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> Medical Facilities Planning Section

PUBLIC HEARING PRESENTATION

Chapter 12 Home Health Agencies 2011 State Medical Facilities Plan

March 2, 2 011, 10:00 AM Jane S. McKimmon Center North Carolina State University 1101 Gorman Street Raleigh, North Carolina

Rachel Lee, MPH, Health Planner, Corporate Offices of UHS Pruitt Corporation

Good morning, my name is Rachel Lee. I am a Health Planner with UHS Pruitt Corporation. UHS Pruitt Corporation operates 13 home health agencies in Georgia and was recently approved to open a home health agency in Wake County, North Carolina. We are very active in long term care in North Carolina. We have roughly 2,300 employees here and on a given day, serve approximately 1,400 patients in our nursing homes and hospice agencies.

Our corporate headquarters are in Norcross Georgia, and I have made a special trip today to speak to you about an important issue regarding the Home Health Chapter of the 2011 State Medical Facilities Plan.

We believe that the need determination should remain as published and the data tables should be corrected.

Understanding that your time is important, I want to focus my comments on the reasons for our position.

First, with regard to leaving the need determinations as published:

- Agree that, when corrected, the methodology does not show any need for additional Medicare Certified home health agencies.
- However, there is still a need for these four home health agencies: two in Mecklenburg County and one each in Cabarrus and Guilford counties.
 - The public vetting process in 2010 supported the need.
 - Through six public hearings held last summer, no one challenged the need.

- We did not rely on the published need methodology in making our decision to compete in these three markets.
 - With the corrected data, the need determinations become like other Special Need allocations in other chapters of the plan, for example hospice inpatient beds.
 - Our own independent field research has confirmed the need: we are receiving written support from providers, agencies, academic institutions with clinical degree programs, and individuals.
 - We have in good faith invested thousands of dollars in developing applications just to compete for these Certificates of Need in these batch cycles.
 - The first of these applications are due less than two weeks from today.

Next, with regard to correcting the data tables:

- We understand the concerns many have expressed about the importance of providing correct information, when it is known.
- We believe in transparency. The published tables are incorrect.
 - The public deserves the state's best information.
 - UHS Pruitt was the company that alerted the state to the problem.
- The 2011 Plan does not have a clear policy to direct staff on how to proceed when an
 error in calculations is found subsequent to publication by the Governor's office. We
 expect that will be corrected by 2012.

Nonetheless, we draw a sharp distinction between publishing the corrected information and leaving the need determination unchanged. We see the need determination as an expression of and result of an extensive public vetting process that should be honored.

- Depriving the public of the outcome of that process would be wrong.
- UHS Pruitt and others have made a substantial investment based on our belief in the stability of that process.

In closing, we are asking that you make a recommendation to the Governor today to:

- Keep the home health need determination in Chapter 12, Table 12D, as published,
- Keep the CON Due dates as published, and
- Publish corrected methodology tables.

Thank you for taking time to consider my request and those of others today. I hope you will find these points persuasive. Should you have any questions, I would be happy to answer them.