population Data

c: (a/b)*100

Table 12: 2022 Well Care Medicaid Service History

Notes		a	b	c
County	Facility	Medicaid Patients	Total Patients	Medicaid Patients as a % of Total Patients
New Hanover	Well Care Home Health	162	8,480	1.9%
Davie	Well Care Home Health of the Triad	32	3,593	0.9%
Wake	Well Care Home Health of the Triangle	70	7,526	0.9%
Mecklenburg	Well Care Home Health of the Piedmont	14	832	1.7%

Note:

a: 2022 Medicaid Cost Reports Worksheet S-3 Part I, Column 4, line 13. See Attachment D

b: 2022 Medicaid Cost Reports Worksheet S-3, Part I Column 8, line 13. See Attachment D

c: (a/b)*100

Source accessed 02/29/2024: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Cost-Reports/Cost-Reports-by-Fiscal-Year>

Furthermore, Well Care provides no supporting basis for its 15% Medicaid payor mix projection. Well Care asserts that its payor mix projection is based on four criteria, the first and second of which are “1) Well Care’s experience serving Cleveland County residents via Well Care Home Health of the Piedmont, Inc., 2) Well Care’s overall enterprise experience for home health services throughout North Carolina”. Well Care does not have sufficient experience serving Cleveland County residents to use that as a basis for its payor mix projection. According to patient origin data published by the NC DHSR, Well Care Home Health of the Piedmont has served only one patient from Cleveland County since it began serving patients in 2020.

Additionally, Tables 11 and 12 above demonstrate that “Well Care’s overall enterprise experience for home health services throughout North Carolina” does not justify a 15% Medicaid payor mix because Medicaid patients make up less than 2% of the patients Well Care serves at each of its existing locations where more than 17% of the population is Medicaid eligible. Well Care does not provide sufficient evidence to justify a 15% Medicaid payor mix projection. Therefore, the application should be found non-conforming to Criterion 13a.

ATTACHMENT D

FY22 Medicare Cost Report - Worksheet S-3, Parts I-III

WellCare Home Health

Wilmington, NC

STATISTICAL DATA	HHA CCN:	PERIOD: FROM: 2022-01-01 2022-12-31	WORKSHEET S-3 PARTS I, II, & III
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PART I - VISITS DATA

DESCRIPTION	TITLE XVIII - MEDICARE		TITLE XIX - MEDICAID		OTHER		TOTAL		
	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	
	1	2	3	4	5	6	7	8	
1 Skilled Nursing Care - RN	20,045	3,383	1,408	153	16,744	3,165	38,197	6,701	1
2 Skilled Nursing Care - LPN	17,402	2,765	985	120	15,907	2,583	34,294	5,468	2
3 Physical Therapy	12,091	3,535	189	74	10,948	3,336	23,228	6,945	3
4 Physical Therapy Assistant	16,516	2,984	144	48	15,095	2,765	31,755	5,797	4
5 Occupational Therapy	5,534	2,413	71	41	4,992	2,190	10,597	4,644	5
6 Certified Occupational Therapy Assistant	5,213	1,604	37	17	4,360	1,377	9,610	2,998	6
7 Speech-Language Pathology	2,534	668	32	11	2,028	549	4,594	1,228	7
8 Medical Social Service	1,492	930			1,621	1,011	3,113	1,941	8
9 Home Health Aide	4,141	676	17	5	3,777	638	7,935	1,319	9
10 All Other Services									10
11 Total Visits	84,968		2,883		75,472		163,323		11
12 Home Health Aide Hours	2,975		13		2,546		5,534		12
13 Unduplicated Census Count		4,283		162		4,035		8,480	13

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

1400 Number of hours in your normal work week	0	40.00							14
	0		STAFF	CONTRACT	TOTAL				
			1	2	3				
15 Administrator and Assistant Administrator(s)									15
16 Director and Assistant Director(s)					1			1	16
17 Other Administrative Personnel			13.53					13.53	17
18 Nursing Supervisor			8.7					8.7	18
19 Registered Nurses			27.94		3.56			31.5	19
20 Licensed Practical Nurses			16.44		2.74			19.18	20
21 Physical Therapy Supervisor									21
22 Physical Therapists			16.46		2.01			18.47	22
23 Physical Therapy Assistants			16.67		0.24			16.91	23
24 Occupational Therapy Supervisor									24
25 Occupational Therapists			7.11		0.36			7.47	25
26 Occupational Therapy Assistants			5.47		0.06			5.53	26
27 Speech-Language Pathology Supervisor									27
28 Speech-Language Pathologists			3.29					3.29	28
29 Medical Social Services Supervisor									29
30 Medical Social Services			2.32					2.32	30
31 Home Health Aide Supervisor									31
32 Home Health Aides			4.72					4.72	32
33									33

PART III - CORE BASED STATISTICAL AREA DATA

34 Enter the total number of CBSAs where Medicare covered services were provided during the cost reporting period		1	6	34
		CBSA Codes		
35 List all CBSA codes for areas where Medicare covered home health services were provided. (see instructions)		24140		35
35.01		27340		35.01
35.02		34820		35.02
35.03		35100		35.03
35.04		48900		35.04
35.05		99934		35.05

FY22 Medicare Cost Report - Worksheet

C WellCare Home Health

Wilmington, NC

APPORTIONMENT OF PATIENT SERVICE COSTS	HHA CNN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET C PARTS I & II
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PART I - AGGREGATE HHA COST PER VISIT AND AGGREGATE MEDICARE COST COMPUTATION

PATIENT SERVICES		FROM WKST. B, COL. 10, LINE:	TOTAL		AVERAGE COST PER VISIT	HHA MEDICARE PROGRAM VISITS	HHA MEDICARE PROGRAM COSTS	
			COST	VISITS				
			1	2				
1	Skilled Nursing Care - RN	16	7,225,264	38,197	189	19,987	3,780,741	1
2	Skilled Nursing Care - LPN	17	3,340,905	34,294	97	17,320	1,687,314	2
3	Physical Therapy	18	5,700,670	23,228	245	12,054	2,958,293	3
4	Physical Therapy Assistant	19	2,614,330	31,755	82	16,445	1,353,917	4
5	Occupational Therapy	20	2,037,065	10,597	192	5,504	1,058,034	5
6	Certified Occupational Therapy	21	948,128	9,610	99	5,233	516,288	6
7	Speech-Language Pathology	22	822,203	4,594	179	2,475	442,951	7
8	Medical Social Services	23	462,019	3,113	148	1,456	216,100	8
9	Home Health Aide Services	24	388,276	7,935	49	4,211	206,044	9
10	Total (sum of lines 1-9)		23,538,860	163,323	\$ 144.12	84,685	12,219,682	10

PART II - SUPPLIES, DRUGS, AND DISPOSABLE DEVICES COST COMPUTATION

OTHER PATIENT SERVICES		FROM WKST. B, COL. 10 LINE:	TOTAL COST	TOTAL CHARGES	RATIO	MEDICARE COVERED CHARGES		COST OF MEDICARE SERVICES				
						OPPS REIMBUR SED SERVICES	HHA SERVICES		OPPS REIMBURSED SERVICES	HHA SERVICES		
							NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR		NOT SUBJECT TO DED & COINSUR		SUBJECT TO DED & COINSUR
1	2	3	4	5	6	7	8	9				
11	Cost of Medical Supplies	25	803,640	541,671	1		535,099			793,889	11	
12	Cost of Drugs	26									12	
13	Cost of Administering Vaccines	27									13	
14	Disposable Devices	29									14	

FY22 Medicare Cost Report - Worksheet S-3, Parts I-III

WellCare Home Health of the Triangle

Raleigh, NC

STATISTICAL DATA	HHA CCN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET S-3 PARTS I, II, & III
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PART I - VISITS DATA

DESCRIPTION	TITLE XVIII - MEDICARE		TITLE XIX - MEDICAID		OTHER		TOTAL		
	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	
	1	2	3	4	5	6	7	8	
1 Skilled Nursing Care - RN	10,566	1,652	515	44	18,296	2,672	29,377	4,368	1
2 Skilled Nursing Care - LPN	6,216	1,093	409	30	9,277	1,611	15,902	2,734	2
3 Physical Therapy	8,883	2,349	165	55	15,788	4,175	24,836	6,579	3
4 Physical Therapy Assistant	11,228	1,888	68	24	18,629	3,334	29,925	5,246	4
5 Occupational Therapy	3,400	1,503	54	26	6,428	2,698	9,882	4,227	5
6 Certified Occupational Therapy Assistant	3,778	963	36	14	6,907	1,750	10,721	2,727	6
7 Speech-Language Pathology	1,178	263	13	5	1,798	394	2,989	662	7
8 Medical Social Service	735	547			1,735	1,201	2,470	1,748	8
9 Home Health Aide	2,480	354	100	8	4,287	600	6,867	962	9
10 All Other Services									10
11 Total Visits	48,464		1,360		83,145		132,969		11
12 Home Health Aide Hours	1,630		60		2,636		4,326		12
13 Unduplicated Census Count		2,717		70		4,739		7,526	13

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

0	0								
14 Number of hours in your normal work week	40.00								14

	0	STAFF	CONTRACT	TOTAL	
		1	2	3	
15 Administrator and Assistant Administrator(s)					15
16 Director and Assistant Director(s)		0.93	1	1.93	16
17 Other Administrative Personnel		12.37		12.37	17
18 Nursing Supervisor		7.03		7.03	18
19 Registered Nurses		22.79	5.44	28.23	19
20 Licensed Practical Nurses		10.2	2.15	12.35	20
21 Physical Therapy Supervisor					21
22 Physical Therapists		20.97	0.2	21.17	22
23 Physical Therapy Assistants		16.85		16.85	23
24 Occupational Therapy Supervisor					24
25 Occupational Therapists		7	0.59	7.59	25
26 Occupational Therapy Assistants		6.78		6.78	26
27 Speech-Language Pathology Supervisor					27
28 Speech-Language Pathologists		2.77	0.25	3.02	28
29 Medical Social Services Supervisor					29
30 Medical Social Services		1.23		1.23	30
31 Home Health Aide Supervisor					31
32 Home Health Aides		3.72		3.72	32
33					33

PART III - CORE BASED STATISTICAL AREA DATA

	1	
34 Enter the total number of CBSAs where Medicare covered services were provided during the cost reporting period.	10	34
	CBSA Codes	
35 List all CBSA codes for areas where Medicare covered home health services were provided. (see instructions)	15500	35
35.01	20500	35.01
35.02	22180	35.02
35.03	24140	35.03
35.04	24660	35.04
35.05	39580	35.05

FY22 Medicare Cost Report - Worksheet C
WellCare Home Health of the Triangle
Raleigh, NC

APPORTIONMENT OF PATIENT SERVICE COSTS	HHA CCN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET C PARTS I & II
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PART I - AGGREGATE HHA COST PER VISIT AND AGGREGATE MEDICARE COST COMPUTATION

PATIENT SERVICES		FROM WKST. B, COL. 10, LINE:	TOTAL		AVERAGE COST PER VISIT	HHA MEDICARE PROGRAM VISITS	HHA MEDICARE PROGRAM COSTS	
			COST	VISITS				
			1	2				
1	Skilled Nursing Care - RN	16	6,031,212	29,377	205	10,500	2,155,650	1
2	Skilled Nursing Care - LPN	17	1,940,414	15,902	122	6,196	756,036	2
3	Physical Therapy	18	5,804,337	24,836	234	8,801	2,056,882	3
4	Physical Therapy Assistant	19	3,094,738	29,925	103	11,075	1,145,377	4
5	Occupational Therapy	20	1,959,542	9,882	198	3,359	666,056	5
6	Certified Occupational Therapy	21	1,129,544	10,721	105	3,693	389,094	6
7	Speech-Language Pathology	22	594,999	2,989	199	1,149	228,720	7
8	Medical Social Services	23	503,057	2,470	204	722	147,050	8
9	Home Health Aide Services	24	378,013	6,867	55	2,484	136,744	9
10	Total (sum of lines 1-9)		21,435,856	132,969	\$ 161.21	47,979	7,681,609	10

PART II - SUPPLIES, DRUGS, AND DISPOSABLE DEVICES COST COMPUTATION

OTHER PATIENT SERVICES		FROM WKST. B, COL. 10 LINE:	TOTAL COST	TOTAL CHARGES	RATIO	MEDICARE COVERED CHARGES		COST OF MEDICARE SERVICES				
						OPPS REIMBUR SED SERVICES	HHA SERVICES		OPPS REIMBURSED SERVICES	HHA SERVICES		
							NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR		NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR	
							4	5		6	7	8
11	Cost of Medical Supplies	25	642,540	425,481	2		369,643			558,216		11
12	Cost of Drugs	26										12
13	Cost of Administering Vaccines	27										13
14	Disposable Devices	29										14

FY22 Medicare Cost Report - Worksheet S-3, Parts I-III

WellCare Home Health of the Triad

Advance, NC

STATISTICAL DATA	HHA CCN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET S-3 PARTS I, II, & III
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PART I - VISITS DATA

DESCRIPTION	TITLE XVIII - MEDICARE		TITLE XIX - MEDICAID		OTHER		TOTAL		
	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	
	1	2	3	4	5	6	7	8	
1 Skilled Nursing Care - RN	2,783	488	216	27	9,438	1,699	12,437	2,214	1
2 Skilled Nursing Care - LPN	2,109	347	67	14	7,614	1,236	9,790	1,597	2
3 Physical Therapy	2,435	677	35	13	8,680	2,500	11,150	3,190	3
4 Physical Therapy Assistant	3,272	569	24	11	11,194	2,103	14,490	2,683	4
5 Occupational Therapy	869	388	21	9	3,506	1,581	4,396	1,978	5
6 Certified Occupational Therapy Assistant	959	230	18	4	3,513	924	4,490	1,158	6
7 Speech-Language Pathology	593	108	8	2	1,670	345	2,271	455	7
8 Medical Social Service	132	117			627	530	759	647	8
9 Home Health Aide	754	108	2	1	2,248	437	3,004	546	9
10 All Other Services									10
11 Total Visits	13,906		391		48,490		62,787		11
12 Home Health Aide Hours	547		1		1,719		2,267		12
13 Unduplicated Census Count		767		32		2,794		3,593	13

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

0		STAFF	CONTRACT	TOTAL
		1	2	3
14	Number of hours in your normal work week	40.00		14
15	Administrator and Assistant Administrator(s)			15
16	Director and Assistant Director(s)	0.9	1	1.9
17	Other Administrative Personnel	4.67		4.67
18	Nursing Supervisor	3.77		3.77
19	Registered Nurses	7.46	1.54	9
20	Licensed Practical Nurses	5.33	1.14	6.47
21	Physical Therapy Supervisor			21
22	Physical Therapists	9.24	0.46	9.7
23	Physical Therapy Assistants	8.23		8.23
24	Occupational Therapy Supervisor			24
25	Occupational Therapists	3.71		3.71
26	Occupational Therapy Assistants	2.54		2.54
27	Speech-Language Pathology Supervisor			27
28	Speech-Language Pathologists	1.78		1.78
29	Medical Social Services Supervisor			29
30	Medical Social Services	0.71		0.71
31	Home Health Aide Supervisor			31
32	Home Health Aides	2.1		2.1
33				33

PART III - CORE BASED STATISTICAL AREA DATA

		1	
34	Enter the total number of CBSAs where Medicare covered services were provided during the cost reporting period.	4	34
		CBSA Codes	
35	List all CBSA codes for areas where Medicare covered home health services were provided. (see instructions)	16740	35
35.01		24660	35.01
35.02		35100	35.02
35.03		49180	35.03
35.04			35.04
35.05			35.05

FY22 Medicare Cost Report - Worksheet C

WellCare Home Health of the Triad

Advance, NC

APPORTIONMENT OF PATIENT SERVICE COSTS	HHA CCN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET C PARTS I & II
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PART I - AGGREGATE HHA COST PER VISIT AND AGGREGATE MEDICARE COST COMPUTATION

PATIENT SERVICES		FROM WKST. B, COL. 10, LINE:	TOTAL		AVERAGE COST PER VISIT	HHA MEDICARE PROGRAM VISITS	HHA MEDICARE PROGRAM COSTS	
			COST	VISITS				
			1	2				
1	Skilled Nursing Care - RN	16	2,692,404	12,437	216	2,545	550,942	1
2	Skilled Nursing Care - LPN	17	1,299,463	9,790	133	2,300	305,279	2
3	Physical Therapy	18	2,722,539	11,150	244	2,475	604,321	3
4	Physical Therapy Assistant	19	1,482,852	14,490	102	3,259	333,526	4
5	Occupational Therapy	20	890,839	4,396	203	863	174,887	5
6	Certified Occupational Therapy	21	441,713	4,490	98	959	94,346	6
7	Speech-Language Pathology	22	451,794	2,271	199	600	119,364	7
8	Medical Social Services	23	150,611	759	198	132	26,193	8
9	Home Health Aide Services	24	175,505	3,004	58	746	43,581	9
10	Total (sum of lines 1-9)		10,307,720	62,787	\$ 164.17	13,879	2,252,439	10

PART II - SUPPLIES, DRUGS, AND DISPOSABLE DEVICES COST COMPUTATION

OTHER PATIENT SERVICES		FROM WKST. B, COL. 10 LINE:	TOTAL COST	TOTAL CHARGES	RATIO	MEDICARE COVERED CHARGES		COST OF MEDICARE SERVICES			
						OPPS REIMBUR SED SERVICES	HHA SERVICES		OPPS REIMBURSED SERVICES	HHA SERVICES	
							NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR		NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR
		1	2	3	4	5	6	7	8	9	
11	Cost of Medical Supplies	25	253,308	165,395	2		83,552			127,963	11
12	Cost of Drugs	26									12
13	Cost of Administering Vaccines	27									13
14	Disposable Devices	29									14

FY22 Medicare Cost Report - Worksheet S-3, Parts I-III

WellCare Home Health of the Piedmont

Huntersville, NC

STATISTICAL DATA	HHA CCN:	PERIOD: FROM: 2022-01-01 TO: 2022-12-31	WORKSHEET S-3 PARTS I, II, & III
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PART I - VISITS DATA

DESCRIPTION	TITLE XVIII - MEDICARE		TITLE XIX - MEDICAID		OTHER		TOTAL		
	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	VISITS	PATIENT CENSUS	
	1	2	3	4	5	6	7	8	
1 Skilled Nursing Care - RN	734	174	32	10	1,436	402	2,202	586	1
2 Skilled Nursing Care - LPN	671	128	11	3	1,199	301	1,881	432	2
3 Physical Therapy	601	178	22	9	1,574	519	2,197	706	3
4 Physical Therapy Assistant	511	120	3	3	1,274	352	1,788	475	4
5 Occupational Therapy	192	111	8	6	526	290	726	407	5
6 Certified Occupational Therapy Assistant	127	49	4	2	397	149	528	200	6
7 Speech-Language Pathology	171	51	3	2	467	136	641	189	7
8 Medical Social Service	65	53			191	155	256	208	8
9 Home Health Aide	221	38			272	56	493	94	9
10 All Other Services									10
11 Total Visits	3,293		83		7,336		10,712		11
12 Home Health Aide Hours	186				223		409		12
13 Unduplicated Census Count		220		14		598		832	13

PART II - EMPLOYMENT DATA (FULL TIME EQUIVALENT)

14 Number of hours in your normal work week	0	40.00							14
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	STAFF 1	CONTRACT 2	TOTAL 3	
15 Administrator and Assistant Administrator(s)				15
16 Director and Assistant Director(s)	0.93		1	1.93
17 Other Administrative Personnel	0.98			0.98
18 Nursing Supervisor	0.89			0.89
19 Registered Nurses	3.82	1.14		4.96
20 Licensed Practical Nurses	2.34			2.34
21 Physical Therapy Supervisor				21
22 Physical Therapists	2.61			2.61
23 Physical Therapy Assistants	1.85			1.85
24 Occupational Therapy Supervisor				24
25 Occupational Therapists	0.88	0.05		0.93
26 Occupational Therapy Assistants	0.89			0.89
27 Speech-Language Pathology Supervisor				27
28 Speech-Language Pathologists	1.00			1
29 Medical Social Services Supervisor				29
30 Medical Social Services	0.99			0.99
31 Home Health Aide Supervisor				31
32 Home Health Aides	0.96			0.96
33				33

PART III - CORE BASED STATISTICAL AREA DATA

	1	2	
34 Enter the total number of CBSAs where Medicare covered services were provided during the cost reporting period.			34
	CBSA Codes		
35 List all CBSA codes for areas where Medicare covered home health services were provided. (see instructions)	16740		35
35.01	99934		35.01
35.02			35.02
35.03			35.03
35.04			35.04
35.05			35.05

FY22 Medicare Cost Report - Worksheet C
WellCare Home Health of the Piedmont
Huntersville, NC

APPORTIONMENT OF PATIENT SERVICE COSTS

HHA CNN:

PERIOD:
FROM: 2022-01-01
TO: 2022-12-31

WORKSHEET C
PARTS I & II

PART I - AGGREGATE HHA COST PER VISIT AND AGGREGATE MEDICARE COST COMPUTATION

COST PER VISIT COMPUTATION

PATIENT SERVICES	FROM WKST. B, COL. 10, LINE:	TOTAL		AVERAGE COST PER VISIT	HHA MEDICARE PROGRAM VISITS	HHA MEDICARE PROGRAM COSTS	
		COST	VISITS				
		1	2	3	4	5	
1 Skilled Nursing Care - RN	16	1,009,044	2,202	458	710	325,350	1
2 Skilled Nursing Care - LPN	17	310,511	1,881	165	636	104,991	2
3 Physical Therapy	18	462,161	2,197	210	599	126,006	3
4 Physical Therapy Assistant	19	204,920	1,788	115	504	57,763	4
5 Occupational Therapy	20	169,528	726	234	194	45,301	5
6 Certified Occupational Therapy	21	113,711	528	215	119	25,628	6
7 Speech-Language Pathology	22	139,824	641	218	172	37,518	7
8 Medical Social Services	23	103,115	256	403	63	25,376	8
9 Home Health Aide Services	24	51,626	493	105	210	21,991	9
10 Total (sum of lines 1-9)		2,564,440	10,712	\$ 239.40	3,207	769,924	10

PART II - SUPPLIES, DRUGS, AND DISPOSABLE DEVICES COST COMPUTATION

OTHER PATIENT SERVICES	FROM WKST. B, COL. 10 LINE:	TOTAL COST	TOTAL CHARGES	RATIO	MEDICARE COVERED CHARGES			COST OF MEDICARE SERVICES			
					OPPS REIMBURSED SERVICES	HHA SERVICES		OPPS REIMBURSED SERVICES	HHA SERVICES		
						NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR		NOT SUBJECT TO DED & COINSUR	SUBJECT TO DED & COINSUR	
						4	5		6	7	
11 Cost of Medical Supplies	25	23,357	17,291	1		16,301				22,020	11
12 Cost of Drugs	26										12
13 Cost of Administering Vaccines	27										13
14 Disposable Devices	29										14

report data. We are also finalizing that the labor-related share based on the 2021-based home health market basket will be 74.9 percent and the non-labor-related share will be 25.1 percent. The following are the steps we take to compute the case-mix and wage-adjusted 30-day period payment amount for CY 2024:

- Multiply the national, standardized 30-day period rate by the patient's applicable case-mix weight.
- Divide the case-mix adjusted amount into a labor (74.9 percent) and a non-labor portion (25.1 percent).
- Multiply the labor portion by the applicable wage index based on the site of service of the beneficiary.
- Add the wage-adjusted portion to the non-labor portion, yielding the case-mix and wage adjusted 30-day period payment amount, subject to any additional applicable adjustments.

We provide annual updates of the HH PPS rate in accordance with section 1895(b)(3)(B) of the Act. Section 484.225 sets forth the specific annual percentage update methodology. In accordance with section 1895(b)(3)(B)(v) of the Act and § 484.225(i), for an HHA that does not submit home health quality data, as specified by the Secretary, the unadjusted national prospective 30-day period rate is equal to the rate for the previous calendar year increased by the applicable home health payment update percentage, minus 2 percentage points. Any reduction of the percentage change would apply only to the calendar year involved and would not be considered in computing the prospective payment amount for a subsequent calendar year.

The final claim that the HHA submits for payment determines the total payment amount for the period and whether we make an applicable adjustment to the 30-day case-mix and wage-adjusted payment amount. The end date of the 30-day period, as reported on the claim, determines which calendar year rates Medicare will use to pay the claim.

We may adjust a 30-day case-mix and wage-adjusted payment based on the information submitted on the claim to reflect the following:

- A LUPA is provided on a per-visit basis as set forth in §§ 484.205(d)(1) and 484.230.
- A partial payment adjustment as set forth in §§ 484.205(d)(2) and 484.235.
- An outlier payment as set forth in §§ 484.205(d)(3) and 484.240.

(2) CY 2024 National, Standardized 30-Day Period Payment Amount

Section 1895(b)(3)(A)(i) of the Act requires that the standard prospective payment rate and other applicable amounts be standardized in a manner that eliminates the effects of variations in relative case-mix and area wage adjustments among different home health agencies in a budget-neutral manner. To determine the CY 2024 national, standardized 30-day period payment rate, we will continue our practice of using the most recent, complete utilization data at the time of rulemaking; that is, we are using CY 2022 claims data for CY 2024 payment rate updates. We apply a permanent behavioral adjustment factor, a case-mix weights recalibration budget neutrality factor, a wage index budget neutrality factor, a labor-related share budget neutrality factor and the home health payment update percentage to update the CY 2024 payment rate. As discussed in section II.C.1 of this final rule, we finalized a permanent behavior adjustment of -2.890 percent to ensure that payments under the PDGM do not exceed what payments would have been under the 153-group payment system as required by law. The final permanent behavior adjustment factor is 0.97110 . As discussed previously, to ensure the changes to the PDGM case-mix weights are implemented in a budget neutral manner, we apply a case-mix weight budget neutrality factor to the CY 2024 national, standardized 30-day period payment rate. The final case-mix weight budget neutrality factor for CY 2024 is 1.0124 .

Additionally, we apply a wage index budget neutrality factor to ensure that wage index updates and revisions are implemented in a budget neutral manner. To calculate the wage index budget neutrality factor, we first

determine the payment rate needed for non-LUPA 30-day periods using the CY 2024 wage index, so those total payments are equivalent to the total payments for non-LUPA 30-day periods using the CY 2023 wage index and the CY 2023 national standardized 30-day period payment rate adjusted by the case-mix weights recalibration neutrality factor. Then, by dividing the payment rate for non-LUPA 30-day periods using the CY 2024 wage index with a 5-percent cap on wage index decreases by the payment rate for non-LUPA 30-day periods using the CY 2023 wage index with a 5-percent cap on wage index decreases, we obtain a wage index budget neutrality factor of 1.0012 . We then apply the wage index budget neutrality factor of 1.0012 to the 30-day period payment rate. After we apply the wage index budget neutrality factor, we also apply a labor-related share budget neutrality factor so that aggregate payments do not increase or decrease due to changes in the labor-related share values. In order to calculate the labor-related share budget neutrality factor, we simulate total payments using CY 2022 home health utilization claims data with the CY 2024 HH PPS wage index and the CY 2024 labor-related share (labor-related share of 74.9 percent and non-labor-related share of 25.1 percent) and compare it to our simulation of total payments using the CY 2024 HH PPS wage index with the CY 2023 labor-related share (labor-related share of 76.1 percent and non-labor-related share of 23.9 percent). By dividing the base payment amount using the finalized labor-related share and CY 2024 wage index and payment rate by the base payment amount using the CY 2023 labor-related share and CY 2024 wage index and payment rate, we obtain a labor-related share budget neutrality factor of 0.9998 .

Next, we update the 30-day period payment rate by the final CY 2024 home health payment update percentage of 3.0 percent. The CY 2024 national, standardized 30-day period payment rate is calculated in Table B24.

TABLE B24: CY 2024 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT

CY 2023 National Standardized 30-Day Period Payment	CY 2024 Permanent BA Adjustment Factor	CY 2024 Case-Mix Weights Recalibration Neutrality Factor	CY 2024 Wage Index Budget Neutrality Factor	CY 2024 Labor-Related Share Neutrality Factor	CY 2024 HH Payment Update	CY 2024 National, Standardized 30-Day Period Payment
\$2,010.69	0.97110	1.0124	1.0012	0.9998	1.030	\$2,038.13

The CY 2024 national, standardized 30-day period payment rate for an HHA that does not submit the required

quality data is updated by the final CY 2024 home health payment update percentage of 1.0 percent (3.0 percent

minus 2 percentage points) and is shown in Table B25.

TABLE B25: CY 2024 NATIONAL, STANDARDIZED 30-DAY PERIOD PAYMENT AMOUNT FOR HHAs THAT DO NOT SUBMIT THE QUALITY DATA

CY 2023 National Standardized 30-Day Period Payment	CY 2024 Permanent BA Adjustment Factor	CY 2024 Case-Mix Weights Recalibration Neutrality Factor	CY 2024 Wage Index Budget Neutrality Factor	CY 2024 Labor-Related Share Neutrality Factor	CY 2024 HH Payment Update Minus 2 Percentage Points	CY 2024 National, Standardized 30-Day Period Payment
\$2,010.69	0.97110	1.0124	1.0012	0.9998	1.010	\$1,998.56

(3) CY 2024 National Per-Visit Rates for 30-Day Periods of Care

The national per-visit rates are used to pay LUPAs and are also used to compute imputed costs in outlier calculations. The per-visit rates are paid by type of visit or home health discipline. The six home health disciplines are as follows:

- Home health aide (HH aide).
- Medical Social Services (MSS).
- Occupational therapy (OT).
- Physical therapy (PT).
- Skilled nursing (SN).
- Speech-language pathology (SLP).

To calculate the final CY 2024 national per-visit rates, we started with the CY 2023 national per-visit rates. Then we applied a wage index budget neutrality factor to ensure budget neutrality for LUPA per-visit payments. We calculated the wage index budget neutrality factor by simulating total payments for LUPA 30-day periods of care using the CY 2024 wage index with a 5-percent cap on wage index decreases and comparing it to simulated total payments for LUPA 30-day periods of care using the CY 2023 wage index with 5-percent cap. By dividing the total

payments for LUPA 30-day periods of care using the CY 2024 wage index by the total payments for LUPA 30-day periods of care using the CY 2023 wage index, we obtained a wage index budget neutrality factor of 1.0012. We apply the wage index budget neutrality factor to calculate the CY 2024 national per-visit rates. In order to calculate the labor-related share budget neutrality factor for the national per visit amounts, we simulate total payments for LUPA 30-day periods using CY 2022 home health utilization claims data with the CY 2024 HH PPS wage index and the CY 2024 labor-related share (labor-related share of 74.9 percent and non-labor-related share of 25.1 percent) and compare it to our simulation of total payments for LUPA 30-day periods using the CY 2024 HH PPS wage index with the CY 2023 labor-related share (labor-related share of 76.1 percent and non-labor-related share of 23.9 percent). By dividing the payment amounts for LUPA 30-day periods using the CY 2024 labor-related share and CY 2024 wage index and payment rate by the payment amounts for LUPA 30-day periods using the CY 2023 labor-related share and CY 2024

wage index and payment rate, we obtain a labor-related share budget neutrality factor of 0.9999.

The LUPA per-visit rates are not calculated using case-mix weights. Therefore, no case-mix weight budget neutrality factor is needed to ensure budget neutrality for LUPA payments. Additionally, we are not applying the permanent adjustment to the per visit payment rates but only to the case-mix adjusted 30-day payment rate. Lastly, the per-visit rates for each discipline are updated by the final CY 2024 home health payment update percentage of 3.0 percent. The national per-visit rates are adjusted by the wage index based on the site of service of the beneficiary. The per-visit payments for LUPAs are separate from the LUPA add-on payment amount, which is paid for episodes that occur as the only episode or initial episode in a sequence of adjacent episodes. The CY 2024 national per-visit rates for HHAs that submit the required quality data are updated by the finalized CY 2024 home health payment update percentage of 3.0 percent and are shown in Table B26.

ATTACHMENT F

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Alice McCoy. I am a 65-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

Many residents, particularly people between the ages of 50 and 64 have not qualified for Medicaid in the past but will qualify under North Carolina's Medicaid expansion program. Medicaid beneficiaries need special home health accommodations, and PHC understands how to serve them. PHC Mecklenburg is already serving some residents and I am impressed by PHC staff's quality care. PHC accepts Medicaid, military, and some difficult and complex home health patients. Their history of working people regardless of their culture or language is widely recognized. I believe PHC's proposed new Cleveland home health agency office will provide important access to the full spectrum of the county's populations and believe, it will result in increased rates of home health agency use in Cleveland and surrounding communities.

I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Alice McCoy
Title House Keeping
Address 912 Fallston Rd
Shelby

NP
LE
AD

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Paula Lynch. I am a 1-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

Many residents, particularly people between the ages of 50 and 64 have not qualified for Medicaid in the past but will qualify under North Carolina's Medicaid expansion program. Medicaid beneficiaries need special home health accommodations, and PHC understands how to serve them. PHC Mecklenburg is already serving some residents and I am impressed by PHC staff's quality care. PHC accepts Medicaid, military, and some difficult and complex home health patients. Their history of working people regardless of their culture or language is widely recognized. I believe PHC's proposed new Cleveland home health agency office will provide important access to the full spectrum of the county's populations and believe, it will result in increased rates of home health agency use in Cleveland and surrounding communities.

I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Paula Lynch
Title Bom
Address 1809 Oakhurst
Drive Shelby NC 28152

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Monetta. I am a 35-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

Many residents, particularly people between the ages of 50 and 64 have not qualified for Medicaid in the past but will qualify under North Carolina's Medicaid expansion program. Medicaid beneficiaries need special home health accommodations, and PHC understands how to serve them. PHC Mecklenburg is already serving some residents and I am impressed by PHC staff's quality care. PHC accepts Medicaid, military, and some difficult and complex home health patients. Their history of working people regardless of their culture or language is widely recognized. I believe PHC's proposed new Cleveland home health agency office will provide important access to the full spectrum of the county's populations and believe, it will result in increased rates of home health agency use in Cleveland and surrounding communities.

I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name: Monetta Sims
Title: RCC
Address: 715 Dellinger Rd #213
Shelby NC 28152

Ne
G
M

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Cassidy. I am a 12-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Cassidy Boss
Title _____
Address 213 Bell Rd
Kings Mt 28086

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Tyler Ross. I am a 12-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Tyler Ross

Title _____

Address 213 Bell Rd
Kings Mtn 28086

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Jaydan. I am a 26-year resident of Caldwell County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Jaydan Hush
Title _____
Address 2340 Alfred Hartley Rd
Lenoir, NC 28645

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Kathy Barrett. I am a 59-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Kathy Barrett
Title Executive Director
Address 309 Stowe Acres
Kings Mountain NC 28086

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Spring Neal I am a 32-year resident of Cleveland County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Spring Neal
Title R.D.D.
Address 104 Sador St.
Cherryville NC 28021

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Preston. I am a 24-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Preston Black
Title Office Manager
Address 304 Durham Rd
Stanley, NC 28164

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Judy Wall. I am a 72-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Judy Wall
Title _____
Address 136 Gibraltar pt Rd
Dallas, NC 28034

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is William Wall. I am a 74-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name William Wall

Title _____

Address 136 Gibraltar Pt Rd
Dallas, NC 28034

March 18, 2024

Ms. Micheala Mitchell, Chief

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

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Jennifer Crawford I am a 7-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Jennifer Crawford
Title _____
Address 908 Honeywood Lane
Gastonia, NC 28056

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is La Rubia. I am a 30-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name La Rubia R. Thomas
Title Office Assistant/CHA
Address 510 W. 6th Ave Apt B
Gastonia, NC 28052

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Shawn. I am a 48-year resident of Caston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Shawn Avery
Title _____
Address 220 Kingsford Dr
Stanley, NC 28164

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Miranda Black. I am a 27-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

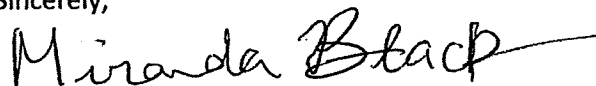
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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,



Name Miranda Black
Title Foster Care SW
Address 330 Dr Martin Luther King Jr Way
Gastonia, NC 28052

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Kim Gann-McGill I am a 40-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Kim Gann-McGill
Title _____
Address 4336 Hickory Hollow Rd
Gastonia, NC 28056

March 21, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Tamikia Harvey I am a 19-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

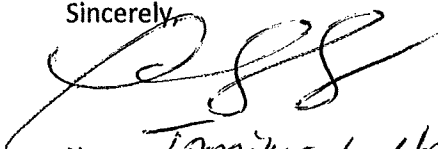
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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,



Name Tamikia L. Harvey
Title Supervisor of DHHS
Address 330 Dr. Martin Luther King Jr. Way
Gastonia, NC 28052

March 18, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Mary Nichols. I am a 22-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

Many residents, particularly people between the ages of 50 and 64 have not qualified for Medicaid in the past but will qualify under North Carolina's Medicaid expansion program. Medicaid beneficiaries need special home health accommodations, and PHC understands how to serve them. PHC Mecklenburg is already serving some residents and I am impressed by PHC staff's quality care. PHC accepts Medicaid, military, and some difficult and complex home health patients. Their history of working people regardless of their culture or language is widely recognized. I believe PHC's proposed new Cleveland home health agency office will provide important access to the full spectrum of the county's populations and believe, it will result in increased rates of home health agency use in Cleveland and surrounding communities.

I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Mary Nichols
Title Office Coordinator
Address 517 S. Mulberry St.
Cherryville NC 28021

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Kathy. I am a 69-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Kathy Norton
Title _____
Address 430, B S. College St.
Dallas, NC 28034

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is David Robbins. I am a 50-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name David Robbins
Title _____
Address 4265 College St,
Dallas, NC 28034

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March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Carrie. I am a 49-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Carrie Robbins
Title _____
Address 4265 College St, Dallas,
NC 28034

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Curtis. I am a 32-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Curtis Brooks
Title _____
Address 2826 Douglas Dr
Gastonia, NC 28054

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Chris Williams I am a 52-year resident of Gaston County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Chris Williams
Title _____
Address 2815 Beechwood Cir.
Gastonia, 28054

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Charlie. I am a 66 year resident of Lincoln County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Charlie Avery
Title _____
Address 186 Gallup Ln
Lincolnton, NC 28092

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Jane. I am a 64-year resident of Lincoln County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Jane Avery
Title _____
Address 186 Gallup Ln
Lincolnton, NC 28092

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Justin Kinan. I am a 4-year resident of Rutherford County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Justin Kinan
Title _____
Address _____

March 26, 2024

Ms. Micheala Mitchell, Chief
Healthcare Planning and Certificate of Need Section
Division of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Community Support Letter for Personal Home Care Of North Carolina, LLC's Certificate of Need Application to Develop A New Medicare-Certified Home Health Office in Cleveland County.

Dear Ms. Mitchell,

My name is Allison. I am a 4-year resident of Rutherford County. I am writing this letter to express support for Personal Home Care of NC's ("PHC") Certificate of Need application to establish a Medicare-certified home health office in Cleveland County.

PHC has a strong reputation as a first-class health care provider and has been serving residents of North Carolina and South Carolina for over 10 years.

PHC has demonstrated capacity and willingness to care for people who are underserved and under resourced. I am aware of the work PHC Mecklenburg County office has done to reduce health care disparities and improve home health agency access for multicultural populations. I also understand that PHC was among the few who reached out to COVID-19 positive home health patients throughout the pandemic. Cleveland and surrounding counties have some unique challenges. Even the urbanized areas are more like rural communities than urban. They are cautious about strangers, and they want affirmation that trusted known entities have had a positive experience before they will accept referrals to new providers.

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I sincerely urge the state of North Carolina to examine the strong merits of PHC's proposal and grant its approval as quickly as possible.

Sincerely,

Name Allison Martin
Title _____
Address _____
