



**PETITION TO STATE HEALTH COORDINATING COUNCIL TO REMOVE NEED
DETERMINATION FOR ONE ADDITIONAL HOSPICE HOME CARE OFFICE IN
HAYWOOD COUNTY FROM THE 2026 STATE MEDICAL FACILITIES PLAN**

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Petitioner:

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Four Seasons is a nationally recognized, nonprofit hospice and palliative care provider serving Western North Carolina for more than 40 years. With deep clinical and community roots in Haywood County, we deliver expert, compassionate care to individuals and families across rural and mountain communities. Our interdisciplinary teams provide services in homes, long-term care settings, and hospitals, ensuring equitable access and continuity of care across county lines.

Statement of Requested Adjustment

Four Seasons petitions the State Health Coordinating Council (SHCC) to remove the need determination for one new hospice home care office in Haywood County that appears in Table 13G of the Proposed 2026 State Medical Facilities Plan (SMFP).

Background

The hospice home care methodology projects future need by applying a statewide median percentage of deaths served by hospice to projected county-level deaths. Mortality statistics and death rates over a five-year period are used as the foundation for these projections.

The Proposed 2026 SMFP includes need determinations for new hospice home care offices in nine counties, including Haywood County. Notably, this represents the highest number of hospice home care office need determinations in at least 18 years.

Four Seasons respectfully believes that the need determination for an additional hospice home care office in Haywood County is not supported by the underlying data. Local conditions, including the county's resilient hospice utilization and the temporary mortality distortions caused by the COVID-19 pandemic, warrant an adjusted need determination and removal of the proposed need from the 2026 SMFP.

Reasons Supporting The Proposed Adjustment

1. Median Utilization Projection Reflects COVID-Driven Anomalies

The need determination for an additional hospice home care office in Haywood County appears to be driven by an artificially elevated projected statewide median percentage of deaths served by hospice, as calculated in Step 8 of the hospice home care methodology. In the Proposed 2026 SMFP, this projection is based on a two-year trailing growth rate of 6.7%, resulting in a projected median of 51.5%, the highest figure ever used since the methodology was first implemented in 2010. See Table 1.

Table 1: Projected Statewide Median % of Deaths Served Used in Annual SMFPs

SMFP YEAR	PROJECTED STATEWIDE MEDIAN % OF DEATHS SERVED
2010*	34.3%
2011	33.7%
2012	42.0%
2013	42.5%
2014	39.6%
2015	47.1%
2016	39.2%
2017	44.7%
2018	49.2%
2019	40.6%
2020	44.5%
2021	38.0%
2022	44.6%
2023	41.2%
2024	29.8%
2025	39.0%
2026	51.5%

*The 2010 SMFP was the first year the current hospice home care methodology was implemented.

Source: 2010 SMFP – Proposed 2026 SMFP

Historically, there has been a strong correlation between sharp increases in the projected statewide median and the number of hospice need determinations issued in a given year.

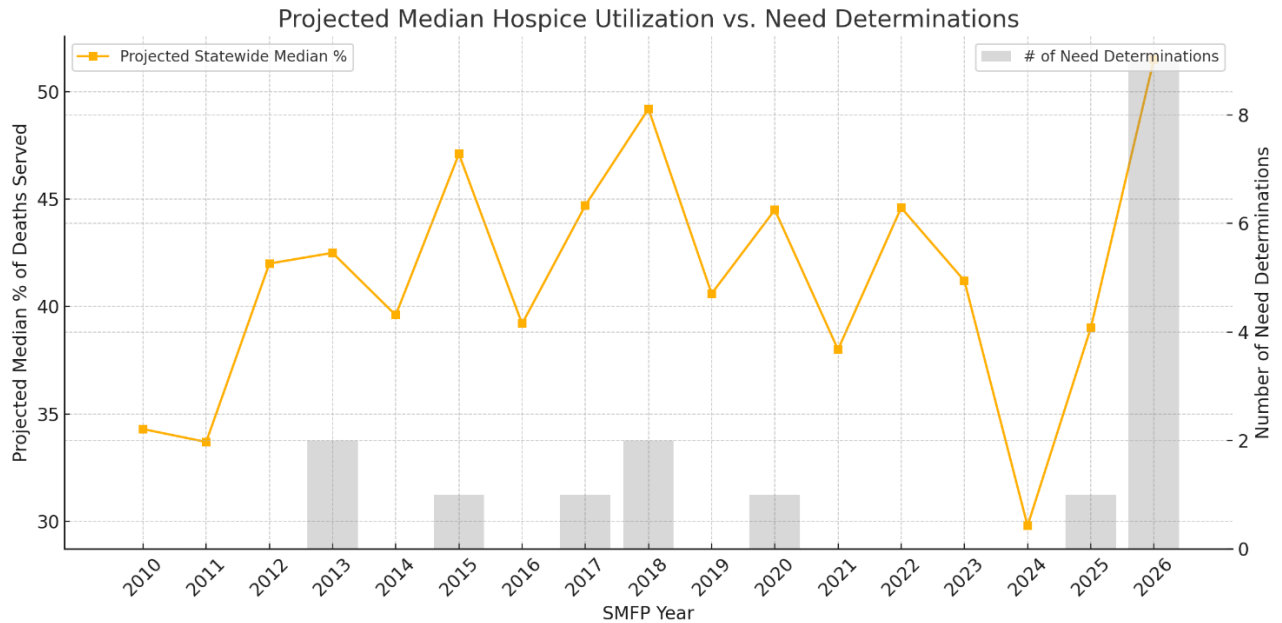


Table 2: Statewide Hospice Data, 2008-2024

SMFP YEAR	PROJECTED STATEWIDE MEDIAN % OF DEATHS SERVED^	# OF HOSPICE HOME CARE OFFICE NEED DETERMINATIONS
2010	34.3%	0
2011	33.7%	0
2012	42.0%	0
2013	42.5%	2
2014	39.6%	0
2015	47.1%	1
2016	39.2%	0
2017	44.7%	1
2018	49.2%	2
2019	40.6%	0
2020	44.5%	1
2021	38.0%	0
2022	44.6%	0
2023	41.2%	0
2024	29.8%	0
2025	39.0%	1
2026	51.5%	9

^Calculated in Step 8 of hospice home care office methodology

Source: 2010 SMFP – 2025 SMFP, Proposed 2026 SMFP

As shown in the previous table and figure, the 2013, 2015, and 2018 SMFPs, which included projected medians of 42.5%, 47.1%, and 49.2% respectively, also included need determinations for hospice home care offices. By contrast, in years when the projected median remained flat or

declined, the number of need determinations dropped to zero. The 2026 SMFP's jump from 39.0% to 51.5%, an increase of more than 12 percentage points, triggered the highest number of determinations seen to date.

This sudden spike is not rooted in a meaningful, system-wide increase in hospice access or utilization, but rather reflects a statistical rebound following the distortions of the COVID-19 pandemic.

The phenomenon of mortality displacement, often referred to as "pull forward" deaths, has created an echo effect in hospice need projections. During the peak of the COVID-19 pandemic, a significant number of medically fragile individuals died earlier than expected, causing a temporary spike in mortality followed by a period of suppressed death rates in subsequent years. This pattern distorts the percentage of deaths served by hospice, as total deaths (the denominator) decline while hospice deaths (the numerator) remain stable or rise modestly. The result is an artificial rebound in hospice penetration that appears, on paper, as rapid growth in utilization. This echo effect then inflates growth rates used in the SMFP methodology, leading to projections of future hospice need that are not grounded in sustained demand, but rather in temporary statistical distortions following the pandemic.

Table 3 summarizes statewide data to illustrate the impact COVID-19 had on deaths and hospice deaths.

Table 3: Statewide Hospice Data, 2017-2024

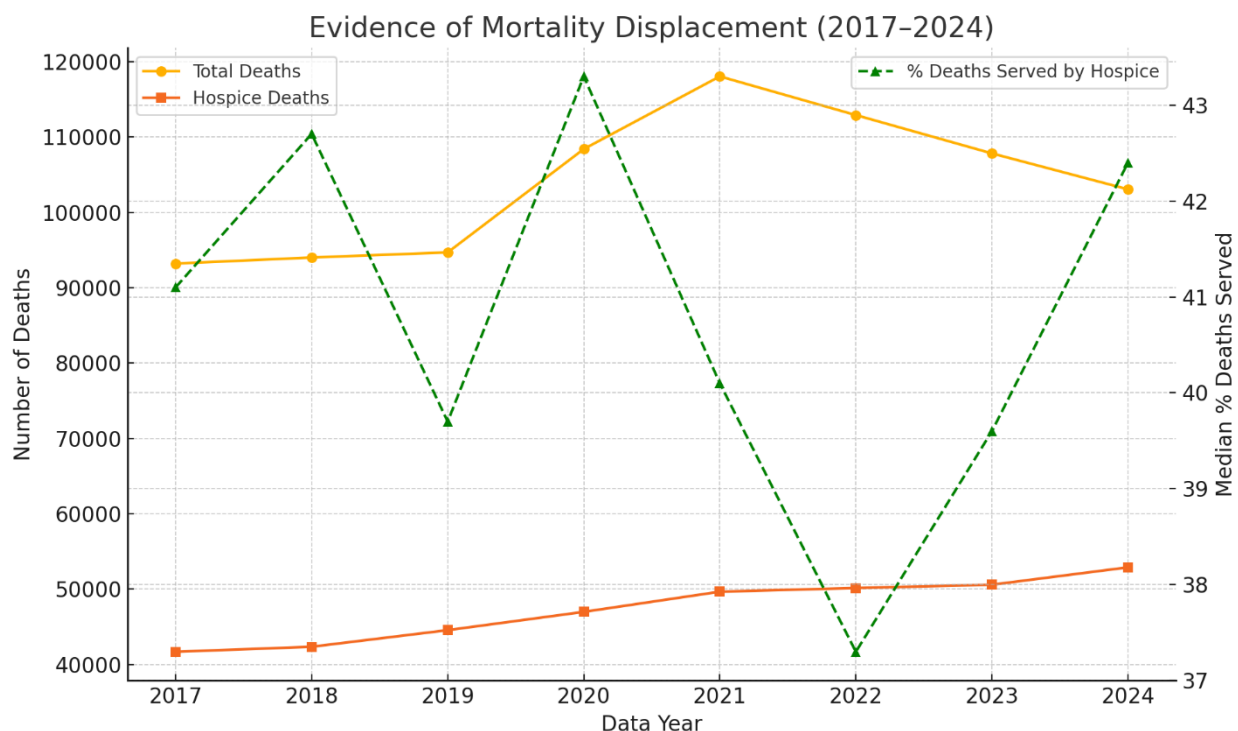
DATA YEAR	DEATHS	% CHANGE	HOSPICE DEATHS	% CHANGE	STATEWIDE MEDIAN DEATHS SERVED	% CHANGE
2017	93,202		41,685		41.1%	
2018	94,005	0.9%	42,352	1.6%	42.7%	4.0%
2019	94,686	0.7%	44,556	5.2%	39.7%	-7.0%
2020	108,398	14.5%	46,982	5.4%	43.3%	9.0%
2021	118,040	8.9%	49,660	5.7%	40.1%	-7.3%
2022	112,906	-4.3%	50,148	1.0%	37.3%	-7.1%
2023	107,820	-4.5%	50,585	0.9%	39.6%	6.2%
2024	103,054	-4.4%	52,891	4.6%	42.4%	7.1%

Source: 2019 SMFP –Proposed 2026 SMFP

Statewide data confirm that 2020 and 2021 experienced dramatic increases in total deaths, 14.5% and 8.9%, respectively, due largely to COVID-related mortality among vulnerable populations. This surge in deaths is consistent with "mortality displacement" or "pull forward deaths," wherein individuals who might otherwise have died in later years passed away earlier due to the

pandemic. The result was a sharp decline in total deaths from 2022 through 2024, with consecutive annual decreases of 4.3%, 4.5%, and 4.4%.

During this same period, the number of hospice deaths continued to grow, albeit modestly. Because the percentage of deaths served by hospice is calculated by dividing hospice deaths by total deaths, the combination of a shrinking denominator and stable-to-slightly-rising hospice deaths created an artificially steep increase in the calculated percentage of deaths served by hospice. From 2022 to 2024, the statewide median rose from 37.3% to 42.4%, driven by the statistical effects of post-pandemic normalization rather than organic growth in hospice service penetration.



The artificial growth trajectory during 2022-2024 fed directly into the two-year trailing growth rate used in the 2026 SMFP, producing the 6.7% rate that inflated the projected statewide median. That figure stands out as a clear outlier when viewed in historical context. Between 2010 and 2024, the median two-year trailing growth rate was just 2.6%, and the average was only 2.4%. The 6.7% rate used in the 2026 SMFP is more than two-and-a-half times the median and three times the average. It follows a seven-year period of either negative or minimal growth, during which the rate never exceeded 1.3% and was negative in four of those years.

In effect, the methodology captures a moment of temporary statistical inflation and interprets it as a long-term trend, overstating need in multiple counties, including Haywood, despite local utilization returning to pre-pandemic levels. The resulting need determination in Haywood county is not reflective of genuine unmet demand. It is a product of post-pandemic denominator distortion and methodological sensitivity to short-term data anomalies.

Four Seasons respectfully requests that the State acknowledge the artificial nature of the current projected median and the 6.7% growth rate driving it. In doing so, we request the removal of the need determination for an additional hospice home care office in Haywood County from the Proposed 2026 SMFP.

2. Haywood County’s COVID Impact Was Atypical—And Temporary

The data for Haywood County reflects a classic pattern of pull-forward deaths, also known as mortality displacement, which was widely observed during and after the COVID-19 pandemic.

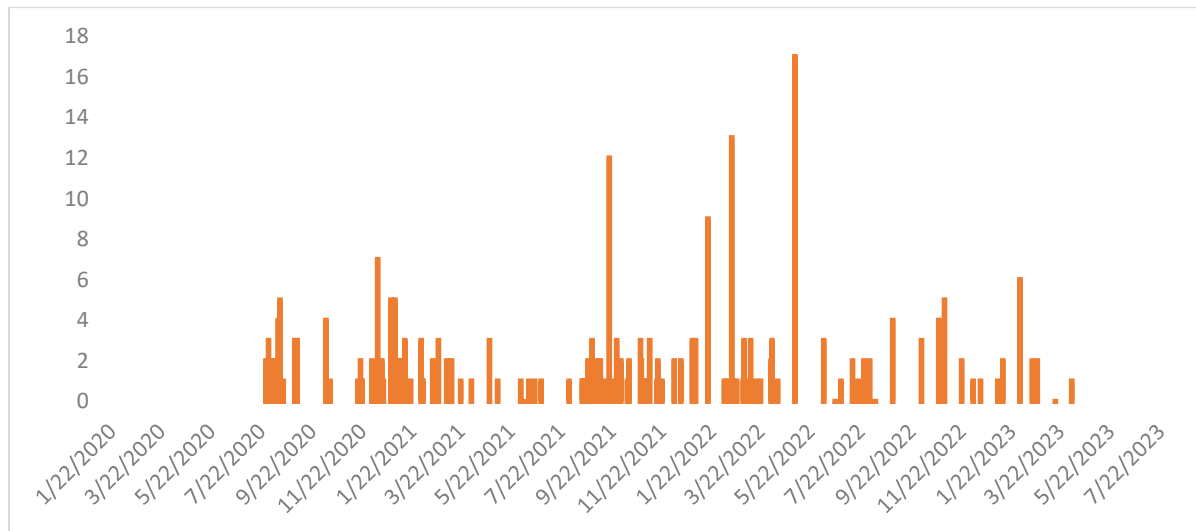
Table 4: Haywood County Death Data, 2017-2024

DATA YEAR	DEATHS	% CHANGE	HOSPICE DEATHS	% CHANGE	% OF DEATHS SERVED
2017	821		384		46.8%
2018	843	2.7%	387	0.8%	45.9%
2019	831	-1.4%	372	-3.9%	44.8%
2020	959	15.4%	344	-7.5%	35.9%
2021	995	3.8%	337	-2.0%	33.9%
2022	1,034	3.9%	362	7.4%	35.0%
2023	939	-9.2%	349	-3.6%	37.2%
2024	905	-3.6%	381	9.2%	42.1%

Source: 2019 SMFP –Proposed 2026 SMFP

Unlike the statewide pattern, where the pull forward effect primarily spanned two years (2020–2021), Haywood County experienced an extended three-year period of elevated mortality from 2020 through 2022. From 2019 through 2022, total deaths in Haywood County increased sharply, rising from 831 in 2019 to 959 in 2020 (a 15.4% increase), then to 995 in 2021 (an additional 3.8% increase), and 1,034 in 2022 (a 3.9% increase). The following graph reflecting daily COVID-19 deaths in Haywood County confirm surges in COVID mortality during this time.

New COVID Deaths Per Day, Haywood County



Source: Centers for Disease Control and Prevention; usafacts.org

In contrast, the number of hospice deaths declined during 2020-2021, falling from 372 in 2019 to 344 in 2020 and then to 337 in 2021. As a result, hospice penetration dropped precipitously, from 44.8% in 2019 to just 33.9% in 2021, indicating that many deaths occurred outside the hospice system, due to the sudden and acute nature of COVID-19 and disruptions to end-of-life care.

Following this period of elevated mortality, Haywood County experienced two consecutive years of declining deaths: a 9.2% drop in 2023 and a further 3.6% decline in 2024, bringing the annual death count to 905, well below the 2022 peak. These declines, combined with a gradual recovery in hospice utilization rates, are consistent with a pull forward pattern. Hospice penetration has increased from its 2021 low, reaching 42.1% in 2024, approaching pre-pandemic levels but still reflecting a system in recovery.

In sum, the data for Haywood County demonstrate that the unusually high number of deaths in 2020-2022 likely “pulled forward” deaths that would have occurred in 2023, 2024, or beyond. This temporary distortion in mortality patterns must be considered when evaluating projected need for hospice services.

3. Five-Year Death Rate Is Inflated

In addition to the artificially elevated projected median percentage of deaths served, the projected hospice need in Haywood County is also inflated by the use of an abnormally high five-year death rate.

The hospice home care office methodology calculates projected deaths by applying a five-year average death rate, based on data from 2019 through 2023, to county-level population projections. However, this time frame includes multiple years of elevated mortality associated

with the COVID-19 pandemic, which disproportionately affected medically fragile individuals and temporarily increased annual death totals.

As shown in the following table, Haywood County experienced a 15.4% increase in total deaths in 2020, followed by additional increases of 3.8% in 2021 and 3.9% in 2022, representing the height of pandemic-related mortality displacement.

Table 5: Haywood County Death Data, 2019–2024

DATA YEAR	TOTAL DEATHS	% CHANGE FROM PRIOR YEAR
2019	831	—
2020	959	+15.4%
2021	995	+3.8%
2022	1,034	+3.9%
2023	939	−9.2%
2024	905	−3.6%

Source: 2021-Proposed 2026 SMFP

The inclusion of 2020–2022 data in the five-year death rate inflates Haywood County’s projected death total and, by extension, its projected hospice need. Notably, the two most recent years, 2023 and 2024, show significant declines in mortality, consistent with a return to pre-pandemic baselines. This pattern reflects the well-documented effect of “pull forward” deaths, where mortality temporarily spikes during a public health crisis and then drops below trend as fewer high-risk individuals remain.

By relying on a five-year death rate that is heavily weighted toward the pandemic’s mortality peak, the SMFP methodology artificially overstates future hospice need in Haywood County. In reality, the most recent years indicate that both death counts and hospice penetration are stabilizing, and that the current hospice system is well-positioned to meet actual community need. For these reasons, the inclusion of this inflated five-year death rate further supports the removal of the need determination for a new hospice home care office in Haywood County.

4. Two-Year Trailing Growth Rate of Median Percent of Deaths Served Is Not Appropriate For Determining Need

As described previously, the Two-Year Trailing Growth Rate of Median Percent of Deaths Served used in the Proposed 2026 SMFP hospice home care office methodology (6.7%) is based on artificially high year-over-year growth rate driven by post-pandemic normalization. By comparison, the median for Two-Year Trailing Growth Rate Median Percent of Deaths Served included in each of the 2010-2026 SMFPs is 2.6% and the average is 2.4%.

Table 6: 2-YR TRAILING GROWTH RATE MEDIAN PERCENT OF DEATHS SERVED

SMFP YEAR	2-YR TRAILING GROWTH RATE MEDIAN PERCENT OF DEATHS SERVED
2010	4.9%
2011	2.7%
2012	7.2%
2013	6.4%
2014	3.1%
2015	6.0%
2016	1.7%
2017	2.6%
2018	5.8%
2019	-0.4%
2020	1.3%
2021	-1.5%
2022	1.0%
2023	0.9%
2024	-7.2%
2025	-0.5%
2026	6.7%
2010 – 2024 MEDIAN	2.6%
2010 – 2024 AVERAGE	2.4%

If 2010 – 2024 Median of the Two-Year Trailing Growth Rate of Median Percent of Deaths Served (2.6%) were used in Step 8 of the hospice home care office methodology, the 2027 projected median percent of deaths served would be 45.8%. As shown in Table 5, applying this one change would eliminate the need for additional hospice home care offices in all but one county (Johnston).

**Table 7: Revised Table13B: Year 2027 Hospice Home Care Office Need Projection,
Haywood County**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2019-2023 Death Rate/1000 Population	2027 Population (excluding military)	Projected 2027 Deaths	2024 Reported Number of Hospice Patient Deaths	2027 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	Number of Hospice Deaths Served Limited to 60%	Projected 2027 Number of Hospice Deaths Served	Median Projected 2027 Hospice Deaths	Place- holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. OSBM	Col. B x (Col. C /1,000)	2025 License Renewal Applications	Col. E x 3 Years Growth at 2.7% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (45.8%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Burke	14.2	91,545	1,297	526	570	778	570	594	0	-24	2	2.2	0
Cleveland	14.4	103,053	1,487	594	643	892	643	681	0	-38	3	2.9	0
Cumberland	9.5	304,434	2,891	1,145	1,240	1,735	1,240	1,324	145	61	8	2.6	0
Guilford	9.7	573,673	5,581	2,320	2,513	3,349	2,513	2,556	0	-43	5	0.9	0
Haywood	15.3	65,661	1,002	381	413	601	413	459	0	-46	1	1.5	0
Johnston	8.4	270,391	2,273	669	725	1,364	725	1,041	0	-316	8	2.96	1
McDowell	14.3	44,797	640	192	208	384	208	293	0	-85	1	2.2	0
Randolph	12.7	150,403	1,908	775	840	1,145	840	874	0	-34	3	2.0	0
Rockingham	15.2	92,416	1,409	559	606	845	606	645	0	-39	1	1.1	0

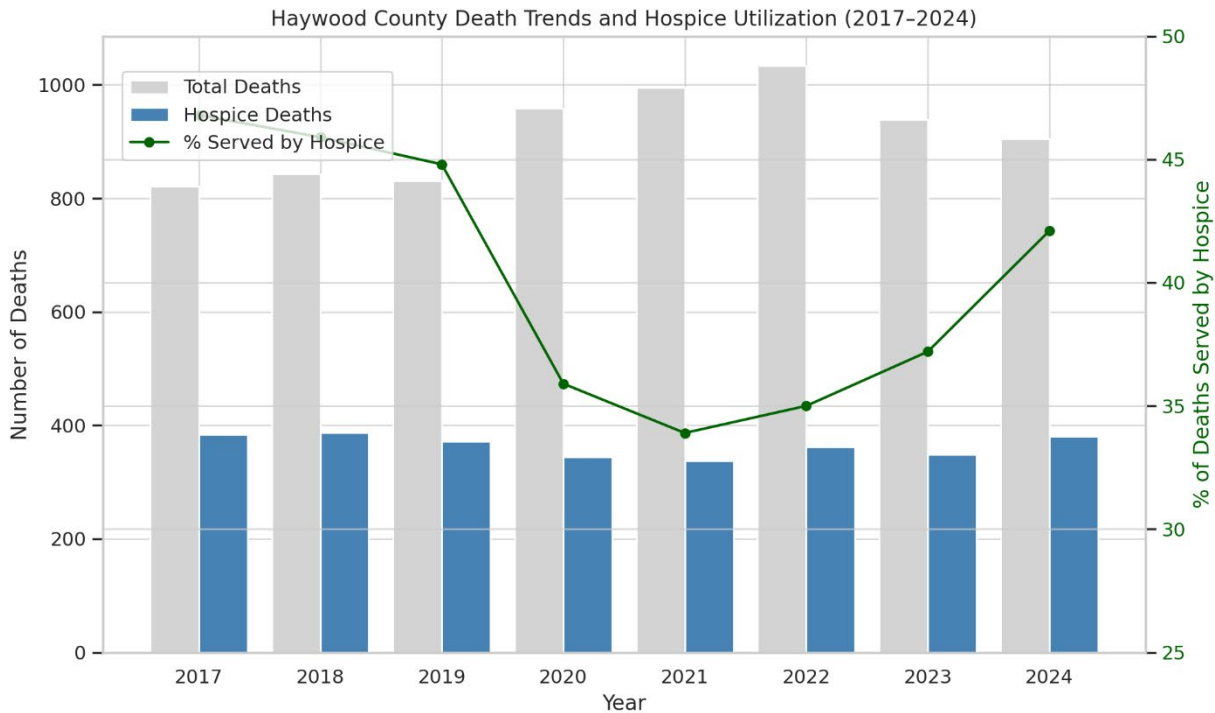
4. Utilization Patterns Reflect No Unmet Need in Haywood County

According to Chapter 13: Hospice Data by County of Patient Origin - 2024 Data, Haywood County is currently served by seven licensed hospice home care offices. Table 8 and the chart below illustrate total deaths, hospice deaths, and the percentage of deaths served by hospice in Haywood County from 2017 through 2024.

Table 8: Haywood County Death Data, 2017-2024

DATA YEAR	DEATHS	HOSPICE DEATHS	% OF DEATHS SERVED
2017	821	384	46.8%
2018	843	387	45.9%
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2021	995	337	33.9%
2022	1,034	362	35.0%
2023	939	349	37.2%
2024	905	381	42.1%

Source: 2019 SMFP –Proposed 2026 SMFP



Although hospice utilization declined during the pandemic years, these temporary declines align with statewide and national trends, reflecting the challenges of providing end-of-life care during a public health emergency rather than a failure of the local system. Importantly, hospice use has steadily rebounded since the pandemic peak. By 2024, Haywood County’s hospice penetration recovered to 42.1%, approaching pre-pandemic levels despite an overall decline in deaths from the pandemic-induced peak.

This pattern demonstrates the resilience and responsiveness of Haywood County’s existing hospice providers. Rather than indicating a gap in service, the recent trends show that the community’s hospice infrastructure has effectively adapted to changing conditions and continues to meet the needs of patients and families. The steady rebound in hospice deaths despite lower overall mortality in recent years is a clear sign of a system that is functioning well and does not require the addition of new providers to maintain access or quality.

Since the onset of the COVID-19 pandemic, Four Seasons has taken deliberate and strategic steps to reinforce and adapt its hospice care delivery model in Haywood County. Recognizing the extraordinary pressures placed on both patients and providers during the public health emergency, our organization has focused on strengthening local capacity, rebuilding relationships, and stabilizing access to high-quality hospice care as the county returns to more typical mortality patterns.

As part of this effort, Four Seasons has added several new nursing and support staff positions specifically dedicated to serving Haywood County. These team members, including registered nurses, social workers, and care coordinators, are not only clinically qualified but also live and

work within the community, offering a level of familiarity, trust, and responsiveness that enhances the overall patient and family experience. This intentional investment in community-based staffing has directly supported the sustained recovery in hospice utilization seen in recent years and reflects our long-term commitment to meeting the evolving needs of Haywood County residents.

To further support these efforts, Four Seasons has established a new staff landing space in Downtown Waynesville. While not a licensed office, this dedicated space provides team members with access to essential infrastructure such as internet, printers, and documentation tools. More importantly, it serves as a physical presence that reinforces our ongoing commitment to the community and enables our care teams to work more efficiently and remain highly accessible to local patients and families.

Through these targeted investments, Four Seasons has ensured that its hospice delivery model in Haywood County is resilient, responsive, and rooted in the community it serves. As utilization stabilizes and mortality rates normalize following the pandemic, we remain fully committed to maintaining high-quality, person-centered hospice care that is both locally delivered and consistently available.

This system-level success is reflected in individual patient experiences. Just this year, the Four Seasons hospice team supported a 39-year-old Haywood County patient and his wife in fulfilling his final wish to visit the beach. Through compassionate, personalized care, our team helped create the conditions that made this special trip possible. His wife now treasures those final days, a testament to the meaningful support Four Seasons provides to patients and families when it matters most. This reflects the commitment and continuity provided by long-standing hospice providers in Haywood County.

In light of this information, it is evident that Haywood County's hospice market is stable, accessible, and fully capable of meeting the needs of hospice-eligible populations.

4. Prior Hospice Petitions

There is clear precedent for removing hospice home care office need determinations in response to petitions that present compelling, data-driven arguments. For example, the State Health Coordinating Council approved petitions to remove need determinations for new hospice home care programs in Davidson, Johnston, and Union counties from the Proposed 2009 State Medical Facilities Plan. Similar adjustments were made in response to petitions in prior years, including the removal of need determinations for Iredell and Wilson counties from the Proposed 2006 Plan and for Cabarrus County from the Proposed 2005 Plan.

In each case, the Agency acknowledged that relevant factors, such as utilization trends, provider and capacity, justified removing the proposed need determinations. In that same spirit, Four Seasons believes there are legitimate, evidence-based factors that support the removal of the

need determination for an additional hospice home care office in Haywood County from the Proposed 2026 State Medical Facilities Plan.

5. Support for New Hospice Home Care Methodology Work Group

The current methodology used to project need for hospice home care offices was developed more than fifteen years ago through a collaborative and well-intentioned process. In 2008, the State Health Coordinating Council, acting on a recommendation from its Long-Term and Behavioral Health Committee, convened a Hospice Methodologies Task Force to evaluate and improve how hospice need was identified across North Carolina.

After a series of meetings, the Task Force issued consensus recommendations that were formally adopted and incorporated into the 2010 State Medical Facilities Plan. Since then, the hospice home care methodology has remained unchanged.

While the methodology served the state well in the years following its adoption, much has changed in the delivery and demand for hospice care. Demographic shifts, advances in clinical models, expanded use of in-home and palliative care services, and the disruption caused by the COVID-19 pandemic have all contributed to a hospice landscape that looks very different than it did in 2008. Despite these changes, the methodology's core assumptions and calculation steps have not evolved in tandem.

As a leading hospice provider deeply embedded in the communities we serve, Four Seasons believes it is time to revisit the methodology to ensure it reflects today's realities and supports thoughtful, sustainable growth in hospice services across the state. We respectfully encourage the SHCC to consider establishing a new work group to conduct a comprehensive review of the methodology. Such a process would allow stakeholders to re-evaluate the factors driving projected need, assess the methodology's continued validity, and recommend updates that better align with current care patterns and population health needs. A transparent and inclusive review would help ensure that future need determinations are data-driven, equitable, and reflective of North Carolina's evolving hospice landscape.

Four Seasons' Request Aligns With The Basic Principles Of The SMFP

The State Medical Facilities Plan is grounded in a commitment to promoting equitable access, high-quality care, cost-effective resource use, and sound planning for sustainable healthcare infrastructure. Four Seasons' request to remove the proposed need determination for an additional hospice home care office in Haywood County is fully consistent with these principles and is supported by publicly reported federal quality data.

As a nonprofit, mission-driven hospice provider, demonstrates exceptional quality of care, particularly in comprehensive assessment and overall care delivery. The organization's most recent performance on the Centers for Medicare & Medicaid Services (CMS) Hospice Quality

Reporting Program places Four Seasons among the top hospice providers in the state, and the nation. According to CMS Care Compare:

- Hospice Item Set (HIS) Comprehensive Assessment: Four Seasons scores 99.5%, significantly outperforming both the national average (92.1%) and the North Carolina average (95.9%).

This reflects Four Seasons' consistent, thorough approach to assessing and planning care across critical dimensions such as pain management, breathlessness, and honoring patient values.

- Hospice Care Index (HCI): Four Seasons earned a perfect score of 10, compared to the national average (8.8) and the state average (9.5).

A perfect HCI score indicates excellence across 10 key indicators of hospice quality, including timely nursing care, appropriate discharges, and resource use.

These data validate Four Seasons as a high-performing, evidence-based provider already serving Haywood County. Introducing another provider would not enhance quality; it may dilute the standard of care by fragmenting patient volumes and staff expertise.

Value is a function of quality relative to cost and efficient resource use. Four Seasons' performance supports high value:

- The perfect Hospice Care Index score confirms efficiency and appropriateness of care delivery.
- Maintaining a single, high-performing provider reduces administrative costs, avoids duplicative infrastructure, and ensures care continuity.

Authorizing a new hospice provider in this context could undermine value by spreading finite clinical resources (especially nurses and social workers) thinner without demonstrable gains in quality or access.

Four Seasons also serves a substantial volume of patients, demonstrating that existing providers are not only capable but also effective in meeting the needs of Haywood County residents. In 2024, Four Seasons provided more than 11,000 days of hospice care and served 228 hospice admissions in Haywood County. This level of service, combined with Haywood County's hospice penetration rate rebounding to 42.1% in 2024, indicates that current capacity is both sufficient and being used appropriately. Adding a new provider in this context would not improve accessibility, rather it could introduce fragmentation, strain limited workforce resources, and jeopardize the operational sustainability of a system that is already performing well.

Retaining the need determination in the face of these facts would be inconsistent with the SMFP's goal of efficient, data-driven planning. Four Seasons' request does not limit choice or restrict

access; rather, it reinforces the SMFP's intent by ensuring that hospice services remain high-quality, patient-centered, and appropriately scaled to the community's needs.

Removing The Haywood County Need Determination Will Not Result In Unnecessary Duplication

Eliminating the proposed need determination for an additional hospice home care office in Haywood County will not result in unnecessary duplication of services. To the contrary, removal of the need determination helps preserve the current balance of resources and prevents the introduction of excess capacity into a market that is already well served.

Haywood County is currently supported by an established hospice provider with a long track record of delivering high-quality, community-based care. Existing providers have demonstrated the ability to meet the needs of local residents, even during periods of significant strain such as the COVID-19 pandemic. Hospice penetration rates in Haywood County have rebounded steadily since 2021, reaching 42.1% in 2024, approaching pre-pandemic levels that routinely exceeded 44%. These trends confirm that current capacity is sufficient and that patients are accessing hospice services at levels consistent with other mature markets across the state.

Adding a new hospice home care office in a stable, rural market with no evidence of unmet need would introduce redundancy, not to improve access, but to divide limited patient volume. This type of duplication can have unintended consequences, including market oversaturation, fragmentation of care, reduced operational efficiency, and increased competition for already scarce clinical personnel. These dynamics are especially problematic in rural communities like Haywood County, where workforce and financial resources must be carefully stewarded to maintain continuity and quality of care.

In short, removing the need determination will not limit patient access or restrict choice; rather, it will help preserve the strength and stability of the existing hospice infrastructure. It ensures that regulatory approvals continue to reflect actual community needs and avoid authorizing new capacity that cannot be responsibly or sustainably supported.

Potential Adverse Effects If Need Determination Remains In The 2026 SMFP

If the need determination for an additional hospice home care office in Haywood County is not removed from the Proposed 2026 State Medical Facilities Plan, it could have negative consequences that undermine the delivery of high-quality, coordinated end-of-life care in the region.

Haywood County is currently served by an established and responsive hospice system that has consistently met the needs of patients and families. Hospice providers in the county have demonstrated strong performance, even during the challenges of the COVID-19 pandemic. Hospice penetration reached 42.1% in 2024, reflecting a clear rebound toward pre-pandemic

utilization rates and indicating that the current providers are effectively serving the community. Introducing a new hospice provider in this context risks destabilizing a well-functioning system.

One of the most immediate concerns is the potential for market oversaturation and fragmentation of care. Adding a new provider in a rural market with a limited number of patients can dilute patient volumes across agencies, strain resources, and reduce operational efficiency. It can also disrupt established referral networks, fragment care coordination, and confuse patients and families navigating hospice options.

The introduction of a new provider may also exacerbate existing workforce challenges. Like many rural communities, Haywood County faces difficulties recruiting and retaining qualified hospice personnel. Additional competition for a limited pool of nurses, aides, and other clinical staff could drive up costs, create staffing shortages, and negatively impact the quality and continuity of care across all agencies.

More broadly, retaining the need determination based on short-term, pandemic-driven data trends would misalign with the fundamental goals of the State Medical Facilities Plan, which prioritizes cost-effective resource allocation, access to quality care, and long-term system sustainability. The COVID-19 pandemic created a temporary spike in mortality, followed by a measurable decline. Relying on those inflated years to project future need risks producing flawed conclusions and undermines the integrity of the planning process.

Finally, existing hospice providers like Four Seasons have deep roots in the community and a longstanding commitment to serving all patients, including those without the ability to pay. An unnecessary new entrant could undercut this mission-driven work, potentially weakening access for the most vulnerable populations.

For all these reasons, Four Seasons respectfully urges the State Health Coordinating Council to remove the need determination for an additional hospice home care office in Haywood County from the Proposed 2026 State Medical Facilities Plan.

Available Alternatives

At this stage of the 2026 State Medical Facilities Plan development process, the only available alternative to removing the proposed need determination for an additional hospice home care office in Haywood County is to take no action and allow the need determination to remain in the final 2026 SMFP. However, this passive approach is neither effective nor appropriate in light of the historical data.

Doing nothing would allow a need determination to advance through the planning process despite clear data showing that Haywood County does not have unmet hospice needs. Hospice utilization in Haywood County has remained consistently strong over time and is now recovering

to pre-pandemic levels. The current system is functioning well and delivering high-quality care to local residents.

By contrast, removing the need determination is a proactive, targeted solution that reflects the actual conditions in Haywood County and maintains alignment with the SMFP's goals of access, quality, and cost-effective care. Doing nothing in the face of contrary evidence fails to meet the Planning Section's own standards for data-driven decision-making and undermines the integrity of the methodology itself.

Summary

For all the reasons outlined in this petition, including stable and improving hospice utilization, the absence of unmet need, the high quality and capacity of existing providers, and the risk of destabilizing a well-functioning system, Four Seasons respectfully requests that the State Health Coordinating Council and the Division of Health Service Regulation remove the need determination for an additional hospice home care office in Haywood County from the Proposed 2026 State Medical Facilities Plan. Doing so will uphold the principles of the SMFP while preserving the integrity of a hospice care system that is already working—for patients, for families, and for the community. In Haywood County, the numbers tell a clear story. But behind those numbers are people, and Four Seasons remains committed to ensuring that every patient receives the right care, at the right time, from providers who know and serve this community best.