

VIA ELECTRONIC MAIL (DHSR.SMFP.Petitions-Comments@dhhs.nc.gov)

State Health Coordinating Council 2704 Mail Service Center Raleigh, North Carolina 27699-2704

Re: Gibson Care Corp. dba Home Instead's Summer Petition for the 2025 State Medical Facilities Plan ("SMFP")

Dear State Health Coordinating Council Members and State Health Planning Staff:

Thank you for the opportunity to provide these comments in opposition to the 2024 Petition submitted by Gibson Care Corp. dba Home Instead ("Home Instead"), which requests an "adjusted determination for 2025 licensed home health agency in Iredell and/or Alexander County in the 2025 State Medical Facilities Plan" ("Petition"). The Association for Home & Hospice Care of North Carolina ("AHHC") is a nonprofit trade association representing providers of home health, hospice, palliative care, personal care, private duty nursing, and companion/sitter services; providers of behavioral healthcare services that care for and support individuals with intellectual and developmental disabilities; and Program for All-Inclusive Care for the Elderly ("PACE") provider members, in addition to other healthcare affiliates.

AHHC represents 98% of all home health agencies in North Carolina and welcomes new home health agencies into its membership. On behalf of its home health provider members and the patients they serve, AHHC opposes this Petition and has concluded that the existing methodology and the several existing home health agencies providing care Iredell County and Alexander County are adequately serving these communities.

As an initial matter, the petition does not meet the requirements of the 2024 State Medical Facilities Plan ("SMFP"), which permit petitioners to "submit a written petition requesting an adjustment to the need determination in the Proposed SMFP if they believe that special attributes of a service area or institution give rise to resource requirements that differ from those provided by the standard methodologies and policies." 2024 SMFP, at 8. The Petition requests an additional home health agency for "Iredell and Alexander County." These are two distinct service areas (in two different regions) for purposes of the home health standard methodology, and the Petition does not explain a basis for creating a combined service area or how the

SMFP permits such a request in a summer petition.

The Petition does not attempt to explain why the two counties identified have special attributes that give rise to resource requirements that differ from those provided by the standard methodologies. The Petition references the percentage of individuals in Alexander County and Iredell County. The ages of residents are part of the standard methodology for home health agencies.

The Petition also notes the cost savings of home care compared to long term care. Of course, AHHC supports home care, but these realities do not justify an additional home health agency in addition to what would be supported by the standard methodology.

Similarly, the Petition emphasize the importance of home care to avoid "medication mismanagement" and "pressure injuries." Again, there is no connection between these factors and the need for an additional home health agency. The Petition asserts, without support, that a licensed home care agency is unable to oversee and care for pressure injuries. Although there may be certain instances of pressure injuries that require a home health agency, the care and treatment of pressure injuries is not categorically excluded from the scope of home care licensure. In any event, the Petition does not attempt to explain how patients with pressure injuries are not receiving access to home health.

In the section describing the adverse effects if the Petition is not approved and the section addressing access, the Petition suggests that denying the Petition would lead to longer wait times for adjacent services to be provided or denial of access to basic home care. The Petition, however, provides no evidence that the existing home health agencies in the two counties are inadequate or have caused any wait times for services or denial of care.

In fact, in Iredell County, the standard methodology shows a surplus of 2.83 patients. In Alexander County, the standard methodology shows a surplus of 46.38 patients. The standard methodology requires a deficit of 325 patients in one county to justify a need determination for one new agency or office.

In the section addressing unnecessary duplication, the Petition speculates that the expansion of Home Instead's licensure would not "encroach on any community resources." Of course, the Petition assumes that, if granted, Home Instead would automatically be awarded the Certificate of Need. Moreover, the Petition completely ignores the deleterious impact the addition of a home health agency need determination—contrary to the standard methodology—would have on the existing home health agencies providing services in these two counties.

The standard need methodology ensures a sufficient number of home health agencies in Iredell County, Alexander County, and all 100 North Carolina counties

and supports home health agencies providing quality, cost-effective care.

Alexander County is currently serviced by at least 10 licensed home health agencies. Iredell County is currently serviced by at least 20 licensed home health agencies. The Petition requests an additional need determination in "Iredell and Alexander County" without demonstrating that the methodology is flawed or that the existing methodology fails to provide sufficient access to home health.

* * *

On behalf of its members and the patients and communities they serve, AHHC respectfully requests that this Petition be denied. Thank you for your consideration.

Sincerely,

Shannon L. Pointer, DNP, RN, CHPN Senior VP, Hospice & Home Health Services

Shannon L. Pointer

Association for Home & Hospice Care of NC

William Glenn

VP of Government Relations & Public Policy Association for Home & Hospice Care of NC

andre Bowmon, RN MSW/MHA

Association for Home & Hospice Care of North Carolina (AHHC) Board of Directors:

Michael Bolowitz PharmD

Michael Bolewitz, PharmD, MBA, CHPCA Vice President, Chief Operating Officer VIA Health Partners Candace Bowman, RN, MSN, MHA Senior Director Integrated Health Services

AuthoraCare Collective

Dean Forman, MBA VP, Chief Strategy Officer

VIA Health Partners

Christina Harwood, MBA, DNP, RN, NE-BC

Christina Harund MBA, DNP. PN, NE-BC

Chief Nursing Officer

CarePartners Health Services

Susu Jule

Susan Jackson Chief People Officer Well Care Health

Darbara Knott

Barbara Knott Vice President of Continuing Care Services UNC Health Care

Michael Lalor, MD, MBA, CPE, FACHE, HMDC, FAAHPM, FAAPL Chief Operating Officer / Chief Medical Officer

Shannon McCarson Regional Director BAYADA Home Health Care

Mona Pell RN,BSN

Trellis Supportive Care

Tina Pell, RN, BSN Regional Vice President Hospice Cardinal Hospice Care Jamie M. Simmons, RN

Senior Director of Home Health Services 3HC Home Health and Hospice Care

Steven Smith, OTR/L, MBA Director of Home Health Services WakeMed Home Health Lisa L. Tuttle, MSN, BS, RN, CHPN, NE-BC

Lisa L. Tuttle

Scan William

Joan Williams, MBA Sr Director of Information Systems Technology 3HC Home Health and Hospice Care

Kustenyutero

Kristen Yntema President & CEO AuthoraCare Collective