

August 9, 2023

Dr. Sandra B. Greene, Chair North Carolina State Health Coordinating Council North Carolina Division of Health Service Regulation – Healthcare Planning 2704 Mail Service Center Raleigh, NC 27699-2704

Re: Adjusted Need Determination - Heart and Soul Hospice of the Carolinas, LLC

VIA: Email (DHSR.SMFP.Petitions-Comments@dhhs.nc.gov)

Dear Chairwoman Greene and Members of the State Health Coordinating Council:

In the above referenced case, Heart and Soul Hospice of the Carolinas, LLC is requesting the State Health Coordinating Council (SHCC) create an adjusted need determination for one additional hospice home care agency in Mecklenburg County. The Petitioner cites their focus as "serving historically underserved racial and ethnic minority populations" and impetus for their request as the compounded annual growth rate of minority populations in Mecklenburg.

Hospice of the Piedmont, along with many other hospice organizations – including those which serve Mecklenburg County directly – share a commitment to understanding better and increasing hospice utilization among minority populations.

In the above referenced case, the Petitioner does not define or establish a 'reasonable' utilization rate/threshold among minority populations, particularly Black populations, to support the special needs application. Rather, the Petitioner draws broad conclusions that a minority-owned hospice organization would increase use of hospice services in and among the target population(s). There are multiple variables which directly affect hospice utilization and referral patterns, yet the Petitioner provides no evidence to support their assertion that an African American owned hospice organization would increase the hospice utilization rates in the targeted population(s).

In making their case, the Petitioner does not provide statistical reports or analyses of the impact the Heart and Soul organization has made on target populations in other states/local areas they have served or currently serve (i.e. Nashville or formerly Troy, Michigan). Rather, in their application, the Petitioner relies solely on the premise that an African American owned hospice organization will increase utilization among the target

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populations – an assertion they have failed to support on its face. These broad assertions are insufficient to prove the Petitioner's claim of future success. Similarly, the SHCC's approval of an adjusted need determination does not guarantee the Petitioner would be successful in its bid for an adjusted Certificate of Need.

The basis for the determination of need for a hospice home care agency is assessed according to an aggregation of historical and projected utilization by all the individuals living within a specific geography, in the Petitioner's case, Mecklenburg County. As of the most recent State Medical Facilities Plan, the Certificate of Need Section determined that an additional hospice homecare agency is <u>not</u> needed in Mecklenburg County. A fundamental premise of North Carolina's Certificate of Need Laws is to, in part, "[prevent] the unnecessary duplication of medical facilities," including certificates of need for hospice home care agencies. In the application, the Petitioner acknowledges and supports the hospice need methodology in the State Medical Facilities Plan, as determined by the CON Section.

The State Health Coordinating Council must exercise caution in contemplating the approval of an Adjust Need Application based solely upon considerations of minority ownership and the race and ethnicity of identified target populations. Similarly, to approve such an application affirms the Petitioner's unsupported inference that Mecklenburg County's existing hospice providers do not provide "culturally competent end-of-life care."

Based on the foregoing considerations, the Petitioner should be subject to and bound by the determinations of the Certificate of Need Section and the application for an adjusted need should be denied.

Respectfully submitted,

William T. Cockerham, MBA, MHA

Chief Executive Officer

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