



**PETITION FOR AN ADJUSTED NEED DETERMINATION FOR THREE
HOSPICE INPATIENT BEDS FOR BURKE COUNTY**

Petitioner:

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Requested Change:

Burke Hospice and Palliative Care, Inc. (BHPC) seeks to expand access to hospice inpatient services in Burke County and *petitions for an adjusted need determination for three hospice inpatient beds in Burke County in the 2015 SMFP.*

Reasons Supporting Requested Change:

Proposed 2015 State Medical Facilities Plan/Identified Need:

The standard methodology for projecting hospice inpatient beds in the Proposed 2015 SMFP shows there is no need determination for hospice inpatient beds for Burke County. However, BHPC believes there are numerous reasons that justify the development of additional hospice inpatient beds in Burke County. As described in the Proposed 2015 SMFP,

“People who believe that unique or special attributes of a particular geographic area or institution give rise to resource requirements that differ from those provided by application of the standard planning procedures and policies may submit a written petition requesting an adjustment be made to the need determination given in the North Carolina Proposed State Medical Facilities Plan.”

Additionally, Chapter 13 of the Proposed 2015 SMFP states,

“The Long-Term and Behavioral Health Committee and the State Health Coordinating Council will consider petitions for adjusted need determinations that are filed in accordance with provisions outlined in Chapter 2 of the State Medical Facilities Plan.”

BHPC recognizes the long-standing support of the Long-Term and Behavioral Health Committee and the State Health Coordinating Council with respect to petitions for adjusted need determinations. After careful evaluation, BHPC has determined that there are special and unique circumstances in Burke County that justify the request for three additional hospice inpatient beds. Approval of this petition will provide BHPC the opportunity to submit a Certificate of Need (CON) application during 2015 to develop three additional hospice inpatient beds in Burke County.

BHPC justifies the proposed adjusted need determination based on several factors, including:

- Burke County’s hospice days of care and deaths are increasing at considerably faster rates compared to the State.
- Nearly one-half of all deaths in Burke County are served by hospice.
- Burke County has higher death rates compared to statewide statistics.
- The population in Burke County is aging and has need for expanded hospice inpatient services.
- Burke County residents typically have less access to financial resources, and thus may have limited ability to travel long distances for hospice care.
- Capacity of regional hospice inpatient facilities is limited and often at or near capacity.
- BHPC’s petition request will promote the three Basic Principles of the State Medical Facilities Plan.

Background

BHPC was founded in 1982 by a handful of dedicated volunteers. Today, we have a staff of over 100 professionals and serve over 300 patients per day in our programs. Every year, we touch the lives of thousands more relatives, friends, and neighbors in our community. Our mission is to provide excellent care for patients with a life-limiting illness, and support for their families.

BHPC is accredited with “Deemed Status” by the Accreditation Commission for Health Care (ACHC) and a recent member of the Association for Home & Hospice Care of North Carolina. BHPC is also a Quality Partner of the National Hospice and Palliative Care Organization.

BHPC’s primary service area is Burke County in western North Carolina. As the need arises, BHPC also cares for patients in adjacent counties.

BHPC currently owns and operates one hospice inpatient facility with eight (8) hospice inpatient beds in Burke County¹. At many times throughout the year, there is a waiting list for patients to be admitted to the facility. For this reason, and the many others described in this petition, BHPC requests an adjusted need determination for three additional hospice inpatient beds be included in the 2015 SMFP.

Should this petition be granted, BHPC would submit a CON application to develop an additional three hospice inpatient beds at its existing Burke Palliative Care Center. The detailed rationale for the requested adjustment to the need determination is described in the following pages.

Hospice Inpatient Bed Need Methodology

BHPC recognizes and supports the state health planning process and policies as identified in the SMFP and approved by the SHCC and the governor; however, BHPC notes that unique circumstances exist in Burke County that differ from those provided by application of the standard hospice inpatient bed need methodology.

¹ Please note Table 13D (2) of the Proposed 2015 State Medical Facilities Plan incorrectly identifies two hospice inpatient facilities in Burke County. There is only one hospice inpatient facility in Burke County.

Perhaps this is most clearly evident by examining the total projected hospice inpatient days in Burke County in Table 13C of the Proposed 2015 SMFP. Specifically, the application of the standard methodology results in 45,236 hospice days in Burke County during FY2018 (Column H). This is inconsistent with the growth of hospice days of care during in Burke County during recent years. Specifically, the application of the standard methodology actually projects hospice days of care to decrease in Burke County. The state-wide assumptions that created this projection are not consistent with historical utilization in Burke County and are therefore not realistic for Burke County from a health planning perspective.

While BHPC supports the state health planning process, it is evident that Burke County is unique with respect to hospice inpatient services, and that the standard methodology does not accurately project hospice inpatient utilization for Burke County in the Proposed 2015 SMFP. Therefore, in the case of this request for an adjusted need determination, it is appropriate to consider actual Burke County hospice data in place of broad, statewide data and assumptions.

Upon careful review of the standard methodology, BHPC has identified the following basic assumptions which should be considered when projecting need for hospice inpatient beds in Burke County.

Average Length of Stay

In Step 6c of the standard methodology, the Proposed 2015 SMFP projects FY2018 hospice days of care by applying either the county or the statewide median ALOS (whichever is lower) to projected hospice admissions by county. BHPC notes that in the case of Burke County, the FY2013 ALOS of 84.71 days is much higher than the statewide median of 66.1 days. Due to the significant difference between the Burke County actual ALOS and the Statewide median ALOS, the standard methodology in the Proposed 2015 SMFP projects that FY2018 Burke County days of care (Column G: 45,236 hospice days of care) will decrease over eight percent from the actual FY2013 use (Column C: 49,045 hospice days of care). This is not a realistic projection, and is inconsistent with the historical growth trend in Burke County, as seen in the table on the following page.

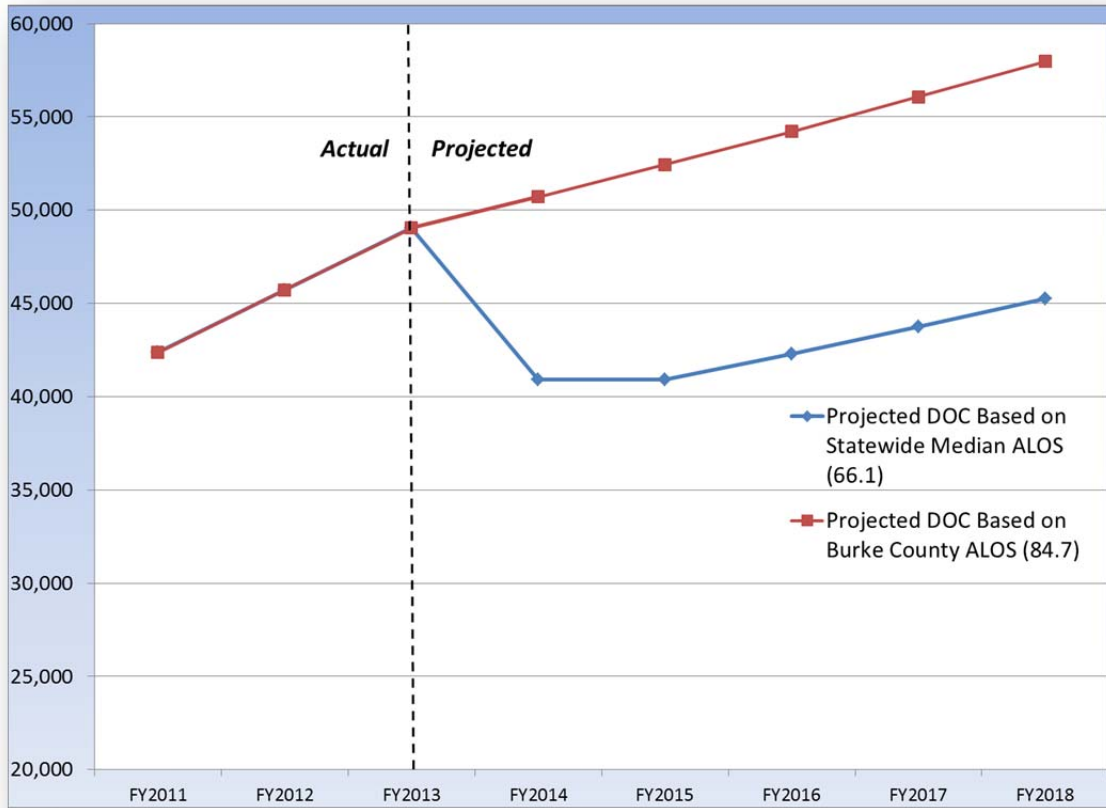
Hospice Days of Care, FY2010-FY2012

| | Burke County Days of Care | North Carolina Days of Care |
|--------------------------------------|--------------------------------------|--|
| FY2011 | 42,375 | 2,915,218 |
| FY2012 | 45,722 | 2,972,047 |
| FY2013 | 49,045 | 2,972,241 |
| <i>2-Yr Trailing Avg Growth Rate</i> | <i>7.58%</i> | <i>0.97%</i> |

Source: The Carolinas Center for Hospice and End of Life Care

The two-year trailing average growth rate for total hospice days of care in Burke County was 7.58 percent from FY11-FY13. This is much higher than the statewide two-year trailing average growth rate for hospice days of care which was 0.97 percent during the same time period. Thus, the statewide median ALOS applied in the Proposed 2014 SMFP standard methodology results in Burke County projected days of care that experience a declining growth pattern, which is inconsistent with Burke County historical growth patterns. The graph on the following page illustrates this point.

Comparison of Burke County Days of Care at County ALOS vs Statewide Median ALOS
Table 13C: Proposed 2015 SMFP



Source: Table 13C, Proposed 2015 SMFP

To project hospice days of care that are consistent with actual historical utilization, BHPC recommends that, in the case of this petition for an adjusted need determination, the Burke County FY2013 ALOS (84.71) is more relevant and appropriate than the broader statewide median ALOS (66.1). Though the Burke County ALOS is comparatively higher than the statewide median, the Burke County ALOS has consistently remained at this high level during recent years. Please refer to the table on the following page.

Hospice Average Length of Stay per Admission

| | Burke Co. | Statewide Median |
|--------|------------------|-------------------------|
| FY2010 | 65.2 | 80.5 |
| FY2011 | 66.7 | 72.7 |
| FY2012 | 77.6 | 74.3 |
| FY2013 | 84.7 | 66.1 |

Source: Proposed 2015 SMFP, 2012-2014 SMFP

Based on a review of historical data, it is evident that Burke County’s ALOS per hospice admission is not an anomaly. Rather, it is an accurate representation of hospice use in Burke County. Despite a decline in the statewide median ALOS, the Burke County ALOS has consistently increased. Therefore, for the purposes to projecting need for hospice inpatient beds in Burke County, it is more reasonable and appropriate to utilize the Burke County hospice ALOS.

For information purposes, Burke County’s hospice inpatient ALOS is comparable to the FY2012 Statewide ALOS of 10.1 days (104,888 days of care/10,338 deaths). As shown on BHPC’s 2014 data supplement, the inpatient ALOS at Burke Palliative Care Center during FY2013 was 8.6 days (1,574 patient days/182 deaths). Therefore, BHPC’s length of stay for its existing hospice inpatient beds is not atypical compared to recent statewide data².

The following table applies Burke County’s FY2012 ALOS (84.71) to the Proposed 2015 SMFP standard methodology.

**Table 13C Adjusted Hospice Inpatient Bed Need Methodology for Burke County
 (Based on Burke County ALOS)**

| | FY2013 Total Admissions | FY2013 Days of Care | FY2013 ALOS per Admission | Total 2018 Admissions | 2018 DOC at County ALOS (84.71) | Projected IP Days (6%) | Total Projected IP Beds | Currently Licensed | Deficit/ (Surplus) |
|--------------|--------------------------------|----------------------------|----------------------------------|------------------------------|--|-------------------------------|--------------------------------|---------------------------|---------------------------|
| Burke County | 579 | 49,045 | 84.71 | 684 | 57,969 | 3,478 | 11 | 8 | 3 |

² Statewide FY2013 data prepared by The Carolinas Center for Hospice and End of Life Care was not available to BHPC at the time of submission for this adjusted need petition.

As demonstrated in the previous table, if the Burke County ALOS is used, as BHPC recommends, the resulting total projected inpatient bed need is three (3) beds. This adjusted methodology is reasonable because it utilizes historical data specific to Burke County hospice use.

As described in the following narrative, hospice services are highly utilized in Burke County. The historical use of hospice services, combined with the need for additional capacity at BHPC’s existing hospice inpatient facility ensure the proposed three hospice inpatient beds will be well utilized.

Hospice Utilization

Days of Care per 1,000 Population

Residents of Burke County and their physicians realize the significant benefits of hospice services. Accordingly, hospice services are highly utilized in Burke County and the surrounding area. The Proposed 2015 SMFP shows Burke County and several adjacent counties as having an increased number of hospice care days per 1,000 population compared to the State overall. Please refer to the following table.

FY2013 Hospice Days of Care per 1,000 Population

| <i>Area</i> | <i>2013 Pop</i> | <i>2013 Days of Care</i> | <i>Days of Care/1000</i> |
|-----------------------|------------------|--------------------------|--------------------------|
| Burke | 89,552 | 49,045 | 547.7 |
| Caldwell | 82,536 | 53,449 | 647.6 |
| Catawba | 155,463 | 77,654 | 499.5 |
| Cleveland | 97,442 | 53,858 | 552.7 |
| Lincoln | 79,768 | 29,834 | 374.0 |
| McDowell | 45,245 | 42,187 | 932.4 |
| Rutherford | 67,764 | 46,536 | 686.7 |
| <i>North Carolina</i> | <i>9,861,952</i> | <i>2,972,471</i> | <i>301.4</i> |

Source: Proposed 2015 SMFP, NC Office of State Budget & Management

Residents of Burke County utilize hospice services at a rate that is over 81 percent higher compared to the statewide rate. This is a clear indication that hospice is an essential and highly utilized service for residents of Burke County.

Hospice Days of Care and Deaths

In addition to having a high overall use rate for hospice days of care, Burke County has also experienced significant growth in hospice days of care and deaths, as shown in the following table.

Hospice Utilization, FY2009-FY2013

Hospice Days of Care & Deaths – Burke County

| Year | Days of Care | Deaths |
|-----------------------------|--------------|--------------|
| 2009 | 30,336 | 350 |
| 2010 | 39,258 | 466 |
| 2011 | 42,375 | 530 |
| 2012 | 45,722 | 473 |
| 2013 | 49,045 | 482 |
| % Increase from 2009 | 61.7% | 37.7% |

Hospice Days of Care & Deaths – North Carolina

| Year | Days of Care | Deaths |
|-----------------------------|--------------|--------------|
| 2009 | 2,650,416 | 27,533 |
| 2010 | 2,874,121 | 30,075 |
| 2011 | 2,915,218 | 31,841 |
| 2012 | 2,972,047 | 33,060 |
| 2013 | 2,972,241 | 35,357 |
| % Increase from 2009 | 12.1% | 28.4% |

Source: Carolinas Center for Hospice and End of Life Care

The most recent four-year growth rates for hospice days of care and deaths in Burke County were both greater than the respective growth rates experienced by the State overall.

% of Deaths Served by Hospice

A key indicator of the growing acceptance of hospice is the percent of all deaths that are served by hospice. During the past 14 years, the number of North Carolina deaths served by hospice has increased dramatically. According to the Carolinas Center for Hospice and End of Life Care, in 2004, only 14.6 percent of deaths in North Carolina were served by hospice. In 2012 (the most recent data

available), the percent of North Carolina deaths served by hospice nearly tripled to 40.4 percent.

During recent years, the percentage of total Burke County deaths served by hospice has far exceeded the statewide average, as shown in the following table.

2008-2012 Percent of Deaths Served by Hospice, Burke County

| | 2008 | 2009 | 2010 | 2012 |
|--|---------------|---------------|---------------|---------------|
| Burke County Deaths | 949 | 900 | 1012 | 1001 |
| Hospice Patient Deaths | 347 | 350 | 466 | 473 |
| % of Total Deaths Served by Hospice | 36.56% | 38.89% | 46.05% | 47.25% |
| Statewide Median % | 26.95% | 30.91% | 32.00% | 40.42% |

*BHPC was unable to locate relevant 2011 data from the Carolinas Center data resources.
 Source: The Carolinas Center for Hospice and End of Life Care

Based on 2012 data, almost one-half of all deaths in Burke County are served by hospice (47.25%). Burke County has the 20th highest percentage of deaths served by hospice of all counties in North Carolina. The high percentage of deaths served by hospice in Burke County is further evidence of the local demand for hospice inpatient services, and supports the requested adjustment for an additional three hospice inpatient beds in Burke County.

According to FY2012 data provided in the Proposed 2015 SMFP, BHPC serves approximately 89 percent of all hospice deaths in Burke County (430 BHPC hospice deaths ÷ 482 total hospice deaths in Burke = 89%). In fact, many of these deaths occur in BHPC’s own hospice inpatient beds. Therefore, BHPC is intimately aware of the growing number of hospice deaths in Burke County and the need for additional hospice inpatient beds.

Hospice Inpatient Beds

As described previously, BHPC currently owns Burke Palliative Care Center (BPCC), a hospice inpatient and residential facility with eight (8) hospice inpatient beds. Utilization of BHPC’s hospice inpatient beds has consistently increased in recent years.

**Burke Palliative Care Center
 Hospice Inpatient Bed Utilization, FY2012-FY2014***

| | Inpatient Days of Care | % Occupancy |
|---------|-------------------------------|--------------------|
| FY2012 | 1,456 | 49.9% |
| FY2013 | 1,574 | 53.9% |
| FY2014* | 2,136 | 73.2% |

*Annualized based on nine months data (Oct-Jun)

The two-year trailing average growth rate for inpatient days of care at BPCC is 21.1% for FY2012-FY2014. Hospice referrals have recently increased due, in part, to the growth of Blue Ridge HealthCare physician practices in Burke County. BHPC has developed relationships with many new referral sources during the past year. Attachment A summarizes the new referral sources for BHPC.

The sharp increase in inpatient utilization creates capacity constraints when occupancy reaches practical operating capacity. The following table summarizes monthly occupancy rates during the current fiscal year (FY2014).

**Burke Palliative Care Center
 Hospice Inpatient Bed Utilization FY2014 Year-to-Date**

| Month | Inpatient Days of Care | Average Daily Census | % Occupancy |
|--------------|-------------------------------|-----------------------------|--------------------|
| Oct-13 | 143 | 4.6 | 57.7% |
| Nov-13 | 190 | 6.3 | 79.2% |
| Dec-13 | 122 | 3.9 | 49.2% |
| Jan-14 | 167 | 5.4 | 67.3% |
| Feb-14 | 207 | 7.4 | 92.4% |
| Mar-14 | 193 | 6.2 | 77.8% |
| Apr-14 | 217 | 7.2 | 90.4% |
| May-14 | 201 | 6.5 | 81.0% |
| Jun-14 | 162 | 5.4 | 67.5% |

Source: Burke Hospice and Palliative Care

The inpatient average daily census (ADC) during FY2014 shows an obvious trend related to an increase in use of inpatient care at BPCC. While the monthly data illustrates months when the ADC reaches peak occupancy, BPCC must constantly navigate capacity constraints on a daily and weekly basis. Hospice inpatient care is not a service that you can schedule; rather BPCC must be responsive when the need for inpatient care arises. What the annual and monthly utilization data do not depict are the multiple times throughout the year at which BPCC's hospice inpatient beds are fully utilized. For example, during

- January 2014, BPCC was at or near maximum inpatient capacity for one week.
- February 2014, BPCC was at or near maximum inpatient capacity for 2.5 weeks.
- March 2014, BPCC was at or near maximum inpatient capacity for 2 weeks.
- April 2014, BPCC was at or near maximum inpatient capacity for 3.5 weeks, with one week of inpatient census at 8.
- May 2014, BPCC was at or near maximum inpatient capacity for 2 weeks.
- June 2014, BPCC was at or near maximum inpatient capacity for 2 weeks.

When BPCC is at, or near, maximum capacity decisions are made, in the field, to divert hospice inpatient(s) elsewhere, such as skilled facilities and/or the patient may remain in the acute care setting. For example, if BPCC has an inpatient census of 7 and 2 hospice patients request an inpatient bed at BPCC, only one of the two patients can be admitted. If one of the two patients is in an acute care setting (e.g. hospital or nursing home) and one is in a home setting, a decision is typically made to accept the patient whose care needs require acute intervention which cannot be provided in the home setting. While hospice staff provide care for the patient in the acute care setting and work with the patient's physicians and nurses, the hospice inpatient unit environment is structured and focused on patients and families dealing with critically acute and ongoing needs of terminal illness. Examples like this occur frequently for BHPC.

BHPC requests an adjustment of three additional hospice inpatient beds in the 2015 SMFP to expand access to hospice inpatient services in Burke County and ensure patients have sufficient access to inpatient services. As previously described, circumstances exist in Burke County regarding the high utilization of hospice services that justify the development of additional hospice inpatient

beds. Additionally, based on local demographic and epidemiologic data, the utilization of hospice services is likely to continue to increase in Burke County.

Demographics

Aging

The increase in hospice days of care and deaths served by hospice in Burke County can be partially attributed to its rapidly aging population. As shown in the table below, Burke County has a significantly older population compared to the State and this demographic is projected to increase significantly in the next five years.

2014-2019 Projected Population Age 65+

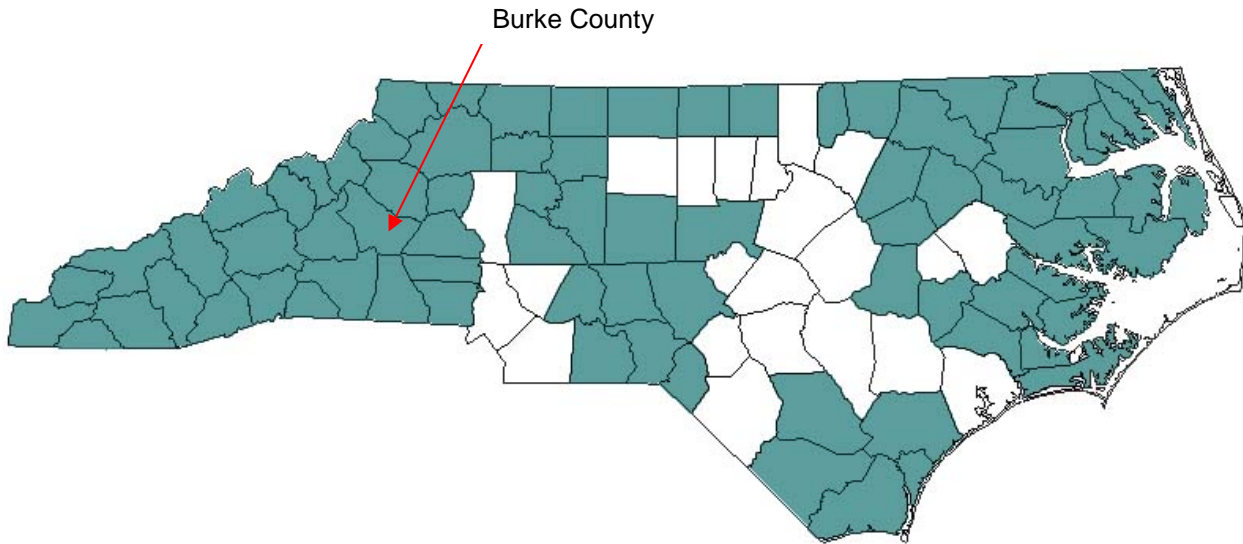
| County/State | 2014 | | 2019 | |
|----------------|-----------|------------|-----------|------------|
| | 65+ | % of Total | 65+ | % of Total |
| Burke Co. | 16,160 | 18.1% | 17,289 | 19.7% |
| North Carolina | 1,455,938 | 14.6% | 1,664,679 | 15.9% |

Source: NC Office of State Budget & Management

The population age 65 and older makes up a substantial portion of Burke County's total population as compared to the State overall, and this population group is projected to increase from 18.1% of the total Burke County population in 2014 to 19.7% of the total Burke County population in 2019. The Burke County population age 65 and older is projected to increase seven percent during the next five years.

The following figure shows the North Carolina counties with over 15% of total population 65 and older. Burke and all surrounding counties are included in the shaded region.

NC Counties with Over 15% of Total Population 65+



Source of data: North Carolina State Demographics Unit, “Projected County Totals – Standard Age Groups,” July 1, 2020. <http://demog.state.nc.us>.
 Prepared by the UNC Institute on Aging.

It is important to recognize this aging population in Burke County, due to the correlation of age and hospice use. Since hospice is designed to provide end-of-life care, the vast majority of hospice patients are typically age 65 and older. According to the National Hospice and Palliative Care Organization (NHPCO), 83.4 percent of hospice patients are aged 65 and older³. Additionally, NHPCO expects the number of hospice patients within this age cohort to increase in the future. During FY2013, 84 percent of hospice patients served by BHPC were aged 65+. Thus, this population represents the most significant demographic in need of hospice inpatient services.

Median Household Income

Burke County citizens typically also have less access to financial resources to travel long distances for hospice services. According to the US Census Bureau, the 2008-2012 median household income for Burke County was only \$38,062. This is 18.1 percent lower than the North Carolina state median household income of \$46,450. The comparatively less financial resources available to most

³ NHPCO Hospice Facts and Figures: Hospice Care in America, 2013 Edition

residents in Burke County make locally accessible hospice services especially important to the local community.

Health Status

According to the Hospice Foundation of America, over 59 million people--more than 25 percent of Americans -- live in what is considered a rural area. Almost one in three adults living in rural America is in poor to fair health; nearly half have at least one major chronic illness. Indeed, Burke County is considered rural according to the NC Rural Economic Development Center and, likewise, exhibits disproportionate health data compared to the State overall. For example, Burke County has a higher death rate per 1,000 population compared to the statewide death rate, as shown in the following table.

2008-2012 Age-Adjusted Death Rate per 100,000 Population

| Area | 2008-2012 Death Rate/ 1,000 Population |
|----------------|---|
| Burke County | 879.8 |
| North Carolina | 800.6 |

Source: North Carolina Vital Statistics

According to the NC State Center for Health Statistics, cancer was the leading cause of death in North Carolina during 2012. According to the Carolinas Center for Hospice and End of Life Care, cancer was also the leading diagnosis for hospice admissions during 2012. Dementia/Alzheimer’s disease is the second leading diagnosis for hospice patients. Heart disease is the second most common cause of death in North Carolina and the fourth leading diagnosis for hospice patients. The death rates for cancer, Alzheimer’s disease and heart disease are high in Burke County, as shown in the table on the following page.

2008-2012 Age-Adjusted Death Rate per 100,000 Population

| Area | Cancer (All Sites) | Heart Disease | Alzheimer’s Disease |
|----------------|--------------------|---------------|---------------------|
| Burke County | 190.9 | 192.3 | 38.0 |
| North Carolina | 175.9 | 174.4 | 29.3 |

Source: North Carolina Vital Statistics

The comparatively higher death rates are obvious contributing factors to the high use of hospice services in Burke County. Based on this information and the growing population age 65 and older, hospice services will continue to be in high demand in Burke County.

Finally, residents of Burke County have a geographic need for increased capacity for hospice inpatient services.

Geography

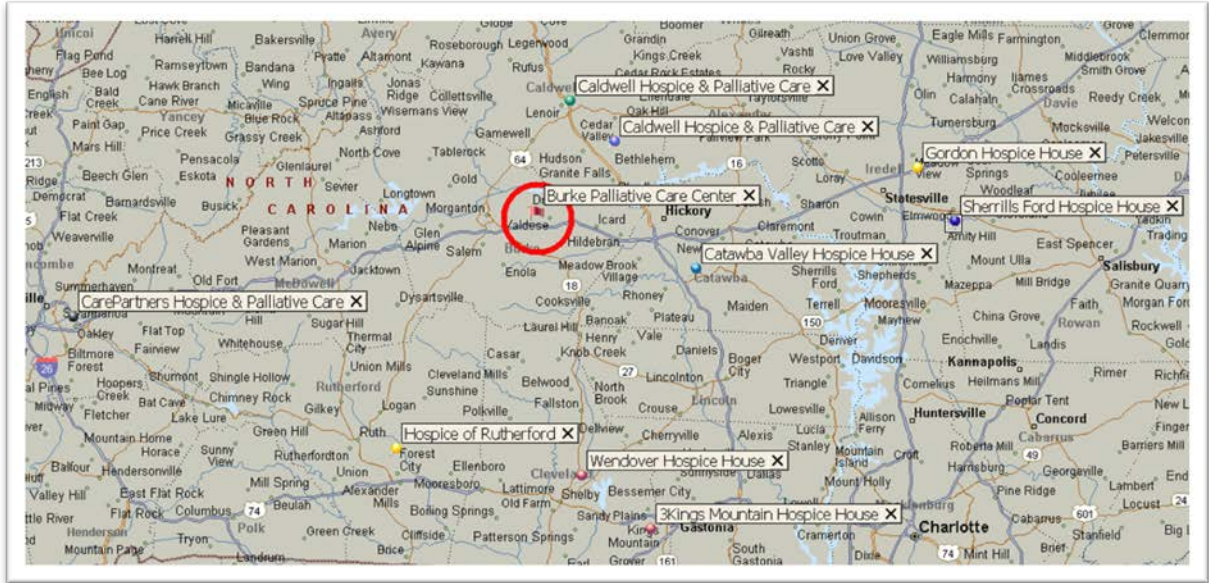
In addition to having high utilization of hospice services, Burke County also demonstrates a geographic need for additional hospice inpatient services. According to the North Carolina Rural Economic Development Center, 85 North Carolina counties, including Burke County, are considered rural. Forty three counties in North Carolina have a population of 20% or greater that lives in poverty, all of which are rural. Generally speaking, residents of rural counties have comparatively less access to healthcare services than residents of urban counties. Additionally, residents of rural counties have comparatively less monetary resources to travel long distances than residents in urban counties.

Hospice is about people. Family members and friends often visit patients on a daily basis because of the dire conditions that patients are in during the last days of their lives. Therefore, geographic access to hospice inpatient services is particularly important for hospice patients.

As described previously, BPPC’s hospice inpatient beds frequently operate at or near practical capacity. When an inpatient bed is not available at BPCC, the closest inpatient facility is in Caldwell County, approximately thirty minutes

away. The following map details the relative locations of existing regional hospice inpatient facilities.

Regional Hospice Inpatient Facilities



When a local hospice patient needs inpatient services and an inpatient bed is not readily available in Burke County, they must either be admitted to a local acute care hospital or referred to a hospice inpatient facility in another county. Neither is a preferred alternative, as hospice patients typically prefer the home-like setting of an inpatient hospice facility to that of an acute care hospital. Like all healthcare services, hospice services are most effective for patients and family members when they are provided close to home. Travel time for family members visiting their loved ones in out-of-county hospice facilities can be very long and costly.

The closest hospice inpatient facilities for Burke County residents are located in either Caldwell County or Catawba County. These facilities are at least half an hour away from Morganton, the county seat, which is located centrally within Burke County. Furthermore, based on FY2013 data, these facilities are already well-utilized; thus, these alternatives offer extremely limited access for Burke County residents. Please refer to the table on the following page.

Drive Times to Closest Hospice Inpatient Facilities

| Facility | Facility County | FY2013 Occupancy | Distance from Morganton |
|------------------------------------|-----------------|------------------|-------------------------|
| Caldwell Hospice & Palliative Care | Caldwell | 94.9% | 17.6 mi; 32 mins |
| Caldwell Hospice & Palliative Care | Caldwell | 92.9% | 15.8 mi; 25 mins |
| Catawba Valley Hospice House | Catawba | 93.5% | 28.2 mi; 31 mins |

Sources: Google Maps, Proposed 2015 SMFP

Local access to hospice inpatient services is particularly important for hospice patients. Family members and friends often visit patients on a daily basis because of the dire conditions of the inpatients during the final days of their lives. Travel is disruptive, expensive and time consuming for these families and friends who must travel out of county long distances to visit their loved ones. Family stress is already high when dealing with a terminally ill family member, and the long travel distance from home simply increases this stress.

In summary, three additional hospice inpatient beds located in Burke County would greatly improve local access to hospice services for Burke County citizens. Residents of Burke County will have improved access to much needed end-of-life services.

Community Support

Community support for additional hospice inpatient beds in Burke County is extremely positive. For example, BHPC received letters of support from many referring physicians and members of the local community. These individuals understand the great local demand for end-of-life services, and recognize the need for increased access to hospice inpatient services in Burke County. These support letters are included with this request in Attachment B.

Historical SHCC Need Determinations

The State Health Coordinating Council has a recent history of issuing need determinations for less than the six hospice bed threshold when improvements to local access, quality, and costs are apparent and SMFP provisions are upheld.

The following table summarizes recent SHCC need determinations for less than six beds.

Recent Hospice Bed Need Determinations < 6 Inpatient Beds

| <i>SMFP</i> | <i>County</i> | <i>Need Determination</i> |
|-------------|---------------|---------------------------|
| 2014 | Burke | 3 |
| 2013 | Yadkin | 4 |
| 2012 | Rockingham | 2 |
| 2012 | Iredell | 3 |
| 2012 | Duplin | 3 |
| 2011 | Iredell | 3 |
| 2011 | Guilford | 4 |
| 2011 | Cleveland | 1 |
| 2010 | Buncombe | 5 |
| 2010 | Alexander | 3 |
| 2009 | Scotland | 2 |

As the table above shows, there is a precedent for including need determinations of less than six hospice beds when expanded capacity of hospice services is necessary and benefits to access, quality, and costs are available. As described below, BHPC is confident the proposed adjusted need determination for Burke County is consistent with the Basic Principles of the State health planning process.

Quality, Access & Value

If this petition is approved, **access** will be greatly improved as expanded hospice inpatient services will be available to patients in Burke County. BHPC has a long history of providing hospice care to all terminally ill patients, regardless of income, racial/ethnic origin, gender, physical or mental conditions, age, ability to pay, or any other factor that would classify a patient as underserved.

Approval of this petition will also enhance the **quality** of hospice services available to Burke County patients. Patients will have increased access to hospice inpatient services structured to provide the quality end-of-life services hospice patients require. According to the NHPCO, hospice is considered to be

the model for quality, compassionate care at the end-of-life. The NHPCO estimates about one in five hospice agencies also operate a dedicated inpatient unit or facility. If this petition is successful in determining an adjusted need to develop additional hospice inpatient beds, local patients will greatly benefit from the highest growing and most viable option for quality end-of-life care. Thus, Burke County hospice patients will be much less likely to be admitted to a hospital or have to travel long distances to a regional hospice inpatient facility because additional hospice inpatient beds will be available locally.

The rising cost of healthcare services continues to cause concern among many constituencies in North Carolina. When an inpatient bed is not available at BHPC's hospice inpatient facility, local hospice patients requiring hospice inpatient care are often admitted to a local hospital. This can result in costs far greater than those incurred if admitted to a more appropriate and less expensive hospice facility setting.

Additionally, research published in the March 2013 issue of *Health Affairs* found that hospice enrollment saves money for Medicare and improves care quality for Medicare beneficiaries with a number of different lengths of services. Led by Amy S. Kelley, MD, MSHS, from the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mt. Sinai, researchers looked at the most common hospice enrollment periods: 1 to 7 days, 8 to 14 days, 15 to 30 days, and 53 to 105 days. Within all enrollment periods studied, hospice patients had significantly lower rates of hospital and intensive care use, hospital readmissions, and in-hospital death when compared to the matched non-hospice patients. The study reveals that savings to Medicare are present for both cancer patients and non-cancer patients. Moreover, these savings appear to grow as the period of hospice enrollment lengthens with the observed study period of one to 105 days.

This study builds on the valuable work of the 2007 Duke University study by providing further proof that hospice care saves the federal Medicare system money. Researchers found that hospice reduced Medicare costs by an average of \$2,309 per hospice patient. Medicare costs would also be reduced if hospice was used for a longer period of time. To know hospice services will indefinitely provide cost savings to Medicare is an additional benefit as the aging population in Burke County faces the hardships of end-of-life situations. Approval of this petition will greatly benefit patients in terms of healthcare costs and value.

Adverse Effects of No Adjustment to the Need Determination

If this petition is not approved, local patients will continue to be forced to travel outside the county for inpatient hospice services when an inpatient bed is not available at BPCC. In addition, patients will have to receive hospice inpatient care in either an acute care facility or in a nursing care facility, neither of which is designed for end-of-life palliative care. Either option is a lesser solution for hospice patients and their families.

BHPC cannot address the need for additional inpatient beds via its six existing residential beds in Burke County because licensure requirements prohibit hospice agencies from providing an inpatient level of care in a residential bed. In other words, a hospice inpatient cannot be admitted to or served in a residential bed. Therefore, regardless of the amount of available capacity in its residential beds, BHPC cannot use that capacity to serve hospice inpatients. However, if approved to develop three additional hospice inpatient beds, BHPC would most likely convert three of its less utilized residential beds to inpatient beds. This would require no capital cost and would be the most cost effective use of resources.

The additional three hospice inpatient beds would enable BHPC to continue to pursue its mission of providing high quality care to hospice patients in Burke County, and in accommodating the rapidly aging population and increasing local demand for hospice services in Burke County.

Conclusion

In summary, Burke Hospice and Palliative Care requests an adjusted need determination to include three (3) additional hospice inpatient beds in the 2015 SMFP. The above petition has identified various special and unique circumstances in Burke County that necessitate the development of additional hospice inpatient beds. Furthermore, BHPC has demonstrated that the request and proposed project are consistent with the Basic Principles of the State health planning process. For these reasons, BHPC respectfully requests the Long-Term and Behavioral Health Committee and the State Health Coordinating Council include a need determination for three hospice inpatient beds in Burke County in the 2015 SMFP.

Attachment A

BHPC New Referral Sources

2013-2014

New Referral Sources for Burke Hospice & Palliative Care

| Last Name | First Name |
|---|---|
| McDowell Physicians | |
| Kinninger | Adam |
| Domingus | Jeff |
| Family Medicine Residents – Blue Ridge Family Practice | |
| Crowell | Mary |
| Devera | Brent |
| Earle | Marcus |
| Hardin | Ashly |
| Kang | Stephanie |
| Lippard | Lauren |
| Lynn | Jesse |
| Miller | Gina |
| Namuduri | Anuradha |
| Russell | Caitlin |
| Shelton | Randy |
| Tung | Chester |
| Internal Medicine Residents – Mountain Family Center | |
| Blahovec | Lyn |
| Buchanan | Craig |
| Campbell | Robby |
| Jansen | Curtis |
| Ketron | Brandon |
| Lavigne | Alexander |
| Mishoe | Matt |
| Patel | Khusbu |
| Prieto | Jose |
| Shaw | Beth |
| Stewart | David |
| Sullivan | Justin |
| Svendsen | Torben |
| Vail | Chad |
| Rotating Interns – Mountain Valley Family Center | |
| Albert | Brandee |
| Noe | Andrew |
| Gastro Fellows | |
| Dam | Tanya |
| Horwitz | Justin |
| Mission My Care Specialty | |
| Friedman | Brad - Pediatric Cardiologist |
| Raystol | Ole - Children's Pediatric Orthopaedics |
| Bodie | Barry - Urology |
| Theofrastous | James - Weight Loss Management |

Attachment B
Letters of Support

Burke HOSPICE & Palliative Care

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

On behalf of the Board of Directors of Burke Hospice and Palliative Care, Inc., I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

Our community is generously blessed with extensive and capable medical and related facilities and personnel. We recognize the valuable benefits of hospice services. As a result, hospice services are well utilized in Burke County, including at our local inpatient hospice home in Valdese. The next nearest hospice inpatient beds are located in other counties, making travel a hardship for most Burke County residents. This is an immense burden for patients, families, and friends to endure during a time of crisis. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services to residents of our county, many of whom must travel great distances to receive such services.

Please accept our support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



David Wiese
Board Chair



Carolinan HealthCare System
Blue Ridge

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

Kathy C. Bailey
President and CEO

Edward T. Plyler, M.D., FAAFP
S. Keith Smith, M.D., FAAFP
Deborah H. Davis, M.D., FAAFP
Laurie C. Robinson, M.D.
Tim M. Robinson, M.D.
Martin T. Gessner, M.D.
G. Michael Gould, DO



Deborah H. Waechter, M.D.
John F. Sallstrom, PA-C
Bill G. Vassen, PA-C
W. Burton Moncrief, PA-C
David R. Lange, PA-C
Alison L. Sprouse-Tucker, FNP-C

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support the petition submitted by Burke Hospice & Palliative Care to include an adjusted need determination for hospice inpatient beds in Burke County.

As a health care provider who cares for many elderly patients, as well as patients with significant life threatening conditions, I fully support development of additional hospice inpatient beds in Burke County as it will be of great benefit to local families. Family members who are trying to provide 24 hour, 7 day a week care for a terminally ill family member benefit from local assistance during this very stressful and demanding period of their lives.

Burke County has an inpatient hospice facility in Valdese, which is great. However, the hospice house is well utilized. When an inpatient bed is not available at this facility, the closest hospice inpatient facilities are located in neighboring counties, which is inconvenient for most Burke County residents. Further, most of these facilities are operating at or close to capacity, so these alternatives provide extremely limited access for Burke County residents.

Residents of Burke County and our physician community recognize the valuable benefits of hospice services. As a result, hospice services are well utilized in Burke County. The growth of hospice days of care exceeds statewide utilization. Burke County residents utilize hospice services at nearly twice the rate of all North Carolina residents.

Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,

A handwritten signature in blue ink that reads "Wallace B. Moncrief, PA-C". The signature is written in a cursive style with a large, looping "f" at the end.
W. Burton Moncrief, PA-C

Edward T. Plyler, M.D., FAAFP
S. Keith Smith, M.D., FAAFP
Deborah H. Davis, M.D., FAAFP
Laurie C. Robinson, M.D.
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July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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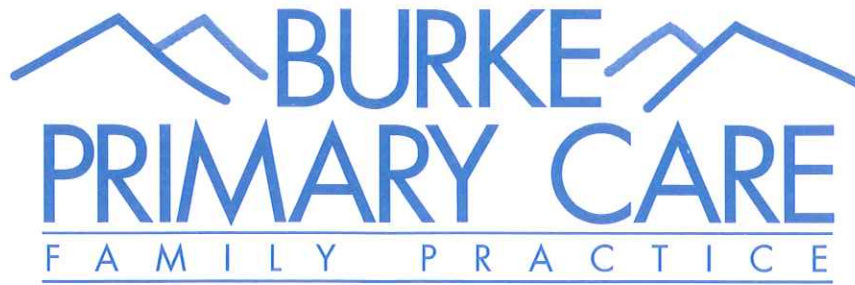
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

May H. Thao, BSN, RN, Clinical Supervisor

Edward T. Plyler, M.D., FAAFP
S. Keith Smith, M.D., FAAFP
Deborah H. Davis, M.D., FAAFP
Laurie C. Robinson, M.D.
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July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Keith Smith", is written over a thin blue horizontal line.

S. Keith Smith, M.D.

DR. LEON GOUDAS
1721 Enon Road
Valdese, NC 28690

July 25, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

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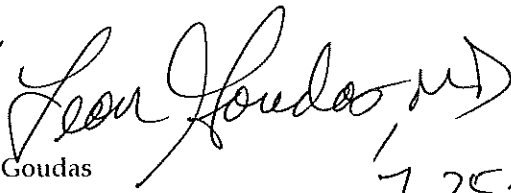
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Sincerely,

Dr. Leon Goudas



7-25-14

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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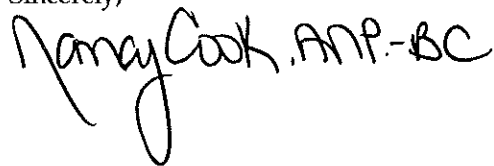
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Sincerely,

Handwritten signature of Nancy Cook, ANP-BC.

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Sincerely,

J. Dembski, MD




CITY OF MORGANTON
NORTH CAROLINA

July 25, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

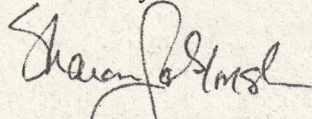
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Sharon Jablonski
Main Street Director



July 23, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

Jim W. Burnett
President

/dkc

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Sincerely,

Dana Lou B. Aucep
Burke Hospice Board of Directors

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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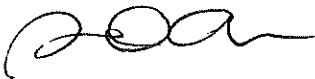
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Sincerely,



Hildebran/Icard Family Medical Care Center
PO Box 845
Rutherford College, NC 28671

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,


Douglas J. Thompson, MD.

IIII
COMMUNITY FOUNDATION
of Burke County

Board of Directors

J. Rountree Collett, Jr.
President

John F. Black, Jr.
Vice President

Martha McMurray-Russ
Secretary

Phillip E. Church
Treasurer

William M. Brinkley

Le N. Erwin

Doris L. Fullwood

Susan L. Haire

Donald J. McCall

Marcus W. H. Mitchell, Jr.

Susan C. Pollpeter

Diana Spangler-Crawford

Benjamin S. Succop

David R. Wiese

V. Otis Wilson, Jr.

Board Members Emeritus

John T. Branstrom

Cynthia H. Callaway

Sterling R. Collett, III

P. Paul Deaton

Elisabeth C. Ervin

John W. Ervin, Jr.

J. Hugh Fletcher

C. Michael Fulenwider

Charles E. Horton

Jack B. Kirksey

James E. Lowdermilk

Nettie M. McIntosh

W. Harold Mitchell

Barbara C. Norvell

James H. Rostan

Robert T. Turner, II

Edward D. Wall

Emily Williamson Gangi

Otto H. Woerner

July 23, 2014

T.J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
NC Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition For Adjusted Need Determination For Hospice Beds in Burke
County in the 2015 SMFP

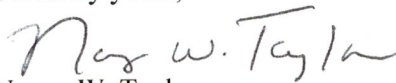
Dear Dr. Pulliam:

I am writing in support of Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds.

Burke County is fortunate to have a wide range of medical facilities and highly trained medical personnel. The community recognizes the importance of hospice and the benefits that it provides to our citizens. Hospice services are well utilized throughout Burke County, as well as in our inpatient hospice home located in Valdese. If beds are not available in Burke County, our residents must travel to adjoining counties, creating an extraordinary hardship on the family during a time of crisis. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services. This will assure our community members that they will have support as they face this most difficult time in the life of a family.

As a family member who was supported by hospice and experienced firsthand the value of such services, I ask you to accept my support for approval of a need determination for hospice beds in Burke County in the 2015 State Medical Facilities Plan.

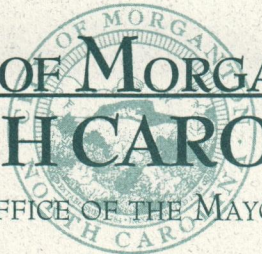
Sincerely yours,


Nancy W. Taylor
Executive Director

205 North King Street
Post Office Box 1156
Morganton, NC 28680

Tel (828) 437-7105
Fax (828) 437-0433

info@cfburkecounty.org
www.cfburkecounty.org


CITY OF MORGANTON
NORTH CAROLINA
OFFICE OF THE MAYOR

July 25, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

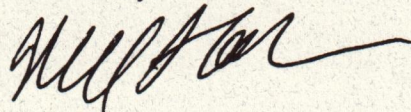
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Mel L. Cohen
Mayor

Johnnie W. Carswell, Chair
Maynard M. Taylor, Vice Chair
Wayne F. Abele, Sr., Commissioner
Jeffrey C. Brittain, Commissioner
Jack Carroll, Commissioner



Kenneth B. Steen, County Manager
Kay H. Draughn, Clerk to the Board
J. R. Simpson, II, County & Tax Attorney

BURKE COUNTY

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Ref: Petition for Adjusted Need Determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP


Dear Dr. Pulliam:

I am writing on behalf of the Burke County Board of Commissioners to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

Our community is blessed with medical facilities and caring personnel. We recognize the valuable benefits of hospice services to our citizens and these services provided by the inpatient hospice home in Valdese are well utilized in Burke County. As you may know, the next nearest hospice inpatient beds are located in other counties and out-of-county travel for these services is a hardship for many Burke County residents to endure during a time of crisis. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services for residents of our county and this would be greatly appreciated by the Board of County Commissioners as well as the citizens of Burke County.

Please receive this letter of support for approval of a need determination for hospice inpatient beds in Burke County and consider inclusion of our request for additional inpatient beds in the 2015 State Medical Facilities Plan.

Sincerely,


Kenneth B. Steen
Burke County Manager

cc: Burke County Board of Commissioners

THE NEWS HERALD

301 Collett St, Morganton, NC 28655

828-432-2161

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

Our community is generously blessed with the care and services Burke Hospice provides. We have run numerous letters to the editors from people thanking the staff for the special care their love one was provided while under the care of Burke Hospice. The request is needed to provide better service to the more than 90,000 residents that live in Burke County. The next nearest hospice inpatient beds are located in other counties, making travel a hardship for most Burke County residents. This is an immense burden for patients, families, and friends to endure during a time of crisis. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services to residents of our county.

Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Lamar Smitherman
Publisher



MEDIA GROUP
A Berkshire Hathaway Company



Burke County
United Way

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

As Board President of Burke County United Way, an agency that has supported the work of Burke Hospice & Palliative Care from its inception, I speak on behalf of the board as well as the many donors that give each year to Hospice. The opportunity to care for a loved one in their last days in a facility that not only supports the patient but also the family in an environment of compassion and love is a gift.

The in-home services offered by Hospice have been and continue to be an exceptional service to families. However, the inpatient hospice home in Valdese has become a tremendous resource to families who simply cannot keep their loved one at home. The facility is centrally located and convenient for Burke County families ensuring visitation travel does not become a hardship. An increase to the hospice inpatient capacity in Burke County is essential and will allow for the availability of inpatient hospice services to more residents of our county, keeping them "home", in the community that they have lived their lives in.

Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in cursive script that reads "Ken Clark".

Ken Clark, Board President



BURKECHAMBER
Burke County Chamber of Commerce

110 E. Meeting St.
Morganton, NC 28655

Phone: 828-437-3021
Fax: 828-437-1613

burkecounty.org

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing as President and CEO of the Burke County Chamber of Commerce to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

Our community is blessed with extensive and capable medical and health-related facilities and providers. As a former vice president with Blue Ridge HealthCare in Burke County, we valued the benefits of the quality, compassionate services provided by Burke Hospice & Palliative Care and partnered with the organization to complete the continuum of care in our community. Accordingly, hospice services are well utilized in Burke County, including at Burke Hospice's local inpatient hospice home in Valdese. The next nearest hospice inpatient beds are located in other counties, making travel a hardship for most Burke County residents. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services to county residents, relieving an immense burden for patients, families, and friends.

Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

Jeryl R. Davis
President and CEO

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support the petition submitted by Burke Hospice & Palliative Care to include an adjusted need determination for hospice inpatient beds in Burke County.

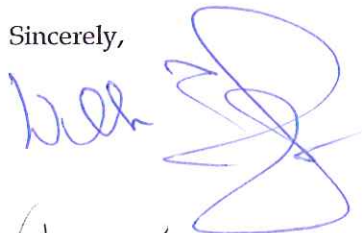
As a physician who cares for many elderly patients, as well as patients with significant life threatening conditions, I fully support development of additional hospice inpatient beds in Burke County as it will be of great benefit to local families. Family members who are trying to provide 24 hour, 7 day a week care for a terminally ill family member benefit from local assistance during this very stressful and demanding period of their lives.

Burke County has an inpatient hospice facility in Valdese, which is great. However, the hospice house is well utilized. When an inpatient bed is not available at this facility, the closest hospice inpatient facilities are located in neighboring counties, which is inconvenient for most Burke County residents. Further, most of these facilities are operating at or close to capacity, so these alternatives provide extremely limited access for Burke County residents.

Residents of Burke County and our physician community recognize the valuable benefits of hospice services. As a result, hospice services are well utilized in Burke County. The growth of hospice days of care exceeds statewide utilization. Burke County residents utilize hospice services at nearly twice the rate of all North Carolina residents.

Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,



William Johnson, MD

Drexel Medical Practice
P. O. Box 8
Drexel, NC 28616

July 14, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

Molly Hemstreet - GENERAL MANAGER

Town of Rutherford College

900 Malcolm Blvd.
Rutherford College, NC 28671

From the desk of Councilman Mark Stinson:
PO Box 967
Rutherford College, NC 28671
828-403-7129

July 25, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



LARRY CRONK
4152 Stone Creek Drive
Valdese, NC 28690

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

Our community is generously blessed with extensive and capable medical and related facilities and personnel. We recognize the valuable benefits of hospice services. As a result, hospice services are well utilized in Burke County, including at our local inpatient hospice home in Valdese. The next nearest hospice inpatient beds are located in other counties, making travel a hardship for most Burke County residents. This is an immense burden for patients, families, and friends to endure during a time of crisis. Increasing hospice inpatient capacity in Burke County will improve local access to inpatient hospice services to residents of our county, many of whom must travel great distances to receive such services.

Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in cursive script that reads "Larry Cronk".

Larry Cronk

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support the petition submitted by Burke Hospice & Palliative Care to include an adjusted need determination for hospice inpatient beds in Burke County.

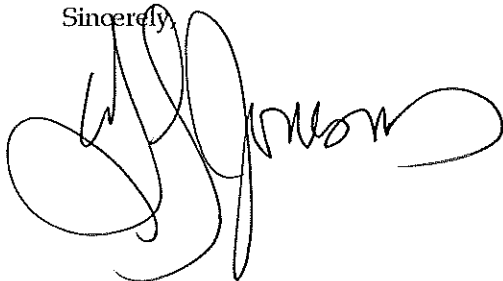
As a physician who cares for many elderly patients, as well as patients with significant life threatening conditions, I fully support development of additional hospice inpatient beds in Burke County as it will be of great benefit to local families. Family members who are trying to provide 24 hour, 7 day a week care for a terminally ill family member benefit from local assistance during this very stressful and demanding period of their lives.

Burke County has an inpatient hospice facility in Valdese, which is great. However, the hospice house is well utilized. When an inpatient bed is not available at this facility, the closest hospice inpatient facilities are located in neighboring counties, which is inconvenient for most Burke County residents. Further, most of these facilities are operating at or close to capacity, so these alternatives provide extremely limited access for Burke County residents.

Residents of Burke County and our physician community recognize the valuable benefits of hospice services. As a result, hospice services are well utilized in Burke County. The growth of hospice days of care exceeds statewide utilization. Burke County residents utilize hospice services at nearly twice the rate of all North Carolina residents.

Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,

A handwritten signature in black ink, appearing to read 'T. J. Pulliam', written over the word 'Sincerely,'.

July 25, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support the petition submitted by Burke Hospice & Palliative Care to include an adjusted need determination for hospice inpatient beds in Burke County.

As a physician who cares for elderly patients, as well as patients with significant life threatening conditions, I fully support the development of additional hospice inpatient beds in Burke County. This will assist patients at the end of life, as well as provide support for their families. Family members who are trying to provide 24 hour, 7 day a week care for a terminally ill family member benefit greatly from the Hospice professional assistance during this very stressful and demanding period of their lives.

Burke County has an excellent inpatient hospice facility in Valdese. However, the hospice house is well utilized and often there is a waiting list. When an inpatient bed is not available at the Burke County facility, the closest hospice inpatient facilities are located in neighboring counties, which adds more stress for the family and is inconvenient for most Burke County residents. Furthermore, most of these facilities are operating at or close to capacity, so these alternatives provide extremely limited access for Burke County residents.

Residents of Burke County and our physician community recognize the valuable benefits of hospice services. The growth of hospice days of care exceeds statewide utilization. Burke County residents utilize hospice services at nearly twice the rate of all North Carolina residents.

Our county residents need additional inpatient hospice capacity. Please know that Burke Hospice has my full support in this endeavor.

Sincerely,

Edward T. Plyler, MD
CMO Continuing Care Services
Medical Director, Long Term Care Division
Carolinas Healthcare System, Blue Ridge

July 23, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

142

D. Richard Cameron
Burke Hospice and Palliative Care Board of Directors

DEBBIE SIGMON
702 Garrou Avenue
Valdese, NC 28690

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Debbie Sigmon

DARYL BROWN
P.O. Box 1201
Drexel, NC 28619-1201

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

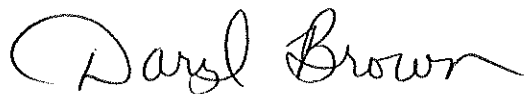
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in cursive script that reads "Daryl Brown". The signature is written in black ink and is positioned above the printed name.

Daryl Brown

CHRISTY INGERSOLL
28995 Ramblewoods Drive
Morganton, NC 28655

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

Dear Dr. Pulliam:

I am writing to support Burke Hospice & Palliative Care's effort to petition for hospice inpatient beds in Burke County.

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Christy Ingersoll

CHASITY POTEAT
204 Ervin Road
Morganton, NC 28655

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

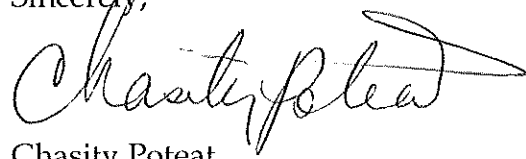
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in cursive script that reads "Chasity Poteat". The signature is written in black ink and is positioned above the printed name.

Chasity Poteat

July 23, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in black ink that reads "Anita Trescott". The signature is written in a cursive, flowing style.

Anita Trescott

July 23, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

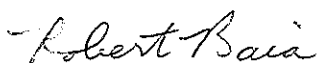
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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Robert Baia

William F. Davis, Retired
202 Clearwater Drive
Morganton, NC 28655

July 22, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



William F. Davis

BARBARA TARANTO
102 Jackson's Run
Morganton, NC 28655

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,



Barbara Taranto

July 21, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,

A handwritten signature in black ink that reads "Allen VanNoppen". The signature is written in a cursive style with a large initial 'A'.

Allen VanNoppen
Owner, VanNoppen Marketing, LLC

ADELIA MCSHERLEY
1756 Pipers Ridge Circle
Conover, NC 28613

July 24, 2014

T. J. Pulliam, MD
Chair, Long-Term and Behavioral Health Committee
State Health Coordinating Council
N.C. Department of Health and Human Services
2714 Mail Center Service
Raleigh, NC 27699-2714

Re: Petition for adjusted need determination for Hospice Inpatient Beds in Burke County in the 2015 SMFP


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Please accept my support for approval of a need determination for hospice inpatient beds in Burke County in the 2015 State Medical Facilities Plan.

Sincerely,


Adelia McSherley