



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 14, 2020

Sean A. Timmons
stimmons@polsinelli.com

No Review

Record #: 3346
Facility Name: Trellis Supportive Care Rowan
FID #: 031047
Business Name: Hospice & Palliative Care Center
Business #: 0965
Project Description: Merger of subsidiary with parent company
County: Rowan

Dear Mr. Timmons:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the above referenced proposal. Based on the CON law in effect on the date of this response to your request, the proposal described in that correspondence is not governed by, and therefore, does not currently require a certificate of need. If the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

You may need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if they have any requirements for development of the proposed project.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

[Handwritten signature of Misty L. Piekaar-McWilliams]

Misty L. Piekaar-McWilliams
Project Analyst

[Handwritten signature of Martha J. Frisone]

Martha J. Frisone
Chief

cc:

Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



555 Fayetteville Street, Suite 720, Raleigh, NC 27601 • (919) 832-1744

September 2, 2020

Sean A. Timmons
919.832.1721
919.832.1794 Fax
stimmons@polsinelli.com

Martha Frisone, Chief
Healthcare Planning and Certificate of Need
NC DHHS
809 Ruggles Drive
Raleigh, NC 27603

**Re: Request for No Review Determination/Notice of Exempt Acquisition
Pursuant to N.C. Gen. Stat. § 131E-184(a)(8)
Merger of Trellis Supportive Care Rowan, LLC into
Hospice & Palliative CareCenter d/b/a Trellis Supportive Care**

Dear Ms. Frisone:

We are writing to notify you concerning an upcoming transaction between our client, Hospice & Palliative CareCenter d/b/a Trellis Supportive Care (“Trellis”) and its wholly owned subsidiary Trellis Supportive Care Rowan, LLC (“TSC Rowan”). The purpose of this letter is to provide notice to the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section (the “CON Section”) of the merger of TSC Rowan with and into Trellis.

Pursuant to the proposed Agreement and Plan of Merger, effective on October 1, 2020, TSC Rowan will merge with and into Trellis, with Trellis being the surviving corporation. The parties will be submitting a change of ownership application to the Licensure Section to effectuate the transfer of the license. Since this transaction involves the merger of a wholly owned subsidiary with and into its parent, we would contend this transaction would not be subject to review by the Agency.

In the alternative, this transaction would be exempt from certificate of need (“CON”) review under N.C. Gen. Stat. § 131E-184(a)(8).

Under North Carolina law, a CON is required only prior to the offering or developing of a “new institutional health service.” “New institutional health service” includes a variety of services and activities. However, the North Carolina General Assembly has exempted certain types of services or proposals from CON review under N.C. Gen. Stat. § 131E-184. N.C. Gen. Stat. §

polsinelli.com

Atlanta Boston Chattanooga Chicago DallasDenver Dunkirk Edwardsville Houston Jefferson City
Kansas CityLos Angeles Miami Nashville New York Overland Park Phoenix Raleigh St. Joseph
St. Louis San Francisco Seattle Silicon Valley Washington, D.C. Wilmington

Polsinelli PC, Polsinelli LLP in California



Ms. Martha Frisone
September 2, 2020
Page 2

131E-184(a)(8) provides that the acquisition of an existing health service facility is exempt from CON review, upon prior written notice to the Agency. The CON Statute at N.C. Gen. Stat. § 131E-176(9b) defines “health service facility” to include a “hospice office.” Thus, to the extent the transaction described herein does not meet the requirements of a “no review” determination by the Agency, then it would be exempt from review pursuant to N.C. Gen. Stat. § 131E-184(a)(8) and the correspondence is intended to serve as the statutory required notice.

Based on the foregoing information we hereby request the Agency confirmation that this transaction either qualifies for a “no review” determination by the Agency or is exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(8).

Please contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Sean A. Timmons".

Sean A. Timmons

081573 / 586371

From: [Frisone, Martha](#)
To: [Waller, Martha K](#)
Subject: FW: [External] No Review Request - Trellis Supportive Care [FIRM-ACTIVE.FID5429502]
Date: Wednesday, September 2, 2020 3:04:22 PM
Attachments: [image001.png](#)
[# 74675834 v 1 \(CON Letter - TrellisTSC Rowan\)-c.PDF](#)

Martha J. Frisone

Chief

[Division of Health Service Regulation](#), Healthcare Planning and Certificate of Need
[NC Department of Health and Human Services](#)

Help protect your family and neighbors from COVID-19.

[Know the 3 Ws. Wear. Wait. Wash.](#)

#StayStrongNC and get the latest at nc.gov/covid19.

Office: 919-855-3879

martha.frisone@dhhs.nc.gov

809 Ruggles, Edgerton
2704 Mail Service Center
Raleigh, NC 27699-2704

[Twitter](#) | [Facebook](#) | [Instagram](#) | [YouTube](#) | [LinkedIn](#)

From: Sean Timmons <STimmons@Polsinelli.com>
Sent: Wednesday, September 2, 2020 3:03 PM
To: Frisone, Martha <martha.frisone@dhhs.nc.gov>
Subject: [External] No Review Request - Trellis Supportive Care [FIRM-ACTIVE.FID5429502]

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to report.spam@nc.gov

Hi Martha,

I hope you are doing well. I am submitting the attached No Review/Exemption Request on behalf of our client Hospice & Palliative CareCenter d/b/a Trellis Supportive Care.

Please let me know if you have any questions.

Best,
Sean

Sean Timmons

Shareholder

stimmons@polsinelli.com

919.832.1721

555 Fayetteville Street, Suite 720
Raleigh, NC 27601



Polsinelli PC, Polsinelli LLP in California

polsinelli.com

This electronic mail message contains CONFIDENTIAL information which is (a) ATTORNEY - CLIENT PRIVILEGED COMMUNICATION, WORK PRODUCT, PROPRIETARY IN NATURE, OR OTHERWISE PROTECTED BY LAW FROM DISCLOSURE, and (b) intended only for the use of the Addressee(s) named herein. If you are not an Addressee, or the person responsible for delivering this to an Addressee, you are hereby notified that reading, copying, or distributing this message is prohibited. If you have received this electronic mail message in error, please reply to the sender and take the steps necessary to delete the message completely from your computer system.

Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

REVIEWED EXB 12/30/16

JW 2/8/17 DE
MO 2/9/17 QC

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

For Official Use Only
License # HOS3918
FID #: 090801
PC _____ Date _____

Hospice Agency
2017 Annual Data Supplement to Licensure Application
(Reporting 2016 Fiscal Year Data)

Please read all directions for each section carefully.

SECTION A Identification and Contact Information

License No: HOS3918
Legal Identity of Applicant: Rowan Hospice & Palliative Care, LLC
Agency d/b/a: Rowan Hospice & Palliative Care, LLC
Agency Site Address: Street: 720 Grove Street
City: Salisbury State: NC Zip: 28144
County: Rowan
Agency Phone #: (704)637-7645
Agency Fax #: (704)637-9901
REPORTING PERIOD: October 1, 2015 – September 30, 2016 (FY2016)
 July 1, 2015 – June 30, 2016

- If your agency or facility was not open for an entire twelve-month period, please specify the time period covered in this data supplement in the space provided below:

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

Print Name: Dianne Linville **Telephone:** 336.768.3972

E-Mail: Dianne.Linville@hospicecarecenter.org **Fax:** 336.659.0461

CEO/DIRECTOR SIGNATURE: I certify the information submitted herewith in this data supplement is accurate.

Print Name: Linda W. Darden **Title:** President/CEO

Signature: Linda W. Darden **Date:** 11-29-2016

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION B Program Demographics

1. AGENCY TYPE (Select one based on Medicare Cost Report Status)

- Free Standing
- Hospital Based
- Home Health Based (dually certified)
- Nursing Home Based

2. CENSUS ON 9/30/2016: _____ (Only this license number)
(If zero, explanation required) _____

3. MEDICARE CERTIFICATION

Is this facility Medicare certified? Yes or No (Required)
Medicare Provider Number: 34 -- 1505 (Example Medicare Provider Number: 34-5113)

4. ACCREDITATION STATUS

- Accredited by:
- ACHC
 - CHAP
 - TJC
 - DNV
 - Other
 - Not accredited

5. TAX STATUS (Select one)

- Voluntary (not for profit)
- Proprietary (for profit)
- Government

Reported on License # HOS2425

SECTION C Patient Volume

1. AVERAGE DAILY CENSUS AND LENGTH OF STAY: Please review the definitions carefully before completing the following questions. (NOTE: For FY2016 count multiple admissions and discharges for the same patient as discrete events).

a. Average Length of Stay (ALOS) _____

Divide the total days of care provided to died/discharged patients for FY2016 by the total number of patients that died/discharged in FY2016 (NOTE: Use total days of care from admission to death or other discharge, even if the admission is outside the reporting period).

b. Median Length of Stay (MLOS) _____

The midpoint for all died/discharged patients for FY2016 (same populations as for ALOS, above). Half of the patients have a LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of stay.

c. Average Daily Census (ADC) _____

ADC is computed as follows: Take all patient days for the reporting period and divide by the number of days in that period.

d. Total Number of Deaths _____

Must agree with the total number of deaths in sections D, E, and I.

Number of Patients Who Died in ≤ 7 days (stays of 7 days or fewer) _____
{Include the number of deaths for patients who died for the reporting period with stays of 7 days or fewer.}

Number of Patients Who Died in ≥ 180 days (stays of 180 days or more) _____
{Include the number of deaths for all patients who died for the reporting period with stays of 180 or more consecutive days.}

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION C Patient Volume (continued)

2. LEVEL OF CARE AND PAY SOURCE:

- Include all patients who received services in FY2016. Do not count re-admissions within the same payment source.
- Patients who change primary pay source during this time should be reported for each pay source with the number of days of care recorded for each pay source (count each day only once even if there is more than one pay source on any given day).
- The number of patients served may be higher than the actual number of patients served due to a change in pay source.

Hospice Payment Source	Number of Patients Served	(a) Days of Routine Home Care	(b) Days of Inpatient Care	(c) Days of Respite Care	(d) Days of Continuous Care	Sum of (a thru d) Total Patient Care Days
Hospice Medicare						
Hospice Medicaid						
Private Insurance						
Self Pay *						
Other **						
Total						

NOTE: Total Days of Care should agree to Total Days of Care in Section I.

* *Self Pay included charity/indigent care and foundation help; does NOT include any commercial or government 3rd party payer.*

** *Other Payment Sources (to be used rarely) may include but are not limited to VA, Workers Comp, Home Health Benefit (only for non-Medicare Certified agencies).*

SECTION D Number of Unduplicated Admissions and Deaths by Location

Please report the number of new admissions and deaths in each location during FY2016. For admissions, use location on the first day of care. Patients can start in one location and finish at another location.

New Unduplicated Admissions:

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times during FY2016 are counted only once. **Do not include patients carried over from FY2015.**

Deaths:

Include all patients who died during FY2016 regardless of date of admission.

For questions, contact the *Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.*

Location of Care	Number of New Unduplicated Admissions	Number of Deaths
(1) Home - Private residence of either the patient or the caregiver		
(2) Nursing Facility - A licensed long term care facility providing nursing and supportive services		
(3) Hospice Unit - An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).		
(4) Hospital - An acute care facility not operated by the hospice (may be a floating or scattered bed contract).		
(5) Free Standing Hospice Inpatient Facility or Residence - An inpatient facility and/or residence operated entirely by a hospice.		
(6) Residential Care Setting - A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)		
Totals (Sum 1 – 6)		

NOTE: Number of Admissions must match the Number of Admissions in Sections E, G and I.
 Number of Deaths must match the Number of Deaths in Sections C, E and I.

SECTION E Number of Patients by Principle/Primary Diagnosis

Please provide data for FY2016, regardless of payment source. Data provided should be based only on patient principle/primary diagnosis. The revised list in the table consists of **ICD-10-CM Codes Categories**.

New (Unduplicated) Admissions:

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. **Do not include patients carried over from FY2015.**

Deaths:

Include all patients who died in FY2016, regardless of date of admission.

Live Discharges:

Include all live discharges that occurred during FY2016, regardless of when the admission occurred. Count multiple discharges for the same patient as discrete events. *(Example: A patient discharges alive, is later readmitted and discharges alive again. The patient is counted as 2 separate discharges.)*

Patient Days:

Include the total number of days services were provided by **your hospice** for all patients who died or were discharged in FY2016. Count **all** days of service in FY2016 for each patient. For patients who had multiple episodes of care, count all days in each episode.

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

Principle/Primary Diagnosis		Number of New (Unduplicated) Admissions	Number of Deaths	Number of Live Discharges	Patient Days for Patients Who Died or Were Discharged
ICD-10-CM Codes	Categories				
A00-B99	Infectious and Parasitic Diseases				
C00-D99	Neoplasms				
D50-D99	Diseases of The Blood and Blood-Forming Organs				
E00-E99	Endocrine, Nutritional and Metabolic Diseases, And Immunity Disorders				
F01-F99	Mental, Behavioral and Neurodevelopmental Disorders				
G00-G99, H00-H99	Diseases of The Nervous System and Sense Organs				
I00-I99	Diseases of The Circulatory System				
J00-J99	Diseases of The Respiratory System				
K00-K99	Diseases of The Digestive System				
L00-L99	Diseases of The Skin and Subcutaneous Tissue				
M00-M99	Diseases of The Musculoskeletal System and Connective Tissue				
N00-N99	Diseases of The Genitourinary System				
Q00-Q99	Congenital Anomalies				
S00-T99	Injury and Poisoning, Classification of External Causes of Injury and Poisoning				
	All Others				
TOTAL					

NOTE: Number of Admissions must equal Sections D, G and I. Number of Deaths must equal Sections C, D and I.

SECTION F Productivity and Cost of Care

Complete this section using the following definitions.

Direct Care:

Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

FTE:

One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

Calculations:

- **Total FTEs:** Divide paid hours by 2080 (may include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.
- **On-call FTEs:** First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.
- **Home Hospice FTEs:** Includes all staff involved in delivery of hospice care to patients in all settings (home, hospital, nursing home, etc.). Do not include inpatient staff when completing this section.

1. STAFFING BY DISCIPLINE - FY2016

	Staffing by Discipline	Total Home Hospice FTEs
1	Nursing – Direct Clinical Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>	
2	Nurse Practitioner Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.	
3	Social Services Include medical social services staff as defined by CMS for the cost report. Do not include chaplains, bereavement staff or volunteer coordinators.	
4	Hospice Aides	
5	Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.	
6	Physicians – Volunteer	
7	Chaplains	
8	Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists and dietitians. Do not include volunteers.	
9	Clinical (add rows 1 – 8) Includes all direct care time (above 8 rows). This is the total of Nursing-Direct clinical, NP, Social Services, Aides, Physicians, Chaplains & Other Clinical.	
10	Nursing – Indirect Clinical Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc).	
11	Bereavement Include all paid staff providing bereavement services, including pre-death grief support. <i>Do not include volunteers.</i>	
12	Non-Clinical Include all administrative and general staff.	
13	Total (add rows 9-12) Include <u>all</u> staff time. This is the total of Clinical, Indirect Clinical, Bereavement and Non-Clinical.	

For questions, contact the *Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.*

2. VISITS BY DISCIPLINE

Please provide the following information for FY2016. Count **all** visits, regardless of setting (hospital, nursing home, residential facility, etc.). If you own/operate a hospice, inpatient or residential facility – **do not include visits to your facility here.**

Discipline	Total Visits
Nursing Include visits made by RNs and LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.	
Nurse Practitioners Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.	
Social Services Include visits made by medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains, bereavement staff, or volunteer coordinators.</i>	
Hospice Aides	
Physicians – Paid Include visits made by medical directors and other physicians providing direct care to patient. <i>Exclude volunteer physicians.</i>	
Physicians – Volunteer	
Chaplains	
Other Clinical Include any paid staff in addition to those captured above who make visits as part of direct care to patients or families. Include therapists, nurse practitioners, and dieticians. <i>Do not include volunteers or bereavement staff.</i>	

3. CASELOADS

Caseload is the preferred number of patients for which a staff member has responsibility or to which she/he is assigned at a time. Enter a single number for FY2016. Do not enter a range.

Discipline	Average Caseload
Primary Nurse/Nurse Case Manager - RN with primary responsibility for the patient's care.	
Social Worker – Social Worker with medical social services duties, as defined by CMS. Include only those patients who receive visits in determining Social Worker caseloads.	
Hospice Aide	
Chaplain - Include only those patients who receive visits in determining chaplain caseload.	
Volunteer Coordinator - Include only those patients who are assigned a volunteer in determining volunteer coordinator caseload.	
Medical Director - Include only those patients whom the medical director is the attending physician in determining caseload.	

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION G Patient Demographics for New (Unduplicated) Admissions

Only include patients admitted for the first time during FY2016. Patients who are admitted multiple times are counted only once.

1. GENDER

- a. Female _____
- b. Male _____

- Total** _____
 (Required)

3. ETHNICITY all patients should be categorized as Hispanic or non-Hispanic, and further categorized by Race below

- a. Hispanic (as defined by U.S. Census Bureau) _____
- b. Non-Hispanic _____

- Total (must equal Race total)** _____
 (Required)

2. AGE

Use patient's age on the first day of admission in FY2016

- a. < 1 _____
- b. 1 - 4 _____
- c. 5 - 14 _____
- d. 15 - 20 _____
- e. 21 - 24 _____
- f. 25 - 34 _____
- g. 35 - 64 _____
- h. 65 - 74 _____
- i. 75 - 84 _____
- j. 85 + _____

- Total** _____
 (Required)

4. RACE

- a. American Indian or Alaskan Native _____
- b. Asian _____
- c. Black or African American _____
- d. Hawaiian or Other Pacific Islander _____
- e. White _____
- f. Some other race or races _____

- Total (must equal Ethnicity total)** _____
 (Required)

NOTE: Number of Admissions must agree to the number of admissions in Sections D, E and I.

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION H Processes of Care

1. DIRECT PATIENT CARE VOLUNTEERS

Provide the following information during FY2016.

Do **not** include volunteer medical director hours when entering responses in this section. Medical director’s volunteer hours should be entered in Section F: Productivity and Cost of Care.

Number of Volunteers:

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service. Some volunteers participate in multiple types of activities, such as spending time with patients *and* assisting with fundraising mailings. If **any** of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category, regardless of the proportion of time spent providing direct care.

Volunteer Hours:

For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

Volunteers	Number	Hours	Visits
(1) Direct Patient Care Volunteers – Defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend “tuck-in” program (do not include phone calls as a visit).			
(2) Clinical Support Volunteers - Report the number/hours for volunteers who provide patient care and clinical support. These volunteers are combined with Direct Patient Care Volunteers, to meet the Medicare Condition of Participation regarding 5% volunteer hours. <i>Medicare interpretive guidelines define administrative volunteers in this context as supporting patient care activities (e.g., clerical duties), rather than general support (e.g., fundraising).</i>			
(3) General Support Volunteers - Report the number and the hours for volunteers who provide general support, such as those who help with fundraising and members of the board of directors. These volunteers <i>do not contribute to the 5% Medicare requirement.</i>			
All Hospice Volunteers - Sum of (1-3) above.			

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

2. BEREAVEMENT SERVICES

Provide the following information for FY2016.

- In calculating responses for the questions below, include all bereavement clients who received services during FY2016, both those currently on bereavement rolls and those who were discharged from bereavement services.
- Information entered under Community Members should include bereavement services provided to individuals in the community who were **not** associated with a family member or friend admitted to hospice.

Bereavement Services	Hospice Family Members	Community Members	Total
Total Number of Contacts by Visit Include any face-to-face one-to-one contact with individuals, regardless of setting. Do not include support group or camp services.			
Total Number of Contacts by Phone Call			
Total Number of Mailings to the Bereaved			
Total Number of Individuals Who Received Bereavement Services Include all individuals enrolled for bereavement, including those served through support groups and camps.			

SECTION I Patient Volume (Required)

PATIENTS SERVED BY COUNTY OF PRIMARY RESIDENCE:

Please complete the following information (for FY2016) for each patient this agency served by county of the patient’s primary residence.

Column

- A. **County of Primary Residence:** List patients by county of primary residence.
- B. **Number of New (Unduplicated) Admissions:** Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. **Do not include patients carried over from FY2015.** Total number of unduplicated admissions must equal the total admissions in **Sections D, E and G.**
- C. **Number of Deaths:** Include all deaths that occurred during the FY2016.
- D. **Number of Non-Death Discharges:** Live discharges that occurred in FY2016.
- E. **Number of Patients Served:** Includes carryover patients from prior year, new admissions and re-admissions. Patients admitted multiple times in FY2016 are counted **only** once.
- F–I. **Days of Care:** Totals **must** agree to the Days of Care totals in **Section C, 2.** This includes **all** Days of Care in FY2016 regardless of when the admission occurred.

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION J Inpatient and Residential Information

Completion of this entire Section is required. Please provide the following information for FY2016.

Please refer to license # HOS 4599

1. Facility Name: _____

2. Number of Licensed Inpatient Beds: _____

Number of Licensed Residential Beds: _____

3. Where is the facility located? (Select one)

- On campus of Free Standing Hospice
- in Hospital
- in Nursing Home
- other (please specify): _____

4. Did the facility open during FY2016? Yes or No

If yes, please note the date the facility was licensed: _____

If yes, please note the date the facility was Medicare certified: _____

5. Did the facility add beds during FY2016? Yes or No

If yes, please note how many beds were added: _____

If yes, please note the date the beds were licensed: _____

6. Did the facility convert any residential beds to inpatient beds during FY2016? Yes or No

If yes, please note how many beds were converted: _____

If yes, please note the date the beds were licensed: _____

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

SECTION L Inpatient and Residential Staffing Information

1. Facility Staffing by Discipline - Staffing Information for FY2016

Complete this section using the following definitions and calculation instructions:

Direct Care: Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

FTE: One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

Calculations: Total FTEs: Divide paid hours by 2080 (can include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

Staffing by Discipline		Facility FTEs	
		Inpatient	Residential
1	Nursing – Direct Clinical Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>		
2	Social Services Include medical social services staff as defined by CMS for the cost report. Do not include bereavement counselors.		
3	Hospice Aides		
4	Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians.</i>		
5	Physicians – Volunteer		
6	Chaplains		
7	Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>		
8	Non-Clinical Include all administrative and general staff or contract staff.		

2017 HOSPICE DATA SUPPLEMENT OVERVIEW

There are a total of twelve sections in this data supplement form on 14 pages. Please answer **all** of the questions in the designated location on **each page that applies to this licensed agency**.

Please be sure to double check all calculated totals throughout this document. This includes both row and column totals. Also, please double check to make sure all section totals that are required to match another section total match before submitting this form to DHSR.

Section A collects information regarding this particular hospice agency. Select one of two choices for your facility's reporting period.

DHSR Healthcare Planning staff will contact the person who is listed under the **Contact Name** if the form is submitted **incomplete** or if there are any questions regarding data contained on the form.

Section E collects data for FY2016 based only on patient principle/primary diagnosis (*use ICD-10-CM Code list provided*) regardless of payment source. Do **not** include patients carried over from FY2015.

Section G is patient demographics for new, **unduplicated** admissions.

Section I collects the number of patients by county of the patient's primary residence in FY2016 for this licensed agency.

Section J collects information on the number of licensed inpatient and residential beds for this licensed agency, if applicable.

Section K collects, by county of primary residence, inpatient and residential patient information for this licensed agency, if applicable. Total days of inpatient care days **do not include respite days**.

Section L collects inpatient and residential staffing information for FY2016 for this licensed agency, if applicable.

If you have questions, please call Healthcare Planning at (919) 855-3865 or email us at DHSR.SMFP.Hospice-Inventory@dhhs.nc.gov.

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2017, this license is issued to

Rowan Hospice & Palliative Care, LLC

to operate a hospice known as

Rowan Hospice & Palliative Care, LLC

located at 720 Grove Street

City of Salisbury, North Carolina, Rowan County.

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall expire*

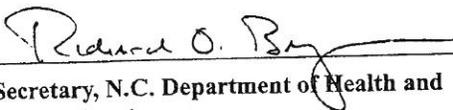
Midnight, December 31, 2017.

Facility ID: 090801

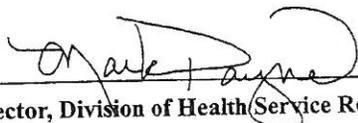
License Number: HOS3918

Hospice Services

Authorized by:


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




Director, Division of Health Service Regulation

STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

CERTIFICATE OF NEED

for

Project Identification Number F-6614-02

FID# 020498

**ISSUED TO: Hospice of Winston-Salem Forsyth Co, Incorporated
d/b/a Hospice and Palliative Care Center
1100-C South Statford Rd.
Winston-Salem, NC 27103**

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Hospice of Winston-Salem Forsyth Co., Incorporated shall establish one hospice home care agency in Rowan County.

CONDITIONS: See Reverse Side

**PHYSICAL LOCATION: Hospice & Palliative Care Center
814 W. Innes, St., Salisbury, NC 28144**

MAXIMUM CAPITAL EXPENDITURE: \$35,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: September 1, 2003

This certificate is effective as of the 29th day of May, 2003.



Chief, Certificate of Need Section
Division of Facility Services

CONDITIONS:

1. Hospice of Winston-Salem Forsyth County, Inc. d/b/a Hospice and Palliative Care Center shall materially comply with all representations made in its certificate of need application except as amended by conditions of approval.
2. Prior to the issuance of the certificate of need Hospice of Winston-Salem Forsyth County, Inc. d/b/a Hospice and Palliative Care Center shall acknowledge in writing to the Certificate of Need Section acceptance and compliance with all conditions stated herein.

A letter acknowledging acceptance and compliance with all conditions stated in the conditional approval letter was received by the Certificate of Need Section on November 30, 2002.

TIMETABLE:

Licensure and Certification of facility _____ August 1, 2003