Hospice Methodologies Task Force

Background Information for January 23, 2009 Task Force Meeting

(The following may be supplemented prior to or during the Task Force's discussion.)

The 2009 State Medical Facilities Plan contains a methodology for determining need for new hospice home care programs and a methodology for determining need for new hospice inpatient beds.

Evolution of the Methodologies since 2002

The basic approaches utilized in the 2009 Plan methodologies were introduced in the 2002 Plan. The following modifications have been made since 2002.

The modifications for the 2003 Plan increased the placeholder adjustment for a new hospice program, modified how the placeholder is applied and removed provisions related to the contiguous county inpatient methodology.

For the 2005 Plan, Step 10 of the inpatient bed methodology was revised to remove language regarding adjustments being made for "approved but not yet operational facilities."

Modifications were made for the 2006 Plan based on recommendations of a Hospice Methodologies Task Force. The modifications: revised Step 8 of the hospice home care methodology to clarify when the placeholder is applied; revised the home care assumptions and methodology to introduce a deficit index of 10% as a factor in making need determinations; revised the inpatient bed assumptions and methodology to base total estimated inpatient days of care on eight percent of total estimated days of care, project inpatient beds based on 85 percent occupancy and adjust projected beds for occupancy rates of existing facilities that are not at 85% occupancy.

For the 2009 Plan, the home care methodology was modified to utilize the statewide median rather than the statewide average to project the number of hospice deaths for each county and the inpatient methodology was modified to adjust need determinations for counties that have 300 percent or greater days of care per 1000 population than the State average and also have an inpatient facility that has been licensed since January 1, 2006, or Certificate of Need approved beds, or need determinations in prior plans.

Hospice Home Care Need Determinations

As indicated in the following Table, there have been need determinations for new hospice home care programs/offices in several counties since 2002. Prior to the 2006 Plan, need determinations were identified for home care programs. Beginning in 2006, the determinations were for offices. Until the 2002 Plan, no plan since 1994 identified a need for a new hospice program based on application of the standard methodology. There was one need determination in the 2001 Plan that was identified in response to a petition.

Plan Year	# Counties with Need Determinations for New Hospice Home Care Programs/Offices
2002	6
2003	1
2004	2
2005	1 (One need determination was removed via petition)
2006	0 (Two need determinations were removed via petitions)
2007	0 (See discussion in following paragraph)
2008	0 (See discussion in following paragraph)
2009	2 (Three need determinations were removed via petitions)

There would have been need determinations in the 2007 and 2008 Plans for some counties based on the standard methodology. However, there were adjusted determinations of no need for additional hospice home care offices in the 2007 and 2008 Plans. The adjustments were made as a result of numerous new hospice home care offices established in 2005 preceding the effective date of changes in the hospice home care Certificate of Need legislation of 2005. Limited or no data was available regarding many of these new offices. The growth in the number of hospice facilities was substantial. For example, in the Fall of 2004, there were 141 separately licensed facilities while in the Fall of 2005, there were 230.

As indicated in the following Table, there have been need determinations for new hospice inpatient beds in several counties since 2002. Noted for each year is the number of need determinations made as a result of petitions filed requesting that there be a need determination. The modifications for the 2002 Plan represented the first time the basic inpatient methodology had been modified since the 1995 Plan. Until the 2002 Plan, no plan since 1995 identified a need for new hospice inpatient beds.

Plan Year	# Counties with Need Determinations for New Hospice Inpatient Beds
2002	5 (2 counties via petitions)
2003	7 (5 counties via petitions)
2004	7 (3 counties via petitions)
2005	7 (4 counties via petitions)
2006	18 (3 counties via petitions)
2007	9 (6 via petitions)
2008	10 (4 via petitions – need in 3 counties removed via adjustments)
2009	13 (3 via petitions – need in 1 county removed via petition)

The Proposed 2009 Plan, published in the summer of 2008, contained need determinations for hospice home care programs in five counties and need determinations for hospice inpatient facilities in eight counties. Following publication of the Proposed Plan, there were some changes in the inpatient bed need determinations based on revised utilization data and other changes based on dismissal of a Certificate of Need appeal and no CON applications being filed for need determinations in two counties.

Residential Beds

While the Certificate of Need Statute requires that a Certificate of Need (CON) be received prior to development of new residential hospice beds, the State Medical Facilities Plan has not included a methodology for determining need for residential beds. It is noted that there have been relatively few new residential beds proposed for development.

Recent Petitions/Comments

Prior to publication of the Proposed 2009 Plan, a petition was filed by The Carolinas Center for Hospice and End of Life Care requesting modification of the home care methodology and the convening of a task force to evaluate the methodologies for the 2010 Plan. Attached is the Agency Report prepared in response to the petition and the petition.

Eight petitions and related comments were received during the public comment period on the Proposed Plan. Three of the petitions requested removal of need determinations that had been identified in the Proposed Plan, four requested need determinations for hospice inpatient beds and one requested removal of a need determination for inpatient beds. Attached are the Agency Reports prepared in response to the petitions, the petitions and other comments received.

A comment was received in February 2008 regarding need determinations that were listed in the 2008 Plan for Cumberland, Harnett, Lee and Sampson counties. These need determinations were identified based on the 2006 Plan and were reallocated using the 2007 Plan methodology. The reallocation was the result of the dismissal of four appeals of four denied applications received for scheduled 2006 reviews. The reallocation occurred per application of Plan POLICY GEN-1: REALLOCATIONS. Attached is the Policy and comment. The Long-Term and Behavioral Health Committee of the State Health Coordinating Council indicated that the comment could be considered by the Task Force.

The petitions and comments are being provided as a possible source of issues that may be addressed by the Task Force.

Other Background Information

Attached is a Table indicating Percent of Deaths Served by Hospice by County as Shown in the 2005 Through 2009 North Carolina State Medical Facilities Plans.

Attached is a Table indicating the Hospice Facilities Approved for Development by County and Percent Occupancy as Shown in the 2005 through 2009 North Carolina State Medical Facilities Plans.

Staff contacted contiguous States for information on methodologies or criteria used for hospice home care or inpatient services. Based on this search, attached are Criteria and Standards for Certificate of Need for Hospice Services from the State of Tennessee.

Attached is the N.C. 2009 License Application for Home Care, Nursing Pool, and Hospice and the Hospice Agency 2009 Annual Data Supplement to License Application. The application is being provided to indicate the type of data that may be available via license applications for use in planning methodologies.

AGENCY REPORT:

Proposed 2009 Plan

Notes related to Petition from The Carolinas Center for Hospice and End of Life Care

Request

The Carolinas Center for Hospice and End of Life Care submitted a petition requesting a modification of the existing hospice home care methodology for the 2009 State Medical Facilities Plan and that a task force be convened to fully evaluate the hospice home care and hospice inpatient bed need methodologies for the 2010 Plan.

Background Information

The hospice home care office methodology projects future need using a statewide average percent of deaths served by hospices to project deaths in each county. County mortality statistics and mortality rates for a five year period are used as the basis for projections.

Utilization data used in the Plan is compiled from Annual Data Supplements to License Applications as submitted to the Division of Health Service Regulation. A need determination is made for a county if: the deficit is 50 or more and the county projected population is 50,000 or fewer persons and the deficit index is 10% or more; or, the deficit index is 10% or more and the county projected population is more than 50,000 persons and the deficit index is 10% or more.

A Hospice Methodology Task Force was appointed to consider issues for the 2006 Plan. Task Force recommendations with regard to the Hospice Home Care Methodology were to clarify when the placeholder is applied and to introduce a deficit index of 10% as a factor in making need determinations.

Application of the standard methodology would have resulted in need determinations in several counties in the 2008 Plan. However, there was an adjusted determination of no need for additional hospice home care offices. The adjustment was made as a result of numerous new hospice home care offices established in 2005 preceding the effective date of changes in the hospice home care Certificate of Need legislation of 2005. The Plan noted that limited or no data is available regarding these new offices. The same type of adjustment was made for the 2007 Plan.

Analysis of Petition

The petitioner proposes changes to the hospice home care methodology for use in the Proposed 2009 Plan and that a Task Force be convened for the 2010 Plan to evaluate the hospice home care and inpatient bed methodologies.

The hospice home care methodology projects the number of patients in need (deficit or surplus) by subtracting the projected number of hospice deaths for each county from the reported number of hospice deaths plus any adjustments for new hospice offices. Therefore, there are two components to the equation for projecting need.

The petitioner proposes that the component for projecting the number of hospice deaths for each county be modified to use the statewide median rather than the statewide average to calculate the projected number of hospice deaths for each county. The statewide average used in the 2008 Plan was 30.46%. In comparison, the statewide median would have been 27.02%. Therefore, use of the median rather than the average would have resulted in a reduction in the number of projected hospice deaths.

With regard to the other component for projecting need, the petitioner proposes to apply a three-year compound annual growth rate to the number of deaths served by existing hospices. Given the growth in the number of hospice deaths served in the state over the past several years, this would increase the number of projected deaths to be served by hospice agencies. If this methodology were applied to the 2008 Plan, the three year compounding would have used data for 2003 and 2006 which are reflected in the 2005 and 2008 Plans. In the 2005 Plan, the number of hospice deaths was 16,889 compared to 22,653 in the 2008 Plan. This represents a growth of 34.13% in the number of hospice deaths reported.

In summary, application of the proposed methodology would introduce compounded growth over a three year period to one component of the methodology but not to the other. The component of the methodology which projects the number of hospice deaths would not be adjusted to reflect the growth in the percent of deaths served by hospice which has been substantial. The statewide average used in the 2005 Plan was 23.53% compared to 30.46% in the 2008 Plan which represents a growth of 29.45%. The statewide median in the 2005 Plan would have been 20.86% compared to 27.02% in the 2008 Plan which represents a growth of 29.53%.

With regard to the methodology to project need for new Medicare-Certified Home Health Agencies or Offices, it is noted that average annual rate of change over the previous three years is a factor in projecting both potential total people served and projected utilization.

Agency Recommendation

The Agency recommends that the Petition be approved in part. The Agency recommends that a Hospice Methodology Task Force be convened to fully evaluate the hospice home care and hospice inpatient bed need methodologies for the 2010 Plan. The Agency also recommends, as proposed by the petitioner, that the statewide median be used to project the number of hospice deaths for each county. The use of the median is viewed as a reasonable alternative to the use of the average. The Agency recommends that the proposed modification of the hospice home care methodology regarding application of a three-year compound annual growth rate to the number of deaths served by existing hospices be denied. The Agency views its recommendations to be reasonable in light of the Task Force to fully evaluate the methodologies. Attached is a modified "Table 13B: Year 2010 Hospice Home Care Office Need Projections for Proposed 2009 Plan," reflecting use of the median rather than the average.

Table 13B: Year 2010 Hospice Home Care Office Need Projections for Proposed 2009 Plan (Draft for May 16, 2008 Meeting Using Median %)

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Alamance	1,345	3 566	42.14%	9.6	146,568	1,407	414		152		
Alexander	335	119		8.5	37,931	322	95		. 24		
Alleghany	126	5 . 28	22.22%	12.6	11,335	143	45		(14)		
Anson	296	8 44	14.77%	11.1	24,719	274	81		(37)		
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Avery	181	1 64	35.36%	11	18,381	202	69		5		•
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Bertie	239	9 20		12.4	18,871	234	69		(19)		
Bladen	362	111	30.66%	12	33,360	400	118		(7)		
Brunswick	917			9.6	111,076	1,066	314		(12)		
Buncombe	2,190			10.1	235,401	2,378	669		245		
Burke	849			9.6	90,204	866	255		12		
Cabarrus	1,27(8.3	177,879	1,476	434		78		
Caldwell	866	982		10.1	81,127	819	241		141		
Camden	~			7.9	10,560		25		(2)		
Carteret*	229			11.3	65,646		218		(31)		
Caswell	221			10.4	23,633	. 246	72		(52)		
Catawba	1,351		54.03%	8.9	158,930	1,414	416		314		
Chatham	497			6	63,088	268	167		0		
Cherokee	318	8 45	14.15%	12.3	28,586	398	103		(58)	. 26%	
Chowan	17.		17.44%	12.8	15,207	195	57		(22)		
Clay	120		13.33%	12.1	10,968	133	39		(53)		
Cleveland	106		43.89%	10.4	97,253	1,011	297		170		
Columbus	684		32.31%	11.6	55,616	645	190		31		
Craven*	905	5 200		9.5	92,200	978	258	,	(28)		
Cumberland*	2094	4 638	30.47%	6.7	275,685	1,847	543		96		
Currituck	187			æ	26,493	212	62		(10)		
Dare	231		23.38%	7.8	36,619	286	84		(30)		
Davidson	1511			9.5	160,876	1,528	449		(88)	20%	τ-
Davie	378			6	43,354	390	115		(3)		
Duplin	512	2 109	21.29%	6.6	55,863	553	163		(54)		
Durham	1731	11 566	32.70%	7.1	263,177	1,869	550		91		
Edgecombe	573			11.1	51,184		167		(24)		
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Table 13B: Year 2010 Hospice Home Care Office Need Projections for Proposed 2009 Plan (Draft for May 16, 2008 Meeting Using Median %)

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III 471 116 24.63% 10.3 45.233 466 137 III 22.14% 12.8 35.591 456 134 92 III 20.8 11 21,183 233 69 92 burg 4817 1866 38.74% 6.1 930,663 5,677 1,670 burg 4817 1866 38.74% 6.1 930,663 5,677 1,670 nery 249 59 10.4 10.4 20.3 86 96 nery 249 59 39.17% 10.7 87,588 1,025 30.1 nery 249 58 39.17% 10.7 87,588 1,025 30.1 nover 1617 675 44.50% 8.3 201,313 1,671 491 plon 650 59 22.69% 13.2 21,617 20.2 86 20.2 e50 50 50.82% 65.1 129,	Lincoln	62.					680	200		22		
420 135 32.14% 12.8 35,591 456 134 1 burg 209 75 35,89% 11 21,183 233 69 69 burg 307 84 27.36% 13.1 23,997 314 92 7 burg 4817 1868 38.74% 6.1 930,663 5,677 1,670 7 1 nery 249 58 23.69% 10.4 28,273 294 80 7 1	McDowell	47					466	137		(21)		
burg 209 75 35.89% 11 21,183 233 69 69 burg 307 84 27.36% 13.1 23,997 314 92 71 burg 4817 1868 38.74% 6.1 930,663 5,677 1,670 71 nery 219 32.88% 12.7 16,004 203 60 71 nery 249 35 23.69% 10.4 28,273 294 86 7 nover 908 190 10.7 11.7 87,588 10.25 30.1 96 7 plon 260 59 22.69% 13.2 21,517 49.1 96 7 plon 260 50 27.5 27.5 27.5 27.5 27.5 27.5 17 plon 260 50 27.5 129,689 739 27.7 17 plon 272 28.6 27.5 27.5	Macon	42(456	134		-		
burg 4617 184 27.36% 13.1 23,997 314 92 1 burg 4617 1866 38.74% 6.1 930,663 5,677 1,670 1 nery 218 38.74% 6.1 930,663 5,677 1,670 1 nery 218 32.88% 12.7 16,004 203 60 1 nery 248 36 23.68% 10.4 28,273 294 86 6 nover 1617 41.02% 8.3 201,317 491 96 7 pton 260 59 22.69% 13.2 21,517 284 84 7 pton 650 59 22.69% 6.7 134,415 686 202 7 pton 650 331 50.82% 6.7 129,689 739 44 4 nk 345 345 413 413 413 412 413	Madison	200				21,183	233	69		9		
burg 4617 1666 38,74% 6.1 930,663 5,677 1,670 9 nery 219 72 32,88% 12.7 16,004 203 60 9 nery 249 58 23,68% 10.4 28,273 294 86 9 nover 90 110 11.7 87,588 1,025 301 96 nover 1517 44,50% 8.3 20,1313 1,671 96 96 pton 260 59 22,56% 13.2 21,517 281 96 pton 167 44,50% 8.3 20,131 1,671 96 96 pton 260 59 22,56% 13 51 134,415 66 202 1 pton 122 28 22,56% 11.2 129,689 739 217 1 pton 28 22,56% 11.2 12,582 44 44 4 <td>Martin</td> <td>30.</td> <td></td> <td></td> <td></td> <td>23,997</td> <td>314</td> <td>92</td> <td></td> <td>(8)</td> <td></td> <td></td>	Martin	30.				23,997	314	92		(8)		
nery 219 72 32.88% 12.7 16,004 203 60 60 nery 249 59 23.69% 10.4 28,273 294 86 90 nover 908 180 19.82% 10.7 87,588 1,025 301 90 nover 1517 675 44.50% 8.3 201,313 1,671 491 96 plon 260 59 22.69% 13.2 21,517 284 84 96 e50 331 50.82% 5.7 134,415 686 202 9 e50 331 50.82% 5.7 129,689 739 44 4 e60 331 50.82% 5.7 129,689 739 44 4 enk 345 413 413 413 413 413 413 413	Mecklenburg	481;				930,663	5,677	1,670		196		
nery 249 59 23.69% 10.4 28,273 294 86 86 10.4 358 39,17% 11.7 87,588 1,025 301 96 10.6 19.82% 10 95,712 957 281 96 10.6 44,50% 8.3 201,313 1,671 491 96 10.0 50 44,50% 8.3 201,313 1,671 491 96 10.0 50 52,69% 13.2 21,517 284 84 96 650 331 50.82% 5.1 134,415 686 202 9 650 331 50.82% 5.7 129,689 739 217 9 ank 345 91 26.38% 9.5 43,519 44 9 9	Mitchell	218				16,004	203	90		12		
10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Montgomery	24(294	86		(27)		
nover 150 19.82% 10 95,712 957 281 96 nover 1517 675 44.50% 8.3 201,313 1,671 491 96 plon 260 59 22.69% 13.2 21,517 284 84 7 650 331 21,61% 5.1 134,415 686 202 7 650 331 50.82% 5.7 129,689 739 217 44 1122 28 22.95% 11.2 43,519 44 44 4 ank 345 413 413 413 413 425 4	Moore*	16				882,78	1,025	301		57		
nover 1517 675 44.50% 8.3 201,313 1,671 491 491 plon 260 59 22.69% 13.2 21,517 284 84 1 650 177 21.61% 5.1 134,415 686 202 1 650 331 50.82% 5.7 129,689 739 217 1 112 28 22.95% 11.2 13,292 149 44 4 ank 345 91 26.38% 9.5 43,519 413 122 122	Nash	106				95,712	957	281	96	(5)		
plon 260 59 22.69% 13.2 21,517 284 84 84 650 371 21,61% 5.1 134,415 686 202 202 650 331 50.82% 5.7 129,689 739 217 201 172 28 22.95% 11.2 13,292 149 44 44 ank 345 91 26.38% 9.5 43,519 413 122 122	New Hanover	151;					1,671	491	4.	184		
819 177 21.61% 5.1 134,415 686 202 650 331 50.82% 5.7 129,689 739 217 122 28 22.95% 11.2 13,292 149 44 ank 345 91 26.38% 9.5 43,519 413 122	Northampton	26(•		284	84		(25)		
650 331 50.92% 5.7 129,689 739 217 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Onslow*	81				134,415	686	202		(25)		
122 28 22.95% 11.2 13,292 149 44 345 91 26.38% 9.5 43,519 413 122	Orange	65(.,		•	129,689	739	217		114		
345 91 26.38% 9.5 43,519 413 122	Pamlico	12:				13,292	149	44		(16)		
	Pasquotank	34				43,519	413	122		(31)		

Table 13B: Year 2010 Hospice Home Care Office Need Projections for Proposed 2009 Plan (Draft for May 16, 2008 Meeting Using Median %)

Table 13B: Y	ear 2010 Ho		are Office N	eed Projection	0115 101 F1 Upo	ءُ ا	H. umilio	Collimn	Column J	Column K	Column L
Column A	Column B	Columin C	Column D.	Column	L IIIIIIIO	+	1		Databala		
			to a				3.3.4	Flace- holder for	Projected Number of	•	
		2007 Reported	%	2002-2006. Death	2010 Population		Average	* * * *	Additional		Additional
	2006 Number	# of Hospice	Serv	/Rate/1000	:	Projected	Hospice	Hospice	Surplus (Deficit)	Deficit Index	Office Need
	Of Deaths:	Patient Deaths	Hospice	Population	military	Zu IV Deariis	Calling	S. C.		1.00 %	pac 05<-1 1001
		のできない。								=>50 and pop <=	pop <= 50,000 or
強いないない。	が関いないと	阿斯里拉拉拉				が必要が				50,000 or Cal. J =>	Col. J => 75 and
						はいいのでは、				75 and pop. >	pop. > 50,000 and
	2006 NC Vital	- 2008 Lic. Data	, C.	Dealhs NC Vital	T, T,	180	100		H. 100 / 1-01 / 1-02	50,000 and deficit index:=>10%.	=>10%)
Source: or: Formula =>	Statistics	Supplement	···:	Statistics	Manag		5				
Pender	451	-							(15)		
Perquimans	147						64		(8)		
Person	389	111		-			11/		(0)		
#E	1081	1 320		7.6		+	320		(30)		
Pok	272		4 52.94%	•			85		SC S		
Randolph	1223				145,072	1,248	367		8		
Richmond	538	164		11.3	3 47,047		156		0		
Doboton	1208		5 25.33%	9.2	134,281	1,235	363		(/4)		
Dockfootham	1122			11.5	5 92,256	1,061	312		(71)		
Distriction	1342			9.6	139,253	1,379	405		(71)		
Dishorford	84	395		12.2	2 63,660	777	228		167		
מחופווחט	520					654	192		(33)		
Sampson	75					372	109		76		
Scotland	2 2 2	230				620	182		48		
otal II)	424					448	132		30		
Stokes	450						242		100		
Surry	240					188	55		2		
Swain	102		478 A1 A292				113		15		
l ransylvania	8			i o			12		(9)	1	
lyrrell	404				18	1.2	374		(88)		-
noino		4					143		(20)	35%	1
Vance	422	*				4			162		
Wake*	3/5	4-							(29)	((
Warren	77	7.50n							(20)	((
Washington	-		73 17.0970	0/	13,100				(44)	(1	
Wafauga	8										
Wayne	1061		310 29.22%						(85)	42%	-
Wilkes	9	671 1	115 17.14%		10 67,849			1	(0)		
Wilson	B;	822 1	193 23.48%	10.1					(64)	(0)	
Yadkin	3	377	107 28.38%		.2 39,435				(11)		
Noode N	6				10.8 19,061	1 206	61		95	9	
Talluey											

*population projections were adjusted to exclude active duty military personnel.