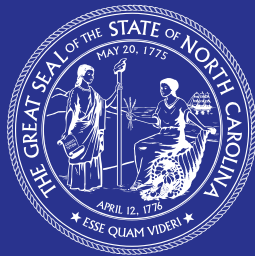


2025

STATE HEALTH COORDINATING COUNCIL

PROPOSED
STATE
MEDICAL
FACILITIES
PLAN



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Service Regulation

NORTH CAROLINA PROPOSED 2025 STATE MEDICAL FACILITIES PLAN

Effective July 1, 2024

Prepared by the

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section

Under the direction of the

North Carolina State Health Coordinating Council

For information contact the

North Carolina Division of Health Service Regulation
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

[NC DHHS: State Medical Facilities Plan \(ncdhhs.gov\)](http://ncdhhs.gov)

(919) 855 - 3865

NOTE: Data used in the North Carolina Proposed 2025 State Medical Facilities Plan was last updated on June 7, 2024.

The North Carolina Department of Health and Human Services is an equal opportunity employer and provider.

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Chapter 1:

Overview of the North Carolina State Medical Facilities Plan

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CHAPTER 1

OVERVIEW OF THE NORTH CAROLINA PROPOSED 2025 STATE MEDICAL FACILITIES PLAN

Purpose

The North Carolina Proposed 2025 State Medical Facilities Plan (SMFP) was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.¹ §131E-177. The major objective of the SMFP is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. The SMFP provides projections of need for the following facilities and services:

- acute care hospitals
- adult care homes
- end-stage renal disease dialysis facilities
- hospice home care and hospice inpatient beds
- inpatient rehabilitation facilities
- Medicare-certified home health agencies
- nursing home facilities
- operating rooms
- other acute care services
- technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to projections of need.

Projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need (CON) applications for establishment, expansion, or conversion of health care facilities and services. All parties interested in health care facility and health services planning should consider the SMFP a key resource.

¹ General Statutes (North Carolina General Statutes).

Basic Principles Governing the Development of the SMFP

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the SMFP.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The SMFP should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported, and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high-quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the SMFP. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the SMFP seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations. Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

3. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the SMFP will be a key principle in the formulation and implementation of SHCC recommendations for the SMFP.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from an SMFP that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create common resources such as shared health databases, purchasing cooperatives, and shared information management, and by promoting coordinated services that reduce duplicative and conflicting care. The SHCC also recognizes the

importance of balanced competition and market advantage to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

NOTE

Determinations of need for services and facilities in the SMFP do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Health Benefits to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to these needs.

North Carolina State Health Coordinating Council Members

<u>Member:</u>	<u>Representing:</u>	<u>From:</u>
Sandra Greene, DrPH, Chair	At-Large	Chapel Hill
Mary Braithwaite, MD	At-Large	Durham
Kelli A. Collins	Business and Industry (Large)	Summerfield
Representative Carla Cunningham	NC House of Representatives	Charlotte
Stephen L. DeBiasi, FACHE, CMPE	At-Large	Wilmington
Vanessa Ervin, DMin, MBA, MRA	At-Large	Hubert
William Brian Floyd	Academic Medical Centers	Greenville
Senator Michael Garrett	NC Senate	Greensboro
Commissioner Franklin Gomez Flores	County Government (Rural)	Siler City
Charul G. Haugan, MD	Physicians	Raleigh
Jeffery E. Heck, MD	At-Large	Mills River
Valarie Jarvis BSN, RN, DNS-CT	Business and Industry (Small)	Durham
J. Cooper Linton	Hospice	Chapel Hill
James L. Martin, Jr.	Nursing Homes	Hickory
Satish Mathan, MD	At-Large	Raleigh
Robert B. McBride, Jr., MD	At-Large	Charlotte
Denise Mihal	At-Large	Sunset Beach
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Sachin B. Patel, MD	At-Large	Chapel Hill
Timothy R. Rogers	Home Care Facilities	Raleigh
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Commissioner Toni Stewart, DMin	County Government (Urban)	Fayetteville
Jessie L. Tucker, III, PhD, FACHE	Hospitals	Goldsboro
Mark Werner	Health Insurance Industry	Apex
John E. Young	At-Large	Wilmington

Committees and Staff Members

Acute Care Services Committee

Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services (bone marrow transplants and solid organ transplants), end-stage renal disease dialysis facilities, and inpatient rehabilitation services:

John E. Young (Chair); Steve L. Debiasi; William Brian Floyd; Charul G. Haugan (Vice Chair); Robert B. McBride, Jr.; Denise Mihal; Sachin B. Patel; Jessie L. Tucker, III

Staffed by: Elizabeth Brown and Andrea Emanuel

Long-Term and Behavioral Health Committee

Planning for nursing home facilities, adult care homes, home health services, hospice services, and intermediate care facilities for individuals with intellectual disabilities:

Valarie Jarvis (Chair); Representative Carla Cunningham; Vanessa Ervin; Jeffery E. Heck; J. Cooper Linton (Vice Chair); James L. Martin, Jr.; Timothy R. Rogers; Quintana C. Stewart

Staffed by: Elizabeth Brown and Andrea Emanuel

Technology and Equipment Committee

Planning for cardiac catheterization equipment, gamma knives, linear accelerators, lithotripters², magnetic resonance imaging scanners, and positron emission tomography scanners:

Satish Mathan (Chair); Mary Braithwaite; Kelli A. Collins (Vice Chair); Commissioner Franklin Gomez Flores; Senator Michael Garrett; Pamela A. Oliver; Commissioner Toni Stewart; Mark Werner

Staffed by: Amy Craddock and Andrea Emanuel

Healthcare Planning Staff

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Kimberly Torres, Administrative Assistant

Division of Health Service Regulation

Mark Payne, Director

² Note that “lithotripter” is the spelling used in the CON statute. “Lithotripter” is the current accepted spelling in the medical field. The SMFP uses the latter spelling, but the term refers to the same equipment as “lithotripter” in the CON statute.

Chapter 2:

State Medical Facilities Plan: Process and Adjustments

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CHAPTER 2

STATE MEDICAL FACILITIES PLAN: PROCESS AND ADJUSTMENTS

Overview of the State Health Planning Process

Development of the North Carolina State Medical Facilities Plan (SMFP) is a continuous process. It includes meetings of the State Health Coordinating Council (SHCC) and its committees, public hearings and other opportunities for public comment, two opportunities for people to file petitions, data compilation and analysis, preparation of a Proposed SMFP, and preparation of a final SMFP to present to the Governor for review and approval. In the current calendar year, the Department of Health and Human Services, Division of Health Service Regulation (Agency) and the SHCC work on the SMFP for the next calendar year. For example, work on the 2026 SMFP begins in January of 2025, and will include need determinations that may be applied for during calendar year 2026 consistent with the assigned review period for each need determination. With the Governor's approval, the SMFP becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

The following discussion describes the process followed each year to prepare the subsequent year's SMFP.

First Quarter

From January through March, the Healthcare Planning staff receives and compiles data about utilization of the various facilities, services and equipment contained in the SMFP. Healthcare Planning staff uses this data to calculate need determinations using the methodologies approved by the SHCC.

First SHCC meeting and public hearing. Near the beginning of March, the SHCC holds its first meeting of the year. A public hearing follows immediately. At this hearing, people may make oral remarks regarding petitions they wish to file or any other matter relevant to the development of the Proposed SMFP for the following year.

Spring petitions and proposals. Spring petitions involve requests for changes to the SMFP that have the potential for a statewide effect, such as the addition, deletion or revision of policies or need determination methodologies. That is, the requested changes would apply to all health services or facilities that are the subject of the petitions, not just the services and facilities in a specific service area. (See below for information regarding requirements for writing and submitting petitions.) In addition to petitions from members of the public, the Agency can propose changes to policies and methodologies in the SMFP. The SHCC may also propose any changes it deems appropriate.

These types of changes are considered early in the calendar year to allow time for potential inclusion in the Proposed SMFP for the following year. Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. The deadline for these petitions is 5:00 p.m. on the date of the first SHCC meeting of the year. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website.

Upon receipt of petitions and proposals and after review of public comments that have been submitted in relation to a petition or proposal, Healthcare Planning staff prepares a report that includes the Agency's recommendation regarding whether to approve, deny or alter the request. The Agency report goes to the

committee that covers the health service involved in the petition or proposal for discussion at its first meeting of the year.

Second Quarter

The SHCC and its three committees hold meetings during the second quarter. Each committee is responsible for a set of chapters in the SMFP (see Chapter 1). The first committee meeting typically occurs in April and the second meeting typically occurs in May. The second SHCC meeting occurs near the beginning of June. In addition, Healthcare Planning staff prepares the Proposed SMFP during this time.

First and second committee meetings. Each committee discusses the Agency report(s) at the first meeting of the year, normally held in April. Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. At that time, the committee votes to approve, deny, or alter the Agency's recommendation. All committee votes are in the form of recommendations to the SHCC. Alternately, the committee may table the matter and call for further study and consideration before making a recommendation to the SHCC. The SHCC considers all committee recommendations at its second meeting of the year (see below).

At the second set of committee meetings, Healthcare Planning staff presents draft need determinations, based on the data obtained and compiled during the first quarter. These meetings are normally held in May. If a committee voted to alter any methodologies at its first meeting, the draft need determinations presented at the second meeting would reflect the proposed changes. In addition, the Agency and the committees may recommend changes to the draft need determinations, as deemed appropriate. The committee votes and forwards its recommendations regarding the need determinations to the SHCC.

Second SHCC meeting. At the second SHCC meeting, committee chairs present reports of their committees' activities and recommendations from the first two meetings of the year. The SHCC discusses and votes on the recommendations of all committees. It may accept the recommendations in whole or in part or reject them. Taken together, the committee recommendations form the body of the Proposed SMFP for the following year. The final act of the SHCC during this meeting is to adopt the Proposed SMFP.

Third Quarter

On or about July 1, the Agency posts the Proposed SMFP for the following year on the Healthcare Planning website. During July, the SHCC holds at least six public hearings to receive comments on petitions intended to be submitted in the summer, or any issue related to the Proposed SMFP for the following year. The SHCC committees hold their third and final meeting of the year during this quarter, usually in September.

Summer petitions and proposals. Summer petitions involve requests for adjustments to need determinations in the Proposed SMFP. Petitioners may 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. The Agency may also seek adjusted need determinations during this time. (See below for information regarding requirements for writing and submitting petitions.) Petitioners are encouraged to consult with Healthcare Planning staff as early as possible if they wish to discuss these petitions before submitting them. Summer petitions are due no later than 5:00 p.m. on the date of the last public hearing in July. Petitions are normally posted on the Healthcare Planning website within 48 hours after the deadline. A two-week public comment period follows the petition deadline. After the comment period ends, comments are posted to the Healthcare Planning website. Petitioners will receive written notification of times and places of SHCC committee meetings at which their petitions will be discussed.

Upon the receipt of summer petitions or Agency proposals, the process that follows is the same as for spring petitions. The Healthcare Planning staff prepares a report that includes the Agency's recommendation

regarding whether to approve, deny or alter the need determination adjustment(s) requested. The Agency report goes to the committee that covers the health service involved in the request.

Third committee meeting. Each committee discusses the Agency report(s) at its third meeting of the year. At that time, it votes to approve, deny, or alter the Agency's recommendation. It may instead table the matter and call for further study and consideration before making a recommendation.

Each committee also makes recommendations regarding the entirety of the chapters that it covers, such as updates to need determinations based on edits and updates to data. The committees forward all recommendations to the SHCC for consideration at its final meeting of the year, which normally occurs near the beginning of the fourth quarter.

Fourth Quarter

SHCC activities culminate in the fourth quarter. The SHCC recommends the following year's SMFP to the Governor. After gubernatorial approval, the Agency posts the approved SMFP on the Healthcare Planning website.

Final SHCC meeting. The final SHCC meeting of the year is usually held at the beginning of the fourth quarter. At this meeting, the SHCC receives reports from all committees. These reports summarize their recommendations regarding summer petitions, proposals and need determinations. Information provided to the SHCC also includes any other updates to data that may affect need determinations. The SHCC discusses all recommendations and data adjustments. At the end of the discussion, the SHCC will have a complete SMFP for the following year to recommend to the Governor for approval. Disposition of all petitions for changes to the following year's SMFP will be made no later than the meeting at which the SHCC makes its final recommendation to the Governor.

The final SMFP. The final SMFP for the following year contains the need determinations that delineate the number of additional facilities, operating rooms, equipment, or services that may be applied for and approved for a certificate of need (CON) during the year. Chapter 3 describes the review categories and review schedule for CON applications.

Near the end of October, Healthcare Planning staff meets with the Department of Health and Human Services leadership and the Governor's representatives to submit the recommended final SMFP for the following year. The Governor may approve the SMFP as submitted or make any adjustments or amendments deemed appropriate by the Governor. The deadline for the Governor to approve an SMFP is December 31.

The Agency normally posts the approved SMFP for the coming year on the Healthcare Planning website during December, but it will be posted no later than January 1 of the year in which the SMFP becomes effective. The date of posting is dependent upon the date that the Agency receives the Governor's approval; this date is not known in advance. After the SMFP is posted, the Agency arranges for production of printed and bound copies that the public may purchase. Copies of the SMFP are generally available by early February each year, but the exact date is not known in advance. The Agency will notify the public when copies are available.

Instructions for Writing and Submitting Spring and Summer Petitions

At a minimum, each written petition must contain all the following:

1. name, address, email address and phone number of the petitioner(s);
2. a statement of the requested change, citing the policy or methodology (spring), need determination (summer), or other aspect of the SMFP for which the change is proposed;
3. reasons for the proposed change, including: a statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made; and a statement of alternatives to the proposed change that were considered and found not feasible;
4. evidence that the proposed change would not result in unnecessary duplication of health resources in the area; and
5. evidence that the requested change is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access, and value (see Chapter 1).

For summer petitions, petitioners should use the same service area definitions in the relevant chapter(s) of the Proposed SMFP.

Petitioners should be aware that Healthcare Planning staff may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed change.

Each written petition must be clearly labeled “Petition” and the North Carolina Division of Health Service Regulation, Healthcare Planning must receive one copy no later than 5:00 p.m. on the deadline date (see below).

Petitions and comments must be submitted by e-mail, US mail, a delivery service, or hand delivery. The Agency cannot accept faxed petitions or comments.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services is:

809 Ruggles Drive
Raleigh, North Carolina 27603

Workgroups and Interested Parties

As needed, the SHCC Chairperson may appoint a workgroup to address a specific issue of interest. Workgroups are most commonly formed to address revisions to need determination methodologies. The Chairperson will develop a specific charge to outline the workgroup’s tasks. Workgroups generally consist of fewer than 10 people and include SHCC members and members of the public knowledgeable of the issue under study. After one or more meetings, the workgroup votes on a recommendation to the assigned

committee or the full SHCC regarding the subject of its charge. The meetings are public, but only the workgroup members participate in the discussion, unless a member requests additional input.

The SHCC Chairperson may also authorize Interested Parties meetings to discuss specific topics of interest. Unlike workgroups, there is no specific charge and no formal recommendation to the SHCC. Rather, everyone in attendance is invited to participate in the discussion.

A public hearing or written public comment period may be part of the activities surrounding workgroups and Interested Parties meetings. The SHCC Chairperson has the discretion to authorize a public hearing or comment period. All written comments received are posted on the Healthcare Planning website. Workgroup and Interested Parties meetings often occur late in the year and into the spring of the following year because they typically involve issues surrounding policies and methodologies. However, their activities may occur at any time of the year.

Contact Information

Healthcare Planning staff may be reached at the mailing address listed above, or by calling (919) 855-3865.

Scheduled State Health Coordinating Council Meetings and Committee Meetings

Unless otherwise announced, meetings are scheduled from 10:00 a.m. until noon in Room 104 of the Brown Building on the Dorothea Dix Campus, 801 Biggs Drive, Raleigh, NC. Directions to the Brown Building can be found at:

<https://info.ncdhhs.gov/dhsr/brown.html>

Any additional changes to Council, committee, workgroup, and Interested Parties meeting dates, times, and locations will be posted on the meeting information web page at:

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

North Carolina State Health Coordinating Council Meetings for 2025
(meets on Wednesdays)

March 5

June 4

October 1

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2026 SMFP immediately following the business meeting on March 5.

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

2025 Spring Public Hearing Date and Deadlines for Spring Petitions and Comments

- March 5 The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2026 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
- March 5
5:00 p.m. Deadline for receipt by Healthcare Planning of petitions on statewide issues.
- March 19
5:00 p.m. Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the March 5 deadline and all other comments related to development of the North Carolina Proposed 2026 SMFP.

Committee Meetings for 2025

Acute Care Services Committee (meets on Tuesdays)

- April 8
May 13
September 9

Long-Term and Behavioral Health Committee (meets on Thursdays)

- April 10
May 15
September 11

Technology and Equipment Committee (meets on Wednesdays)

- April 2
May 7
September 3

2025 Schedule of Summer Public Hearings on the NC Proposed 2026 SMFP

(All hearings begin at 1:30 p.m.)

All summer public hearings will be held via virtually. Instructions for joining the public hearings will be posted on the web page below at least two weeks before the first public hearing. Information will also be emailed to the Interested Parties list.

<https://info.ncdhhs.gov/dhsr/mfp/publichearing.html>

Monday, July 7
Wednesday, July 9
Tuesday, July 15
Thursday, July 17
Monday, July 21
Wednesday, July 23

Electronic media may not be used in presentations at any public hearings.

2025 Deadlines for Summer Petitions and Comments

July 23 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2026 SMFP.
August 6 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 23 deadline and all comments regarding other issues related to the Proposed 2026 SMFP.

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Chapter 3:

Certificate of Need Review Categories and Schedule

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CHAPTER 3

CERTIFICATE OF NEED

REVIEW CATEGORIES AND SCHEDULE

A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC¹ 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services, including but not limited to burn and neonatal;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- Policy AC-3 projects.

Category B: Nursing and Adult Care Services

Category B.1

- new nursing home facilities or beds pursuant to a need determination;
- relocation of existing or approved nursing home facility beds within the same service area;
- transfer of nursing home facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds pursuant to a need determination;
- relocation of existing or approved adult care home beds within the same service area; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category B.2 (Relocation of Existing Beds to Another Service Area)

- relocation of existing nursing home facility beds to another service area pursuant to Policy NH-6; and
- relocation of existing adult care home beds to a another service area pursuant to Policy LTC-2.

¹ North Carolina Administrative Code

Category C: Intellectual Disability Services

- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Policy ICF/IID-5.

Category D: Dialysis Services

Category D.1 (County or Facility Need)

- new certified dialysis stations pursuant to the facility need methodology; and
- new kidney disease treatment centers or certified dialysis stations pursuant to the county need methodology.

Category D.2 (Relocation to a Contiguous County)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations to a contiguous county pursuant to Policy ESRD-2.

Category D.3 (All Other Proposals)

- relocation of existing kidney disease treatment centers or existing certified dialysis stations within the same service area;
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services;
- development of or expansion of a kidney disease treatment center on a hospital campus pursuant to Policy ESRD-3; and
- all other proposals involving dialysis services that do not fit into Category D.1 or D.2.

Category E: Surgical Services

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facilities within the same service area.

Category F: Home Health and Hospice Services

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners;
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. § 131E-176(14o);
- diagnostic centers as defined in G.S. § 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- intraoperative magnetic resonance imaging scanners acquired pursuant to Policy TE-2; and
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3.

Category I: Gastrointestinal Endoscopy Services

- new or additional gastrointestinal endoscopy rooms as defined in G.S. § 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for CON applications requiring review. However, except for proposals involving new dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan (SMFP) will have only one scheduled review date and one corresponding application deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated application deadline for a specific need determination in the SMFP, an applicant must refer to the applicable need determination table for that service in the related chapter in the SMFP. Applications for CONs for new institutional health services not specified in other chapters of the SMFP shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if there is no need determination.

In order to give Certificate of Need staff sufficient time to provide public notice of review and public notice of public hearings as required by G.S. § 131E-185, pursuant to 10A NCAC 14C.0203(b), the deadline for filing CON applications is **5:00 p.m.** on the 15th day of the month preceding the “CON Beginning Review Date.” In instances when the 15th day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application deadline is absolute and applications received after the deadline shall not be reviewed in that review period.** Applicants are strongly encouraged to complete all materials at least one day prior to the application deadline and to submit material early on the application deadline.

Table 3A: 2025 CON Application Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2025			C	D.3						
March 1, 2025	A	B.1			E	F	G	H	I	J
April 1, 2025			C	D.1						
May 1, 2025	A	B.2			E	F	G	H		J
June 1, 2025			C	D.2					I	
July 1, 2025	A				E	F	G	H		J
August 1, 2025		B.1	C	D.1						
September 1, 2025	A		C		E			H	I	J
October 1, 2025				D.3			G	H		
November 1, 2025	A	B.1			E	F		H		J
December 1, 2025				D.1					I	

For further information about specific schedules, timetables, and CON application forms, contact:

**North Carolina Division of Health Service Regulation
Certificate of Need
2704 Mail Service Center
Raleigh, North Carolina 27699-2704**

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

- Acute Care Facilities and Services
 - Acute Care Hospitals
 - End-Stage Renal Disease Dialysis Facilities
- Long-Term Care Facilities and Services
 - Nursing Home Facilities
 - Adult Care Homes
 - Developmental Disabilities Facilities
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Technology and Equipment
- All Health Services

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CHAPTER 4

STATEMENT OF POLICIES

Summary of Policy Changes for 2025

Policy TE-2 has been revised to include a provision for the use of intraoperative magnetic resonance imaging (iMRI) for certain outpatient procedures. A new policy, TE-4, sets out conditions for the use of dual-functioning positron emission tomography (PET) scanners in mid-size cancer centers. Policy GEN-5 has been added to meet Governor Roy Cooper’s directive in the 2024 SMFP to include “a new general policy to address how CON applicants will provide culturally competent healthcare that also integrates principles which increase equitable access to healthcare services and reduce health disparities in underserved communities.” Policy GEN-3 has been removed because its tenets are subsumed in the CON statutory criteria used to evaluate CON applications.

POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES

Acute Care Hospitals (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes

For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102(d).

The licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects

Projects for which certificates of need are sought by academic medical center teaching hospitals (Appendix F) may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an academic medical center teaching hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education;
2. houses extensive basic medical science and clinical research programs, patients and equipment; and
3. serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by academic medical center teaching hospitals designated prior to

January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or
2. with respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of their time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or
3. necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or
4. necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an academic medical center teaching hospital under this policy that meets one of the above conditions shall demonstrate that the academic medical center teaching hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-academic medical center teaching hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the academic medical center teaching hospital.

The academic medical center teaching hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The academic medical center teaching hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The academic medical center teaching hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and the feasibility of using those assets to meet the unique teaching or research needs of the academic medical center teaching hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 (items 1 through 4) as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of Policy AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be

used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan. Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant’s academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof (see Chapter 2).

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the academic medical center teaching hospital shall surrender the certificate of need.

Policy AC-4: Reconversion to Acute Care

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing home, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing home, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital’s average annual utilization of licensed acute care beds as calculated using the most recent days of care provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed days of care are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage

To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, any hospital with an open-heart surgery program that has only one heart-lung bypass machine may submit a certificate of need application for a second machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open-heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

End-Stage Renal Disease Dialysis Facilities (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations

Relocations of existing dialysis stations to contiguous counties are allowed. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and
2. demonstrate that the proposal shall not result in a deficit or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan; and
3. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan.

Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus

Licensed acute care hospitals (see stipulations in G.S. § 131E-77(e1)) may apply for a certificate of need to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination if all the following are true:

1. The hospital proposes to develop or expand the facility on any campus on its license where general acute beds are located.
2. The hospital must own the outpatient dialysis facility, but the hospital may contract with another legal entity to operate the facility.
3. The hospital must document that the patients it proposes to serve in an outpatient dialysis facility developed or expanded pursuant to this policy are inappropriate for treatment in an outpatient dialysis facility not located on a hospital campus.
4. The hospital must establish a relationship with a community-based outpatient dialysis facility to assist in the transition of patients from the hospital outpatient dialysis facility to a community-based facility wherever possible.

The hospital shall propose to develop at least the minimum number of stations allowed for Medicare certification by the Centers for Medicare & Medicaid Services (CMS). Certificate of Need will impose a condition requiring the hospital to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.

The performance standards in 10A NCAC 14C .2203 do not apply to a proposal submitted by a hospital pursuant to this policy.

Dialysis stations developed pursuant to this policy are excluded from the inventory in the State Medical Facilities Plan and excluded from the facility and county need methodologies. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy will be removed from the

inventory and methodologies; these facilities will be treated as though the stations were developed pursuant to this policy.

Outpatient dialysis facilities developed or expanded pursuant to this policy shall report utilization to the Agency in the same manner as other facilities with outpatient dialysis stations.

POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES

Nursing Home Facilities (NH)

Policy NH-2: Plan Exemption for Continuing Care Retirement Communities

Qualified continuing care retirement communities (CCRC) may include from the outset or add or convert bed capacity for nursing care without regard to the nursing home bed need shown in Chapter 10: Nursing Home Facilities. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:
 - a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
 - b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.
2. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
3. reflects the number of nursing home facility beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.
4. will not be certified for participation in the Medicaid program.

One hundred percent of the nursing home facility beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

Policy NH-5: Transfer of Nursing Home Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities

Beds in state psychiatric hospitals that are certified as nursing home facility beds may be relocated to licensed nursing home facilities. However, before nursing home facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing home facility beds that are relocated to licensed nursing home facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing home facilities proposing to operate transferred nursing home facility beds shall commit to serve the type of residents who are normally placed in nursing home facility beds at the state psychiatric hospitals. To help ensure that relocated nursing home facility beds will serve those people who would have been served by state psychiatric hospitals in nursing home facility beds, a certificate of need application to transfer nursing home facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing home facility beds. Nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

Policy NH-6: Relocation of Nursing Home Facility Beds

Relocations of existing licensed nursing home facility beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed nursing home facility beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing home facility beds in the county that would be losing nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed nursing home facility beds in the county that would gain nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy NH-8: Innovations in Nursing Home Facility Design

Certificate of need applicants proposing new nursing home facilities and replacement nursing home facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

Adult Care Homes (LTC)

Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.
3. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
4. reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One hundred percent of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds

Relocations of existing licensed adult care home beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed adult care home beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of

the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy LTC-3: Certification of Beds for Special Assistance

Certificate of need applicants proposing to develop new adult care home beds pursuant to a need determination shall demonstrate that the proposed beds will be certified for special assistance and that at least 5% of the projected days of care in the third full fiscal year of operation shall be provided to residents receiving State-County Special Assistance.

Developmental Disabilities Facilities (MH)

Policy MH-1: Linkages between Treatment Settings

An applicant for a certificate of need for intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Policy ICF/IID-5: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.

Applicants proposing to relocate beds from a state operated developmental center shall be required to submit a certificate of need application. The application shall include a written agreement signed by all the following:

1. director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;
2. director of the state operated developmental center transferring the beds;
3. director of the North Carolina Division of State Operated Healthcare Facilities;
4. secretary of the North Carolina Department of Health and Human Services; and
5. operator of the community-based facility.

The maximum number of beds in the facility upon project completion shall not exceed 15 beds.

The project shall not result in more than three facilities housing a combined total of 18 people being developed on contiguous pieces of property.

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners

Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;
2. shall be moved at least weekly to provide services at two or more host facilities; and
3. shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

Policy TE-2: Intraoperative Magnetic Resonance Imaging Scanners

The applicant proposing to acquire an intraoperative Magnetic Resonance Imaging Scanner (iMRI) to be used in an operating room suite shall demonstrate in its certificate of need application that it is a licensed acute care hospital which is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients unless the patient has a simultaneous surgical procedure, interventional procedure or treatment. The iMRI may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 15.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners

The applicant proposing to acquire a fixed magnetic resonance imaging (MRI) scanner shall demonstrate in its certificate of need (CON) application that it is a licensed North Carolina acute care hospital or a hospital campus:

1. that has licensed acute care beds; and
2. that provides emergency care coverage 24 hours a day, seven days a week.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The proposed fixed MRI scanner:

1. must be located on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
2. must be located at another acute care hospital on a campus that operates under the main hospital's license.

The proposed fixed MRI scanner cannot be located at a site where the inventory in the SMFP reflects that there is an existing or approved fixed MRI scanner in the five years immediately preceding the filing of the CON application.

The proposed scanner may operate as part of the hospital, a diagnostic center, or an independent diagnostic testing facility (IDTF) location that does not currently provide fixed MRI services.

Policy TE-4: Plan Exemption for Dual-Functioning Fixed PET Scanners in Mid-Size-Cancer Centers

The applicant proposing to acquire a fixed Positron Emission Therapy (PET) scanner shall demonstrate in its certificate of need (CON) application that:

1. it is a licensed North Carolina acute care hospital or hospital campus that has the following characteristics:
 - a. has licensed acute care beds;
 - b. provides emergency care coverage 24 hours a day, seven days a week;
 - c. offers external beam radiation therapy on a linear accelerator on the date of the CON application;
 - d. has Certificate of Need approval for at least two linear accelerators;
 - e. does not own or have a Certificate of Need to own a fixed PET scanner.
2. the proposed fixed dual-functioning PET scanner equipment will have capacity to function as both a linear accelerator simulator and a PET scanner;
3. the proposed dual-functioning PET scanner will provide both linear accelerator simulator and PET scan functions in a cancer center that performed an average of 3,126 to 6,249 ESTV procedures on a LINAC during the most recent data year; and
4. the proposed dual-functioning PET scanner will perform at least 1,040 PET procedures during the third full operating year.
5. The proposed dual-functioning PET scanner will be located:
 - a. on the main campus of the hospital as defined in G.S. § 131E-176(14n); or
 - b. on an acute care hospital campus that operates under the main hospital's license.

The performance standards in 10A NCAC 14C .3703 are not applicable.

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-4, and GEN-5 apply to all health services.

Policy GEN-1: Reallocations

In this policy, the term *reallocated* means that the need determination will be scheduled for review in the following year. Furthermore, the terms *this Plan*, or *the Proposed Plan* mean the State Medical Facilities Plan (SMFP) or Proposed SMFP, respectively, in effect at the time the policy is to be applied.

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:
 - a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
 - i. no applications were received for the need determination, or
 - ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.
 - b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.
2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:
 - a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
 - b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.
3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.
4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).
5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

- 1.a. Need determination for 20 adult care home beds in the 2019 SMFP
Review is scheduled to begin November 1, 2019 and applications are due October 15, 2019. No applications are received. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination from the Proposed 2020 SMFP and recalculates the need

based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

1.b. Need determination for two operating rooms in the 2018 SMFP

Two applications are received, each proposing to develop the two operating rooms. The denied applicant appeals. The litigation is finally resolved on November 15, 2019. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination in the Proposed 2020 SMFP, adjusts the inventory, and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities

Any person proposing a capital expenditure greater than \$4 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178 shall include in its certificate of need application a written statement describing the project’s plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. § 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. § 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant’s representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

Policy GEN-5: Access to Culturally Competent Healthcare

A certificate of need (CON) applicant applying to offer or develop a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will provide culturally competent healthcare that integrates principles to increase health equity and reduce health disparities in underserved communities. The delivery of culturally competent healthcare requires the implementation of systems and training to provide responsive, personalized care to individuals with diverse backgrounds, values, beliefs, customs, and languages. A certificate of need applicant shall identify the underserved populations and communities it will serve, including any disparities or unmet needs of either, document its strategies to provide culturally competent programs and services, and articulate how these strategies will reduce existing disparities as well as increase health equity.

CON applications will include the following:

The applicant shall, in its CON application, address each of the items enumerated below:

Item 1: *Describe the demographics of the relevant service area with a specific focus on the medically underserved communities within that service area. These communities shall be described in terms including, but not limited to: age, gender, racial composition;*

ethnicity; languages spoken; disability; education; household income; geographic location and payor type.

Item 2: Describe strategies it will implement to provide culturally competent services to members of the medically underserved community described in Item 1.

Item 3: Document how the strategies described in Item 2 reflect cultural competence.

Item 4: Provide support (e.g., best-practice methodologies, evidence-based studies with similar communities) that the strategies described in Items 2 – 3 are reasonable pathways for reducing health disparities, increasing health equity and improving the health outcomes to the medically underserved communities within the relevant service area.

Item 5: Describe how the applicant will measure and periodically assess increased equitable access to healthcare services and reduction in health disparities in underserved communities.

In approving an application, Certificate of Need shall impose a condition requiring the applicant to implement the described strategies in a manner that is consistent with the applicant's representations in its CON application.

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Chapter 5:

Acute Care Hospital Beds

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CHAPTER 5

ACUTE CARE HOSPITAL BEDS

Introduction

G.S. § 131E-176(13) defines a hospital as “a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. § 131E-77, except long-term care hospitals (LTCHs).”

There are 109 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 63.7%. Table 5A shows that certificates of need (CONs) have been issued to develop a total of 1,802 new beds.

Definitions

An acute care hospital bed’s service area is the single or multicounty grouping shown in Figure 5.1. See below for an explanation of how services areas are determined.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2022 through September 30, 2023.

The methodology projects bed need four years beyond the current reporting year. The *current projection year* is 2027.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of CON-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

A *hospital under common ownership* is a hospital that is owned by the same or a related legal entity as at least one other acute care hospital in the same service area. All other hospitals are *single* hospitals.

Changes from the Previous Plan

As reflected in the previous SMFP, the State Health Coordinating Council (SHCC) decided to adjust the calculations for determining acute care bed need in response to the sustained impacts of the COVID-19 pandemic. The adjustment has been reapplied to the acute care bed need calculations for the 2025 SMFP, and it is described below under Application of the Methodology.

Basic Principles

1. Acute care hospitals are the providers of essential health care services, one of the state’s largest employers, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the policy of the state to guarantee the survival and continued operation of all the state’s hospitals, or even any one of them. In a dynamic, fast-changing environment, which is

moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

2. The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals. Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility services to Medicare and Medicaid beneficiaries and intermediate care facility services to Medicaid beneficiaries.

Data Sources

The inventory of acute care beds comes from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Annual acute days of care (DOC) come from the Hospital Industry Data Institute (HIDI), a collector of hospital patient discharge information. Hospitals report to HIDI using the UB04 form. Patient records that have been categorized as an “acute care/general discharge” are used to identify discharges relevant to this chapter. HIDI provides general acute care DOC by facility and data on patients’ county of residence to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center provides the Agency with aggregate data from the patient records.

Assumptions of the Methodology

1. Target occupancies of hospitals should encourage efficiency of operation and are based on the midnight average daily census (ADC).
2. In determining utilization rates and ADC, the methodology counts only acute care bed DOC.
3. When a hospital receives a CON to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.
4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use DOC by county of residence and county of service to delineate service areas. To update service areas, the Agency uses data on DOC by county of residence and county of service from the three most recent years of data available from the Sheps Center.

Delineation of Service Areas

The SMFP contains two types of acute care bed service areas: single county and multicounty. Counties with at least one licensed acute care hospital that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a licensed acute care hospital are grouped with the single county where the largest proportion of its patients received inpatient acute care services; 2) if two counties with at least one licensed acute care hospital each provided inpatient acute care services to at least 35% of the residents of a county without a licensed acute care hospital, then the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.

If an entity has a CON to develop an acute care hospital in a county without an acute care hospital, the planning inventory in Table 5A will include these beds upon licensure. Before licensure, the beds remain under development in the multicounty service area. Upon licensure of the beds, the county where they are licensed becomes a single county service area.

Application of the Methodology (Table 5A)

Step 1: Determine the number of acute care beds in the planning inventory by totaling:

- a. the number of licensed acute care beds at each hospital (Column D) exclusive of beds licensed or approved at academic medical center teaching hospitals (listed in Appendix F) pursuant to Policy AC-3, and exclusive of beds that provide Level II, III and IV NICU services; and
- b. the number of acute care beds for which CONs have been issued, but for which changes in the license were not made by the end of the reporting year (i.e., additions and relocations) (Column E); and
- c. the number of acute care beds pursuant to need determinations in the SMFP pending review or appeal (Column E); and
- d. the number of beds delicensed after the end of the reporting year (Column E).

Step 2: Enter the total number of DOC provided by each hospital for the reporting year, exclusive of DOC provided in Level II, III and IV NICU services (Column F).

Step 3: Calculate the projected inpatient days of care for each service area for the projection year as follows:

- a. Determine the total number of inpatient days of care (exclusive of DOC provided in Level II, III and IV NICU services)¹ during each of the last five reporting years.
- b. Calculate the difference in the number of inpatient days of care provided from year to year.
- c. For each of the last four reporting years, determine the percentage change from the previous reporting year by dividing the calculated difference in inpatient days of care by the total number of inpatient days provided during the previous reporting year [$(\{\text{current reporting year} - \text{previous reporting year}\} / \text{previous reporting year})$].

Step 4: Determine each service area's Growth Rate Multiplier (GRM; Column G). For each service area, total the annual percentages of change and divide by four to determine the average annual change rate. For positive change, add 1 to obtain the GRM.

Step 5: Determine the Projected DOC (Column H). If the GRM is negative, carry forward the DOC for the reporting year unchanged to Column H. If the GRM is positive, calculate the compounded growth factor projected for the next four reporting years by using the GRM (from Step 4) in the first year and compound the change each year thereafter at the same rate [$\text{DOC} \times (\text{GRM})^4$].

¹ The days of care provided in Level II, III and IV NICU beds are excluded from the total acute days of care because these beds are excluded from the acute bed inventory.

Step 6: Calculate the projected ADC for each hospital for the projection year by dividing the projected DOC provided at the hospital (from Step 5) by 365.25 days (Column I).

Step 7: Multiply each hospital’s projected ADC from Step 6 by the appropriate target occupancy factor below and enter in Column J:

ADC	Target Occupancy Percentage	Occupancy Factor
ADC less than 100	66.7%	1.50
ADC 100-200	71.4%	1.40
ADC greater than 200 and <=400	75.2%	1.33
ADC greater than 400	78.0%	1.28

Step 8: Determine the surplus or deficit of beds for each licensed hospital by subtracting the planning inventory of beds (Column D plus Column E) from the number of beds generated in Step 7 (Column J). Deficits are positive numbers and surpluses are negative numbers (Column K).

Step 9: Calculate the projected acute care bed surplus or deficit in a service area as follows:

- a. If a service area has hospitals under common ownership, total the surpluses and deficits of beds (from Step 8) for each of those hospitals to determine the surplus or deficit of beds for each group of hospitals under common ownership.
- b. The threshold for a need determination for consideration of additional acute care beds is a projected deficit that equals or exceeds 20 beds or 10% of the planning inventory for a single hospital or a group of hospitals under common ownership.
- c. When any single hospital or group of hospitals under common ownership reaches the threshold in Step 9b, sum the deficits of all single hospitals and groups of hospitals under common ownership in the service area. Then subtract from that number any beds for prior year need determinations for which a CON has not yet been issued.

Step 10: If the difference resulting from Step 9c equals or exceeds (a) 20 beds or (b) 10% of the inventory of the single hospital with the fewest acute care beds in its planning inventory or (c) 10% of the inventory of the group of hospitals under common ownership with the fewest acute care beds in its planning inventory, then the need is equal to the difference. Otherwise, the need is zero (Column L).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Applying for Acute Care Beds

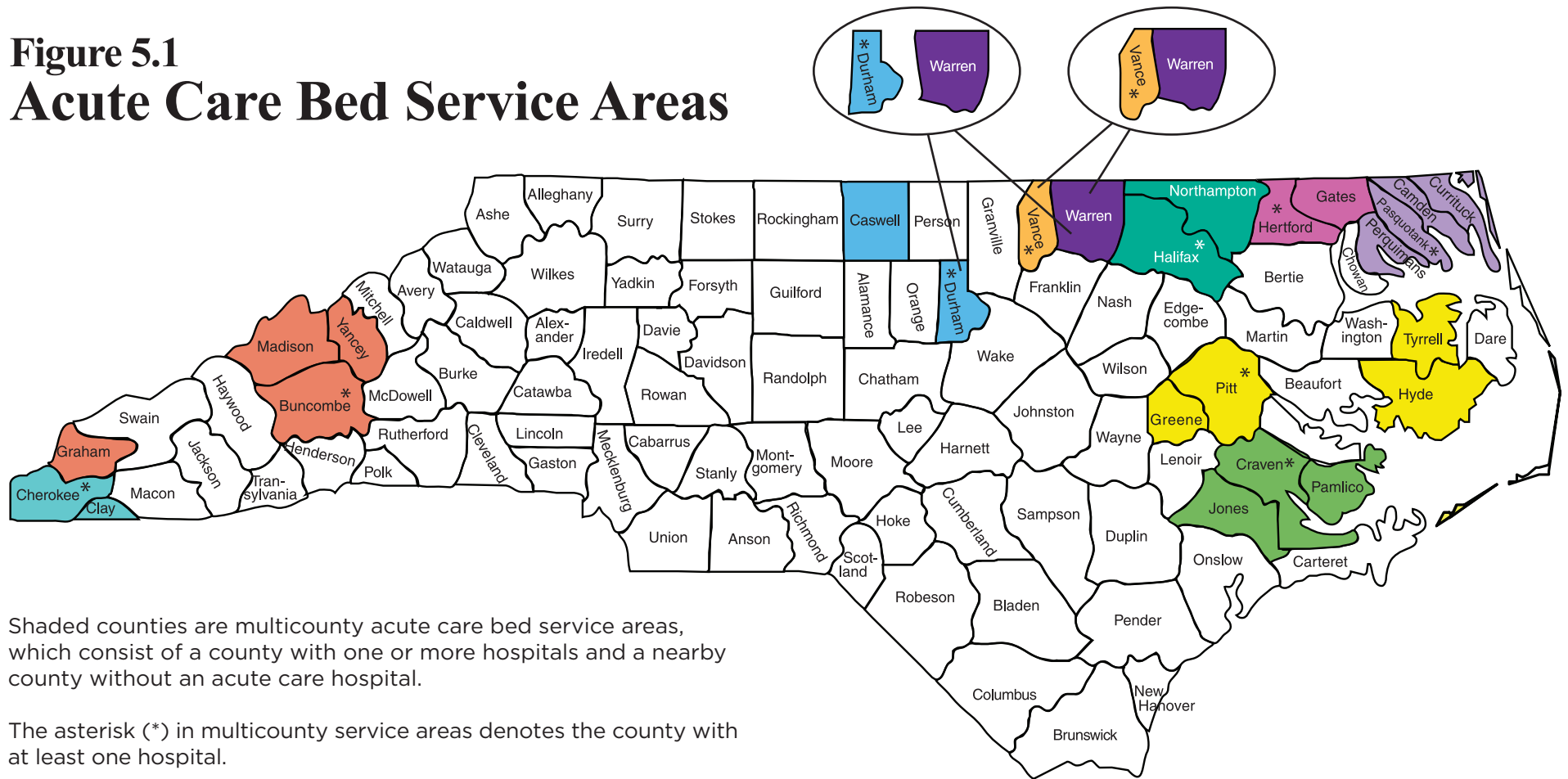
A person who proposes to operate additional acute care beds in a hospital must show that the hospital will provide:

1. a 24-hour emergency services department; and
2. inpatient medical services to both surgical and non-surgical patients; and

3. if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the following major diagnostic categories (MDC) recognized by the Centers for Medicare & Medicaid Services listed below:

- MDC 1: Diseases and disorders of the nervous system
- MDC 2: Diseases and disorders of the eye
- MDC 3: Diseases and disorders of the ear, nose, mouth and throat
- MDC 4: Diseases and disorders of the respiratory system
- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas
- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

Figure 5.1 Acute Care Bed Service Areas



Shaded counties are multicounty acute care bed service areas, which consist of a county with one or more hospitals and a nearby county without an acute care hospital.

The asterisk (*) in multicounty service areas denotes the county with at least one hospital.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Duke Regional Hospital, Duke University Hospital, North Carolina Specialty Hospital	Durham, Caswell, Warren	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Vidant Roanoke-Chowan Hospital	Hertford, Gates	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Alamance	H0272	Alamance Regional Medical Center	170	0	44,873	1.0585	56,325	154	216	46	
Alamance Total			170	0							46
Alexander	H0274	Alexander Hospital (closed)*	25	-25		0.0000	0	0	0	0	
Alexander Total			25	-25							0
Alleghany		2024 Acute Care Bed Need Determination	0	3		1.0617	0	0	0	-3	
Alleghany	H0108	Alleghany Memorial Hospital	3	0	614	1.0617	780	2	3	0	
Alleghany Total			3	3							0
Anson	H0082	Atrium Health Anson	15	0	1,502	1.1633	2,750	8	11	-4	
Anson Total			15	0							0
Ashe	H0099	Ashe Memorial Hospital	76	0	3,221	-1.0740	3,221	9	13	-63	
Ashe Total			76	0							0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**/^	13	0	1,134	-1.0917	1,134	3	5	-8	
Avery Total			13	0							0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	120	0	14,653	1.0247	16,157	44	66	-54	
Beaufort Total			120	0							0
Bertie	H0268	ECU Health Bertie Hospital	6	0	1,184	-1.0429	1,184	3	5	-1	
Bertie Total			6	0							0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	3,507	1.0955	5,051	14	21	-27	
Bladen Total			48	0							0
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	1,637	1.0351	1,879	5	8	-17	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	15,836	1.0351	18,176	50	75	1	
Brunswick Total			99	0							0
Buncombe		2022 Acute Care Bed Need Determination	0	67		1.0452	0	0	0	-67	
Buncombe		2024 Acute Care Bed Need Determination	0	26		1.0452	0	0	0	-26	
Buncombe	H0036	Mission Hospital	682	0	216,157	1.0452	257,994	706	904	222	
Buncombe/Graham/Madison/Yancey Total			682	93							129
Burke	H0062	UNC Health Blue Ridge	289	0	26,449	1.0661	34,170	94	140	-149	
Burke Total			289	0							0
Cabarrus		2024 Acute Care Bed Need Determination	0	31		1.0758	0	0	0	-31	
Cabarrus	H0031	Atrium Health Cabarrus	427	87	142,879	1.0758	191,412	524	671	157	
Cabarrus Total			427	118							126
Caldwell	H0061	Caldwell UNC Health Care	110	0	20,674	1.0272	23,016	63	95	-15	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Caldwell Total			110	0							0
Carteret	H0222	Carteret General Hospital	132	0	23,749	1.0152	25,225	69	104	-28	
Carteret Total			132	0							0
Catawba		2024 Need Determination	0	0		1.0379	0	0	0	0	
Catawba	H0223	Catawba Valley Medical Center**	180	0	36,425	1.0379	42,267	116	162	-18	
Catawba	H0053	Frye Regional Medical Center	203	0	36,216	1.0379	42,024	115	161	-42	
Catawba Total			383	0							0
Chatham	H0007	Chatham Hospital	25	0	3,259	1.1278	5,273	14	22	-3	
Chatham Total			25	0							0
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	4,341	-1.0608	4,341	12	18	-39	
Cherokee/Clay Total			57	0							0
Chowan	H0063	ECU Health Chowan Hospital	47	0	5,959	1.0419	7,024	19	29	-18	
Chowan Total			47	0							0
Cleveland	H0024	Atrium Health Cleveland	280	0	58,555	1.0835	80,703	221	294	14	
Cleveland Total			280	0							0
Columbus	H0045	Columbus Regional Healthcare System**	154	0	15,207	1.1389	25,583	70	105	-49	
Columbus Total			154	0							0
Craven	H0201	CarolinaEast Medical Center	307	0	63,669	-1.0032	63,669	174	244	-63	
Craven/Jones/Pamlico Total			307	0							0
Cumberland	H0213	Cape Fear Valley Medical Center	500	92	157,991	-1.0046	157,991	433	554	-38	
Cumberland Total			500	92							0
Dare	H0273	The Outer Banks Hospital	20	0	2,961	1.0748	3,951	11	16	-4	
Dare Total			20	0							0
Davidson	H0027	Lexington Medical Center	94	0	14,684	1.0258	16,258	45	67	-27	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	11,556	1.0258	12,795	35	53	-48	
Davidson Total			195	0							0
Davie	H0171	Davie Medical Center	50	0	4,490	1.0451	5,356	15	22	-28	
Davie Total			50	0							0
Duplin	H0166	ECU Health Duplin Hospital	56	0	10,089	1.0056	10,317	28	42	-14	
Duplin Total			56	0							0
Durham		2021 Acute Care Bed Need Determination	0	40		1.0285	0	0	0	-40	
Durham		2021 SMFP Need Determination	0	0		1.0285	0	0	0	0	
Durham		2022 Acute Care Bed Need Determination	0	68		1.0285	0	0	0	-68	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Durham		2024 Acute Care Bed Need Determination	0	38		1.0285	0	0	0	-38	
Durham	H0233	Duke Regional Hospital	298	0	70,718	1.0285	79,117	217	288	-10	
Durham	H0015	Duke University Hospital***	981	0	310,870	1.0285	347,791	952	1,219	238	
Duke University Health System			1,279	0	381,588		426,908	1,169	1,507	228	
Durham	H0075	North Carolina Specialty Hospital	18	6	1,148	1.0285	1,284	4	5	-19	
Durham/Caswell/Warren Total			1,297	152							82
Edgecombe	H0258	ECU Health Edgecombe Hospital	91	0	11,163	-1.0450	11,163	31	46	-45	
Edgecombe Total			91	0							0
Forsyth	H0209	Novant Health Forsyth Medical Center	809	33	205,296	-1.0017	205,296	562	719	-123	
Forsyth	H0229	Novant Health Medical Park Hospital	22	-13	1,505	-1.0017	1,505	4	6	-3	
Novant Health			831	20	206,801		206,801	566	726	-125	
Forsyth	H0011	Atrium Health Wake Forest Baptist	722	52	216,194	-1.0017	216,194	592	758	-16	
Forsyth Total			1,553	72							0
Franklin	H0267-B	Maria Parham-Franklin	70	0		0.0000	0	0	0	-70	
Franklin Total			70	0							0
Gaston	H0105	CaroMont Regional Medical Center	397	26	112,617	1.0323	127,882	350	466	43	
Gaston		CaroMont Regional Medical Center - Belmont	0	78		1.0323	0	0	0	-78	
CaroMont Health			397	104	112,617		127,882	350	466	-35	
Gaston Total			397	104							0
Granville	H0098	Granville Health System	62	0	5,966	1.0037	6,055	17	25	-37	
Granville Total			62	0							0
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	301	0	56,218	-1.0077	56,218	154	215	-86	
Guilford	H0159	Cone Health	709	0	167,071	-1.0077	167,071	457	585	-124	
Guilford Total			1,010	0							0
Halifax	H0230	ECU Health North Hospital	184	0	15,955	-1.0337	15,955	44	66	-118	
Halifax/Northampton Total			184	0							0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	126	0	21,131	1.1236	33,683	92	138	12	
Harnett Total			126	0							0
Haywood	H0025	Haywood Regional Medical Center**	120	0	20,748	1.0489	25,118	69	103	-17	
Haywood Total			120	0							0
Henderson	H0019	AdventHealth Hendersonville**	62	0	14,099	1.0223	15,397	42	63	1	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	23,809	1.0223	26,001	71	107	-94	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Henderson Total			263	0							0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	86	0	12,128	-1.0129	12,128	33	50	-36	
Hertford/Gates Total			86	0							0
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	5,230	1.0585	6,565	18	27	-14	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,585	1.0585	1,990	5	8	-28	
Hoke Total			49	28							0
Iredell	H0248	Davis Regional Medical Center**	102	0	0	-1.0205	0	0	0	-102	
Iredell	H0259	Lake Norman Regional Medical Center	115	0	14,113	-1.0205	14,113	39	58	-57	
Community Health Systems			217	0	14,113		14,113	39	58	-159	
Iredell	H0164	Iredell Memorial Hospital	199	0	33,509	-1.0205	33,509	92	138	-61	
Iredell Total			416	0							0
Jackson	H0087	Harris Regional Hospital**	82	0	12,274	-1.0229	12,274	34	50	-32	
Jackson Total			82	0							0
Johnston		2024 Acute Care Bed Need Determination	0	24		1.0603	0	0	0	-24	
Johnston	H0151	UNC Health Johnston	176	0	43,190	1.0603	54,585	149	209	33	
Johnston Total			176	24							9
Lee	H0243	Central Carolina Hospital**	126	0	12,874	1.0045	13,107	36	54	-72	
Lee Total			126	0							0
Lenoir	H0043	UNC Lenoir Health Care	182	0	21,886	-1.0123	21,886	60	90	-92	
Lenoir Total			182	0							0
Lincoln	H0225	Atrium Health Lincoln	97	0	20,368	1.0114	21,314	58	88	-9	
Lincoln Total			97	0							0
Macon	H0034	Angel Medical Center	30	0	5,937	-1.0379	5,937	16	24	-6	
Macon	H0193	Highlands-Cashiers Hospital	24	0	1,120	-1.0379	1,120	3	5	-19	
Macon Total			54	0							0
Martin	H0078	Martin General Hospital**	49	0	3,775	-1.0301	3,775	10	16	-33	
Martin Total			49	0							0
McDowell	H0097	Mission Hospital McDowell	65	0	7,238	-1.0034	7,238	20	30	-35	
McDowell Total			65	0							0
Mecklenburg		2024 Acute Care Bed Need Determination	0	89		1.0444	0	0	0	-89	
Mecklenburg	H0042	Atrium Health Pineville	268	51	98,775	1.0444	117,503	322	428	109	
Mecklenburg	H0255	Atrium Health University City	95	51	39,427	1.0444	46,903	128	180	34	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	979	303	345,309	1.0444	410,781	1,125	1,440	158	
Atrium Health			1,342	405	483,511		575,187	1,575	2,047	300	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	36	0	886	1.0444	1,054	3	4	-32	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	135	12	31,293	1.0444	37,226	102	143	-4	
Mecklenburg	H0270	Novant Health Matthews Medical Center	146	20	39,903	1.0444	47,469	130	182	16	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	36	0	7,992	1.0444	9,507	26	39	3	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center**	469	33	129,805	1.0444	154,417	423	541	39	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32		1.0444	0	0	0	-32	
Novant Health			822	97	209,879		249,673	684	909	-10	
Mecklenburg Total			2,164	591							211
Mitchell	H0169	Blue Ridge Regional Hospital**	46	0	4,887	1.0388	5,691	16	23	-23	
Mitchell Total			46	0							0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital**	37	0	624	1.0595	786	2	3	-34	
Montgomery Total			37	0							0
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	324	47	84,227	-1.0302	84,227	231	307	-64	
Moore Total			324	47							0
Nash	H0228	Nash General Hospital	250	0	48,312	1.0261	53,547	147	205	-45	
Nash Total			250	0							0
New Hanover	H0221	New Hanover Regional Medical Center	633	96	191,643	1.0180	205,851	564	721	-8	
New Hanover Total			633	96							0
Onslow	H0048	Onslow Memorial Hospital	144	0	29,127	1.0115	30,496	83	125	-19	
Onslow Total			144	0							0
Orange		2024 Acute Care Bed Need Determination	0	26		1.0093	0	0	0	-26	
Orange	H0157	University of North Carolina Hospitals	785	74	239,535	1.0093	248,528	680	871	12	
Orange Total			785	100							0
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	22,212	1.0448	26,471	72	109	-73	
Pasquotank/Camden/Currituck/Perquimans Total			182	0							0
Pender	H0115	Pender Memorial Hospital**	43	0	4,750	1.4478	20,872	57	86	43	
Pender Total			43	0							43
Person	H0066	Person Memorial Hospital	38	0	2,631	-1.0652	2,631	7	11	-27	
Person Total			38	0							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Pitt	H0104	ECU Health Medical Center**	776	85	218,237	-1.0111	218,237	598	765	-96	
Pitt/Greene/Hyde/Tyrrell Total			776	85							0
Polk	H0079	St. Luke's Hospital	25	0	2,412	-1.1168	2,412	7	10	-15	
Polk Total			25	0							0
Randolph	H0013	Randolph Hospital	145	0	18,233	1.0675	23,680	65	97	-48	
Randolph Total			145	0							0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond**	99	0	6,509	-1.0772	6,509	18	27	-72	
Richmond Total			99	0							0
Robeson	H0064	Southeastern Regional Medical Center	285	0	37,953	-1.0538	37,953	104	145	-140	
Robeson Total			285	0							0
Rockingham	H0023	Annie Penn Hospital**	110	0	12,890	-1.0263	12,890	35	53	-57	
Rockingham	H0072	UNC Rockingham Hospital	108	0	6,827	-1.0263	6,827	19	28	-80	
Rockingham Total			218	0							0
Rowan	H0040	Novant Health Rowan Medical Center	198	0	38,963	1.0356	44,813	123	172	-26	
Rowan Total			198	0							0
Rutherford	H0039	Rutherford Regional Medical Center	129	0	10,177	-1.0413	10,177	28	42	-87	
Rutherford Total			129	0							0
Sampson	H0067	Sampson Regional Medical Center	116	0	8,176	-1.0160	8,176	22	34	-82	
Sampson Total			116	0							0
Scotland		2024 Acute Care Bed Need Determination	0	26		1.0662	0	0	0	-26	
Scotland	H0107	Scotland Memorial Hospital	92	0	23,870	1.0662	30,852	84	127	35	
Scotland Total			92	26							9
Stanly	H0008	Atrium Health Stanly	97	0	15,092	1.0634	19,299	53	79	-18	
Stanly Total			97	0							0
Stokes	H0165	LifeBrite Community Hospital of Stokes**	53	0	1,549	1.2672	3,995	11	16	-37	
Stokes Total			53	0							0
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	9,968	1.0039	10,124	28	42	-39	
Surry	H0184	Northern Regional Hospital*	100	-17	15,305	1.0039	15,544	43	64	-19	
Surry Total			181	-17							0
Swain	H0069	Swain Community Hospital	48	0	120	-1.2932	120	0	0	-48	
Swain Total			48	0							0
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,709	1.0132	6,017	16	25	-17	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as a "-")	2027 Need Determination
Transylvania Total			42	0							0
Union		2024 Acute Care Bed Need Determination	0	46		1.1445	0	0	0	-46	
Union	H0050	Atrium Health Union	178	21	61,017	1.1445	104,700	287	381	182	
Union Total			178	67							136
Vance	H0267-A	Maria Parham Health**	88	0	21,878	1.0711	28,798	79	118	30	
Vance/Warren Total			88	0							30
Wake		2023 Acute Care Bed Need Determination	0	44		1.0501	0	0	0	-44	
Wake		2024 Acute Care Bed Need Determination	0	70		1.0501	0	0	0	-70	
Wake		Duke Green Level Hospital	0	40		1.0501	0	0	0	-40	
Wake	H0238	Duke Raleigh Hospital	186	-22	54,096	1.0501	65,786	180	252	88	
Duke University Health System			186	18	54,096		65,786	180	252	48	
Wake	H0199	WakeMed	610	-22	178,594	1.0501	217,187	595	761	173	
Wake	H0276	WakeMed Cary Hospital	200	0	61,515	1.0501	74,808	205	272	72	
Wake		WakeMed Garner Hospital	0	31		1.0501	0	0	0	-31	
WakeMed Health & Hospitals			810	9	240,109		291,995	799	1,034	215	
Wake	H0065	UNC Health Rex	468	18	141,785	1.0501	172,424	472	604	118	
Wake Total			1,464	159							267
Washington	H0006	Washington Regional Medical Center^^^	25	-13	1,492	-1.2500	1,492	4	6	-6	
Washington Total			25	-13							0
Watauga	H0077	Watauga Medical Center	113	0	18,261	1.0535	22,496	62	92	-21	
Watauga Total			113	0							0
Wayne	H0257	Wayne UNC Health Care	251	0	47,804	1.0196	51,662	141	198	-53	
Wayne Total			251	0							0
Wilkes	H0153	Wilkes Medical Center	120	0	16,352	1.0923	23,279	64	96	-24	
Wilkes Total			120	0							0
Wilson	H0210	Wilson Medical Center	267	0	24,271	1.0026	24,522	67	101	-166	
Wilson Total			267	0							0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)^	22	0		0.0000	0	0	0	-22	
Yadkin Total			22	0							0

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/Previous Need	Inpatient Days of Care	Growth Rate Multiplier (GRM)	Projected Days of Care	2027 Projected Average Daily Census (ADC)	2027 Beds Adjusted for Target Occupancy	Projected 2027 Deficit or Surplus (surplus shows as "-")	2027 Need Determination
Grand Total All Hospitals			20,522	1,802	4,773,599		5,410,033				1,088

* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. § 131E-184(c).

** HIDI acute inpatient days of care data and the Division of Health Service Regulation Hospital License Renewal Application days of care data have a greater than ± 5% discrepancy between the two data sources.

*** Duke University Hospital is licensed for 14 Level IV neonatal beds under Policy AC-3. The 14 beds are not counted when determining acute care bed need.

^ Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review. Seventeen acute care beds have been converted to adult psychiatric beds, and these beds are accounted for in Table 5A.

^^^ Washington Regional Medical Center was unable to report their 2023 acute bed days of care to HIDI. Therefore, the need methodology calculation uses the days of care reported on the facility's 2024 LRA.

Note: The decimal part of a number resulting from a calculation is not displayed, but it is used in subsequent calculations. Therefore, calculated totals may not be identical to displayed totals.

Table 5B: Acute Care Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alamance	46	To be determined	To be determined
Buncombe/Graham/Madison/Yancey	129	To be determined	To be determined
Cabarrus	126	To be determined	To be determined
Durham/Caswell/Warren	82	To be determined	To be determined
Mecklenburg	211	To be determined	To be determined
Pender	43	To be determined	To be determined
Union	136	To be determined	To be determined
Vance/Warren	30	To be determined	To be determined
Wake	267	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Long-Term Care Hospitals

As a result of the August 2005 change in the CON statute, which made LTCH beds a separate category of health service facility beds, the bed days associated with LTCHs have been removed from the acute care bed need determinations. Table 5C shows LTCH inventory data and DOC for the current reporting year.

Table 5C: Long-Term Care Hospital Bed Inventory and Days of Care

License Number	Facility Name	County	Licensed LTCH Beds	DOC	Adjustments for Certificates of Need
H0279	Asheville Specialty Hospital	Buncombe	34	8,751	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	14,881	0
H0280	Select Specialty Hospital –Durham	Durham	30	6,651	0
H0073	Kindred Hospital-Greensboro	Guilford	101	15,634	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	7,411	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	11,939	0
H0242	PAM Specialty Hospital of Rocky Mount (formerly LifeCare Hospitals of North Carolina)	Nash	50	18,923	0

Chapter 6:

Operating Rooms

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CHAPTER 6

OPERATING ROOMS

Introduction

G.S. § 131E-76(18c) defines an *operating room* (OR) as “...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.”

Across all hospitals and ambulatory surgical facilities, 76.7% of surgical cases were ambulatory (outpatient) and 23.3% were inpatient (*Table 6B*).

Definitions

An OR’s service area is the single or multicounty grouping shown in Figure 6.1. See below for the delineation of service areas.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2022 through September 30, 2023.

The methodology projects OR need four years beyond the current reporting year. The *current projection year* is 2027.

The *planning inventory* is the number of ORs used in need determination calculations. It is the number of ORs licensed as of the last day of the reporting year, plus the number of Certificate of Need (CON)-approved ORs that are under development, plus the number of ORs available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of the Methodology.

For the purposes of the OR methodology, a *health system* includes all licensed health service facilities with ORs located in the same service area that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

The number of cases and procedures come from the Hospital License Renewal Applications (LRAs) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

The inventory of ORs comes from LRAs submitted to the Agency's Acute and Home Care Licensure and Certification Section and approved CONs issued by the Agency.

Population data by county for the reporting year and the projection year come from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.
2. The planning inventory and need determination calculations exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.
3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient and ambulatory surgical procedures by county of residence and county of service to delineate service areas as reported on the LRAs (see below).
4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.

Delineation of Service Areas

The SMFP contains two types of OR service areas: single county and multicounty. Counties with at least one facility having a licensed OR that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a facility with a licensed OR are grouped with the single county where the largest proportion of its patients received surgery; 2) if two counties with at least one facility having a licensed OR each provided surgical services to at least 35 percent of the residents of a county without at least one facility with a licensed OR, then the county without at least one facility with a licensed OR is grouped with both of the counties with facilities that have at least one OR.

If an entity has a CON to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area. Upon licensure of new ORs, the county where they are licensed becomes a single county service area.

In response to a petition, the State Health Coordinating Council (SHCC) created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

Step 1: Inventory of ORs (*Table 6A, Columns D through J*)

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
 - (1) Number of Inpatient ORs (*Column D*)
 - (2) Number of Ambulatory ORs (*Column E*)

- (3) Number of Shared ORs (*Column F*)
- b. For each facility:
 - (1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).
 - (2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).
 - (3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which CONs have been issued but not licensed as of the end of the reporting year.
- c. Enter placeholders for ORs for which a need determination in the SMFP is pending review or appeal (*Columns I and Column J*).

Step 2: Determine Each Facility's Adjusted Case Times

- a. For each facility, compare the Average Case Time in Minutes for inpatient and ambulatory cases reported on the annual LRA to its Final Case Time used in the methodology in the previous year's SMFP.
 - (1) If either the inpatient or ambulatory reported average case time is more than 10% longer than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time plus 10%.
 - (2) If either the inpatient or ambulatory reported average case time is more than 20% shorter than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time minus 20%.
 - (3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

Step 3: Group Facilities (*Table 6A, Columns K through M*)

- a. For each hospital, multiply the total number of inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.
- b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.
- c. Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping (*Column K*).

- d. Assign each facility to a group based on the following criteria (*Column L*):

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50% of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in Group 5.

- e. For purposes of the SMFP, the average OR is anticipated to be staffed based on its group membership and utilized at least 75% of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75% to obtain the Standard Hours per OR per Year (*Column M*).

Group	Hours per Day	Days per Year	Standard Hours per OR per Year
1	10	260	1,950
2	10	260	1,950
3	9	260	1,755
4	8	250	1,500
5	7	250	1,312
6	7	250	1,312

Step 4: Project Future OR Requirements Based on Growth of OR Hours (*Table 6B, Columns D through K*)

- a. For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time (*Column E*) and Final Ambulatory Case Time (*Column G*), as applicable. Otherwise use the Adjusted Case Time from Step 2 as the final case times. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	219.3	3.66	132.5	2.21
2	190.4	3.17	117.8	1.96
3	161.9	2.70	109.2	1.82
4	106.1	1.77	70.8	1.18
5	--	--	40.3	0.67
6	--	--	70.4	1.17

- b. For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these

amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).

- c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year [*Column I: Growth Factor = (projection year service area population - reporting year service area population) / reporting year service area population.*]. If the calculated population growth is negative, the Growth Factor is zero.
- d. Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year [$((\text{Column H} \times \text{Column I}) / 100) + \text{Column H} = \text{Column J}$].
- e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J / Table 6A, Column M = Table 6B, Column K*).

Step 5: Determination of Health System Deficit/Surplus (*Table 6B, Columns L - M*)

- a. Sum the ORs, adjustments, and exclusions (*Table 6A, Columns D through J*) for each facility to obtain the Adjusted Planning Inventory (*Table 6B, Column L*).
- b. Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.*) Then for each health system, sum the deficits and surpluses of each facility to arrive at the Projected OR Deficit/Surplus for the health system ($\text{Column K} - \text{Column L} = \text{Column M}$).

Step 6: Determination of Service Area OR Need (*Table 6B, Column N*)

- a. Round the health system deficits according to the rounding rules, below:

If a health system located in an OR service area with more than 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with more than 10 ORs and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with six to 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with six to 10 ORs and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.
- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).

- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in Table 6C.

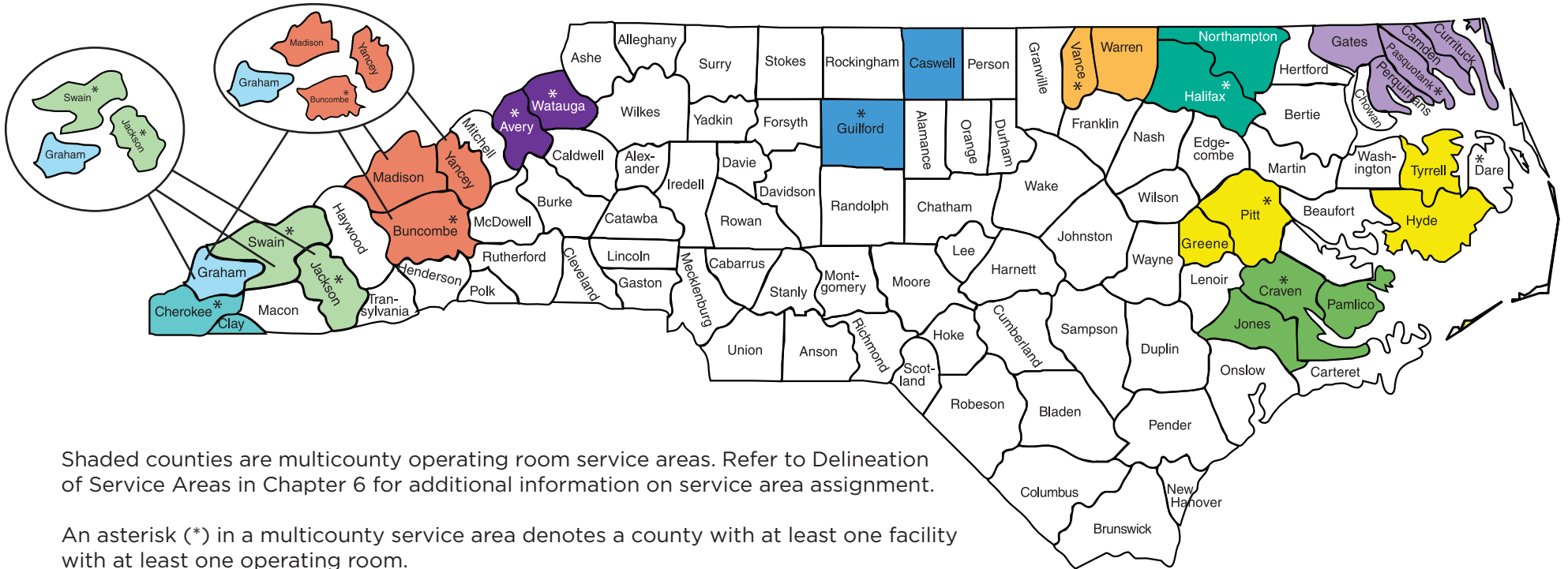
Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

NOTE: The need methodology excludes Dedicated C-Section ORs and associated cases from the calculation of need determinations.

A dedicated C-section OR shall only be used to perform C-sections and other procedures performed on the patient in the same visit to the C-section operating room, such that a patient receiving another procedure at the same time as the C-section would not need to be moved to a different OR for the second procedure.

Hospitals proposing to add a new OR for use as a dedicated C-section OR must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.

Figure 6.1 Operating Room Service Areas



Shaded counties are multicounty operating room service areas. Refer to Delineation of Service Areas in Chapter 6 for additional information on service area assignment.

An asterisk (*) in a multicounty service area denotes a county with at least one facility with at least one operating room.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health, High Point Regional Health, and Kindred Hospital - Greensboro	Guilford, Caswell	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Watauga Medical Center and Charles A. Cannon Jr. Memorial Hospital	Watauga, Avery	

Proposed 2025 SMFP

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	16,823.6	3	1,755
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	168.2	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	33.8	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,465.7	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	351.1	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	6,785.1	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	1	0	5	-1	0	0	0	4,842.0	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	ECU Health Bertie Hospital	0	0	2	0	0	0	0	216.7	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	252.9	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick		Novant Health Leland ASC	0	0	0	0	0	2	0	0.0		
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	8,650.7	4	1,500
Novant Health Total			1	0	4	-1	0	2	0			
Brunswick	AS0170	Brunswick Surgery Center	0	1	0	0	0	0	0	1,325.0	6	1,312
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	2,742.6	4	1,500
Brunswick Total			1	1	6	-1	0	2	0			
Buncombe	AS0038	Outpatient Surgery Center of Asheville	0	5	0	0	0	0	0	9,663.0	6	1,312
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	1,367.1	5	1,312

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	54,461.3	2	1,950
Buncombe/Graham/Madison/Yancey			8	15	30	-2	-1	0	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,379.0	5	1,312
Burke	H0062	UNC Health Blue Ridge	1	0	9	-1	0	-4	0	6,606.0	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus	AS0070	Gateway Surgery Center	0	6	0	0	0	0	0	5,106.6	6	1,312
Cabarrus	H0031	Atrium Health Cabarrus	4	0	15	-2	0	0	0	31,425.1	3	1,755
Atrium Health Total			4	6	15	-2	0	0	0			
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	2	0	0	0	0	0	2,483.3	5	1,312
Cabarrus Total			4	8	15	-2	0	0	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	1,098.0	6	1,312
Caldwell	H0061	Caldwell UNC Health Care	1	0	4	-1	0	0	0	4,215.0	4	1,500
UNC Health Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,774.5	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,357.1	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	AS0036	Graystone Eye Surgery Center	0	3	0	0	0	0	0	5,090.3	5	1,312
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	4,109.1	5	1,312
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	10,253.4	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	16,558.6	3	1,755
Catawba		2024 Need Determination	0	0	0	0	0	1	0	0.0		
Catawba Total			3	10	27	-1	0	1	0			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	1,085.3	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	3,798.3	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			

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<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Chowan	H0063	ECU Health Chowan Hospital	0	0	3	0	0	0	0	770.7	4	1,500
Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	4	0	0	0	0	0	1,201.2	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,108.7	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,306.0	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	3,642.8	4	1,500
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,318.9	4	1,500
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	1	0	27,283.3	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-1	0	2,192.5	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	0	0			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	7,677.3	5	1,312
Cumberland	AS0159	Valleygate Dental Surgery Center	0	2	0	0	0	-1	0	1,910.0	6	1,312
Cumberland		Valleygate Dental Surgery Center Coast	0	0	0	0	0	1	0	0.0		
Cumberland		2024 Need Determination	0	0	0	0	0	1	0	0.0		
Cumberland Total			5	13	17	-3	0	1	0			
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,065.9	4	1,500
Dare Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	8,519.7	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,692.7	4	1,500
Davidson Total			1	0	9	-1	0	0	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	3,731.1	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	ECU Health Duplin Hospital	0	0	3	0	0	0	0	1,723.3	4	1,500
Duplin Total			0	0	3	0	0	0	0			

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Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	4	0	0	0	0	0	3,866.4	6	1,312
Durham	AS0172	Duke Ambulatory Surgery Center Arringdon	0	6	0	0	0	0	0	6,227.4	6	1,312
Durham	H0015	Duke University Hospital*	6	9	50	0	-1	2	0	125,699.3	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	21,728.6	3	1,755
Duke University Health System Total			8	19	63	-2	-1	2	0			
Durham	AS0184	Southpoint Surgery Center	0	2	0	0	0	0	0	928.5	6	1,312
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	8,273.6	4	1,500
NC Specialty Hospital Total			0	2	4	0	0	0	0			
Durham		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Durham Total			8	21	67	-2	-1	4	0			
Edgecombe	H0258	ECU Health Edgecombe Hospital	1	0	5	-1	0	0	0	2,315.5	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	3	0	0	0	0	0	3,799.2	6	1,312
Forsyth	H0011	Atrium Health Wake Forest Baptist*	4	0	36	0	-2	11	0	91,482.6	1	1,950
Atrium Health Total			4	3	36	0	-2	11	0			
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	2	0	0	0	0	0	1,613.3	5	1,312
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	2	0	0	0	0	0	2,458.9	6	1,312
Forsyth	H0209	Novant Health Forsyth Medical Center	5	4	26	-2	0	0	0	54,339.2	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	18,626.8	3	1,755
Novant Health Total			5	8	36	-2	0	0	0			
Forsyth	AS0173	Kimel Park Surgery Center	0	2	0	0	0	0	0	2,599.9	6	1,312
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	2	0	0	0	0	0	2,986.3	5	1,312
Forsyth		Triad Surgery Center	0	0	0	0	0	2	0	0.0		
Forsyth Total			9	15	72	-2	-2	13	0			
Franklin	H0267-B	Maria Parham-Franklin	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Franklin Total			0	0	3	0	0	1	0			
Gaston		CaroMont ASC-Belmont	0	0	0	0	0	2	0	0.0		
Gaston		CaroMont Regional Medical Center - Belmont	0	0	0	0	0	2	1	0.0		
Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	-3	0	1,692.8	5	1,312
Gaston	H0105	CaroMont Regional Medical Center	5	0	17	-4	0	-1	-1	22,799.2	3	1,755
CaroMont Health Total			5	6	17	-4	0	0	0			
Gaston Total			5	6	17	-4	0	0	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,635.2	4	1,500
Granville Total			0	0	3	0	0	0	0			
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0	0	0	0	3	0	0.0		
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	-2	0	5,370.0	6	1,312
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	-1	0	1,202.1	6	1,312
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	3	0	8	-1	0	0	0	12,204.6	4	1,500
Atrium Health Total			3	8	8	-1	0	0	0			
Guilford		North Elam Ambulatory Surgery Center	0	0	0	0	0	5	0	0.0		
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	63,943.3	2	1,950
Moses H. Cone Memorial Hospital System Total			4	13	29	0	-1	0	0			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	995.8	6	1,312
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	13,483.6	6	1,312
Surgical Care Affiliates Total			0	16	0	0	0	0	0			
Guilford		CK Vascular Center	0	0	0	0	0	1	0	0.0		
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad	0	2	0	0	0	0	0	2,948.4	6	1,312
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	1,333.2	5	1,312
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	0.0		
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	157.9	4	1,500
Guilford/Caswell Total			7	45	38	-1	-1	1	0			

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Halifax	H0230	ECU Health North Hospital	0	0	6	0	0	0	0	2,598.3	4	1,500
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	0	0	7	0	0	0	0	4,118.3	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	7,358.7	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson	AS0186	The Surgery Center at Mills River	0	1	0	0	0	1	0	66.2	5	1,312
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	9	0	0	-1	1	12,155.4	4	1,500
UNC Health Total			0	1	9	0	0	0	1			
Henderson	H0019	AdventHealth Hendersonville	1	0	5	-1	0	0	0	7,719.4	4	1,500
Henderson	AS0177	Western Carolina Surgery Center	0	1	0	0	0	0	0	433.4	6	1,312
Henderson Total			1	2	14	-1	0	0	1			
Hertford	H0001	ECU Health Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	840.7	4	1,500
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,571.5	4	1,500
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	2	0	0	0	0	520.3	4	1,500
Hoke Total			1	0	4	-1	0	0	0			
Iredell		Statesville Orthopedic Surgery Center	0	0	0	0	0	1	0	0.0		
Iredell	H0248	Davis Regional Medical Center	1	0	5	-1	0	-1	0	0.0		
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	5,666.2	4	1,500
Community Health Systems Total			2	2	12	-2	0	0	0			
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	1	0	0	0	0	0	408.5	5	1,312
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	797.3	5	1,312
Iredell	AS0175	Iredell Surgery at Mooresville	0	1	0	0	0	0	0	1,696.9	6	1,312
Iredell	H0164	Iredell Memorial Hospital	1	0	9	-1	0	0	0	9,940.7	4	1,500
Iredell Health System Total			1	6	9	-1	0	0	0			
Iredell Total			3	8	21	-3	0	0	0			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	6,173.7	4	1,500
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	UNC Health Johnston	2	0	8	-2	0	0	0	7,938.2	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,077.5	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	3,993.4	4	1,500
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	4,432.9	4	1,500
Lincoln Total			1	1	3	-1	0	0	0			
Macon	H0034	Angel Medical Center	0	0	3	0	0	0	0	1,201.5	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	8.6	4	1,500
Mission Health Total			0	0	5	0	0	0	0			
Macon Total			0	0	5	0	0	0	0			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	0	515.5	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	1,735.9	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	3	0	0	0	0	0	1,580.1	6	1,312
Mecklenburg	AS0187	Huntersville Surgery Center	0	1	0	0	0	0	0	25.1	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	10	-2	0	2	1	24,107.1	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	44	-4	-1	10	0	135,832.5	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	0	7	-1	0	1	1	7,675.1	4	1,500
Atrium Health Total			13	15	61	-7	-1	13	2			
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	8,218.7	5	1,312

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	0	0	1,915.5	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,077.6	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,511.2	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	57,341.2	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,212.4	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	7	-2	0	0	0	10,807.8	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	2,918.9	4	1,500
Mecklenburg	H0292	Novant Health Ballantyne Medical Center	1	0	2	-1	0	0	0	500.8	4	1,500
Novant Health Total			12	18	46	-9	0	1	1			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	9,439.2	5	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	14,946.0	6	1,312
Surgical Care Affiliates Total			0	12	0	0	0	0	0			
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC	0	2	0	0	0	-1	0	3,627.0	6	1,312
Valleygate Dental Surgery Center of Charlotte Total			0	2	0	0	0	0	0			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	3,454.5	6	1,312
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	1	0	0	0	0	0	2,358.0	6	1,312
Mecklenburg Total			25	50	107	-16	-1	14	3			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	623.1	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	155.4	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore		Southern Pines Surgery Center	0	0	0	0	0	2	0	0.0		
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	-2	0	8,286.3	6	1,312
Southern Pines Surgery Total			0	6	0	0	0	0	0			

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	2	0	15	0	0	0	1	23,883.5	3	1,755
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,242.3	5	1,312
Moore Total			2	9	15	0	0	0	1			
Nash		Carolina Vascular Care	0	0	0	0	0	1	0	0.0		
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	15,548.4	3	1,755
Nash Total			1	0	13	-1	0	1	0			
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	4	0	53,351.2	2	1,950
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover	AS0176	Wilmington Eye Surgery Center	0	2	0	0	0	0	0	1,888.8	5	1,312
New Hanover	AS0045	Wilmington Health	0	1	0	0	0	-1	0	1,801.7	6	1,312
New Hanover	AS0055	Wilmington SurgCare	0	10	0	0	0	0	0	5,434.2	5	1,312
New Hanover Total			5	17	29	-3	-1	4	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	7,267.9	4	1,500
Onslow Total			1	4	5	-1	0	0	0			
Orange	AS0188	North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	11	0	73,069.9	1	1,950
UNC Health Total			3	6	37	-3	-2	13	0			
Orange		Duke Health Orange Ambulatory Surgical Center	0	0	0	0	0	2	0	0.0		
Orange Total			3	6	37	-3	-2	15	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	6,440.3	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	1,057.5	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	462.3	4	1,500
Person Total			1	0	4	-1	0	0	0			
Pitt	AS0012	ECU Health SurgiCenter	0	10	0	0	0	0	0	16,813.0	6	1,312
Pitt	H0104	ECU Health Medical Center	7	0	26	-4	-1	3	0	62,790.2	1	1,950

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
ECU Health Total			7	10	26	-4	-1	3	0			
Pitt		Eastern Nephrology Associates ASC	0	0	0	0	0	1	0	0.0		
Pitt/Greene/Hyde/Tyrrell Total			7	10	26	-4	-1	4	0			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	653.7	4	1,500
Polk Total			0	0	3	0	0	0	0			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,786.8	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	2,385.7	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	602.5	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	4,401.5	4	1,500
UNC Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	1,082.4	4	1,500
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	3,329.4	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	15,524.5	3	1,755
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,687.1	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,175.8	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	6,571.7	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,705.9	4	1,500
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	174.8	4	1,500

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,630.8	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	3,123.3	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,100.3	4	1,500
Transylvania Total			0	0	4	0	0	0	0			
Union	AS0132	Atrium Health Surgery Center Indian Trail	0	2	0	0	0	0	0	1,199.2	5	1,312
Union	H0050	Atrium Health Union	2	0	7	-2	0	0	0	9,333.4	4	1,500
Atrium Health Total			2	2	7	-2	0	0	0			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	1	0	0	0	0	0	0.0		
Union Total			2	3	7	-2	0	0	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,492.1	4	1,500
Vance/Warren Total			0	0	5	0	0	0	0			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake		Duke Health Garner Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-3	0	22,393.3	3	1,755
Duke University Health System Total			0	0	15	0	0	2	0			
Wake		Orthopaedic Surgery Center of Garner	0	0	0	0	0	1	0	0.0		
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	3,076.5	6	1,312
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	4	0	0	0	0	0	5,213.8	6	1,312
Wake	AS0160	Rex Surgery Center of Wakefield	0	2	0	0	0	0	0	2,416.0	5	1,312
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	1	0	0	0	0	0	696.8	6	1,312
Wake	H0065	UNC Health Rex	5	0	27	-5	0	1	0	56,251.7	2	1,950

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Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2022 through 9/30/2023 as reported on the 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
UNC Health Total			5	11	27	-5	0	2	0			
Wake		WakeMed Garner Hospital	0	0	0	0	0	2	0	0.0		
Wake		WakeMed Surgery Center-North Raleigh	0	0	0	0	0	1	0	0.0		
Wake	AS0137	Capital City Surgery Center	0	7	0	0	0	-1	0	6,404.2	6	1,312
Wake	AS0185	WakeMed Surgery Center - Cary	0	1	0	0	0	0	0	14.3	6	1,312
Wake	H0199	WakeMed	8	0	20	-4	-1	0	0	58,799.3	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	1	0	13,402.0	4	1,500
WakeMed Health & Hospitals Total			10	8	29	-6	-1	3	0			
Wake	AS0179	OrthoNC ASC	0	1	0	0	0	0	0	574.1	6	1,312
Wake	AS0174	RAC Surgery Center LLC	0	1	0	0	0	0	0	357.0	6	1,312
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center	0	1	0	0	0	0	0	2,190.5	6	1,312
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	2	0	0	0	0	0	2,085.0	6	1,312
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	6,134.2	5	1,312
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	3,541.5	6	1,312
Wake		Valleygate Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0142	Triangle Surgery Center	0	3	0	0	0	0	0	3,616.6	6	1,312
Wake	AS0155	Holly Springs Surgery Center	0	3	0	0	0	0	0	3,799.4	6	1,312
Wake		2024 Need Determination	0	0	0	0	0	4	0	0.0		
Wake Total			15	37	71	-11	-1	12	0			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	10,646.6	4	1,500
Wayne Total			1	2	11	-1	0	0	0			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,204.2	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center	0	4	0	0	0	-4	0	0.0		

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<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	4,104.5	4	1,500
<i>Duke LifePoint Total</i>			<i>1</i>	<i>4</i>	<i>9</i>	<i>-1</i>	<i>0</i>	<i>0</i>	<i>0</i>			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	57.8	6	1,312
Wilson Total			1	5	9	-1	0	0	0			
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0	2	0	0	0	0	0.0		
Yadkin Total			0	0	2	0	0	0	0			
Grand Total			156	322	940	-101	-11	73	5			

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center	1,788	132.0	7,734	100.0	16,824	5.17	17,693	10.08	12	-1.92	
Alamance Total													0
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital	0	0.0	113	89.3	168	0.53	169	0.11	2	-1.89	
Alleghany Total													0
Anson	H0082	Atrium Health Anson ^{^^/†††}	0	0.0	20	92.2	31	-0.38	31	0.02	1	-0.98	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital ^{^/†}	159	132.0	716	90.0	1,424	3.08	1,468	0.98	2	-1.02	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	13	86.1	322	62.0	351	4.68	368	0.25	2	-1.75	
Watauga	H0077	Watauga Medical Center	829	93.1	5,200	63.5	6,785	4.68	7,103	4.74	6	-1.26	
Appalachian Regional Healthcare System Total										4.98	8	-3.02	
Avery/Watauga Total													0
Beaufort	H0188	ECU Health Beaufort Hospital, A campus of ECU Health Medical Center	432	110.0	3,000	81.0	4,842	-1.79	4,842	3.23	5	-1.77	
Beaufort Total													0
Bertie	H0268	ECU Health Bertie Hospital ^{††}	0	52.0	394	33.0	217	-2.82	217	0.14	2	-1.86	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital ^{^/†/†††}	9	132.0	225	62.1	253	-0.48	253	0.17	2	-1.83	
Bladen Total													0
Brunswick		Novant Health Leland ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Brunswick	H0250	Novant Health Brunswick Medical Center ^{^^/†††}	744	117.5	4,251	92.2	7,989	14.28	9,130	6.09	4	2.09	
Novant Health Total										6.09	6	0.09	
Brunswick	AS0170	Brunswick Surgery Center ^{†††}	0	0.0	1,089	47.2	856	14.28	979	0.75	1	-0.25	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	132	108.0	2,505	60.0	2,743	14.28	3,134	2.09	2	0.09	
Brunswick Total													0

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Buncombe	AS0038	Outpatient Surgery Center of Asheville†††	0	0.0	6,442	75.2	8,078	4.10	8,409	6.41	5	1.41	
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	3,281	25.0	1,367	4.10	1,423	1.08	1	0.08	
Buncombe	H0036	Mission Hospital†††	11,974	155.6	17,539	80.1	54,461	4.10	56,696	29.07	44	-14.93	
Buncombe/Graham/Madison/Yancey Total													0
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,758	30.0	1,379	0.59	1,387	1.06	2	-0.94	
Burke	H0062	UNC Health Blue Ridge†/†††	783	109.5	4,773	65.1	6,606	0.59	6,645	4.43	5	-0.57	
Burke Total													0
Cabarrus	AS0070	Gateway Surgery Center†††	0	0.0	7,473	40.7	5,069	7.49	5,449	4.15	6	-1.85	
Cabarrus	H0031	Atrium Health Cabarrus^/†††	5,292	195.5	6,268	130.6	30,893	7.49	33,207	18.92	17	1.92	
Atrium Health Total										23.07	23	0.07	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	0.0	3,311	45.0	2,483	7.49	2,669	2.03	2	0.03	
Cabarrus Total													0
Caldwell	AS0168	Prime Surgical Suites††††	0	0.0	1,243	63.2	1,309	0.39	1,314	1.00	3	-2.00	
Caldwell	H0061	Caldwell UNC Health Care	921	72.2	2,985	62.5	4,215	0.39	4,231	2.82	4	-1.18	
UNC Health Total										3.82	7	-3.18	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City†††	0	0.0	1,638	59.3	1,619	2.84	1,665	1.27	2	-0.73	
Carteret	H0222	Carteret General Hospital^^	1,136	109.0	2,576	92.2	6,022	2.84	6,193	4.13	5	-0.87	
Carteret Total													0
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	9,255	33.0	5,090	4.32	5,310	4.05	3	1.05	
Catawba	AS0101	Viewmont Surgery Center^/†††	0	0.0	3,793	52.6	3,325	4.32	3,469	2.64	3	-0.36	
Catawba	H0053	Frye Regional Medical Center^/†/†††	1,885	132.0	3,315	92.2	9,241	4.32	9,641	6.43	21	-14.57	
Catawba	H0223	Catawba Valley Medical Center†††	2,073	137.8	6,973	101.5	16,559	4.32	17,275	9.84	12	-2.16	
Catawba		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Catawba Total													0
Chatham	H0007	Chatham Hospital^/†††	13	120.0	626	92.2	988	6.68	1,054	0.70	2	-1.30	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Chatham Total													0
Cherokee	H0239	Erlanger Murphy Medical Center ^{^/^^/†/†††}	166	132.0	2,003	92.2	3,443	3.07	3,549	2.37	4	-1.63	
Cherokee/Clay Total													0
Chowan	H0063	ECU Health Chowan Hospital ^{†/†††}	325	66.0	626	39.6	771	0.69	776	0.52	3	-2.48	
Chowan Total													0
Cleveland	AS0062	Atrium Health Surgery Center Shelby	0	0.0	1,638	44.0	1,201	2.29	1,229	0.94	4	-3.06	
Cleveland	H0024	Atrium Health Cleveland ^{^/^^/†/†††}	1,139	132.0	3,855	92.2	8,430	2.29	8,622	5.75	8	-2.25	
Atrium Health Total										6.68	12	-5.32	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	2,612	30.0	1,306	2.29	1,336	1.02	2	-0.98	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	768	99.5	2,657	53.5	3,643	-0.33	3,643	2.43	5	-2.57	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center	2,569	111.0	12,099	47.4	14,319	1.70	14,562	9.71	17	-7.29	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	5,374	165.0	6,468	116.0	27,283	0.64	27,457	15.65	17	-1.35	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital ^{†††††}	19	96.0	2,027	64.0	2,193	0.64	2,206	1.47	2	-0.53	
Cape Fear Valley Health System Total										17.12	19	-1.88	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center ^{^/†/†††}	0	0.0	7,942	52.6	6,962	0.64	7,006	5.34	11	-5.66	
Cumberland	AS0159	Valleygate Dental Surgery Center ^{†††††}	0	0.0	1,819	77.1	2,338	0.64	2,353	1.79	1	0.79	
Cumberland		Valleygate Dental Surgery Center Coast	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cumberland		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Cumberland Total													0
Dare	H0273	The Outer Banks Hospital	127	75.0	1,237	44.0	1,066	0.55	1,072	0.71	3	-2.29	
Dare Total													0
Davidson	H0027	Lexington Medical Center ^{^/†/†††}	568	125.8	4,456	92.2	8,038	3.57	8,325	5.55	4	1.55	
Davidson	H0112	Novant Health Thomasville Medical Center ^{†/††††}	438	115.5	3,955	58.4	4,693	3.57	4,860	3.24	5	-1.76	
Davidson Total												1.55	2

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Davie	H0171	Davie Medical Center^	96	132.0	3,086	68.0	3,709	4.28	3,867	2.58	3	-0.42	
Davie Total													0
Duplin	H0166	ECU Health Duplin Hospital†/†††	378	71.2	1,452	52.7	1,723	3.88	1,790	1.19	3	-1.81	
Duplin Total													0
Durham	AS0041	James E. Davis Ambulatory Surgical Center†††	0	0.0	3,222	60.9	3,270	4.53	3,418	2.61	4	-1.39	
Durham	AS0172	Duke Ambulatory Surgery Center Arringdon^^	0	0.0	3,852	90.8	5,828	4.53	6,092	4.64	6	-1.36	
Durham	H0015	Duke University Hospital*	16,120	273.9	22,103	141.5	125,699	4.53	131,398	67.38	66	1.38	
Durham	H0233	Duke Regional Hospital^/^^/†††	2,976	195.5	4,542	130.6	19,587	4.53	20,475	11.67	13	-1.33	
Duke University Health System Total										86.30	89	-2.70	
Durham	AS0184	Southpoint Surgery Center	0	0.0	619	90.0	929	4.53	971	0.74	2	-1.26	
Durham	H0075	North Carolina Specialty Hospital^/^^/†/†††	501	132.0	4,160	92.2	7,494	4.53	7,834	5.22	4	1.22	
NC Specialty Hospital Total										5.96	6	-0.04	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham Total													0
Edgecombe	H0258	ECU Health Edgecombe Hospital†	548	107.8	1,426	56.0	2,316	-2.61	2,316	1.54	5	-3.46	
Edgecombe Total													0
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	0.0	3,166	72.0	3,799	3.31	3,925	2.99	3	-0.01	
Forsyth	H0011	Atrium Health Wake Forest Baptist*	13,843	237.0	16,118	137.0	91,483	3.31	94,508	48.47	49	-0.53	
Atrium Health Total										51.46	52	-0.54	
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	0.0	1,936	50.0	1,613	3.31	1,667	1.27	2	-0.73	
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	0.0	2,202	67.0	2,459	3.31	2,540	1.94	2	-0.06	
Forsyth	H0209	Novant Health Forsyth Medical Center†/†††	8,376	172.6	19,497	93.1	54,339	3.31	56,136	28.79	33	-4.21	
Forsyth	H0229	Novant Health Medical Park Hospital^	516	195.5	9,407	108.0	18,614	3.31	19,230	10.96	10	0.96	
Novant Health Total										42.95	47	-4.05	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Forsyth	AS0173	Kimel Park Surgery Center	0	0.0	2,516	62.0	2,600	3.31	2,686	2.05	2	0.05	
Forsyth	AS0134	Piedmont Outpatient Surgery Center^^†††	0	0.0	2,635	52.6	2,310	3.31	2,386	1.82	2	-0.18	
Forsyth		Triad Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth Total													0
Franklin	H0267-B	Maria Parham-Franklin	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston		CaroMont ASC-Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston		CaroMont Regional Medical Center - Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston	AS0037	CaroMont Specialty Surgery	0	0.0	4,232	24.0	1,693	2.46	1,734	1.32	3	-1.68	
Gaston	H0105	CaroMont Regional Medical Center	4,618	104.0	11,096	80.0	22,799	2.46	23,360	13.31	17	-3.69	
CaroMont Health Total										14.63	24	-9.37	
Gaston Total													0
Granville	H0098	Granville Health System†/†††	425	65.9	2,217	31.6	1,635	4.22	1,704	1.14	3	-1.86	
Granville Total													0
Guilford		Atrium Health Wake Forest Baptist Ambulatory Surgical Center-Greensboro	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Guilford	AS0047	High Point Surgery Center†††	0	0.0	4,538	66.0	4,992	2.25	5,104	3.89	4	-0.11	
Guilford	AS0152	Premier Surgery Center	0	0.0	1,387	52.0	1,202	2.25	1,229	0.94	1	-0.06	
Guilford	H0052	Atrium Health Wake Forest Baptist - High Point Medical Center^^†††	2,188	119.0	4,648	92.2	11,481	2.25	11,740	7.83	10	-2.17	
Atrium Health Total										12.65	18	-5.35	
Guilford		North Elam Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Guilford	H0159	Cone Health††/†††	8,469	145.2	18,779	138.8	63,943	2.25	65,383	33.53	40	-6.47	
Moses H. Cone Memorial Hospital System Total										33.53	45	-11.47	
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	1,149	52.0	996	2.25	1,018	0.78	3	-2.22	
Guilford	AS0018	Surgical Center of Greensboro	0	0.0	15,558	52.0	13,484	2.25	13,787	10.51	13	-2.49	
Surgical Care Affiliates Total										11.28	16	-4.72	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/Surplus (Surplus shows as a "-")	Service Area Need
Guilford		CK Vascular Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad^^/†††	0	0.0	1,638	90.8	2,478	2.25	2,534	1.93	2	-0.07	
Guilford	AS0033	Surgical Eye Center	0	0.0	4,210	19.0	1,333	2.25	1,363	1.04	4	-2.96	
Guilford	AS0063	Piedmont Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Guilford	H0073	Kindred Hospital - Greensboro†††	149	59.0	11	62.1	158	2.25	161	0.11	1	-0.89	
Guilford/Caswell Total													0
Halifax	H0230	ECU Health North Hospital†††	693	78.0	1,996	51.0	2,598	-4.15	2,598	1.73	6	-4.27	
Halifax/Northampton Total													0
Harnett	H0224	Cape Fear Valley Betsy Johnson Hospital	844	99.0	2,210	74.0	4,118	8.51	4,469	2.98	7	-4.02	
Harnett Total													0
Haywood	H0025	Haywood Regional Medical Center	975	120.8	3,987	81.2	7,359	2.61	7,551	5.03	7	-1.97	
Haywood Total													0
Henderson	AS0186	The Surgery Center at Mills River	0	0.0	137	29.0	66	4.60	69	0.05	2	-1.95	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	1,915	114.0	5,942	86.0	12,155	4.60	12,714	8.48	8	0.48	
UNC Health Total										8.53	10	-1.47	
Henderson	H0019	AdventHealth Hendersonville	669	100.0	5,214	76.0	7,719	4.60	8,074	5.38	5	0.38	
Henderson	AS0177	Western Carolina Surgery Center††††	0	0.0	591	64.8	638	4.60	668	0.51	1	-0.49	
Henderson Total													0
Hertford	H0001	ECU Health Roanoke-Chowan Hospital†††/††††	450	46.1	1,009	29.4	841	-3.34	841	0.56	5	-4.44	
Hertford Total													0
Hoke	H0288	Cape Fear Valley Hoke Hospital	44	95.0	1,024	88.0	1,572	6.31	1,671	1.11	2	-0.89	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	726	43.0	520	6.31	553	0.37	2	-1.63	
Hoke Total													0
Iredell		Statesville Orthopedic Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell	H0248	Davis Regional Medical Center†††/††††	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Iredell	H0259	Lake Norman Regional Medical Center†/†††	1,162	92.0	5,298	44.0	5,666	9.66	6,214	4.14	9	-4.86	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/Surplus (Surplus shows as a "-")	Service Area Need
Community Health Systems Total										4.14	14	-9.86	
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	0.0	570	43.0	409	9.66	448	0.34	1	-0.66	
Iredell	AS0050	Iredell Surgical Center†††	0	0.0	1,063	29.7	526	9.66	577	0.44	4	-3.56	
Iredell	AS0175	Iredell Surgery at Mooresville	0	0.0	1,157	88.0	1,697	9.66	1,861	1.42	1	0.42	
Iredell	H0164	Iredell Memorial Hospital	1,262	130.6	4,786	90.2	9,941	9.66	10,901	7.27	9	-1.73	
Iredell Health System Total										9.47	15	-5.53	
Iredell Total													0
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	783	103.6	4,444	65.1	6,174	0.71	6,217	4.14	6	-1.86	
Duke LifePoint Total										4.14	7	-2.86	
Jackson/Graham/Swain Total													0
Johnston	H0151	UNC Health Johnston	1,395	92.6	5,727	60.6	7,938	12.49	8,930	5.95	8	-2.05	
Johnston Total													0
Lee	H0243	Central Carolina Hospital	298	100.2	1,473	64.4	2,077	5.14	2,184	1.46	6	-4.54	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care†/††††	727	122.9	3,311	45.4	3,993	-2.21	3,993	2.66	9	-6.34	
Lenoir Total													0
Lincoln	H0225	Atrium Health Lincoln^^	448	128.2	2,054	92.2	4,113	9.90	4,521	3.01	4	-0.99	
Lincoln Total													0
Macon	H0034	Angel Medical Center†/†††	217	128.1	736	60.2	1,202	4.79	1,259	0.84	3	-2.16	
Macon	H0193	Highlands-Cashiers Hospital	0	0.0	8	64.3	9	4.79	9	0.01	2	-1.99	
Mission Health Total										0.85	5	-4.15	
Macon Total													0
Martin	H0078	Martin General Hospital†††††	52	105.3	427	59.6	515	-3.57	515	0.34	2	-1.66	
Martin Total													0
McDowell	H0097	Mission Hospital McDowell†/†††	194	115.2	998	82.0	1,736	0.41	1,743	1.16	3	-1.84	
McDowell Total													0
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	0.0	1,693	56.0	1,580	7.20	1,694	1.29	3	-1.71	

Table 6B: Projected Operating Room Need for 2027

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Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mecklenburg	AS0187	Huntersville Surgery Center	0	0.0	29	52.0	25	7.20	27	0.02	1	-0.98	
Mecklenburg	H0042	Atrium Health Pineville^^	3,365	195.5	5,805	130.6	23,605	7.20	25,305	14.42	13	1.42	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	19,620	237.0	23,490	149.0	135,833	7.20	145,616	74.67	69	5.67	
Mecklenburg	H0255	Atrium Health University City^/†	1,030	132.0	4,292	71.8	7,404	7.20	7,937	5.29	8	-2.71	
Atrium Health Total										95.70	94	1.70	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0068	SouthPark Surgery Center	0	0.0	10,492	47.0	8,219	7.20	8,811	6.72	6	0.72	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	0.0	1,321	87.0	1,915	7.20	2,053	1.57	2	-0.43	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	0.0	2,544	49.0	2,078	7.20	2,227	1.70	2	-0.30	
Mecklenburg	AS0136	Matthews Surgery Center†††	0	0.0	1,586	88.0	2,326	7.20	2,494	1.90	2	-0.10	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,102	178.0	24,453	89.0	57,341	7.20	61,471	31.52	35	-3.48	
Mecklenburg	H0270	Novant Health Matthews Medical Center^^/†††	1,291	126.0	4,433	92.2	9,523	7.20	10,209	6.81	7	-0.19	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^^	1,172	108.2	5,389	92.2	10,394	7.20	11,143	7.43	7	0.43	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^^	158	131.7	1,520	92.2	2,682	7.20	2,876	1.92	3	-1.08	
Mecklenburg	H0292	Novant Health Ballantyne Medical Center^^	12	62.0	222	92.2	354	7.20	379	0.25	2	-1.75	
Novant Health Total										59.81	68	-8.19	
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	0.0	11,327	50.0	9,439	7.20	10,119	7.71	6	1.71	
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus^^/†††	0	0.0	4,982	90.8	7,537	7.20	8,080	6.16	6	0.16	
Surgical Care Affiliates Total										13.87	12	1.87	
Mecklenburg		Valleygate Dental Surgery Center of South Charlotte†††	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC^^	0	0.0	2,015	90.8	3,049	7.20	3,268	2.49	1	1.49	
Valleygate Dental Surgery Center of Charlotte Total										2.49	2	0.49	
Mecklenburg	AS0148	Mallard Creek Surgery Center†††	0	0.0	2,205	66.0	2,426	7.20	2,600	1.98	2	-0.02	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mecklenburg	AS0180	Metrolina Vascular Access Care	0	0.0	2,358	60.0	2,358	7.20	2,528	1.93	1	0.93	
Mecklenburg Total												4.99	5
Mitchell	H0169	Blue Ridge Regional Hospital††††	23	86.0	606	58.4	623	-0.98	623	0.42	3	-2.58	
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	179	52.1	155	0.05	156	0.10	2	-1.90	
Montgomery Total													0
Moore		Southern Pines Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Moore	AS0069	Surgery Center of Pinehurst††††	0	0.0	6,629	72.6	8,021	9.90	8,815	6.72	4	2.72	
Southern Pines Surgery Total										6.72	6	0.72	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	4,948	132.5	8,279	93.9	23,883	9.90	26,249	14.96	17	-2.04	
Moore	AS0022	The Eye Surgery Center of the Carolinas†††	0	0.0	6,727	17.6	1,973	9.90	2,169	1.65	3	-1.35	
Moore Total													0
Nash		Carolina Vascular Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Nash	H0228	Nash General Hospital†/†††	1,732	147.8	7,265	93.2	15,548	1.55	15,789	9.00	13	-4.00	
Nash Total													0
New Hanover	H0221	New Hanover Regional Medical Center	9,313	142.0	21,348	88.0	53,351	5.53	56,303	28.87	38	-9.13	
New Hanover		Wilmington ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
New Hanover	AS0176	Wilmington Eye Surgery Center^^/†††	0	0.0	1,574	52.6	1,380	5.53	1,456	1.11	2	-0.89	
New Hanover	AS0045	Wilmington Health^^/†††	0	0.0	1,081	90.8	1,635	5.53	1,726	1.32	0	1.32	
New Hanover	AS0055	Wilmington SurgCare	0	0.0	7,155	45.6	5,434	5.53	5,735	4.37	10	-5.63	
New Hanover Total													0
Onslow	H0048	Onslow Memorial Hospital†	668	99.0	5,824	63.5	7,268	4.67	7,607	5.07	9	-3.93	
Onslow Total													0
Orange	AS0188	North Chapel Hill Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange	H0157	University of North Carolina Hospitals††	17,408	161.6	15,253	103.0	73,070	3.90	75,918	38.93	52	-13.07	
UNC Health Total										38.93	54	-15.07	
Orange		Duke Health Orange Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Orange Total													0
Pasquotank	H0054	Sentara Albemarle Medical Center ^{^/†/†††}	784	132.0	3,632	76.0	6,326	6.13	6,714	4.48	8	-3.52	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Pender Memorial Hospital	0	0.0	2,115	30.0	1,058	8.10	1,143	0.76	2	-1.24	
Pender Total													0
Person	H0066	Person Memorial Hospital ^{^/†/†††}	56	132.0	544	37.4	462	0.39	464	0.31	4	-3.69	
Person Total													0
Pitt	AS0012	ECU Health SurgiCenter	0	0.0	11,868	85.0	16,813	2.48	17,230	13.13	10	3.13	
Pitt	H0104	ECU Health Medical Center	11,052	187.0	12,884	132.0	62,790	2.48	64,348	33.00	31	2.00	
ECU Health Total										46.13	41	5.13	
Pitt		Eastern Nephrology Associates ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Pitt/Greene/Hyde/Tyrrell Total												5.13	5
Polk	H0079	St. Luke's Hospital ^{†/†††}	80	88.6	488	65.9	654	0.62	658	0.44	3	-2.56	
Polk Total													0
Randolph	H0013	Randolph Hospital	541	120.5	2,902	76.5	4,787	1.75	4,871	3.25	7	-3.75	
Randolph Total													0
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	137	75.0	2,109	63.0	2,386	-1.84	2,386	1.59	3	-1.41	
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	0.0	977	37.0	602	3.87	626	0.48	4	-3.52	
Robeson	H0064	Southeastern Regional Medical Center ^{††/††††}	1,023	83.8	2,415	73.8	4,401	3.87	4,572	3.05	6	-2.95	
UNC Health Total										3.52	10	-6.48	
Robeson Total													0
Rockingham	H0072	UNC Rockingham Hospital ^{††/††††}	347	67.2	533	78.1	1,082	0.00	1,082	0.72	5	-4.28	
Rockingham	H0023	Annie Penn Hospital	381	131.0	1,850	81.0	3,329	0.00	3,329	2.22	4	-1.78	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center	1,750	144.0	7,810	87.0	15,525	1.48	15,754	8.98	11	-2.02	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Rowan Total													0
Rutherford	H0039	Rutherford Regional Medical Center	777	95.0	1,345	65.0	2,687	1.94	2,739	1.83	5	-3.17	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	366	92.0	1,242	78.0	2,176	1.63	2,211	1.47	8	-6.53	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital†/†††	1,601	94.8	3,331	72.8	6,572	-2.70	6,572	4.38	5	-0.62	
Scotland Total													0
Stanly	H0008	Atrium Health Stanly^	309	132.0	1,503	80.8	2,704	1.01	2,731	1.82	5	-3.18	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	0.0	230	45.6	175	2.58	179	0.12	4	-3.88	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	747	115.0	2,742	70.0	4,631	0.00	4,631	3.09	5	-1.91	
Surry	H0184	Northern Regional Hospital†††	479	73.0	2,651	57.5	3,123	0.00	3,123	2.08	4	-1.92	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital	160	98.6	1,088	46.2	1,100	2.06	1,123	0.75	4	-3.25	
Transylvania Total													0
Union	AS0132	Atrium Health Surgery Center Indian Trail†††	0	0.0	1,439	39.9	958	9.81	1,052	0.80	2	-1.20	
Union	H0050	Atrium Health Union^/^^†/†††	1,232	132.0	3,722	92.2	8,430	9.81	9,257	6.17	7	-0.83	
Atrium Health Total										6.97	9	-2.03	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Union Total													0
Vance	H0267-A	Maria Parham Health	542	120.0	2,035	71.0	3,492	-0.87	3,492	2.33	5	-2.67	
Vance/Warren Total													0
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		Duke Health Garner Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake		Duke Health Raleigh Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0238	Duke Raleigh Hospital	2,709	179.0	7,599	113.0	22,393	8.30	24,253	13.82	12	1.82	
Duke University Health System Total										13.82	17	-3.18	
Wake		Orthopaedic Surgery Center of Garner	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0129	Rex Surgery Center of Cary	0	0.0	4,102	45.0	3,077	8.30	3,332	2.54	4	-1.46	
Wake	AS0143	Raleigh Orthopaedic Surgery Center†††	0	0.0	3,815	74.8	4,756	8.30	5,151	3.93	4	-0.07	
Wake	AS0160	Rex Surgery Center of Wakefield	0	0.0	3,624	40.0	2,416	8.30	2,617	1.99	2	-0.01	
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary†††	0	0.0	402	89.1	597	8.30	647	0.49	1	-0.51	
Wake	H0065	UNC Health Rex	6,884	218.3	14,596	128.3	56,252	8.30	60,923	31.24	28	3.24	
UNC Health Total										40.20	40	0.20	
Wake		WakeMed Garner Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		WakeMed Surgery Center-North Raleigh	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0137	Capital City Surgery Center	0	0.0	7,250	53.0	6,404	8.30	6,936	5.29	6	-0.71	
Wake	AS0185	WakeMed Surgery Center - Cary	0	0.0	19	45.0	14	8.30	15	0.01	1	-0.99	
Wake	H0199	WakeMed	9,148	176.6	14,251	134.2	58,799	8.30	63,682	32.66	23	9.66	
Wake	H0276	WakeMed Cary Hospital^/†/†††	2,667	132.0	5,032	81.5	12,700	8.30	13,754	9.17	10	-0.83	
WakeMed Health & Hospitals Total										47.13	43	4.13	
Wake	AS0179	OrthoNC ASC	0	0.0	436	79.0	574	8.30	622	0.47	1	-0.53	
Wake	AS0174	RAC Surgery Center LLC	0	0.0	238	36.3	144	8.30	156	0.12	1	-0.88	
Wake	AS0178	Raleigh Neurosurgical and Spine Surgery Center^^/†††	0	0.0	1,011	90.8	1,530	8.30	1,657	1.26	1	0.26	
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC	0	0.0	2,085	60.0	2,085	8.30	2,258	1.72	2	-0.28	
Wake	AS0029	Blue Ridge Surgery Center	0	0.0	7,361	50.0	6,134	8.30	6,644	5.06	6	-0.94	
Wake	AS0034	Raleigh Plastic Surgery Center^^/†††	0	0.0	787	90.8	1,191	8.30	1,290	0.98	1	-0.02	
Wake		Valleygate Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0142	Triangle Surgery Center	0	0.0	2,782	78.0	3,617	8.30	3,917	2.99	3	-0.01	
Wake	AS0155	Holly Springs Surgery Center†††	0	0.0	3,454	57.2	3,293	8.30	3,566	2.72	3	-0.28	

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake		2024 Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wake Total													0
Washington	H0006	Washington Regional Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care†††	1,546	91.8	7,179	69.2	10,647	0.42	10,691	7.13	13	-5.87	
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center	494	83.0	2,750	55.0	3,204	1.93	3,266	2.18	5	-2.82	
Wilkes Total													0
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center	0	0.0	0	0.0	0		0	0.00	0	0.00	
Wilson	H0210	Wilson Medical Center	623	90.0	3,170	60.0	4,105	0.34	4,119	2.75	9	-6.25	
Duke LifePoint Total										2.75	13	-10.25	
Wilson	AS0007	Wilson OB-GYN†††	0	0.0	77	33.0	42	0.34	42	0.03	1	-0.97	
Wilson Total													0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Yadkin Total													0

Table 6B: Projected Operating Room Need for 2027

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2027	Projected Surgical ORs Required in 2027	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			225,284		745,053								12

- * Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.
- ** Yadkin Valley Community Hospital has received a CON exemption to reopen no later than January 18, 2025.
- ^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).
- ^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).
- † Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).
- †† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).
- ††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).
- †††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination*
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Davidson	2	To be determined	To be determined
Mecklenburg	5	To be determined	To be determined
Pitt/Greene/Hyde/Tyrrell	5	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Inventory of Endoscopy Rooms in Licensed Facilities

Endoscopy procedure rooms are not ORs. For information purposes only, Table 6D provides a listing of licensed endoscopy procedure rooms and their associated procedures for the current reporting year.

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	5,822	7,154
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,669	1,954
		Alamance Total	5	0	7,491	9,108
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		Alexander Total	1	0	0	0
H0099	Ashe Memorial Hospital	Ashe	1	0	764	1,078
		Ashe Total	1	0	764	1,078
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	354	591
		Avery Total	1	0	354	591
H0188	Vidant Beaufort Hospital, A campus of Vidant Medical Center	Beaufort	1	0	1,418	1,551
		Beaufort Total	1	0	1,418	1,551
	McLeod Health Brunswick ASC *	Brunswick	0	1	0	0
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	1,072	1,238
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	2,967	3,693
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	2,024	2,064
		Brunswick Total	5	1	6,063	6,995
H0036	Mission Hospital	Buncombe	6	0	5,280	6,787
AS0051	The Endoscopy Center	Buncombe	5	3	16,091	18,779
		Buncombe Total	11	3	21,371	25,566
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	3,911	6,062
H0062	UNC Health Blue Ridge	Burke	3	-2	2,043	2,674
		Burke Total	5	0	5,954	8,736
	Northeast Digestive Health Center – Poplar Tent *	Cabarrus	0	1	0	0
AS0104	Northeast Digestive Health Center	Cabarrus	3	-1	5,455	7,526
H0031	Atrium Health Cabarrus	Cabarrus	6	0	3,749	5,986

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0070	Gateway Surgery Center	Cabarrus	2	0	4,519	6,634
		Cabarrus Total	11	0	13,723	20,146
H0061	Caldwell UNC Health Care	Caldwell	2	0	611	711
		Caldwell Total	2	0	611	711
H0222	Carteret General Hospital	Carteret	2	0	558	571
AS0061	The Surgical Center of Morehead City	Carteret	1	0	2,226	2,350
		Carteret Total	3	0	2,784	2,921
H0223	Catawba Valley Medical Center	Catawba	2	0	2,905	3,420
H0053	Frye Regional Medical Center	Catawba	2	0	1,472	2,851
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	7,803	8,999
		Catawba Total	7	2	12,180	15,270
H0007	Chatham Hospital	Chatham	1	0	542	573
		Chatham Total	1	0	542	573
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	2,712	3,707
		Cherokee Total	2	0	2,712	3,707
H0063	Vidant Chowan Hospital	Chowan	1	0	238	266
		Chowan Total	1	0	238	266
H0024	Atrium Health Cleveland	Cleveland	5	0	2,830	4,317
AS0062	Atrium Health Surgery Center Shelby	Cleveland	4	0	2,149	3,124
		Cleveland Total	9	0	4,979	7,441
H0045	Columbus Regional Healthcare System	Columbus	3	0	2,108	2,696
		Columbus Total	3	0	2,108	2,696
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,501	2,521
H0201	CarolinaEast Medical Center	Craven	2	0	2,803	3,974
AS0078	CCHC Endoscopy Center	Craven	3	1	5,521	7,489
		Craven Total	8	1	10,825	13,984

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/20222 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	3,374	6,572
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	5,851	6,536
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	9,896	10,249
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	16	0	19,121	23,357
H0273	The Outer Banks Hospital	Dare	2	0	1,054	1,054
		Dare Total	2	0	1,054	1,054
AS0146	Digestive Health Specialists	Davidson	2	0	2,170	2,426
H0027	Lexington Medical Center	Davidson	2	0	1,430	1,611
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	499	501
		Davidson Total	5	0	4,099	4,538
H0171	Davie Medical Center	Davie	1	0	1,396	1,524
AS0139	Digestive Health Specialists	Davie	1	0	1,753	1,951
		Davie Total	2	0	3,149	3,475
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	5,520	7,328
H0015	Duke University Hospital	Durham	11	0	12,566	17,960
AS0085	Triangle Endoscopy Center	Durham	4	0	6,425	7,440
		Durham Total	19	4	24,511	32,728
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	280	281
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	974	1,042
		Edgecombe Total	3	0	1,254	1,323
	Triad Surgery Center *	Forsyth	0	1	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,355	3,708

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0099	Digestive Health Specialists	Forsyth	2	1	6,534	7,427
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	-2	3,824	4,256
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	11,608	13,017
AS0181	Kernersville Endoscopy Center	Forsyth	2	0	1,385	1,583
H0011	Atrium Health Wake Forest Baptist	Forsyth	10	0	12,581	14,660
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,696	2,980
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	2,424	2,759
		Forsyth Total	30	0	44,407	50,390
	CaroMont ASC-Belmont *	Gaston	0	1	0	0
AS0151	Greater Gaston Endoscopy Center	Gaston	2	-2	0	0
AS0135	CaroMont Endoscopy Center	Gaston	2	0	4,666	5,818
H0105	CaroMont Regional Medical Center	Gaston	6	1	4,826	6,857
		Gaston Total	10	0	9,492	12,675
	Granville Health System *	Granville	0	2	0	0
H0098	Granville Health System	Granville	1	0	1,698	2,027
		Granville Total	1	2	1,698	2,027
H0159	Cone Health	Guilford	6	0	5,077	14,963
AS0075	Eagle Endoscopy Center	Guilford	4	0	6,343	6,343
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	356	434
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,582	3,058
H0052	Atrium Health Wake Forest Baptist - High Point Medical Center	Guilford	2	0	2,070	2,775
AS0052	LeBauer Endoscopy Center	Guilford	5	0	17,801	21,580
AS0076	Peters Endoscopy Center	Guilford	2	0	3,946	3,946
AS0059	Wake Forest Baptist Health Outpatient Endoscopy-Quaker Lane	Guilford	3	0	6,168	8,434
		Guilford Total	26	0	44,343	61,533

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0141	Halifax Gastroenterology	Halifax	2	0	1,771	1,773
H0230	Vidant North Hospital	Halifax	1	0	626	642
		Halifax Total	3	0	2,397	2,415
H0224	Cape Fear Valley Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	2	0	0	0
H0025	Haywood Regional Medical Center	Haywood	3	0	3,540	4,249
		Haywood Total	3	0	3,540	4,249
H0019	AdventHealth Hendersonville	Henderson	1	0	629	675
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	1	6,246	7,406
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,969	3,661
		Henderson Total	6	1	9,844	11,742
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	915	1,017
		Hertford Total	1	0	915	1,017
H0248	Davis Regional Medical Center	Iredell	2	0	0	0
H0164	Iredell Memorial Hospital	Iredell	3	0	3,174	3,782
H0259	Lake Norman Regional Medical Center	Iredell	2	0	1,856	1,856
AS0169	Langtree Endoscopy Center	Iredell	1	1	3,838	4,230
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	4,875	6,926
		Iredell Total	11	1	13,743	16,794
H0087	Harris Regional Hospital	Jackson	1	0	997	1,716
		Jackson Total	1	0	997	1,716
	Johnston Endoscopy Center *	Johnston	0	2	0	0
AS0183	Jordan Digestive Diagnostic Center	Johnston	3	0	2,750	3,031
AS0153	Clayton Endoscopy Center	Johnston	2	0	3,097	3,769
H0151	UNC Health Johnston	Johnston	3	-1	5,059	6,090
		Johnston Total	8	1	10,906	12,890

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0243	Central Carolina Hospital	Lee	1	0	430	430
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	3,591	5,596
		Lee Total	3	0	4,021	6,026
AS0156	AMG Endoscopy Center	Lenoir	2	0	4,190	4,190
AS0122	ECU Health Endoscopy Center - Kinston	Lenoir	2	0	1,513	1,620
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
		Lenoir Total	6	0	5,703	5,810
	Denver Surgery Center *	Lincoln	0	1	0	0
H0225	Atrium Health Lincoln	Lincoln	2	0	2,442	3,422
		Lincoln Total	2	1	2,442	3,422
H0034	Angel Medical Center	Macon	1	0	343	436
H0193	Highlands-Cashiers Hospital	Macon	2	0	91	97
AS0097	Western Carolina Endoscopy Center	Macon	2	0	2,986	3,717
		Macon Total	5	0	3,420	4,250
H0078	Martin General Hospital	Martin	1	0	92	92
		Martin Total	1	0	92	92
H0097	Mission Hospital McDowell	McDowell	1	0	549	549
		McDowell Total	1	0	549	549
	Novant Health Ballantyne Medical Center *	Mecklenburg	0	1	0	0
AS0081	Atrium Health Endoscopy Center Ballantyne	Mecklenburg	4	0	10,063	13,777
AS0080	Atrium Health Endoscopy Center Kenilworth	Mecklenburg	3	0	4,640	5,968
H0042	Atrium Health Pineville	Mecklenburg	2	0	3,631	5,658
H0255	Atrium Health University City	Mecklenburg	1	0	1,137	1,886
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	10,137	10,137
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	6,455	6,508

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	3,219	3,304
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	3,964	4,009
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	11,874	18,133
AS0110	CGH-Rea Farms	Mecklenburg	2	3	6,006	7,025
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	7,820	8,290
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	4,410	5,197
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	676	676
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	2,412	2,483
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,553	1,615
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	276	289
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	-1	2,616	2,688
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	9,601	11,318
Mecklenburg Total			59	3	90,490	108,961
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	430	430
Mitchell Total			1	0	430	430
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cent	Moore	2	0	4,097	4,097
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	10,523	13,765
Moore Total			7	0	14,620	17,862
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,682	4,665
H0228	Nash General Hospital	Nash	4	0	1,888	2,369
Nash Total			6	0	5,570	7,034
	Wilmington Health on Silver Stream Lane *	New Hanover	0	4	0	0
	Wilmington ASC *	New Hanover	0	4	0	0
H0221	New Hanover Regional Medical Center	New Hanover	4	0	10,142	11,922
AS0100	Novant Health Wilmington Endoscopy Center, LLC	New Hanover	3	0	7,392	10,238

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0091	Wilmington Gastroenterology	New Hanover	4	0	12,634	16,487
AS0045	Wilmington Health	New Hanover	3	-3	0	0
AS0055	Wilmington SurgCare	New Hanover	3	0	0	0
New Hanover Total			17	5	30,168	38,647
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,898	2,999
H0048	Onslow Memorial Hospital	Onslow	3	0	1,751	2,028
Onslow Total			4	0	4,649	5,027
H0157	University of North Carolina Hospitals	Orange	9	0	14,159	16,117
Orange Total			9	0	14,159	16,117
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	0	0
Pasquotank Total			3	0	0	0
H0115	Pender Memorial Hospital	Pender	1	0	329	347
Pender Total			1	0	329	347
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	4,253	4,652
AS0118	Carolina Digestive Diseases	Pitt	2	0	4,426	4,531
AS0117	Carolinas Endoscopy Center	Pitt	3	1	12,140	12,140
AS0119	East Carolina Endoscopy Center	Pitt	2	0	2,413	2,886
H0104	ECU Health Medical Center	Pitt	4	2	7,174	11,394
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	0	0
Pitt Total			19	3	30,406	35,603
H0013	Randolph Hospital	Randolph	2	0	1,768	2,638
Randolph Total			2	0	1,768	2,638
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,475	1,475
Richmond Total			2	0	1,475	1,475
AS0147	Robeson Digestive Diseases	Robeson	1	0	1,990	2,044
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	149	154

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0064	Southeastern Regional Medical Center	Robeson	1	0	2,045	2,447
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	411	752
		Robeson Total	5	0	4,595	5,397
H0023	Annie Penn Hospital	Rockingham	3	0	3,999	8,861
H0072	UNC Rockingham Hospital	Rockingham	2	0	503	539
		Rockingham Total	5	0	4,502	9,400
H0040	Novant Health Rowan Medical Center	Rowan	4	0	93	93
AS0182	Rowan Endoscopy Center	Rowan	2	0	5,202	6,053
		Rowan Total	6	0	5,295	6,146
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,525	3,093
		Rutherford Total	2	0	2,525	3,093
H0107	Scotland Memorial Hospital	Scotland	2	0	2,385	2,550
		Scotland Total	2	0	2,385	2,550
H0008	Atrium Health Stanly	Stanly	2	0	0	0
		Stanly Total	2	0	0	0
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	0	0
AS0163	Digestive Health Specialists	Stokes	1	0	1,840	2,039
		Stokes Total	2	0	1,840	2,039
AS0154	Rockford Digestive Health Endoscopy Center (closed)	Surry	1	0	0	0
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,302	1,484
H0184	Northern Regional Hospital	Surry	2	0	2,417	2,821
		Surry Total	7	0	3,719	4,305
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	1	0	0	0
H0111	Transylvania Regional Hospital	Transylvania	2	0	414	422
		Transylvania Total	2	0	414	422

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0050	Atrium Health Union	Union	2	0	2,643	3,768
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	5,913	5,913
		Union Total	4	0	8,556	9,681
H0267-A	Maria Parham Health	Vance	3	0	1,881	2,601
		Vance Total	3	0	1,881	2,601
	Raleigh Endoscopy Center - Holly Springs *	Wake	0	3	0	0
	Wake Endoscopy Center - Cary *	Wake	0	3	0	0
AS0189	Wake Endoscopy Center - Cary	Wake	3	0	0	0
	Duke Gastroenterology of Raleigh *	Wake	0	4	0	0
	Wake Endoscopy Center - Holly Springs *	Wake	0	2	0	0
	Duke GI at Green Level *	Wake	0	4	0	0
H0238	Duke Raleigh Hospital	Wake	0	0	4,007	5,568
AS0072	Center for Digestive Diseases & Cary Endoscopy CTR, PC	Wake	3	0	2,729	2,729
AS0115	Duke GI at Brier Creek	Wake	4	0	8,259	10,244
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,663	1,805
AS0138	Kurt Vernon, MD	Wake	1	0	4,019	3,694
AS0056	Raleigh Endoscopy Center	Wake	4	2	10,573	14,439
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	11,906	15,004
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	7,670	11,144
H0065	UNC Health Rex	Wake	4	0	7,856	9,264
AS0093	Triangle Gastroenterology	Wake	2	0	5,114	5,231
AS0131	W. F. Endoscopy Center	Wake	2	1	0	0
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	9,543	10,830
H0199	WakeMed	Wake	6	0	8,071	8,427
H0276	WakeMed Cary Hospital	Wake	4	0	5,909	6,053

Table 6D: Endoscopy Room Inventory

Case and Procedure Data for 10/01/2022 - 9/30/2023 as reported on 2024 Hospital and Ambulatory Surgical Facility License Renewal Applications

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Wake Total	46	19	87,319	99,201
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,446	2,279
H0077	Watauga Medical Center	Watauga	2	0	3,068	3,076
		Watauga Total	4	0	4,514	5,355
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,176	3,553
H0257	Wayne UNC Health Care	Wayne	3	0	2,017	1,629
		Wayne Total	7	0	5,193	5,182
H0153	Wilkes Medical Center	Wilkes	2	0	1,660	2,080
		Wilkes Total	2	0	1,660	2,080
AS0112	CGS Endoscopy Center	Wilson	2	0	1,241	1,241
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	2,184	2,433
H0210	Wilson Medical Center	Wilson	5	0	1,802	2,290
		Wilson Total	9	0	5,227	5,964
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		Yadkin Total	1	0	0	0
Grand Total			484	47	639,503	782,969

* Certificate of Need approved facility that was under development and not licensed as of 9/30/2023.

Note: UNC Lenoir Endoscopy relinquished its CON for two GI endoscopy rooms in February 2024.

Chapter 7:

Other Acute Care Services

- A. Burn Intensive Care Services
- B. Open Heart Surgery Services
- C. Transplantation Services

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CHAPTER 7

OTHER ACUTE CARE SERVICES

Introduction

This chapter covers three acute care services: burn intensive care, open-heart surgery, and transplantation services (bone marrow and solid organ).

Definitions

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2022 through September 30, 2023.

An *academic medical center teaching hospital* is one of the five hospitals listed in Appendix F of the State Medical Facilities Plan (SMFP).

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

A. BURN INTENSIVE CARE SERVICES

Introduction

G.S. § 131E-176(2b) defines *burn intensive care services* as “services provided in a unit designed to care for patients who have been severely burned.”

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill and an eight-bed unit at North Carolina Baptist Hospital in Winston Salem.

Definitions

The methodology projects bed need one year beyond the current reporting year. The current *projection year* is 2024.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of beds licensed as of the last day of the reporting year, plus the number of CON-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed.

Data Sources

The inventory of burn intensive care beds and the burn intensive care days of care (DOC) come from the Hospital License Renewal Applications (LRAs) for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Application of the Methodology

The SMFP shows a need for new burn intensive care services beds when each of the existing services reported an average annual occupancy rate of at least 80% during the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the actual DOC reported across all facilities for each of the last two reporting years (*Table 7A-1*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities (*Table 7A-1*) by 365.25.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year [DOC ÷ possible bed days] (*Table 7A-2*).

Step 2: If Step 1.c. yields at least 80% utilization for both of the last two reporting years, calculate the overall number of beds needed as follows:

- a. Calculate the state's total four-year average annual change rate (AACR) in DOC across all facilities using the five most recent reporting years (*Table 7A-1*).
- b. Calculate the projected DOC for the projection year by adding 1 to the four-year AACR calculated in Step 2.a. Then multiply the result by the reporting year's total DOC across all facilities.
- c. Use the following formula to calculate the number of beds needed such that the utilization rate for the sum of the state's total licensed and approved burn intensive care beds is 80%. Round fractions of 0.5 or greater to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 7A-1: Days of Care, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Total Days of Care				
				2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
University of North Carolina Hospitals*	21	0	21	8,077	6,085	5,970	6,366	8,405
Atrium Health Wake Forest Baptist	8	4	12	1,821	1,845	1,921	2,145	1,826
TOTAL	29	4	33	9,898	7,930	7,891	8,511	10,231

* On March 30, 2023, this facility relinquished its CON (J-08836-12) to develop four burn intensive care beds in Orange County.

Table 7A-2: Utilization, Burn Intensive Care Services

Facility	Licensed Beds	Adjustments for CONs	Total Beds	Utilization				
				2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
University of North Carolina Hospitals	21	0	21	88.5%	66.6%	65.4%	83.0%	109.6%
Atrium Health Wake Forest Baptist	8	4	12	41.5%	42.1%	43.8%	48.9%	41.7%
TOTAL	29	4	33	73.2%	58.7%	58.4%	70.6%	84.9%

Figure 7A: Percentage Utilization, Burn Intensive Care Services Last Five Reporting Years

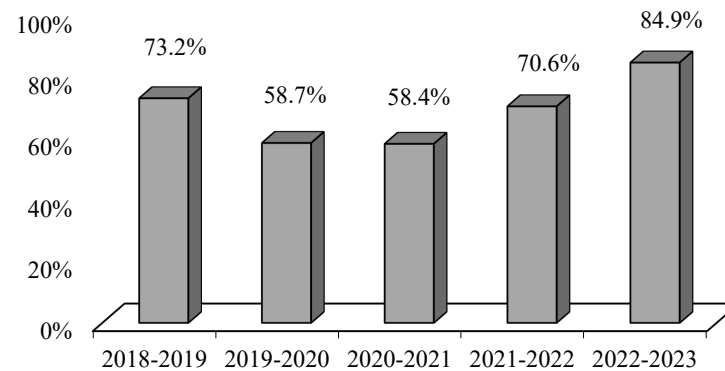


Table 7A-3: Burn Intensive Care Services Bed Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Burn Intensive Care Services Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. OPEN-HEART SURGERY SERVICES

Introduction

G.S. § 131E-176(18b) defines *open-heart surgery services* as “the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.”

Table 7B lists the open-heart surgery procedures performed during the reporting year that used heart-lung bypass machines. This data shows an 8.0% increase in open-heart surgeries from the previous reporting year. Table 7B and Figure 7B show reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years.

The SMFP does not have a methodology to project need for new open-heart surgery services. A summer petition is required to place a need for a new service in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

The SMFP also does not have a methodology to project need for additional heart-lung bypass machines. Facilities that would like to acquire machines other than a second one for emergency coverage as set forth in Policy AC-6 must submit a summer petition. If the need determination is approved, CON applications submitted for these machines will be subject to the performance standards established in 10A NCAC 14C .1703.

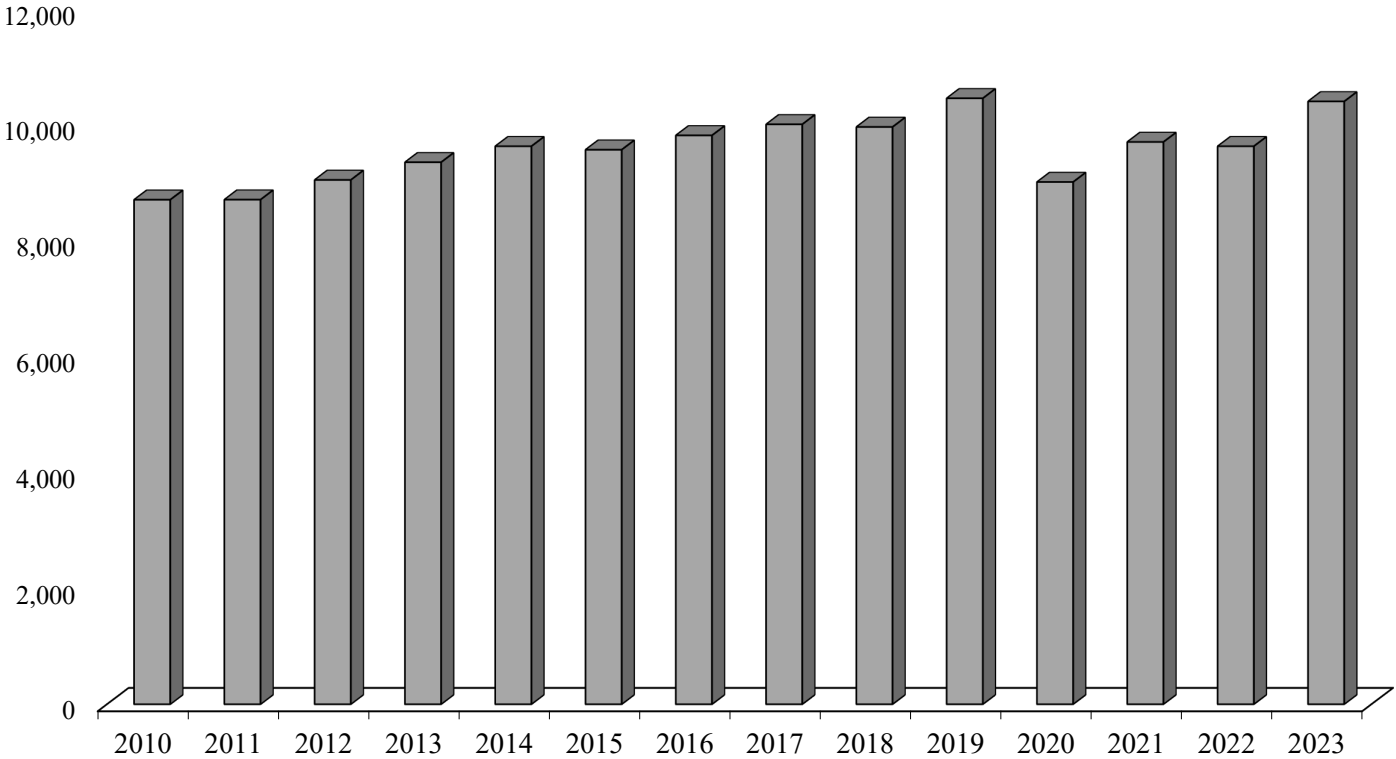
Data Sources

The number of open-heart surgical procedures comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

**Table 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**

License	Facility	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
H0010	Novant Health Presbyterian Medical Center	433	378	381	355	360	391	391	397	406	413	339	434	360	450
H0011	Atrium Health Wake Forest Baptist	520	621	612	609	692	696	678	689	758	942	789	866	840	925
H0015	Duke University Hospital	957	1,013	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175	1,090	1,203	1,259	1,286
H0031	Atrium Health Cabarrus	211	214	233	237	245	218	253	235	273	194	239	183	195	337
H0036	Mission Hospital	866	798	813	848	988	874	950	962	939	1,198	1,051	1,421	1,099	1,254
H0042	Atrium Health Pineville	30	0	132	201	245	186	207	252	225	234	158	159	270	344
H0052	High Point Regional Health System	178	184	191	150	137	111	111	129	112	123	176	53	19	30
H0053	Frye Regional Medical Center	181	196	253	246	194	205	239	232	222	172	126	117	177	207
H0064	Southeastern Regional Medical Center	52	54	52	42	34	44	42	39	44	78	81	56	53	43
H0065	Rex Hospital	257	203	346	347	369	460	536	612	602	558	553	567	520	490
H0071	Carolinas Medical Center	512	675	704	820	715	788	818	869	682	751	580	729	777	803
H0100	FirstHealth Moore Regional Hospital	333	293	261	271	329	395	341	351	288	276	235	246	234	228
H0104	ECU Health Medical Center	924	814	900	842	853	601	677	654	675	767	626	787	805	865
H0105	CaroMont Regional Medical Center	171	128	207	230	265	249	260	230	278	240	275	308	268	283
H0157	University of North Carolina Hospitals	108	350	391	441	390	407	384	445	430	465	332	354	351	339
H0159	Cone Health	492	472	471	544	541	485	440	547	627	673	574	405	601	546
H0199	WakeMed	861	756	553	499	557	607	554	567	512	546	524	498	487	519
H0201	CarolinaEast Medical Center	210	227	236	202	169	208	221	248	256	331	219	224	222	255
H0209	Novant Health Forsyth Medical Center	611	568	514	587	691	626	652	580	635	506	380	442	436	500
H0213	Cape Fear Valley Medical Center	234	233	202	220	218	277	262	292	238	195	162	152	124	139
H0221	New Hanover Regional Medical Center	509	464	473	538	487	486	494	482	480	466	395	378	433	466
H0233	Duke Regional Hospital	55	66	60	75	82	92	124	98	148	151	107	119	97	91
Total Procedures		8,705	8,707	9,047	9,351	9,627	9,567	9,814	10,005	9,960	10,454	9,011	9,701	9,627	10,400

**Figure 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**



C. TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Introduction

G.S. § 131E-176(2a) defines *bone marrow transplantation services* as “the process of infusing bone marrow into people with diseases to stimulate the production of blood cells.”

Bone marrow transplants may be autologous (using a patient’s own marrow, drawn early in the course of the disease), syngeneic (using marrow from an identical twin), or allogeneic (using marrow from an unrelated individual or from a relative other than an identical twin). For allogeneic bone marrow transplants, the transplant service must have the ability to ascertain that a donor’s human leucocyte antigens correspond to those of the transplant patient. It is also more difficult to manage allogeneic transplant patients postoperatively than patients receiving other types of bone marrow transplants.

Table 7C-1 shows the number of bone marrow transplants performed for the last four reporting years.

Data Sources

The number of bone marrow transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Application of the Methodology

North Carolina needs a new bone marrow transplantation service when each of the existing services has performed at least 20 allogeneic transplants during the current reporting year. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. Allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

Table 7C-1: Bone Marrow Transplantation Services

Allogeneic Bone Marrow Transplants

License	Facility	2019-2020	2020-2021	2021-2022	2022-2023
H0071	Carolinas Medical Center	62	92	53	83
H0015	Duke University Hospital	93	112	85	86
H0011	Atrium Health Wake Forest Baptist	31	22	46	44
H0157	University of North Carolina Hospitals	43	64	50	61
H0104	ECU Health Medical Center	0	0	0	0
Total		229	290	234	274

Autologous Bone Marrow Transplants

License	Facility	2019-2020	2020-2021	2021-2022	2022-2023
H0071	Carolinas Medical Center	96	118	119	120
H0015	Duke University Hospital	186	165	192	156
H0011	Atrium Health Wake Forest Baptist	72	55	44	42
H0157	University of North Carolina Hospitals	112	102	95	112
H0104	ECU Health Medical Center	0	0	1	0
Total		466	440	451	430

Total Bone Marrow Transplants

License	Facility	2019-2020	2020-2021	2021-2022	2022-2023
H0071	Carolinas Medical Center	158	210	172	203
H0015	Duke University Hospital	279	277	277	242
H0011	Atrium Health Wake Forest Baptist	103	77	90	86
H0157	University of North Carolina Hospitals	155	166	145	173
H0104	ECU Health Medical Center	0	0	1	0
Total		695	730	685	704

Figure 7C-1: Total Bone Marrow Transplants, Last Four Reporting Years

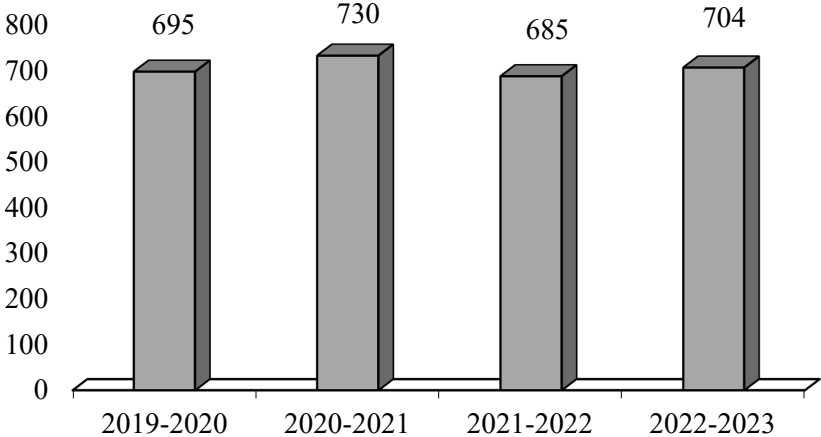


Table 7C-2: Bone Marrow Transplantation Services Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Bone Marrow Transplantation Services Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Solid Organ Transplantation Services

Introduction

G.S. § 131E-176(24d) defines *solid organ transplantation services* as “the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.”

Table 7C-3 shows the number of solid organ transplants performed during the reporting year.

Data Sources

The number of solid organ transplants comes from the Hospital LRAs for the reporting year, as submitted to the Agency.

Basic Principles and Application of the Methodology

The offering of a solid organ transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

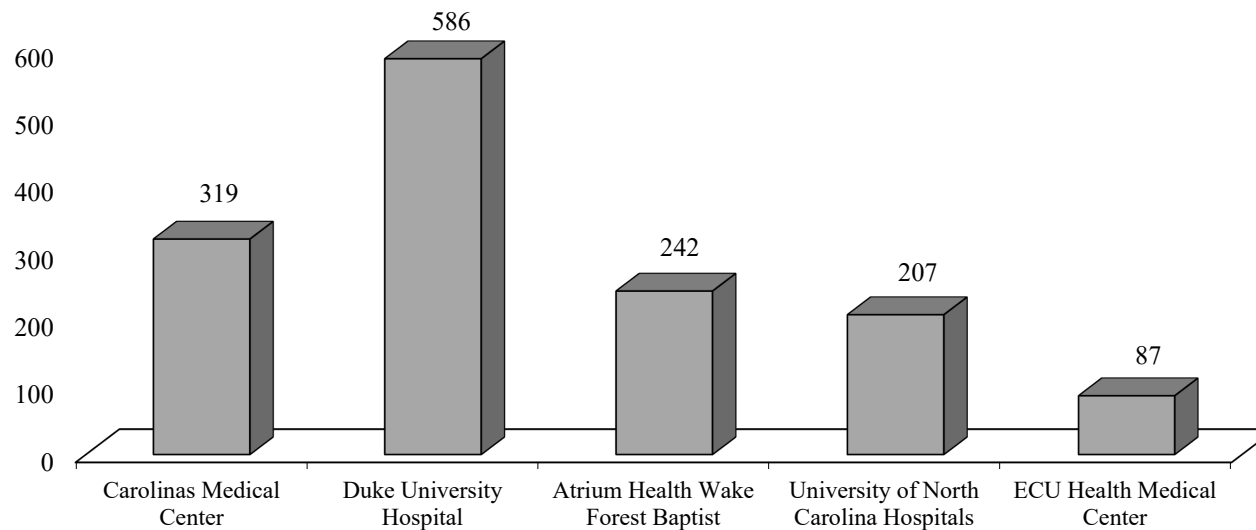
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

The SMFP does not have a methodology to project need for additional solid organ transplantation services. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to obtain the new service.

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	Atrium Health Wake Forest Baptist	University of North Carolina Hospitals	ECU Health Medical Center	Total
Heart Transplants	63	130	10	9	0	212
Heart/Lung Transplants	0	6	0	0	0	6
Kidney/Liver Transplants	4	13	0	5	0	22
Liver Transplants	80	127	0	33	0	240
Heart/Liver Transplants	1	2	0	1	0	4
Kidney Transplants	163	195	223	148	80	809
Heart/Kidney Transplants	6	9	0	2	0	17
Lung Transplants	0	87	0	7	0	94
Pancreas Transplants	0	0	0	0	1	1
Pancreas/Kidney Transplants	2	14	9	2	6	33
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	3	0	0	0	3
Total	319	586	242	207	87	1,441

Figure 7C-2: Solid Organ Transplants by Facility, Current Reporting Year



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Chapter 8:

Inpatient Rehabilitation Services

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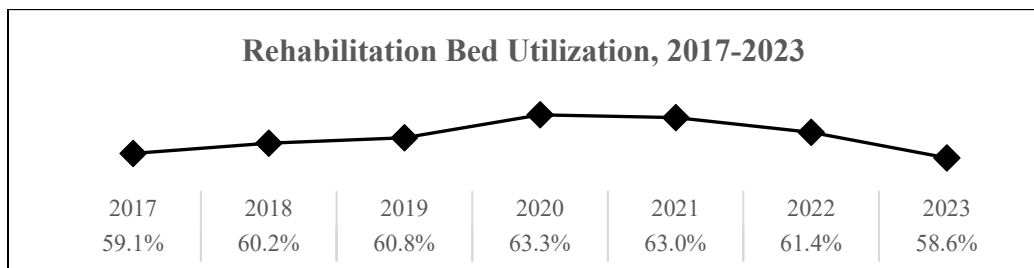
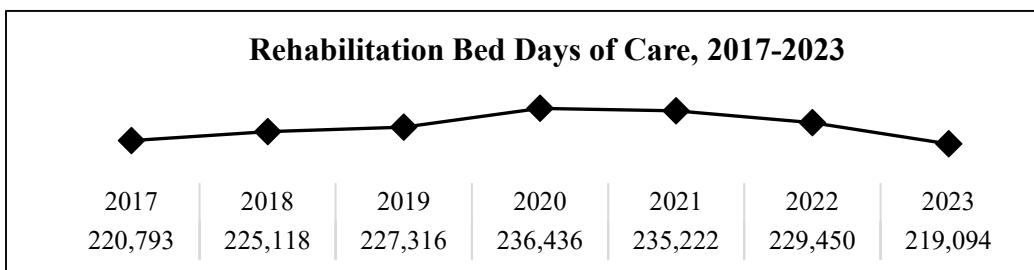
CHAPTER 8

INPATIENT REHABILITATION SERVICES

Introduction

G.S. § 113E-176(22) defines a *rehabilitation facility* as a “public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.”

The charts below summarize the rehabilitation bed days of care (DOC) and utilization for the past seven years.



Definitions

A rehabilitation bed’s service area is the Health Service Area (HSA) in which the bed is located. Appendix A contains a map showing the six HSAs in the state.

The *reporting year* is October 1 through September 30. The *current* reporting year is October 1, 2022 through September 30, 2023.

The methodology projects bed need for the State Medical Facilities Plan (SMFP) publication one year beyond the current reporting year. The *projection year* is 2024.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus the number of certificate of need (CON)-approved beds that are under development, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed after the end of the reporting year.

Changes from Previous Plans

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The scope of services covered is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.
2. The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.
3. Inpatient rehabilitation facility beds are located in general acute care or rehabilitation hospitals to ensure that there is available medical back-up for medical emergencies.

Data Sources

The inventory of inpatient rehabilitation beds and the numbers of DOC come from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. The HSA is the planning area for inpatient rehabilitation beds even though many patients enter rehabilitation facilities outside the region in which they reside.
2. The bed need determination methodology is based on rehabilitation bed utilization for the last two reporting years.

Application of the Methodology

The SMFP shows a need for additional inpatient rehabilitation beds when the total number of existing and CON-approved inpatient rehabilitation beds in an HSA report an overall average annual occupancy rate of 80% or higher for the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the DOC reported by all facilities in each HSA for each of the last two reporting years (*Table 8A, Columns J and K*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities in each HSA by 365.25 to obtain the possible DOC. *Table 8A (Column G)* contains the planning inventory for the current reporting year. Adjust the calculation if the planning inventory for the previous reporting year is different.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year and each HSA [DOC ÷ possible DOC] (*Table 8A, Columns L and M*).

Step 2: If Step 1.b. yields at least 0.8 (80% utilization) for both reporting years, calculate each HSA's three-year average annual change rate (AACR) in DOC using the four most recent reporting years as follows:

- a. Determine the total number of DOC during each of the last four reporting years. Next, calculate the difference in the number of DOC provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in DOC by the total number of DOC provided during the previous reporting year [(current reporting year DOC – previous reporting year DOC) / previous reporting year DOC]. Finally, total the annual percent changes and divide by three to determine the AACR.
- b. Calculate the projected DOC for the HSA by adding 1 to the three-year AACR. Then multiply the result by the reporting year’s DOC for the HSA.
- c. Use the following formula to calculate the number of beds needed in the HSA such that the utilization rate for the sum of the HSA’s total licensed and approved beds is 0.8 (80%). Round resulting fractions greater than or equal to 0.5 to the next highest whole number:

$$[(\text{Projected DOC} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A Lic #	B HSA	C Facility	D Inventory				E Days of Care				F Average Annual Utilization Rate	
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2020	2021	2022	2023	2022	2023
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	22,637	22,426	21,569	20,656	73.8%	70.7%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,423	1,309	1,294	1,358	17.7%	18.6%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,143	2,115	2,943	3,538	27.8%	33.4%
I Total			129	0	0	129	26,203	25,850	25,806	25,552	54.8%	54.2%
H0011	II	Atrium Health Wake Forest Baptist Medical Center	39	0	0	39	7,776	7,819	8,630	8,971	60.6%	63.0%
H0159	II	Cone Health	49	0	0	49	12,152	13,476	14,753	13,775	82.4%	77.0%
H0052	II	High Point Regional Health	16	0	0	16	4,170	3,980	2,975	3,259	50.9%	55.8%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0291	II	Novant Health Rehabilitation Hospital	68	0	0	68	17,628	15,353	15,074	20,224	60.7%	81.4%
II Total			184	0	0	184	41,726	40,628	41,432	46,229	61.6%	68.8%
H0042	III	Atrium Health Pineville	29	0	0	29	9,309	9,331	9,576	9,714	90.4%	91.7%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	3,802	4,069	4,113	3,874	86.6%	81.6%
H0071-C	III	Carolinas Rehabilitation	72	0	0	72	20,421	19,236	19,340	22,437	73.5%	85.3%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	10,941	10,896	10,966	10,260	75.1%	70.2%
H0286	III	Carolinas Rehabilitation - NorthEast	38	0	0	38	10,428	10,901	10,749	10,950	77.4%	78.9%
H0010	III	Novant Health Presbyterian Medical Center	10	0	0	10	-	-	-	363	0.0%	9.9%
H0040	III	Novant Health Rowan Medical Center	8	0	0	8	2,945	3,024	2,874	2,573	98.4%	88.1%
III Total			210	0	0	210	57,846	57,457	57,618	60,171	75.1%	78.4%
H0238	IV	Duke Raleigh Hospital*	0	0	0	0	-	-	-	-	0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	-7	0	23	8,935	8,815	8,302	8,727	98.8%	103.9%
H0267	IV	Maria Parham Health	11	0	0	11	2,133	3,039	2,715	2,403	67.6%	59.8%
H0157	IV	University of North Carolina Hospitals**	30	0	0	30	10,041	9,502	9,454	12,154	86.3%	110.9%
H0199	IV	WakeMed***	103	-30	0	73	27,977	28,530	27,269	26,014	102.3%	97.6%
	IV	Wake County Rehabilitation Hospital****	0	52	0	52	-	-	-	-	0.0%	0.0%
IV Total			174	15	0	189	49,086	49,886	47,740	49,298	69.2%	71.4%
H0213	V	Cape Fear Valley Medical Center (Southeastern Regional Rehabilitation Center)	78	0	0	78	15,193	13,957	11,793	12,097	41.4%	42.5%
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	3,717	4,273	2,964	3,460	54.1%	63.2%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	12,357	12,711	11,344	10,627	51.8%	48.5%
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,081	-	-	-	0.0%	0.0%
V Total			160	0	0	160	32,348	30,941	26,101	26,184	44.7%	44.8%
H0201	VI	CarolinaEast Medical Center	20	0	0	20	3,315	3,477	3,490	3,427	47.8%	46.9%
H0104	VI	ECU Health Medical Center (Rehabilitation Center at Vidant Medical Center)	75	16	0	91	18,787	18,625	18,891	20,079	69.0%	60.4%
H0258	VI	ECU Health Edgecombe Hospital	16	-16	0	0	-	-	-	-	0.0%	0.0%
H0228	VI	Nash General Hospital	23	0	0	23	6,339	6,335	6,180	6,065	73.6%	72.2%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	786	2,023	2,192	2,313	35.3%	37.3%
VI Total			151	0	0	151	29,227	30,460	30,753	31,884	55.8%	57.8%
Grand Total			1,008	15	0	1,023	236,436	235,222	229,450	239,318	61.4%	64.0%

*Twelve beds that were originally to be developed at Duke Raleigh Hospital will be developed at Wake County Rehabilitation Hospital instead.

**University of North Carolina Hospitals has CON approval to develop 10 inpatient rehabilitation beds under Policy AC-3. The 10 beds are not counted when determining inpatient rehabilitation bed need.

***Eight beds that were originally to be developed at WakeMed will be developed at Wake County Rehabilitation Hospital instead.

Table 8B: Inpatient Rehabilitation Bed Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Inpatient Rehabilitation Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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Chapter 9:

End-Stage Renal Disease Dialysis Facilities

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CHAPTER 9

END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Introduction

End-stage renal disease (ESRD) dialysis facilities (also known as kidney disease treatment centers) provide dialysis services, defined in 10A NCAC 14C .2201(1) as “the artificially aided process of transferring body wastes from a person’s blood to a dialysis fluid to permit discharge of the wastes from the body.” There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is the form of dialysis in which the blood is circulated outside the body through an apparatus which permits the transfer of waste through synthetic membranes. Peritoneal dialysis is the form of dialysis in which a dialysis fluid is introduced into the person’s peritoneal cavity and is subsequently withdrawn. Peritoneal dialysis is performed in the patient’s home. Hemodialysis can be performed in the patient’s home (home hemodialysis) or in an ESRD facility (in-center hemodialysis).

Definitions

The **service area** is the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay, and Graham counties and Avery, Mitchell, and Yancey counties.

A **dialysis station** is an individual patient treatment area that provides sufficient space to accommodate the dialysis equipment and supplies needed for routine care and any emergency care indicated. There must be sufficient separation from other dialysis stations to afford protection from cross-contamination with blood-borne pathogens.

An **in-center** patient receives dialysis services at the ESRD facility only.

A **home** patient receives hemodialysis or peritoneal dialysis in the patient’s home, except for training that is provided in an ESRD facility.

A **home training** facility is an ESRD facility dedicated exclusively to the training of hemodialysis or peritoneal dialysis patients to dialyze at home or at a location other than a kidney disease treatment center that provides in-center dialysis, as defined in G.S. § 131E-176(14e). A home training facility must be physically separate (i.e., may not have the same Facility Identification number) from a kidney disease treatment center.

The **planning inventory** is the number of dialysis stations used in need determination calculations. It is the number of certified dialysis stations as of the last day of the reporting year, plus the number of CON-approved dialysis stations that are under development, plus the number of dialysis stations available pursuant to need determinations pending review or appeal, minus any exclusions described below under Application of Methodology.

The **reporting date** for ESRD utilization data is December 31 of each year. The **current** reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2023. Providers report the number of patients served during December.

The **projection date** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2024.

The *past five years reporting dates* are December 31 in 2019, 2020, 2021, 2022 and 2023.

The *data cut-off date* is the last date on which the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) updates data before publication of the SMFP. Data received after this date, regardless of the effective date of the data itself, will not be included in the SMFP. This date is listed on the Title Page of the SMFP.

New facilities are those facilities certified and in operation at least nine but fewer than 21 months as of the data cut-off date for the current SMFP. The number of days in a month is calculated as $365.25/12$.

Small facilities are those facilities with fewer than a total of 13 certified stations, CON-approved stations, and stations applied for as of the data cut-off date for the current SMFP.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. New facilities must have a projected need for at least 10 stations to be cost effective and to assure quality of care.
2. As a means of making ESRD services more accessible to patients, one goal is to minimize patient travel time to and from the facility. Therefore, end-stage renal disease treatment should be available within 30 miles from the patients' homes. In areas where it is apparent that patients currently travel more than 30 miles for in-center dialysis, proposed new facilities that would serve patients who are farthest away from operational or approved facilities should receive favorable consideration.
3. The State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for: home training and backup for facility-based patients suitable for home dialysis or in a facility that is a reasonable distance from the patient's residence; ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules; and services in rural areas.

Data Sources

The number of dialysis facilities and stations comes from certification letters from the Agency's Acute and Home Care Licensure and Certification Section, certificates of need (CON) approved by the Agency, and CON applications under review by the Agency. The number of dialysis patients comes from reports submitted to the Agency by ESRD providers that operate certified dialysis facilities.

Assumptions of the Methodology

1. Home patients are not included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
2. In-center facilities may have been approved to use at least one dialysis station for dedicated training of home dialysis patients. If so, these stations are included in the planning inventory.
3. The county and facility need methodologies assume that 100% utilization is four patients per station per week. The utilization rate is calculated by dividing the number of in-center patients reported in December of each year by the number of certified stations and then dividing the result by four.

4. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.
5. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.
6. Facilities certified and in operation at least nine but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.
7. Facilities that meet both the definition of “small” under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. “Small” facilities may not apply under both Condition 1.b. and Condition 2 in the same year.
8. When a CON application has been received to relocate stations to a home training facility, the stations to be relocated are included in both the county and facility need determination calculations. When the home training stations are certified, then they are excluded from both the county and facility need determination calculations.
9. The methodology uses patient origin data aggregated to the county level. Detailed patient origin data is available at

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Application of the Methodologies

ESRD services have two methodologies: the county need methodology projects need for the county and the facility need methodology projects need for a specific facility. When a county need determination exists, any current provider may apply to add stations in an existing facility, and anyone may apply to develop a new facility. When a facility need determination exists, only the facility that generated the need may apply to add stations.

County Need Determination Methodology (Table 9B)

- Step 1: Multiply the average annual change in the total number of dialysis patients residing in each county for the past five reporting dates (*Columns B through F*) by the county’s total number of patients for the current reporting date (*Column F*). First, determine the total number of patients reported on each of the last five reporting dates. Next, calculate the difference in the number of total patients from year to year. Then determine the percent change from the previous reporting date by dividing the calculated difference in patients by the number of patients on the previous reporting date [(number of total patients as of the current reporting date – number of total patients as of the previous reporting date) / number of total patients as of the previous reporting date]. Finally, total the annual percent change and divide by four to determine the Average Annual Change Rate (AACR) (*Column G*).
- Step 2: Add the result of Step 1 to the county’s total number of patients for the current reporting date (*Column F*). The sum is the county's projected total number of patients (*Column H*).

- Step 3: Multiply the percentage of each county's total patients who were home dialysis patients (*Column I*) on the current reporting date (*Column J*) by the county's projected total patients as of the projection date (*Column H*). Subtract the product (*Column K*) from the county's projected total patients. The remainder is the county's projected in-center dialysis patients (*Column L*).
- Step 4: Divide the result of Step 3 by 3.2. The quotient is the projected number of in-center dialysis stations needed in the county (*Column M*).
- Step 5: Subtract from the result of Step 4 (*Column M*) the county's number of stations certified for Medicare, stations that are CON-approved and awaiting certification, stations awaiting resolution of CON appeals, and stations for which a need determination in the SMFP is pending review or appeal (*Column N*). The remainder is the county's projected station surplus or deficit (*Column O*).
- Step 6: If the result of Step 5 is 10 or greater and the SMFP shows that utilization of each dialysis facility in the county is 80% or greater, the county station need determination is the same as the projected station deficit rounded to the nearest whole number (round fractions of 0.5 or greater to the next highest whole number) (*Column P*). If a county's projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80%, the county has no need for additional stations. When a county has a need determination, applicants may apply for any number of stations up to and including the number of stations in the need determination.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Facility Need Determination Methodology

A dialysis facility located in a county that has no county need determination in the current SMFP may apply for additional stations under one of the two following conditions.

- Condition 1: This condition pertains to new facilities, small facilities, and facilities that are both new and small (identified in Table 9A).
- a. The facility's current reported utilization must be at least 3.0 patients per station per week. For purposes of Condition 1 only, "current" means in-center utilization as of a reporting date no more than 90 days before the date the CON application is submitted.
 - b. If the facility is new or both new and small under Condition 1.a., it must use the following definitions and calculations to determine the number of stations needed. If the facility is small under Condition 1.a., it may use either the following definitions and calculations or Condition 2 to determine the number of additional stations needed:
 - i. Use the current and previous reporting dates to calculate the facility's growth in utilization. For purposes of Condition 1 only, "previous" means in-center utilization as of a reporting date six months before the current reporting date.
 - ii. Subtract the facility's number of in-center dialysis patients on the previous reporting date from the facility's number of in-center dialysis patients on the current reporting date. The difference is the net in-center change for six months.

- iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.
 - iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.
 - v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.
 - vi. Divide the result of Condition 1.b.v by 2.8.
 - vii. Subtract the sum of the facility's number of stations as of the current reporting date and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.
 - d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 CON review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

Condition 2: This condition pertains to facilities certified and in operation at least 21 months as of the data cut-off date for the current SMFP (*Table 9A*).

- a. A facility may add stations if its utilization rate reported in the current SMFP is at least 75%, or 3.0 patients per station per week or greater $[((\text{Column } L / \text{Column } K) / 4) = \text{Column } M]$.
- b. If the facility's utilization rate reported in the current SMFP meets Condition 2.a, use the following calculations to determine the number of stations needed:
 - i. Subtract the facility's number of in-center dialysis patients reported in the previous SMFP from the number of in-center dialysis patients reported in the current SMFP (*Column L*). The difference is the net in-center change for one year.
 - ii. Divide the result of Condition 2.b.i by the number of in-center patients from the previous SMFP to determine the projected annual growth rate.
 - iii. Multiply the result from Condition 2.b.ii by the facility's number of in-center patients reported in the current SMFP (*Column L*).
 - iv. Add the result of Condition 2.b.iii to the number of in-center patients reported in the current SMFP.
 - v. Divide the result of Condition 2.b.iv by 2.8.

- vi. Subtract the sum of the facility's number of stations as of the current reporting date (*Column J*) and the number of pending new stations for which a CON application has been approved or is under review from the result of Condition 2.b.v. The remainder is the number of stations needed (*Column N*). Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	Graham	16	0	0	0	16	16	50	78.13%	7
Alamance	955786	34-2533	BMA of Burlington	Burlington	33	0	0	0	33	33	83	62.88%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	20	0	0	0	20	20	64	80.00%	5
Alamance	100545	34-2691	FMC Mebane	Mebane	27	0	0	0	27	27	78	72.22%	0
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	14	28	50.00%	0
Alamance	170018	34-2739	Mebane Dialysis	Mebane	18	0	0	0	18	18	29	40.28%	0
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	41	56.94%	0
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	5	0	0	18	13	39	75.00%	0
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	28	46.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	41	56.94%	0
Ashe													
Avery			(Mitchell-Avery-Yancey Planning Area)										
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	0	0	0	31	31	95	76.61%	2
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	39	48.75%	0
Bladen	160065	34-2759	Bladenboro Dialysis	Bladenboro	14	0	0	0	14	14	19	33.93%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	24	0	0	0	24	24	49	51.04%	0
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	10	0	1	0	11	10	34	85.00%	0
Brunswick	140237	34-2716	Leland Dialysis	Leland	16	7	0	0	23	16	55	85.94%	0
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	15	0	0	0	15	15	45	75.00%	4
Brunswick	070474	34-2669	Southport Dialysis Center	Southport	11	5	0	0	16	11	33	75.00%	0
Buncombe	150248	34-2756	Arden Dialysis	Arden	14	0	0	0	14	14	47	83.93%	7
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	0	-3	0	49	52	104	50.00%	0
Buncombe	120484	34-2695	Biltmore Home Training^^	Asheville	0	0	3	0	3	0	0	0.00%	0
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	0	0	0	20	20	69	86.25%	11
Burke	150154	34-2563	BMA of Burke County	Morganton	42	0	0	0	42	42	100	59.52%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Cabarrus	240022	Proposed new site consisting of existing stations	Cabarrus Home Training	Concord	0	2	0	0	2	0	0	0.00%	0
Cabarrus	180049	34-2760	Cannon Dialysis^^	Kannapolis	11	0	0	0	11	11	20	45.45%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	27	0	0	0	27	27	77	71.30%	0
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	28	0	0	0	28	28	79	70.54%	0
Cabarrus	160494	34-2747	Hickory Ridge Dialysis	Charlotte	15	0	0	0	15	15	23	38.33%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	54	0	0	0	54	50	144	72.00%	0
Camden													
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	21	0	0	0	21	21	53	63.10%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	11	0	0	0	11	11	28	63.64%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	17	0	0	0	17	17	32	47.06%	0
Catawba	160450	34-2729	Catawba County Dialysis	Hickory	21	0	0	0	21	21	47	55.95%	0
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	-4	0	0	29	33	96	72.73%	0
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	70	70.00%	0
Catawba	160340	34-2743	Fresenius Kidney Care Newton	Newton	17	0	0	0	17	17	52	76.47%	2
Catawba	220064	Proposed new site consisting of existing stations	Fresenius Kidney Care North Catawba	Hickory	0	12	0	0	12	0	0	0.00%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	Pittsboro	13	0	0	0	13	13	36	69.23%	0
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	26	-2	0	0	24	26	53	50.96%	0
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	0	13	13	36	69.23%	0
Chowan	955811	34-2541	Edenton Dialysis	Edenton	20	0	0	0	20	20	56	70.00%	0
Clay			(Cherokee-Clay-Graham Planning Area)										

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

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Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	39	69.64%	0
Cleveland	080370	34-2661	Dialysis Clinic	Shelby	15	0	0	0	15	15	25	41.67%	0
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	44	73.33%	0
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	82	62.12%	0
Columbus	020281	34-2628	Chadbourn Dialysis Center	Chadbourn	17	0	0	0	17	17	25	36.76%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	24	0	0	0	24	24	53	55.21%	0
Craven	960995	34-2585	FMC Craven County	New Bern	31	0	0	0	31	31	93	75.00%	12
Craven	955965	34-2534	New Bern Dialysis	New Bern	40	0	0	0	40	40	97	60.63%	0
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	57	0	0	0	57	57	164	71.93%	0
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	Fayetteville	54	0	0	0	54	54	128	59.26%	0
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	56	0	0	0	56	56	158	70.54%	0
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	0	0	0	40	40	137	85.63%	6
Cumberland	170235	Proposed new site consisting of existing stations	Fresenius Kidney Care Hope Mills	Hope Mills	0	20	0	0	20	0	0	0.00%	0
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	Fayetteville	25	0	0	0	25	25	88	88.00%	9
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	33	91.67%	7
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	49	0	0	0	49	49	115	58.67%	0
Davidson	200036	34-2767	North Davidson Dialysis Center of Wake Forest University	Winston Salem	19	0	0	0	19	19	28	36.84%	0
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	36	0	0	0	36	36	104	72.22%	0
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	24	0	0	0	24	24	45	46.88%	0
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	24	0	0	0	24	24	57	59.38%	0
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	20	66	82.50%	4
Durham	180047	34-2732	Bull City Dialysis	Durham	20	0	0	0	20	20	56	70.00%	0
Durham	160556	34-2741	Downtown Durham Dialysis^^	Durham	10	0	0	0	10	10	20	50.00%	0

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Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	29	85	73.28%	0
Durham	160396	34-2734	Durham Regional Dialysis	Durham	20	0	0	0	20	10	30	75.00%	0
Durham	010285	34-2616	Durham West Dialysis	Durham	27	0	0	0	27	27	67	62.04%	0
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	84	72.41%	0
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	-2	0	0	22	24	48	50.00%	0
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	50	48.08%	0
Durham	170324	34-2762	Fresenius Kidney Care Eno River	Durham	19	0	0	0	19	19	52	68.42%	0
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	60	75.00%	0
Durham	180368	34-2758	Hope Valley Dialysis^^	Durham	10	0	0	0	10	10	18	45.00%	0
Durham	140143	34-2718	Research Triangle Park Dialysis^^	Durham	10	0	0	0	10	10	22	55.00%	0
Durham	090117	34-2683	Southpoint Dialysis	Durham	16	0	0	0	16	16	63	98.44%	7
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	0	30	30	103	85.83%	5
Edgecombe	955841	34-2577	Dialysis Care of Edgecombe County (Facility closed)	Tarboro	35	0	0	0	35	35	37	26.43%	0
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis	Rocky Mount	16	0	0	0	16	16	47	73.44%	0
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	16	1	0	0	17	15	60	100.00%	6
Forsyth	210744	Proposed new site consisting of existing stations	Kernersville Dialysis Center of Wake Forest University	Kernersville	0	24	0	0	24	0	0	0.00%	0
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	50	0	0	0	50	50	177	88.50%	15
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	48	0	0	0	48	48	146	76.04%	3
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	64	184	71.88%	0
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	59	6	0	0	65	59	162	68.64%	0
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	40	37.04%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	20	0	0	0	20	20	57	71.25%	0
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	26	0	0	0	26	26	75	72.12%	0

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Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	Dallas	17	0	0	0	17	17	64	94.12%	8
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	9	0	0	28	19	74	97.37%	0
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	0	0	0	39	39	99	63.46%	0
Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	0	0	0	28	28	76	67.86%	0
Gates													
Graham			(Cherokee-Clay-Graham Planning Area)										
Granville	170422	34-2520	FMC Dialysis Services Neuse River	Oxford	27	0	0	0	27	27	77	71.30%	0
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	0	0	0	25	25	90	90.00%	14
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	49	58.33%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	54	2	0	0	56	54	145	67.13%	0
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	54	4	0	0	58	54	173	80.09%	5
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	2	0	0	35	33	114	86.36%	7
Guilford	190319	Proposed new site consisting of existing stations	Central Greensboro Dialysis	Greensboro	0	10	0	0	10	0	0	0.00%	0
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	51	0	0	0	51	51	103	50.49%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	Greensboro	28	0	0	0	28	28	77	68.75%	0
Guilford	210743	Proposed new site consisting of existing stations	Fresenius Kidney Care Sandy Ridge	Greensboro	0	16	0	0	16	0	0	0.00%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point	High Point	14	0	0	0	14	14	47	83.93%	1
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	50	0	0	0	50	50	122	61.00%	0
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	77	52.03%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	40	0	0	0	40	40	107	66.88%	0
Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	0	0	0	50	50	143	71.50%	0
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	47	61.84%	0

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Harnett	944644	34-2557	Dunn Kidney Center	Dunn	35	0	0	0	35	35	103	73.57%	0
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	16	1	0	0	17	16	55	85.94%	3
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	12	25	52.08%	0
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	59	92.19%	5
Haywood	010800	34-2629	Waynesville Dialysis Center	Clyde	27	0	0	0	27	27	53	49.07%	0
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	33	0	0	0	33	33	74	56.06%	0
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	25	0	1	0	26	25	76	76.00%	1
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	25	3	0	0	28	25	79	79.00%	1
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	30	0	0	0	30	30	77	64.17%	0
Hoke	110715	34-2698	Lumbee River Dialysis	Red Springs	15	0	0	0	15	15	31	51.67%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooresville	31	0	0	0	31	31	90	72.58%	0
Iredell	6668	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	78	72.22%	0
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	24	66	68.75%	0
Jackson	230039	Proposed new site consisting of existing stations	Balsam Home Training	Sylva	0	2	0	0	2	0	0	0.00%	0
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	-2	0	0	14	16	25	39.06%	0
Johnston	170420	Proposed new site consisting of existing stations	Clayton Dialysis	Clayton	0	10	0	0	10	0	0	0.00%	0
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	25	0	0	0	25	25	59	59.00%	0
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston	Selma	17	0	0	0	17	17	47	69.12%	0
Johnston	170520	34-2763	Fresenius Kidney Care West Johnston	Garner	12	3	0	0	15	12	39	81.25%	0
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	30	0	0	0	30	30	61	50.83%	0
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	33	4	0	0	37	33	90	68.18%	0

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Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	20	50.00%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	20	0	0	0	20	20	57	71.25%	0
Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	0	0	0	39	39	83	53.21%	0
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	42	0	0	0	42	42	97	57.74%	0
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	27	81	75.00%	5
Lincoln	944237	34-2568	FMC Lincolnton Dialysis	Lincolnton	30	0	0	0	30	30	64	53.33%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	12	0	0	0	12	12	32	66.67%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	23	0	0	0	23	15	39	65.00%	0
Martin	170330	34-2746	Robersonville Dialysis^^	Robersonville	5	0	0	0	5	13	28	53.85%	0
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	20	0	0	0	20	20	52	65.00%	0
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	0	0	0	43	43	87	50.58%	0
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	95	84.82%	8
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	32	0	0	0	32	32	118	92.19%	15
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	31	0	0	0	31	29	77	66.38%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis	Charlotte	20	0	0	0	20	20	46	57.50%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	0	0	0	33	33	98	74.24%	0
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	91	66.91%	0
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	63	65.63%	0
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	92	54.76%	0
Mecklenburg	955947	Proposed new site consisting of existing stations	FMC Charlotte	Charlotte	0	46	-4	0	42	0	0	0.00%	0
Mecklenburg	955947	34-2503	FMC Charlotte	Charlotte	48	-48	0	0	0	48	85	44.27%	0
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	21	0	0	0	21	21	91	108.33%	16
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	133	83.13%	6
Mecklenburg	170326	34-2766	Fresenius Kidney Care Mallard Creek	Charlotte	12	0	6	0	18	12	39	81.25%	9
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	17	4	0	0	21	17	60	88.24%	2

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Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Mecklenburg	Pineville	17	0	0	0	17	17	52	76.47%	3
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	16	52	81.25%	3
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	26	0	0	0	26	26	71	68.27%	0
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	27	0	0	0	27	27	78	72.22%	0
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	0	-2	0	0	-2	2			0
Mecklenburg	070499	Proposed new site consisting of existing stations	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	0	7	0	0	7	0	0	0.00%	0
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	21	49	58.33%	0
Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	33	0	0	0	33	33	83	62.88%	0
Mecklenburg	170127	34-2523	South Charlotte Dialysis	Charlotte	27	0	0	0	27	27	74	68.52%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center^^	Spruce Pine	9	0	0	0	9	9	24	66.67%	0
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	48	60.00%	0
Moore	080621	34-2679	Carthage Dialysis	Carthage	14	0	0	0	14	14	47	83.93%	6
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	61	61.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	18	0	0	0	18	18	56	77.78%	0
Nash	020870	34-2644	FMC of Spring Hope	Spring Hope	16	0	0	0	16	16	47	73.44%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	0	0	0	19	19	67	88.16%	5
Nash	130459	34-2728	Nash County Dialysis (Facility closed)	Rocky Mount	0	0	0	0	0	12	23	47.92%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	51	0	0	0	51	40	152	95.00%	2
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	90	70.31%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	0	18	18	53	73.61%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
New Hanover	220065	Proposed new site consisting of existing stations	Ogden Park Home Training	Wilmington	0	2	0	0	2	0	0	0.00%	0
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	-2	0	0	30	32	97	75.78%	5
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	68	80.95%	8
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	0	0	0	25	25	71	71.00%	0
Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	0	0	0	38	38	101	66.45%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	41	5	0	0	46	41	85	51.83%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	15	0	0	0	15	15	54	90.00%	6
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	29	0	0	0	29	29	71	61.21%	0
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	17	0	0	0	17	17	48	70.59%	0
Pender	130180	34-2703	Surf City Dialysis	Hampstead	14	0	0	0	14	14	21	37.50%	0
Perquimans	140091	34-2749	Perquimans Dialysis^^	Hertford	10	0	0	0	10	10	19	47.50%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	38	0	0	0	38	38	89	58.55%	0
Pitt	011155	34-2632	FMC Care of Ayden	Ayden	16	0	0	0	16	16	31	48.44%	0
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	Greenville	41	-41	0	0	0	41	132	80.49%	0
Pitt	800010	Proposed new site consisting of existing stations	FMC Dialysis Services East Carolina University	Greenville	0	47	0	0	47	0	0	0.00%	0
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	44	78.57%	1
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	29	60.42%	0
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	51	148	72.55%	0
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	110	61.11%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University	Archdale	10	7	0	0	17	10	32	80.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	33	0	0	0	33	33	66	50.00%	0
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	25	0	0	0	25	25	64	64.00%	0
Robeson	955445	34-2528	BMA Lumberton	Lumberton	24	0	0	0	24	24	89	92.71%	8
Robeson	980754	34-2607	BMA of Red Springs	Red Springs	19	0	0	0	19	19	45	59.21%	0
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	52	56.52%	0
Robeson	180042	34-2764	Fresenius Kidney Care East Lumberton	Lumberton	20	0	0	0	20	20	59	73.75%	0
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	59	77.63%	3
Robeson	140334	34-2651	Maxton Dialysis Center	Maxton	17	0	0	0	17	14	49	87.50%	0
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	62	62.00%	0
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	27	-7	0	0	20	27	57	52.78%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	25	0	0	0	25	25	65	65.00%	0
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	31	0	0	0	31	31	87	70.16%	0
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	34	0	0	0	34	34	90	66.18%	0
Rowan	160495	34-2730	Spencer Dialysis	Spencer	19	0	0	0	19	19	39	51.32%	0
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	31	0	0	0	31	31	89	71.77%	0
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	87	60.42%	0
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	5	0	0	18	13	47	90.38%	0
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	76	63.33%	0
Stanly	955784	34-2565	BMA Albemarle	Albemarle	29	0	0	0	29	29	65	56.03%	0
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	24	53	55.21%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	50	65.79%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt. Airy	32	0	0	0	32	32	76	59.38%	0
Swain	000047	34-2602	Cherokee Dialysis Center	Cherokee	20	-20	0	0	0	20	42	52.50%	0
Swain	900000	Proposed new site consisting of existing stations	Cherokee Dialysis Center	Cherokee	0	20	0	0	20	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	14	0	0	0	14	14	23	41.07%	0
Tyrrell													
Union	060374	34-2666	Crooked Creek Dialysis	Indian Trail	16	0	0	0	16	16	13	20.31%	0
Union	160339	34-2737	Fresenius Kidney Care Indian Trail	Indian Trail	16	0	0	0	16	16	37	57.81%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	28	0	2	0	30	28	92	82.14%	5
Union	955953	34-2526	Union County Dialysis	Monroe	37	0	0	0	37	37	82	55.41%	0
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	17	51	75.00%	0
Vance	944655	34-2543	Vance County Dialysis	Henderson	47	0	0	0	47	47	129	68.62%	0
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	29	103	88.79%	7
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	0	50	50	113	56.50%	0
Wake	180166	34-2544	Cary Kidney Center	Cary	29	0	0	0	29	29	80	68.97%	0
Wake	190643	34-2769	Downtown Raleigh Dialysis ^{^/^^}	Raleigh	10	0	0	0	10	0	0	0.00%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	0	0	0	15	15	54	90.00%	7
Wake	160069	34-2733	FMC Morrisville	Cary	13	0	0	0	13	13	41	78.85%	0
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	36	0	0	0	36	36	110	76.39%	2
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	20	0	0	0	20	20	59	73.75%	0
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	50	177	88.50%	11
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs ^{^^}	Holly Srpings	10	0	0	0	10	10	21	52.50%	0
Wake	210745	Proposed new site consisting of existing stations	Fresenius Kidney Care Knightdale	Knightdale	0	16	0	0	16	0	0	0.00%	0
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	65	81.25%	3
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	51	67.11%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	60	88.24%	5
Wake	160555	Proposed new site consisting of existing stations	Fresenius Medical Care Rock Quarry	Raleigh	0	10	0	0	10	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	20	0	0	0	20	20	73	91.25%	7
Wake	160068	34-2744	Oak City Dialysis	Raleigh	20	0	12	0	32	20	67	83.75%	0
Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	30	2	0	0	32	30	114	95.00%	9
Wake	041181	34-2675	Wake Forest Dialysis Center	Raleigh	21	2	0	0	23	21	78	92.86%	7
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	0	30	30	79	65.83%	0
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	45	45.00%	0
Washington	001549	34-2618	FMC Dialysis Services of Plymouth	Plymouth	16	0	0	0	16	16	56	87.50%	8
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	20	0	0	0	20	20	44	55.00%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	16	0	0	0	16	16	36	56.25%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	87	87.00%	4
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	25	0	0	0	25	25	53	53.00%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	0	0	0	20	20	42	52.50%	0
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	71	84.52%	6
Wayne	180046	34-2752	Rosewood Dialysis^^	Goldsboro	10	0	0	0	10	10	22	55.00%	0
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	0	0	0	24	24	72	75.00%	3
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	35	0	0	0	35	35	95	67.86%	0
Wilson	170521	34-2753	Kenly Dialysis^^	Kenly	10	0	0	0	10	10	19	47.50%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	44	-7	0	0	37	44	99	56.25%	0
Wilson	220670	Proposed new site consisting of existing stations	Wooten Boulevard Home Training	Wilson	0	2	0	0	2	0	0	0.00%	0
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	30	57.69%	0
Yancey			(Mitchell-Avery-Yancey Planning Area)										

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2023	Number* In-Center Patients 12/31/2023	Utilization Rate 12/31/2023	Facility Station Need Determination
Totals					6,125	186	18	0	6,329	6,098	16,383		352

* Number In-Center Patients 12/31/2023 includes both in-state and out-of-state patients.

^ Designated as a new facility.

^^ Designated as a small facility.

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/24 Total Patients	12/31/23 Home Patients	12/31/23 Percent Home Patients	Projected 12/31/24 Home Patients	Projected 12/31/24 In-Center Patients	Projected 12/31/24 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Alamance	358	354	344	350	374	0.012	378.4	73	19.5%	73.9	304.5	95	146	Surplus of 51	0
Alexander	51	53	65	59	49	0.001	49.0	10	20.4%	10.0	39.0	12	18	Surplus of 6	0
Alleghany	7	10	9	10	7	0.035	7.2	2	28.6%	2.1	5.2	2	0	2	0
Anson	98	95	84	87	82	-0.042	78.6	14	17.1%	13.4	65.1	20	33	Surplus of 13	0
Ashe	23	18	25	17	22	0.036	22.8	4	18.2%	4.1	18.7	6	0	6	0
Beaufort	126	126	119	125	124	-0.003	123.6	22	17.7%	21.9	101.7	32	31	1	0
Bertie	79	85	81	75	82	0.012	83.0	16	19.5%	16.2	66.8	21	20	1	0
Bladen	113	104	95	93	81	-0.079	74.6	10	12.3%	9.2	65.4	20	38	Surplus of 18	0
Brunswick	158	154	166	187	192	0.051	201.9	35	18.2%	36.8	165.1	52	65	Surplus of 13	0
Buncombe	284	284	268	267	242	-0.038	232.7	71	29.3%	68.3	164.4	51	86	Surplus of 35	0
Burke	144	150	147	144	147	0.006	147.8	25	17.0%	25.1	122.7	38	42	Surplus of 4	0
Cabarrus	252	269	278	292	314	0.057	331.8	78	24.8%	82.4	249.4	78	83	Surplus of 5	0
Caldwell	151	163	172	173	164	0.022	167.6	23	14.0%	23.5	144.1	45	54	Surplus of 9	0
Camden	11	7	5	8	13	0.144	14.9	7	53.8%	8.0	6.9	2	0	2	0
Carteret	89	74	82	70	72	-0.045	68.8	18	25.0%	17.2	51.6	16	32	Surplus of 16	0
Caswell	75	69	67	51	50	-0.092	45.4	4	8.0%	3.6	41.8	13	17	Surplus of 4	0
Catawba	310	311	297	281	296	-0.011	292.9	55	18.6%	54.4	238.5	75	104	Surplus of 29	0
Chatham	128	133	117	120	114	-0.026	111.0	12	10.5%	11.7	99.3	31	37	Surplus of 6	0
Cherokee	24	27	34	40	36	0.115	40.1	11	30.6%	12.3	27.9	9	13	Surplus of 4	
Clay	7	7	6	7	4	-0.101	3.6	2	50.0%	1.8	1.8	1	0	1	
Graham	17	13	10	8	11	-0.073	10.2	3	27.3%	2.8	7.4	2	0	2	
Cherokee-Clay-Graham Planning Area Total														Surplus of 1	0
Chowan	48	55	51	50	48	0.003	48.2	9	18.8%	9.0	39.1	12	20	Surplus of 8	0
Cleveland	261	262	273	272	241	-0.018	236.7	27	11.2%	26.5	210.2	66	77	Surplus of 11	0
Columbus	124	121	104	99	105	-0.038	101.0	16	15.2%	15.4	85.6	27	41	Surplus of 14	0
Craven	212	238	223	232	233	0.026	239.1	40	17.2%	41.0	198.0	62	71	Surplus of 9	0
Cumberland	794	832	772	770	838	0.015	850.9	108	12.9%	109.7	741.2	232	252	Surplus of 20	0
Currituck	15	15	13	21	18	0.085	19.5	4	22.2%	4.3	15.2	5	0	5	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/24 Total Patients	12/31/23 Home Patients	12/31/23 Percent Home Patients	Projected 12/31/24 Home Patients	Projected 12/31/24 In-Center Patients	Projected 12/31/24 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Dare	24	22	30	29	33	0.096	36.2	6	18.2%	6.6	29.6	9	9	0	0
Davidson	308	303	316	311	293	-0.012	289.6	46	15.7%	45.5	244.1	76	104	Surplus of 28	0
Davie	70	73	65	59	53	-0.065	49.5	10	18.9%	9.3	40.2	13	24	Surplus of 11	0
Duplin	155	143	152	147	150	-0.007	149.0	24	16.0%	23.8	125.2	39	44	Surplus of 5	0
Durham	668	687	640	640	628	-0.015	618.8	53	8.4%	52.2	566.6	177	258	Surplus of 81	0
Edgecombe	247	264	279	305	320	0.067	341.4	43	13.4%	45.9	295.6	92	98	Surplus of 6	0
Forsyth	747	776	802	768	786	0.013	796.5	109	13.9%	110.5	686.0	214	251	Surplus of 37	0
Franklin	136	155	153	141	145	0.019	147.8	16	11.0%	16.3	131.5	41	47	Surplus of 6	0
Gaston	392	383	395	385	412	0.013	417.5	60	14.6%	60.8	356.7	111	138	Surplus of 27	0
Gates	17	15	12	10	10	-0.121	8.8	2	20.0%	1.8	7.0	2	0	2	0
Granville	156	166	149	146	160	0.009	161.5	10	6.3%	10.1	151.4	47	52	Surplus of 5	0
Greene	50	64	59	52	54	0.030	55.6	5	9.3%	5.2	50.5	16	21	Surplus of 5	0
Guilford	1116	1130	1154	1104	1070	-0.010	1,059.2	107	10.0%	105.9	953.3	298	395	Surplus of 97	0
Halifax	253	259	242	237	235	-0.018	230.8	30	12.8%	29.5	201.4	63	69	Surplus of 6	0
Harnett	259	271	247	233	251	-0.005	249.6	27	10.8%	26.9	222.8	70	80	Surplus of 10	0
Haywood	68	71	70	64	90	0.088	97.9	20	22.2%	21.8	76.1	24	27	Surplus of 3	0
Henderson	118	128	117	125	122	0.011	123.3	36	29.5%	36.4	86.9	27	33	Surplus of 6	0
Hertford	88	89	74	74	71	-0.049	67.5	11	15.5%	10.5	57.0	18	26	Surplus of 8	0
Hoke	164	176	165	162	157	-0.010	155.5	21	13.4%	20.8	134.7	42	73	Surplus of 31	0
Hyde	9	8	7	8	12	0.102	13.2	6	50.0%	6.6	6.6	2	0	2	0
Iredell	253	250	248	247	236	-0.017	232.0	30	12.7%	29.5	202.5	63	82	Surplus of 19	0
Jackson	45	49	36	34	32	-0.073	29.7	9	28.1%	8.3	21.3	7	16	Surplus of 9	0
Johnston	379	420	412	420	394	0.012	398.6	77	19.5%	77.9	320.7	100	134	Surplus of 34	0
Jones	36	38	38	34	29	-0.049	27.6	4	13.8%	3.8	23.8	7	10	Surplus of 3	0
Lee	157	152	156	152	139	-0.029	134.9	20	14.4%	19.4	115.5	36	59	Surplus of 23	0
Lenoir	241	224	219	209	219	-0.023	214.0	31	14.2%	30.3	183.7	57	69	Surplus of 12	0
Lincoln	104	97	99	108	107	0.009	107.9	22	20.6%	22.2	85.7	27	30	Surplus of 3	0
Macon	35	36	35	38	41	0.041	42.7	11	26.8%	11.5	31.2	10	12	Surplus of 2	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/24 Total Patients	12/31/23 Home Patients	12/31/23 Percent Home Patients	Projected 12/31/24 Home Patients	Projected 12/31/24 In-Center Patients	Projected 12/31/24 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Madison	12	8	6	8	10	0.000	10.0	3	30.0%	3.0	7.0	2	0	2	0
Martin	92	77	83	75	81	-0.025	78.9	13	16.0%	12.7	66.3	21	28	Surplus of 7	0
McDowell	71	60	55	61	64	-0.020	62.7	14	21.9%	13.7	49.0	15	20	Surplus of 5	0
Mecklenburg	1819	1878	1871	1834	1817	0.000	1,816.8	274	15.1%	274.0	1,542.9	482	601	Surplus of 119	0
Avery	4	9	8	6	10	0.389	13.9	2	20.0%	2.8	11.1	3	0	3	
Mitchell	19	19	18	15	15	-0.055	14.2	1	6.7%	0.9	13.2	4	9	Surplus of 5	
Yancey	17	17	17	19	19	0.029	19.6	6	31.6%	6.2	13.4	4	0	4	
Mitchell-Avery-Yancey Planning Area Total														2	0
Montgomery	60	66	69	62	55	-0.017	54.1	5	9.1%	4.9	49.1	15	20	Surplus of 5	0
Moore	155	162	161	180	173	0.030	178.1	27	15.6%	27.8	150.3	47	57	Surplus of 10	0
Nash	293	303	303	290	280	-0.011	277.0	44	15.7%	43.5	233.4	73	86	Surplus of 13	0
New Hanover	267	262	256	264	268	0.001	268.3	51	19.0%	51.1	217.3	68	82	Surplus of 14	0
Northampton	98	94	98	96	95	-0.007	94.3	8	8.4%	7.9	86.4	27	21	6	0
Onslow	234	229	224	217	232	-0.001	231.7	49	21.1%	48.9	182.8	57	63	Surplus of 6	0
Orange	169	179	174	172	156	-0.018	153.1	23	14.7%	22.6	130.6	41	46	Surplus of 5	0
Pamlico	21	23	23	17	21	0.017	21.4	7	33.3%	7.1	14.2	4	0	4	0
Pasquotank	108	115	115	108	112	0.010	113.1	23	20.5%	23.2	89.9	28	44	Surplus of 16	0
Pender	99	102	100	96	93	-0.015	91.6	12	12.9%	11.8	79.8	25	31	Surplus of 6	0
Perquimans	37	36	34	37	38	0.008	38.3	12	31.6%	12.1	26.2	8	10	Surplus of 2	0
Person	93	93	98	88	85	-0.021	83.2	6	7.1%	5.9	77.4	24	38	Surplus of 14	0
Pitt	443	459	457	452	441	-0.001	440.6	84	19.0%	83.9	356.7	111	140	Surplus of 29	0
Polk	18	16	16	9	10	-0.109	8.9	3	30.0%	2.7	6.2	2	0	2	0
Randolph	185	179	193	179	183	-0.001	182.8	19	10.4%	19.0	163.8	51	62	Surplus of 11	0
Richmond	181	162	165	157	151	-0.043	144.5	20	13.2%	19.1	125.3	39	58	Surplus of 19	0
Robeson	442	438	449	434	429	-0.007	425.9	55	12.8%	54.6	371.3	116	122	Surplus of 6	0
Rockingham	218	213	217	201	180	-0.046	171.8	18	10.0%	17.2	154.6	48	70	Surplus of 22	0
Rowan	258	256	262	247	245	-0.012	242.0	60	24.5%	59.3	182.7	57	84	Surplus of 27	0
Rutherford	114	106	113	112	109	-0.010	107.9	23	21.1%	22.8	85.1	27	31	Surplus of 4	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12/31/19 Total Patients	12/31/20 Total Patients	12/31/21 Total Patients	12/31/22 Total Patients	12/31/23 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12/31/24 Total Patients	12/31/23 Home Patients	12/31/23 Percent Home Patients	Projected 12/31/24 Home Patients	Projected 12/31/24 In-Center Patients	Projected 12/31/24 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Sampson	192	190	198	191	162	-0.039	155.7	16	9.9%	15.4	140.3	44	54	Surplus of 10	0
Scotland	116	100	114	110	104	-0.022	101.7	15	14.4%	14.7	87.1	27	30	Surplus of 3	0
Stanly	87	92	93	94	89	0.006	89.6	23	25.8%	23.1	66.4	21	29	Surplus of 8	0
Stokes	67	68	70	64	56	-0.042	53.7	5	8.9%	4.8	48.9	15	24	Surplus of 9	0
Surry	105	112	111	107	103	-0.004	102.6	12	11.7%	12.0	90.6	28	51	Surplus of 23	0
Swain	52	51	59	50	54	0.016	54.9	15	27.8%	15.2	39.6	12	20	Surplus of 8	0
Transylvania	34	30	31	33	24	-0.073	22.2	6	25.0%	5.6	16.7	5	14	Surplus of 9	0
Tyrrell	6	8	6	6	7	0.063	7.4	1	14.3%	1.1	6.4	2	0	2	0
Union	282	284	280	267	282	0.001	282.2	35	12.4%	35.0	247.2	77	99	Surplus of 22	0
Vance	186	202	191	183	192	0.010	193.9	13	6.8%	13.1	180.7	56	64	Surplus of 8	0
Wake	1439	1434	1414	1456	1491	0.009	1,504.5	216	14.5%	218.0	1,286.6	402	481	Surplus of 79	0
Warren	76	83	72	73	74	-0.003	73.8	3	4.1%	3.0	70.8	22	25	Surplus of 3	0
Washington	68	56	59	57	55	-0.048	52.4	7	12.7%	6.7	45.7	14	16	Surplus of 2	0
Watauga	32	32	28	26	28	-0.030	27.2	5	17.9%	4.9	22.3	7	20	Surplus of 13	0
Wayne	315	313	304	321	338	0.018	344.2	54	16.0%	55.0	289.2	90	117	Surplus of 27	0
Wilkes	92	81	93	91	98	0.021	100.1	16	16.3%	16.3	83.7	26	24	2	0
Wilson	316	314	261	284	241	-0.060	226.6	58	24.1%	54.5	172.1	54	84	Surplus of 30	0
Yadkin	42	58	55	52	44	0.030	45.3	5	11.4%	5.2	40.2	13	13	0	0
State Totals	19,288	19,547	19,302	19,051	19,022			2,912				5,033	6,329		0

**Table 9C: Dialysis Station Need Determination
County Need Determination Methodology**
(Proposed for Certificate of Need Review Commencing in 2025)

County Service Area	Dialysis Station Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 9D: Dialysis Station Need Determination by Facility*

A County	B Facility Identification Number	C Provider Number	D Facility	E Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	7
Alamance	956036	34-2567	Burlington Dialysis	5
Beaufort	955789	34-2561	FMC Pamlico	2
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	4
Buncombe	150248	34-2756	Arden Dialysis	7
Buncombe	000318	34-2604	Weaverville Dialysis	11
Catawba	160340	34-2743	Fresenius Kidney Care Newton	2
Craven	960995	34-2585	FMC Craven County	12
Cumberland	011019	34-2643	FMC Services of West Fayetteville	6
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish	9
Dare	970980	34-2598	Dare County Dialysis Center	7
Duplin	060249	34-2659	Wallace Dialysis	4
Durham	090117	34-2683	Southpoint Dialysis	7
Edgecombe	970528	34-2603	BMA East Rocky Mount	5
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	6
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	15
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	3
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston	8
Granville	041025	34-2647	FMC Dialysis Services of Oxford	14
Guilford	980838	34-2537	BMA of South Greensboro	5
Guilford	980472	34-2600	BMA of Southwest Greensboro	7
Guilford	150332	34-2720	Fresenius Medical Care High Point	1
Harnett	110803	34-2701	FMC Anderson Creek	3
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	5
Hertford	945189	34-2570	Ahoskie Dialysis	1
Hoke	945165	34-2579	Dialysis Care of Hoke County	1
Lenoir	010207	34-2609	FMC Vernon Dialysis	5
Mecklenburg	970826	34-2594	BMA Nations Ford	8
Mecklenburg	970301	34-2605	BMA of East Charlotte	15
Mecklenburg	080137	34-2681	FMC Matthews	16
Mecklenburg	955788	34-2549	FMC of North Charlotte	6
Mecklenburg	170326	34-2766	Fresenius Kidney Care Mallard Creek	9
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	2
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Mecklenburg	3
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	3
Moore	080621	34-2679	Carthage Dialysis	6
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	5
Nash	944658	34-2517	Rocky Mount Kidney Center	2
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	5
Northampton	970120	34-2586	FMC East Northampton County	8
Pasquotank	130368	34-2708	Albemarle Dialysis	6
Pitt	140329	34-2706	FMC Farmville	1
Robeson	955445	34-2528	BMA Lumberton	8

Table 9D: Dialysis Station Need Determination by Facility*

A	B	C	D	E
County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	3
Union	955949	34-2525	Metrolina Kidney Center	5
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	7
Wake	061335	34-2672	FMC Eastern Wake	7
Wake	020868	34-2646	FMC New Hope Dialysis	2
Wake	956094	34-2522	FMC Wake Dialysis Clinic	11
Wake	041023	34-2658	Fresenius Medical Care Apex	3
Wake	041024	34-2653	Fresenius Medical Care Millbrook	5
Wake	160405	34-2735	Fresenius Medical Care White Oak	7
Wake	990968	34-2642	Southwest Wake County Dialysis	9
Wake	041181	34-2675	Wake Forest Dialysis Center	7
Washington	001549	34-2618	FMC Dialysis Services of Plymouth	8
Wayne	944654	34-2531	Goldsboro Dialysis	4
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	6
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	3
Totals			58 Facilities	352

* CON applications for additional stations are Category D.1. Refer to Table 3A for the D.1 review cycles. CON application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the CON application deadline date.

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	Facility Identification Number	Provider Number	Facility	City	CON* Total	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2023	Peritoneal Patients 12/31/2023
Buncombe	120484	34-2695	Biltmore Home Training	Asheville	3	0	0	69
Cabarrus	240022	Proposed New Site	Cabarrus Home Training	Concord	2	0	0	0
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	0	5	9	33
Chowan	200027	34-2765	Chowan Home Dialysis**	Edenton	0	0	0	19
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	0	1	3	29
Forsyth	200885	34-2768	Highland Oaks Dialysis Center of Wake Forest University**	Winston Salem	0	0	0	17
Iredell	070519	34-2657	INS Statesville**	Statesville	0	0	0	11
Jackson	230039	Proposed New Site	Balsam Home Training	Sylva	2	0	0	0
Mecklenburg	070257	34-2654	INS Freedom Dialysis	Charlotte	4	5	40	53
Mecklenburg	070499	Proposed New Site	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	7	0	0	0
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	-2	2	23	46
Moore	180570	34-2754	Pinehurst Home Training**	Pinehurst	0	0	0	42
New Hanover	220065	Proposed New Site	Ogden Park Home Training	Wilmington	2	0	0	0
Orange	200890	Proposed New Site	Carolina Dialysis Orange County Home Dialysis	Hillsborough	0	2	0	0
Sampson	130060	34-2712	Sampson County Home Training**	Clinton	0	0	0	7
Wayne	200899	Proposed New Site	Wayne County Home Training**	Goldsboro	0	0	0	0
Wilson	220670	Proposed New Site	Wooten Boulevard Home Training	Wilson	2	0	0	0
Totals			16 Facilities		20	15	75	326

* Includes CON issued/not certified, CON decision rendered (conditional approval), and CON decision pending.

** This facility shows no stations because it currently serves or will serve peritoneal patients only.

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Chapter 10:

Nursing Home Facilities

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CHAPTER 10

NURSING HOME FACILITIES

Introduction

G.S. 131E-176(17b) defines a *nursing home facility* as “a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.”

Definitions

A nursing home facility’s service area is the county in which the bed is located. Each of the 100 counties in the state is a separate service area.

The *reporting year* is October 1 through September 30. The current reporting year is October 1, 2022 through September 30, 2023.

The methodology projects bed need determination five years beyond the current reporting year. The *current projection year* is 2028.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds plus the number of Certificate of Need (CON)-approved new beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any exclusions (see below), minus any beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible, need determinations should be for at least 90 beds. However, such allocations do not always result in new entities.
3. Counties whose deficits represent at least 10% of their total needs (deficit index) and who report an occupancy rate of licensed beds in the county of at least 90%, excluding continuing care retirement communities, should receive need determinations even though such increments may be too small to encourage establishment of new facilities.
4. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to nursing home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year by county.

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-Year Estimates.

Utilization data comes from License Renewal Application (LRA) to Operate a Nursing Home and the Nursing Care Facility/Unit Beds: Annual Data Supplement to Hospital License Renewal Applications, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. Planning inventory and need determination calculations exclude all beds and days of care (DOC) for:
 - a. nursing home facility beds converted to care for head injury or ventilator-dependent patients;
 - b. nursing home facility beds developed pursuant to Policy NH-2; and
 - c. nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5.
2. The inventory excludes beds, and the occupancy rate calculation excludes DOC for patients from the contiguous counties served by facilities operated by religious or fraternal organizations.
3. The methodology excludes the estimated active-duty military population from the county’s population for any county with more than 500 active-duty military personnel.
4. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the current reporting year. Any county with an AACR that is at least one-half of one standard deviation above or below the statewide AACR will receive a rate equal to the statewide rate.
5. The projected utilization is multiplied by three to account for future increases in utilization.
6. The methodology uses the higher of two different occupancy rate calculations to obtain the need determination. The adjusted occupancy rate for each county is calculated using the higher of: (1) the median of all facilities’ occupancy rates in a county; or (2) a countywide occupancy.

Application of the Methodology

Table 10A shows the inventory data and Table 10B shows the patient, population and bed use data that form the basis for the calculations discussed in the following steps. Table 10C shows projected bed utilization, bed surpluses/deficits and occupancy rates used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 10A*).

- a. Add the number of licensed beds in each nursing home facility (*Column C*) and hospital (*Column D*).

- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated (*Columns F-H*). Then adjust this result by the number of beds available pursuant to need determinations in the SMFP pending review or appeal (*Column I*).
- c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; (3) beds that have been relocated from state psychiatric hospitals to the community pursuant to Policy NH-5; and (4) beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility (*Column K*).
- d. Sum each of these calculations across all facilities in a county to obtain county totals (*Column L*).

Step 2: Calculate the projected county bed use rates (*Table 10B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above or below the statewide AACR, then use the statewide AACR; otherwise, use the result of Step 2.c as the Selected Change Rate (*Column F*).
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D*, last sub-column) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the Bed Rate per 1,000 (*Table 10B, Column G* and *Table 10C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 10C, Column C*) to calculate the projected bed utilization (*Table 10C, Column D*).

Step 4: For each county, divide the projected bed utilization (*Table 10C, Column D*) by a 95% vacancy factor to calculate the projected bed utilization with vacancy factor (*Table 10C, Column E*).

Step 5: Calculate the county's bed surplus or deficit (*Table 10C*).

- a. Obtain the planning inventory for each county (*Column H*). Transfer the county totals from Columns J-L in Table 10A into Columns F-H of Table 10C, respectively.
- b. Subtract the projected bed utilization with vacancy factor (*Column E*) from the total inventory (*Column H*) to obtain the county's projected surplus or deficit of beds (*Column I*). Positive numbers are surpluses and negative numbers are deficits.

Step 6: Calculate the deficit index and occupancy rate (*Table 10C*).

- a. For all counties with a deficit, divide Column I by Column E to calculate the deficit index (*Column J*). The resulting deficit index is rounded for display purposes; internal calculations are not rounded.

- b. For all counties, calculate the occupancy rate by dividing the total days of care for all facilities in the county by the possible days of care (the number of beds in the planning inventory multiplied by 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two calculations as the county occupancy rate (*Column K*).

Step 7: Calculate need determination for each county (*Table 10C*).

- a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is 90 beds (*Column L*).
- b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds (*Column L*).
- c. If any county's deficit index (*Column J*) is 10% or more of its projected utilization and the adjusted occupancy of licensed beds in the county is 90% or greater for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds.
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four rounds to the next lower number divisible by 10. Numbers ending in five to nine rounds to the next higher number divisible by 10.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Nursing Care Beds in Hospitals	F Total Licensed Beds	G CON Approved/License Pending			J Available in SMFP	K Total Available Beds	L Sum of Exclusions	M Total Planning Inventory
						Nursing Home	Hospital	CON Bed Transfer				
Alamance	NH0529	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	NH0364	Compass Healthcare and Rehab Hawfields	117	0	117	0	0	0	0	117	11	106
Alamance	NH0596	Edgewood Place at the Village at Brookwood	51	0	51	0	0	0	0	51	24	27
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County (Transfer 8 beds to Liberty Commons in Durham County, 3 beds to Pisgah Manor in Buncombe County and 19 beds to Liberty Commons of Wake County)	122	0	122	0	0	-30	0	92	0	92
Alamance	NH0429	Peak Resources - Alamance	142	0	142	0	0	0	0	142	0	142
Alamance	NH0351	Twin Lakes Community (Relocate no more than 8 NF beds from Twin Lakes Memory Care)	104	0	104	0	0	8	0	112	36	76
Alamance	NH0621	Twin Lakes Community Memory Care (Facility closed. Transfer 8 beds to Twin Lakes Community)	0	0	0	8	0	-8	0	0	0	0
Alamance	NH0397	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals			876	0	876	8	0	-30	0	854	71	783
Alexander	NH0381	Valley Nursing and Rehabilitation Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals			183	0	183	0	0	0	0	183	49	134
Alleghany	NH0413	Lotus Village Center for Nursing and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Alleghany Totals			90	0	90	0	0	0	0	90	0	90
Anson	NH0642	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	NH0090	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
Anson Totals			161	0	161	0	0	0	0	161	0	161
Ashe	NH0459	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals			210	0	210	0	0	0	0	210	0	210
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**	0	10	10	0	0	0	0	10	0	10
Avery	NH0362	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals			118	10	128	0	0	0	0	128	0	128
Beaufort	NH0387	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Beaufort Totals			268	0	268	0	0	0	0	268	0	268
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Bertie	NH0491	Windsor Rehabilitation and Healthcare Center	82	0	82	0	0	0	0	82	0	82
Bertie Totals			142	0	142	0	0	0	0	142	0	142
Bladen	NH0420	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	0	10	10	0	0	0	0	10	0	10
Bladen	NH0328	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
Bladen Totals			184	10	194	0	0	0	0	194	0	194
Brunswick	NH0456	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0478	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	NH0655	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Brunswick	NH0626	Brunswick Nursing & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport	99	0	99	0	0	0	0	99	0	99
Brunswick		Liberty Commons of Brunswick County (Transfer 64 beds from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	NH0650	Southport Nursing Center (Facility closed. Transfer 64 beds to Liberty Commons of Brunswick County)	0	0	0	64	0	-64	0	0	0	0
Brunswick Totals			564	0	564	64	0	0	0	628	0	628
Buncombe	NH0262	Aston Park Health Care Center	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0321	Bear Mountain Health and Rehabilitation	77	0	77	0	0	0	0	77	0	77
Buncombe		Black Mountain Neuro-Medical Treatment Center*	165	0	165	0	0	0	0	165	165	0
Buncombe	NH0107	Brooks-Howell Home	58	0	58	0	0	0	0	58	1	57
Buncombe	NH0087	Deerfield Episcopal Retirement Community	62	0	62	0	0	0	0	62	31	31
Buncombe	NH0233	Elevate Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0551	Emerald Ridge Rehabilitation and Care Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Buncombe	NH0517	Flesher's Fairview Health Care Center	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0484	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	NH0147	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	NH0235	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NH0631	NC State Veterans Home-Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	NH0184	Pisgah Manor Health Care Center (Transfer 3 beds from Liberty Commons in Alamance County, 22 beds from Cross Creek in Hyde County, and 25 beds from Mary Gran Nursing in Sampson County)	118	0	118	0	0	50	0	168	0	168
Buncombe	NH0541	River Bend Health and Rehabilitation	100	0	100	0	0	0	0	100	12	88
Buncombe	NH0291	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	NH0528	Swannanoa Valley Health and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Buncombe	NH0532	The Greens at Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	NH0463	The Laurels of GreenTree Ridge (Transfer 8 beds to The Laurels of Summit Ridge)**	98	0	98	0	0	-8	0	90	0	90
Buncombe	NH0540	The Laurels of Summit Ridge (Transfer 8 beds from The Laurels of GreenTree Ridge)	60	0	60	0	0	8	0	68	0	68
Buncombe	NH0575	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe Totals			1,959	0	1,959	0	0	50	0	2,009	321	1,688
Burke	NH0347	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	NH0610	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	NH0553	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	NH0408	Grace Heights Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Burke	NH0476	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	NH0343	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91
Burke Totals			556	0	556	0	0	-30	0	526	25	501
Cabarrus	NH0247	Concord Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	NH0179	Concord Rehabilitation and Nursing Center	120	0	120	0	0	0	0	120	0	120
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	160	0	160	0	0	0	0	160	0	160
Cabarrus	NH0604	PruittHealth-Town Center	70	0	70	36	0	0	0	106	0	106
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	NH0498	The Greens at Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	NH0453	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus Totals			691	0	691	36	0	0	0	727	24	703
Caldwell	NH0485	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	NH0380	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0407	Lenoir Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Caldwell	NH0578	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals			400	0	400	0	0	0	0	400	0	400
Carteret	NH0583	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	NH0227	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	NH0255	Harborview Health Care Center (Facility closed. Transfer 122 beds to Liberty Commons of Raleigh (Wake County))**	122	0	122	0	0	-122	0	0	0	0
Carteret	NH0600	PruittHealth - Crystal Coast**	104	0	104	0	0	0	0	104	0	104
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed. Transfer 42 beds to The Embassy at Morehead City)	0	0	0	42	0	-42	0	0	0	0
Carteret		The Embassy at Morehead City (Replacement facility; Transfer 42 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	42	0	42	0	42
Carteret Totals			382	0	382	42	0	-122	0	302	0	302
Caswell	NH0434	Yanceyville Rehabilitation and Healthcare Center	157	0	157	0	0	0	0	157	0	157
Caswell Totals			157	0	157	0	0	0	0	157	0	157
Catawba	NH0191	Abernethy Laurels	174	0	174	0	0	0	0	174	50	124
Catawba	NH0603	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	H0053	Frye Regional Medical Center**	0	17	17	0	0	0	0	17	0	17

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						Nursing Home	Hospital	CON Bed Transfer				
Catawba	NH0337	The Greens at Hickory	150	0	150	0	0	0	0	150	0	150
Catawba	NH0409	The Greens at Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	NH0162	Trinity Ridge	120	0	120	0	0	0	0	120	9	111
Catawba	NH0068	Trinity Village	104	0	104	0	0	0	0	104	1	103
Catawba Totals			742	17	759	0	0	0	0	759	60	699
Chatham	NH0490	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham		Chatham County Rehabilitation Center (Transfer 15 beds from Parkview Health and Rehabilitation Center (Orange County))	0	0	0	90	0	15	0	105	0	105
Chatham	NH0395	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	NH0619	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	NH0523	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals			420	0	420	90	0	15	0	525	130	395
Cherokee	NH0652	Murphy Rehabilitation & Nursing	134	0	134	0	0	0	0	134	0	134
Cherokee	NH0535	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals			210	0	210	0	0	0	0	210	0	210
Chowan	NH0369	Chowan River Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	130	0	130	0	0	-20	0	110	0	110
Chowan Totals			130	0	130	0	0	-20	0	110	0	110
Clay	NH0542	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
Clay Totals			90	0	90	0	0	0	0	90	0	90
Cleveland	NH0524	Cleveland Pines	120	0	120	0	0	0	0	120	0	120
Cleveland		Peak Resources - Shelby (Replacement facility) (Relocate 100 beds from Peak Resources - Shelby)	0	0	0	100	0	0	0	100	0	100
Cleveland	NH0405	Peak Resources-Shelby (Relocate 100 beds to replacement facility)	100	0	100	-100	0	0	0	0	0	0
Cleveland	NH0396	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	NH0398	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
Cleveland Totals			534	0	534	0	0	0	0	534	0	534

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						Nursing Home	Hospital	CON Bed Transfer				
Columbus	NH0283	Liberty Commons Nursing and Rehab Ctr of Columbus Cty (Transfer 7 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	NH0246	Premier Living and Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc (Transfer 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	89	0	89	0	0	-9	0	80	0	80
Columbus Totals			323	0	323	0	0	-16	0	307	0	307
Craven	NH0567	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	NH0579	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	NH0496	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	NH0311	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Craven Totals			461	0	461	0	0	0	0	461	0	461
Cumberland	NH0629	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	NH0254	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	NH0593	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland		Cumberland County Rehabilitation Center	0	0	0	0	0	0	0	0	0	0
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center	98	0	98	0	0	0	0	98	0	98
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NH0076	Liberty Healthcare Services of Golden Years Nursing Center (Transfer 58 beds to Liberty Commons of Wake County)	58	0	58	0	0	-58	0	0	0	0
Cumberland	NH0585	NC State Veterans Home-Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	NH0501	The Carrolton of Fayetteville**	120	0	120	0	0	0	0	120	0	120
Cumberland	NH0502	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86

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						Nursing Home	Hospital	CON Bed Transfer				
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Cumberland Totals			1,179	0	1,179	0	0	-58	0	1,121	150	971
Currituck	NH0445	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Currituck Totals			100	0	100	0	0	0	0	100	0	100
Dare	NH0372	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals			126	0	126	0	0	0	0	126	0	126
Davidson	NH0099	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	NH0094	Davidson Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Davidson	NH0527	Lexington Health Care Center (Transfer 10 beds from Piedmont Crossing)	90	0	90	0	0	10	0	100	0	100
Davidson	NH0292	Magnolia Gardens Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Davidson	NH0259	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	NH0390	Piedmont Crossing (Transfer 10 beds to Lexington Health Care Center)	114	0	114	0	0	-10	0	104	46	58
Davidson	NH0010	Pine Acres Center for Nursing and Rehabilitation	106	0	106	0	0	0	0	106	0	106
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center (Transfer 12 beds to Triangle Health and Rehabilitation (Wake county))	140	0	140	0	0	-12	0	128	0	128
Davidson Totals			794	0	794	0	0	-12	0	782	46	736
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center (Transfer 22 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center (Mecklenburg County))	117	0	117	0	0	-22	0	95	0	95
Davie	NH0519	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	NH0221	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Davie Totals			249	0	249	0	0	-22	0	227	0	227
Duplin	NH0308	Kenansville Rehabilitation and Healthcare Center	92	0	92	0	0	0	0	92	0	92
Duplin	NH0481	Wallace Rehabilitation and Healthcare Center	80	0	80	0	0	0	0	80	0	80
Duplin	NH0418	Warsaw Nursing & Rehab Center	100	0	100	0	0	0	0	100	0	100
Duplin Totals			272	0	272	0	0	0	0	272	0	272
Durham	NH0152	Accordius Health at Rose Manor	111	0	111	0	0	0	0	111	0	111

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						Nursing Home	Hospital	CON Bed Transfer				
Durham	NH0543	Carver Living Center**	232	0	232	0	0	0	0	232	0	232
Durham	NH0587	Croasdaile Village	104	0	104	0	0	0	0	104	74	30
Durham	NH0136	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	NH0038	Hillcrest Convalescent Center	120	0	120	0	0	0	0	120	0	120
Durham		Liberty Commons of Durham County (Transfer 49 beds from Liberty Commons Silas Creek in Forsyth County. Transfer 8 beds from Liberty Commons Alamance County in Alamance County.)	0	0	0	0	0	57	0	57	0	57
Durham	NH0119	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	NH0093-B	PruittHealth - Carolina Point (Portions of facility in Durham and Orange Counties)**	18	0	18	0	0	0	0	18	0	18
Durham	NH0412	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	NH0514	Southpoint Rehabilitation and Healthcare Center	140	0	140	0	0	0	0	140	0	140
Durham	NH0615	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	NH0536	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	NH0562	Treyburn Rehabilitation Center**	132	0	132	0	0	0	0	132	0	132
Durham Totals			1,336	0	1,336	0	0	57	0	1,393	206	1,187
Edgecombe	NH0288	Edgecombe Health Center by Harborview	159	0	159	0	0	0	0	159	0	159
Edgecombe	NH0327	Prodigy Transitional Rehab	118	0	118	0	0	0	0	118	0	118
Edgecombe Totals			277	0	277	0	0	0	0	277	0	277
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community	83	0	83	0	0	0	0	83	83	0
Forsyth	NH0067	Brookridge Retirement Community	77	0	77	0	0	0	0	77	3	74
Forsyth	NH0404	Cedar Hills Center for Nursing and Rehabilitation	94	0	94	0	0	0	0	94	0	94
Forsyth	NH0633	Homestead Hills	40	0	40	0	0	0	0	40	1	39
Forsyth		Liberty Commons Nursing and Rehab of Springwood (Facility closed. Transfer 100 beds to Liberty Commons Nursing and Rehab Center of Silas Creek)	0	0	0	100	0	-100	0	0	0	0

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						Nursing Home	Hospital	CON Bed Transfer				
Forsyth		Liberty Commons Nursing and Rehabilitation Center of Silas Creek (Replacement facility. Transfer 100 beds from Liberty Commons Nursing and Rehab of Springwood. Relocate 49 beds to Liberty Commons of Durham County in Durham County, 18 beds to Summerstone Health & Rehab Center, 33 beds to The Oaks)	0	0	0	100	0	-100	0	0	0	0
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	66	0	66	0	0	0	0	66	0	66
Forsyth	NH0661	North Carolina State Veterans Home Kernersville**	120	0	120	0	0	0	0	120	0	120
Forsyth	NH0548	Oak Forest Health and Rehabilitation (Transfer 20 beds to Liberty Commons of Wake County)	170	0	170	0	0	-20	0	150	18	132
Forsyth	NH0256	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	NH0021	PruittHealth-High Point**	100	0	100	0	0	0	0	100	0	100
Forsyth	NH0154	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	NH0203	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	NH0423	Summerstone Health and Rehab Center (Transfer 18 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	120	0	120	0	0	18	0	138	0	138
Forsyth	NH0439	The Oaks (Transfer 13 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons Nursing and Rehabilitation of Silas Creek)	131	0	131	0	0	20	0	151	0	151
Forsyth	NH0641	Trinity Elms	100	0	100	0	0	0	0	100	5	95
Forsyth	NH0058	Trinity Glen	117	0	117	0	0	0	0	117	1	116
Forsyth	NH0125	Willow Valley Center for Nursing and Rehabilitation	230	0	230	0	0	0	0	230	0	230
Forsyth Totals			1,730	0	1,730	200	0	-182	0	1,748	211	1,537
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92

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						Nursing Home	Hospital	CON Bed Transfer				
Franklin Totals			258	0	258	0	0	0	0	258	0	258
Gaston	NH0561	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	NH0287	Carolina Care Health and Rehabilitation	107	0	107	0	0	0	0	107	0	107
Gaston	NH0494	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	NH0332	Covenant Village	38	0	38	0	0	0	0	38	38	0
Gaston	NH0547	Gastonia Health & Rehab Center	60	0	60	0	0	0	0	60	0	60
Gaston	NH0305	Highland Heights Health and Rehabilitation (formerly Accordius Health at Gastonia)	118	0	118	0	0	0	0	118	0	118
Gaston	NH0403	Peak Resources-Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	NH0402	Peak Resources-Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	NH0386	Stanley Total Living Center	106	0	106	0	0	0	0	106	12	94
Gaston	NH0228	The Greens at Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	NH0468	The Ivy at Gastonia	50	0	50	0	0	0	0	50	0	50
Gaston Totals			972	0	972	0	0	0	0	972	50	922
Gates	NH0513	Gates Health and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Gates Totals			70	0	70	0	0	0	0	70	0	70
Graham	NH0495	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals			80	0	80	0	0	0	0	80	0	80
Granville	H0098	Granville Health System**	0	80	80	0	0	0	0	80	0	80
Granville	NH0447	Osford Nursing and Rehabilitation Center (Transfer 20 beds to Universal Health Care-Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
Granville Totals			160	80	240	0	0	-20	0	220	0	220
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals			115	0	115	0	0	0	0	115	0	115
Guilford	NH0581	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	NH0625	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	NH0135	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	5	129
Guilford	NH0624	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	NH0017	Clapps Nursing Center	118	0	118	0	0	0	0	118	0	118
Guilford	NH0226	Countryside	60	0	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Guilford	NH0190	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	NH0554	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	NH0368	Greenhaven Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	NH0564	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	NH0601	Heartland Living & Rehab (Relocate 107 beds from Heartland Living and Rehab.)	107	0	107	-107	0	0	0	0	0	0
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 107 beds from Heartland Living and Rehab.)	0	0	0	107	0	0	0	107	0	107
Guilford	H0073	Kindred Hospital - Greensboro**	0	23	23	0	0	0	0	23	23	0
Guilford	NH0275	Linden Place Center for Nursing and Rehabilitation**	105	0	105	0	0	0	0	105	0	105
Guilford	NH0552	Maple Grove Health and Rehabilitation Center (Transfer 10 beds to Triangle Health and Rehabilitation (Wake County))	210	0	210	0	0	-10	0	200	0	200
Guilford	NH0005	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	NH0389	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	NH0274	Piedmont Hills Center for Nursing and Rehabilitation**	126	0	126	0	0	0	0	126	0	126
Guilford	NH0612	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	33	27
Guilford	NH0627	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	NH0546	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	NH0155	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	4	84
Guilford Totals			2,409	23	2,432	0	0	-10	0	2,422	201	2,221
Halifax	NH0656	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60
Halifax	NH0037	Enfield Oaks Nursing and Rehabilitation Center (Transfer 3 beds to Wilson Pines Nursing & Rehabilitation Center in Wilson County; transfer 5 beds to Triangle Health and Rehabilitation (Wake County))**	63	0	63	0	0	-8	0	55	0	55
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50

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						Nursing Home	Hospital	CON Bed Transfer				
Halifax	NH0314	Scotland Manor Health and Rehabilitation Center	62	0	62	0	0	0	0	62	0	62
Halifax	NH0312	Signature Healthcare of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals			343	0	343	0	0	-8	0	335	0	335
Harnett	NH0144	Emerald Health & Rehab Center**	96	0	96	0	0	0	0	96	0	96
Harnett	NH0576	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	NH0444	Lillington Nursing & Rehabilitation Center	129	0	129	0	0	0	0	129	0	129
Harnett	NH0482	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
Harnett Totals			425	0	425	0	0	0	0	425	0	425
Haywood	NH0366	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	NH0081	Maggie Valley Nursing and Rehab	114	0	114	0	0	0	0	114	0	114
Haywood	NH0458	Silver Bluff	131	0	131	0	0	0	0	131	0	131
Haywood	NH0520	Skyland Terrace and Rehabilitation	90	0	90	0	0	0	0	90	0	90
Haywood	NH0342	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals			475	0	475	0	0	0	0	475	0	475
Henderson	NH0174	Carolina Village	58	0	58	0	0	0	0	58	0	58
Henderson	NH0608	Fletcher Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Henderson	NH0586	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	NH0565	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	NH0382	Orchard Valley Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Henderson	NH0470	The Greens at Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	NH0480	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	NH0394	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	NH0273	Valley Hill Health & Rehab Center	150	0	150	0	0	0	0	150	0	150
Henderson Totals			912	0	912	0	0	0	0	912	0	912
Hertford	NH0299	Ahoskie Health and Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
Hertford Totals			151	0	151	0	0	0	0	151	0	151
Hoke	NH0438	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals			132	0	132	0	0	0	0	132	0	132

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Hyde	NH0515	Cross Creek Health Care (Transfer 22 beds to Pisgah Manor in Buncombe County, 30 beds to Liberty Commons of Mecklenburg and 28 beds to Liberty Commons of Wake County)**	50	0	50	30	0	-80	0	0	0	0
Hyde Totals			50	0	50	30	0	-80	0	0	0	0
Iredell	NH0176	Accordius Health at Statesville**	147	0	147	0	0	0	0	147	0	147
Iredell	NH0599	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	130	0	130	0	0	0	0	130	0	130
Iredell	H0164	Iredell Memorial Hospital**	0	48	48	0	0	0	0	48	0	48
Iredell	NH0238	Mooresville Rehabilitation and Nursing Center	131	0	131	0	0	0	0	131	0	131
Iredell	NH0488	The Greens at Maple Leaf	94	0	94	0	0	0	0	94	0	94
Iredell Totals			605	48	653	0	0	0	0	653	0	653
Jackson	NH0168	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	NH0623	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
Jackson Totals			200	0	200	0	0	0	0	200	0	200
Johnston	NH0371	Barbour Court Nursing and Rehabilitation Center (Transfer 20 beds to Springbrook Nursing and Rehabilitation Center)	165	0	165	0	0	-20	0	145	0	145
Johnston	NH0475	Clayton Rehabilitation Healthcare Center	90	0	90	0	0	0	0	90	0	90
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston County	100	0	100	0	0	0	0	100	0	100
Johnston	NH0182	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	NH0646	Springbrook Nursing and Rehabilitation Center (Transfer 20 beds from Barbour Court Nursing and Rehabilitation Center)	100	0	100	0	0	20	0	120	0	120
Johnston Totals			615	0	615	0	0	0	0	615	0	615
Jones	NH0508	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals			80	0	80	0	0	0	0	80	0	80
Lee	NH0613	Liberty Commons Nsg and Rehab Ctr of Lee County	80	0	80	0	0	0	0	80	0	80
Lee	NH0286	Sanford Health & Rehabilitation County	131	0	131	0	0	0	0	131	0	131
Lee	NH0285	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals			294	0	294	0	0	0	0	294	0	294

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						Nursing Home	Hospital	CON Bed Transfer				
Lenoir	NH0355	Harmony Hall Nursing and Rehabilitation Center (Transfer 9 beds to Triangle Health and Rehabilitation (Wake County))	175	0	175	0	0	-9	0	166	0	166
Lenoir	NH0634	NC State Veterans Home-Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	NH0309	Signature Healthcare of Kinston	106	0	106	0	0	0	0	106	0	106
Lenoir Totals			381	0	381	0	0	-9	0	372	100	272
Lincoln	NH0504	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	NH0406	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln	NH0385	The Greens at Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln Totals			300	0	300	0	0	0	0	300	0	300
Macon	NH0647	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	NH0417	Macon Valley Nursing and Rehabilitation Center (Transfer 80 beds to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
Macon Totals			280	0	280	0	0	-80	0	200	0	200
Madison	NH0479	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	NH0290	Madison Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals			180	0	180	0	0	0	0	180	0	180
Martin	NH0270	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
Martin Totals			154	0	154	0	0	0	0	154	0	154
McDowell	NH0346	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	NH0326	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
McDowell Totals			250	0	250	0	0	0	0	250	0	250
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	26	94
Mecklenburg	NH0643	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	NH0659	Briar Creek Health Center	22	0	22	0	0	0	0	22	0	22
Mecklenburg	NH0574	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	NH0512	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0635	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0363	Eastland Nursing Center (previously Accordius Health at Charlotte)	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0279	Eastover Nursing Center	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	NH0503	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0648	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	NH0377	Huntersville Oaks	168	0	168	0	0	0	0	168	0	168
Mecklenburg	NH0620	Lakeside Health & Rehab Center	114	0	114	0	0	0	0	114	0	114
Mecklenburg		Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 67 beds from Mary Gran (Sampson County), 7 beds from Liberty Commons of Columbus (Columbus County), and 9 beds from Shoreland (Columbus County), 9 beds from Royal Park Rehab & Hlth Ctr and 8 beds from Pavilion Hlth Ctr at Brightmore)	0	0	0	0	0	100	0	100	0	100
Mecklenburg		Liberty Commons of Mecklenburg Health & Rehabilitation (Transfer 13 beds from The Oaks (Forsyth County), 25 beds from Warren Hills (Warren County), 30 beds from Cross Creek (Hyde County), 22 beds from Bermuda Commons (Davie County), and 10 beds from Parkview (Orange County))	0	0	0	0	0	100	0	100	0	100
Mecklenburg	NH0060	Matthews Health & Rehab Center	166	0	166	0	0	0	0	166	0	166
Mecklenburg	NH0570	Mecklenburg Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0319	Myers Park Nursing Center	133	0	133	0	0	0	0	133	0	133
Mecklenburg	H0010	Novant Health Presbyterian Medical Center**	0	16	16	0	0	0	0	16	0	16
Mecklenburg	NH0639	Pavilion Health Center at Brightmore (Relocate 8 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	108	0	108	0	0	-8	0	100	0	100
Mecklenburg	NH0426	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	NH0267	Randolph Gardens Health and Rehabilitation (Transfer 12 NH beds to PruittHealth-Raleigh)	100	0	100	12	-12	0	0	100	0	100

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						Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	NH0063	Royal Park Rehabilitation & Health Center (Relocate 9 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill)	159	0	159	0	0	-9	0	150	0	150
Mecklenburg	NH0483	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	NH0557	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	NH0465	Shamrock Nursing Center (previously Accordius Health at Midwood)	100	0	100	0	0	0	0	100	0	100
Mecklenburg	NH0121	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	NH0414	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	NH0443	The Pines at Davidson**	75	0	75	0	0	0	0	75	75	0
Mecklenburg	NH0584	The Stewart Health Center	65	0	65	0	0	0	0	65	65	0
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center (Transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	207	0	207	0	0	-20	0	187	0	187
Mecklenburg		Western Mecklenburg Health & Rehabilitation Center (Transfer 80 beds from Macon Valley Nursing & Rehabilitation in Macon County, and 30 beds from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	NH0350	White Oak Manor-Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	NH0466	WillowBrooke Court SC Center at Matthews Glen	90	0	90	0	0	0	0	90	90	0
Mecklenburg	NH0572	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
Mecklenburg	NH0660	Windsor Run	36	0	36	0	0	0	0	36	0	36
Mecklenburg Totals			3,465	16	3,481	12	-12	273	0	3,754	392	3,362
Mitchell	NH0433	The Greens at Spruce Pines	127	0	127	0	0	0	0	127	0	127
Mitchell Totals			127	0	127	0	0	0	0	127	0	127
Montgomery	NH0411	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
Montgomery Totals			141	0	141	0	0	0	0	141	0	141
Moore	NH0597	Accordius Health at Aberdeen	90	0	90	0	0	0	0	90	0	90
Moore	NH0605	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	NH0539	Peak Resources-Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	NH0127	Penick Village	50	0	50	0	0	0	0	50	2	48

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						Nursing Home	Hospital	CON Bed Transfer				
Moore	NH0294	Pinehurst Healthcare & Rehabilitation Center (Transfer 3 beds to Liberty Commons of Raleigh (Wake County))	144	0	144	0	0	-3	0	141	0	141
Moore	NH0589	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore	NH0230	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
Moore Totals			730	0	730	0	0	-3	0	727	27	700
Nash	NH0602	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	NH0313	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	NH0437	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	NH0122	The Lodge at Rocky Mount	100	0	100	0	0	0	0	100	0	100
Nash	NH0500	Universal Health Care-Nashville (Facility closed. Transfer 9 beds to Universal Health Care - Wake Forest in Wake County)****	0	0	0	9	0	-9	0	0	0	0
Nash Totals			418	0	418	9	0	-9	0	418	0	418
New Hanover	NH0392	August Healthcare at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	NH0595	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0632	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	NH0649	Bradley Creek Health Center	30	0	30	0	0	0	0	30	12	18
New Hanover	NH0205	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	NH0645	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	NH0097	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	NH0569	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NH0436	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	NH0617	Peak Resources-Wilmington, Inc.	110	0	110	0	0	0	0	110	0	110
New Hanover	NH0630	Trinity Grove	100	0	100	0	0	0	0	100	3	97
New Hanover Totals			1,041	0	1,041	0	0	0	0	1,041	15	1,026
Northampton	NH0537	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	NH0045	Rich Square Nursing & Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals			149	0	149	0	0	0	0	149	0	149
Onslow	NH0370	Carolina Rivers Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	CON Bed Transfer				
Onslow	NH0229	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
Onslow Totals			359	0	359	0	0	-49	0	310	0	310
Orange	NH0258	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	NH0239	Parkview Health and Rehabilitation Center (Transfer 15 beds to Chatham County Rehabilitation Center (Chatham County) and transfer 10 beds to Liberty Commons of Mecklenburg Health & Rehabilitation (Mecklenburg County))	108	0	108	0	0	-25	0	83	0	83
Orange	NH0545	Peak Resources-Brookshire	80	0	80	0	0	0	0	80	0	80
Orange	NH0093-A	Pruitt Health - Carolina Point (Portions of facility in Durham and Orange County)	120	0	120	0	0	0	0	120	0	120
Orange	NH0329	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals			446	0	446	0	0	-25	0	421	30	391
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals			96	0	96	0	0	0	0	96	0	96
Pasquotank	NH0040	Elizabeth City Health and Rehabilitation	170	0	170	0	0	0	0	170	31	139
Pasquotank	NH0302	Laurel Park Rehabilitation and Healthcare Center	108	0	108	0	0	0	0	108	0	108
Pasquotank Totals			278	0	278	0	0	0	0	278	31	247
Pender	H0115	Pender Memorial Hospital**	0	43	43	0	0	0	0	43	0	43
Pender	NH0461	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	NH0300	Woodbury Wellness Center	112	0	112	0	0	0	0	112	0	112
Pender Totals			210	43	253	0	0	0	0	253	0	253
Perquimans	NH0432	Hertford Rehabilitation and Healthcare Center	78	0	78	0	0	0	0	78	0	78
Perquimans Totals			78	0	78	0	0	0	0	78	0	78
Person	H0066	Person Memorial Hospital**	0	60	60	0	0	0	0	60	0	60
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals			140	60	200	0	0	0	0	200	0	200
Pitt	NH0582	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Pitt	NH0473	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	NH0505	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130
Pitt	NH0446	Greenville Nurinsg and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Pitt	NH0271	Macgregor Downs Health Center by Harborview	152	0	152	0	0	0	0	152	0	152
Pitt	NH0304	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt Totals			570	0	570	0	0	0	0	570	30	540
Polk	NH0367	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	NH0399	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates**	52	0	52	0	0	0	0	52	52	0
Polk Totals			221	0	221	0	0	0	0	221	52	169
Randolph	NH0335	Alpine Health and Rehabilitation of Asheboro	238	0	238	0	0	0	0	238	0	238
Randolph	NH0448	Asheboro Rehabilitation and Healthcare Center	100	0	100	0	0	0	0	100	0	100
Randolph	NH0020	Clapp's Convalescent Nursing Home Inc	96	0	96	0	0	0	0	96	0	96
Randolph	NH0609	Ramseur Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Randolph	NH0489	The Graybrier Nursing And Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	NH0556	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph Totals			720	0	720	0	0	0	0	720	0	720
Richmond	NH0427	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center (Transfer 5 beds to Wilson Pines Nursing & Rehabilitation in Wilson County)	105	0	105	0	0	-5	0	100	0	100
Richmond Totals			225	0	225	0	0	-5	0	220	0	220
Robeson	NH0533	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	NH0289	Harborview Lumberton	122	0	122	0	0	0	0	122	0	122
Robeson	NH0518	Pembroke Center	84	0	84	0	0	0	0	84	0	84
Robeson	H0064	Southeastern Regional Medical Center**	0	115	115	0	0	0	0	115	0	115
Robeson	NH0472	The Carrollton of Lumberton	90	0	90	0	0	0	0	90	0	90
Robeson	NH0240	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	2	60

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						Nursing Home	Hospital	CON Bed Transfer				
Robeson	NH0662	Woodhaven Nursing Center**	115	0	115	0	0	0	0	115	0	115
Robeson Totals			525	115	640	0	0	0	0	640	2	638
Rockingham	NH0293	Cypress Valley Center for Nursing and Rehabilitation	110	0	110	0	0	0	0	110	0	110
Rockingham	NH0361	Eden Rehabilitation and Healthcare Center	112	0	112	0	0	0	0	112	0	112
Rockingham	NH0092	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 beds to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150
Rockingham	NH0614	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	H0072	UNC Rockingham Hospital**	0	121	121	0	0	0	0	121	0	121
Rockingham Totals			474	121	595	0	0	-20	0	575	0	575
Rowan	NH0424	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	NH0471	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	NH0442	Compass Healthcare and Rehab Rowan	70	0	70	0	0	0	0	70	0	70
Rowan	NH0591	Liberty Commons Nsg and Rehab Center of Rowan County	90	0	90	0	0	0	0	90	0	90
Rowan	NH0616	NC State Veterans Home-Salisbury*	99	0	99	0	0	0	0	99	99	0
Rowan	NH0050	Piedmont Health & Rehab Center	58	0	58	0	0	0	0	58	0	58
Rowan		Rowan County Health & Rehabilitation Center (Transfer 49 beds from Premier Nursing & Rehabilitation Center (Onslow County), 20 beds from Jacob's Creek Nursing & Rehabilitation Center (Rockingham County) and 20 beds from Chowan River Nursing & Rehabilitation Center (Chowan County))	0	0	0	0	0	89	0	89	0	89
Rowan	NH0449	Salisbury Rehabilitation and Nursing Center	185	0	185	0	0	0	0	185	0	185
Rowan	NH0441	The Citadel Salisbury**	160	0	160	0	0	0	0	160	0	160
Rowan	NH0538	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	NH0197	Trinity Oaks	115	0	115	0	0	0	0	115	61	54
Rowan Totals			984	0	984	0	0	89	0	1,073	160	913
Rutherford	NH0531	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	NH0474	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	NH0153	Hilltop Health and Rehabilitation	80	0	80	0	0	0	0	80	0	80
Rutherford	NH0566	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60

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						Nursing Home	Hospital	CON Bed Transfer				
Rutherford	NH0590	Willow Ridge Rehabilitation and Living Center	136	0	136	0	0	0	0	136	0	136
Rutherford Totals			406	0	406	0	0	0	0	406	0	406
Sampson	NH0089	Mary Gran Nursing Center (Transfer 67 beds to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County and transfer 25 beds to Pisgah Manor in Buncombe County)	212	0	212	0	0	-92	0	120	0	120
Sampson	H0067	Sampson Regional Medical Center**	0	30	30	0	0	0	0	30	0	30
Sampson	NH0571	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
Sampson Totals			312	30	342	0	0	-92	0	250	0	250
Scotland	NH0457	Scotia Village	58	0	58	0	0	0	0	58	42	16
Scotland	NH0340	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
Scotland Totals			207	0	207	0	0	0	0	207	42	165
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center (Transfer 30 beds to Triangle Health and Rehabilitation (Wake County))	180	0	180	0	0	-30	0	150	0	150
Stanly	NH0550	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	NH0464	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	NH0140	Trinity Place	76	0	76	0	0	0	0	76	2	74
Stanly Totals			406	0	406	0	0	-30	0	376	2	374
Stokes	NH0555	King Nursing & Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Stokes	H0165	LifeBrite Community Hospital of Stokes**	0	40	40	0	0	0	0	40	0	40
Stokes	NH0507	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	NH0316	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Stokes Totals			282	40	322	0	0	0	0	322	0	322
Surry	NH0516	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	NH0640	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	H0184	Northern Regional Hospital**	0	33	33	0	0	0	0	33	0	33
Surry	NH0303	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry	NH0276	Surry Community Health Center by Harborview	120	0	120	0	0	0	0	120	0	120

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						Nursing Home	Hospital	CON Bed Transfer				
Surry Totals			439	33	472	0	0	0	0	472	0	472
Swain	NH0251	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
Swain Totals			120	0	120	0	0	0	0	120	0	120
Transylvania	NH0277	Sapphire Ridge Health and Rehabilitation	147	0	147	0	0	0	0	147	0	147
Transylvania	NH0563	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	H0111	Transylvania Regional Hospital**	0	10	10	0	0	0	0	10	0	10
Transylvania Totals			257	10	267	0	0	0	0	267	0	267
Union	NH0421	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	NH0657	Jesse Helms Nursing Center	0	70	70	0	0	0	0	70	0	70
Union	NH0592	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	NH0310	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	NH0644	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	NH0493	Rock Rest Nursing & Rehabilitation	60	0	60	0	0	0	0	60	0	60
Union	NH0628	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals			627	70	697	0	0	0	0	697	0	697
Vance	NH0307	Camellia Gardens Center for Nursing and Rehabilitation	78	0	78	0	0	0	0	78	0	78
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	NH0477	Senior Citizens Home	60	0	60	0	0	0	0	60	0	60
Vance Totals			230	0	230	0	0	0	0	230	0	230
Wake	NH0654	BellaRose Nursing and Rehab	100	0	100	0	0	0	0	100	0	100
Wake		Bloomsbury Health Center (Transfer 22 beds from Capital Nursing and Rehabilitation Center)	0	0	0	9	0	22	0	31	9	22
Wake	NH0636	Brittany Place	25	0	25	0	0	0	0	25	49	-24
Wake		Britthaven of Holly Springs (Transfer 90 beds from Tower Nursing and Rehabilitation Center)	0	0	0	0	0	90	0	90	0	90
Wake	NH0268	Capital Nursing and Rehabilitation Center (Transfer 22 beds to Bloomsbury Health Center)	125	0	125	0	0	-22	0	103	0	103
Wake	NH0511	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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						Nursing Home	Hospital	CON Bed Transfer				
Wake	NH0637	Fuquay Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Wake	NH0549	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	NH0428	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	NH0525	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake		Liberty Commons Nursing & Rehabilitation Center of Wake County (Transfer 19 beds from Liberty Commons of Alamance (Alamance County), 28 beds from Cross Creek (Hyde County), 20 beds from Oak Forest (Forsyth County) and 58 beds from Golden Years (Cumberland County))	0	0	0	125	0	0	0	125	0	125
Wake		Liberty Commons Rehabilitation and Nursing Care of Raleigh (Transfer 122 beds from Liberty Commons (Carteret County) and 3 beds from Pinehurst Healthcare (Moore County))	0	0	0	0	0	125	0	125	0	125
Wake	NH0558	Litchford Healthcare and Rehabilitation Center (Transfer 90 to Universal Health Care - Wake Forest)	90	0	90	0	0	-90	0	0	0	0
Wake	NH0611	North Raleigh Nursing & Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Wake	NH0618	PruittHealth-Raleigh (Transfer 12 beds from WakeMed-Cary and 6 beds from WakeMed)	150	0	150	0	0	18	0	168	0	168
Wake	NH0115	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	H0065	Rex Hospital**	0	120	120	0	0	0	0	120	0	120
Wake	NH0146	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	NH0658	Swift Creek Health Center	28	0	28	0	0	0	0	28	0	28
Wake	NH0653	The Cardinal at North Hills	15	0	15	10	0	0	0	25	15	10
Wake	NH0506	The Laurels of Forest Glenn	120	0	120	0	0	0	0	120	0	120
Wake	NH0007	The Oaks at Whitaker Glen-Mayview**	139	0	139	0	0	0	0	139	0	139
Wake	NH0622	The Rosewood Health Center	57	0	57	0	0	0	0	57	57	0
Wake	NH0354	Tower Nursing and Rehabilitation Center (Transfer 90 to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90

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						Nursing Home	Hospital	CON Bed Transfer				
Wake		Triangle Health and Rehabilitation Center (Transfer 30 beds from Bethany Woods Nursing and Rehabilitation (Stanly County), 5 beds from Enfield Oaks Nursing and Rehabilitation Center (Halifax County), 9 beds from Harmony Hall Nursing and Rehabilitation Center (Lenoir County), 10 beds from Maple Grove Health and Rehabilitation Center (Guilford County), 12 beds from Pine Ridge Health and Rehabilitation Center in (Davidson County), 20 beds from University Place Nursing and Rehabilitation Center (Mecklenburg County), 20 beds from Westwood Hills Nursing and Rehabilitation center (Wilkes County), and 14 beds from Willow Creek Nursing and Rehabilitation Center (Wayne County))	0	0	0	0	0	120	0	120	0	120
Wake	NH0594	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake		Universal Health Care - Wake Forest (Transfer 90 beds from Litchford Falls, 9 beds from Universal Health Care - Nashville in Nash County, 20 beds from Universal Healthcare - Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake		Wake County Health and Rehabilitation Center	0	0	0	95	0	0	0	95	0	95
Wake	H0199	WakeMed (Transfer 6 NH beds to PruittHealth-Raleigh)	0	0	0	0	6	-6	0	0	0	0
Wake	H0276	WakeMed Cary Hospital (Transfer 12 beds to PruittHealth-Raleigh)	0	0	0	0	12	-12	0	0	0	0
Wake	NH0544	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	NH0580	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	NH0317	Zebulon Rehabilitation Center**	60	0	60	0	0	0	0	60	0	60
Wake Totals			2,433	120	2,553	239	18	274	0	3,084	399	2,685
Warren	NH0360	Warren Hills Nursing Center (Transfer 25 beds to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County)	140	0	140	0	0	-25	0	115	0	115

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						Nursing Home	Hospital	CON Bed Transfer				
Warren Totals			140	0	140	0	0	-25	0	115	0	115
Washington	NH0419	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
Washington Totals			114	0	114	0	0	0	0	114	0	114
Watauga	NH0400	Glenbridge Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Watauga	NH0638	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92
Watauga Totals			226	0	226	0	0	0	0	226	0	226
Wayne	NH0492	Goldsboro Rehabilitation and Healthcare Center	130	0	130	0	0	0	0	130	0	130
Wayne	NH0401	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne		O'Berry Center**	96	0	96	0	0	0	0	96	96	0
Wayne	NH0379	Willow Creek Nursing and Rehabilitation Center (Transfer 14 beds to Triangle Health and Rehabilitation (Wake County))	200	0	200	0	0	-14	0	186	0	186
Wayne Totals			576	0	576	0	0	-14	0	562	96	466
Wilkes	NH0451	Ridge Valley Center for Nursing and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center (Transfer 5 beds to Wilson Pines Nursing & Rehabilitation Center in Wilson County; transfer 20 beds to Triangle Health and Rehabilitation (Wake County))	176	0	176	0	0	-25	0	151	0	151
Wilkes	H0153	Wilkes Medical Center**	0	10	10	0	0	0	0	10	0	10
Wilkes	NH0509	Wilkesboro Health and Rehabilitation	111	0	111	0	0	0	0	111	0	111
Wilkes Totals			407	10	417	0	0	-25	0	392	0	392
Wilson	NH0272	Harmony Park at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson		Longleaf Neuro-Medical Treatment Center**	231	0	231	0	0	0	0	231	231	0
Wilson	NH0487	Wilson Healthcare and Rehabilitation Center	99	0	99	0	0	0	0	99	0	99

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						Nursing Home	Hospital	CON Bed Transfer				
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center (Transfer 5 beds from Richmond Pines Nursing & Rehabilitation Center in Richmond County, 5 beds from Westwood Hills Nursing & Rehabilitation Center in Wilkes County, and 3 beds from Enfield Oaks Nursing & Rehabilitation Center in Halifax County)	95	0	95	0	0	13	0	108	0	108
Wilson	NH0530	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals			625	0	625	0	0	13	0	638	231	407
Yadkin	NH0568	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	NH0224	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals			223	0	223	0	0	0	0	223	0	223
Yancey	NH0467	Smoky Ridge Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
Yancey Totals			140	0	140	0	0	0	0	140	0	140
Grand Totals			45,372	856	46,228	730	6	-225	0	46,739	3,153	43,586

* State or federal facility that is excluded from the planning inventory and from occupancy calculations.

** Facilities that have licensed beds but reported zero occupancy due to renovations, development of a replacement facility, or a decision to not delicense beds.

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Alamance	742	600	597	675	645	170,483	170,698	173,384	177,141	181,394	4.3523	3.5150	3.4432	3.8105			
Alexander	99	84	63	76	65	38,530	38,524	36,145	36,429	36,353	2.5694	2.1805	1.7430	2.0862	1.7880	-0.0745	-0.0252	1.6531
Alleghany	62	73	76	81	82	11,466	11,558	10,829	11,132	11,426	5.4073	6.3160	7.0182	7.2763	7.1766	0.0756	-0.0252	6.6351
Anson	151	131	130	135	145	25,290	23,889	21,904	21,502	22,087	5.9707	5.4837	5.9350	6.2785	6.5649	0.0261	-0.0252	6.0696
Ashe	125	94	111	113	109	27,861	28,020	26,444	26,653	26,975	4.4866	3.3547	4.1975	4.2397	4.0408	-0.0095	-0.0095	3.9259
Avery	74	73	69	62	68	18,022	18,182	17,775	17,951	17,394	4.1061	4.0150	3.8819	3.4538	3.9094	-0.0084	-0.0084	3.8106
Beaufort	252	157	213	234	233	47,480	47,400	44,120	44,395	43,785	5.3075	3.3122	4.8277	5.2709	5.3215	0.0458	-0.0252	4.9199
Bertie	100	104	96	89	120	19,636	19,496	17,598	16,933	16,839	5.0927	5.3344	5.4552	5.2560	7.1263	0.0974	-0.0252	6.5886
Bladen	143	123	133	128	141	34,497	34,421	28,771	29,195	28,902	4.1453	3.5734	4.6227	4.3843	4.8786	0.0542	-0.0252	4.5104
Brunswick	446	378	412	438	450	142,088	147,644	140,411	150,848	160,022	3.1389	2.5602	2.9342	2.9036	2.8121	-0.0201	-0.0201	2.6429
Buncombe	1,527	1,407	1,401	1,389	1,424	264,056	264,408	272,880	274,361	276,367	5.7829	5.3213	5.1341	5.0627	5.1526	-0.0278	-0.0252	4.7638
Burke	413	378	430	414	409	91,810	91,708	86,783	87,412	89,179	4.4984	4.1218	4.9549	4.7362	4.5863	0.0107	0.0107	4.7328
Cabarrus	636	510	489	528	566	212,917	216,841	232,083	235,654	243,942	2.9871	2.3520	2.1070	2.2406	2.3202	-0.0545	-0.0252	2.1451
Caldwell	337	341	327	322	314	83,417	84,230	80,171	80,975	81,761	4.0399	4.0484	4.0788	3.9765	3.8405	-0.0124	-0.0124	3.6973
Camden *	0	0	0	0	0	10,611	10,575	10,469	10,915	11,064	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	244	192	177	188	201	71,163	71,352	67,311	68,813	70,294	3.4287	2.6909	2.6296	2.7320	2.8594	-0.0381	-0.0252	2.6436
Caswell	114	122	110	99	137	23,664	23,462	22,582	22,339	22,098	4.8174	5.1999	4.8711	4.4317	6.1997	0.0812	-0.0252	5.7318
Catawba	650	601	613	612	633	159,494	160,732	161,909	162,790	166,441	4.0754	3.7391	3.7861	3.7594	3.8031	-0.0163	-0.0163	3.6167
Chatham	347	318	326	364	362	75,994	77,061	77,747	78,450	80,498	4.5661	4.1266	4.1931	4.6399	4.4970	-0.0011	-0.0011	4.4822
Cherokee	150	111	138	161	173	29,630	29,610	28,873	29,177	29,154	5.0624	3.7487	4.7796	5.5180	5.9340	0.0613	-0.0252	5.4862
Chowan	89	86	81	67	71	14,114	14,114	13,640	13,677	13,807	6.3058	6.0932	5.9384	4.8987	5.1423	-0.0461	-0.0252	4.7543
Clay	77	76	72	67	81	11,860	11,759	11,066	11,415	11,793	6.4924	6.4631	6.5064	5.8695	6.8685	0.0186	-0.0252	6.3502
Cleveland	443	324	359	405	401	99,776	100,814	100,541	101,874	100,596	4.4399	3.2138	3.5707	3.9755	3.9862	-0.0123	-0.0123	3.8396
Columbus	179	177	188	209	198	56,290	56,002	49,307	50,043	49,966	3.1800	3.1606	3.8128	4.1764	3.9627	0.0611	-0.0252	3.6637
Craven	390	337	356	303	382	103,779	103,016	100,128	102,032	104,372	3.7580	3.2713	3.5554	2.9697	3.6600	0.0063	0.0063	3.7288
Cumberland	921	791	800	820	798	332,455	333,531	334,660	343,588	342,872	2.7703	2.3716	2.3905	2.3866	2.3274	-0.0406	-0.0252	2.1518
Currituck	51	55	55	75	71	27,526	28,048	29,305	30,904	32,240	1.8528	1.9609	1.8768	2.4269	2.2022	0.0540	-0.0252	2.0361
Dare	86	68	78	65	73	37,290	38,027	37,342	37,937	37,801	2.3062	1.7882	2.0888	1.7134	1.9312	-0.0273	-0.0252	1.7854
Davidson	667	606	601	600	639	169,468	170,370	170,044	172,093	176,119	3.9358	3.5570	3.5344	3.4865	3.6282	-0.0189	-0.0189	3.4228
Davie	195	203	210	215	214	43,430	43,746	43,283	43,754	44,290	4.4900	4.6404	4.8518	4.9138	4.8318	0.0188	-0.0252	4.4672
Duplin	192	201	194	195	225	59,736	60,177	47,043	48,747	49,205	3.2141	3.3401	4.1239	4.0002	4.5727	0.0967	-0.0252	4.2276
Durham	1,104	918	905	1,027	1,039	315,741	321,261	329,973	332,576	337,308	3.4965	2.8575	2.7426	3.0880	3.0803	-0.0249	-0.0249	2.8503
Edgecombe	262	192	220	246	215	52,586	52,024	48,104	47,707	47,951	4.9823	3.6906	4.5734	5.1565	4.4837	-0.0058	-0.0058	4.4063
Forsyth	1,344	1,134	1,176	1,192	1,281	379,693	380,964	385,489	386,047	393,297	3.5397	2.9767	3.0507	3.0877	3.2571	-0.0168	-0.0168	3.0929
Franklin	205	167	194	202	199	69,112	71,196	70,436	73,371	77,108	2.9662	2.3456	2.7543	2.7531	2.5808	-0.0245	-0.0245	2.3911

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Gaston	810	751	737	757	769	222,744	224,168	230,378	237,542	240,885	3.6365	3.3502	3.1991	3.1868			
Gates	58	52	47	52	41	12,132	11,908	10,166	10,312	10,490	4.7807	4.3668	4.6233	5.0427	3.9085	-0.0405	-0.0252	3.6136
Graham	70	43	51	49	44	8,687	8,642	7,967	8,052	7,713	8.0580	4.9757	6.4014	6.0854	5.7047	-0.0520	-0.0252	5.2742
Granville	197	152	175	180	110	61,406	61,628	61,410	62,050	62,225	3.2082	2.4664	2.8497	2.9009	1.7678	-0.1121	-0.0252	1.6344
Greene	97	97	102	102	97	21,050	20,951	20,372	20,119	19,938	4.6081	4.6299	5.0069	5.0698	4.8651	0.0146	0.0146	5.0780
Guilford	2,007	1,867	1,799	1,899	1,835	539,666	538,431	547,379	544,278	550,452	3.7190	3.4675	3.2866	3.4890	3.3336	-0.0257	-0.0257	3.0768
Halifax	181	212	214	189	198	51,194	50,898	47,873	47,787	46,781	3.5356	4.1652	4.4702	3.9551	4.2325	0.0516	-0.0252	3.9131
Harnett	391	351	335	382	361	135,239	136,705	134,847	139,562	141,501	2.8912	2.5676	2.4843	2.7371	2.5512	-0.0276	-0.0252	2.3587
Haywood	416	341	367	359	375	63,328	63,481	62,403	62,888	63,703	6.5690	5.3717	5.8811	5.7086	5.8867	-0.0214	-0.0214	5.5089
Henderson	669	599	613	635	671	118,312	118,563	117,408	117,274	120,208	5.6545	5.0522	5.2211	5.4147	5.5820	-0.0013	-0.0013	5.5606
Hertford	133	83	106	120	111	24,037	23,720	19,871	19,507	19,730	5.5331	3.4992	5.3344	6.1516	5.6260	0.0562	-0.0252	5.2014
Hoke	112	92	101	107	127	54,842	54,682	52,331	55,151	55,417	2.0422	1.6825	1.9300	1.9401	2.2917	0.0394	-0.0252	2.1188
Hyde	37	32	0	0	0	5,181	5,119	4,482	4,549	4,546	7.1415	6.2512	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Iredell	486	413	441	684	382	181,380	183,309	191,180	196,170	202,785	2.6795	2.2530	2.3067	3.4868	1.8838	-0.0209	-0.0209	1.7658
Jackson	168	178	173	167	177	44,335	44,354	43,147	42,972	43,239	3.7893	4.0132	4.0095	3.8863	4.0935	0.0202	-0.0252	3.7846
Johnston	525	506	503	515	524	205,951	211,626	223,975	233,435	240,796	2.5492	2.3910	2.2458	2.2062	2.1761	-0.0385	-0.0252	2.0119
Jones	56	39	33	41	63	10,196	10,067	8,947	9,199	9,096	5.4923	3.8740	3.6884	4.4570	6.9261	0.1050	-0.0252	6.4035
Lee	251	227	208	196	207	61,690	61,663	64,278	64,907	66,635	4.0687	3.6813	3.2359	3.0197	3.1065	-0.0636	-0.0252	2.8721
Lenoir	318	286	268	239	264	56,372	56,876	54,783	54,572	53,810	5.6411	5.0285	4.8920	4.3795	4.9062	-0.0301	-0.0252	4.5359
Lincoln	249	236	244	249	254	86,453	88,699	88,298	91,171	95,399	2.8802	2.6607	2.7634	2.7311	2.6625	-0.0186	-0.0186	2.5139
Macon	137	126	129	103	113	36,498	37,014	37,430	37,653	38,081	3.7536	3.4041	3.4464	2.7355	2.9674	-0.0506	-0.0252	2.7434
Madison	173	171	167	161	156	22,602	22,500	21,205	21,522	21,325	7.6542	7.6000	7.8755	7.4807	7.3154	-0.0108	-0.0108	7.0791
Martin	105	100	86	87	93	23,150	22,904	21,713	21,476	21,139	4.5356	4.3660	3.9608	4.0510	4.3995	-0.0054	-0.0054	4.3288
McDowell	213	173	183	180	202	46,684	46,530	44,350	44,443	44,421	4.5626	3.7180	4.1263	4.0501	4.5474	0.0073	0.0073	4.6464
Mecklenburg	2,816	2,278	2,409	2,600	2,602	1,108,107	1,118,775	1,133,504	1,135,873	1,166,645	2.5413	2.0362	2.1253	2.2890	2.2303	-0.0259	-0.0259	2.0570
Mitchell	97	86	73	78	97	15,239	15,112	14,836	14,895	14,786	6.3652	5.6908	4.9205	5.2367	6.5603	0.0189	-0.0252	6.0652
Montgomery	99	80	77	86	98	27,666	27,753	25,705	25,757	25,509	3.5784	2.8826	2.9955	3.3389	3.8418	0.0275	-0.0252	3.5519
Moore	550	512	451	479	480	101,180	102,814	101,649	104,758	108,316	5.4359	4.9799	4.4368	4.5724	4.4315	-0.0483	-0.0252	4.0971
Nash	388	335	332	355	342	95,647	96,669	95,116	95,446	97,313	4.0566	3.4654	3.4905	3.7194	3.5144	-0.0320	-0.0252	3.2492
New Hanover	901	825	846	851	869	235,560	235,231	227,782	235,245	239,395	3.8249	3.5072	3.7141	3.6175	3.6300	-0.0117	-0.0117	3.5030
Northampton	136	130	140	138	120	20,527	20,054	16,796	17,036	16,193	6.6254	6.4825	8.3353	8.1005	7.4106	0.0377	-0.0252	6.8514
Onslow	235	204	215	222	229	201,548	210,056	206,718	209,491	212,378	1.1660	0.9712	1.0401	1.0597	1.0783	-0.0149	-0.0149	1.0300
Orange	348	319	358	343	375	147,093	147,907	150,258	149,665	150,169	2.3659	2.1568	2.3826	2.2918	2.4972	0.0170	-0.0252	2.3087
Pamlico	79	68	70	68	68	13,266	13,277	12,140	12,299	12,178	5.9551	5.1216	5.7661	5.5289	5.5838	-0.0113	-0.0113	5.3940
Pasquotank	202	203	177	209	245	39,731	39,952	40,743	40,763	40,973	5.0842	5.0811	4.3443	5.1272	5.9795	0.0502	-0.0252	5.5283

Table 10B: County Rate Calculations for Nursing Care Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Change Rate	F Selected Change Rate (County or State)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Pender	234	218	213	220	194	63,406	63,949	61,105	65,282	67,361	3.6905	3.4090	3.4858	3.3700			
Perquimans	52	54	56	63	68	13,639	13,807	12,847	13,445	13,165	3.8126	3.9111	4.3590	4.6858	5.1652	0.0794	-0.0252	4.7754
Person	162	147	133	132	91	40,370	40,450	39,044	39,586	39,229	4.0129	3.6341	3.4064	3.3345	2.3197	-0.1206	-0.0252	2.1447
Pitt	471	417	433	433	437	179,731	183,285	170,276	172,231	176,572	2.6206	2.2751	2.5429	2.5141	2.4749	-0.0103	-0.0103	2.3987
Polk	168	147	147	162	180	21,696	21,923	18,957	19,571	19,618	7.7434	6.7053	7.7544	8.2776	9.1752	0.0496	-0.0252	8.4829
Randolph	534	475	507	521	532	144,914	145,246	144,818	145,796	145,720	3.6849	3.2703	3.5009	3.5735	3.6508	0.0001	0.0001	3.6518
Richmond	170	168	139	107	83	45,079	45,014	42,475	42,330	42,495	3.7712	3.7322	3.2725	2.5278	1.9532	-0.1471	-0.0252	1.8058
Robeson	388	345	318	362	340	131,056	131,238	113,699	116,951	117,596	2.9606	2.6288	2.7969	3.0953	2.8913	-0.0018	-0.0018	2.8753
Rockingham	534	409	452	449	406	91,788	91,915	91,113	91,912	91,572	5.8178	4.4498	4.9609	4.8851	4.4337	-0.0570	-0.0252	4.0991
Rowan	810	690	695	666	666	142,643	143,274	147,817	148,765	152,064	5.6785	4.8159	4.7018	4.4769	4.3797	-0.0613	-0.0252	4.0492
Rutherford	369	321	314	339	366	68,908	69,049	64,178	64,184	64,419	5.3550	4.6489	4.8926	5.2817	5.6816	0.0190	-0.0252	5.2528
Sampson	205	156	140	169	168	64,284	64,053	58,309	58,987	59,425	3.1890	2.4355	2.4010	2.8650	2.8271	-0.0176	-0.0176	2.6778
Scotland	182	147	157	150	164	35,732	35,724	33,682	33,079	33,341	5.0935	4.1149	4.6612	4.5346	4.9189	-0.0004	-0.0004	4.9123
Stanly	341	229	273	249	283	63,727	64,691	62,220	62,883	63,752	5.3510	3.5399	4.3877	3.9597	4.4391	-0.0189	-0.0189	4.1879
Stokes	292	294	278	275	255	46,420	46,684	44,344	45,039	45,625	6.2904	6.2977	6.2692	6.1058	5.5890	-0.0285	-0.0252	5.1673
Surry	416	351	360	378	367	73,232	73,548	71,195	71,329	71,247	5.6806	4.7724	5.0565	5.2994	5.1511	-0.0201	-0.0201	4.8409
Swain	90	72	62	73	73	14,275	14,489	14,059	14,316	13,873	6.3047	4.9693	4.4100	5.0992	5.2620	-0.0340	-0.0252	4.8649
Transylvania	148	123	136	138	148	35,484	35,511	32,785	33,498	33,029	4.1709	3.4637	4.1482	4.1196	4.4809	0.0272	-0.0252	4.1428
Tyrrell *	0	0	0	0	0	4,259	3,767	3,101	3,193	3,341	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	501	545	533	525	528	237,287	238,740	242,651	247,301	257,071	2.1114	2.2828	2.1966	2.1229	2.0539	-0.0057	-0.0057	2.0191
Vance	211	161	174	162	174	45,969	45,435	42,096	42,014	40,963	4.5900	3.5435	4.1334	3.8559	4.2477	-0.0068	-0.0068	4.1616
Wake	2,017	1,741	2,643	1,853	1,743	1,089,579	1,102,782	1,156,274	1,169,294	1,189,597	1.8512	1.5787	2.2858	1.5847	1.4652	-0.0204	-0.0204	1.3757
Warren	96	75	83	78	78	20,022	19,767	18,319	18,873	18,738	4.7947	3.7942	4.5308	4.1329	4.1627	-0.0238	-0.0238	3.8656
Washington	104	89	76	84	71	12,071	12,039	10,818	10,607	10,424	8.6157	7.3926	7.0253	7.9193	6.8112	-0.0511	-0.0252	6.2972
Watauga	161	129	140	145	152	57,899	57,011	53,639	54,068	56,582	2.7807	2.2627	2.6100	2.6818	2.6864	-0.0009	-0.0009	2.6791
Wayne	399	310	366	377	405	125,825	126,339	116,094	117,544	116,934	3.1711	2.4537	3.1526	3.2073	3.4635	0.0390	-0.0252	3.2021
Wilkes	315	294	305	328	272	70,200	70,263	65,378	65,698	66,003	4.4872	4.1843	4.6652	4.9925	4.1210	-0.0142	-0.0142	3.9450
Wilson	315	264	221	284	312	82,282	83,495	78,284	77,877	78,415	3.8283	3.1619	2.8231	3.6468	3.9788	0.0254	-0.0252	3.6786
Yadkin	176	165	166	158	172	38,196	38,145	37,081	37,117	37,398	4.6078	4.3256	4.4767	4.2568	4.5992	0.0012	0.0012	4.6164
Yancey	92	81	77	77	87	18,623	18,909	18,557	18,455	18,510	4.9401	4.2837	4.1494	4.1723	4.7002	-0.0080	-0.0080	4.5867
State Total	36,480	31,916	33,227	33,635	33,678	10,508,254	10,587,440	10,535,205	10,667,874	10,842,949	3.4716	3.0145	3.1539	3.1529	3.1060	-0.0252		

* Camden and Tyrrell counties have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	3.2875	192,915	634	668	854	71	783	115		76.8	0
Alexander	1.6531	36,743	61	64	183	49	134	70		39.4	0
Alleghany	6.6351	11,488	76	80	90	0	90	10		2.7	0
Anson	6.0696	21,991	133	141	161	0	161	20		83.4	0
Ashe	3.9259	28,008	110	116	210	0	210	94		54.4	0
Avery	3.8106	17,395	66	70	128	0	128	58		52.9	0
Beaufort	4.9199	42,805	211	222	268	0	268	46		83.6	0
Bertie	6.5886	16,239	107	113	142	0	142	29		88.6	0
Bladen	4.5104	28,748	130	136	194	0	194	58		72.2	0
Brunswick	2.6429	187,446	495	521	628	0	628	107		88.0	0
Buncombe	4.7638	291,187	1,387	1,460	2,009	321	1,688	228		81.3	0
Burke	4.7328	89,755	425	447	526	25	501	54		85.6	0
Cabarrus	2.1451	266,970	573	603	727	24	703	100		79.3	0
Caldwell	3.6973	82,113	304	320	400	0	400	80		83.3	0
Carteret	2.6436	72,082	191	201	302	0	302	101		45.4	0
Caswell	5.7318	21,579	124	130	157	0	157	27		84.6	0
Catawba	3.6167	175,436	635	668	759	60	699	31		81.0	0
Chatham	4.4822	87,305	391	412	525	130	395	-17	-4.11%	92.1	0
Cherokee	5.4862	30,190	166	174	210	0	210	36		79.4	0
Chowan	4.7543	13,903	66	70	110	0	110	40		55.4	0
Clay	6.3502	12,363	79	83	90	0	90	7		80.3	0
Cleveland	3.8396	103,473	397	418	534	0	534	116		74.8	0
Columbus	3.6637	49,758	182	192	307	0	307	115		74.3	0
Craven	3.7288	101,728	379	399	461	0	461	62		88.8	0
Cumberland	2.1518	313,698	675	711	1,121	150	971	260		77.3	0
Currituck	2.0361	39,381	80	84	100	0	100	16		74.0	0
Dare	1.7854	38,165	68	72	126	0	126	54		57.4	0
Davidson	3.4228	183,849	629	662	782	46	736	74		87.0	0

Table 10C: Nursing Care Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Davie	4.4672	46,643	208	219	227	0	227	8		81.2	0
Duplin	4.2276	51,592	218	230	272	0	272	42		78.2	0
Durham	2.8503	356,845	1,017	1,071	1,393	206	1,187	116		75.1	0
Edgecombe	4.4063	46,385	204	215	277	0	277	62		80.7	0
Forsyth	3.0929	409,049	1,265	1,332	1,748	211	1,537	205		81.2	0
Franklin	2.3911	91,227	218	230	258	0	258	28		77.1	0
Gaston	2.9515	247,932	732	770	972	50	922	152		86.2	0
Gates	3.6136	10,612	38	40	70	0	70	30		60.7	0
Graham	5.2742	7,639	40	42	80	0	80	38		61.0	0
Granville	1.6344	65,505	107	113	220	0	220	107		46.5	0
Greene	5.0780	19,938	101	107	115	0	115	8		89.0	0
Guilford	3.0768	567,363	1,746	1,838	2,422	201	2,221	383		84.3	0
Halifax	3.9131	44,740	175	184	335	0	335	151		72.2	0
Harnett	2.3587	150,680	355	374	425	0	425	51		89.3	0
Haywood	5.5089	65,789	362	382	475	0	475	93		77.9	0
Henderson	5.5606	127,120	707	744	912	0	912	168		74.3	0
Hertford	5.2014	18,907	98	104	151	0	151	47		74.9	0
Hoke	2.1188	57,177	121	128	132	0	132	4		92.2	0
Hyde	0.0000	4,272	0	0	0	0	0	0		0.0	0
Iredell	1.7658	227,281	401	422	653	0	653	231		68.5	0
Jackson	3.7846	43,583	165	174	200	0	200	26		84.7	0
Johnston	2.0119	276,822	557	586	615	0	615	29		88.8	0
Jones	6.4035	9,098	58	61	80	0	80	19		59.7	0
Lee	2.8721	70,874	204	214	294	0	294	80		67.7	0
Lenoir	4.5359	52,324	237	250	372	100	272	22		66.4	0
Lincoln	2.5139	106,544	268	282	300	0	300	18		89.1	0
Macon	2.7434	40,362	111	117	200	0	200	83		44.8	0
Madison	7.0791	21,707	154	162	180	0	180	18		87.7	0

Table 10C: Nursing Care Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Martin	4.3288	20,197	87	92	154	0	154	62		62.2	0
McDowell	4.6464	44,604	207	218	250	0	250	32		76.4	0
Mecklenburg	2.0570	1,269,275	2,611	2,748	3,754	392	3,362	614		76.8	0
Mitchell	6.0652	14,605	89	93	127	0	127	34		70.2	0
Montgomery	3.5519	25,522	91	95	141	0	141	46		61.1	0
Moore	4.0971	118,031	484	509	727	27	700	191		68.5	0
Nash	3.2492	99,062	322	339	418	0	418	79		87.2	0
New Hanover	3.5030	255,275	894	941	1,041	15	1,026	85		84.5	0
Northampton	6.8514	15,026	103	108	149	0	149	41		89.2	0
Onslow	1.0300	186,320	192	202	310	0	310	108		62.2	0
Orange	2.3087	157,483	364	383	421	30	391	8		82.2	0
Pamlico	5.3940	11,982	65	68	96	0	96	28		71.8	0
Pasquotank	5.5283	40,125	222	233	278	31	247	14		67.6	0
Pender	2.6627	73,923	197	207	253	0	253	46		90.3	0
Perquimans	4.7754	13,319	64	67	78	0	78	11		84.3	0
Person	2.1447	39,411	85	89	200	0	200	111		46.2	0
Pitt	2.3987	183,139	439	462	570	30	540	78		83.8	0
Polk	8.4829	19,753	168	176	221	52	169	-7	-4.18%	78.7	0
Randolph	3.6518	148,916	544	572	720	0	720	148		84.8	0
Richmond	1.8058	41,516	75	79	220	0	220	141		47.8	0
Robeson	2.8753	123,270	354	373	640	2	638	265		78.1	0
Rockingham	4.0991	91,572	375	395	575	0	575	180		82.8	0
Rowan	4.0492	155,207	628	662	1,073	160	913	251		84.4	0
Rutherford	5.2528	65,875	346	364	406	0	406	42		89.1	0
Sampson	2.6778	60,512	162	171	250	0	250	79		51.6	0
Scotland	4.9123	32,211	158	167	207	42	165	-2	-0.94%	80.4	0
Stanly	4.1879	64,568	270	285	376	2	374	89		72.4	0
Stokes	5.1673	46,955	243	255	322	0	322	67		86.9	0

Table 10C: Nursing Care Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Surry	4.8409	71,248	345	363	472	0	472	109		78.9	0
Swain	4.8649	13,852	67	71	120	0	120	49		58.7	0
Transylvania	4.1428	33,868	140	148	267	0	267	119		29.7	0
Union	2.0191	288,718	583	614	697	0	697	83		80.9	0
Vance	4.1616	40,166	167	176	230	0	230	54		71.9	0
Wake	1.3757	1,312,733	1,806	1,901	3,084	399	2,685	784		81.5	0
Warren	3.8656	18,954	73	77	115	0	115	38		59.2	0
Washington	6.2972	9,809	62	65	114	0	114	49		70.3	0
Watauga	2.6791	59,549	160	168	226	0	226	58		62.1	0
Wayne	3.2021	113,936	365	384	562	96	466	82		78.3	0
Wilkes	3.9450	67,600	267	281	392	0	392	111		66.6	0
Wilson	3.6786	78,878	290	305	638	231	407	102		76.0	0
Yadkin	4.6164	37,677	174	183	223	0	223	40		75.5	0
Yancey	4.5867	18,984	87	92	140	0	140	48		59.5	0
State Total		11,378,349	33,067	34,807	46,739	3,153	43,586				0

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Table 10D: Nursing Care Bed Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	HSA	Nursing Care Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.				

Chapter 11:

Adult Care Homes

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CHAPTER 11

ADULT CARE HOMES

Introduction

G.S. § 131E-176(1) defines an *adult care home* as “a facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.”

Before enactment of Senate Bill 937 in 2001 to regulate the development of adult care homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Some of these beds remain eligible to be developed pursuant to settlements of contested cases. These *settlement* beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the current North Carolina State Medical Facilities Plan (SMFP) is subject to change based on whether conditions have been met to allow for development of the settlement beds. In addition, litigation may result in changes to the inventory.

Definitions

An adult care home bed’s service area is the county in which the adult care home bed is located. Each of the 100 counties is a separate service area.

The *reporting year* is August 1 through July 31. The *current* reporting year is August 1, 2022 through July 31, 2023.

The methodology projects bed need determination five years beyond the current reporting year. The current *projection year* is 2028.

The *planning inventory* is the number of beds used in need determination calculations. It is the number of licensed beds, plus the number of Certificate of Need (CON)-approved beds, plus the number of beds available pursuant to need determinations pending review or appeal, minus any beds delicensed, minus any exclusions (see below), minus beds to be relocated out of the county, plus any beds to be relocated into the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to adult care home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year, by county.

Estimates of the active-duty military population come from the category of “Employment Status - Armed Forces” from the most recent American Community Survey 5-Year Estimates.

The methodology combines utilization data for the current and four immediately previous reporting years, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency) from License Renewal Applications (LRA) for nursing homes, for Adult Care Homes, and from the Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital LRAs.

Assumptions of the Methodology

1. The inventory excludes 100% of the beds developed as part of a qualified continuing care retirement community (CCRC) (*Table 11E*), including those developed before enactment of Policy LTC-1; the occupancy rate calculation excludes their associated days of care (DOC).
2. The methodology excludes the estimated active-duty military population under the age of 35 from the county’s population for any county with more than 500 active-duty military personnel.
3. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate (AACR) to project forward five years beyond the reporting year. Any county with an AACR that is at least one-half of one standard deviation above the statewide AACR will receive a rate equal to the average plus one half of one standard deviation above the statewide AACR.
4. The projected utilization is multiplied by three to account for future increases in utilization.
5. The methodology uses the highest of four occupancy rate calculations such that the need determination in each service area reflects the highest of the average or the median of all facilities’ occupancy rates based on a one-day census in a county, or the average or median of all the facilities’ occupancy rates based on annual DOC in a county.

Application of the Methodology

Table 11A shows the inventory data and Table 11B shows the patient, population, and bed use data that form the basis for the calculations discussed in the following steps. Table 11C shows projected bed utilization, bed surpluses/deficits, and occupancy rates that are used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 11A*).

- a. Add the number of licensed beds in each nursing home facility (*Column D*), hospital (*Column E*) and adult care home (*Column F*) to calculate the total number of licensed beds (*Column G*).
- b. Adjust this result by adding or subtracting, as appropriate, any CON-approved beds and beds with a CON to be relocated (*Columns H and I*). Then adjust this result by the number of beds available from need determinations in the SMFP pending review or appeal (*Column J*) to calculate the total planning inventory (*Column K*).
- c. Sum each of these calculations across all facilities in a county to obtain county totals (*Column K*).

Step 2: Calculate the projected county bed use rates (*Table 11B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the AACR in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above the statewide AACR, then enter 0.5 standard deviations above the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D, last sub-column*) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the county bed use rates (*Table 11B, Column G* and *Table 11C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 11C, Column C*) to calculate the projected bed utilization (*Column D*).

Step 4: For each county, divide the projected bed utilization by a 95% vacancy factor (*Table 11C, Column E*).

Step 5: For each county, calculate the planning inventory (*Table 11A, Column K*) by adjusting the number of licensed beds (*Table 11A, Column G*) for: license pending beds (*total of Table 11A, Columns H and I*); and beds available in the SMFP pending review or appeal (*Table 11A, Column J*).

Step 6: For each county, subtract the projected bed utilization derived in Step 2 (*Column E*) from the planning inventory derived in Step 5 (*Table 11A, Column K* and *Table 11C, Column F*). The result is the service area's surplus or deficit (*Table 11C, Column G*). Positive numbers are surpluses and negative numbers are deficits.

Step 7: Calculate each county's bed occupancy rate (*Column I*) by calculating occupancy according to the following four methods and then select the highest of the four rates:

- a. compute the average occupancy rate using the one-day census for all facilities in the service area;
- b. compute the median occupancy rate using the one-day census for all facilities in the service area;
- c. compute the average occupancy rate using the annual days of care for all facilities in the service area; and
- d. compute the median occupancy rate using the annual days of care for all facilities in the service area.

Step 8: Calculate need determination for each county (*Table 11C*).

- a. For any county with a deficit, calculate the county's deficit index by dividing the deficit (*Column G*) by the result of Step 4 (*Column E*).

- b. If any county's deficit index (*Column H*) is from 10% up to, but not including, 50%, and the adjusted occupancy of licensed beds in the county (*Column I*) is 80% or greater, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- c. If any county's deficit index is 50% or more, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*).
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four, round to the next lower number divisible by 10, and numbers ending in five to nine, round to the next higher number divisible by 10.

For reference, Table 11E lists adult care beds developed as part of a qualified CCRC. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds. These facilities are not included in the adult care home methodology.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	HAL-001-103	A Vision Come True (Facility closed)	0	0	12	12	0	0	0	12
Alamance	HAL-001-148	Alamance House	0	0	94	94	0	0	0	94
Alamance	HAL-001-023	Blakey Hall Assisted Living	0	0	72	72	0	0	0	72
Alamance	HAL-001-028	Brookdale Burlington	0	0	52	52	0	0	0	52
Alamance	HAL-001-024	Brookdale Burlington AL	0	0	84	84	0	0	0	84
Alamance	HAL-001-002	Burlington Care Center	0	0	12	12	0	0	0	12
Alamance	HAL-001-171	Cape Point Memory Care Unit	0	0	12	12	0	0	0	12
Alamance	HAL-001-170	Emory Adult Care Home	0	0	12	12	0	0	0	12
Alamance	HAL-001-141	Homeplace of Burlington	0	0	67	67	0	0	0	67
Alamance	NH0588	Liberty Commons Nursing & Rehabilitation Center of Alamance County	0	0	0	0	48	0	0	48
Alamance	HAL-001-166	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	100
Alamance	HAL-001-008	Pleasant Grove Retirement Home (Facility closed)	0	0	12	12	0	0	0	12
Alamance	HAL-001-161	Springview - Brock Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-162	Springview - Crouse Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-164	Springview - Ross Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-163	Springview - Stewart Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-169	SpringView-Cook Building	0	0	12	12	0	0	0	12
Alamance	HAL-001-134	The Oaks of Alamance	0	0	69	69	0	0	0	69
Alamance	HAL-001-165	Twin Lakes Memory Care	0	0	32	32	0	0	0	32
Alamance Totals			0	0	690	690	48	0	0	738
Alexander	HAL-002-008	Faith Assisted Living Facility	0	0	30	30	0	0	0	30
Alexander	HAL-002-009	Heritage Care Home of Taylorsville	0	0	34	34	0	0	0	34
Alexander	HAL-002-003	Taylorsville House	0	0	60	60	0	0	0	60
Alexander Totals			0	0	124	124	0	0	0	124
Alleghany	HAL-003-005	The Landings of Chestnut Grove	0	0	40	40	0	0	0	40
Alleghany Totals			0	0	40	40	0	0	0	40
Anson	HAL-004-003	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	60
Anson Totals			0	0	60	60	0	0	0	60
Ashe	HAL-005-016	Forest Ridge Assisted Living	0	0	60	60	0	0	0	60
Ashe	HAL-005-013	Generations Assisted Living and Memory Care	0	0	55	55	0	0	0	55
Ashe Totals			0	0	115	115	0	0	0	115
Avery	HAL-006-007	Cranberry House	0	0	60	60	0	0	0	60
Avery	HAL-006-005	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	40
Avery Totals			0	0	100	100	0	0	0	100
Beaufort		AG Dunston Manor (Transfer 50 beds to The Beaufort Community)	0	0	0	0	50	-50	0	0
Beaufort	HAL-007-026	Autumnfield of Belhaven	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	HAL-007-024	Clara Manor	0	0	20	20	0	0	0	20
Beaufort	HAL-007-015	Pantego Rest Home	0	0	30	30	0	0	0	30
Beaufort	NH0345	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Beaufort		The Beaufort Community (Transfer 50 beds from AG Dunston Manor and 34 beds from Willow Manor)	0	0	0	0	0	84	0	84
Beaufort	HAL-007-019	Washington Manor	0	0	9	9	0	0	0	9
Beaufort	HAL-007-023	Willow Manor (Facility closed. Transfer 34 beds to The Beaufort Community)	0	0	0	0	34	-34	0	0
Beaufort Totals			10	0	123	133	84	0	0	217
Bertie	NH0522	Three Rivers Health and Rehabilitation Center	20	0	0	20	0	0	0	20
Bertie	HAL-008-034	Windsor House	0	0	60	60	0	0	0	60
Bertie	HAL-008-042	Winston Gardens	0	0	25	25	0	0	0	25
Bertie Totals			20	0	85	105	0	0	0	105
Bladen	NH0420	Bladen East Health and Rehab	30	0	0	30	0	0	0	30
Bladen	HAL-009-029	Bladen Manor Assisted Living	0	0	60	60	0	0	0	60
Bladen	HAL-009-025	West Bladen Assisted Living	0	0	60	60	0	0	0	60
Bladen Totals			30	0	120	150	0	0	0	150
Brunswick		Arbor Landing at Compass Pointe (Transfer 20 beds from Ocean Isle Operations)	0	0	0	0	0	20	0	20
Brunswick	NH0456	Autumn Care of Shallotte	10	0	0	10	0	0	0	10
Brunswick	NH0478	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	40
Brunswick	HAL-010-012	Coastal Pointe	0	0	110	110	0	0	0	110
Brunswick	NH0322	Liberty Commons Nursing & Rehab Center of Southport	17	0	0	17	0	0	0	17
Brunswick		Liberty Commons of Brunswick County	0	0	0	0	110	0	0	110
Brunswick	HAL-010-011	Ocean Isle Operations (Transfer 20 beds to Arbor Landing at Compass Pointe)	0	0	40	40	0	-20	0	20
Brunswick	HAL-010-010	TerraBella Southport	0	0	96	96	0	0	0	96
Brunswick	HAL-010-007	The Bluefields	0	0	78	78	0	0	0	78
Brunswick	HAL-010-013	The Landings of Oak Island	0	0	80	80	0	0	0	80
Brunswick Totals			67	0	404	471	110	0	0	581
Buncombe		Arbor Ridge at Asheville (Transfer 14 beds from The Oaks at Sweeten Creek and 14 beds from Emerald Ridge Rehabilitation and Care Center)	0	0	0	0	0	28	0	28
Buncombe	HAL-011-338	Arbor Terrace of Asheville	0	0	70	70	0	0	0	70
Buncombe	NH0262	Aston Park Health Care Center	19	0	0	19	0	0	0	19
Buncombe	HAL-011-002	Becky's Rest Home #1	0	0	15	15	0	0	0	15
Buncombe	HAL-011-003	Becky's Rest Home #2	0	0	15	15	0	0	0	15
Buncombe	HAL-011-036	Brookdale Asheville Overlook	0	0	79	79	0	0	0	79
Buncombe	HAL-011-035	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	38

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe		Buncombe Senior Living (Replacement facility. Transfer 24 beds from Nana's Assisted Living and 29 beds from The Laurels of Summit Ridge)	0	0	0	0	0	53	0	53
Buncombe	HAL-011-369	Candler Living Center	0	0	29	29	0	0	0	29
Buncombe	HAL-011-262	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	67
Buncombe	NH0551	Emerald Ridge Rehabilitation and Care Center (Transfer 14 ACH beds to Arbor Ridge at Asheville)	0	0	0	0	14	-14	0	0
Buncombe	NH0517	Flesher's Fairview Health Care Center	14	0	0	14	0	0	0	14
Buncombe	HAL-011-005	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	64
Buncombe	HAL-011-361	Harmony at Reynolds Mountain	0	0	99	99	0	0	0	99
Buncombe	HAL-011-370	Hominy Valley Retirement Center	0	0	30	30	0	0	0	30
Buncombe	HAL-011-011	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	64
Buncombe	HAL-011-331	Nana's Assisted Living Facility (Facility closed. Transfer 24 beds to Buncombe Senior Living)	0	0	0	0	24	-24	0	0
Buncombe	HAL-011-130	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	56
Buncombe	HAL-011-376	Richmond Hill Assisted Living #1	0	0	12	12	0	0	0	12
Buncombe	HAL-011-375	Richmond Hill Assisted Living #2	0	0	12	12	0	0	0	12
Buncombe	HAL-011-374	Richmond Hill Assisted Living #3	0	0	12	12	0	0	0	12
Buncombe	HAL-011-373	Richmond Hill Assisted Living #4	0	0	12	12	0	0	0	12
Buncombe	HAL-011-372	Richmond Hill Assisted Living #5	0	0	12	12	0	0	0	12
Buncombe	NH0541	River Bend Health and Rehabilitation	50	0	0	50	0	0	0	50
Buncombe	NH0532	The Greens at Weaverville	10	0	0	10	0	0	0	10
Buncombe	NH0540	The Laurels of Summit Ridge (Transfer 29 beds to Buncombe Senior Living)	52	0	0	52	0	-29	0	23
Buncombe	NH0575	The Oaks at Sweeten Creek (Transfer 14 ACH beds to Arbor Ridge at Asheville)	0	0	0	0	14	-14	0	0
Buncombe	HAL-011-022	Trinity View	0	0	24	24	0	0	0	24
Buncombe	HAL-011-377	Wilham Ridge	0	0	54	54	0	0	0	54
Buncombe	HAL-011-296	Windwood Assisted Living	0	0	12	12	0	0	0	12
Buncombe Totals			145	0	776	921	52	0	0	973
Burke	NH0347	Autumn Care of Drexel	20	0	0	20	0	0	0	20
Burke	HAL-012-045	Burke Assisted Living (Formerly Burke Long Term Care)	0	0	24	24	0	0	0	24
Burke	HAL-012-044	Cambridge House	0	0	60	60	0	0	0	60
Burke	HAL-012-040	Jonas Ridge Adult Care	0	0	57	57	0	0	0	57
Burke	HAL-012-041	McAlpine Adult Care	0	0	60	60	0	0	0	60
Burke	HAL-012-007	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	64
Burke	HAL-012-043	The Berkeley	0	0	63	63	0	0	0	63
Burke Totals			20	0	328	348	0	0	0	348
Cabarrus	HAL-013-019	Brookdale Concord Parkway	0	0	112	112	0	0	0	112

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cabarrus	HAL-013-052	Caremoor Retirement Center	0	0	30	30	0	0	0	30
Cabarrus	HAL-013-051	Concord Place	0	0	60	60	0	0	0	60
Cabarrus	NH0027	Five Oaks Rehabilitation and Care Center	24	0	0	24	0	0	0	24
Cabarrus	HAL-013-047	Morningside of Concord	0	0	105	105	0	0	0	105
Cabarrus	HAL-013-041	Mt. Pleasant House	0	0	74	74	0	0	0	74
Cabarrus	HAL-013-006	St. Andrews Living Center	0	0	56	56	0	0	0	56
Cabarrus	HAL-013-048	TerraBella Harrisburg	0	0	96	96	0	0	0	96
Cabarrus	HAL-013-050	The Country Home	0	0	40	40	0	0	0	40
Cabarrus	HAL-013-049	The Drake	0	0	66	66	0	0	0	66
Cabarrus	HAL-013-046	The Landings of Cabarrus	0	0	67	67	0	0	0	67
Cabarrus	HAL-013-044	The Living Center of Concord	0	0	180	180	0	0	0	180
Cabarrus Totals			24	0	886	910	0	0	0	910
Caldwell	HAL-014-014	Brockford Inn	0	0	67	67	0	0	0	67
Caldwell	HAL-014-010	Brookdale Lenoir	0	0	82	82	0	0	0	82
Caldwell	HAL-014-017	Grace Village Assisted Living & Memory Care	0	0	78	78	0	0	0	78
Caldwell	HAL-014-015	Grandview Villa Assisted Living	0	0	40	40	0	0	0	40
Caldwell	HAL-014-004	The Shaire Center	0	0	82	82	0	0	0	82
Caldwell Totals			0	0	349	349	0	0	0	349
Camden	HAL-015-002	Needham Adult Care Home	0	0	24	24	0	0	0	24
Camden Totals			0	0	24	24	0	0	0	24
Carteret	HAL-016-006	Brookdale Morehead City	0	0	72	72	0	0	0	72
Carteret	HAL-016-018	Carteret House	0	0	64	64	0	0	0	64
Carteret	HAL-016-022	Carteret Landing	0	0	110	110	0	0	0	110
Carteret	NH0202	Snug Harbor on Nelson Bay (Facility closed. Transfer 50 beds to The Embassy at Morehead City)	0	0	0	0	50	-50	0	0
Carteret		The Embassy at Morehead City (Transfer 50 beds from Snug Harbor on Nelson Bay)	0	0	0	0	0	50	0	50
Carteret Totals			0	0	246	246	50	0	0	296
Caswell	HAL-017-054	Caswell House	0	0	100	100	0	0	0	100
Caswell		Dan River Manor (Replacement facility. Transfer 40 beds from Dogwood - Blackwell Rest Home; 12 beds from Dogwood Forest #2; and 12 from Dogwood Ronald David Home)	0	0	0	0	0	64	0	64
Caswell		Dogwood - Blackwell Rest Home	0	0	0	0	40	-40	0	0
Caswell		Dogwood - Forest #2	0	0	0	0	12	-12	0	0
Caswell		Dogwood - Ronald David Home	0	0	0	0	12	-12	0	0
Caswell	HAL-017-040	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	12
Caswell	HAL-017-059	Jefferson Care Home	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Caswell Totals			0	0	124	124	64	0	0	188
Catawba	HAL-018-023	Austin Adult Care	0	0	29	29	0	0	0	29
Catawba	HAL-018-011	Brookdale Falling Creek	0	0	60	60	0	0	0	60
Catawba	HAL-018-016	Brookdale Hickory Northeast	0	0	88	88	0	0	0	88
Catawba	HAL-018-040	Catawba Valley Living At Rock Barn	0	0	80	80	0	0	0	80
Catawba	HAL-018-018	Heritage Care of Conover	0	0	60	60	0	0	0	60
Catawba	HAL-018-038	Heritage Place II	0	0	21	21	0	0	0	21
Catawba	HAL-018-039	Hickory Village	0	0	56	56	0	0	0	56
Catawba	HAL-018-037	Piedmont Village at Newton	0	0	40	40	0	0	0	40
Catawba	HAL-018-032	Springs of Catawba	0	0	66	66	0	0	0	66
Catawba	HAL-018-036	TerraBella Newton	0	0	96	96	0	0	0	96
Catawba	NH0337	The Greens at Hickory	20	0	0	20	0	0	0	20
Catawba	NH0068	Trinity Village	90	0	0	90	0	0	0	90
Catawba Totals			110	0	596	706	0	0	0	706
Chatham	HAL-019-019	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	90
Chatham	HAL-019-020	Carolina Meadows Fairways	0	0	95	95	0	0	0	95
Chatham		Chatham County Rehabilitation Center (Transfer 6 beds from Liberty Commons Nursing and Rehabilitation Center of Halifax and 30 beds from Cross Creek Health Care of Hyde County)	0	0	0	0	0	36	0	36
Chatham	HAL-019-023	Chatham Ridge Assisted Living	0	0	91	91	0	0	0	91
Chatham	HAL-019-022	Coventry House Of Siler City	0	0	86	86	0	0	0	86
Chatham		The Landings of Chatham Park (Transfer 57 beds from The Landings of Tarboro in Edgecombe County)	0	0	0	0	0	57	0	57
Chatham Totals			0	0	362	362	0	93	0	455
Cherokee	HAL-020-001	Carolina Care Home #1 (Facility closed)**	0	0	0	0	0	0	0	0
Cherokee	HAL-020-002	Carolina Care Home #2 (Facility closed)**	0	0	0	0	0	0	0	0
Cherokee		Peachtree Manor	0	0	0	0	80	0	0	80
Cherokee Totals			0	0	0	0	80	0	0	80
Chowan	HAL-021-009	Edenton House	0	0	60	60	0	0	0	60
Chowan	HAL-021-008	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	60
Chowan Totals			0	0	120	120	0	0	0	120
Clay	HAL-022-005	Hayesville House	0	0	60	60	0	0	0	60
Clay Totals			0	0	60	60	0	0	0	60
Cleveland	HAL-023-045	Cleveland House	0	0	72	72	0	0	0	72
Cleveland	HAL-023-041	Golden Years Rest Home	0	0	12	12	0	0	0	12
Cleveland	HAL-023-031	Kings Mountain Care Center	0	0	20	20	0	0	0	20
Cleveland	HAL-023-050	Navion of Shelby	0	0	60	60	0	0	0	60

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cleveland	HAL-023-049	Openview Retirement Center	0	0	24	24	0	0	0	24
Cleveland	HAL-023-046	Shelby Manor	0	0	74	74	0	0	0	74
Cleveland	HAL-023-042	Summit Place of Kings Mountain	0	0	65	65	0	0	0	65
Cleveland	HAL-023-048	TerraBella Shelby	0	0	96	96	0	0	0	96
Cleveland Totals			0	0	423	423	0	0	0	423
Columbus	NH0283	Liberty Commons Nursing and Rehab Ctr of Columbus Cty	40	0	0	40	0	0	0	40
Columbus	NH0246	Premier Living and Rehab Center	15	0	0	15	0	0	0	15
Columbus	NH0510	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	10
Columbus	HAL-024-015	Tabor Commons	0	0	80	80	0	0	0	80
Columbus	HAL-024-016	Waccamaw Village Rest Home	0	0	80	80	0	0	0	80
Columbus Totals			65	0	160	225	0	0	0	225
Craven	NH0567	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	12
Craven	HAL-025-037	Croatan Village	0	0	72	72	0	0	0	72
Craven	HAL-025-043	Golden Heights Assisted Living	0	0	54	54	0	0	0	54
Craven	HAL-025-039	Homeplace of New Bern	0	0	60	60	0	0	0	60
Craven	HAL-025-045	Navion of New Bern	0	0	60	60	0	0	0	60
Craven	NH0344	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	18
Craven	HAL-025-026	Riverstone	0	0	64	64	0	0	0	64
Craven	HAL-025-035	The Gardens of Trent	0	0	60	60	0	0	0	60
Craven	HAL-025-042	The Oaks of New Bern (Facility closed)	0	0	0	0	83	0	0	83
Craven	HAL-025-044	The Viridian	0	0	48	48	0	0	0	48
Craven	HAL-025-041	Truewood by Merrill, New Bern	0	0	55	55	0	0	0	55
Craven	HAL-025-040	Truewood by Merrill, New Bern Memory Care	0	0	25	25	0	0	0	25
Craven Totals			30	0	498	528	83	0	0	611
Cumberland	HAL-026-069	Cardinal Care of Hope Mills	0	0	29	29	0	0	0	29
Cumberland	HAL-026-017	Carolina Inn at Village Green	0	0	100	100	0	0	0	100
Cumberland		Cumberland County Rehabilitation Center (Replacement facility. Transfer 36 beds from Mann Street Residential Care)	0	0	0	0	0	36	0	36
Cumberland	HAL-026-071	Cumberland Creek Assisted Living	0	0	163	163	0	0	0	163
Cumberland	HAL-026-054	Fayetteville Manor	0	0	60	60	0	0	0	60
Cumberland	HAL-026-065	Harmony at Hope Mills	0	0	100	100	0	0	0	100
Cumberland	NH0454	Haymount Rehabilitation & Nursing Center	14	0	0	14	0	0	0	14
Cumberland	HAL-026-064	Heritage Suites	0	0	62	62	0	0	0	62
Cumberland	NH0117	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	53
Cumberland	HAL-026-070	Hope Mills Retirement Center	0	0	64	64	0	0	0	64
Cumberland	HAL-026-053	Mann Street Residential Care Facility (Facility closed. Transfer 36 beds to Cumberland County Rehabilitation Center)	0	0	0	0	36	-36	0	0
Cumberland	HAL-026-066	Morning Star Special Care Unit	0	0	44	44	0	0	0	44

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Cumberland	HAL-026-048	Pine Valley Adult Care Home	0	0	40	40	0	0	0	40
Cumberland	HAL-026-068	The Addison of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Cumberland	HAL-026-052	Valley Pines Adult Care	0	0	23	23	0	0	0	23
Cumberland	NH0577	Woodlands Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Cumberland Totals			87	0	781	868	36	0	0	904
Currituck	HAL-027-003	Currituck House	0	0	90	90	0	0	0	90
Currituck Totals			0	0	90	90	0	0	0	90
Dare	HAL-028-002	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	102
Dare Totals			0	0	102	102	0	0	0	102
Davidson	HAL-029-006	Brookdale Lexington	0	0	76	76	0	0	0	76
Davidson	HAL-029-001	Brookstone Retirement Center	0	0	115	115	0	0	0	115
Davidson	HAL-029-013	Brookstone Terrace of Thomasville	0	0	62	62	0	0	0	62
Davidson	HAL-029-010	Grayson Creek of Welcome	0	0	75	75	0	0	0	75
Davidson	HAL-029-002	Hilltop Living Center (Facility closed)	0	0	65	65	0	0	0	65
Davidson	NH0527	Lexington Health Care Center	10	0	0	10	0	0	0	10
Davidson	HAL-029-011	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	100
Davidson	NH0259	Mountain Vista Health Park	60	0	0	60	0	0	0	60
Davidson	NH0187	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	14
Davidson Totals			84	0	493	577	0	0	0	577
Davie	NH0560	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Davie	NH0519	Bermuda Village Retirement Center	21	0	0	21	0	0	0	21
Davie	NH0221	Davie Nursing and Rehabilitation Center	12	0	0	12	0	0	0	12
Davie	HAL-030-009	Mocksville Senior Living and Memory Care	0	0	69	69	0	0	0	69
Davie	HAL-030-010	PS Senior Living of Mocksville	0	0	40	40	0	0	0	40
Davie	HAL-030-008	Somerset Court of Mocksville	0	0	60	60	0	0	0	60
Davie Totals			43	0	169	212	0	0	0	212
Duplin	HAL-031-018	Autumn Village	0	0	88	88	0	0	0	88
Duplin	HAL-031-022	DaySpring of Wallace	0	0	80	80	0	0	0	80
Duplin	HAL-031-003	Golden Care Rest Facilities (Facility closed)	0	0	30	30	0	0	0	30
Duplin	HAL-031-019	The Gardens of Rose Hill	0	0	45	45	0	0	0	45
Duplin	HAL-031-016	Wallace Gardens	0	0	64	64	0	0	0	64
Duplin	HAL-031-020	Wellington Park	0	0	80	80	0	0	0	80
Duplin Totals			0	0	387	387	0	0	0	387
Durham	HAL-032-131	Atria Southpoint Walk	0	0	20	20	0	0	0	20
Durham	HAL-032-019	Brookdale Chapel Hill	0	0	38	38	0	0	0	38
Durham	HAL-032-016	Brookdale Chapel Hill AL	0	0	70	70	0	0	0	70

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Durham	HAL-032-065	Brookdale Durham	0	0	119	119	0	0	0	119
Durham	HAL-032-134	Calyx Living of Durham	0	0	84	84	0	0	0	84
Durham	HAL-032-071	Camellia Gardens	0	0	81	81	0	0	0	81
Durham	HAL-032-132	Carolina Reserve of Durham	0	0	60	60	0	0	0	60
Durham	HAL-032-091	Durham Ridge Assisted Living	0	0	142	142	0	0	0	142
Durham	HAL-032-073	Eden Spring Living Center	0	0	19	19	0	0	0	19
Durham	HAL-032-002	Ellison's Rest Home #1 (Facility closed. Transfer 29 beds to Liberty Assisted Living of Durham)	0	0	0	0	29	-29	0	0
Durham	HAL-032-001	Eno Pointe Assisted Living	0	0	147	147	0	0	0	147
Durham	NH0038	Hillcrest Convalescent Center	34	0	0	34	0	0	0	34
Durham		Liberty Assisted Living of Durham (Transfer 29 beds from Ellison's Rest Home and 20 beds from Carver Living Center)	0	0	0	0	0	49	0	49
Durham	HAL-032-109	Seasons @ Southpoint	0	0	51	51	0	0	0	51
Durham	HAL-032-133	The Addison of Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Durham Totals			34	0	927	961	29	20	0	1,010
Edgecombe	HAL-033-005	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	126
Edgecombe	HAL-033-006	The Bridges of Hendricks Creek	0	0	73	73	0	0	0	73
Edgecombe	NH0352	The Jane at Tarboro (formerly The Fountains at The Albemarle)	56	0	0	56	0	0	0	56
Edgecombe		The Landings of Tarboro (Transfer 57 beds to The Landings of Chatham Park in Chatham County)	0	0	0	0	66	-57	0	9
Edgecombe Totals			56	0	199	255	66	-57	0	264
Forsyth	HAL-034-026	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	115
Forsyth	HAL-034-035	Brookdale Reynolda Road	0	0	72	72	0	0	0	72
Forsyth	HAL-034-027	Brookdale Winston-Salem	0	0	38	38	0	0	0	38
Forsyth	HAL-034-102	Brookstone of Clemmons	0	0	40	40	0	0	0	40
Forsyth	HAL-034-019	C.R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	40
Forsyth	HAL-034-106	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Forsyth	HAL-034-090	Clemmons Village I	0	0	60	60	0	0	0	60
Forsyth	HAL-034-062	Clemmons Village II	0	0	66	66	0	0	0	66
Forsyth	HAL-034-060	Creekside Manor	0	0	60	60	0	0	0	60
Forsyth	HAL-034-087	Forest Heights Senior Living Community	0	0	125	125	0	0	0	125
Forsyth	HAL-034-116	Grand Villa Assisted Living at Winston	0	0	142	142	0	0	0	142
Forsyth	HAL-034-112	Harmony at Brookberry Farm	0	0	121	121	0	0	0	121
Forsyth	HAL-034-023	Homestead Hills Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-115	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	66
Forsyth	HAL-034-097	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	117

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Forsyth	HAL-034-068	Memory Care of the Triad	0	0	42	42	0	0	0	42
Forsyth	NH0266	Mill Creek Center for Nursing and Rehabilitation	14	0	0	14	0	0	0	14
Forsyth	HAL-034-111	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-110	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-109	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-108	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-107	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	12
Forsyth	HAL-034-100	Somerset Court at University Place	0	0	60	60	0	0	0	60
Forsyth	HAL-034-114	Southfork	0	0	78	78	0	0	0	78
Forsyth	HAL-034-069	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	62
Forsyth	HAL-034-117	The Ivy at Clemmons (Facility closed)	0	0	0	0	90	0	0	90
Forsyth	HAL-034-093	The Southwood	0	0	100	100	0	0	0	100
Forsyth	HAL-034-104	Tranquility Care	0	0	60	60	0	0	0	60
Forsyth	HAL-034-085	Trinity Elms	0	0	104	104	0	0	0	104
Forsyth	HAL-034-003	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	29
Forsyth	HAL-034-016	Vienna Village	0	0	90	90	0	0	0	90
Forsyth Totals			14	0	1,909	1,923	90	0	0	2,013
Franklin	HAL-035-024	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	54
Franklin	NH0486	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Franklin	HAL-035-032	Liberty Commons Assisted Living of Franklin County (Facility closed)*	0	0	0	0	0	0	0	0
Franklin	NH0264	Louisburg Healthcare & Rehabilitation Center	60	0	0	60	0	0	0	60
Franklin	HAL-035-031	Southern Living for Seniors of Louisburg (Facility closed)	0	0	60	60	0	0	0	60
Franklin Totals			70	0	114	184	0	0	0	184
Gaston	HAL-036-013	Brookdale New Hope	0	0	86	86	0	0	0	86
Gaston	HAL-036-015	Brookdale Robinwood	0	0	89	89	0	0	0	89
Gaston	HAL-036-012	Brookdale Union	0	0	78	78	0	0	0	78
Gaston	NH0287	Carolina Care Health and Rehabilitation	12	0	0	12	0	0	0	12
Gaston	HAL-036-018	Country Time Inn	0	0	59	59	0	0	0	59
Gaston	NH0494	Courtland Terrace	19	0	0	19	0	0	0	19
Gaston	NH0547	Gastonia Health & Rehab Center	40	0	0	40	0	0	0	40
Gaston	HAL-036-036	Magnolia Gardens (Facility closed)	0	0	0	0	86	0	0	86
Gaston	HAL-036-037	Morningside of Gastonia	0	0	105	105	0	0	0	105
Gaston	NH0403	Peak Resources-Cherryville	57	0	0	57	0	0	0	57
Gaston	HAL-036-004	Rosewood Assisted Living	0	0	48	48	0	0	0	48
Gaston	HAL-036-034	Somerset Court of Cherryville	0	0	60	60	0	0	0	60
Gaston	HAL-036-039	TerraBella Cramer Mountain	0	0	128	128	0	0	0	128
Gaston	HAL-036-023	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	74

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Gaston	HAL-036-031	Wellington House	0	0	48	48	0	0	0	48
Gaston	HAL-036-006	Woodlawn Haven	0	0	80	80	0	0	0	80
Gaston Totals			128	0	855	983	86	0	0	1,069
Gates	NH0513	Gates Health and Rehabilitation Center	10	0	0	10	0	0	0	10
Gates	HAL-037-001	Gates House	0	0	70	70	0	0	0	70
Gates Totals			10	0	70	80	0	0	0	80
Graham	NH0495	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	23
Graham Totals			23	0	0	23	0	0	0	23
Granville	HAL-039-016	Granville House	0	0	60	60	0	0	0	60
Granville	HAL-039-015	Heritage Meadows Long Term Care	0	0	80	80	0	0	0	80
Granville	NH0447	Osford Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Granville	HAL-039-017	Toney Rest Home	0	0	60	60	0	0	0	60
Granville	HAL-039-018	Tre' More Manor ALF	0	0	31	31	0	0	0	31
Granville Totals			20	0	231	251	0	0	0	251
Greene	NH0373	Greendale Forest Nursing and Rehabilitation Center	17	0	0	17	0	0	0	17
Greene	HAL-040-009	Snow Hill Assisted Living	0	0	40	40	0	0	0	40
Greene Totals			17	0	40	57	0	0	0	57
Guilford	HAL-041-060	Abbotswood at Irving Park Assisted Living	0	0	28	28	0	0	0	28
Guilford	HAL-041-082	Alpha Concord of Greensboro	0	0	64	64	0	0	0	64
Guilford	NH0135	Blumenthal Nursing & Rehabilitation Center	20	0	0	20	0	0	0	20
Guilford	HAL-041-030	Brookdale High Point	0	0	82	82	0	0	0	82
Guilford	HAL-041-033	Brookdale High Point North	0	0	65	65	0	0	0	65
Guilford	HAL-041-039	Brookdale High Point North AL	0	0	102	102	0	0	0	102
Guilford	HAL-041-062	Brookdale Lawndale Park	0	0	118	118	0	0	0	118
Guilford	HAL-041-031	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	81
Guilford	HAL-041-029	Brookdale Skeet Club	0	0	79	79	0	0	0	79
Guilford	HAL-041-065	Carriage House Senior Living Community	0	0	108	108	0	0	0	108
Guilford	HAL-041-054	Clapp's Assisted Living	0	0	30	30	0	0	0	30
Guilford	NH0226	Countryside	16	0	0	16	0	0	0	16
Guilford	HAL-041-077	Guilford House (Relocate 29 beds to The Waverly at Oak Hollow)	0	0	60	60	0	-29	0	31
Guilford	HAL-041-086	Harmony at Greensboro	0	0	92	92	0	0	0	92
Guilford	NH0601	Heartland Living & Rehab (Relocate 18 beds from Heartland Living and Rehab.)	37	0	0	37	-18	0	0	19
Guilford		Heartland Living & Rehab (Replacement facility. Relocate 18 beds from Heartland Living and Rehab.)	0	0	0	0	18	0	0	18
Guilford	HAL-041-080	Holden Heights (Transfer 60 beds to The Stanbridge and 36 beds to the Waverly at Oak Hollow)	0	0	96	96	0	-96	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Guilford	HAL-041-015	Lawson Retirement Center, Inc.	0	0	18	18	0	0	0	18
Guilford	NH0552	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	40
Guilford	HAL-041-052	Morningview at Irving Park	0	0	105	105	0	0	0	105
Guilford	HAL-041-010	Piedmont Christian Home	0	0	93	93	0	0	0	93
Guilford	HAL-041-089	Richland Square	0	0	70	70	0	0	0	70
Guilford	HAL-041-088	Spring Arbor of Greensboro	0	0	100	100	0	0	0	100
Guilford	HAL-041-023	St. Gales Estates (Facility closed)	0	0	60	60	0	0	0	60
Guilford	HAL-041-087	TerraBella Greensboro	0	0	125	125	0	0	0	125
Guilford	HAL-041-078	The Arboretum at Heritage Greens	0	0	66	66	0	0	0	66
Guilford	HAL-041-085	The Elms at Abbotswood	0	0	48	48	0	0	0	48
Guilford		The Stanbridge (Transfer 60 beds from Holden Heights)	0	0	0	0	0	60	0	60
Guilford		The Waverly at Oak Hollow (Transfer 29 beds from Guilford House and 36 beds from Holden Heights)	0	0	0	0	0	65	0	65
Guilford	HAL-041-079	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	45
Guilford	HAL-041-072	Wellington Oaks	0	0	85	85	0	0	0	85
Guilford	HAL-041-073	Westchester Harbour	0	0	90	90	0	0	0	90
Guilford Totals			113	0	1,910	2,023	0	0	0	2,023
Halifax	NH0656	Bryan Health and Rehab	20	0	0	20	0	0	0	20
Halifax	HAL-042-005	Carolina Rest Home	0	0	40	40	0	0	0	40
Halifax	NH0469	Liberty Commons Nsg and Rehab Ctr of Halifax County (Transfer 6 beds to Chatham County Rehabilitation Center in Chatham County)	25	0	0	25	0	-6	0	19
Halifax	HAL-042-006	Scotland House	0	0	60	60	0	0	0	60
Halifax	HAL-042-007	The Landings of Lake Gaston	0	0	60	60	0	0	0	60
Halifax Totals			45	0	160	205	0	-6	0	199
Harnett	HAL-043-029	Absolute Care Assisted Living	0	0	12	12	0	0	0	12
Harnett	HAL-043-031	Absolute Care Assisted Living II	0	0	12	12	0	0	0	12
Harnett	HAL-043-034	Cardinal Care of Dunn	0	0	36	36	0	0	0	36
Harnett	HAL-043-027	Green Leaf Care Center	0	0	105	105	0	0	0	105
Harnett	HAL-043-035	Johnson Better Care Facility, Inc	0	0	50	50	0	0	0	50
Harnett	NH0444	Lillington Nursing & Rehabilitation Center	106	0	0	106	0	0	0	106
Harnett	HAL-043-015	Oak Hill Living Center	0	0	122	122	0	0	0	122
Harnett	HAL-043-022	Pinecrest Gardens	0	0	60	60	0	0	0	60
Harnett	HAL-043-006	Senior Citizens Village	0	0	65	65	0	0	0	65
Harnett	HAL-043-024	Senter's Rest Home	0	0	50	50	0	0	0	50
Harnett	NH0482	The Carrolton of Dunn	8	0	0	8	0	0	0	8
Harnett Totals			114	0	512	626	0	0	0	626
Haywood	NH0366	Autumn Care of Waynesville	10	0	0	10	0	0	0	10

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Haywood	HAL-044-022	Chestnut Park Retirement Center	0	0	20	20	0	0	0	20
Haywood	HAL-044-044	Creekside Villas (Facility closed)	0	0	0	0	0	0	0	0
Haywood	HAL-044-042	Haywood House	0	0	60	60	0	0	0	60
Haywood	HAL-044-009	Haywood Lodge and Retirement Center	0	0	72	72	0	0	0	72
Haywood	HAL-044-049	McCracken Rest Home	0	0	22	22	0	0	0	22
Haywood	HAL-044-012	Pigeon Valley Rest Home	0	0	29	29	0	0	0	29
Haywood	HAL-044-045	Richland Community Care #2 (Facility closed)	0	0	0	0	11	0	0	11
Haywood	NH0458	Silver Bluff	13	0	0	13	0	0	0	13
Haywood	HAL-044-039	Spicewood Cottages Elms	0	0	17	17	0	0	0	17
Haywood	HAL-044-048	Spicewood Cottages Meadows	0	0	9	9	0	0	0	9
Haywood	HAL-044-040	Spicewood Cottages Oaks	0	0	20	20	0	0	0	20
Haywood	HAL-044-041	Spicewood Cottages Willows	0	0	20	20	0	0	0	20
Haywood Totals			23	0	269	292	11	0	0	303
Henderson	HAL-045-125	Carolina Reserve of Hendersonville	0	0	61	61	0	0	0	61
Henderson	HAL-045-126	Carolina Reserve of Laurel Park	0	0	48	48	0	0	0	48
Henderson	HAL-045-115	Cherry Springs Village	0	0	60	60	0	0	0	60
Henderson	HAL-045-012	Country Meadow Rest Home (Facility closed. Transfer 15 beds to Stonecroft (formerly The Landings of Hendersonville))	0	0	0	0	15	-15	0	0
Henderson	HAL-045-113	Henderson's Assisted Living	0	0	26	26	0	0	0	26
Henderson	HAL-045-123	Heritage Hills A Pacifica Senior Living Community	0	0	24	24	0	0	0	24
Henderson	HAL-045-005	McCullough's Rest Home	0	0	13	13	0	0	0	13
Henderson	HAL-045-112	Mountain View Assisted Living	0	0	27	27	0	0	0	27
Henderson		Stonecroft (Transfer 15 beds from Country Meadows Rest Home and 43 beds from The Gardens of the Blue Ridge)	0	0	0	0	0	58	0	58
Henderson	HAL-045-130	TerraBella Hendersonville	0	0	96	96	0	0	0	96
Henderson	HAL-045-129	The Gardens of Hendersonville	0	0	60	60	0	0	0	60
Henderson	HAL-045-128	The Gardens of the Blue Ridge (Facility closed. Transfer 43 beds to Stonecroft (formerly The Landings of Hendersonville))	0	0	0	0	45	-43	0	2
Henderson	HAL-045-127	The Landings of Mills River	0	0	65	65	0	0	0	65
Henderson	NH0480	The Laurels of Hendersonville	20	0	0	20	0	0	0	20
Henderson Totals			20	0	480	500	60	0	0	560
Hertford	HAL-046-020	Ahoskie Assisted Living	0	0	92	92	0	0	0	92
Hertford	HAL-046-004	Ahoskie House	0	0	60	60	0	0	0	60
Hertford Totals			0	0	152	152	0	0	0	152
Hoke	NH0438	Autumn Care of Raeford^	0	0	0	0	0	0	0	0
Hoke	HAL-047-014	Open Arms Retirement Center	0	0	90	90	0	0	0	90
Hoke	HAL-047-015	Wickshire Creeks Crossing	0	0	75	75	0	0	0	75
Hoke Totals			0	0	165	165	0	0	0	165

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Iredell	NH0599	Autumn Care of Statesville	10	0	0	10	0	0	0	10
Iredell	HAL-049-019	Brookdale East Broad	0	0	58	58	0	0	0	58
Iredell	HAL-049-020	Brookdale Peachtree AL	0	0	87	87	0	0	0	87
Iredell	HAL-049-021	Brookdale Peachtree MC	0	0	40	40	0	0	0	40
Iredell	HAL-049-034	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Iredell	HAL-049-010	Crown Colony	0	0	60	60	0	0	0	60
Iredell	NH0435	Glenwood Rehabilitation and Nursing Center	30	0	0	30	0	0	0	30
Iredell	HAL-049-015	Jurney's Assisted Living	0	0	60	60	0	0	0	60
Iredell	HAL-049-036	Meadow Lakes of Statesville (Formerly Heritage Place)	0	0	40	40	0	0	0	40
Iredell	HAL-049-033	Mill Creek Manor	0	0	80	80	0	0	0	80
Iredell	HAL-049-016	Olin Village	0	0	64	64	0	0	0	64
Iredell	HAL-049-004	Rosewood Assisted Living	0	0	54	54	0	0	0	54
Iredell	HAL-049-030	Summit Place of Mooresville	0	0	60	60	0	0	0	60
Iredell	HAL-049-035	Terrabella Lake Norman	0	0	120	120	0	0	0	120
Iredell	HAL-049-023	The Gardens of Statesville	0	0	67	67	0	0	0	67
Iredell	NH0488	The Greens at Maple Leaf	8	0	0	8	0	0	0	8
Iredell Totals			48	0	886	934	0	0	0	934
Jackson	HAL-050-016	Morningstar Assisted Living	0	0	55	55	0	0	0	55
Jackson	HAL-050-017	The Hermitage	0	0	90	90	0	0	0	90
Jackson Totals			0	0	145	145	0	0	0	145
Johnston	HAL-051-070	Americares Adult Homes #1 (formerly Classic Care Homes #1)	0	0	12	12	0	0	0	12
Johnston	HAL-051-072	Americares Adult Homes #2 (formerly Classic Care Homes #2)	0	0	12	12	0	0	0	12
Johnston	HAL-051-071	Americares Adult Homes #3 (formerly Classic Care Homes #3)	0	0	12	12	0	0	0	12
Johnston	HAL-051-002	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	12
Johnston	HAL-051-003	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	12
Johnston	HAL-051-001	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	12
Johnston	HAL-051-024	Brookdale Smithfield	0	0	74	74	0	0	0	74
Johnston	HAL-051-041	Clayton House	0	0	60	60	0	0	0	60
Johnston	HAL-051-060	Four Oaks Senior Living	0	0	96	96	0	0	0	96
Johnston	HAL-051-048	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	77
Johnston	NH0606	Liberty Commons Nsg and Rehab Ctr of Johnston County	60	0	0	60	0	0	0	60
Johnston	HAL-051-069	McLamb's Rest Home	0	0	12	12	0	0	0	12
Johnston	HAL-051-068	McLamb's Rest Home #2	0	0	12	12	0	0	0	12
Johnston	HAL-051-047	Meadowview Assisted Living Center	0	0	60	60	0	0	0	60
Johnston	HAL-051-052	Progressive Care of Princeton	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Johnston	HAL-051-061	Providence Assisted Living	0	0	20	20	0	0	0	20
Johnston	HAL-051-042	Smithfield House West (Facility closed. Transfer 60 to The Kensington (formerly Johnston Manor))	0	0	0	0	60	-60	0	0
Johnston	NH0182	Smithfield Manor Nursing and Rehab	20	0	0	20	0	0	0	20
Johnston		The Kensington (Replacement facility; relocate 60 beds from Smithfield House West and 6 beds from The Villas @ Benson I)	0	0	0	0	0	66	0	66
Johnston	HAL-051-065	The Landings of Smithfield	0	0	66	66	0	0	0	66
Johnston	FCL-051-056	The Villas @ Benson I (formerly Cardinal Care Assisted Living Village #1) (Facility closed. Transfer 6 beds to The Kennington)	0	0	0	0	6	-6	0	0
Johnston Totals			80	0	561	641	66	0	0	707
Jones	NH0508	Brook Stone Living Center	20	0	0	20	0	0	0	20
Jones Totals			20	0	0	20	0	0	0	20
Lee	HAL-053-023	A Step from Home Residential Care Facility (Facility closed. Transfer 20 beds to Westfield Rehabilitation and Health Center)	0	0	0	0	20	-20	0	0
Lee	HAL-053-001	Oakhaven Home	0	0	40	40	0	0	0	40
Lee	HAL-053-002	Oakhaven II	0	0	12	12	0	0	0	12
Lee	HAL-053-004	Parkview Retirement Center	0	0	116	116	0	0	0	116
Lee	HAL-053-030	Sanford Manor	0	0	85	85	0	0	0	85
Lee	HAL-053-031	Sanford Senior Living	0	0	50	50	0	0	0	50
Lee	NH0285	Westfield Rehabilitation and Health Center (Transfer 20 beds from A Step from Home Residential Care Facility)	0	0	0	0	0	20	0	20
Lee Totals			0	0	303	303	20	0	0	323
Lenoir	HAL-054-070	Legacy Memory Care at Kinston	0	0	24	24	0	0	0	24
Lenoir	HAL-054-068	Lenoir Assisted Living	0	0	94	94	0	0	0	94
Lenoir	HAL-054-069	Rose Vista Assisted Living	0	0	60	60	0	0	0	60
Lenoir	HAL-054-071	Spring Arbor of Kinston	0	0	86	86	0	0	0	86
Lenoir	HAL-054-067	The Village of Kinston	0	0	63	63	0	0	0	63
Lenoir Totals			0	0	327	327	0	0	0	327
Lincoln	HAL-055-001	Amazing Grace Rest Home	0	0	10	10	0	0	0	10
Lincoln	HAL-055-002	Boger City Rest Home	0	0	52	52	0	0	0	52
Lincoln	HAL-055-013	Heath House	0	0	60	60	0	0	0	60
Lincoln	HAL-055-003	Lakewood Care Center	0	0	60	60	0	0	0	60
Lincoln	HAL-055-004	North Brook Rest Home	0	0	12	12	0	0	0	12
Lincoln	HAL-055-009	The Addison of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Lincoln	NH0385	The Greens at Lincolnton	11	0	0	11	0	0	0	11

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Lincoln	HAL-055-012	Wexford House	0	0	80	80	0	0	0	80
Lincoln Totals			11	0	370	381	0	0	0	381
Macon	HAL-056-005	Chestnut Hill of Highlands	0	0	26	26	0	0	0	26
Macon	HAL-056-006	Franklin House	0	0	70	70	0	0	0	70
Macon	HAL-056-001	Grandview Manor Care Center	0	0	82	82	0	0	0	82
Macon Totals			0	0	178	178	0	0	0	178
Madison	NH0479	Elderberry Health Care	20	0	0	20	0	0	0	20
Madison	HAL-057-011	Mars Hill Retirement Community	0	0	69	69	0	0	0	69
Madison Totals			20	0	69	89	0	0	0	89
Martin	HAL-058-010	Vintage Inn Retirement Community	0	0	122	122	0	0	0	122
Martin	HAL-058-011	Williamston House	0	0	60	60	0	0	0	60
Martin Totals			0	0	182	182	0	0	0	182
McDowell	NH0346	Autumn Care of Marion	15	0	0	15	0	0	0	15
McDowell	HAL-059-021	Cedarbrook Residential Center	0	0	80	80	0	0	0	80
McDowell	HAL-059-033	Houston House	0	0	29	29	0	0	0	29
McDowell	HAL-059-032	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	60
McDowell	HAL-059-017	McDowell Assisted Living	0	0	54	54	0	0	0	54
McDowell	HAL-059-034	McDowell House	0	0	25	25	0	0	0	25
McDowell	HAL-059-027	Rose Hill Retirement Community	0	0	87	87	0	0	0	87
McDowell Totals			15	0	335	350	0	0	0	350
Mecklenburg	HAL-060-170	Arbor Ridge at Huntersville	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-019	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-049	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	34
Mecklenburg	HAL-060-060	Brookdale Charlotte East	0	0	50	50	0	0	0	50
Mecklenburg	HAL-060-101	Brookdale South Charlotte	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-085	Brookdale South Park	0	0	56	56	0	0	0	56
Mecklenburg	HAL-060-042	Brookdale Weddington Park	0	0	83	83	0	0	0	83
Mecklenburg	HAL-060-160	Cadence Huntersville	0	0	96	96	0	0	0	96
Mecklenburg	HAL-060-159	Cadence Senior Living at Mint Hill	0	0	84	84	0	0	0	84
Mecklenburg	HAL-060-171	Charter Senior Living of Charlotte	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-149	East Towne	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-014	Hunter Village	0	0	68	68	0	0	0	68
Mecklenburg	HAL-060-152	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	122
Mecklenburg	NH0060	Matthews Health & Rehab Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-155	MerryWood on Park	0	0	20	20	0	0	0	20
Mecklenburg	HAL-060-136	Mint Hill Senior Living	0	0	82	82	0	0	0	82
Mecklenburg	HAL-060-150	Northlake House	0	0	48	48	0	0	0	48

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	HAL-060-054	Parker Terrace	0	0	53	53	0	0	0	53
Mecklenburg	NH0521	Pineville Rehabilitation and Living Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-169	Preston House	0	0	40	40	0	0	0	40
Mecklenburg	HAL-060-126	Queen City Assisted Living (Facility closed)	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-172	Ranson Ridge Assisted Living & Memory Care	0	0	100	100	0	0	0	100
Mecklenburg	NH0557	Saturn Nursing and Rehabilitation Center	20	0	0	20	0	0	0	20
Mecklenburg		St. Margaret's of Trevi Village	0	0	0	0	52	0	0	52
Mecklenburg	HAL-060-116	Summit Place of Southpark	0	0	120	120	0	0	0	120
Mecklenburg	HAL-060-165	Sunrise on Providence	0	0	95	95	0	0	0	95
Mecklenburg	HAL-060-156	TerraBella Little Avenue	0	0	62	62	0	0	0	62
Mecklenburg	HAL-060-158	The Charlotte Assisted Living	0	0	119	119	0	0	0	119
Mecklenburg	HAL-060-162	The Haven in Highland Creek	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-163	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	60
Mecklenburg	HAL-060-161	The Laurels in Highland Creek	0	0	105	105	0	0	0	105
Mecklenburg	HAL-060-164	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	104
Mecklenburg	HAL-060-109	The Little Flower Assisted Living	0	0	49	49	0	0	0	49
Mecklenburg	HAL-060-125	The Parc at Sharon Amity	0	0	64	64	0	0	0	64
Mecklenburg	HAL-060-168	The Pines On Carmel Senior Living	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-174	The Terrace at Brightmore of South Charlotte	0	0	34	34	0	0	0	34
Mecklenburg	NH0016	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Mecklenburg	HAL-060-138	Waltonwood at Providence	0	0	80	80	0	0	0	80
Mecklenburg	HAL-060-148	Waltonwood Cotswold (85 beds added per settlement agreement)	0	0	125	125	0	0	0	125
Mecklenburg	HAL-060-166	Wickshire Steele Creek	0	0	90	90	0	0	0	90
Mecklenburg	HAL-060-111	Willow Ridge Memory Care	0	0	52	52	0	0	0	52
Mecklenburg Totals			50	0	2,871	2,921	52	0	0	2,973
Mitchell	HAL-061-011	Mitchell House	0	0	80	80	0	0	0	80
Mitchell Totals			0	0	80	80	0	0	0	80
Montgomery	NH0411	Autumn Care of Biscoe	10	0	0	10	0	0	0	10
Montgomery	HAL-062-016	Montgomery Senior Living	0	0	54	54	0	0	0	54
Montgomery	HAL-062-015	Poplar Springs Assisted Living	0	0	12	12	0	0	0	12
Montgomery	HAL-062-009	Sandy Ridge Assisted Living	0	0	120	120	0	0	0	120
Montgomery Totals			10	0	186	196	0	0	0	196
Moore	NH0597	Accordius Health at Aberdeen	10	0	0	10	0	0	0	10
Moore	HAL-063-024	Brookdale Pinehurst	0	0	76	76	0	0	0	76
Moore	HAL-063-022	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	85
Moore	HAL-063-007	Magnolia Gardens	0	0	110	110	0	0	0	110
Moore	NH0539	Peak Resources-Pinelake	20	0	0	20	0	0	0	20

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Moore	HAL-063-023	Seven Lakes Assisted Living (Transfer 20 beds to The Landings of Pinehurst)	0	0	60	60	0	-20	0	40
Moore	NH0589	St Joseph of The Pines Health Center (Transfer 10 beds from The Coventry (Moore County))	0	0	0	0	0	10	0	10
Moore	HAL-063-011	Tara Plantation of Carthage	0	0	80	80	0	0	0	80
Moore	HAL-063-025	TerraBella Southern Pines	0	0	94	94	0	0	0	94
Moore		The Landings of Pinehurst (Transfer total of 44 beds from The Oaks at Pleasant Hill (Northampton County); and 20 beds from Seven Lakes Assisted Living)	0	0	0	0	0	64	0	64
Moore Totals			30	0	505	535	0	54	0	589
Nash	NH0602	Autumn Care of Nash	20	0	0	20	0	0	0	20
Nash	HAL-064-004	Brekenridge Retirement Center	0	0	64	64	0	0	0	64
Nash	HAL-064-035	Hunter Hill Assisted Living	0	0	64	64	0	0	0	64
Nash	HAL-064-036	Navion of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-029	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	60
Nash	HAL-064-033	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	84
Nash	NH0437	The Carrolton of Nash	9	0	0	9	0	0	0	9
Nash	HAL-064-031	The Gardens of Nashville	0	0	62	62	0	0	0	62
Nash	HAL-064-034	The Landings of Rocky Mount Mills	0	0	60	60	0	0	0	60
Nash	NH0122	The Lodge at Rocky Mount	15	0	0	15	0	0	0	15
Nash	HAL-064-014	Trinity Retirement Villas #1 (Facility closed)	0	0	0	0	12	0	0	12
Nash	HAL-064-013	Trinity Retirement Villas #2 (Facility closed)	0	0	0	0	12	0	0	12
Nash Totals			44	0	454	498	24	0	0	522
New Hanover	NH0595	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	20
New Hanover	HAL-065-019	Brookdale Wilmington	0	0	38	38	0	0	0	38
New Hanover	HAL-065-034	Castle Creek Memory Care (Transfer 20 beds to The Luminance at Riverlights)	0	0	84	84	0	-20	0	64
New Hanover	HAL-065-035	Cedar Cove Assisted Living	0	0	64	64	0	0	0	64
New Hanover	HAL-065-020	Champions Assisted Living	0	0	148	148	0	0	0	148
New Hanover	HAL-065-004	Fannie Norwood Memorial Home (Facility closed. Transfer 16 beds to Tidewater at Carolina Bay)	0	0	0	0	16	-16	0	0
New Hanover	NH0569	Liberty Commons Rehabilitation Center	40	0	0	40	0	0	0	40
New Hanover	HAL-065-045	Morningside of Wilmington	0	0	101	101	0	0	0	101
New Hanover	HAL-065-036	New Hanover House (Transfer 40 beds to The Luminance at Riverlights)	0	0	61	61	0	0	0	61
New Hanover	HAL-065-031	Port South Village/Carmen D. Villa (Facility closed. Transfer 12 bed to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-043	Port South Village/Catherine S. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
New Hanover	HAL-065-042	Port South Village/Crystal L. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-027	Port South Village/Lorraine B. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay.)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-025	Port South Village/Tara L. Villa (Facility closed. Transfer of 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-040	Port South Village/Teresa C. Villa (Facility closed. Transfer 12 beds to Tidewater at Carolina Bay)	0	0	0	0	12	-12	0	0
New Hanover	HAL-065-011	Sherwood Manor Rest Home (Facility closed; transfer of 40 beds to The Luminance at Riverlights)	0	0	0	0	40	-40	0	0
New Hanover	HAL-065-046	Spring Arbor of Wilmington	0	0	66	66	0	0	0	66
New Hanover	HAL-065-002	The Commons at Brightmore	0	0	201	201	0	0	0	201
New Hanover	HAL-065-023	The Kempton at Brightmore	0	0	84	84	0	0	0	84
New Hanover		The Luminance at Riverlights (Transfer 40 beds from New Hanover House and transfer 20 beds from Castle Creek Memory Care)	0	0	0	0	0	60	0	60
New Hanover		Tidewater at Carolina Bay (Transferred 16 beds from Fannie Norwood Memorial Home and transfer 72 beds from multiple Port South Village facilities)	0	0	0	0	0	88	0	88
New Hanover Totals			60	0	847	907	128	0	0	1,035
Northampton	HAL-066-012	Hampton Manor	0	0	82	82	0	0	0	82
Northampton	HAL-066-001	Pine Forest Rest Home	0	0	24	24	0	0	0	24
Northampton	HAL-066-011	Rich Square Manor	0	0	32	32	0	0	0	32
Northampton	HAL-066-010	Rich Square Villa (Transfer 22 beds from The Oaks at Pleasant Hill)	0	0	38	38	0	22	0	60
Northampton	HAL-066-018	The Oaks at Pleasant Hill (Facility closed. Transfer 44 beds to The Landings of Pinehurst in Moore County and transfer 22 beds to Rich Square Villa)	0	0	0	0	66	-66	0	0
Northampton Totals			0	0	176	176	66	-44	0	198
Onslow	HAL-067-004	Cardinal Care of Jacksonville	0	0	32	32	0	0	0	32
Onslow	HAL-067-008	Kempton of Jacksonville	0	0	79	79	0	0	0	79
Onslow	HAL-067-013	Lighthouse Village	0	0	80	80	0	0	0	80
Onslow	HAL-067-023	Onslow House	0	0	120	120	-40	0	0	80
Onslow	NH0229	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	7
Onslow	HAL-067-016	The Heritage of Richlands	0	0	40	40	0	0	0	40
Onslow		The Landings at Topsail Shores (Relocate 40 beds from Onslow House)	0	0	0	0	40	0	0	40
Onslow	HAL-067-025	The Landings of Swansboro	0	0	80	80	0	0	0	80
Onslow Totals			7	0	431	438	0	0	0	438
Orange	HAL-068-034	Adorable Senior Living	0	0	17	17	0	0	0	17
Orange	HAL-068-008	Brookdale Meadowmont	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H I CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Orange	HAL-068-036	Carlisle At Carrboro	0	0	120	120	0	0	0	120
Orange	NH0239	Parkview Health and Rehabilitation Center	7	0	0	7	0	0	0	7
Orange	NH0545	Peak Resources-Brookshire	20	0	0	20	0	0	0	20
Orange	HAL-068-035	TerraBella Hillsborough	0	0	96	96	0	0	0	96
Orange	HAL-068-025	The Stratford	0	0	77	77	0	0	0	77
Orange Totals			27	0	374	401	0	0	0	401
Pamlico	NH0450	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	8
Pamlico	HAL-069-002	The Gardens of Pamlico	0	0	70	70	0	0	0	70
Pamlico Totals			8	0	70	78	0	0	0	78
Pasquotank	HAL-070-005	Brookdale Elizabeth City	0	0	76	76	0	0	0	76
Pasquotank	HAL-070-006	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	60
Pasquotank	HAL-070-008	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	130
Pasquotank Totals			0	0	266	266	0	0	0	266
Pender	HAL-071-016	Arbor Landing at Hampstead	0	0	19	19	0	0	0	19
Pender	HAL-071-017	Poplar Grove	0	0	60	60	0	0	0	60
Pender	NH0300	Woodbury Wellness Center	100	0	0	100	0	0	0	100
Pender Totals			100	0	79	179	0	0	0	179
Perquimans	HAL-072-015	Hertford Manor	0	0	24	24	0	0	0	24
Perquimans	HAL-072-014	The Landings of Albemarle	0	0	50	50	0	0	0	50
Perquimans Totals			0	0	74	74	0	0	0	74
Person	HAL-073-010	Maple Heights Assisted Living	0	0	34	34	0	0	0	34
Person	HAL-073-019	Roxboro Assisted Living OPCP LLC	0	0	120	120	0	0	0	120
Person	HAL-073-018	The Canterbury House	0	0	60	60	0	0	0	60
Person Totals			0	0	214	214	0	0	0	214
Pitt	HAL-074-046	Alpha Care One Assisted Living	0	0	120	120	0	0	0	120
Pitt	HAL-074-011	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	76
Pitt	NH0505	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	20
Pitt	HAL-074-047	Navion of Greenville	0	0	60	60	0	0	0	60
Pitt	HAL-074-036	Oak Haven Assisted Living	0	0	54	54	0	0	0	54
Pitt	HAL-074-037	Red Oak Assisted Living	0	0	62	62	0	0	0	62
Pitt		Rising Phoenix (Transfer 29 beds from Winterville Manor)	0	0	0	0	0	29	0	29
Pitt	HAL-074-043	River Oak Assisted Living	0	0	80	80	0	0	0	80
Pitt	HAL-074-045	Spring Arbor of Greenville	0	0	66	66	0	0	0	66
Pitt	HAL-074-026	Winterville Manor (Facility closed. Transfer 29 beds to Rising Phoenix)	0	0	0	0	29	-29	0	0
Pitt Totals			20	0	518	538	29	0	0	567
Polk	HAL-075-010	Laurelwoods	0	0	60	60	0	0	0	60

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Polk	HAL-075-011	Ridge Rest Assisted Living	0	0	12	12	0	0	0	12
Polk		The Gardens of Columbus	0	0	0	0	50	0	0	50
Polk Totals			0	0	72	72	50	0	0	122
Randolph	HAL-076-007	Brookdale Asheboro	0	0	76	76	0	0	0	76
Randolph	HAL-076-034	Brookstone Haven	0	0	120	120	0	0	0	120
Randolph	HAL-076-003	Cross Road Retirement Community	0	0	152	152	0	0	0	152
Randolph	HAL-076-027	North Pointe	0	0	67	67	0	0	0	67
Randolph	HAL-076-032	North Pointe Assisted Living Of Archdale	0	0	56	56	0	0	0	56
Randolph	HAL-076-035	TerraBella Asheboro	0	0	96	96	0	0	0	96
Randolph Totals			0	0	567	567	0	0	0	567
Richmond	HAL-077-010	Hamlet House	0	0	60	60	0	0	0	60
Richmond	HAL-077-012	Hermitage Retirement Center	0	0	114	114	0	0	0	114
Richmond	NH0455	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	10
Richmond Totals			10	0	174	184	0	0	0	184
Robeson	HAL-078-038	Covenant Care	0	0	30	30	0	0	0	30
Robeson	HAL-078-082	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	11
Robeson	NH0533	GlenFlora	20	0	0	20	0	0	0	20
Robeson	HAL-078-112	Greenbrier of Fairmont	0	0	100	100	0	0	0	100
Robeson	HAL-078-100	Hope Springs	0	0	63	63	0	0	0	63
Robeson	HAL-078-064	Morning Star AL # 2	0	0	12	12	0	0	0	12
Robeson	HAL-078-065	Morning Star AL # 3	0	0	12	12	0	0	0	12
Robeson	HAL-078-067	Morning Star AL # 4	0	0	12	12	0	0	0	12
Robeson	HAL-078-083	Red Springs Assisted Living	0	0	81	81	0	0	0	81
Robeson	HAL-078-111	Rivers Edge of Lumberton	0	0	104	104	0	0	0	104
Robeson Totals			20	0	425	445	0	0	0	445
Rockingham	HAL-079-009	Brookdale Eden	0	0	82	82	0	0	0	82
Rockingham	HAL-079-007	Brookdale Reidsville	0	0	76	76	0	0	0	76
Rockingham	HAL-079-108	Devoted Assisted Living	0	0	18	18	0	0	0	18
Rockingham	HAL-079-002	Highgrove Long Term Care Center	0	0	62	62	0	0	0	62
Rockingham	HAL-079-053	North Pointe of Mayodan	0	0	70	70	0	0	0	70
Rockingham	NH0614	Penn Nursing Center	10	0	0	10	0	0	0	10
Rockingham	HAL-079-079	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	58
Rockingham	HAL-079-106	The Landings of Rockingham	0	0	43	43	0	0	0	43
Rockingham Totals			10	0	409	419	0	0	0	419
Rowan	HAL-080-027	Alpha Concord Plantation	0	0	29	29	0	0	0	29
Rowan	HAL-080-029	Angels at Heart Assisted Living	0	0	28	28	0	0	0	28
Rowan	HAL-080-019	Best Of Care Assisted Living	0	0	25	25	0	0	0	25

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A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		I Available in SMFP	J Total Planning Inventory
							CON	CON Bed Transfer		
Rowan	HAL-080-032	Bethamy Retirement Center	0	0	43	43	0	0	0	43
Rowan	NH0471	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	96
Rowan	HAL-080-014	Brookdale Salisbury	0	0	88	88	0	0	0	88
Rowan	HAL-080-028	Compass Assisted Living Rowan	0	0	89	89	0	0	0	89
Rowan	HAL-080-031	Deal Care Inn	0	0	21	21	0	0	0	21
Rowan	HAL-080-003	Kannon Creek Assisted Living (Facility closed. Transfer 106 beds to The Landings of Salisbury)	0	0	0	0	106	-106	0	0
Rowan	NH0050	Piedmont Health & Rehab Center^	0	0	0	0	0	0	0	0
Rowan	HAL-080-030	TerraBella Salisbury	0	0	128	128	0	0	0	128
Rowan	NH0441	The Citadel Salisbury	20	0	0	20	0	0	0	20
Rowan		The Landings of Salisbury (Replacement facility. Transfer 106 beds from Kannon Creek Assisted Living)	0	0	0	0	0	106	0	106
Rowan	NH0538	The Laurels of Salisbury	20	0	0	20	0	0	0	20
Rowan	HAL-080-026	The Meadows of Rockwell Retirement Center	0	0	110	110	0	0	0	110
Rowan Totals			136	0	561	697	106	0	0	803
Rutherford	HAL-081-014	Brookdale Forest City	0	0	76	76	0	0	0	76
Rutherford	HAL-081-001	Colonial Manor Rest Home	0	0	34	34	0	0	0	34
Rutherford	NH0531	Fair Haven Home	37	0	0	37	0	0	0	37
Rutherford	NH0474	Fair Haven of Forest City	28	0	0	28	0	0	0	28
Rutherford	HAL-081-010	Henderson Care Center	0	0	86	86	0	0	0	86
Rutherford	HAL-081-054	Highland Senior Living	0	0	44	44	0	0	0	44
Rutherford	HAL-081-005	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	32
Rutherford	HAL-081-053	Oakland Living Center	0	0	40	40	0	0	0	40
Rutherford	HAL-081-007	Restwell Home	0	0	20	20	0	0	0	20
Rutherford	HAL-081-008	Southern Manor Rest Home	0	0	25	25	0	0	0	25
Rutherford	HAL-081-042	Sunnyside Retirement Home	0	0	34	34	0	0	0	34
Rutherford	HAL-081-055	The Landings of Lake Lure	0	0	62	62	0	0	0	62
Rutherford Totals			65	0	453	518	0	0	0	518
Sampson	HAL-082-029	Clinton Village Senior Center (Facility closed)	0	0	0	0	60	0	0	60
Sampson	NH0089	Mary Gran Nursing Center	30	0	0	30	0	0	0	30
Sampson	HAL-082-030	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	61
Sampson	HAL-082-028	The Gardens of Roseboro	0	0	40	40	0	0	0	40
Sampson	HAL-082-022	The Magnolia	0	0	91	91	0	0	0	91
Sampson Totals			30	0	192	222	60	0	0	282
Scotland	HAL-083-021	Prestwick Village	0	0	100	100	0	0	0	100
Scotland Totals			0	0	100	100	0	0	0	100
Stanly	NH0462	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Stanly	HAL-084-010	Spring Arbor of Albemarle	0	0	78	78	0	0	0	78

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Stanly	NH0464	Stanly Manor	10	0	0	10	0	0	0	10
Stanly	HAL-084-001	The Taylor House	0	0	30	30	0	0	0	30
Stanly	NH0140	Trinity Place	27	0	0	27	0	0	0	27
Stanly	HAL-084-009	Woodhaven Court	0	0	76	76	0	0	0	76
Stanly Totals			47	0	184	231	0	0	0	231
Stokes	HAL-085-012	Graceland Living Center I	0	0	12	12	0	0	0	12
Stokes	HAL-085-013	Graceland Living Center II	0	0	11	11	0	0	0	11
Stokes	NH0555	King Nursing & Rehabilitation Center	24	0	0	24	0	0	0	24
Stokes	HAL-085-003	Mountain Valley Living Center	0	0	26	26	0	0	0	26
Stokes	HAL-085-014	Priddy Manor Assisted Living	0	0	79	79	0	0	0	79
Stokes	HAL-085-008	Rose Tara Senior Living	0	0	65	65	0	0	0	65
Stokes	NH0507	Village Care of King	20	0	0	20	0	0	0	20
Stokes	HAL-085-015	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	63
Stokes Totals			44	0	256	300	0	0	0	300
Surry	HAL-086-001	Central Care	0	0	53	53	0	0	0	53
Surry	NH0640	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	28
Surry	HAL-086-002	Colonial Long Term Care Facility	0	0	54	54	0	0	0	54
Surry	HAL-086-006	Dunmore Plantation	0	0	60	60	0	0	0	60
Surry	HAL-086-010	Ridge Crest Retirement	0	0	28	28	0	0	0	28
Surry	HAL-086-014	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	65
Surry	HAL-086-016	Twelve Oaks	0	0	112	112	0	0	0	112
Surry	HAL-086-015	Yadkin Valley Senior Living	0	0	60	60	0	0	0	60
Surry Totals			28	0	432	460	0	0	0	460
Swain		2024 SMFP Need Determination	0	0	0	0	0	0	50	50
Swain	HAL-087-009	Bryson Senior Living	0	0	50	50	0	0	0	50
Swain Totals			0	0	50	50	0	0	50	100
Transylvania	HAL-088-014	Cedar Mountain House	0	0	64	64	0	0	0	64
Transylvania	HAL-088-015	Kingsbridge House	0	0	60	60	0	0	0	60
Transylvania	NH0563	The Oaks-Brevard	10	0	0	10	0	0	0	10
Transylvania Totals			10	0	124	134	0	0	0	134
Tyrrell	HAL-089-002	Tyrrell House	0	0	50	50	0	0	0	50
Tyrrell Totals			0	0	50	50	0	0	0	50
Union	NH0421	Autumn Care of Marshville	10	0	0	10	0	0	0	10
Union	HAL-090-024	Brookdale Monroe Square 1	0	0	102	102	0	0	0	102
Union	HAL-090-022	Brookdale Monroe Square 2	0	0	65	65	0	0	0	65
Union	HAL-090-007	Brookdale Union Park	0	0	87	87	0	0	0	87
Union	HAL-090-001	Elizabethan Gardens (Facility closed)	0	0	100	100	0	0	0	100

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Union	HAL-090-004	Hillcrest Church Rest Home	0	0	20	20	0	0	0	20
Union	HAL-090-034	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	12
Union	HAL-090-033	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	12
Union	NH0493	Rock Rest Nursing & Rehabilitation	12	0	0	12	0	0	0	12
Union	HAL-090-035	The Addison of Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Union	HAL-090-036	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	80
Union Totals			22	0	574	596	0	0	0	596
Vance	HAL-091-011	Green-Bullock Assisted Living Center (Facility closed. Transfer 129 beds to The Bridges on Parkview)	0	0	0	0	129	-129	0	0
Vance	NH0353	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	23
Vance	NH0477	Senior Citizens Home	54	0	0	54	0	0	0	54
Vance		The Bridges on Parkview (Transfer 129 beds from Green-Bullock Assisted Living)	0	0	0	0	0	129	0	129
Vance Totals			77	0	0	77	129	0	0	206
Wake	HAL-092-024	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	115
Wake	HAL-092-023	Brookdale Cary	0	0	50	50	0	0	0	50
Wake	HAL-092-027	Brookdale MacArthur Park	0	0	80	80	0	0	0	80
Wake	HAL-092-032	Brookdale Wake Forest	0	0	70	70	0	0	0	70
Wake	HAL-092-146	Brookridge Assisted Living (Facility closed. Transfer 55 beds to Mayview Assisted Living Center)	0	0	0	0	55	-55	0	0
Wake	HAL-092-213	Cadence at Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-215	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	84	84	0	0	0	84
Wake	HAL-092-214	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-227	Calyx Living of Fuquay-Varina	0	0	0	84	0	0	0	84
Wake	HAL-092-203	Chatham Commons	0	0	80	80	0	0	0	80
Wake	HAL-092-212	Coventry House Of Zebulon	0	0	60	60	0	0	0	60
Wake	HAL-092-141	Falls River Court Memory Care Community	0	0	38	38	0	0	0	38
Wake	HAL-092-142	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	60
Wake	HAL-092-186	Foundation Senior Living	0	0	126	126	0	0	0	126
Wake	NH0637	Fuquay Nursing and Rehabilitation Center (Transfer 31 beds to Litchford Falls Health and Rehabilitation Center)	0	0	0	0	0	-31	0	-31
Wake	HAL-092-216	HeartFields at Cary	0	0	97	97	0	0	0	97
Wake	NH0525	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	20
Wake	HAL-092-017	Lawndale Manor	0	0	62	62	0	0	0	62
Wake	HAL-092-009	Lee's Long Term Care Facility (Transferred 65 beds to Waltonwood Silverton)	0	0	0	0	65	-65	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Wake	NH0558	Litchford Healthcare and Rehabilitation Center (Transfer 20 beds from North Raleigh Nursing & Rehabilitation Center (previously Universal Health Care/N. Raleigh) and 31 beds from Fuquay Nursing and Rehabilitation Center (previously Universal Health Care/Fuquay-Varina))	24	0	0	24	0	51	0	75
Wake	HAL-092-180	Magnolia Glen	0	0	66	66	0	0	0	66
Wake		Mayview Assisted Living Center (Transfer 20 beds from Wellington Rehabilitation and Healthcare (NH0544) and 55 beds from Brookridge Assisted Living)	0	0	0	0	27	75	0	102
Wake	HAL-092-217	Morningside of Raleigh	0	0	110	110	0	0	0	110
Wake	NH0611	North Raleigh Nursing & Rehabilitation Center (Transfer 20 beds to Litchford Falls Health and Rehabilitation Center)	0	0	0	0	0	-20	0	-20
Wake	HAL-092-182	Oliver House (Facility closed)	0	0	100	100	0	0	0	100
Wake	HAL-092-131	Phoenix Assisted Care	0	0	120	120	0	0	0	120
Wake	HAL-092-223	Spring Arbor of Apex	0	0	76	76	0	0	0	76
Wake	HAL-092-225	Spring Arbor of Cary	0	0	80	80	0	0	0	80
Wake	HAL-092-224	Spring Arbor of Raleigh	0	0	80	80	0	0	0	80
Wake	HAL-092-218	Sunrise at North Hills	0	0	160	160	0	0	0	160
Wake	HAL-092-209	Sunrise of Cary	0	0	85	85	0	0	0	85
Wake	HAL-092-211	Sunrise of Raleigh	0	0	100	100	0	0	0	100
Wake	HAL-092-207	TerraBella Northridge	0	0	161	161	0	0	0	161
Wake	HAL-092-219	The Addison of Fuquay-Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-220	The Addison of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	96
Wake	HAL-092-181	The Covington	0	0	120	120	0	0	0	120
Wake	NH0506	The Laurels of Forest Glenn	20	0	0	20	0	0	0	20
Wake	HAL-092-229	The Reserve at Mills Farm	0	0	35	35	0	0	0	35
Wake	HAL-092-144	Wake Assisted Living	0	0	60	60	0	0	0	60
Wake	HAL-092-161	Waltonwood Cary Parkway (Transfer 9 beds to Waltonwood Silverton)	0	0	85	85	0	-9	0	76
Wake	HAL-092-210	Waltonwood Lake Boone	0	0	68	68	0	0	0	68
Wake		Waltonwood Silverton (Transfer 65 beds from Lee's Long Term Care Facility and 9 beds from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	74
Wake	HAL-092-206	Woodland Terrace	0	0	84	84	0	0	0	84
Wake	HAL-092-143	Zebulon House	0	0	60	60	0	0	0	60
Wake Totals			64	0	2,956	3,104	147	20	0	3,271
Warren	HAL-093-010	Alpha Magnolia Garden	0	0	86	86	0	0	0	86
Warren	HAL-093-001	Boyd's Rest Home #2	0	0	10	10	0	0	0	10
Warren	NH0360	Warren Hills Nursing Center	20	0	0	20	0	0	0	20

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Warren Totals			20	0	96	116	0	0	0	116
Washington	HAL-094-007	Cypress Manor	0	0	40	40	0	0	0	40
Washington	NH0419	The Carrolton of Plymouth	9	0	0	9	0	0	0	9
Washington Totals			9	0	40	49	0	0	0	49
Watauga	HAL-095-009	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	96
Watauga	HAL-095-002	Mountain Care Facilities (facility closed. Transfer 60 beds to Watauga Assisted Living.)	0	0	0	0	60	-60	0	0
Watauga	NH0638	The Foley Center at Chestnut Ridge	20	0	0	20	0	0	0	20
Watauga		Watauga Assisted Living (Replacement facility; transfer 60 beds from Mountain Care Facilities)	0	0	0	0	0	60	0	60
Watauga Totals			20	0	96	116	60	0	0	176
Wayne	HAL-096-026	Brookdale Country Day Road	0	0	104	104	0	0	0	104
Wayne	HAL-096-049	Countryside Village	0	0	40	40	0	0	0	40
Wayne	HAL-096-051	Eagle's Pointe	0	0	104	104	0	0	0	104
Wayne	HAL-096-024	Fremont Rest Center	0	0	50	50	0	0	0	50
Wayne	HAL-096-031	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	56
Wayne	HAL-096-054	Helping Hands Assisted Living	0	0	73	73	0	0	0	73
Wayne	HAL-096-001	LaGrange Gardens Assisted Living (Facility closed)	0	0	0	0	37	0	0	37
Wayne	HAL-096-053	Navion of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-047	Somerset Court of Goldsboro	0	0	60	60	0	0	0	60
Wayne	HAL-096-029	Sutton's Retirement Center	0	0	40	40	0	0	0	40
Wayne	HAL-096-003	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	12
Wayne	HAL-096-004	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	12
Wayne	HAL-096-009	Woodard's Retirement Village	0	0	60	60	0	0	0	60
Wayne Totals			0	0	671	671	37	0	0	708
Wilkes	HAL-097-015	Rose Glen Manor	0	0	60	60	0	0	0	60
Wilkes		The Gardens of Wilkesboro (Transfer 99 beds from Wilkes County Adult Care)	0	0	0	0	0	99	0	99
Wilkes	NH0295	Westwood Hills Nursing and Rehabilitation Center	10	0	0	10	0	0	0	10
Wilkes	HAL-097-014	Wilkes County Adult Care (Transfer 99 beds to The Gardens of Wilkesboro)	0	0	0	0	99	-99	0	0
Wilkes	HAL-097-016	Wilkesboro Assisted Living Center	0	0	102	102	0	0	0	102
Wilkes	NH0509	Wilkesboro Health and Rehabilitation	19	0	0	19	0	0	0	19
Wilkes Totals			29	0	162	191	99	0	0	290
Wilson	HAL-098-031	Morning Star Assisted Living #5	0	0	58	58	0	0	0	58
Wilson	HAL-098-030	Parkwood Village	0	0	70	70	0	0	0	70
Wilson	HAL-098-032	Spring Arbor of Wilson	0	0	72	72	0	0	0	72
Wilson	HAL-098-027	Wilson Assisted Living	0	0	88	88	0	0	0	88

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A County	B License Number	C Facility Name	D Licensed Beds in Nursing Homes	E Licensed Beds in Hospitals	F Licensed Beds in Adult Care Facilities	G Total Licensed Beds	H CON Approved/ License Pending		J Available in SMFP	K Total Planning Inventory
							CON	CON Bed Transfer		
Wilson	HAL-098-023	Wilson House	0	0	136	136	0	0	0	136
Wilson	NH0218	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	30
Wilson Totals			30	0	424	454	0	0	0	454
Yadkin	HAL-099-018	Patriot Living of Yadkinville	0	0	50	50	0	0	0	50
Yadkin	HAL-099-017	Pinebrook Residential Center I	0	0	54	54	0	0	0	54
Yadkin	HAL-099-016	Pinebrook Residential Center II	0	0	65	65	0	0	0	65
Yadkin	NH0224	Yadkin Nursing Care Center	20	0	0	20	0	0	0	20
Yadkin Totals			20	0	169	189	0	0	0	189
Yancey	HAL-100-006	Southern Living for Seniors of Burnsville (Facility closed)	0	0	0	0	29	0	0	29
Yancey	HAL-100-005	Yancey House	0	0	70	70	0	0	0	70
Yancey Totals			0	0	70	70	29	0	0	99
Grand Totals			2,663	0	36,636	39,383	2,051	80	50	41,564

* Facility license expired 12/31/2022.

** Facility license expired 12/31/2023.

^ Nursing home facility delicensed adult care home beds during current reporting year.

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Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Alamance	595	514	409	478	527	170,483	170,698	173,384	177,141	181,394	3.4901	3.0112	2.3589	2.6984			
Alexander	83	52	60	70	78	38,530	38,524	36,145	36,429	36,353	2.1542	1.3498	1.6600	1.9215	2.1456	0.0326	0.0326	2.3558
Alleghany	0	0	0	22	35	11,466	11,558	10,829	11,132	11,426	2.6395	2.5021	2.3279	1.9763	3.0632	0.0693	0.0693	3.7001
Anson	59	55	60	0	29	25,290	23,889	21,904	21,502	22,087	2.3329	2.3023	2.7392	2.3926	1.3130	-0.1003	-0.1003	0.9180
Ashe	97	99	35	34	95	27,861	28,020	26,444	26,653	26,975	3.4816	3.5332	1.3236	1.2757	3.5218	0.2785	0.2785	6.4642
Avery	92	90	76	84	83	18,022	18,182	17,775	17,951	17,394	5.1049	4.9500	4.2757	4.6794	4.7718	-0.0131	-0.0131	4.5842
Beaufort	91	84	88	52	79	47,480	47,400	44,120	44,395	43,785	1.9166	1.7722	1.9946	1.1713	1.8043	0.0444	0.0444	2.0448
Bertie	85	73	59	38	70	19,636	19,496	17,598	16,933	16,839	4.3288	3.7444	3.3527	2.2441	4.1570	0.0705	0.0705	5.0366
Bladen	74	69	65	64	80	34,497	34,421	28,771	29,195	28,902	2.1451	2.0046	2.2592	2.1922	2.7680	0.0736	0.0736	3.3794
Brunswick	225	127	217	225	286	142,088	147,644	140,411	150,848	160,022	1.5835	0.8602	1.5455	1.4916	1.7873	0.1258	0.1258	2.4618
Buncombe	826	728	676	725	702	264,056	264,408	272,880	274,361	276,367	3.1281	2.7533	2.4773	2.6425	2.5401	-0.0480	-0.0480	2.1741
Burke	310	294	235	276	267	91,810	91,708	86,783	87,412	89,179	3.3765	3.2058	2.7079	3.1575	2.9940	-0.0229	-0.0229	2.7882
Cabarrus	456	532	546	579	587	212,917	216,841	232,083	235,654	243,942	2.1417	2.4534	2.3526	2.4570	2.4063	0.0321	0.0321	2.6377
Caldwell	188	101	182	176	173	83,417	84,230	80,171	80,975	81,761	2.2537	1.1991	2.2701	2.1735	2.1159	0.0890	0.0890	2.6812
Camden	11	12	11	11	11	10,611	10,575	10,469	10,915	11,064	1.0367	1.1348	1.0507	1.0078	0.9942	-0.0084	-0.0084	0.9690
Carteret	149	157	152	149	156	71,163	71,352	67,311	68,813	70,294	2.0938	2.2004	2.2582	2.1653	2.2193	0.0152	0.0152	2.3207
Caswell	87	85	72	89	77	23,664	23,462	22,582	22,339	22,098	3.6765	3.6229	3.1884	3.9841	3.4845	-0.0026	-0.0026	3.4574
Catawba	499	501	424	457	499	159,494	160,732	161,909	162,790	166,441	3.1286	3.1170	2.6188	2.8073	2.9981	-0.0059	-0.0059	2.9449
Chatham	353	245	243	288	288	75,994	77,061	77,747	78,450	80,498	4.6451	3.1793	3.1255	3.6711	3.5777	-0.0458	-0.0458	3.0857
Cherokee	19	17	0	0	0	29,630	29,610	28,873	29,177	29,154	0.6412	0.5741	2.3279	2.3926	2.4546	0.7509	0.4816	0.0000
Chowan	94	85	71	75	98	14,114	14,114	13,640	13,677	13,807	6.6601	6.0224	5.2053	5.4837	7.0978	0.0291	0.0291	7.7176
Clay	50	48	43	40	36	11,860	11,759	11,066	11,415	11,793	4.2159	4.0820	3.8858	3.5042	3.0527	-0.0767	-0.0767	2.3501
Cleveland	293	315	300	300	309	99,776	100,814	100,541	101,874	100,596	2.9366	3.1246	2.9839	2.9448	3.0717	0.0122	0.0122	3.1845
Columbus	84	73	67	68	72	56,290	56,002	49,307	50,043	49,966	1.4923	1.3035	1.3588	1.3588	1.4410	-0.0059	-0.0059	1.4155
Craven	320	345	317	326	372	103,779	103,016	100,128	102,032	104,372	3.0835	3.3490	3.1659	3.1951	3.5642	0.0390	0.0390	3.9816
Cumberland	492	573	555	541	593	332,455	333,531	334,660	343,588	342,872	1.4799	1.7180	1.6584	1.5746	1.7295	0.0435	0.0435	1.9553
Currituck	72	53	42	45	59	27,526	28,048	29,305	30,904	32,240	2.6157	1.8896	1.4332	1.4561	1.8300	-0.0616	-0.0616	1.4919
Dare	68	67	67	60	60	37,290	38,027	37,342	37,937	37,801	1.8235	1.7619	1.7942	1.5816	1.5873	-0.0326	-0.0326	1.4320
Davidson	415	432	329	339	382	169,468	170,370	170,044	172,093	176,119	2.4488	2.5357	1.9348	1.9699	2.1690	-0.0206	-0.0206	2.0351
Davie	142	114	99	109	124	43,430	43,746	43,283	43,754	44,290	3.2696	2.6060	2.2873	2.4912	2.7997	-0.0281	-0.0281	2.5640
Duplin	315	278	188	206	158	59,736	60,177	47,043	48,747	49,205	5.2732	4.6197	3.9963	4.2259	3.2111	-0.1104	-0.1104	2.1476
Durham	760	663	685	668	727	315,741	321,261	329,973	332,576	337,308	2.4070	2.0637	2.0759	2.0086	2.1553	-0.0240	-0.0240	1.9999
Edgecombe	144	129	100	167	147	52,586	52,024	48,104	47,707	47,951	2.7384	2.4796	2.0788	3.5005	3.0656	0.0759	0.0759	3.7635
Forsyth	1,527	1,354	1,434	1,352	1,480	379,693	380,964	385,489	386,047	393,297	4.0217	3.5541	3.7200	3.5022	3.7631	-0.0134	-0.0134	3.6116
Franklin	153	112	98	172	86	69,112	71,196	70,436	73,371	77,108	2.2138	1.5731	1.3913	2.3443	1.1153	-0.0611	-0.0611	0.9110
Gaston	706	768	731	783	742	222,744	224,168	230,378	237,542	240,885	3.1696	3.4260	3.1730	3.2963	3.0803	-0.0049	-0.0049	3.0350
Gates	68	2	55	50	45	12,132	11,908	10,166	10,312	10,490	5.6050	0.1680	5.4102	4.8487	4.2898	7.5058	0.4816	10.4871

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Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Graham	7	0	0	0	1	8,687	8,642	7,967	8,052	7,713	0.8058	2.5021	2.3279	2.3926			
Granville	74	105	100	129	121	61,406	61,628	61,410	62,050	62,225	1.2051	1.7038	1.6284	2.0790	1.9446	0.1454	0.1454	2.7928
Greene	41	40	34	38	8	21,050	20,951	20,372	20,119	19,938	1.9477	1.9092	1.6690	1.8888	0.4012	-0.2004	-0.2004	0.1601
Guilford	1,587	1,375	1,318	1,384	1,264	539,666	538,431	547,379	544,278	550,452	2.9407	2.5537	2.4078	2.5428	2.2963	-0.0574	-0.0574	1.9009
Halifax	111	91	105	114	144	51,194	50,898	47,873	47,787	46,781	2.1682	1.7879	2.1933	2.3856	3.0782	0.1073	0.1073	4.0693
Harnett	452	448	397	372	377	135,239	136,705	134,847	139,562	141,501	3.3422	3.2771	2.9441	2.6655	2.6643	-0.0540	-0.0540	2.2323
Haywood	221	209	193	219	163	63,328	63,481	62,403	62,888	63,703	3.4898	3.2923	3.0928	3.4824	2.5587	-0.0641	-0.0641	2.0666
Henderson	404	385	396	334	456	118,312	118,563	117,408	117,274	120,208	3.4147	3.2472	3.3729	2.8480	3.7934	0.0415	0.0415	4.2657
Hertford	134	116	115	121	112	24,037	23,720	19,871	19,507	19,730	5.5747	4.8904	5.7873	6.2029	5.6766	0.0119	0.0119	5.8794
Hoke	144	125	129	153	146	54,842	54,682	52,331	55,151	55,417	2.6257	2.2859	2.4651	2.7742	2.6346	0.0060	0.0060	2.6820
Hyde*	0	0	0	0	0	5,181	5,119	4,482	4,549	4,546	2.6395	2.5021	2.3279	2.3926	2.4546	-0.0170	-0.0170	0.0000
Iredell	643	674	658	624	697	181,380	183,309	191,180	196,170	202,785	3.5450	3.6769	3.4418	3.1809	3.4371	-0.0055	-0.0055	3.3804
Jackson	107	97	93	94	97	44,335	44,354	43,147	42,972	43,239	2.4134	2.1870	2.1554	2.1875	2.2433	-0.0170	-0.0170	2.1292
Johnston	378	323	369	376	379	205,951	211,626	223,975	233,435	240,796	1.8354	1.5263	1.6475	1.6107	1.5739	-0.0335	-0.0335	1.4156
Jones	11	11	13	10	12	10,196	10,067	8,947	9,199	9,096	1.0789	1.0927	1.4530	1.0871	1.3193	0.0761	0.0761	1.6204
Lee	171	163	165	148	129	61,690	61,663	64,278	64,907	66,635	2.7719	2.6434	2.5670	2.2802	1.9359	-0.0845	-0.0845	1.4452
Lenoir	251	214	230	246	251	56,372	56,876	54,783	54,572	53,810	4.4526	3.7626	4.1984	4.5078	4.6646	0.0173	0.0173	4.9071
Lincoln	280	262	156	250	263	86,453	88,699	88,298	91,171	95,399	3.2388	2.9538	1.7667	2.7421	2.7568	0.0169	0.0169	2.8966
Macon	152	140	126	134	140	36,498	37,014	37,430	37,653	38,081	4.1646	3.7824	3.3663	3.5588	3.6764	-0.0279	-0.0279	3.3688
Madison	66	59	65	65	65	22,602	22,500	21,205	21,522	21,325	2.9201	2.6222	3.0653	3.0202	3.0481	0.0154	0.0154	3.1886
Martin	64	109	88	93	93	23,150	22,904	21,713	21,476	21,139	2.7646	4.7590	4.0529	4.3304	4.3995	0.1644	0.1644	6.5688
McDowell	292	261	259	273	264	46,684	46,530	44,350	44,443	44,421	6.2548	5.6093	5.8399	6.1427	5.9431	-0.0107	-0.0107	5.7527
Mecklenburg	1,892	2,208	1,946	2,181	2,248	1,108,107	1,118,775	1,133,504	1,135,873	1,166,645	1.7074	1.9736	1.7168	1.9201	1.9269	0.0369	0.0369	2.1404
Mitchell	78	70	68	70	72	15,239	15,112	14,836	14,895	14,786	5.1184	4.6321	4.5834	4.6996	4.8695	-0.0110	-0.0110	4.7087
Montgomery	138	135	108	112	110	27,666	27,753	25,705	25,757	25,509	4.9881	4.8643	4.2015	4.3483	4.3122	-0.0336	-0.0336	3.8774
Moore	499	423	383	403	419	101,180	102,814	101,649	104,758	108,316	4.9318	4.1142	3.7679	3.8470	3.8683	-0.0559	-0.0559	3.2201
Nash	303	274	237	236	306	95,647	96,669	95,116	95,446	97,313	3.1679	2.8344	2.4917	2.4726	3.1445	0.0095	0.0095	3.2338
New Hanover	684	641	594	582	619	235,560	235,231	227,782	235,245	239,395	2.9037	2.7250	2.6078	2.4740	2.5857	-0.0277	-0.0277	2.3710
Northampton	159	137	116	111	76	20,527	20,054	16,796	17,036	16,193	7.7459	6.8316	6.9064	6.5156	4.6934	-0.1108	-0.1108	3.1328
Onslow	164	161	184	208	222	201,548	210,056	206,718	209,491	212,378	0.8137	0.7665	0.8901	0.9929	1.0453	0.0679	0.0679	1.2582
Orange	362	322	329	340	324	147,093	147,907	150,258	149,665	150,169	2.4610	2.1770	2.1896	2.2717	2.1576	-0.0306	-0.0306	1.9596
Pamlico	67	42	39	40	30	13,266	13,277	12,140	12,299	12,178	5.0505	3.1634	3.2125	3.2523	2.4635	-0.1471	-0.1471	1.3766
Pasquotank	187	169	155	149	160	39,731	39,952	40,743	40,763	40,973	4.7067	4.2301	3.8043	3.6553	3.9050	-0.0432	-0.0432	3.3990
Pender	117	103	86	102	124	63,406	63,949	61,105	65,282	67,361	1.8453	1.6107	1.4074	1.5625	1.8408	0.0088	0.0088	1.8892
Perquimans	22	22	67	38	65	13,639	13,807	12,847	13,445	13,165	1.6130	1.5934	5.2152	2.8263	4.9373	0.6374	0.4816	12.0701
Person	151	153	70	80	191	40,370	40,450	39,044	39,586	39,229	3.7404	3.7824	1.7928	2.0209	4.8688	0.2554	0.2554	8.5996
Pitt	453	418	419	366	405	179,731	183,285	170,276	172,231	176,572	2.5204	2.2806	2.4607	2.1251	2.2937	-0.0183	-0.0183	2.1677

Proposed 2025 SMFP

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023	2019	2020	2021	2022	2023			
	Polk	103	109	100	98	106	21,696	21,923	18,957	19,571	19,618	4.7474	4.9719	5.2751	5.0074			
Randolph	341	352	327	326	361	144,914	145,246	144,818	145,796	145,720	2.3531	2.4235	2.2580	2.2360	2.4774	0.0150	0.0150	2.5885
Richmond	146	136	111	139	127	45,079	45,014	42,475	42,330	42,495	3.2388	3.0213	2.6133	3.2837	2.9886	-0.0089	-0.0089	2.9090
Robeson	363	349	249	322	334	131,056	131,238	113,699	116,951	117,596	2.7698	2.6593	2.1900	2.7533	2.8402	0.0181	0.0181	2.9945
Rockingham	252	247	239	245	270	91,788	91,915	91,113	91,912	91,572	2.7455	2.6873	2.6231	2.6656	2.9485	0.0193	0.0193	3.1193
Rowan	442	412	381	408	399	142,643	143,274	147,817	148,765	152,064	3.0986	2.8756	2.5775	2.7426	2.6239	-0.0387	-0.0387	2.3191
Rutherford	322	293	291	293	276	68,908	69,049	64,178	64,184	64,419	4.6729	4.2434	4.5343	4.5650	4.2845	-0.0195	-0.0195	4.0337
Sampson	190	161	105	136	140	64,284	64,053	58,309	58,987	59,425	2.9556	2.5135	1.8008	2.3056	2.3559	-0.0327	-0.0327	2.1245
Scotland	101	75	19	75	79	35,732	35,724	33,682	33,079	33,341	2.8266	2.0994	0.5641	2.2673	2.3695	0.5190	0.4816	5.7925
Stanly	182	150	159	137	152	63,727	64,691	62,220	62,883	63,752	2.8559	2.3187	2.5554	2.1786	2.3842	-0.0348	-0.0348	2.1355
Stokes	221	207	118	121	202	46,420	46,684	44,344	45,039	45,625	4.7609	4.4341	2.6610	2.6866	4.4274	0.0473	0.0473	5.0552
Surry	336	348	231	302	305	73,232	73,548	71,195	71,329	71,247	4.5882	4.7316	3.2446	4.2339	4.2809	0.0082	0.0082	4.3868
Swain	43	47	47	50	46	14,275	14,489	14,059	14,316	13,873	3.0123	3.2438	3.3431	3.4926	3.3158	0.0254	0.0254	3.5684
Transylvania	96	81	86	81	84	35,484	35,511	32,785	33,498	33,029	2.7054	2.2810	2.6232	2.4181	2.5432	-0.0083	-0.0083	2.4797
Tyrrell**	42	40	36	38	20	4,259	3,767	3,101	3,193	3,341	9.8615	10.6185	11.6092	11.9010	5.9862	-0.0754	-0.0754	4.6313
Union	400	363	313	364	362	237,287	238,740	242,651	247,301	257,071	1.6857	1.5205	1.2899	1.4719	1.4082	-0.0380	-0.0380	1.2478
Vance	42	37	27	20	13	45,969	45,435	42,096	42,014	40,963	0.9137	0.8144	0.6414	0.4760	0.3174	-0.2281	-0.2281	0.1002
Wake	1,823	2,114	1,970	1,997	2,041	1,089,579	1,102,782	1,156,274	1,169,294	1,189,597	1.6731	1.9170	1.7037	1.7079	1.7157	0.0104	0.0104	1.7691
Warren	78	66	22	22	80	20,022	19,767	18,319	18,873	18,738	3.8957	3.3389	1.2009	1.1657	4.2694	0.4625	0.4625	10.1931
Washington	45	41	39	39	40	12,071	12,039	10,818	10,607	10,424	3.7279	3.4056	3.6051	3.6768	3.8373	0.0089	0.0089	3.9399
Watauga	101	87	93	34	74	57,899	57,011	53,639	54,068	56,582	1.7444	1.5260	1.7338	0.6288	1.3078	0.1134	0.1134	1.7526
Wayne	529	460	409	365	351	125,825	126,339	116,094	117,544	116,934	4.2043	3.6410	3.5230	3.1052	3.0017	-0.0796	-0.0796	2.2851
Wilkes	183	153	150	165	173	70,200	70,263	65,378	65,698	66,003	2.6068	2.1775	2.2943	2.5115	2.6211	0.0068	0.0068	2.6747
Wilson	293	236	241	245	239	82,282	83,495	78,284	77,877	78,415	3.5609	2.8265	3.0785	3.1460	3.0479	-0.0316	-0.0316	2.7591
Yadkin	115	108	101	103	114	38,196	38,145	37,081	37,117	37,398	3.0108	2.8313	2.7238	2.7750	3.0483	0.0049	0.0049	3.0933
Yancey	80	88	60	86	62	18,623	18,909	18,557	18,455	18,510	4.2958	4.6539	3.2333	4.6600	3.3495	-0.0155	-0.0155	3.1942
State Total	27,737	26,491	24,525	25,524	26,615	10,508,254	10,587,440	10,535,205	10,667,874	10,842,949	2.6395	2.5021	2.3279	2.3926	2.4546	-0.0170		

Table 11C: Adult Care Home Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Alamance	2.6149	192,915	504	531	738	207		81.52%	0
Alexander	2.3558	36,743	87	91	124	33		80.00%	0
Alleghany	3.7001	11,488	43	45	40	-5	-10.60%	87.50%	0
Anson	0.9180	21,991	20	21	60	39		48.33%	0
Ashe	6.4642	28,008	181	191	115	-76	-39.66%	82.61%	80
Avery	4.5842	17,395	80	84	100	16		85.10%	0
Beaufort	2.0448	42,805	88	92	217	125		89.94%	0
Bertie	5.0366	16,239	82	86	105	19		66.67%	0
Bladen	3.3794	28,748	97	102	150	48		80.00%	0
Brunswick	2.4618	187,446	461	486	581	95		71.82%	0
Buncombe	2.1741	291,187	633	666	973	307		80.00%	0
Burke	2.7882	89,755	250	263	348	85		73.68%	0
Cabarrus	2.6377	266,970	704	741	910	169		72.62%	0
Caldwell	2.6812	82,113	220	232	349	117		59.76%	0
Camden	0.9690	12,016	12	12	24	12		45.83%	0
Carteret	2.3207	72,758	169	178	296	118		65.45%	0
Caswell	3.4574	21,579	75	79	188	109		75.00%	0
Catawba	2.9449	175,436	517	544	706	162		68.41%	0
Chatham	3.0857	87,305	269	284	455	171		70.40%	0
Cherokee	0.0000	30,190	0	0	80	80		0.00%	0
Chowan	7.7176	13,903	107	113	120	7		81.67%	0
Clay	2.3501	12,363	29	31	60	29		63.99%	0
Cleveland	3.1845	103,473	330	347	423	76		78.15%	0
Columbus	1.4155	49,758	70	74	225	151		32.00%	0
Craven	3.9816	101,849	406	427	611	184		72.22%	0
Cumberland	1.9553	320,344	626	659	904	245		78.07%	0
Currituck	1.4919	39,381	59	62	90	28		65.56%	0

Table 11C: Adult Care Home Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Dare	1.4320	38,165	55	58	102	44		72.46%	0
Davidson	2.0351	183,849	374	394	577	183		68.44%	0
Davie	2.5640	46,643	120	126	212	86		60.59%	0
Duplin	2.1476	51,592	111	117	387	270		52.89%	0
Durham	1.9999	356,845	714	751	1,010	259		76.47%	0
Edgecombe	3.7635	46,385	175	184	264	80		60.27%	0
Forsyth	3.6116	409,809	1,480	1,558	2,013	455		80.87%	0
Franklin	0.9110	91,227	83	87	184	97		60.00%	0
Gaston	3.0350	247,932	752	792	1,069	277		85.42%	0
Gates	10.4871	10,612	111	117	80	-37	-31.71%	58.80%	0
Graham	0.2383	7,639	2	2	23	21		4.35%	0
Granville	2.7928	65,505	183	193	251	58		72.18%	0
Greene	0.1601	19,938	3	3	57	54		43.24%	0
Guilford	1.9009	567,984	1,080	1,136	2,023	887		61.50%	0
Halifax	4.0693	44,740	182	192	199	7		75.00%	0
Harnett	2.2323	152,896	341	359	626	267		71.70%	0
Haywood	2.0666	65,789	136	143	303	160		82.45%	0
Henderson	4.2657	127,120	542	571	560	-11	-1.89%	82.66%	0
Hertford	5.8794	18,907	111	117	152	35		79.96%	0
Hoke	2.6820	58,298	156	165	165	0		89.44%	0
Hyde	0.0000	4,272	0	0	0	0		0.00%	0
Iredell	3.3804	227,281	768	809	934	125		80.57%	0
Jackson	2.1292	43,583	93	98	145	47		66.90%	0
Johnston	1.4156	276,822	392	412	707	295		70.10%	0
Jones	1.6204	9,098	15	16	20	4		60.00%	0
Lee	1.4452	70,874	102	108	323	215		46.99%	0
Lenoir	4.9071	52,324	257	270	327	57		83.40%	0

Table 11C: Adult Care Home Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Lincoln	2.8966	106,544	309	325	381	56		81.09%	0
Macon	3.3688	40,362	136	143	178	35		80.00%	0
Madison	3.1886	21,707	69	73	89	16		74.57%	0
Martin	6.5688	20,197	133	140	182	42		58.20%	0
McDowell	5.7527	44,604	257	270	350	80		85.00%	0
Mecklenburg	2.1404	1,269,831	2,718	2,861	2,973	112		72.33%	0
Mitchell	4.7087	14,605	69	72	80	8		90.00%	0
Montgomery	3.8774	25,522	99	104	196	92		67.04%	0
Moore	3.2201	119,981	386	407	589	182		64.72%	0
Nash	3.2338	99,062	320	337	522	185		61.45%	0
New Hanover	2.3710	255,953	607	639	1,035	396		71.67%	0
Northampton	3.1328	15,026	47	50	198	148		49.57%	0
Onslow	1.2582	189,605	239	251	438	187		64.51%	0
Orange	1.9596	157,483	309	325	401	76		75.00%	0
Pamlico	1.3766	11,982	16	17	78	61		54.64%	0
Pasquotank	3.3990	40,825	139	146	266	120		60.15%	0
Pender	1.8892	73,923	140	147	179	32		71.67%	0
Perquimans	12.0701	13,319	161	169	74	-95	-56.27%	87.84%	100
Person	8.5996	39,411	339	357	214	-143	-40.02%	91.67%	140
Pitt	2.1677	183,717	398	419	567	148		71.55%	0
Polk	5.9566	19,753	118	124	122	-2	-1.50%	82.50%	0
Randolph	2.5885	148,916	385	406	567	161		66.89%	0
Richmond	2.9090	41,516	121	127	184	57		69.02%	0
Robeson	2.9945	123,270	369	389	445	56		67.87%	0
Rockingham	3.1193	91,572	286	301	419	118		64.44%	0
Rowan	2.3191	155,207	360	379	803	424		56.48%	0
Rutherford	4.0337	65,875	266	280	518	238		67.02%	0

Table 11C: Adult Care Home Bed Need Projections for 2028

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	Projected 2028 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/Deficit "-"	Deficit Index	Adjusted Occupancy Rate	Bed Need
Sampson	2.1245	60,512	129	135	282	147		63.73%	0
Scotland	5.7925	32,211	187	196	100	-96	-49.08%	55.00%	0
Stanly	2.1355	64,568	138	145	231	86		66.92%	0
Stokes	5.0552	46,955	237	250	300	50		67.88%	0
Surry	4.3868	71,248	313	329	460	131		66.30%	0
Swain	3.5684	13,852	49	52	100	48		95.03%	0
Transylvania	2.4797	33,868	84	88	134	46		62.69%	0
Tyrrell	4.6313	3,257	15	16	50	34		56.37%	0
Union	1.2478	288,718	360	379	596	217		71.09%	0
Vance	0.1002	40,166	4	4	206	202		24.65%	0
Wake	1.7691	1,312,948	2,323	2,445	3,271	826		69.38%	0
Warren	10.1931	18,954	193	203	116	-87	-42.96%	69.77%	0
Washington	3.9399	9,809	39	41	49	8		81.63%	0
Watauga	1.7526	59,549	104	110	176	66		74.17%	0
Wayne	2.2851	114,872	262	276	708	432		68.58%	0
Wilkes	2.6747	67,600	181	190	290	100		90.58%	0
Wilson	2.7591	78,878	218	229	454	225		60.63%	0
Yadkin	3.0933	37,677	117	123	189	66		74.24%	0
Yancey	3.1942	18,984	61	64	99	35		90.22%	0
State Total		11,414,681	28,263	29,750	41,564				320

Table 11D: Adult Care Home Bed Need Determination*
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Ashe	I	80	To be determined	To be determined
Perquimans	VI	100	To be determined	To be determined
Person	IV	140	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

County	License Number	Name	Adult Care Home Beds
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Buncombe	NH0087	Deerfield Episcopal Retirement Community	62
Buncombe	HAL-011-378	Heather Glen At Ardenwoods	60
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	HAL-019-006	Pittsboro Christian Village	40
Chatham	NH0619	The Arbor	51
Davidson	NH0390	Piedmont Crossing	20
Durham	HAL-032-020	Croasdaile Village	64
Durham	NH0536	The Forest at Duke	32
Forsyth	NH0154	Salemtowne	20
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community	106
Forsyth	HAL-034-103	Salemtowne	46
Gaston	NH0332	Covenant Village	42
Gaston	NH0386	Stanley Total Living Center	40
Guilford	NH0612	River Landing at Sandy Ridge	56
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	36
Guilford	NH0190	Friends Homes at Guilford	60
Guilford	NH0554	Friends Homes West	40
Guilford	NH0546	Well-Spring	72
Guilford	NH0005	Maryfield Nursing Home	36
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg	HAL-060-167	Oakbridge Terrace @ Matthews Glen	100
Mecklenburg	NH0659	Briar Creek Health Center	108
Mecklenburg	NH0660	Windsor Run	10
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg	NH0584	The Stewart Health Center	14

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

County	License Number	Name	Adult Care Home Beds
Mecklenburg	NH0414	Southminster	25
Mecklenburg	NH0121	Sharon Towers	40
Moore	NH0127	Penick Village	42
Moore	HAL-063-016	The Coventry	60
New Hanover	NH0649	Bradley Creek Health Center	78
Orange	NH0258	Carol Woods	65
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	HAL-068-020	The Carol Woods Retirement Community - Building 6	12
Pitt	NH0473	Cypress Glen Retirement Community	30
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Polk	NH0399	White Oak Manor-Tryon	18
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Scotland	NH0457	Scotia Village	32
Wake	HAL-092-226	The East Tower at Cardinal North Hills	49
Wake	NH0549	Glenaire	9
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	18
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0636	Brittany Place	14
Wake	NH0658	Swift Creek Health Center	82

Table 11F: Inventory of Nursing Homes With Six or Fewer Adult Care Home Beds

County	License Number	Name	Adult Care Home Beds
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Burke	NH0553	College Pines Health and Rehabilitation	4
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Skyland Terrace and Rehabilitation	5
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	The Greens at Spruce Pines	6
Orange	NH0093-A	Pruitt Health - Carolina Point	2
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	5
Robeson	NH0472	The Carrolton of Lumberton	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0354	Tower Nursing and Rehabilitation Center	6
Wake	NH0622	The Rosewood Health Center	4

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Chapter 12:

Home Health Services

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CHAPTER 12

HOME HEALTH SERVICES

Introduction

G.S. § 131E-176(12) defines a *home health agency* as “a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.” Home health services are outpatient services that patients may receive in their own home or in a health care facility. G.S. § 131E-176(12a) specifies the activities that comprise home health services, including part-time or intermittent nursing care; physical, occupational, or speech therapy; medical social services, home health aide services; other therapeutic services; and medical supplies and appliances.

Definitions

A *home health agency* or *office* is an agency or office that meets the definition in G.S. § 131E-176(12), as quoted above.

An agency or office’s service area is the county in which the agency or office is located. Each of the 100 counties in the state is a separate service area.

A *Medicare-certified home health agency or office* is an agency or office that has been approved by the Centers for Medicare and Medicaid Services to receive reimbursement from Medicare for providing nursing care, therapy, medical social services, and home health aide services.

The *reporting year* for a home health agency or office is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting year. The *current* reporting year is either July 1, 2022 through June 30, 2023, or October 1, 2022 through September 30, 2023.

The methodology projects need three years beyond the current reporting year. The current *projection year* is 2026.

The *planning inventory* is the number of licensed agencies or offices, plus the number of certificate of need (CON)-approved agencies or offices that are under development, plus the number of agencies or offices available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principle

The North Carolina State Health Coordinating Council encourages applicants to: provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide services); provide the widest range of treatments within a given service; offer services seven days per week as required to meet patient needs; and address special needs populations.

Data Sources

Patient origin and utilization data for the three previous reporting years comes from License Renewal Applications for each reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population projections for the reporting and projection years (*Table 12B*).

Estimates of active-duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-year Estimates.

Assumptions of the Methodology

1. The projection year is three years beyond the current reporting year to allow time for completion of the CON review cycles and for staffing of new agencies or offices.
2. The methodology excludes the estimated active-duty military population in the 18-64 age group for any county with more than 500 active-duty military personnel.
3. When the methodology determines a need for additional agencies or offices, the three annual State Medical Facilities Plans (SMFPs) following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office.
4. Data aggregation and projections use four age groups (under 18, 18-64, 65-74, and 75 and over) to allow a more definitive examination of trends in services to children and to senior adults using current age-specific use rates as the basis for projection of future need.
5. The methodology calculates the average annual change in use rate (AACR) per 1,000 population over the previous three reporting years for each age group in each Councils of Governments (COG) region. The calculations apply this result to the current use rates per 1,000 population for each county within each COG region to calculate changes in the number of patients projected to need home health services by the projection year.
6. A county needs a new home health agency or office if the projected unmet need in a single county is 325 patients or more.
7. The methodology uses patient origin data, aggregated to the county level. Detailed patient origin data is available at
<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>.

Application of the Methodology

- Step 1: For each COG region and each age group, calculate the AACR in Number of Patients (*Table 12B, Columns B, E, and H*) over the three previous reporting years. To do so, first determine the total number of patients during each of the last three reporting years. Next, calculate the difference in the number of patients served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in patients by the number of patients provided services during the previous reporting year [(number of patients in the current reporting year – number of patients in the previous reporting year) / number of patients in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column K*).
- Step 2: For each COG region and each age group, calculate the AACR in Use Rates per 1,000 Population (*Table 12B, Columns D, G, and J*) over the three previous reporting years. To do

- so, first determine the use rates during each of the last three reporting years. Next, calculate the difference in the use rates from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the use rate by the total overall use rate during the previous reporting year [(use rate for age group in the current reporting year – use rate for age group in the previous reporting year) / use rate for age group in the previous reporting year]. Finally, total the annual percent change and divide by two to determine the AACR (*Table 12B, Column L*).
- Step 3: For each county, for each age group, total the number of patients served during the reporting year (*Table 12C, Column B*).
- Step 4: For each county, multiply the COG’s AACR in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 (*Table 12C, Column C*).
- Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year (*Table 12C, Column D*).
- Step 6: For each county and age group, divide the number of patients served during the reporting year (*Table 12C, Column B*) by the county population in thousands for each age group to obtain county use rates per 1,000 population (*Table 12C, Column E*).
- Step 7: Multiply the COG’s AARC in Use Rate per 1,000 Population (*Table 12C, Column F*) for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 (*Table 12C, Column E*).
- Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group (*Table 12C, Column G*).
- Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population (*Table 12C, Column G*) by the projected population (*Table 12C, Column H*). The result is the projected number of patients during the projection year (*Table 12C, Column I*).
- Step 10: In counties that have a need determination for additional agencies or offices, the three annual SMFPs following certification of the agencies or offices developed based on that need count is the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office (*Table 12D, Column B*).
- Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year (*Table 12D, Column C*).
- Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year (*Table 12D, Column D*).
- Step 13: For each county, subtract the Projected Utilization in the projection (*Table 12D, Column D*) from the Adjusted Total Projected Patients (*Table 12D, Column C*). The remainder is the

projected additional number of patients who will need home health services in the projection year (*Table 12D, Column E*). A deficit shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.

Step 14: For each county, each projected deficit of 325 patients satisfies Criterion 3 and results in a need determination for one new agency or office (*Table 12D, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Proposed 2025 SMFP

Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Alamance	HC0134	Amedisys Home Health	527	1,735	2,262
Alamance	HC0249	Adoration Home Health	890	146	1,036
Alamance	HC0361	AuthoraCare Collective**	0	0	0
Alexander	HC0476	Medi Home Health Agency	227	865	1,092
Alleghany	HC0478	Medi Home Health and Hospice	202	235	437
Anson	HC0264	Liberty Home Care	85	215	300
Ashe	HC0479	Medi Home Health and Hospice	599	14	613
Avery	HC0317	PruittHealth @ Home - Avery	55	252	307
Beaufort	HC0329	CenterWell Home Health	828	1,316	2,144
Beaufort	HC1634	ECU Health Home Health & Hospice	459	154	613
Bertie	HC0480	Albemarle Home Care and Hospice	36	87	123
Bertie	HC1052	ECU Health Home Health & Hospice	178	172	350
Bladen	HC0309	Liberty Home Care	122	112	234
Bladen	HC0481	Adoration Home Health	95	518	613
Brunswick	HC0288	Liberty Home Care	1,118	0	1,118
Brunswick	HC1500	Amedisys Home Health	499	842	1,341
Brunswick	HC4816	PruittHealth @ Home - Brunswick	18	132	150
Buncombe	HC0114	CarePartners Home Health Services	2,394	1,039	3,433
Buncombe	HC2114	CenterWell Home Health	2,292	3,768	6,060
Burke	HC0105	Atrium Health At Home Blue Ridge	1,001	590	1,591
Cabarrus	HC0281	Adoration Home Health	511	773	1,284
Cabarrus	HC0486	BAYADA Home Health Care	520	211	731
Caldwell	HC0487	Adoration Home Health	330	240	570
Camden	HC0473	Albemarle Home Care and Hospice	76	7	83
Carteret	HC0073	CenterWell Home Health	758	252	1,010
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	904	0	904
Carteret	HC1353	Liberty Home Care	93	37	130
Caswell	HC0489	HealthView Home Health & Hospice	87	267	354
Catawba	HC0057	Guardian Home Health	539	724	1,263
Catawba	HC0227	CenterWell Home Health	2,700	3,064	5,764
Catawba	HC0272	CenterWell Home Health	4	30	34
Catawba	HC0490	CenterWell Home Health	47	2	49
Catawba	HC1902	Interim Healthcare of the Triad	108	37	145
Chatham	HC0528	Liberty Home Care	351	166	517
Chatham	HC2803	UNC Home Health Pittsboro	398	34	432
Cherokee	HC0275	Mountain Home Health**	0	0	0
Chowan	HC0474	Albemarle Home Care and Hospice	103	2	105
Clay	HC0104	Mountain Home Health Services	285	991	1,276
Clay	HC0318	Mountain Home Health	0	29	29
Cleveland	HC0042	Atrium Health At Home Cleveland	660	363	1,023
Cleveland	HC0221	CenterWell Home Health	2,051	1,045	3,096
Columbus	HC0320	Liberty Home Care	508	32	540
Columbus	HC0492	CenterWell Home Health	158	994	1,152

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Craven	HC0165	CarolinaEast Home Care (closed 1/27/24)	452	145	597
Craven	HC0493	PruittHealth @ Home - New Bern	398	338	736
Cumberland	HC0274	Liberty Home Care	734	112	846
Cumberland	HC0283	Cape Fear Valley Home Health	701	220	921
Cumberland	HC0292	Amedisys Home Health of Fayetteville	1,109	442	1,551
Cumberland	HC0359	BAYADA Home Health Care	157	18	175
Cumberland	HC3421	Aveanna Home Health	365	213	578
Currituck	HC0475	Albemarle Home Care and Hospice	184	257	441
Dare	HC0494	Adoration Home Health and Hospice	341	11	352
Davidson	HC0124	Liberty Home Care	9	118	127
Davidson	HC0358	BAYADA Home Health Care	664	388	1,052
Davidson	HC0495	Amedisys Home Health Care	339	757	1,096
Davidson	HC0521	Medi Home Health Agency	425	1,701	2,126
Davidson	HC1104	Enhabit Home Health	200	892	1,092
Davie	HC0496	Well Care Home Health of the Triad	249	3,559	3,808
Duplin	HC0053	ECU Health Home Health & Hospice	354	241	595
Durham	HC0145	Amedisys Home Health	1,113	579	1,692
Durham	HC0327	SunCrest Home Health	302	1,061	1,363
Durham	HC0360	Duke Home Health	1,996	5,189	7,185
Durham	HC1176	Liberty Home Care	50	219	269
Durham	HC2111	CenterWell Home Health	69	1	70
Forsyth	HC0005	BAYADA Home Health Care	1,497	765	2,262
Forsyth	HC0231	CenterWell Home Health	566	306	872
Forsyth	HC0409	Atrium Health Wake Forest Baptist - Care at Home	894	785	1,679
Forsyth	HC0499	Adoration Home Health	1,444	930	2,374
Forsyth	HC0567	CenterWell Home Health	1,242	527	1,769
Forsyth	HC1131	CenterWell Home Health	11	10	21
Forsyth	HC1210	CenterWell Home Health	17	8	25
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	566	200	766
Forsyth	HC1886	Interim HealthCare of the Triad	161	217	378
Forsyth	HC4901	PruittHealth @ Home - Forsyth	102	160	262
Franklin	HC0078	Amedisys Home Health	209	1,048	1,257
Franklin	HC0215	CenterWell Home Health	316	522	838
Franklin	HC0500	Franklin County Home Health Agency	35	29	64
Gaston	HC0268	CenterWell Home Health	2,974	50	3,024
Gaston	HC0353	Amedisys Home Health Care	429	735	1,164
Gaston	HC0356	BAYADA Home Health Care	359	443	802
Gaston	HC0906	Adoration Home Health	2,396	940	3,336
Gaston	HC1903	Interim HealthCare of the Triad	1,213	1,758	2,971
Greene	HC0168	Amedisys Home Health	85	1,056	1,141
Guilford	HC0297	Adoration Home Health	1,515	294	1,809
Guilford	HC0303	Enhabit Home Health	966	766	1,732
Guilford	HC0374	AuthoraCare Collective	1	0	1

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Guilford	HC0395	SunCrest Home Health	1,034	654	1,688
Guilford	HC0952	CenterWell Home Health	1,905	1,846	3,751
Guilford	HC1177	Liberty Home Care	2	0	2
Guilford	HC1286	BAYADA Home Health Care	1,696	857	2,553
Guilford	HC1885	Interim HealthCare of the Triad	268	436	704
Halifax	HC0765	Liberty Home Care VI	174	154	328
Harnett	HC0125	Liberty Home Care	393	830	1,223
Harnett	HC0503	CenterWell Home Health	411	488	899
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	1,086	115	1,201
Haywood	HC0279	CarePartners Home Health Services	673	438	1,111
Henderson	HC0201	Pardee Home Care	1,078	192	1,270
Henderson	HC0440	CarePartners Home Health Services	511	658	1,169
Henderson	HC0911	AdventHealth Home Care Western North Carolina	766	655	1,421
Hertford	HC0504	Liberty Home Care VII	23	87	110
Hoke	HC0277	Liberty Home Care	21	2	23
Hyde	HC0379	Liberty Home Care VII	2	0	2
Iredell	HC0159	CenterWell Home Health	2,043	319	2,362
Iredell	HC0515	Iredell Home Health	1,251	272	1,523
Iredell	HC1325	Lake Norman Home Health	361	297	658
Jackson	HC0157	Harris Home Health	537	419	956
Johnston	HC0383	UNC Health Johnston Home Care and Hospice	1,471	156	1,627
Johnston	HC0507	3HC	688	723	1,411
Jones	HC0431	CenterWell Home Health	177	2,009	2,186
Jones	HC0506	3HC	78	599	677
Lee	HC0426	Liberty Home Care	348	208	556
Lenoir	HC0195	3HC	493	125	618
Lenoir	HC0428	CenterWell Home Health	985	290	1,275
Lenoir	HC1565	CenterWell Home Health	124	776	900
Lincoln	HC0135	Atrium Health At Home Lincoln	353	218	571
Lincoln	HC0391	CenterWell Home Health	1,186	127	1,313
Macon	HC0324	CarePartners Home Care & Hospice	767	17	784
Madison	HC0419	Madison Home Care & Hospice	175	36	211
Martin	HC0525	Roanoke Home Care & Hospice	185	7	192
McDowell	HC0435	Enhabit Home Health	452	1,695	2,147
Mecklenburg	HC0097	CenterWell Home Health	1,865	9	1,874
Mecklenburg	HC0138	CenterWell Home Health	40	0	40
Mecklenburg	HC0171	Adoration Home Health	1,572	492	2,064
Mecklenburg	HC0355	BAYADA Home Health Care	2,358	867	3,225
Mecklenburg	HC0369	SunCrest Home Health	858	533	1,391
Mecklenburg	HC0787	CenterWell Home Health	2,331	0	2,331
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2,796	132	2,928
Mecklenburg	HC1152	Amedisys Home Health Care	241	59	300
Mecklenburg	HC1901	Interim HealthCare of the Triad	6,735	1,682	8,417

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Mecklenburg	HC3694	Liberty Home Care and Hospice	180	57	237
Mecklenburg	HC3966	PHC Home Health	408	240	648
Mecklenburg	HC4677	Atrium Health At Home University City	649	1,255	1,904
Mecklenburg	HC4783	Maxim Healthcare Services, Inc.***	0	0	0
Mecklenburg	HC5130	Well Care Home Health of the Piedmont	588	250	838
Mecklenburg	HC6558	PruittHealth @ Home - Charlotte	14	25	39
Mitchell	HC0319	PruittHealth @ Home - Mitchell**	0	0	0
Moore	HC0002	Liberty Home Care	331	403	734
Moore	HC0332	FirstHealth Home Care	1,192	483	1,675
Nash	HC0497	CenterWell Home Health	885	1,497	2,382
Nash	HC0520	HealthView Home Health & Hospice	345	497	842
New Hanover	HC0196	Liberty Home Care	547	55	602
New Hanover	HC1231	Well Care Home Health	2,281	6,167	8,448
Northampton	HC0530	Northampton County Home Health Agency	309	22	331
Onslow	HC0316	Liberty Home Care	248	37	285
Onslow	HC0531	Lower Cape Fear Lifecare**	0	0	0
Onslow	HC1209	Cardinal Hospice Care**	0	0	0
Orange	HC0030	UNC Home Health	724	726	1,450
Orange	HC0166	Amedisys Home Health of Chapel Hill	575	693	1,268
Pasquotank	HC0471	Albemarle Home Care and Hospice	286	0	286
Pasquotank	HC1071	Sentara Home Care Services	563	483	1,046
Pender	HC0532	Novant Health Home Care	585	2,768	3,353
Pender	HC1241	Liberty Home Care	127	38	165
Perquimans	HC0472	Albemarle Home Care and Hospice	185	164	349
Person	HC0354	BAYADA Home Health Care	307	694	1,001
Person	HC0533	Medi Home Health Agency	113	293	406
Pitt	HC0328	CenterWell Home Health	2,015	914	2,929
Pitt	HC0509	3HC	549	136	685
Pitt	HC1443	ECU Health Home Health & Hospice	920	345	1,265
Polk	HC0436	Enhabit Home Health	350	548	898
Randolph	HC0397	Amedisys Home Health Care	145	230	375
Randolph	HC0522	Home Health of Randolph Hospital	1,040	29	1,069
Randolph	HC0929	Enhabit Home Health	182	465	647
Richmond	HC0423	FirstHealth Home Care-Richmond	616	376	992
Robeson	HC0235	Southeastern Home Health**	0	0	0
Robeson	HC0352	Liberty Home Care	360	127	487
Robeson	HC0526	Robeson County Home Health Agency	141	0	141
Robeson	HC1178	Liberty Home Care	317	11	328
Robeson	HC1185	CenterWell Home Health	438	687	1,125
Rockingham	HC0217	Adoration Home Health	914	269	1,183
Rowan	HC0265	CenterWell Home Health	1,763	25	1,788
Rowan	HC0270	CenterWell Home Health	194	2,274	2,468
Rowan	HC0357	BAYADA Home Health Care	550	1,100	1,650

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Rowan	HC0399	Adoration Home Health	954	406	1,360
Rutherford	HC0186	Carolina Home Care	997	335	1,332
Rutherford	HC0445	Enhabit Home Health	377	357	734
Sampson	HC0255	3HC	514	1,303	1,817
Scotland	HC0403	Healthkeeperz	98	134	232
Stanly	HC0308	Atrium Health At Home Stanly	721	331	1,052
Stanly	HC0514	Adoration Home Health	160	25	185
Stokes	HC0517	CenterWell Home Health	26	2	28
Stokes	HC1699	CenterWell Home Health	754	781	1,535
Surry	HC0296	PruittHealth @ Home - Pilot Mountain	112	202	314
Surry	HC0420	Liberty Home Care V	176	168	344
Transylvania	HC0067	CarePartners Home Care & Hospice	605	47	652
Tyrrell	HC0524	Roanoke Home Care & Hospice	52	52	104
Union	HC1238	Atrium Health at Home Union	868	317	1,185
Union	HC2057	CenterWell Home Health	1,692	394	2,086
Vance	HC0501	3HC	171	380	551
Vance	HC0823	Maria Parham Regional Home Health**	0	0	0
Wake	HC0031	Transitions LifeCare	67	27	94
Wake	HC0074	Well Care Home Health of the Triangle	1,581	4,193	5,774
Wake	HC0299	CenterWell Home Health	1,875	652	2,527
Wake	HC0339	Intrepid USA Healthcare Services	1	0	1
Wake	HC0422	UNC Home Health Raleigh	2,583	0	2,583
Wake	HC0828	Aveanna Healthcare	57	8	65
Wake	HC1028	Amedisys Home Health Care	933	129	1,062
Wake	HC1293	WakeMed Home Health	3,985	402	4,387
Wake	HC1437	SunCrest Home Health**	0	0	0
Wake	HC2112	Medi Home Health Agency	1,413	742	2,155
Wake	HC2562	Liberty Home Care	184	101	285
Wake	HC3820	BAYADA Home Health Care	2,414	1,006	3,420
Wake	HC4331	PHC Home Health***	0	0	0
Wake	HC4538	PruittHealth @ Home - Wake	403	493	896
Wake	HC5229	Well Care Home Health of the Southern Triangle	231	341	572
Wake	HC5814	PHC Home Health	279	138	417
Warren	HC0341	Warren County Home Health Agency	63	0	63
Washington	HC0523	Roanoke Home Care	121	16	137
Watauga	HC0477	Medi Home Health and Hospice	328	438	766
Watauga	HC1544	CenterWell Home Health	643	904	1,547
Wayne	HC0228	3HC	957	9	966
Wayne	HC1299	CenterWell Home Health	1,302	338	1,640
Wilkes	HC0252	CenterWell Home Health	43	21	64
Wilkes	HC0430	Atrium Health Wake Forest Baptist	1,101	163	1,264
Wilson	HC0343	Home Health of Wilson	393	317	710
Wilson	HC0508	3HC	348	391	739

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Table 12A: Inventory of Licensed Medicare Certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Yadkin	HC0346	Yadkin Valley Home Health	660	3,205	3,865
Yancey	HC0323	PruittHealth @ Home - Yancey	256	20	276
Totals*		217 Agencies or Offices	142,972	112,652	255,624

* Totals include both in-state and out-of-state patients.

** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

*** Agency is licensed, but not Medicare certified.

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	0	4,614	0.00	0	4,630	0.00	0	4,617	0.00	0.0000%	0.0000%
Clay	0	1,793	0.00	0	1,828	0.00	0	1,892	0.00	0.0000%	0.0000%
Graham	0	1,694	0.00	0	1,719	0.00	0	1,632	0.00	0.0000%	0.0000%
Haywood	33	10,870	3.04	33	10,862	3.04	23	10,872	2.12	-15.1515%	-15.1467%
Jackson	6	7,075	0.85	9	7,052	1.28	4	6,969	0.57	-2.7778%	-2.2685%
Macon	0	6,556	0.00	1	6,533	0.15	0	6,564	0.00	-50.0000%	-50.0000%
Swain	1	3,262	0.31	1	3,362	0.30	0	3,204	0.00	-50.0000%	-51.4872%
Region A Totals	40	35,864	1.12	44	35,986	1.22	27	35,750	0.76	-14.3182%	-14.3021%
Buncombe	110	48,120	2.29	171	47,670	3.59	88	47,457	1.85	3.4583%	4.3075%
Henderson	29	20,917	1.39	41	20,502	2.00	22	20,701	1.06	-2.4811%	-1.3081%
Madison	12	3,596	3.34	9	3,594	2.50	6	3,557	1.69	-29.1667%	-28.7991%
Transylvania	14	5,216	2.68	9	5,239	1.72	2	5,117	0.39	-56.7460%	-56.6222%
Region B Totals	165	77,849	2.12	230	77,005	2.99	118	76,832	1.54	-4.6509%	-3.8292%
Cleveland	0	21,158	0.00	17	21,269	0.80	28	20,923	1.34	32.3529%	33.7148%
McDowell	30	8,528	3.52	21	8,468	2.48	21	8,368	2.51	-15.0000%	-14.1545%
Polk	5	2,881	1.74	0	2,957	0.00	0	2,917	0.00	-50.0000%	-50.0000%
Rutherford	0	12,748	0.00	0	12,666	0.00	0	12,608	0.00	0.0000%	0.0000%
Region C Totals	35	45,315	0.77	38	45,360	0.84	49	44,816	1.09	18.7594%	19.4882%
Alleghany	0	1,873	0.00	0	1,909	0.00	0	1,938	0.00	0.0000%	0.0000%
Ashe	0	4,556	0.00	0	4,548	0.00	0	4,554	0.00	0.0000%	0.0000%
Avery	0	2,697	0.00	0	2,696	0.00	1	2,659	0.38	0.0000%	0.0000%
Mitchell	9	2,700	3.33	12	2,687	4.47	7	2,648	2.64	-4.1667%	-3.4146%
Watauga	0	6,572	0.00	0	6,539	0.00	0	6,602	0.00	0.0000%	0.0000%
Wilkes	0	12,718	0.00	2	12,735	0.16	3	12,827	0.23	25.0000%	24.4621%
Yancey	8	3,343	2.39	5	3,293	1.52	4	3,292	1.22	-28.7500%	-28.2634%
Region D Totals	17	34,459	0.49	19	34,407	0.55	15	34,520	0.43	-4.6440%	-4.6887%
Alexander	1	6,791	0.15	0	6,841	0.00	1	6,761	0.15	-50.0000%	-50.0000%
Burke	0	17,007	0.00	0	16,952	0.00	0	17,100	0.00	0.0000%	0.0000%
Caldwell	0	15,316	0.00	0	15,309	0.00	0	15,352	0.00	0.0000%	0.0000%
Catawba	2	33,408	0.06	1	33,160	0.03	2	33,627	0.06	25.0000%	23.7982%
Region E Totals	3	72,522	0.04	1	72,262	0.01	3	72,840	0.04	66.6667%	65.5364%
Anson	0	4,632	0.00	0	4,592	0.00	0	4,663	0.00	0.0000%	0.0000%
Cabarrus	62	53,185	1.17	50	52,873	0.95	24	53,969	0.44	-35.6774%	-35.9269%
Gaston	131	49,484	2.65	25	50,678	0.49	108	51,032	2.12	125.5420%	123.8188%
Iredell	16	38,678	0.41	9	39,094	0.23	2	39,941	0.05	-60.7639%	-61.2988%
Lincoln	22	17,116	1.29	35	17,420	2.01	7	18,117	0.39	-10.4545%	-12.2274%
Mecklenburg *	368	259,776	1.42	363	257,572	1.41	274	261,643	1.05	-12.9383%	-13.1035%
Rowan	1	31,753	0.03	0	31,798	0.00	0	32,357	0.00	-50.0000%	-50.0000%
Stanly	0	12,679	0.00	0	12,772	0.00	0	12,843	0.00	0.0000%	0.0000%
Union	35	53,196	0.66	28	52,565	0.53	33	53,880	0.61	-1.0714%	-2.0295%
Region F Totals	635	520,499	1.22	510	519,364	0.98	448	528,445	0.85	-15.9210%	-16.5880%
Alamance	6	36,836	0.16	4	36,995	0.11	5	37,541	0.13	-4.1667%	-5.2189%
Caswell	0	3,864	0.00	0	3,753	0.00	0	3,691	0.00	0.0000%	0.0000%
Davidson	25	34,831	0.72	4	34,873	0.11	3	35,450	0.08	-54.5000%	-55.1200%
Guilford *	90	113,361	0.79	51	111,853	0.46	54	111,780	0.48	-18.7255%	-18.3089%
Montgomery	0	5,560	0.00	0	5,439	0.00	0	5,373	0.00	0.0000%	0.0000%
Randolph	5	30,552	0.16	4	30,284	0.13	4	30,205	0.13	-10.0000%	-9.5152%
Rockingham	3	17,427	0.17	2	17,366	0.12	2	17,285	0.12	-16.6667%	-16.3153%
Region G Totals	129	242,431	0.53	65	240,563	0.27	68	241,325	0.28	-22.4985%	-22.4680%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	11	8,091	1.36	8	8,091	0.99	3	8,134	0.37	-44.8864%	-44.9855%
Forsyth *	87	85,163	1.02	66	83,936	0.79	24	84,881	0.28	-43.8871%	-43.5351%
Stokes	3	7,686	0.39	11	7,815	1.41	8	7,940	1.01	119.6970%	116.0983%
Surry	7	14,587	0.48	9	14,487	0.62	16	14,480	1.10	53.1746%	53.6613%
Yadkin	4	7,389	0.54	0	7,290	0.00	5	7,332	0.68	-50.0000%	-50.0000%
Region I Totals	112	122,916	0.91	94	121,619	0.77	56	122,767	0.46	-28.2485%	-28.0795%
Chatham	0	13,448	0.00	0	13,209	0.00	0	13,234	0.00	0.0000%	0.0000%
Durham	11	74,987	0.15	59	75,166	0.78	6	75,595	0.08	173.2666%	172.5991%
Johnston	4	51,551	0.08	23	52,753	0.44	3	53,738	0.06	194.0217%	187.3514%
Lee	0	15,013	0.00	0	14,938	0.00	0	15,192	0.00	0.0000%	0.0000%
Moore *	2	20,509	0.10	0	21,038	0.00	1	21,586	0.05	-50.0000%	-50.0000%
Orange	1	25,329	0.04	0	24,337	0.00	1	23,824	0.04	-50.0000%	-50.0000%
Wake *	59	253,688	0.23	104	250,325	0.42	64	249,508	0.26	18.9048%	20.1896%
Region J Totals	77	454,525	0.17	186	451,766	0.41	75	452,677	0.17	40.9405%	41.6376%
Franklin	13	14,677	0.89	8	15,168	0.53	3	15,833	0.19	-50.4808%	-52.2643%
Granville	0	11,419	0.00	2	11,449	0.17	2	11,390	0.18	0.0000%	0.2590%
Person	4	7,841	0.51	0	7,993	0.00	0	7,845	0.00	-50.0000%	-50.0000%
Vance	4	9,682	0.41	2	9,716	0.21	3	9,417	0.32	0.0000%	2.2938%
Warren	0	3,300	0.00	1	3,367	0.30	1	3,323	0.30	0.0000%	0.6621%
Region K Totals	21	46,919	0.45	13	47,693	0.27	9	47,808	0.19	-34.4322%	-35.0178%
Edgecombe	1	11,197	0.09	2	11,081	0.18	0	10,989	0.00	0.0000%	1.0468%
Halifax	0	10,027	0.00	0	9,977	0.00	0	9,749	0.00	0.0000%	0.0000%
Nash	6	19,472	0.31	1	19,479	0.05	1	19,765	0.05	-41.6667%	-42.3932%
Northampton	0	3,304	0.00	0	3,295	0.00	0	3,134	0.00	0.0000%	0.0000%
Wilson	2	17,664	0.11	2	17,481	0.11	0	17,457	0.00	-50.0000%	-49.4766%
Region L Totals	9	61,664	0.15	5	61,313	0.08	1	61,094	0.02	-62.2222%	-62.0274%
Cumberland *	9	86,753	0.10	10	90,616	0.11	3	89,441	0.03	-29.4444%	-31.6157%
Harnett *	1	34,847	0.03	0	35,882	0.00	0	36,120	0.00	-50.0000%	-50.0000%
Sampson	3	14,185	0.21	1	14,285	0.07	1	14,313	0.07	-33.3333%	-33.5478%
Region M Totals	13	135,785	0.10	11	140,783	0.08	4	139,874	0.03	-39.5105%	-40.8943%
Bladen	8	6,550	1.22	8	6,594	1.21	1	6,514	0.15	-43.7500%	-44.0069%
Hoke *	1	16,161	0.06	2	16,771	0.12	0	16,727	0.00	0.0000%	-3.6372%
Richmond	1	9,516	0.11	0	9,513	0.00	0	9,568	0.00	-50.0000%	-50.0000%
Robeson	71	24,451	2.90	49	26,227	1.87	12	26,604	0.45	-53.2481%	-55.7583%
Scotland	0	7,756	0.00	2	7,585	0.26	0	7,630	0.00	-50.0000%	-50.0000%
Region N Totals	81	64,434	1.26	61	66,690	0.91	13	67,043	0.19	-51.6899%	-53.0198%
Brunswick	10	21,428	0.47	2	22,294	0.09	11	22,923	0.48	185.0000%	177.0656%
Columbus	0	10,246	0.00	0	10,435	0.00	1	10,405	0.10	0.0000%	0.0000%
New Hanover *	30	41,263	0.73	4	41,645	0.10	20	41,778	0.48	156.6667%	155.8096%
Pender	22	12,049	1.83	6	12,872	0.47	12	13,249	0.91	13.6364%	9.9190%
Region O Totals	62	84,986	0.73	12	87,246	0.14	44	88,355	0.50	93.0108%	90.4589%
Carteret *	1	11,012	0.09	2	11,088	0.18	1	11,076	0.09	25.0000%	24.3417%
Craven *	2	25,399	0.08	0	25,574	0.00	1	25,594	0.04	-50.0000%	-50.0000%
Duplin	10	12,790	0.78	6	12,895	0.47	5	12,952	0.39	-28.3333%	-28.7610%
Greene	0	4,159	0.00	1	4,051	0.25	0	3,972	0.00	-50.0000%	-50.0000%
Jones	5	1,764	2.83	0	1,792	0.00	0	1,783	0.00	-50.0000%	-50.0000%
Lenoir	2	11,926	0.17	3	11,892	0.25	1	11,662	0.09	-8.3333%	-7.7902%
Onslow *	37	63,582	0.58	23	65,640	0.35	23	67,010	0.34	-18.9189%	-20.9156%
Pamlico	0	1,802	0.00	0	1,804	0.00	0	1,772	0.00	0.0000%	0.0000%
Wayne *	2	28,785	0.07	2	29,076	0.07	3	28,847	0.10	25.0000%	25.0950%
Region P Totals	59	161,219	0.37	37	163,812	0.23	34	164,668	0.21	-22.6981%	-23.4333%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	0	8,640	0.00	1	8,608	0.12	0	8,455	0.00	-50.0000%	-50.0000%
Bertie	0	3,456	0.00	0	3,381	0.00	0	3,314	0.00	0.0000%	0.0000%
Hertford	0	4,091	0.00	0	3,975	0.00	0	3,940	0.00	0.0000%	0.0000%
Martin	1	4,361	0.23	1	4,286	0.23	2	4,212	0.47	50.0000%	52.6318%
Pitt *	0	37,930	0.00	2	38,207	0.05	2	38,529	0.05	0.0000%	-0.4179%
Region Q Totals	1	58,478	0.02	4	58,457	0.07	4	58,450	0.07	150.0000%	150.0778%
Camden	0	1,932	0.00	0	2,019	0.00	0	2,026	0.00	0.0000%	0.0000%
Chowan	0	2,745	0.00	0	2,753	0.00	0	2,752	0.00	0.0000%	0.0000%
Currituck	0	5,650	0.00	0	5,987	0.00	0	6,220	0.00	0.0000%	0.0000%
Dare	0	6,645	0.00	0	6,570	0.00	0	6,391	0.00	0.0000%	0.0000%
Gates	0	1,764	0.00	0	1,816	0.00	0	1,852	0.00	0.0000%	0.0000%
Hyde	0	759	0.00	0	779	0.00	0	757	0.00	0.0000%	0.0000%
Pasquotank *	0	9,066	0.00	0	9,094	0.00	0	8,996	0.00	0.0000%	0.0000%
Perquimans	0	2,319	0.00	0	2,401	0.00	0	2,333	0.00	0.0000%	0.0000%
Tyrrell	0	584	0.00	0	614	0.00	0	652	0.00	0.0000%	0.0000%
Washington	0	2,344	0.00	0	2,282	0.00	0	2,239	0.00	0.0000%	0.0000%
Region R Totals	0	33,808	0.00	0	34,315	0.00	0	34,218	0.00	0.0000%	0.0000%
Grand Totals	1,459	2,253,673	0.65	1,330	2,258,641	0.59	968	2,271,482	0.43	-18.0299%	-18.3358%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	132	15,188	8.69	103	15,232	6.76	124	15,149	8.19	-0.7907%	-0.5736%
Clay	53	5,751	9.22	45	5,904	7.62	54	6,102	8.85	2.4528%	-0.5942%
Graham	25	4,243	5.89	25	4,293	5.82	29	4,075	7.12	8.0000%	10.5205%
Haywood	446	35,049	12.73	537	35,200	15.26	418	35,613	11.74	-0.8783%	-1.5879%
Jackson	114	27,048	4.21	124	26,702	4.64	105	26,919	3.90	-3.2753%	-2.9119%
Macon	205	19,684	10.41	230	19,737	11.65	154	19,944	7.72	-10.4242%	-10.9223%
Swain	66	7,975	8.28	45	8,088	5.56	49	7,854	6.24	-11.4646%	-10.3188%
Region A Totals	1,041	114,938	9.06	1,109	115,156	9.63	933	115,656	8.07	-4.6690%	-4.9517%
Buncombe	1,644	166,315	9.88	1,785	166,635	10.71	1,435	167,215	8.58	-5.5156%	-5.7593%
Henderson	835	63,660	13.12	804	63,409	12.68	757	64,866	11.67	-4.7792%	-5.6460%
Madison	130	12,465	10.43	116	12,626	9.19	118	12,390	9.52	-4.5225%	-4.1227%
Transylvania	218	16,948	12.86	260	17,256	15.07	171	16,929	10.10	-7.4824%	-7.9115%
Region B Totals	2,827	259,388	10.90	2,965	259,926	11.41	2,481	261,400	9.49	-5.7211%	-6.0656%
Cleveland	972	60,099	16.17	959	60,621	15.82	1,464	59,704	24.52	25.6608%	26.4084%
McDowell	519	26,175	19.83	502	26,152	19.20	413	26,124	15.81	-10.5023%	-10.4157%
Polk	144	10,311	13.97	123	10,614	11.59	107	10,646	10.05	-13.7957%	-15.1457%
Rutherford	715	37,599	19.02	667	37,506	17.78	645	37,631	17.14	-5.0058%	-5.0508%
Region C Totals	2,350	134,184	17.51	2,251	134,893	16.69	2,629	134,105	19.60	6.2899%	6.3813%
Alleghany	138	6,060	22.77	65	6,233	10.43	63	6,446	9.77	-27.9877%	-30.2427%
Ashe	184	14,889	12.36	172	14,953	11.50	178	15,150	11.75	-1.5167%	-2.3896%
Avery	225	11,115	20.24	125	11,162	11.20	131	10,688	12.26	-19.8222%	-17.6153%
Mitchell	134	8,527	15.71	106	8,537	12.42	113	8,501	13.29	-7.1459%	-6.9665%
Watauga	286	37,428	7.64	181	37,618	4.81	177	39,745	4.45	-19.4616%	-22.2381%
Wilkes	520	38,352	13.56	410	38,360	10.69	457	38,337	11.92	-4.8452%	-4.8200%
Yancey	128	10,495	12.20	136	10,401	13.08	124	10,466	11.85	-1.2868%	-1.0898%
Region D Totals	1,615	126,866	12.73	1,195	127,264	9.39	1,243	129,333	9.61	-10.9947%	-11.9424%
Alexander	186	21,790	8.54	178	21,876	8.14	191	21,824	8.75	1.5011%	1.4409%
Burke	605	51,249	11.81	582	51,441	11.31	625	52,423	11.92	1.7933%	0.6080%
Caldwell	551	48,370	11.39	586	48,813	12.00	600	49,257	12.18	4.3706%	3.4265%
Catawba	1,061	97,656	10.86	923	97,898	9.43	901	99,658	9.04	-7.6951%	-8.6646%
Region E Totals	2,403	219,065	10.97	2,269	220,028	10.31	2,317	223,162	10.38	-1.7304%	-2.6541%
Anson	181	13,071	13.85	128	12,690	10.09	120	13,141	9.13	-17.7659%	-18.3130%
Cabarrus	1,074	146,696	7.32	825	149,263	5.53	1,257	154,748	8.12	14.5896%	11.2289%
Gaston	2,018	141,967	14.21	2,067	146,393	14.12	2,374	148,396	16.00	8.6403%	6.3168%
Iredell	1,092	120,266	9.08	1,036	123,408	8.39	879	127,441	6.90	-10.1413%	-12.6916%
Lincoln	643	54,544	11.79	683	56,311	12.13	663	58,867	11.26	1.6463%	-2.1277%
Mecklenburg *	4,626	734,170	6.30	4,067	732,464	5.55	5,618	752,083	7.47	13.0262%	11.3268%
Rowan	973	88,437	11.00	904	88,621	10.20	919	90,141	10.20	-2.7161%	-3.6697%
Stanly	358	37,049	9.66	332	37,327	8.89	408	37,748	10.81	7.8145%	6.7839%
Union	800	155,849	5.13	729	159,457	4.57	1,028	165,812	6.20	16.0700%	12.3368%
Region F Totals	11,765	1,492,049	7.89	10,771	1,505,934	7.15	13,266	1,548,377	8.57	7.3576%	5.2475%
Alamance	1,105	105,388	10.49	954	107,455	8.88	952	109,735	8.68	-6.9374%	-8.8045%
Caswell	67	13,601	4.93	111	13,362	8.31	92	13,159	6.99	24.2773%	26.3982%
Davidson	1,102	103,334	10.66	822	104,373	7.88	747	106,671	7.00	-17.2662%	-18.6164%
Guilford *	2,869	344,621	8.33	2,340	340,936	6.86	2,177	344,518	6.32	-12.7021%	-12.7450%
Montgomery	145	14,516	9.99	130	14,579	8.92	108	14,355	7.52	-13.6340%	-13.1795%
Randolph	869	87,444	9.94	649	87,854	7.39	544	87,433	6.22	-20.7476%	-20.7201%
Rockingham	585	54,260	10.78	489	54,611	8.95	703	54,143	12.98	13.6763%	14.0290%
Region G Totals	6,742	723,164	9.32	5,495	723,170	7.60	5,323	730,014	7.29	-10.8131%	-11.2675%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	287	25,820	11.12	178	25,955	6.86	190	26,131	7.27	-15.6188%	-16.1395%
Forsyth *	2,167	235,391	9.21	1,871	235,366	7.95	1,744	239,594	7.28	-10.2236%	-11.0415%
Stokes	316	27,235	11.60	253	27,352	9.25	279	27,452	10.16	-4.8300%	-5.2021%
Surry	605	42,287	14.31	529	42,322	12.50	506	42,201	11.99	-8.4549%	-8.3539%
Yadkin	248	22,128	11.21	245	22,114	11.08	243	22,222	10.94	-1.0130%	-1.2227%
Region I Totals	3,623	352,861	10.27	3,076	353,109	8.71	2,962	357,600	8.28	-9.4020%	-10.0365%
Chatham	290	42,808	6.77	250	42,988	5.82	214	43,895	4.88	-14.0966%	-15.1614%
Durham	1,615	211,956	7.62	1,571	212,753	7.38	1,394	215,262	6.48	-6.9956%	-7.6949%
Johnston	1,038	140,965	7.36	965	147,469	6.54	895	152,291	5.88	-7.1433%	-10.6618%
Lee	296	37,836	7.82	278	38,189	7.28	231	39,218	5.89	-11.4938%	-13.0179%
Moore *	392	50,522	7.76	349	51,483	6.78	303	52,907	5.73	-12.0750%	-14.0743%
Orange	509	101,247	5.03	474	100,589	4.71	409	100,577	4.07	-10.2947%	-9.9849%
Wake *	4,763	755,986	6.30	4,182	764,814	5.47	4,972	778,101	6.39	3.3461%	1.8243%
Region J Totals	8,903	1,341,320	6.64	8,069	1,358,285	5.94	8,418	1,382,251	6.09	-2.5212%	-3.9916%
Franklin	442	42,896	10.30	364	44,513	8.18	294	46,605	6.31	-18.4389%	-21.7475%
Granville	436	38,865	11.22	249	39,045	6.38	252	38,908	6.48	-20.8425%	-20.7960%
Person	260	23,184	11.21	239	23,256	10.28	193	22,905	8.43	-13.6619%	-13.1855%
Vance	350	24,424	14.33	248	24,216	10.24	203	23,499	8.64	-23.6440%	-22.0909%
Warren	100	10,444	9.57	122	10,818	11.28	99	10,745	9.21	1.5738%	-0.2595%
Region K Totals	1,588	139,813	11.36	1,222	141,848	8.61	1,041	142,662	7.30	-18.9298%	-19.7248%
Edgecombe	455	25,991	17.51	410	25,491	16.08	315	25,600	12.30	-16.5304%	-15.8102%
Halifax	356	26,906	13.23	223	26,696	8.35	204	25,915	7.87	-22.9399%	-21.3150%
Nash	733	56,638	12.94	614	56,471	10.87	481	57,216	8.41	-18.9479%	-19.3341%
Northampton	110	9,977	11.03	124	10,142	12.23	93	9,743	9.55	-6.1364%	-5.5176%
Wilson	625	46,324	13.49	554	45,969	12.05	484	46,290	10.46	-11.9977%	-11.9583%
Region L Totals	2,279	165,836	13.74	1,925	164,769	11.68	1,577	164,764	9.57	-16.8055%	-16.5308%
Cumberland *	1,918	171,335	11.19	1,617	174,163	9.28	1,305	171,809	7.60	-17.4942%	-17.6258%
Harnett *	553	77,170	7.17	548	79,755	6.87	439	80,636	5.44	-10.3973%	-12.4409%
Sampson	359	33,016	10.87	341	33,320	10.23	331	33,551	9.87	-3.9732%	-4.7407%
Region M Totals	2,830	281,521	10.05	2,506	287,238	8.72	2,075	285,996	7.26	-14.3237%	-15.0252%
Bladen	301	16,512	18.23	259	16,828	15.39	180	16,712	10.77	-22.2277%	-22.7944%
Hoke *	228	27,901	8.17	233	29,872	7.80	231	29,773	7.76	0.6673%	-2.5393%
Richmond	293	24,950	11.74	322	24,700	13.04	219	24,693	8.87	-11.0450%	-10.4792%
Robeson	1,044	69,410	15.04	908	70,455	12.89	443	70,368	6.30	-32.1191%	-32.7340%
Scotland	231	19,173	12.05	215	18,693	11.50	108	18,834	5.73	-28.3469%	-27.3400%
Region N Totals	2,097	157,946	13.28	1,937	160,548	12.06	1,181	160,380	7.36	-23.3297%	-24.0463%
Brunswick	824	74,298	11.09	742	80,413	9.23	753	85,683	8.79	-4.2345%	-10.7792%
Columbus	540	28,982	18.63	495	29,316	16.88	409	29,161	14.03	-12.8535%	-13.1561%
New Hanover *	1,729	143,890	12.02	1,043	149,200	6.99	978	151,820	6.44	-22.9541%	-24.8366%
Pender	404	36,979	10.93	379	39,698	9.55	362	40,952	8.84	-5.3368%	-10.0119%
Region O Totals	3,497	284,149	12.31	2,659	298,627	8.90	2,502	307,616	8.13	-14.9339%	-18.1519%
Carteret *	366	37,651	9.72	435	38,393	11.33	343	39,390	8.71	-1.1485%	-3.2949%
Craven *	555	50,061	11.09	593	51,615	11.49	502	53,645	9.36	-4.2494%	-7.4596%
Duplin	472	27,168	17.37	490	28,345	17.29	402	28,716	14.00	-7.0728%	-9.7582%
Greene	131	12,543	10.44	107	12,305	8.70	109	12,161	8.96	-8.2257%	-6.8327%
Jones	85	5,037	16.88	77	5,214	14.77	83	5,114	16.23	-0.8098%	-1.2935%
Lenoir	506	31,216	16.21	498	30,860	16.14	493	30,289	16.28	-1.2925%	0.2083%
Onslow *	885	83,895	10.55	823	83,356	9.87	759	84,878	8.94	-7.3910%	-7.9172%
Pamlico	57	6,681	8.53	56	6,751	8.30	50	6,657	7.51	-6.2343%	-6.1133%
Wayne *	846	64,470	13.12	789	65,062	12.13	694	64,002	10.84	-9.3891%	-9.0850%
Region P Totals	3,903	318,722	12.25	3,868	321,901	12.02	3,435	324,852	10.57	-6.0456%	-6.9383%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	362	24,090	15.03	368	24,169	15.23	284	23,711	11.98	-10.5843%	-10.0051%
Bertie	143	10,517	13.60	148	10,048	14.73	111	9,972	11.13	-10.7517%	-8.0505%
Hertford	158	11,654	13.56	144	11,315	12.73	87	11,499	7.57	-24.2220%	-23.3401%
Martin	203	11,826	17.17	227	11,590	19.59	162	11,294	14.34	-8.4059%	-6.3322%
Pitt *	1,092	107,549	10.15	1,146	108,935	10.52	1,002	111,394	9.00	-3.8102%	-5.4429%
Region Q Totals	1,958	165,636	11.82	2,033	166,057	12.24	1,646	167,870	9.81	-7.6027%	-8.1716%
Camden	45	6,660	6.76	44	6,918	6.36	50	6,993	7.15	5.7071%	3.2744%
Chowan	97	7,468	12.99	83	7,458	11.13	64	7,588	8.43	-18.6623%	-19.2654%
Currituck	74	18,571	3.98	108	19,536	5.53	91	20,360	4.47	15.1026%	9.7930%
Dare	64	21,958	2.91	83	22,264	3.73	97	22,028	4.40	23.2775%	23.0123%
Gates	51	6,146	8.30	40	6,180	6.47	29	6,273	4.62	-24.5343%	-25.2875%
Hyde	19	2,696	7.05	8	2,695	2.97	7	2,697	2.60	-35.1974%	-35.2220%
Pasquotank *	217	24,239	8.95	226	23,997	9.42	185	24,225	7.64	-6.9971%	-6.8571%
Perquimans	45	6,918	6.50	57	7,227	7.89	48	7,042	6.82	5.4386%	3.8368%
Tyrrell	15	1,785	8.40	17	1,830	9.29	12	1,905	6.30	-8.0392%	-10.8222%
Washington	103	5,538	18.60	69	5,373	12.84	61	5,251	11.62	-22.3020%	-20.2464%
Region R Totals	730	101,979	7.16	735	103,478	7.10	644	104,362	6.17	-5.8480%	-6.9484%
Grand Totals	60,151	6,379,437	9.43	54,085	6,442,231	8.40	53,673	6,540,400	8.21	-5.4232%	-6.6062%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	244	4,841	50.40	216	4,822	44.79	213	4,762	44.73	-6.4321%	-5.6365%
Clay	99	1,872	52.88	87	1,893	45.96	99	1,913	51.75	0.8359%	-0.2463%
Graham	51	1,016	50.20	32	990	32.32	38	935	40.64	-9.2525%	-4.9359%
Haywood	579	8,780	65.95	712	8,811	80.81	604	8,926	67.67	3.9010%	3.1383%
Jackson	160	5,031	31.80	163	4,915	33.16	162	4,803	33.73	0.6308%	2.9917%
Macon	314	5,831	53.85	310	5,769	53.74	273	5,781	47.22	-6.6047%	-6.1656%
Swain	82	1,543	53.14	80	1,553	51.51	67	1,468	45.64	-9.3445%	-7.2340%
Region A Totals	1,529	28,914	52.88	1,600	28,753	55.65	1,456	28,588	50.93	-2.1782%	-1.6226%
Buncombe	2,179	33,959	64.17	2,360	34,109	69.19	2,077	34,470	60.26	-1.8425%	-2.5415%
Henderson	1,128	16,858	66.91	1,121	16,627	67.42	1,173	17,088	68.64	2.0091%	1.2879%
Madison	206	2,973	69.29	218	2,986	73.01	158	2,972	53.16	-10.8488%	-10.9085%
Transylvania	328	4,825	67.98	444	4,875	91.08	312	4,734	65.91	2.8181%	3.1704%
Region B Totals	3,841	58,615	65.53	4,143	58,597	70.70	3,720	59,264	62.77	-1.1737%	-1.6624%
Cleveland	1,092	11,625	93.94	1,144	11,823	96.76	1,339	11,626	115.17	10.9037%	11.0181%
McDowell	502	5,455	92.03	512	5,478	93.46	512	5,445	94.03	0.9960%	1.0849%
Polk	218	2,940	74.15	199	2,998	66.38	220	2,989	73.60	0.9186%	0.2020%
Rutherford	653	7,746	84.30	722	7,661	94.24	728	7,635	95.35	5.6988%	6.4839%
Region C Totals	2,465	27,766	88.78	2,577	27,960	92.17	2,799	27,695	101.07	6.5791%	6.7361%
Alleghany	222	1,491	148.89	103	1,502	68.58	118	1,476	79.95	-19.5202%	-18.6811%
Ashe	257	3,793	67.76	236	3,784	62.37	238	3,769	63.15	-3.6619%	-3.3520%
Avery	323	2,157	149.75	235	2,183	107.65	201	2,123	94.68	-20.8563%	-20.0810%
Mitchell	192	1,891	101.53	144	1,899	75.83	187	1,877	99.63	2.4306%	3.0336%
Watauga	370	5,395	68.58	257	5,431	47.32	252	5,486	45.94	-16.2430%	-16.9648%
Wilkes	665	7,887	84.32	638	7,908	80.68	692	7,991	86.60	2.2019%	1.5112%
Yancey	213	2,515	84.69	201	2,479	81.08	196	2,422	80.92	-4.0607%	-2.2280%
Region D Totals	2,242	25,129	89.22	1,814	25,186	72.02	1,884	25,144	74.93	-7.6156%	-7.6204%
Alexander	237	4,319	54.87	265	4,309	61.50	281	4,248	66.15	8.9260%	9.8171%
Burke	741	10,520	70.44	787	10,600	74.25	759	10,829	70.09	1.3250%	-0.0955%
Caldwell	724	9,531	75.96	793	9,626	82.38	838	9,685	86.53	7.6025%	6.7402%
Catawba	1,400	18,424	75.99	1,254	18,627	67.32	1,260	19,303	65.27	-4.9751%	-7.2225%
Region E Totals	3,102	42,794	72.49	3,099	43,162	71.80	3,138	44,065	71.21	0.5809%	-0.8825%
Anson	186	2,423	76.76	151	2,424	62.29	189	2,439	77.49	3.1742%	2.7725%
Cabarrus	1,140	19,490	58.49	1,026	19,988	51.33	1,443	20,829	69.28	15.3216%	11.3611%
Gaston	1,993	23,717	84.03	2,050	24,197	84.72	2,274	24,419	93.12	6.8934%	5.3690%
Iredell	1,258	19,402	64.84	1,242	19,913	62.37	1,273	20,749	61.35	0.6121%	-2.7195%
Lincoln	662	10,306	64.23	676	10,552	64.06	771	11,039	69.84	8.0840%	4.3779%
Mecklenburg *	4,597	86,608	53.08	3,963	89,108	44.47	5,855	92,168	63.53	16.9750%	13.3132%
Rowan	1,120	16,615	67.41	1,151	16,768	68.64	1,202	17,365	69.22	3.5994%	1.3354%
Stanly	496	7,315	67.81	478	7,389	64.69	597	7,502	79.58	10.6332%	9.2100%
Union	983	20,639	47.63	1,039	21,331	48.71	1,248	22,482	55.51	12.9062%	8.1170%
Region F Totals	12,435	206,515	60.21	11,776	211,670	55.63	14,852	218,992	67.82	10.4107%	7.1491%
Alamance	1,329	17,815	74.60	1,348	18,415	73.20	1,331	19,006	70.03	0.0843%	-3.1033%
Caswell	93	3,022	30.77	117	3,046	38.41	139	3,035	45.80	22.3049%	22.0246%
Davidson	1,213	18,878	64.25	1,041	19,087	54.54	1,053	19,564	53.82	-6.5135%	-8.2165%
Guilford *	3,360	52,494	64.01	3,023	53,037	57.00	2,989	53,841	55.52	-5.5772%	-6.7760%
Montgomery	200	3,208	62.34	184	3,158	58.26	154	3,109	49.53	-12.1522%	-10.7643%
Randolph	1,134	15,686	72.29	891	15,899	56.04	814	15,962	51.00	-15.0353%	-15.7419%
Rockingham	672	11,301	59.46	680	11,500	59.13	1,094	11,527	94.91	31.0364%	29.9725%
Region G Totals	8,001	122,404	65.37	7,284	124,142	58.67	7,574	126,044	60.09	-2.4900%	-3.9118%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	322	5,356	60.12	310	5,434	57.05	314	5,567	56.40	-1.2182%	-3.1191%
Forsyth *	2,645	37,838	69.90	2,854	38,275	74.57	2,716	38,918	69.79	1.5332%	0.1311%
Stokes	413	5,552	74.39	407	5,684	71.60	452	5,803	77.89	4.8019%	2.5189%
Surry	757	8,265	91.59	783	8,227	95.17	760	8,097	93.86	0.2486%	1.2667%
Yadkin	332	4,275	77.66	293	4,298	68.17	310	4,324	71.69	-2.9725%	-3.5267%
Region I Totals	4,469	61,286	72.92	4,647	61,918	75.05	4,552	62,709	72.59	0.9693%	-0.1791%
Chatham	342	11,721	29.18	313	11,794	26.54	321	12,136	26.45	-2.9618%	-4.6901%
Durham	1,572	26,658	58.97	1,605	27,173	59.07	1,550	27,935	55.49	-0.6638%	-2.9484%
Johnston	1,077	19,811	54.36	1,164	20,614	56.47	1,203	21,365	56.31	5.7143%	1.7928%
Lee	389	6,593	59.00	396	6,713	58.99	346	6,895	50.18	-5.4134%	-7.4764%
Moore *	501	14,097	35.54	512	14,467	35.39	522	15,094	34.58	2.0744%	-1.3500%
Orange	664	14,976	44.34	671	15,307	43.84	628	15,667	40.08	-2.6771%	-4.8450%
Wake *	4,626	90,884	50.90	4,539	94,122	48.22	5,438	97,966	55.51	8.9627%	4.9245%
Region J Totals	9,171	184,740	49.64	9,200	190,190	48.37	10,008	197,058	50.79	4.5494%	1.2164%
Franklin	419	7,879	53.18	416	8,264	50.34	442	8,781	50.34	2.7670%	-2.6735%
Granville	451	6,818	66.15	320	6,996	45.74	332	7,176	46.27	-12.6483%	-14.8521%
Person	257	4,730	54.33	280	4,858	57.64	307	4,910	62.53	9.2961%	7.2802%
Vance	408	4,652	87.70	324	4,635	69.90	272	4,535	59.98	-18.3188%	-17.2476%
Warren	135	2,264	59.63	131	2,316	56.56	132	2,270	58.15	-1.0998%	-1.1682%
Region K Totals	1,670	26,343	63.39	1,471	27,069	54.34	1,485	27,672	53.66	-5.4822%	-7.7634%
Edgecombe	494	6,609	74.75	436	6,624	65.82	411	6,612	62.16	-8.7374%	-8.7518%
Halifax	415	6,483	64.01	408	6,480	62.96	357	6,413	55.67	-7.0934%	-6.6135%
Nash	891	11,664	76.39	807	11,714	68.89	764	11,962	63.87	-7.3780%	-8.5527%
Northampton	157	1,539	102.01	169	1,597	105.82	169	1,401	120.63	3.8217%	8.8620%
Wilson	643	8,477	75.85	616	8,465	72.77	601	8,485	70.83	-3.3171%	-3.3641%
Region L Totals	2,600	34,772	74.77	2,436	34,880	69.84	2,302	34,873	66.01	-5.9043%	-6.0398%
Cumberland *	1,927	28,534	67.53	1,686	29,586	56.99	1,643	30,159	54.48	-7.5285%	-10.0097%
Harnett *	656	11,150	58.83	654	11,494	56.90	600	11,699	51.29	-4.2809%	-6.5766%
Sampson	404	6,515	62.01	463	6,606	70.09	470	6,625	70.94	8.0579%	7.1230%
Region M Totals	2,987	46,199	64.66	2,803	47,686	58.78	2,713	48,483	55.96	-4.6854%	-6.9441%
Bladen	354	3,170	111.67	310	3,170	97.79	257	3,059	84.01	-14.7631%	-13.2589%
Hoke *	218	3,777	57.72	212	3,982	53.24	246	4,060	60.59	6.6427%	3.0248%
Richmond	271	4,964	54.59	318	4,908	64.79	309	4,910	62.93	7.2565%	7.9061%
Robeson	820	12,536	65.41	732	12,522	58.46	651	12,462	52.24	-10.8986%	-10.6346%
Scotland	200	4,120	48.54	213	4,093	52.04	159	4,048	39.28	-9.4261%	-8.6599%
Region N Totals	1,863	28,567	65.22	1,785	28,675	62.25	1,622	28,539	56.83	-6.6592%	-6.6231%
Brunswick	1,419	26,716	53.11	1,340	28,290	47.37	1,439	30,027	47.92	0.9104%	-4.8227%
Columbus	534	5,784	92.32	557	5,761	96.68	526	5,778	91.03	-0.6292%	-0.5599%
New Hanover *	1,411	24,196	58.32	1,321	24,604	53.69	1,429	25,013	57.13	0.8986%	-0.7621%
Pender	430	7,150	60.14	432	7,464	57.88	411	7,669	53.59	-2.1980%	-5.5828%
Region O Totals	3,794	63,846	59.42	3,650	66,119	55.20	3,805	68,487	55.56	0.2256%	-3.2303%
Carteret *	567	10,024	56.56	628	10,144	61.91	521	10,367	50.26	-3.1399%	-4.6873%
Craven *	710	9,787	72.55	862	10,151	84.92	767	10,761	71.28	5.1938%	0.4951%
Duplin	487	3,636	133.94	506	3,866	130.88	480	3,815	125.82	-0.6185%	-3.0751%
Greene	125	2,241	55.78	130	2,277	57.09	172	2,272	75.70	18.1538%	17.4773%
Jones	84	1,267	66.30	95	1,279	74.28	108	1,254	86.12	13.3897%	13.9924%
Lenoir	506	6,879	73.56	562	6,904	81.40	609	6,860	88.78	9.7151%	9.8615%
Onslow *	889	12,629	70.39	875	12,828	68.21	936	13,083	71.54	2.6983%	0.8924%
Pamlico	99	1,888	52.44	100	1,870	53.48	95	1,806	52.60	-1.9949%	0.1745%
Wayne *	866	11,598	74.67	860	11,782	72.99	900	11,869	75.83	1.9792%	0.8202%
Region P Totals	4,333	59,949	72.28	4,618	61,101	75.58	4,588	62,087	73.90	2.9639%	1.1703%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	448	6,328	70.80	428	6,246	68.52	394	6,056	65.06	-6.2041%	-4.1329%
Bertie	179	2,085	85.85	171	1,999	85.54	183	2,042	89.62	1.2741%	2.2023%
Hertford	170	2,429	69.99	163	2,497	65.28	141	2,525	55.84	-8.8073%	-10.5925%
Martin	262	3,265	80.25	252	3,260	77.30	214	3,222	66.42	-9.4481%	-8.8735%
Pitt *	1,145	15,125	75.70	1,081	15,416	70.12	1,196	15,788	75.75	2.5244%	0.3299%
Region Q Totals	2,204	29,232	75.40	2,095	29,418	71.21	2,128	29,633	71.81	-1.6852%	-2.3542%
Camden	43	1,094	39.31	51	1,144	44.58	46	1,187	38.75	4.4004%	0.1748%
Chowan	101	1,812	55.74	116	1,782	65.10	112	1,768	63.35	5.7016%	7.0506%
Currituck	141	3,214	43.87	179	3,362	53.24	149	3,536	42.14	5.0953%	0.2530%
Dare	99	5,293	18.70	212	5,340	39.70	226	5,433	41.60	60.3726%	58.5178%
Gates	64	1,236	51.78	61	1,250	48.80	53	1,267	41.83	-8.9011%	-10.0178%
Hyde	33	624	52.88	27	639	42.25	19	638	29.78	-23.9057%	-24.8109%
Pasquotank *	292	3,999	73.02	290	4,057	71.48	267	4,114	64.90	-4.3080%	-5.6557%
Perquimans	93	1,754	53.02	85	1,859	45.72	83	1,783	46.55	-5.4775%	-5.9776%
Tyrrell	19	342	55.56	20	342	58.48	17	358	47.49	-4.8684%	-6.7679%
Washington	117	1,665	70.27	114	1,645	69.30	103	1,612	63.90	-6.1066%	-4.5895%
Region R Totals	1,002	21,033	47.64	1,155	21,420	53.92	1,075	21,696	49.55	4.1715%	2.5382%
Grand Totals	67,708	1,068,104	63.39	66,153	1,087,946	60.81	69,701	1,111,029	62.74	1.5333%	-0.4521%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Cherokee	403	4,230	95.27	348	4,493	77.45	400	4,626	86.47	0.6474%	-3.5322%
Clay	168	1,650	101.82	146	1,790	81.56	132	1,886	69.99	-11.3421%	-17.0417%
Graham	77	1,014	75.94	71	1,050	67.62	157	1,071	146.59	56.6673%	52.9187%
Haywood	1,168	7,704	151.61	1,316	8,015	164.19	1,250	8,292	150.75	3.8280%	0.0556%
Jackson	261	3,993	65.36	318	4,303	73.90	337	4,548	74.10	13.9070%	6.6637%
Macon	644	5,359	120.17	732	5,614	130.39	588	5,792	101.52	-3.0038%	-6.8195%
Swain	107	1,279	83.66	123	1,313	93.68	115	1,347	85.37	4.2246%	1.5563%
Region A Totals	2,828	25,229	112.09	3,054	26,578	114.91	2,979	27,562	108.08	2.7679%	-1.7140%
Buncombe	3,938	24,486	160.83	4,275	25,947	164.76	3,849	27,225	141.38	-0.7036%	-5.8731%
Henderson	2,376	15,973	148.75	2,375	16,736	141.91	2,771	17,553	157.86	8.3158%	3.3220%
Madison	351	2,171	161.68	354	2,316	152.85	332	2,406	137.99	-2.6800%	-7.5912%
Transylvania	751	5,796	129.57	903	6,128	147.36	737	6,249	117.94	0.9283%	-3.1191%
Region B Totals	7,416	48,426	153.14	7,907	51,127	154.65	7,689	53,433	143.90	1.9319%	-2.9828%
Cleveland	1,251	7,659	163.34	1,827	8,161	223.87	2,278	8,343	273.04	35.3642%	29.5125%
McDowell	822	4,192	196.09	775	4,345	178.37	840	4,484	187.33	1.3347%	-2.0053%
Polk	364	2,825	128.85	475	3,002	158.23	462	3,066	150.68	13.8788%	9.0167%
Rutherford	1,178	6,085	193.59	1,154	6,351	181.70	1,236	6,545	188.85	2.5342%	-1.1047%
Region C Totals	3,615	20,761	174.12	4,231	21,859	193.56	4,816	22,438	214.64	15.4333%	11.0252%
Alleghany	342	1,405	243.42	230	1,488	154.57	238	1,566	151.98	-14.6351%	-19.0878%
Ashe	531	3,206	165.63	495	3,368	146.97	528	3,502	150.77	-0.0565%	-4.3392%
Avery	512	1,806	283.50	402	1,910	210.47	384	1,924	199.58	-12.9810%	-15.4661%
Mitchell	396	1,718	230.50	249	1,772	140.52	391	1,760	222.16	9.9535%	9.5307%
Watauga	685	4,244	161.40	540	4,480	120.54	556	4,749	117.08	-9.1025%	-14.0949%
Wilkes	1,135	6,421	176.76	1,148	6,695	171.47	1,272	6,848	185.75	5.9734%	2.6659%
Yancey	401	2,204	181.94	374	2,282	163.89	367	2,330	157.51	-4.3024%	-6.9071%
Region D Totals	4,002	21,004	190.54	3,438	21,995	156.31	3,736	22,679	164.73	-2.7126%	-6.2866%
Alexander	434	3,245	133.74	397	3,403	116.66	546	3,520	155.11	14.5031%	10.0938%
Burke	1,270	8,007	158.61	1,356	8,419	161.06	1,299	8,827	147.16	1.2841%	-3.5424%
Caldwell	1,156	6,954	166.24	1,398	7,227	193.44	1,507	7,467	201.82	14.3656%	10.3490%
Catawba	2,474	12,421	199.18	2,444	13,105	186.49	2,517	13,853	181.69	0.8871%	-4.4713%
Region E Totals	5,334	30,627	174.16	5,595	32,154	174.01	5,869	33,667	174.33	4.8952%	0.0474%
Anson	328	1,778	184.48	252	1,796	140.31	280	1,844	151.84	-6.0298%	-7.8609%
Cabarrus	2,380	12,712	187.22	2,130	13,530	157.43	2,720	14,396	188.94	8.5977%	2.0514%
Gaston	2,973	15,210	195.46	3,449	16,274	211.93	3,670	17,038	215.40	11.2092%	5.0311%
Iredell	2,542	12,834	198.07	2,585	13,755	187.93	2,732	14,654	186.43	3.6891%	-2.9572%
Lincoln	1,175	6,332	185.57	1,242	6,888	180.31	1,461	7,376	198.07	11.6675%	3.5100%
Mecklenburg *	8,152	52,212	156.13	9,242	55,539	166.41	10,599	59,375	178.51	14.0270%	6.9267%
Rowan	1,673	11,012	151.93	1,820	11,578	157.19	1,956	12,201	160.31	8.1296%	2.7267%
Stanly	824	5,177	159.17	904	5,395	167.56	1,144	5,659	202.16	18.1287%	12.9603%
Union	2,056	12,967	158.56	2,221	13,948	159.23	2,346	14,897	157.48	6.8267%	-0.3366%
Region F Totals	22,103	130,234	169.72	23,845	138,703	171.91	26,908	147,440	182.50	10.3634%	3.7263%
Alamance	2,289	13,345	171.52	2,494	14,276	174.70	2,708	15,112	179.20	8.7682%	2.2121%
Caswell	159	2,095	75.89	233	2,178	106.98	211	2,213	95.35	18.5494%	15.0411%
Davidson	2,704	13,001	207.98	2,022	13,760	146.95	1,867	14,434	129.35	-16.4438%	-20.6620%
Guilford *	5,961	36,402	163.75	6,179	37,916	162.97	6,442	39,692	162.30	3.9567%	-0.4453%
Montgomery	310	2,421	128.05	261	2,581	101.12	267	2,672	99.93	-6.7538%	-11.1054%
Randolph	1,534	11,136	137.75	1,682	11,759	143.04	1,669	12,120	137.71	4.4375%	0.0552%
Rockingham	1,182	8,125	145.48	1,308	8,435	155.07	2,044	8,617	237.21	33.4645%	29.7808%
Region G Totals	14,139	86,525	163.41	14,179	90,905	155.98	15,208	94,860	160.32	3.7701%	-0.8818%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Davie	602	4,016	149.90	656	4,274	153.49	693	4,458	155.45	7.3052%	1.8361%
Forsyth *	5,061	26,395	191.74	5,631	27,744	202.96	5,698	29,144	195.51	6.2262%	1.0908%
Stokes	863	3,871	222.94	867	4,188	207.02	1,000	4,430	225.73	7.9019%	0.9493%
Surry	1,525	6,056	251.82	1,431	6,293	227.40	1,476	6,469	228.17	-1.5096%	-4.6797%
Yadkin	573	3,289	174.22	676	3,415	197.95	658	3,520	186.93	7.6564%	4.0282%
Region I Totals	8,624	43,627	197.68	9,261	45,914	201.70	9,525	48,021	198.35	5.1185%	0.1877%
Chatham	870	9,770	89.05	855	10,459	81.75	886	11,233	78.87	0.9508%	-5.8563%
Durham	2,483	16,372	151.66	2,756	17,484	157.63	2,883	18,516	155.70	7.8014%	1.3566%
Johnston	1,798	11,648	154.36	2,059	12,599	163.43	1,945	13,402	145.13	4.4897%	-2.6622%
Lee	677	4,836	139.99	693	5,067	136.77	664	5,330	124.58	-0.9107%	-5.6079%
Moore *	1,258	13,579	92.64	1,304	14,333	90.98	1,460	15,045	97.04	7.8099%	2.4341%
Orange	1,311	8,706	150.59	1,392	9,432	147.58	1,441	10,101	142.66	4.8493%	-2.6652%
Wake *	9,771	54,644	178.81	10,072	59,081	170.48	11,746	63,229	185.77	9.8504%	2.1544%
Region J Totals	18,168	119,555	151.96	19,131	128,455	148.93	21,025	136,856	153.63	7.6003%	0.5793%
Franklin	678	4,984	136.04	692	5,426	127.53	722	5,889	122.60	3.2001%	-5.0585%
Granville	730	4,308	169.45	667	4,560	146.27	645	4,751	135.76	-5.9642%	-10.4327%
Person	455	3,289	138.34	505	3,479	145.16	519	3,569	145.42	6.8806%	2.5541%
Vance	517	3,338	154.88	464	3,447	134.61	441	3,512	125.57	-7.6042%	-9.9027%
Warren	199	2,311	86.11	205	2,372	86.42	210	2,400	87.50	2.7270%	0.8049%
Region K Totals	2,579	18,230	141.47	2,533	19,284	131.35	2,537	20,121	126.09	-0.8129%	-5.5802%
Edgecombe	595	4,307	138.15	545	4,511	120.82	577	4,750	121.47	-1.2659%	-6.0005%
Halifax	637	4,457	142.92	625	4,634	134.87	604	4,704	128.40	-2.6219%	-5.2148%
Nash	1,289	7,342	175.57	1,222	7,782	157.03	1,255	8,370	149.94	-1.2487%	-7.5362%
Northampton	278	1,976	140.69	278	2,002	138.86	276	1,915	144.13	-0.3597%	1.2461%
Wilson	1,073	5,819	184.40	993	5,962	166.55	1,005	6,183	162.54	-3.1236%	-6.0422%
Region L Totals	3,872	23,901	162.00	3,663	24,891	147.16	3,717	25,922	143.39	-1.9618%	-5.8611%
Cumberland *	2,988	17,942	166.54	2,866	19,028	150.62	2,748	19,825	138.61	-4.1001%	-8.7646%
Harnett *	1,062	7,459	142.38	1,036	7,931	130.63	1,026	8,269	124.08	-1.7067%	-6.6336%
Sampson	682	4,593	148.49	815	4,776	170.64	822	4,936	166.53	10.1802%	6.2561%
Region M Totals	4,732	29,994	157.76	4,717	31,735	148.64	4,596	33,030	139.15	-1.4411%	-6.0855%
Bladen	377	2,539	148.48	371	2,603	142.53	377	2,617	144.06	0.0129%	-1.4687%
Hoke *	327	1,962	166.67	342	2,107	162.32	376	2,221	169.29	7.2643%	0.8440%
Richmond	359	3,045	117.90	378	3,209	117.79	432	3,324	129.96	9.7891%	5.1216%
Robeson	1,201	7,302	164.48	1,139	7,747	147.02	789	8,162	96.67	-17.9455%	-22.4304%
Scotland	303	2,633	115.08	293	2,708	108.20	215	2,829	76.00	-14.9607%	-17.8691%
Region N Totals	2,567	17,481	146.85	2,523	18,374	137.31	2,189	19,153	114.29	-7.4761%	-11.6290%
Brunswick	2,327	17,969	129.50	2,336	19,851	117.68	2,742	21,389	128.20	8.8835%	-0.0954%
Columbus	877	4,295	204.19	856	4,531	188.92	840	4,622	181.74	-2.1318%	-5.6398%
New Hanover *	3,046	17,883	170.33	2,728	19,149	142.46	3,036	20,106	151.00	0.4252%	-5.1839%
Pender	773	4,927	156.89	743	5,248	141.58	870	5,491	158.44	6.6059%	1.0754%
Region O Totals	7,023	45,074	155.81	6,663	48,779	136.60	7,488	51,608	145.09	3.6279%	-3.0554%
Carteret *	1,059	7,975	132.79	1,258	8,449	148.89	1,235	8,785	140.58	8.4815%	3.2719%
Craven *	1,252	8,579	145.94	1,454	8,906	163.26	1,435	9,146	156.90	7.4137%	3.9868%
Duplin	760	3,449	220.35	854	3,641	234.55	890	3,722	239.12	8.2919%	4.1952%
Greene	162	1,429	113.37	142	1,486	95.56	186	1,533	121.33	9.3201%	5.6311%
Jones	140	879	159.27	117	914	128.01	159	945	168.25	9.7344%	5.9053%
Lenoir	954	4,762	200.34	897	4,916	182.47	903	4,999	180.64	-2.6530%	-4.9614%
Onslow *	1,289	8,236	156.51	1,296	8,633	150.12	1,501	8,924	168.20	8.1805%	3.9803%
Pamlico	164	1,769	92.71	155	1,874	82.71	209	1,943	107.57	14.6755%	9.6335%
Wayne *	1,475	8,218	179.48	1,392	8,509	163.59	1,523	8,695	175.16	1.8919%	-0.8921%
Region P Totals	7,255	45,296	160.17	7,565	47,328	159.84	8,041	48,692	165.14	5.2825%	1.5553%

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Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2021	Estimated 2021 Population	Use Rate for 2021	Home Health Patients in 2022	Estimated 2022 Population	Use Rate for 2022	Home Health Patients in 2023	Estimated 2023 Population	Use Rate for 2023	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1,000
Beaufort	649	5,062	128.21	778	5,372	144.83	750	5,563	134.82	8.1389%	3.0251%
Bertie	254	1,540	164.94	277	1,505	184.05	258	1,511	170.75	1.0980%	2.1811%
Hertford	220	1,697	129.64	227	1,720	131.98	217	1,766	122.88	-0.6117%	-2.5466%
Martin	369	2,261	163.20	431	2,340	184.19	369	2,411	153.05	1.2085%	-2.0238%
Pitt *	1,659	9,113	182.05	1,538	9,673	159.00	1,731	10,283	168.34	2.6276%	-3.3942%
Region Q Totals	3,151	19,673	160.17	3,251	20,610	157.74	3,325	21,534	154.41	2.7249%	-1.8147%
Camden	69	783	88.12	76	834	91.13	90	858	104.90	14.2830%	9.2590%
Chowan	184	1,615	113.93	197	1,684	116.98	188	1,699	110.65	1.2483%	-1.3664%
Currituck	158	1,870	84.49	216	2,019	106.98	174	2,124	81.92	8.6322%	1.5966%
Dare	140	3,446	40.63	315	3,763	83.71	327	3,949	82.81	64.4048%	52.4829%
Gates	117	1,020	114.71	106	1,066	99.44	97	1,098	88.34	-8.9461%	-12.2344%
Hyde	33	403	81.89	30	436	68.81	26	454	57.27	-11.2121%	-16.3705%
Pasquotank *	420	2,754	152.51	385	2,845	135.33	399	2,938	135.81	-2.3485%	-5.4548%
Perquimans	138	1,856	74.35	188	1,958	96.02	161	2,007	80.22	10.9351%	6.3413%
Tyrrell	24	390	61.54	29	407	71.25	23	426	53.99	0.0718%	-4.2204%
Washington	122	1,271	95.99	150	1,307	114.77	137	1,322	103.63	7.1421%	4.9306%
Region R Totals	1,405	15,408	91.19	1,692	16,319	103.68	1,622	16,875	96.12	8.1450%	3.2043%
Grand Totals	118,813	741,045	160.33	123,248	785,010	157.00	131,270	823,891	159.33	5.1208%	-0.2972%

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Cherokee	0	-14.3182%	0.00	0.0000	-14.3021%	0.0000	4,597	0.00
Clay	0	-14.3182%	0.00	0.0000	-14.3021%	0.0000	1,918	0.00
Graham	0	-14.3182%	0.00	0.0000	-14.3021%	0.0000	1,601	0.00
Haywood	23	-14.3182%	13.12	2.1155	-14.3021%	1.2078	10,886	13.15
Jackson	4	-14.3182%	2.28	0.5740	-14.3021%	0.3277	6,765	2.22
Macon	0	-14.3182%	0.00	0.0000	-14.3021%	0.0000	6,634	0.00
Swain	0	-14.3182%	0.00	0.0000	-14.3021%	0.0000	3,213	0.00
Region A Totals	27	-14.3182%	15.40	0.7552	-14.3021%	0.4312	35,614	15.37
Buncombe	88	-4.6509%	75.72	1.8543	-3.8292%	1.6413	46,787	76.79
Henderson	22	-4.6509%	18.93	1.0628	-3.8292%	0.9407	20,578	19.36
Madison	6	-4.6509%	5.16	1.6868	-3.8292%	1.4930	3,625	5.41
Transylvania	2	-4.6509%	1.72	0.3909	-3.8292%	0.3460	5,150	1.78
Region B Totals	118	-4.6509%	101.54	1.5358	-3.8292%	1.3594	76,140	103.34
Cleveland	28	18.7594%	43.76	1.3382	19.4882%	2.1206	21,169	44.89
McDowell	21	18.7594%	32.82	2.5096	19.4882%	3.9768	8,111	32.26
Polk	0	18.7594%	0.00	0.0000	19.4882%	0.0000	2,886	0.00
Rutherford	0	18.7594%	0.00	0.0000	19.4882%	0.0000	12,588	0.00
Region C Totals	49	18.7594%	76.58	1.0934	19.4882%	1.7326	44,754	77.15
Alleghany	0	-4.6440%	0.00	0.0000	-4.6887%	0.0000	1,916	0.00
Ashe	0	-4.6440%	0.00	0.0000	-4.6887%	0.0000	4,494	0.00
Avery	1	-4.6440%	0.86	0.3761	-4.6887%	0.3232	2,621	0.85
Mitchell	7	-4.6440%	6.02	2.6435	-4.6887%	2.2717	2,603	5.91
Watauga	0	-4.6440%	0.00	0.0000	-4.6887%	0.0000	6,602	0.00
Wilkes	3	-4.6440%	2.58	0.2339	-4.6887%	0.2010	12,879	2.59
Yancey	4	-4.6440%	3.44	1.2151	-4.6887%	1.0442	3,359	3.51
Region D Totals	15	-4.6440%	12.91	0.4345	-4.6887%	0.3734	34,474	12.86
Alexander	1	66.6667%	3.00	0.1479	65.5364%	0.4387	6,720	2.95
Burke	0	66.6667%	0.00	0.0000	65.5364%	0.0000	16,821	0.00
Caldwell	0	66.6667%	0.00	0.0000	65.5364%	0.0000	15,091	0.00
Catawba	2	66.6667%	6.00	0.0595	65.5364%	0.1764	33,502	5.91
Region E Totals	3	66.6667%	9.00	0.0412	65.5364%	0.1222	72,134	8.86
Anson	0	-15.9210%	0.00	0.0000	-16.5880%	0.0000	4,600	0.00
Cabarrus	24	-15.9210%	12.54	0.4447	-16.5880%	0.2234	54,733	12.23
Gaston	108	-15.9210%	56.42	2.1163	-16.5880%	1.0632	50,816	54.03
Iredell	2	-15.9210%	1.04	0.0501	-16.5880%	0.0252	41,603	1.05
Lincoln	7	-15.9210%	3.66	0.3864	-16.5880%	0.1941	18,991	3.69
Mecklenburg *	274	-15.9210%	143.13	1.0472	-16.5880%	0.5261	264,790	139.30
Rowan	0	-15.9210%	0.00	0.0000	-16.5880%	0.0000	31,545	0.00
Stanly	0	-15.9210%	0.00	0.0000	-16.5880%	0.0000	12,738	0.00
Union	33	-15.9210%	17.24	0.6125	-16.5880%	0.3077	55,433	17.06
Region F Totals	448	-15.9210%	234.02	0.8478	-16.5880%	0.4259	535,249	227.34
Alamance	5	-22.4985%	1.63	0.1332	-22.4680%	0.0434	38,078	1.65
Caswell	0	-22.4985%	0.00	0.0000	-22.4680%	0.0000	3,609	0.00
Davidson	3	-22.4985%	0.98	0.0846	-22.4680%	0.0276	35,696	0.98
Guilford *	54	-22.4985%	17.55	0.4831	-22.4680%	0.1575	111,078	17.49
Montgomery	0	-22.4985%	0.00	0.0000	-22.4680%	0.0000	5,198	0.00
Randolph	4	-22.4985%	1.30	0.1324	-22.4680%	0.0432	29,965	1.29
Rockingham	2	-22.4985%	0.65	0.1157	-22.4680%	0.0377	17,017	0.64
Region G Totals	68	-22.4985%	22.10	0.2818	-22.4680%	0.0918	240,641	22.06

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Davie	3	-28.2485%	0.46	0.3688	-28.0795%	0.0581	8,238	0.48
Forsyth *	24	-28.2485%	3.66	0.2827	-28.0795%	0.0446	84,541	3.77
Stokes	8	-28.2485%	1.22	1.0076	-28.0795%	0.1588	8,099	1.29
Surry	16	-28.2485%	2.44	1.1050	-28.0795%	0.1742	14,265	2.48
Yadkin	5	-28.2485%	0.76	0.6819	-28.0795%	0.1075	7,220	0.78
Region I Totals	56	-28.2485%	8.54	0.4561	-28.0795%	0.0719	122,363	8.79
Chatham	0	40.9405%	0.00	0.0000	41.6376%	0.0000	13,112	0.00
Durham	6	40.9405%	13.37	0.0794	41.6376%	0.1785	76,160	13.60
Johnston	3	40.9405%	6.68	0.0558	41.6376%	0.1256	56,798	7.13
Lee	0	40.9405%	0.00	0.0000	41.6376%	0.0000	15,190	0.00
Moore *	1	40.9405%	2.23	0.0463	41.6376%	0.1042	23,072	2.40
Orange	1	40.9405%	2.23	0.0420	41.6376%	0.0944	23,611	2.23
Wake *	64	40.9405%	142.61	0.2565	41.6376%	0.5769	251,833	145.29
Region J Totals	75	40.9405%	167.12	0.1657	41.6376%	0.3726	459,776	170.65
Franklin	3	-34.4322%	-0.10	0.1895	-35.0178%	-0.0096	17,166	-0.16
Granville	2	-34.4322%	-0.07	0.1756	-35.0178%	-0.0089	11,454	-0.10
Person	0	-34.4322%	0.00	0.0000	-35.0178%	0.0000	7,841	0.00
Vance	3	-34.4322%	-0.10	0.3186	-35.0178%	-0.0161	9,308	-0.15
Warren	1	-34.4322%	-0.03	0.3009	-35.0178%	-0.0152	3,187	-0.05
Region K Totals	9	-34.4322%	-0.30	0.1883	-35.0178%	-0.0095	48,956	-0.46
Edgecombe	0	-62.2222%	0.00	0.0000	-62.0274%	0.0000	10,610	0.00
Halifax	0	-62.2222%	0.00	0.0000	-62.0274%	0.0000	9,471	0.00
Nash	1	-62.2222%	-0.87	0.0506	-62.0274%	-0.0436	19,924	-0.87
Northampton	0	-62.2222%	0.00	0.0000	-62.0274%	0.0000	2,977	0.00
Wilson	0	-62.2222%	0.00	0.0000	-62.0274%	0.0000	17,147	0.00
Region L Totals	1	-62.2222%	-0.87	0.0164	-62.0274%	-0.0141	60,129	-0.87
Cumberland *	3	-39.5105%	-0.56	0.0335	-40.8943%	-0.0076	88,828	-0.68
Harnett *	0	-39.5105%	0.00	0.0000	-40.8943%	0.0000	37,786	0.00
Sampson	1	-39.5105%	-0.19	0.0699	-40.8943%	-0.0158	14,348	-0.23
Region M Totals	4	-39.5105%	-0.74	0.0286	-40.8943%	-0.0065	140,962	-0.90
Bladen	1	-51.6899%	-0.55	0.1535	-53.0198%	-0.0907	6,332	-0.57
Hoke *	0	-51.6899%	0.00	0.0000	-53.0198%	0.0000	16,904	0.00
Richmond	0	-51.6899%	0.00	0.0000	-53.0198%	0.0000	9,426	0.00
Robeson	12	-51.6899%	-6.61	0.4511	-53.0198%	-0.2664	27,507	-7.33
Scotland	0	-51.6899%	0.00	0.0000	-53.0198%	0.0000	7,368	0.00
Region N Totals	13	-51.6899%	-7.16	0.1939	-53.0198%	-0.1145	67,537	-7.90
Brunswick	11	93.0108%	41.69	0.4799	90.4589%	1.7821	23,701	42.24
Columbus	1	93.0108%	3.79	0.0961	90.4589%	0.3569	10,393	3.71
New Hanover *	20	93.0108%	75.81	0.4787	90.4589%	1.7779	41,800	74.31
Pender	12	93.0108%	45.48	0.9057	90.4589%	3.3637	13,771	46.32
Region O Totals	44	93.0108%	166.77	0.4980	90.4589%	1.8494	89,665	166.58

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Under Age 18								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Carteret *	1	-22.6981%	0.32	0.0903	-23.4333%	0.0268	10,817	0.29
Craven *	1	-22.6981%	0.32	0.0391	-23.4333%	0.0116	25,333	0.29
Duplin	5	-22.6981%	1.60	0.3860	-23.4333%	0.1147	12,895	1.48
Greene	0	-22.6981%	0.00	0.0000	-23.4333%	0.0000	3,813	0.00
Jones	0	-22.6981%	0.00	0.0000	-23.4333%	0.0000	1,727	0.00
Lenoir	1	-22.6981%	0.32	0.0857	-23.4333%	0.0255	11,405	0.29
Onslow *	23	-22.6981%	7.34	0.3432	-23.4333%	0.1019	69,371	7.07
Pamlico	0	-22.6981%	0.00	0.0000	-23.4333%	0.0000	1,695	0.00
Wayne *	3	-22.6981%	0.96	0.1040	-23.4333%	0.0309	28,536	0.88
Region P Totals	34	-22.6981%	10.85	0.2065	-23.4333%	0.0613	165,592	10.31
Beaufort	0	150.0000%	0.00	0.0000	150.0778%	0.0000	8,147	0.00
Bertie	0	150.0000%	0.00	0.0000	150.0778%	0.0000	3,130	0.00
Hertford	0	150.0000%	0.00	0.0000	150.0778%	0.0000	3,676	0.00
Martin	2	150.0000%	11.00	0.4748	150.0778%	2.6127	4,122	10.77
Pitt *	2	150.0000%	11.00	0.0519	150.0778%	0.2856	38,426	10.98
Region Q Totals	4	150.0000%	22.00	0.0684	150.0778%	0.3765	57,501	21.74
Camden	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,088	0.00
Chowan	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,729	0.00
Currituck	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,961	0.00
Dare	0	0.0000%	0.00	0.0000	0.0000%	0.0000	6,193	0.00
Gates	0	0.0000%	0.00	0.0000	0.0000%	0.0000	1,851	0.00
Hyde	0	0.0000%	0.00	0.0000	0.0000%	0.0000	715	0.00
Pasquotank *	0	0.0000%	0.00	0.0000	0.0000%	0.0000	8,734	0.00
Perquimans	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,265	0.00
Tyrrell	0	0.0000%	0.00	0.0000	0.0000%	0.0000	644	0.00
Washington	0	0.0000%	0.00	0.0000	0.0000%	0.0000	2,164	0.00
Region R Totals	0	0.0000%	0.00	0.0000	0.0000%	0.0000	34,344	0.00
Grand Totals	968	-18.0299%	837.77	0.4262	-18.3358%	0.1917	2,285,831	834.91

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Cherokee	124	-4.6690%	106.63	8.1854	-4.9517%	6.9694	15,437	107.59
Clay	54	-4.6690%	46.44	8.8496	-4.9517%	7.5350	6,190	46.64
Graham	29	-4.6690%	24.94	7.1166	-4.9517%	6.0594	4,041	24.49
Haywood	418	-4.6690%	359.45	11.7373	-4.9517%	9.9937	36,076	360.53
Jackson	105	-4.6690%	90.29	3.9006	-4.9517%	3.3212	27,029	89.77
Macon	154	-4.6690%	132.43	7.7216	-4.9517%	6.5746	20,600	135.44
Swain	49	-4.6690%	42.14	6.2389	-4.9517%	5.3121	7,843	41.66
Region A Totals	933	-4.6690%	802.32	8.0670	-4.9517%	6.8687	117,216	806.11
Buncombe	1,435	-5.7211%	1,188.70	8.5818	-6.0656%	7.0202	172,079	1,208.02
Henderson	757	-5.7211%	627.07	11.6702	-6.0656%	9.5466	66,795	637.67
Madison	118	-5.7211%	97.75	9.5238	-6.0656%	7.7908	12,337	96.11
Transylvania	171	-5.7211%	141.65	10.1010	-6.0656%	8.2629	17,094	141.25
Region B Totals	2,481	-5.7211%	2,055.18	9.4912	-6.0656%	7.7641	268,305	2,083.05
Cleveland	1,464	6.2899%	1,740.25	24.5210	6.3813%	29.2152	60,179	1,758.14
McDowell	413	6.2899%	490.93	15.8092	6.3813%	18.8357	26,098	491.57
Polk	107	6.2899%	127.19	10.0507	6.3813%	11.9748	10,563	126.49
Rutherford	645	6.2899%	766.71	17.1401	6.3813%	20.4214	38,035	776.73
Region C Totals	2,629	6.2899%	3,125.08	19.6040	6.3813%	23.3570	134,875	3,152.94
Alleghany	63	-10.9947%	42.22	9.7735	-11.9424%	6.2719	6,485	40.67
Ashe	178	-10.9947%	119.29	11.7492	-11.9424%	7.5398	15,459	116.56
Avery	131	-10.9947%	87.79	12.2567	-11.9424%	7.8655	10,547	82.96
Mitchell	113	-10.9947%	75.73	13.2926	-11.9424%	8.5302	8,452	72.10
Watauga	177	-10.9947%	118.62	4.4534	-11.9424%	2.8579	42,228	120.68
Wilkes	457	-10.9947%	306.26	11.9206	-11.9424%	7.6498	38,427	293.96
Yancey	124	-10.9947%	83.10	11.8479	-11.9424%	7.6031	10,606	80.64
Region D Totals	1,243	-10.9947%	833.01	9.6108	-11.9424%	6.1675	132,204	807.56
Alexander	191	-1.7304%	181.08	8.7518	-2.6541%	8.0550	21,814	175.71
Burke	625	-1.7304%	592.55	11.9222	-2.6541%	10.9730	52,126	571.98
Caldwell	600	-1.7304%	568.85	12.1810	-2.6541%	11.2111	48,970	549.01
Catawba	901	-1.7304%	854.23	9.0409	-2.6541%	8.3211	101,954	848.36
Region E Totals	2,317	-1.7304%	2,196.72	10.3826	-2.6541%	9.5559	224,864	2,145.06
Anson	120	7.3576%	146.49	9.1317	5.2475%	10.5693	13,109	138.55
Cabarrus	1,257	7.3576%	1,534.46	8.1229	5.2475%	9.4016	163,290	1,535.19
Gaston	2,374	7.3576%	2,898.01	15.9977	5.2475%	18.5162	150,799	2,792.22
Iredell	879	7.3576%	1,073.02	6.8973	5.2475%	7.9831	135,535	1,081.99
Lincoln	663	7.3576%	809.34	11.2627	5.2475%	13.0357	62,870	819.56
Mecklenburg *	5,618	7.3576%	6,858.06	7.4699	5.2475%	8.6459	792,672	6,853.35
Rowan	919	7.3576%	1,121.85	10.1951	5.2475%	11.8001	90,576	1,068.81
Stanly	408	7.3576%	498.06	10.8085	5.2475%	12.5101	37,636	470.83
Union	1,028	7.3576%	1,254.91	6.1998	5.2475%	7.1758	176,703	1,267.99
Region F Totals	13,266	7.3576%	16,194.19	8.5677	5.2475%	9.9165	1,623,190	16,028.49
Alamance	952	-10.8131%	643.18	8.6754	-11.2675%	5.7429	113,364	651.04
Caswell	92	-10.8131%	62.16	6.9914	-11.2675%	4.6281	12,766	59.08
Davidson	747	-10.8131%	504.68	7.0028	-11.2675%	4.6357	108,660	503.72
Guilford *	2,177	-10.8131%	1,470.80	6.3190	-11.2675%	4.1830	346,993	1,451.47
Montgomery	108	-10.8131%	72.97	7.5235	-11.2675%	4.9804	14,434	71.89
Randolph	544	-10.8131%	367.53	6.2219	-11.2675%	4.1188	87,901	362.04
Rockingham	703	-10.8131%	474.95	12.9841	-11.2675%	8.5952	53,597	460.68
Region G Totals	5,323	-10.8131%	3,596.26	7.2916	-11.2675%	4.8269	737,715	3,559.92

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Davie	190	-9.4020%	136.41	7.2711	-10.0365%	5.0818	26,624	135.30
Forsyth *	1,744	-9.4020%	1,252.08	7.2790	-10.0365%	5.0873	244,163	1,242.13
Stokes	279	-9.4020%	200.30	10.1632	-10.0365%	7.1031	27,255	193.59
Surry	506	-9.4020%	363.28	11.9902	-10.0365%	8.3800	41,880	350.96
Yadkin	243	-9.4020%	174.46	10.9351	-10.0365%	7.6426	22,112	168.99
Region I Totals	2,962	-9.4020%	2,126.53	8.2830	-10.0365%	5.7890	362,034	2,090.97
Chatham	214	-2.5212%	197.81	4.8753	-3.9916%	4.2915	45,707	196.15
Durham	1,394	-2.5212%	1,288.56	6.4758	-3.9916%	5.7004	221,822	1,264.46
Johnston	895	-2.5212%	827.31	5.8769	-3.9916%	5.1732	167,276	865.34
Lee	231	-2.5212%	213.53	5.8902	-3.9916%	5.1848	40,862	211.86
Moore *	303	-2.5212%	280.08	5.7270	-3.9916%	5.0412	56,281	283.73
Orange	409	-2.5212%	378.06	4.0665	-3.9916%	3.5796	102,066	365.35
Wake *	4,972	-2.5212%	4,595.94	6.3899	-3.9916%	5.6247	822,169	4,624.48
Region J Totals	8,418	-2.5212%	7,781.29	6.0901	-3.9916%	5.3608	1,456,183	7,811.38
Franklin	294	-18.9298%	127.04	6.3083	-19.7248%	2.5754	51,277	132.06
Granville	252	-18.9298%	108.89	6.4768	-19.7248%	2.6442	39,469	104.36
Person	193	-18.9298%	83.40	8.4261	-19.7248%	3.4400	22,583	77.69
Vance	203	-18.9298%	87.72	8.6387	-19.7248%	3.5268	23,058	81.32
Warren	99	-18.9298%	42.78	9.2136	-19.7248%	3.7615	10,949	41.18
Region K Totals	1,041	-18.9298%	449.82	7.2970	-19.7248%	2.9790	147,336	436.61
Edgecombe	315	-16.8055%	156.19	12.3047	-16.5308%	6.2025	24,747	153.49
Halifax	204	-16.8055%	101.15	7.8719	-16.5308%	3.9680	24,599	97.61
Nash	481	-16.8055%	238.50	8.4067	-16.5308%	4.2376	56,896	241.10
Northampton	93	-16.8055%	46.11	9.5453	-16.5308%	4.8116	9,471	45.57
Wilson	484	-16.8055%	239.98	10.4558	-16.5308%	5.2705	46,244	243.73
Region L Totals	1,577	-16.8055%	781.93	9.5713	-16.5308%	4.8246	161,957	781.51
Cumberland *	1,305	-14.3237%	744.23	7.5956	-15.0252%	4.1719	170,485	711.24
Harnett *	439	-14.3237%	250.36	5.4442	-15.0252%	2.9902	86,704	259.26
Sampson	331	-14.3237%	188.77	9.8656	-15.0252%	5.4186	33,786	183.07
Region M Totals	2,075	-14.3237%	1,183.35	7.2553	-15.0252%	3.9850	290,975	1,153.58
Bladen	180	-23.3297%	54.02	10.7707	-24.0463%	3.0008	16,990	50.98
Hoke *	231	-23.3297%	69.33	7.7587	-24.0463%	2.1617	31,482	68.05
Richmond	219	-23.3297%	65.72	8.8689	-24.0463%	2.4710	24,036	59.39
Robeson	443	-23.3297%	132.95	6.2955	-24.0463%	1.7540	71,682	125.73
Scotland	108	-23.3297%	32.41	5.7343	-24.0463%	1.5976	18,323	29.27
Region N Totals	1,181	-23.3297%	354.43	7.3638	-24.0463%	2.0516	162,513	333.43
Brunswick	753	-14.9339%	415.64	8.7882	-18.1519%	4.0025	94,721	379.12
Columbus	409	-14.9339%	225.76	14.0256	-18.1519%	6.3878	28,891	184.55
New Hanover *	978	-14.9339%	539.84	6.4418	-18.1519%	2.9339	158,217	464.19
Pender	362	-14.9339%	199.82	8.8396	-18.1519%	4.0259	43,318	174.40
Region O Totals	2,502	-14.9339%	1,381.06	8.1335	-18.1519%	3.7043	325,147	1,202.26

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 18-64								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Carteret *	343	-6.0456%	280.79	8.7078	-6.9383%	6.8953	39,977	275.65
Craven *	502	-6.0456%	410.95	9.3578	-6.9383%	7.4100	54,716	405.45
Duplin	402	-6.0456%	329.09	13.9992	-6.9383%	11.0853	29,669	328.89
Greene	109	-6.0456%	89.23	8.9631	-6.9383%	7.0974	12,030	85.38
Jones	83	-6.0456%	67.95	16.2300	-6.9383%	12.8517	5,138	66.03
Lenoir	493	-6.0456%	403.59	16.2765	-6.9383%	12.8886	29,398	378.90
Onslow *	759	-6.0456%	621.34	8.9422	-6.9383%	7.0809	88,472	626.46
Pamlico	50	-6.0456%	40.93	7.5109	-6.9383%	5.9475	6,511	38.72
Wayne *	694	-6.0456%	568.13	10.8434	-6.9383%	8.5864	63,875	548.45
Region P Totals	3,435	-6.0456%	2,812.00	10.5740	-6.9383%	8.3731	329,786	2,753.94
Beaufort	284	-7.6027%	219.22	11.9776	-8.1716%	9.0413	23,278	210.46
Bertie	111	-7.6027%	85.68	11.1312	-8.1716%	8.4024	9,812	82.44
Hertford	87	-7.6027%	67.16	7.5659	-8.1716%	5.7111	11,279	64.42
Martin	162	-7.6027%	125.05	14.3439	-8.1716%	10.8275	10,759	116.49
Pitt *	1,002	-7.6027%	773.46	8.9951	-8.1716%	6.7900	113,118	768.07
Region Q Totals	1,646	-7.6027%	1,270.58	9.8052	-8.1716%	7.4015	168,246	1,241.89
Camden	50	-5.8480%	41.23	7.1500	-6.9484%	5.6596	7,307	41.35
Chowan	64	-5.8480%	52.77	8.4344	-6.9484%	6.6762	7,661	51.15
Currituck	91	-5.8480%	75.03	4.4695	-6.9484%	3.5379	22,829	80.77
Dare	97	-5.8480%	79.98	4.4035	-6.9484%	3.4856	21,648	75.46
Gates	29	-5.8480%	23.91	4.6230	-6.9484%	3.6593	6,224	22.78
Hyde	7	-5.8480%	5.77	2.5955	-6.9484%	2.0544	2,551	5.24
Pasquotank *	185	-5.8480%	152.54	7.6367	-6.9484%	6.0449	23,954	144.80
Perquimans	48	-5.8480%	39.58	6.8162	-6.9484%	5.3954	7,087	38.24
Tyrrell	12	-5.8480%	9.89	6.2992	-6.9484%	4.9861	1,819	9.07
Washington	61	-5.8480%	50.30	11.6168	-6.9484%	9.1953	5,009	46.06
Region R Totals	644	-5.8480%	531.02	6.1708	-6.9484%	4.8845	106,089	514.90
Grand Totals	53,673	-5.4232%	47,474.76	8.2064	-6.6062%	6.5800	6,748,635	46,903.60

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
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County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Cherokee	213	-2.1782%	199.08	44.7291	-1.6226%	42.5517	4,778	203.31
Clay	99	-2.1782%	92.53	51.7512	-1.6226%	49.2320	1,945	95.76
Graham	38	-2.1782%	35.52	40.6417	-1.6226%	38.6633	901	34.84
Haywood	604	-2.1782%	564.53	67.6675	-1.6226%	64.3735	9,235	594.49
Jackson	162	-2.1782%	151.41	33.7289	-1.6226%	32.0870	4,723	151.55
Macon	273	-2.1782%	255.16	47.2237	-1.6226%	44.9249	6,042	271.44
Swain	67	-2.1782%	62.62	45.6403	-1.6226%	43.4186	1,483	64.39
Region A Totals	1,456	-2.1782%	1,360.86	50.9305	-1.6226%	48.4512	29,107	1,415.77
Buncombe	2,077	-1.1737%	2,003.86	60.2553	-1.6624%	57.2502	35,625	2,039.54
Henderson	1,173	-1.1737%	1,131.70	68.6447	-1.6624%	65.2211	17,871	1,165.57
Madison	158	-1.1737%	152.44	53.1629	-1.6624%	50.5114	3,027	152.90
Transylvania	312	-1.1737%	301.01	65.9062	-1.6624%	62.6193	4,830	302.45
Region B Totals	3,720	-1.1737%	3,589.01	62.7700	-1.6624%	59.6394	61,353	3,660.45
Cleveland	1,339	6.5791%	1,603.28	115.1729	6.7361%	138.4473	12,035	1,666.21
McDowell	512	6.5791%	613.06	94.0312	6.7361%	113.0333	5,684	642.48
Polk	220	6.5791%	263.42	73.6032	6.7361%	88.4772	3,041	269.06
Rutherford	728	6.5791%	871.69	95.3504	6.7361%	114.6190	8,084	926.58
Region C Totals	2,799	6.5791%	3,351.45	101.0652	6.7361%	121.4887	28,844	3,504.33
Alleghany	118	-7.6156%	91.04	79.9458	-7.6204%	61.6692	1,482	91.39
Ashe	238	-7.6156%	183.62	63.1467	-7.6204%	48.7106	3,954	192.60
Avery	201	-7.6156%	155.08	94.6773	-7.6204%	73.0329	2,185	159.58
Mitchell	187	-7.6156%	144.28	99.6271	-7.6204%	76.8510	1,891	145.33
Watauga	252	-7.6156%	194.43	45.9351	-7.6204%	35.4338	5,524	195.74
Wilkes	692	-7.6156%	533.90	86.5974	-7.6204%	66.8001	8,518	569.00
Yancey	196	-7.6156%	151.22	80.9249	-7.6204%	62.4244	2,370	147.95
Region D Totals	1,884	-7.6156%	1,453.57	74.9284	-7.6204%	57.7988	25,924	1,501.58
Alexander	281	0.5809%	285.90	66.1488	-0.8825%	64.3974	4,436	285.67
Burke	759	0.5809%	772.23	70.0896	-0.8825%	68.2339	11,276	769.41
Caldwell	838	0.5809%	852.60	86.5256	-0.8825%	84.2347	10,120	852.46
Catawba	1,260	0.5809%	1,281.96	65.2748	-0.8825%	63.5466	20,892	1,327.62
Region E Totals	3,138	0.5809%	3,192.68	71.2130	-0.8825%	69.3276	46,724	3,235.14
Anson	189	10.4107%	248.03	77.4908	7.1491%	94.1104	2,349	221.07
Cabarrus	1,443	10.4107%	1,893.68	69.2784	7.1491%	84.1367	23,239	1,955.25
Gaston	2,274	10.4107%	2,984.22	93.1242	7.1491%	113.0968	25,693	2,905.80
Iredell	1,273	10.4107%	1,670.58	61.3524	7.1491%	74.5108	23,518	1,752.34
Lincoln	771	10.4107%	1,011.80	69.8433	7.1491%	84.8228	12,603	1,069.02
Mecklenburg *	5,855	10.4107%	7,683.64	63.5253	7.1491%	77.1497	101,727	7,848.21
Rowan	1,202	10.4107%	1,577.41	69.2197	7.1491%	84.0654	18,505	1,555.63
Stanly	597	10.4107%	783.46	79.5788	7.1491%	96.6463	7,858	759.45
Union	1,248	10.4107%	1,637.78	55.5111	7.1491%	67.4167	26,096	1,759.31
Region F Totals	14,852	10.4107%	19,490.58	67.8198	7.1491%	82.3653	241,588	19,826.08
Alamance	1,331	-2.4900%	1,231.57	70.0305	-3.9118%	61.8121	20,600	1,273.33
Caswell	139	-2.4900%	128.62	45.7990	-3.9118%	40.4243	3,000	121.27
Davidson	1,053	-2.4900%	974.34	53.8233	-3.9118%	47.5069	21,066	1,000.78
Guilford *	2,989	-2.4900%	2,765.72	55.5153	-3.9118%	49.0003	56,687	2,777.68
Montgomery	154	-2.4900%	142.50	49.5336	-3.9118%	43.7206	3,084	134.83
Randolph	814	-2.4900%	753.19	50.9961	-3.9118%	45.0115	16,777	755.16
Rockingham	1,094	-2.4900%	1,012.28	94.9076	-3.9118%	83.7697	11,896	996.52
Region G Totals	7,574	-2.4900%	7,008.22	60.0901	-3.9118%	53.0382	133,110	7,059.58

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
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Davie	314	0.9693%	323.13	56.4038	-0.1791%	56.1007	5,930	332.68
Forsyth *	2,716	0.9693%	2,794.98	69.7878	-0.1791%	69.4127	41,178	2,858.28
Stokes	452	0.9693%	465.14	77.8907	-0.1791%	77.4721	6,350	491.95
Surry	760	0.9693%	782.10	93.8619	-0.1791%	93.3575	8,458	789.62
Yadkin	310	0.9693%	319.01	71.6929	-0.1791%	71.3076	4,590	327.30
Region I Totals	4,552	0.9693%	4,684.37	72.5893	-0.1791%	72.1991	66,506	4,799.82
Chatham	321	4.5494%	364.81	26.4502	1.2164%	27.4155	13,072	358.38
Durham	1,550	4.5494%	1,761.55	55.4859	1.2164%	57.5108	28,824	1,657.69
Johnston	1,203	4.5494%	1,367.19	56.3070	1.2164%	58.3618	24,591	1,435.18
Lee	346	4.5494%	393.22	50.1813	1.2164%	52.0125	7,376	383.64
Moore *	522	4.5494%	593.24	34.5833	1.2164%	35.8453	16,815	602.74
Orange	628	4.5494%	713.71	40.0843	1.2164%	41.5470	16,603	689.81
Wake *	5,438	4.5494%	6,180.19	55.5091	1.2164%	57.5347	111,703	6,426.80
Region J Totals	10,008	4.5494%	11,373.92	50.7871	1.2164%	52.6404	218,984	11,554.23
Franklin	442	-5.4822%	369.31	50.3360	-7.7634%	38.6127	10,217	394.51
Granville	332	-5.4822%	277.40	46.2653	-7.7634%	35.4901	7,838	278.17
Person	307	-5.4822%	256.51	62.5255	-7.7634%	47.9632	5,047	242.07
Vance	272	-5.4822%	227.27	59.9779	-7.7634%	46.0090	4,392	202.07
Warren	132	-5.4822%	110.29	58.1498	-7.7634%	44.6067	2,342	104.47
Region K Totals	1,485	-5.4822%	1,240.77	53.6644	-7.7634%	41.1659	29,836	1,221.29
Edgecombe	411	-5.9043%	338.20	62.1597	-6.0398%	50.8967	6,601	335.97
Halifax	357	-5.9043%	293.77	55.6682	-6.0398%	45.5814	6,479	295.32
Nash	764	-5.9043%	628.67	63.8689	-6.0398%	52.2962	12,312	643.87
Northampton	169	-5.9043%	139.07	120.6281	-6.0398%	98.7709	1,308	129.19
Wilson	601	-5.9043%	494.55	70.8309	-6.0398%	57.9967	8,595	498.48
Region L Totals	2,302	-5.9043%	1,894.25	66.0110	-6.0398%	54.0501	35,295	1,902.84
Cumberland *	1,643	-4.6854%	1,412.05	54.4779	-6.9441%	43.1289	31,846	1,373.48
Harnett *	600	-4.6854%	515.66	51.2864	-6.9441%	40.6023	13,095	531.69
Sampson	470	-4.6854%	403.94	70.9434	-6.9441%	56.1643	6,861	385.34
Region M Totals	2,713	-4.6854%	2,331.65	55.9578	-6.9441%	44.3005	51,802	2,290.51
Bladen	257	-6.6592%	205.66	84.0144	-6.6231%	67.3212	2,841	191.26
Hoke *	246	-6.6592%	196.85	60.5911	-6.6231%	48.5520	4,455	216.30
Richmond	309	-6.6592%	247.27	62.9328	-6.6231%	50.4284	4,929	248.56
Robeson	651	-6.6592%	520.95	52.2388	-6.6231%	41.8593	12,786	535.21
Scotland	159	-6.6592%	127.24	39.2787	-6.6231%	31.4742	3,870	121.81
Region N Totals	1,622	-6.6592%	1,297.96	56.8345	-6.6231%	45.5418	28,881	1,313.14
Brunswick	1,439	0.2256%	1,448.74	47.9235	-3.2303%	43.2793	34,218	1,480.93
Columbus	526	0.2256%	529.56	91.0350	-3.2303%	82.2129	5,793	476.26
New Hanover *	1,429	0.2256%	1,438.67	57.1303	-3.2303%	51.5939	26,136	1,348.46
Pender	411	0.2256%	413.78	53.5924	-3.2303%	48.3988	8,525	412.60
Region O Totals	3,805	0.2256%	3,830.75	55.5580	-3.2303%	50.1739	74,672	3,718.25

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 65-74								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Carteret *	521	2.9639%	567.33	50.2556	1.1703%	52.0200	10,921	568.11
Craven *	767	2.9639%	835.20	71.2759	1.1703%	73.7783	11,556	852.58
Duplin	480	2.9639%	522.68	125.8191	1.1703%	130.2365	4,428	576.69
Greene	172	2.9639%	187.29	75.7042	1.1703%	78.3621	2,423	189.87
Jones	108	2.9639%	117.60	86.1244	1.1703%	89.1482	1,279	114.02
Lenoir	609	2.9639%	663.15	88.7755	1.1703%	91.8923	6,905	634.52
Onslow *	936	2.9639%	1,019.23	71.5432	1.1703%	74.0550	13,967	1,034.33
Pamlico	95	2.9639%	103.45	52.6024	1.1703%	54.4493	1,832	99.75
Wayne *	900	2.9639%	980.03	75.8278	1.1703%	78.4900	12,309	966.13
Region P Totals	4,588	2.9639%	4,995.95	73.8963	1.1703%	76.4907	65,620	5,036.00
Beaufort	394	-1.6852%	374.08	65.0594	-2.3542%	60.4646	5,876	355.29
Bertie	183	-1.6852%	173.75	89.6180	-2.3542%	83.2887	1,999	166.49
Hertford	141	-1.6852%	133.87	55.8416	-2.3542%	51.8978	2,441	126.68
Martin	214	-1.6852%	203.18	66.4184	-2.3542%	61.7276	3,147	194.26
Pitt *	1,196	-1.6852%	1,135.54	75.7537	-2.3542%	70.4036	16,489	1,160.89
Region Q Totals	2,128	-1.6852%	2,020.42	71.8118	-2.3542%	66.7401	29,952	2,003.61
Camden	46	4.1715%	51.76	38.7532	2.5382%	41.7041	1,349	56.26
Chowan	112	4.1715%	126.02	63.3484	2.5382%	68.1722	1,787	121.82
Currituck	149	4.1715%	167.65	42.1380	2.5382%	45.3467	4,281	194.13
Dare	226	4.1715%	254.28	41.5976	2.5382%	44.7652	5,572	249.43
Gates	53	4.1715%	59.63	41.8311	2.5382%	45.0164	1,396	62.84
Hyde	19	4.1715%	21.38	29.7806	2.5382%	32.0483	622	19.93
Pasquotank *	267	4.1715%	300.41	64.9003	2.5382%	69.8423	4,362	304.65
Perquimans	83	4.1715%	93.39	46.5508	2.5382%	50.0954	1,844	92.38
Tyrrell	17	4.1715%	19.13	47.4860	2.5382%	51.1019	413	21.11
Washington	103	4.1715%	115.89	63.8958	2.5382%	68.7612	1,502	103.28
Region R Totals	1,075	4.1715%	1,209.53	49.5483	2.5382%	53.3212	23,128	1,225.83
Grand Totals	69,701	1.5333%	74,325.94	62.7355	-0.4521%	61.8846	1,191,326	75,268.45

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Cherokee	400	2.7679%	433.21	86.4678	-1.7140%	82.0216	4,965	407.24
Clay	132	2.7679%	142.96	69.9894	-1.7140%	66.3906	2,045	135.77
Graham	157	2.7679%	170.04	146.5920	-1.7140%	139.0542	1,077	149.76
Haywood	1,250	2.7679%	1,353.79	150.7477	-1.7140%	142.9963	8,751	1,251.36
Jackson	337	2.7679%	364.98	74.0985	-1.7140%	70.2884	4,928	346.38
Macon	588	2.7679%	636.83	101.5193	-1.7140%	96.2992	6,177	594.84
Swain	115	2.7679%	124.55	85.3749	-1.7140%	80.9849	1,305	105.69
Region A Totals	2,979	2.7679%	3,226.36	108.0836	-1.7140%	102.5260	29,248	2,991.03
Buncombe	3,849	1.9319%	4,072.07	141.3774	-2.9828%	128.7263	30,766	3,960.39
Henderson	2,771	1.9319%	2,931.60	157.8648	-2.9828%	143.7383	19,108	2,746.55
Madison	332	1.9319%	351.24	137.9884	-2.9828%	125.6406	2,587	325.03
Transylvania	737	1.9319%	779.71	117.9389	-2.9828%	107.3852	6,474	695.21
Region B Totals	7,689	1.9319%	8,134.63	143.8998	-2.9828%	131.0230	58,935	7,727.19
Cleveland	2,278	15.4333%	3,332.71	273.0433	11.0252%	363.3538	8,939	3,248.02
McDowell	840	15.4333%	1,228.92	187.3327	11.0252%	249.2940	4,709	1,173.93
Polk	462	15.4333%	675.91	150.6849	11.0252%	200.5248	3,230	647.70
Rutherford	1,236	15.4333%	1,808.27	188.8464	11.0252%	251.3084	6,748	1,695.83
Region C Totals	4,816	15.4333%	7,045.81	214.6359	11.0252%	285.6278	23,626	6,765.47
Alleghany	238	-2.7126%	218.63	151.9796	-6.2866%	123.3166	1,602	197.55
Ashe	528	-2.7126%	485.03	150.7710	-6.2866%	122.3360	3,693	451.79
Avery	384	-2.7126%	352.75	199.5842	-6.2866%	161.9432	2,045	331.17
Mitchell	391	-2.7126%	359.18	222.1591	-6.2866%	180.2605	1,732	312.21
Watauga	556	-2.7126%	510.75	117.0773	-6.2866%	94.9968	5,377	510.80
Wilkes	1,272	-2.7126%	1,168.49	185.7477	-6.2866%	150.7162	7,124	1,073.70
Yancey	367	-2.7126%	337.13	157.5107	-6.2866%	127.8046	2,460	314.40
Region D Totals	3,736	-2.7126%	3,431.98	164.7339	-6.2866%	133.6655	24,033	3,191.62
Alexander	546	4.8952%	626.18	155.1136	0.0474%	155.3344	3,769	585.46
Burke	1,299	4.8952%	1,489.77	147.1621	0.0474%	147.3715	9,423	1,388.68
Caldwell	1,507	4.8952%	1,728.31	201.8213	0.0474%	202.1086	7,854	1,587.36
Catawba	2,517	4.8952%	2,886.64	181.6935	0.0474%	181.9521	15,491	2,818.62
Region E Totals	5,869	4.8952%	6,730.90	174.3250	0.0474%	174.5731	36,537	6,380.12
Anson	280	10.3634%	367.05	151.8438	3.7263%	168.8185	1,960	330.88
Cabarrus	2,720	10.3634%	3,565.65	188.9414	3.7263%	210.0632	16,477	3,461.21
Gaston	3,670	10.3634%	4,811.01	215.4009	3.7263%	239.4806	18,539	4,439.73
Iredell	2,732	10.3634%	3,581.38	186.4337	3.7263%	207.2752	16,827	3,487.82
Lincoln	1,461	10.3634%	1,915.23	198.0748	3.7263%	220.2176	8,520	1,876.25
Mecklenburg *	10,599	10.3634%	13,894.24	178.5095	3.7263%	198.4651	70,850	14,061.25
Rowan	1,956	10.3634%	2,564.12	160.3147	3.7263%	178.2363	13,195	2,351.83
Stanly	1,144	10.3634%	1,499.67	202.1559	3.7263%	224.7549	6,107	1,372.58
Union	2,346	10.3634%	3,075.37	157.4814	3.7263%	175.0862	17,686	3,096.58
Region F Totals	26,908	10.3634%	35,273.73	182.5014	3.7263%	202.9032	170,161	34,478.13
Alamance	2,708	3.7701%	3,014.28	179.1953	-0.8818%	174.4549	16,573	2,891.24
Caswell	211	3.7701%	234.86	95.3457	-0.8818%	92.8234	2,390	221.85
Davidson	1,867	3.7701%	2,078.16	129.3474	-0.8818%	125.9256	15,537	1,956.51
Guilford *	6,442	3.7701%	7,170.60	162.2997	-0.8818%	158.0062	44,411	7,017.21
Montgomery	267	3.7701%	297.20	99.9251	-0.8818%	97.2817	2,806	272.97
Randolph	1,669	3.7701%	1,857.77	137.7063	-0.8818%	134.0634	12,995	1,742.15
Rockingham	2,044	3.7701%	2,275.18	237.2055	-0.8818%	230.9305	9,061	2,092.46
Region G Totals	15,208	3.7701%	16,928.05	160.3205	-0.8818%	156.0793	103,773	16,194.40

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Davie	693	5.1185%	799.41	155.4509	0.1877%	156.3260	4,930	770.69
Forsyth *	5,698	5.1185%	6,572.96	195.5119	0.1877%	196.6126	32,225	6,335.84
Stokes	1,000	5.1185%	1,153.56	225.7336	0.1877%	227.0045	4,901	1,112.55
Surry	1,476	5.1185%	1,702.65	228.1651	0.1877%	229.4496	6,646	1,524.92
Yadkin	658	5.1185%	759.04	186.9318	0.1877%	187.9842	3,706	696.67
Region I Totals	9,525	5.1185%	10,987.62	198.3507	0.1877%	199.4674	52,408	10,440.67
Chatham	886	7.6003%	1,088.02	78.8747	0.5793%	80.2456	13,120	1,052.82
Durham	2,883	7.6003%	3,540.35	155.7032	0.5793%	158.4093	21,657	3,430.67
Johnston	1,945	7.6003%	2,388.48	145.1276	0.5793%	147.6499	15,824	2,336.41
Lee	664	7.6003%	815.40	124.5779	0.5793%	126.7430	5,816	737.14
Moore *	1,460	7.6003%	1,792.90	97.0422	0.5793%	98.7288	16,511	1,630.11
Orange	1,441	7.6003%	1,769.56	142.6591	0.5793%	145.1385	12,279	1,782.16
Wake *	11,746	7.6003%	14,424.21	185.7692	0.5793%	188.9978	76,744	14,504.45
Region J Totals	21,025	7.6003%	25,818.92	153.6286	0.5793%	156.2987	161,951	25,473.75
Franklin	722	-0.8129%	704.39	122.6015	-5.5802%	102.0774	7,080	722.71
Granville	645	-0.8129%	629.27	135.7609	-5.5802%	113.0339	5,433	614.11
Person	519	-0.8129%	506.34	145.4189	-5.5802%	121.0751	3,877	469.41
Vance	441	-0.8129%	430.25	125.5695	-5.5802%	104.5486	3,612	377.63
Warren	210	-0.8129%	204.88	87.5000	-5.5802%	72.8521	2,420	176.30
Region K Totals	2,537	-0.8129%	2,475.13	126.0872	-5.5802%	104.9796	22,422	2,360.16
Edgecombe	577	-1.9618%	543.04	121.4737	-5.8611%	100.1147	5,053	505.88
Halifax	604	-1.9618%	568.45	128.4014	-5.8611%	105.8243	4,970	525.95
Nash	1,255	-1.9618%	1,181.14	149.9403	-5.8611%	123.5760	9,404	1,162.11
Northampton	276	-1.9618%	259.76	144.1253	-5.8611%	118.7835	1,691	200.86
Wilson	1,005	-1.9618%	945.85	162.5425	-5.8611%	133.9623	6,534	875.31
Region L Totals	3,717	-1.9618%	3,498.24	143.3917	-5.8611%	118.1789	27,652	3,270.11
Cumberland *	2,748	-1.4411%	2,629.20	138.6129	-6.0855%	113.3071	21,897	2,481.09
Harnett *	1,026	-1.4411%	981.64	124.0779	-6.0855%	101.4257	9,159	928.96
Sampson	822	-1.4411%	786.46	166.5316	-6.0855%	136.1289	5,242	713.59
Region M Totals	4,596	-1.4411%	4,397.30	139.1462	-6.0855%	113.7431	36,298	4,123.63
Bladen	377	-7.4761%	292.44	144.0581	-11.6290%	93.8007	2,618	245.57
Hoke *	376	-7.4761%	291.67	169.2931	-11.6290%	110.2320	2,546	280.65
Richmond	432	-7.4761%	335.11	129.9639	-11.6290%	84.6236	3,515	297.45
Robeson	789	-7.4761%	612.04	96.6675	-11.6290%	62.9432	9,034	568.63
Scotland	215	-7.4761%	166.78	75.9986	-11.6290%	49.4851	3,109	153.85
Region N Totals	2,189	-7.4761%	1,698.04	114.2902	-11.6290%	74.4179	20,822	1,546.15
Brunswick	2,742	3.6279%	3,040.43	128.1967	-3.0554%	116.4460	25,440	2,962.39
Columbus	840	3.6279%	931.42	181.7395	-3.0554%	165.0809	4,767	786.94
New Hanover *	3,036	3.6279%	3,366.43	150.9997	-3.0554%	137.1588	22,499	3,085.94
Pender	870	3.6279%	964.69	158.4411	-3.0554%	143.9181	6,088	876.17
Region O Totals	7,488	3.6279%	8,302.97	145.0938	-3.0554%	131.7942	58,794	7,711.44

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Table 12C: 2026 Need Projections for Medicare Certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2023	COG's Average Annual Rate of Change in Number of Patients	Projected Number of Patients Receiving Services in 2026	Geographic Unit's Use Rate per 1,000 in 2023	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1,000 in 2026	Projected 2026 Population	Projected Home Health Patients in 2026
Carteret *	1,235	5.2825%	1,430.72	140.5805	1.5553%	147.1399	9,418	1,385.76
Craven *	1,435	5.2825%	1,662.41	156.8992	1.5553%	164.2200	9,454	1,552.54
Duplin	890	5.2825%	1,031.04	239.1188	1.5553%	250.2758	3,646	912.51
Greene	186	5.2825%	215.48	121.3307	1.5553%	126.9919	1,675	212.71
Jones	159	5.2825%	184.20	168.2540	1.5553%	176.1046	955	168.18
Lenoir	903	5.2825%	1,046.10	180.6361	1.5553%	189.0645	5,208	984.65
Onslow *	1,501	5.2825%	1,738.87	168.1981	1.5553%	176.0461	9,506	1,673.49
Pamlico	209	5.2825%	242.12	107.5656	1.5553%	112.5845	2,024	227.87
Wayne *	1,523	5.2825%	1,764.36	175.1581	1.5553%	183.3309	9,123	1,672.53
Region P Totals	8,041	5.2825%	9,315.30	165.1401	1.5553%	172.8454	51,009	8,790.24
Beaufort	750	2.7249%	811.31	134.8193	-1.8147%	127.4797	5,897	751.75
Bertie	258	2.7249%	279.09	170.7478	-1.8147%	161.4523	1,549	250.09
Hertford	217	2.7249%	234.74	122.8766	-1.8147%	116.1871	1,839	213.67
Martin	369	2.7249%	399.16	153.0485	-1.8147%	144.7165	2,547	368.59
Pitt *	1,731	2.7249%	1,872.50	168.3361	-1.8147%	159.1718	11,629	1,851.01
Region Q Totals	3,325	2.7249%	3,596.81	154.4070	-1.8147%	146.0010	23,461	3,435.11
Camden	90	8.1450%	111.99	104.8951	3.2043%	114.9786	944	108.54
Chowan	188	8.1450%	233.94	110.6533	3.2043%	121.2904	1,722	208.86
Currituck	174	8.1450%	216.52	81.9209	3.2043%	89.7959	2,454	220.36
Dare	327	8.1450%	406.90	82.8058	3.2043%	90.7659	4,479	406.54
Gates	97	8.1450%	120.70	88.3424	3.2043%	96.8348	1,116	108.07
Hyde	26	8.1450%	32.35	57.2687	3.2043%	62.7739	493	30.95
Pasquotank *	399	8.1450%	496.50	135.8067	3.2043%	148.8617	3,116	463.85
Perquimans	161	8.1450%	200.34	80.2192	3.2043%	87.9307	2,077	182.63
Tyrrell	23	8.1450%	28.62	53.9906	3.2043%	59.1807	413	24.44
Washington	137	8.1450%	170.48	103.6309	3.2043%	113.5929	1,368	155.40
Region R Totals	1,622	8.1450%	2,018.33	96.1185	3.2043%	105.3584	18,182	1,909.64
Grand Totals	131,270	5.1208%	152,880.12	159.3293	-0.2972%	157.9088	919,312	146,788.86

* Adjustments for active-duty military personnel have been applied to the Ages 18-64 population.

Table 12D: 2026 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2026	Projected Utilization in 2026	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	738.93	718.14	20.79	0
Clay	0	281.93	278.17	3.76	0
Graham	0	230.49	209.08	21.41	0
Haywood	0	2,290.90	2,219.53	71.37	0
Jackson	0	608.97	589.91	19.06	0
Macon	0	1,024.41	1,001.71	22.70	0
Swain	0	229.31	211.74	17.57	0
Region A Totals	0	5,404.94	5,228.28	176.66	
Buncombe	0	7,340.37	7,284.74	55.62	0
Henderson	0	4,709.30	4,569.14	140.16	0
Madison	0	606.59	579.46	27.13	0
Transylvania	0	1,224.10	1,140.69	83.41	0
Region B Totals	0	13,880.35	13,574.03	306.32	
Cleveland	325	7,045.01	6,717.27	327.74	0
McDowell	0	2,365.73	2,340.24	25.49	0
Polk	0	1,066.52	1,043.24	23.27	0
Rutherford	0	3,446.66	3,399.14	47.53	0
Region C Totals	325	13,923.92	13,499.89	424.03	
Alleghany	0	351.89	329.62	22.27	0
Ashe	0	787.95	760.95	27.00	0
Avery	0	596.48	574.55	21.93	0
Mitchell	0	585.21	535.55	49.66	0
Watauga	0	823.80	827.22	-3.42	0
Wilkes	0	2,011.23	1,939.25	71.98	0
Yancey	0	574.90	546.49	28.41	0
Region D Totals	0	5,731.46	5,513.63	217.83	
Alexander	0	1,096.16	1,049.78	46.38	0
Burke	0	2,854.55	2,730.06	124.48	0
Caldwell	0	3,149.77	2,988.82	160.94	0
Catawba	0	5,028.82	5,000.51	28.31	0
Region E Totals	0	12,129.30	11,769.18	360.12	
Anson	0	761.57	690.50	71.07	0
Cabarrus	0	7,006.32	6,963.88	42.44	0
Gaston	0	10,749.65	10,191.78	557.88	0
Iredell	0	6,326.03	6,323.20	2.83	0
Lincoln	0	3,740.03	3,768.52	-28.49	0
Mecklenburg	325	28,904.06	28,902.11	1.95	0
Rowan	0	5,263.38	4,976.27	287.12	0
Stanly	0	2,781.18	2,602.85	178.33	0
Union	0	5,985.30	6,140.92	-155.62	0
Region F Totals	325	71,517.52	70,560.04	957.49	

Table 12D: 2026 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2026	Projected Utilization in 2026	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	4,890.66	4,817.26	73.39	0
Caswell	0	425.64	402.20	23.43	0
Davidson	0	3,558.16	3,461.99	96.17	0
Guilford	0	11,424.67	11,263.86	160.81	0
Montgomery	0	512.66	479.69	32.97	0
Randolph	0	2,979.79	2,860.65	119.14	0
Rockingham	0	3,763.06	3,550.30	212.76	0
Region G Totals	0	27,554.63	26,835.96	718.68	
Davie	0	1,259.41	1,239.14	20.27	0
Forsyth	325	10,948.69	10,440.02	508.67	0
Stokes	0	1,820.22	1,799.38	20.85	0
Surry	0	2,850.47	2,667.98	182.49	0
Yadkin	0	1,253.28	1,193.74	59.54	0
Region I Totals	325	18,132.06	17,340.26	791.81	
Chatham	0	1,650.64	1,607.35	43.30	0
Durham	0	6,603.83	6,366.42	237.41	0
Johnston	0	4,589.66	4,644.06	-54.41	0
Lee	0	1,422.15	1,332.64	89.51	0
Moore	0	2,668.45	2,518.98	149.47	0
Orange	0	2,863.57	2,839.54	24.02	0
Wake	975	26,317.94	25,701.01	616.93	0
Region J Totals	975	46,116.24	45,010.01	1,106.23	
Franklin	0	1,200.64	1,249.11	-48.47	0
Granville	0	1,015.49	996.55	18.95	0
Person	0	846.25	789.16	57.08	0
Vance	0	745.13	660.87	84.26	0
Warren	0	357.91	321.91	36.01	0
Region K Totals	0	4,165.43	4,017.60	147.83	
Edgecombe	0	1,037.43	995.34	42.09	0
Halifax	0	963.37	918.88	44.49	0
Nash	0	2,047.44	2,046.22	1.23	0
Northampton	0	444.93	375.63	69.31	0
Wilson	0	1,680.38	1,617.52	62.86	0
Region L Totals	0	6,173.56	5,953.58	219.98	
Cumberland	0	4,784.92	4,565.13	219.79	0
Harnett	0	1,747.66	1,719.91	27.75	0
Sampson	0	1,378.98	1,281.78	97.20	0
Region M Totals	0	7,911.56	7,566.82	344.74	
Bladen	0	551.57	487.24	64.33	0
Hoke	0	557.85	565.00	-7.15	0
Richmond	0	648.10	605.41	42.70	0
Robeson	0	1,259.33	1,222.24	37.08	0
Scotland	0	326.43	304.93	21.50	0
Region N Totals	0	3,343.27	3,184.82	158.45	

Table 12D: 2026 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients to be Served 2026	Projected Utilization in 2026	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	325	5,271.50	4,864.68	406.83	0
Columbus	0	1,690.53	1,451.46	239.07	0
New Hanover	325	5,745.74	4,972.90	772.85	0
Pender	0	1,623.77	1,509.49	114.28	0
Region O Totals	650	14,331.55	12,798.53	1,533.02	
Carteret	0	2,279.15	2,229.82	49.34	0
Craven	0	2,908.88	2,810.86	98.03	0
Duplin	0	1,884.41	1,819.56	64.85	0
Greene	0	492.00	487.96	4.04	0
Jones	0	369.75	348.23	21.51	0
Lenoir	0	2,113.16	1,998.35	114.81	0
Onslow	325	3,711.78	3,341.36	370.42	0
Pamlico	0	386.50	366.35	20.15	0
Wayne	0	3,313.47	3,188.00	125.48	0
Region P Totals	325	17,459.11	16,590.48	868.62	
Beaufort	0	1,404.62	1,317.50	87.11	0
Bertie	0	538.52	499.03	39.49	0
Hertford	0	435.77	404.77	31.00	0
Martin	0	738.40	690.11	48.28	0
Pitt	325	4,117.50	3,790.94	326.56	0
Region Q Totals	325	7,234.80	6,702.35	532.46	
Camden	0	204.98	206.15	-1.18	0
Chowan	0	412.73	381.83	30.89	0
Currituck	0	459.20	495.25	-36.06	0
Dare	0	741.17	731.43	9.74	0
Gates	0	204.25	193.69	10.56	0
Hyde	0	59.50	56.12	3.38	0
Pasquotank	0	949.45	913.30	36.15	0
Perquimans	0	333.31	313.25	20.06	0
Tyrrell	0	57.64	54.62	3.03	0
Washington	0	336.66	304.73	31.93	0
Region R Totals	0	3,758.88	3,650.37	108.51	
Grand Totals	3,250	278,768.58	269,795.82	8,972.76	0

**Table 12E: Medicare-certified Home Health Agency or Office
Need Determination**

(Proposed for Certificate of Need Review Commencing in 2025)

County Service Area	Home Health Agency/Office Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Chapter 13:

Hospice Services

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CHAPTER 13

HOSPICE SERVICES

Introduction

G.S. § 131E-176(13a) defines *hospice* as “any coordinated program of home care with provision for inpatient care for terminally ill patients and their families.” G.S. § 131E-176(13b) defines a *hospice inpatient facility* as “a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting”. G.S. § 131E-176(13c) defines a *hospice residential care facility* as “a freestanding licensed hospice facility which provides” the same services as an inpatient facility but in a “group residential setting”.

Definitions

A hospice office service area is the county in which the hospice office is located. Each of the 100 counties in the state is a separate hospice office service area.

A hospice inpatient facility bed service area is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The *planning inventory* for hospice home care agencies is the number of licensed agencies used in need determination calculations for hospice home care. It is the number of licensed agencies as of the last day of the reporting year, plus the number of CON-approved agencies that are under development, plus the number of agencies available pursuant to need determinations pending review or appeal.

The *planning inventory* for hospice inpatient beds is the number of licensed inpatient beds used in need determination calculations for hospice inpatient beds. It is the number of licensed inpatient beds as of the last day of the reporting year, plus the number of CON-approved inpatient beds that are under development, plus the number of inpatient beds available pursuant to need determinations pending review or appeal.

The *reporting year* for hospice facilities and offices is either July 1 through June 30 or October 1 through September 30; facilities may choose their reporting period. The *current* reporting year is either July 1, 2022 through June 30, 2023, or October 1, 2022 through September 30, 2023.

The hospice home care office methodology projects need three years beyond the current reporting year. The *projection year* for hospice home care offices is 2026.

The hospice inpatient bed methodology projects need five years beyond the current reporting year. The *projection year* for hospice inpatient beds is 2028.

The State Medical Facilities Plan (SMFP) uses county death rates for the most recent five calendar years available. The current SMFP uses data from 2018, 2019, 2020, 2021, and 2022.

The hospice home care methodology bases many calculations on the *three most recent years* of deaths served. The hospice inpatient bed methodology bases several calculations on the *three most recent years* of admissions. For the current SMFP, these years are 2021, 2022, and 2023.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP..

Data Sources

Patient origin and utilization data for the current reporting year come from the License Renewal Application for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population estimates and projections.

Estimates of the active-duty military population come from the category of “Employment Status-Armed Forces” in the most recent American Community Survey 5-year Estimates.

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Assumptions of the Methodologies

1. The methodologies exclude the active-duty military population for any county with more than 500 estimated active-duty military personnel.
2. Hospice Home Care Offices
 - a. The methodology uses county mortality (death) rates for the most recent five years as the basis for hospice patient need projection. The five-year death rate is an indicator of deaths from all sites in each county.
 - b. Because previous years’ data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.
 - c. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.
 - d. A need for an additional hospice home care office exists if the county’s deficit is 90 patients or more and the number of licensed hospice home care offices located in the county is three or fewer per 100,000 population.
3. Hospice Inpatient Beds
 - a. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.

- b. Choose the lower of the statewide median average length of stay per admission or each county’s average length of stay per admission to form the basis for projecting inpatient days for each county.
 - c. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.
4. The hospice home care and hospice inpatient bed methodologies use patient origin data, aggregated to the county level. Detailed patient origin data is available at
- <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html> and
<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>
5. Hospice Residential Beds
 This category of beds does not have a methodology to project need. A certificate of need (CON) is required.

**Application of the Methodologies
 Hospice Home Care Offices:**

- Step 1: Enter the five-year mortality rate per 1,000 population for each county (*Table 13B, Column B*).
- Step 2: Enter the estimated population of each county for the projection year, with adjustments for the counties with more than 500 active duty military personnel (*Table 13B, Column C*).
- Step 3: Calculate the projected deaths for the projection year for each county by multiplying the county death rate (Step 1) by the estimated population in the projection year (Step 2) divided by 1,000 (*Table 13B, Column D*).
- Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year (*Table 13B, Column E*).
- Step 5: Calculate the two-year trailing average growth rate in the statewide number of deaths served for the three most recent reporting years. To do so, first determine the statewide number of deaths served during each of the three most recent reporting years. Next, calculate the difference in the number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in deaths served by the number of deaths served during the previous reporting year [(number of deaths for the current reporting year – the number of deaths for the previous reporting year) / number of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Number Deaths Served	Growth
2021	49,660	
2022	50,148	1.0%
2023	51,538	2.8%
Two-Year Trailing Average Growth Rate		1.9%

- Step 6: Determine the number of hospice deaths served for the projection year:
- a. Calculate the projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the number of reported hospice deaths (Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) (*Table 13B, Column F*).
 - b. Calculate the allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county (Step 2) by 60% (*Table 13B, Column G*).
 - c. Enter the number of hospice deaths served for the projection year (*Table 13B, Column H*). This number is the lower of:
 - 1) the number of hospice deaths served for the projection year using the two-year trailing average growth rate (Step 6a), or
 - 2) the number of hospice deaths served for the projection year, limited to 60% (Step 6b).

Step 7: Calculate the two-year trailing average growth rate in statewide median percentage of deaths served over the most recent three years. To do so, first determine the statewide growth rate in median percentage of deaths served during each of the three most recent reporting years. Next, calculate the difference in the median percentage of number of deaths served from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in the median percentage of deaths served by the percentage of deaths served during the previous reporting year [(percentage of deaths for the current reporting year – percentage of deaths for the previous reporting year) / percentage of deaths for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Median Percent of Deaths Served	Growth
2021	40.14	
2022	37.28%	-7.1%
2023	39.59%	6.2%
Two Year Trailing Average Growth Rate		-0.5%

- Step 8: Calculate the projected median statewide percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for median percentage of deaths served (Step 7) for the three most recent reporting years.
- Step 9: Calculate the median hospice deaths for the projection year by multiplying deaths for the projection year (Step 3) by the statewide median percentage of deaths served for the projection year (Step 8) (*Table 13B, Column I*).
- Step 10: In counties with a need determination in a previous SMFP for at least one additional hospice home care office, assign and adjust placeholders as follows (*Table 13B, column J*):
- a. Before a CON is issued, enter a placeholder of 90 hospice patient deaths for each need determination in the county.
 - b. When the CON is issued to a new office, reassign the placeholder of 90 hospice patient deaths to that office.

- c. Once a new office first reports more than 90 hospice patient deaths of residents of the county in which the office is located, do not adjust the placeholder of 90 hospice patient deaths in the current and subsequent years.
- d. Does the applicant have an existing hospice home care office in the county?
 - 1) If yes, do the following:
 - a. If the third SMFP following issuance of the CON has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
 - b. If three SMFPs have been published since the CON was issued, do not adjust the placeholder.
 - 2) If no, do the following:
 - a. If the third SMFP following issuance of the license has not yet been published, adjust the placeholder to equal 90 minus the number of hospice deaths served.
 - b. If three SMFPs have been published since the license was issued, do not adjust the placeholder.

Step 11: Calculate the deficit or surplus of patients by subtracting the median projected hospice deaths for the projection year (Step 9) for each county from the projected number of hospice deaths served for the projection year (Step 6c) plus any adjustment (Step 10) (*Table 13B, Column K*).

Step 12: Enter the number of licensed hospice home care offices located in each county (*Table 13B, Column L*).

Step 13: Calculate the number of licensed hospice home care offices per 100,000 population for each county by dividing the number of licensed hospice offices (Step 12) by the estimated population for the projection year (Step 2). Then multiply the result by 100,000 (*Table 13B, Column M*).

Step 14: The county has a need determination if both of the following are true (*Table 13B, Column N*):

- a. the county's deficit (Step 11) is 90 or more, and
- b. the county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or fewer.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Hospice Inpatient Beds:

Step 1: Enter the total number of reported hospice admissions by county of patient residence (*Table 13C, Column B*).

Step 2: Enter the total number of days of care (DOC) by county of patient residence (*Table 13C, Column C*).

Step 3: Calculate the average length of stay (ALOS) per admission by dividing total DOC (Step 2) by total admissions (Step 1) (*Table 13C, Column D*).

Step 4: Calculate the two-year trailing average growth rate in the statewide number of admissions over the previous three reporting years. To do so, first determine the statewide number of admissions during each of the three most recent reporting years. Next, calculate the difference in the number of admissions from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in admissions by the number of admissions during the previous reporting year [(number of admissions for the current reporting year – number of admissions for the previous reporting year) / number of admissions for the previous reporting year]. Finally, total the annual percent change and divide by two.

Year	Statewide Hospice Admissions	Growth
2021	56,164	
2022	55,914	-0.4%
2023	56,574	1.2%
Two-Year Trailing Average Growth Rate		0.4%

Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years [total admissions x (1 + two-year trailing average growth rate)⁵] (*Table 13C, Column E*).

Step 6:

- a. Calculate the total county DOC at the county ALOS for the projection year by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3) (*Table 13C, Column F*).
- b. Calculate the total county DOC at the state ALOS for the projection year by multiplying the total admissions (Step 5) by the statewide median ALOS per admission (*Table 13C, Column G*).
- c. The projected days of care for inpatient hospice beds for the projection year is the lower of (*Table 13C, Column H*):
 - 1) DOC for the projection year, based on the county ALOS (Step 6a), or
 - 2) DOC for the projection year, based on the statewide ALOS (Step 6b).

Step 7: Calculate the projected DOC for each county for the projection year by multiplying the DOC for the projection year for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate (*Table 13C, Column I*).

Year	General Inpatient Days of Care	Statewide Total Days of Care	Two Year Trailing Average Statewide Inpatient Utilization Rate
2022	95,488	4,333,535	
2023	95,774	4,509,563	
Totals	191,262	8,843,098	2.16%

- Step 8: Calculate the projected inpatient hospice beds by dividing inpatient DOC for the projection year (Step 7) by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy (Table 13C, Column J).
- Step 9: Adjust the projected hospice inpatient beds (Step 8) for the projection year by the number of licensed hospice beds in each county (Table 13C, Column K), the number of CON-approved beds, and the number of beds available pursuant to need determinations pending review or appeal (Table 13C, Column L).
- Step 10: Calculate occupancy rates of existing hospice inpatient facilities for the reporting year (Table 13C, Column N).
- Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85% occupancy. For such counties, enter either zero or the deficit indicated in Step 9, whichever is greater.
- Step 12: A need exists for single counties with a projected deficit of six or more hospice inpatient beds. The single county deficit is the number of beds needed.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	1,146	98,879	1,051
Alamance	HOS1136	AuthoraCare Collective^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	28	5,021	31
Alamance	HOS3063	Gentiva	144	18,627	122
Alamance	HOS3823	Amedisys Hospice	450	36,691	337
Alexander	HOS5039	Alexander Hospice	40	3,337	41
Alleghany	HOS1123	Medi Home Health and Hospice	29	13,704	81
Anson	HC1869	Anson Community Hospice	33	2,481	21
Anson	HOS1898	Atrium Health Hospice - Anson	31	3,186	47
Anson	HOS3064	Liberty Home Care and Hospice	99	8,748	73
Ashe	HOS1124	Medi Home Health and Hospice	27	13,638	107
Avery	HOS0363	Medi Home Hospice	349	57,880	252
Beaufort	HOS2516	Gentiva	194	22,967	165
Beaufort	HOS3258	Cardinal Hospice Care^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear and LifeCare	69	9,021	37
Bladen	HOS1945	Community Home Care and Hospice^^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	42	4,833	30
Brunswick	HOS0414	Lower Cape Fear LifeCare	796	44,056	735
Brunswick	HOS2006	Liberty Home Care and Hospice	151	10,771	109
Brunswick	HOS3010	Gentiva	123	22,771	74
Brunswick	HOS4018	Amedisys Hospice Care	129	10,230	102
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	1,197	43,082	1,144
Burke	HOS0364	Amorem	421	38,329	403
Burke	HOS1670	Amorem^	0	0	0
Cabarrus	HOS0365	Atrium Health Hospice and Palliative Care - Cabarrus	420	62,753	550
Cabarrus	HOS3389	Atrium Hospice & Palliative Care - Cabarrus	222	5,174	317
Caldwell	HOS0185	Amorem	741	84,536	696
Caldwell	HOS4155	Amorem^	0	0	0
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	104	4,790	83
Carteret	HOS2998	Community Home Care and Hospice^^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice**	0	0	0
Carteret	HOS3239	Cardinal Hospice Care^^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	221	3,293	228
Catawba	HOS0367	Carolina Caring	1,658	180,539	1,457
Catawba	HOS3144	Carolina Caring^	0	0	0
Catawba	HOS4445	Sherrills Ford Hospice House^	0	0	0
Chatham	HOS3135	Transitions LifeCare	28	4,147	32
Chatham	HOS3149	Liberty Home Care and Hospice	100	6,925	73
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	300	2,467	286
Cherokee	HOS5092	Hospice of North Carolina	30	3,075	17
Chowan	HOS3319	Cardinal Hospice Care^^^	0	0	0
Clay	HOS5091	Hospice of North Carolina	57	7,144	51
Cleveland	HOS0371	Via Health Partners - Cleveland County	897	65,622	780

Proposed 2025 SMFP

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Cleveland	HOS1413	Via Health Partners Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^^	0	0	0
Columbus	HOS0417	Lower Cape Fear LifeCare	333	23,875	323
Columbus	HOS2007	Liberty Home Care and Hospice	100	17,393	81
Columbus	HOS3011	Gentiva	153	42,506	76
Craven	HOS2302	Gentiva	199	33,804	154
Craven	HOS3238	Cardinal Hospice Care	59	10,798	49
Craven	HOS3347	PruittHealth Hospice - New Bern	90	7,882	65
Craven	HOS4682	Craven County Hospice	159	10,167	132
Cumberland	HC1331	Community Home Care and Hospice	232	37,214	186
Cumberland	HOS2004	Liberty Home Care and Hospice	156	7,795	113
Cumberland	HOS3272	Cardinal Hospice Care^^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	155	17,310	121
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	387	20,359	321
Cumberland	HOS5147	3HC	81	12,262	62
Cumberland	HOS5285	BAYADA Hospice	141	13,258	85
Cumberland	HOS6836	HealthKeeperz	102	17,276	115
Dare	HC0494	Adoration Home Health and Hospice	128	5,778	103
Davidson	HOS0372	Hospice of Davidson County	784	51,281	761
Davidson	HOS3051	Liberty Home Care and Hospice	160	19,843	130
Davidson	HOS3784	Hospice of Davidson County	209	2,068	342
Davie	HOS3084	Trellis Supportive Care	380	25,203	346
Davie	HOS4966	Well Care Hospice	58	14,022	40
Duplin	HC0053	Vidant Home Health and Hospice	133	4,763	106
Duplin	HOS3303	Liberty Home Care and Hospice^^	0	0	0
Durham	HOS0021	Duke Hospice	704	52,399	624
Durham	HOS2958	Community Home Care and Hospice^^^	0	0	0
Durham	HOS3126	Transitions LifeCare	123	14,319	121
Durham	HOS3304	Liberty Home Care and Hospice	94	6,859	79
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	498	3,262	489
Durham	HOS4029	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS4887	Gentiva	171	17,131	152
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	504	7,715	842
Forsyth	HOS4614	Trellis Supportive Care	1,036	84,316	962
Franklin	HOS3005	Community Home Care and Hospice^^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	24	1,726	25
Franklin	HOS3250	Cardinal Hospice Care^^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	379	27,121	399
Gaston	HC0812	Hospice of Gaston County	725	43,640	668
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	120	2,837	188
Graham	HOS3325	Cardinal Hospice Care^^^	0	0	0

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Granville	HOS3133	Transitions LifeCare	3	755	3
Granville	HOS4791	Gentiva	141	15,433	102
Greene	HOS3310	Cardinal Hospice Care^^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	1,024	64,856	992
Guilford	HOS1416	AuthoraCare Collective^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont	561	38,115	398
Guilford	HOS3148	AuthoraCare Collective	440	83,951	398
Guilford	HOS3522	Hospice Home at High Point	314	4,038	381
Halifax	HOS3009	Gentiva	275	27,626	241
Halifax	HOS3256	Cardinal Hospice Care^^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI	139	8,302	97
Harnett	HC4032	Community Home Care and Hospice^^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	45	2,149	46
Harnett	HOS2048	Gentiva	122	15,006	102
Harnett	HOS3067	Liberty Home Care and Hospice	166	14,490	124
Harnett	HOS3306	Cardinal Hospice Care^^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	174	8,448	160
Henderson	HOS0386	Four Seasons the Care You Trust	1,576	131,169	1,360
Henderson	HOS2143	Four Seasons Compassion for Life	338	2,842	614
Hertford	HOS0425	ECU Health Home Health & Hospice	58	1,812	45
Hoke	HC0277	Liberty Home Care^^	0	0	0
Hoke	HOS2290	Liberty Home Care and Hospice	73	7,978	59
Hyde	HOS6244	Liberty Home Care and Hospice	11	625	8
Iredell	HOS0387	Hospice of Iredell County	427	47,844	235
Iredell	HOS1338	Hospice of Iredell County	244	26,910	169
Iredell	HOS3181	Gordon Hospice House	268	3,945	357
Iredell	HOS3273	Gentiva	96	10,581	80
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	142	2,386	176
Johnston	HC0383	Johnston Health Home Care and Hospice	64	2,327	54
Johnston	HC0507	3HC	151	24,166	112
Johnston	HC3440	Community Home Care and Hospice**	0	0	0
Johnston	HOS2135	Gentiva	189	22,092	131
Johnston	HOS3069	Liberty Home Care and Hospice	69	7,426	52
Johnston	HOS3124	Transitions LifeCare	72	5,771	68
Johnston	HOS3252	Cardinal Hospice Care	203	22,631	144
Johnston	HOS4088	SECU Hospice House of Johnston Health	318	6,257	308
Jones	HC0506	3HC	253	25,270	204
Lee	HOS2034	Gentiva	76	12,308	66
Lee	HOS3086	Liberty Home Care and Hospice	133	8,297	104
Lenoir	HC0195	3HC	87	6,951	68
Lenoir	HOS2984	Gentiva	193	25,927	176
Lenoir	HOS3261	Cardinal Hospice Care	89	12,076	81
Lincoln	HOS0389	Via Health Partners	710	70,526	617

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Macon	HC0324	CarePartners Home Care & Hospice	81	6,258	74
Macon	HOS0390	Four Seasons the Care You Trust	665	57,334	595
Macon	HOS3312	Cardinal Hospice Care^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	31	1,448	26
Martin	HOS3008	Gentiva	219	19,840	188
Martin	HOS3317	Continuum II Home Care and Hospice^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	241	17,901	192
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	584	1,801	575
Mecklenburg	H0270	Novant Health Matthews Medical Center	221	551	193
Mecklenburg	HOS1445	Novant Health Hospice	1,519	44,097	1,481
Mecklenburg	HOS1702	Via Health Partners	527	56,362	437
Mecklenburg	HOS3132	Via Health Partners	2,099	194,895	1,800
Mecklenburg	HOS3727	Via Health Partners Levine & Dickson Hospice House at Huntersville^	0	0	0
Mecklenburg	HOS4436	Via Health Partners Levine & Dickson Hospice House at Southminister	550	9,321	520
Mecklenburg	HOS4588	Via health Partners Levine & Dickson Hospice House at Aldersgate^	0	0	0
Mecklenburg	HOS4933	Via Health Partners Levine & Dickson at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice & Palliative Care of the Blue Ridge	266	44,071	195
Montgomery	HOS3199	Gentiva	83	10,968	83
Moore	HC0427	FirstHealth Hospice & Palliative Care	642	67,840	443
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	122	15,071	94
Moore	HOS4477	FirstHealth Hospice House	316	2,846	434
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	246	14,010	197
Nash	HOS2424	Gentiva	102	10,189	82
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	207	9,645	131
Nash	HOS3309	Cardinal Hospice Care^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear and LifeCare	972	65,661	597
New Hanover	HOS1557	Lower Cape Fear LifeCare	527	5,705	912
New Hanover	HOS2008	Liberty Home Care and Hospice	90	18,201	52
New Hanover	HOS3322	Cardinal Hospice Care^^^	0	0	0
Northampton	HOS3259	Cardinal Hospice Care^^^	0	0	0
Onslow	HC1209	Cardinal Hospice Care	65	15,053	55
Onslow	HOS2005	Liberty Home Care and Hospice	8	177	5
Onslow	HOS3006	Gentiva	307	34,419	271
Onslow	HOS5831	Lower Cape Fear Lifecare	214	13,088	166
Orange	HOS1388	Duke Hospice at the Meadowlands**	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill	355	27,626	341
Pamlico	HOS0394	Hospice of Pamlico County	63	3,065	42
Pamlico	HOS3308	Cardinal Hospice Care^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	388	26,225	343
Pasquotank	HOS3301	Gentiva	198	16,141	163
Pender	HOS3052	Lower Cape Fear and LifeCare	290	20,835	212

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Pender	HOS3059	Liberty Home Care and Hospice	23	2,312	13
Pender	HOS3242	Cardinal Hospice Care^^^	0	0	0
Person	HOS5439	Medi Home Health & Hospice	138	17,069	107
Pitt	HC0509	3HC	102	7,726	85
Pitt	HOS0331	Amedisys Hospice	244	15,699	233
Pitt	HOS1711	ECU Health Home Health & Hospice	249	7,869	190
Pitt	HOS2996	Gentiva	277	28,079	263
Pitt	HOS3249	Cardinal Hospice Care^^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	96	6,862	78
Pitt	HOS3749	Gentiva	309	1,800	291
Pitt	HOS4010	Community Home Care and Hospice^^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	111	12,851	95
Randolph	HOS3075	Gentiva	183	19,277	103
Randolph	HOS4307	The Randolph Hospice House	195	2,213	313
Randolph	HOS4736	Hospice of Randolph	466	39,085	359
Richmond	HC0424	Richmond County Hospice	218	24,025	82
Richmond	HOS2138	Hospice Haven of Richmond County	233	1,858	211
Richmond	HOS3007	Community Home Care and Hospice	72	19,219	61
Richmond	HOS3324	Cardinal Hospice Care^^^	0	0	0
Robeson	H0064	Southeastern Regional Medical Center**	0	0	0
Robeson	HC4027	Amedisys Hospice Care	224	15,209	201
Robeson	HOS1599	Lower Cape Fear LifeCare	41	1,999	26
Robeson	HOS2060	Gentiva	207	43,550	129
Robeson	HOS2861	Medi Home Hospice	90	22,826	50
Robeson	HOS3066	Liberty Home Care and Hospice	121	12,427	95
Robeson	HOS3270	Cardinal Hospice Care^^^	0	0	0
Rockingham	HOS0398	Ancora Compassionate Care	539	41,111	507
Rowan	HOS2425	Trellis Supportive Care	191	16,867	132
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^^	0	0	0
Rowan	HOS3918	Novant Health Hospice^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	1,097	21,001	1,066
Rowan	HOS6813	BAYADA Hospice	22	640	14
Rutherford	HOS0400	Hospice of the Carolina Foothills	342	37,803	249
Rutherford	HOS2891	Hospice of the Carolina Foothills	165	3,926	302
Sampson	HC0255	3HC	87	8,294	66
Sampson	HC1844	Community Home Care and Hospice	174	21,018	132
Sampson	HC4030	Community Home Care and Hospice^^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	96	7,555	77
Scotland	HC0401	Scotland Regional Hospice^^	0	0	0
Scotland	HOS3031	Scotland Regional Hospice	301	22,365	267
Stanly	HOS0402	Tillery Compassionate Care	314	26,870	275
Stanly	HOS3311	Cardinal Hospice Care^^^	0	0	0
Stokes	HOS3295	Trellis Supportive Care	365	25,432	323

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Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	340	32,901	311
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	325	22,589	286
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	302	26,863	245
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	248	5,275	242
Transylvania	HC0067	CarePartners Home Care & Hospice	129	9,711	130
Union	HOS0405	Atrium Health Hospice & Palliative Care	430	36,213	572
Union	HOS3116	Gentiva	245	46,151	212
Union	HOS3321	Cardinal Hospice Care^^^	0	0	0
Vance	HOS2561	Gentiva	221	14,975	219
Vance	HOS3314	Cardinal Hospice Care^^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,170	156,169	1,997
Wake	HOS2125	Duke Hospice	290	14,923	243
Wake	HOS2223	Gentiva	86	7,356	59
Wake	HOS2281	Heartland Hospice - Raleigh	1,126	143,604	922
Wake	HOS3058	Liberty Home Care and Hospice	100	8,211	66
Wake	HOS3147	Amedisys Hospice	550	47,508	495
Wake	HOS3305	Cardinal Hospice Care^^^	0	0	0
Washington	HOS3260	Cardinal Hospice Care^^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	159	9,822	156
Watauga	HOS1122	Medi Home Health and Hospice	320	43,688	239
Wayne	HC0228	3HC	499	21,988	480
Wayne	HC2361	Community Home Care and Hospice	324	44,216	295
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS0407	Gentiva	192	17,443	191
Wilkes	HOS3257	Cardinal Hospice Care^^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	110	5,629	104
Wilson	HC0508	3HC	63	11,149	67
Wilson	HOS0408	Hospice of Wilson Medical Center	268	11,474	176
Wilson	HOS2241	Gentiva	192	30,576	149
Wilson	HOS3271	Cardinal Hospice Care^^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	258	23,705	214
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	63	1,908	62
Yancey	HOS1027	Compassionate Care Western North Carolina	169	27,518	145
Grand Totals*		249 Agencies	56,766	4,513,231	51,695

* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients. Tables 13B and 13C do not include out-of-state patients.

** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Legacy agency, maintains license for future development; currently serves no patients.

Table13B: Year 2026 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2018-2022 Death Rate/1000 Population	2026 Population (excluding military)	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 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. Office of State Budget and Management	Col. B x (Col. C/1,000)	2024 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (39.0%)		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
Alamance	11.3	188,615	2,122	1,017	1,075	1,273	1,075	829	0	247	5	2.7	0
Alexander	13.1	36,739	479	173	183	288	183	187	0	-4	1	2.7	0
Alleghany	14.5	11,485	167	72	76	100	76	65	0	11	1	8.7	0
Anson	15.0	22,018	331	103	109	199	109	129	0	-20	3	13.6	0
Ashe	14.8	27,600	408	141	149	245	149	159	0	-10	1	3.6	0
Avery	13.5	17,398	234	115	122	141	122	91	0	30	1	5.7	0
Beaufort	14.4	43,198	624	249	263	374	263	244	0	20	2	4.6	0
Bertie	15.7	16,490	259	74	78	155	78	101	0	-23	0	0.0	0
Bladen	15.8	28,781	454	169	179	272	179	177	0	2	3	10.4	0
Brunswick	12.6	178,080	2,241	1,001	1,058	1,345	1,058	875	0	183	4	2.2	0
Buncombe	10.9	285,257	3,120	1,833	1,938	1,872	1,872	1,218	0	654	1	0.4	0
Burke	13.5	89,646	1,208	597	631	725	631	472	0	160	2	2.2	0
Cabarrus	8.1	257,739	2,086	1,048	1,108	1,252	1,108	814	0	294	2	0.8	0
Caldwell	14.3	82,035	1,176	555	587	706	587	459	0	128	2	2.4	0
Camden	9.7	11,688	113	35	37	68	37	44	0	-7	0	0.0	0
Carteret *	14.0	71,133	998	481	509	599	509	390	0	119	5	7.0	0
Caswell	14.4	21,765	313	98	104	188	104	122	0	-19	0	0.0	0
Catawba	12.2	171,839	2,092	1,129	1,194	1,255	1,194	817	0	377	3	1.7	0
Chatham	10.7	85,011	907	391	413	544	413	354	0	59	3	3.5	0
Cherokee	15.7	29,777	468	138	146	281	146	183	0	-37	1	3.4	0
Chowan	16.0	13,899	222	79	84	133	84	87	0	-3	1	7.2	0
Clay	14.4	12,098	174	62	66	105	66	68	0	-2	1	8.3	0
Cleveland	14.2	102,322	1,451	630	666	871	666	567	0	100	3	2.9	0
Columbus	15.5	49,844	773	336	355	464	355	302	0	53	4	8.0	0
Craven *	12.5	101,059	1,262	421	445	757	445	493	0	-48	4	4.0	0

Table13B: Year 2026 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2018-2022 Death Rate/1000 Population	2026 Population (excluding military)	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 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. Office of State Budget and Management	Col. B x (Col. C/1,000)	2024 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (39.0%)		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
Cumberland *	9.2	313,056	2,885	953	1,008	1,731	1,008	1,126	33	-86	8	2.6	0
Currituck	9.6	36,525	352	123	130	211	130	137	0	-7	0	0.0	0
Dare	10.4	37,892	396	163	172	237	172	154	0	18	1	2.6	0
Davidson	12.5	180,959	2,270	1,430	1,512	1,362	1,362	886	0	476	3	1.7	0
Davie	12.3	45,722	561	323	342	337	337	219	0	118	2	4.4	0
Duplin	12.0	50,638	609	263	278	365	278	238	0	40	2	3.9	0
Durham	7.1	348,463	2,463	1,434	1,516	1,478	1,478	962	0	516	6	1.7	0
Edgecombe	15.1	47,011	712	259	274	427	274	278	0	-4	2	4.3	0
Forsyth *	10.2	402,107	4,083	2,452	2,593	2,450	2,450	1,594	0	856	2	0.5	0
Franklin	10.1	85,740	867	254	269	520	269	339	0	-70	4	4.7	0
Gaston	12.1	245,847	2,968	1,350	1,427	1,781	1,427	1,159	0	269	2	0.8	0
Gates	13.3	10,587	141	62	66	85	66	55	0	11	0	0.0	0
Graham	14.8	7,620	113	34	36	68	36	44	0	-8	1	13.1	0
Granville	10.7	64,194	687	188	199	412	199	268	0	-70	2	3.1	0
Greene	11.2	19,941	224	85	90	134	90	87	0	2	1	5.0	0
Guilford *	9.6	559,169	5,342	2,366	2,502	3,205	2,502	2,085	0	416	5	0.9	0
Halifax	15.9	45,519	722	240	254	433	254	282	0	-28	3	6.6	0
Harnett *	9.1	146,744	1,331	440	465	799	465	520	0	-55	5	3.4	0
Haywood	15.0	64,948	975	349	369	585	369	381	0	-12	1	1.5	0
Henderson	13.2	124,352	1,645	999	1,056	987	987	642	0	345	2	1.6	0
Hertford	14.2	19,235	273	88	93	164	93	106	0	-13	1	5.2	0
Hoke *	8.3	55,387	458	170	180	275	180	179	0	1	2	3.6	0
Hyde	12.1	4,381	53	14	15	32	15	21	0	-6	1	22.8	0
Iredell	9.8	217,483	2,123	1,005	1,063	1,274	1,063	829	0	234	5	2.3	0
Jackson	10.0	43,445	437	170	180	262	180	170	0	9	0	0.0	0

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Table13B: Year 2026 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2018-2022 Death Rate/1000 Population	2026 Population (excluding military)	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 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. Office of State Budget and Management	Col. B x (Col. C/1,000)	2024 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (39.0%)		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
Johnston	8.3	264,489	2,207	677	716	1,324	716	862	0	-146	8	3.0	0
Jones	15.6	9,099	142	39	41	85	41	55	0	-14	1	11.0	0
Lee	11.1	69,244	769	316	334	461	334	300	0	34	2	2.9	0
Lenoir	15.3	52,916	808	264	279	485	279	315	0	-36	3	5.7	0
Lincoln	10.9	102,984	1,127	443	468	676	468	440	0	29	1	1.0	0
Macon	15.0	39,453	591	244	258	354	258	231	0	27	3	7.6	0
Madison	13.4	21,576	288	84	89	173	89	112	0	-24	1	4.6	0
Martin	16.5	20,575	340	102	108	204	108	133	0	-25	2	9.7	0
Mcdowell	13.7	44,602	613	220	233	368	233	239	0	-7	1	2.2	0
Mecklenburg *	6.4	1,230,039	7,918	4,174	4,414	4,751	4,414	3,091	0	1,322	9	0.7	0
Mitchell	17.0	14,678	250	156	165	150	150	97	0	52	1	6.8	0
Montgomery	13.7	25,522	350	156	165	210	165	137	0	28	1	3.9	0
Moore *	12.7	112,679	1,433	763	807	860	807	559	0	247	4	3.5	0
Nash	12.5	98,536	1,234	404	427	740	427	482	0	-54	4	4.1	0
New Hanover *	9.7	248,652	2,420	1,292	1,366	1,452	1,366	945	0	421	4	1.6	0
Northampton	16.9	15,447	260	112	118	156	118	102	0	17	1	6.5	0
Onslow *	7.2	181,316	1,312	546	577	787	577	512	0	65	4	2.2	0
Orange	6.1	154,559	944	488	516	566	516	368	0	148	3	1.9	0
Pamlico	15.9	12,062	191	55	58	115	58	75	0	-17	2	16.6	0
Pasquotank *	12.0	40,166	483	193	204	290	204	188	0	16	2	5.0	0
Pender	11.0	71,702	788	352	372	473	372	308	0	65	3	4.2	0
Perquimans	14.7	13,273	195	72	76	117	76	76	0	0	0	0.0	0
Person	13.1	39,348	517	193	204	310	204	202	0	2	1	2.5	0
Pitt *	8.8	179,662	1,586	760	804	952	804	619	0	184	8	4.5	0
Polk	16.3	19,720	322	119	126	193	126	126	0	0	1	5.1	0

Table13B: Year 2026 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2018-2022 Death Rate/1000 Population	2026 Population (excluding military)	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 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. Office of State Budget and Management	Col. B x (Col. C/1,000)	2024 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (39.0%)		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
Randolph	12.5	147,638	1,852	736	778	1,111	778	723	0	55	3	2.0	0
Richmond	14.7	41,906	618	326	345	371	345	241	0	103	4	9.5	0
Robeson	13.7	121,009	1,656	528	558	993	558	646	0	-88	7	5.8	0
Rockingham	15.1	91,571	1,382	583	616	829	616	539	0	77	1	1.1	0
Rowan	13.0	153,821	1,995	853	902	1,197	902	779	90	213	5	3.3	0
Rutherford	15.1	65,455	988	569	602	593	593	386	0	207	2	3.1	0
Sampson	12.8	60,237	773	253	268	464	268	302	0	-34	4	6.6	0
Scotland	14.3	32,670	466	196	207	279	207	182	0	25	2	6.1	0
Stanly	13.0	64,339	836	367	388	501	388	326	0	62	2	3.1	0
Stokes	14.3	46,605	665	352	372	399	372	260	0	112	1	2.1	0
Surry	14.9	71,249	1,064	819	866	638	638	415	0	223	4	5.6	0
Swain	17.2	13,844	238	114	121	143	121	93	0	28	0	0.0	0
Transylvania	13.7	33,548	461	261	276	277	276	180	0	96	1	3.0	0
Tyrrell	13.2	3,289	43	15	16	26	16	17	0	-1	0	0.0	0
Union	7.1	275,918	1,961	1,094	1,157	1,176	1,157	765	0	391	3	1.1	0
Vance	13.9	40,370	560	193	204	336	204	219	0	-15	2	5.0	0
Wake *	5.8	1,262,449	7,267	3,533	3,736	4,360	3,736	2,837	0	899	7	0.6	0
Warren	15.0	18,898	283	97	103	170	103	111	0	-8	0	0.0	0
Washington	16.5	10,043	166	58	61	100	61	65	0	-3	2	19.9	0
Watauga	7.6	59,731	454	219	232	272	232	177	0	54	1	1.7	0
Wayne *	12.1	113,843	1,381	801	847	829	829	539	0	289	4	3.5	0
Wilkes	14.2	66,948	953	368	389	572	389	372	0	17	3	4.5	0
Wilson	13.4	78,520	1,050	368	389	630	389	410	0	-21	4	5.1	0
Yadkin	13.4	37,628	504	297	314	303	303	197	0	106	2	5.3	0
Yancey	15.0	18,795	282	118	125	169	125	110	0	15	1	5.3	0

Table13B: Year 2026 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2018-2022 Death Rate/1000 Population	2026 Population (excluding military)	Projected 2026 Deaths	2023 Reported Number of Hospice Patient Deaths	2026 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2026 Number of Hospice Deaths Served Limited to 60%	Projected 2026 Number of Hospice Deaths Served	Median Projected 2026 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. Office of State Budget and Management	Col. B x (Col. C/1,000)	2024 License Renewal Applications	Col. E x 3 Years Growth at 1.9% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (39.0%)		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
Grand Totals	10.1	11,145,104	112,454	51,503	54,458	67,472	54,458	43,903	123	10,678	249	2.2	0

* Population projections were adjusted to exclude active duty military personnel.

** Tables 13B and 13C do not include out-of-state patients.

Table 13C: Year 2028 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2023 Data)	Total Days of Care (2023 Data)	ALOS per Admission	Total 2028 Admissions	2028 Days of Care at County ALOS	2028 Days of Care at Statewide ALOS	Projected 2028 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2024 License Renewal Applications	2024 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 0.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (80.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.16%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2024 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,107	95,703	86.45	1,127	97,475	90,770	90,770	1,963	6	14	0	-7.68	28.40%	0
Alexander	193	18,493	95.82	197	18,835	15,825	15,825	342	1		0	1.10		0
Alleghany	53	11,778	222.23	54	11,996	4,346	4,346	94	0		0	0.30		0
Anson	109	12,506	114.73	111	12,738	8,938	8,938	193	1		0	0.62		0
Ashe	82	17,179	209.50	84	17,497	6,724	6,724	145	0		0	0.47		0
Avery	163	26,139	160.36	166	26,623	13,365	13,365	289	1		0	0.93		0
Beaufort	302	28,681	94.97	308	29,212	24,763	24,763	536	2		0	1.73		0
Bertie	94	5,093	54.18	96	5,187	7,708	5,187	112	0		0	0.36		0
Bladen	241	34,667	143.85	245	35,309	19,761	19,761	427	1		0	1.38		0
Brunswick	1,127	73,998	65.66	1,148	75,368	92,410	75,368	1,630	5	7	0	-1.75	72.21%	0
Buncombe	1,917	117,301	61.19	1,952	119,473	157,188	119,473	2,584	8	25	0	-16.68	48.36%	0
Burke	673	70,842	105.26	685	72,154	55,184	55,184	1,194	4	11	0	-7.16	14.77%	0
Cabarrus	881	97,099	110.21	897	98,897	72,239	72,239	1,562	5	14	0	-8.97	17.98%	0
Caldwell	619	77,652	125.45	630	79,090	50,756	50,756	1,098	4	12	0	-8.46	53.12%	0
Camden	38	1,775	46.71	39	1,808	3,116	1,808	39	0		0	0.13		0
Carteret	518	30,960	59.77	528	31,533	42,474	31,533	682	2	6	0	-3.80	74.25%	0
Caswell	118	10,638	90.15	120	10,835	9,676	9,676	209	1		0	0.67		0
Catawba	1,230	120,420	97.90	1,253	122,650	100,856	100,856	2,181	7	17	0	-9.97	39.79%	0
Chatham	414	30,773	74.33	422	31,343	33,947	31,343	678	2	6	0	-3.82	58.04%	0
Cherokee	149	13,987	93.87	152	14,246	12,217	12,217	264	1		0	0.85		0
Chowan	85	5,607	65.96	87	5,711	6,970	5,711	124	0		0	0.40		0
Clay	82	7,692	93.80	84	7,834	6,724	6,724	145	0		0	0.47		0
Cleveland	743	50,333	67.74	757	51,265	60,923	51,265	1,109	4	10	0	-6.43	41.95%	0
Columbus	410	62,074	151.40	418	63,223	33,619	33,619	727	2	6	0	-3.66	58.63%	0
Craven	521	59,379	113.97	531	60,479	42,720	42,720	924	3		0	2.98		0
Cumberland	1,193	106,845	89.56	1,215	108,823	97,822	97,822	2,116	7	0	8	-1.19		0

Table 13C: Year 2028 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
County	Total Admissions (2023 Data)	Total Days of Care (2023 Data)	ALOS per Admission	Total 2028 Admissions	2028 Days of Care at County ALOS	2028 Days of Care at Statewide ALOS	Projected 2028 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need	
Source or Formula =>	2024 License Renewal Applications	2024 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 0.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (80.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.16%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2024 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank	
Currituck	137	11,095	80.99	140	11,300	11,234	11,234	243	1			0	0.78	0	
Dare	196	10,236	52.22	200	10,426	16,071	10,426	225	1			0	0.73	0	
Davidson	1,344	76,190	56.69	1,369	77,601	110,203	77,601	1,678	5	8		0	-2.59	59.59%	0
Davie	336	22,345	66.50	342	22,759	27,551	22,759	492	2			0	1.59	0	
Duplin	313	22,655	72.38	319	23,075	25,665	23,075	499	2			0	1.61	0	
Durham	1,586	95,914	60.48	1,615	97,690	130,047	97,690	2,113	7	12		0	-5.19	64.59%	0
Edgecombe	302	23,285	77.10	308	23,716	24,763	23,716	513	2			0	1.65	0	
Forsyth	2,448	161,412	65.94	2,493	164,401	200,728	164,401	3,556	11	30		0	-18.55	43.26%	0
Franklin	295	21,485	72.83	300	21,883	24,189	21,883	473	2			0	1.52	0	
Gaston	1,367	94,180	68.90	1,392	95,924	112,089	95,924	2,075	7	13		0	-6.32	59.79%	0
Gates	75	5,391	71.88	76	5,491	6,150	5,491	119	0			0	0.38	0	
Graham	35	2,708	77.37	36	2,758	2,870	2,758	60	0			0	0.19	0	
Granville	210	16,969	80.80	214	17,283	17,219	17,219	372	1			0	1.20	0	
Greene	84	7,856	93.52	86	8,001	6,888	6,888	149	0			0	0.48	0	
Guilford	2,626	224,738	85.58	2,675	228,900	215,323	215,323	4,657	15	26		0	-11.00	43.62%	0
Halifax	285	25,686	90.13	290	26,162	23,369	23,369	505	2			0	1.63	0	
Harnett	533	49,353	92.59	543	50,267	43,704	43,704	945	3			0	3.04	0	
Haywood	372	19,148	51.47	379	19,503	30,503	19,503	422	1			0	1.36	0	
Henderson	958	50,326	52.53	976	51,258	78,553	51,258	1,109	4	19		0	-15.43	35.18%	0
Hertford	103	7,211	70.01	105	7,345	8,446	7,345	159	1			0	0.51	0	
Hoke	217	22,979	105.89	221	23,405	17,793	17,793	385	1			0	1.24	0	
Hyde	18	1,493	82.94	18	1,521	1,476	1,476	32	0	0		0	0.10	0	
Iredell	1,156	85,636	74.08	1,177	87,222	94,788	87,222	1,886	6	15		0	-8.92	61.64%	0
Jackson	170	11,881	69.89	173	12,101	13,939	12,101	262	1			0	0.84	0	
Johnston	824	66,983	81.29	839	68,223	67,565	67,565	1,461	5	12		0	-7.29	18.90%	0
Jones	50	3,997	79.94	51	4,071	4,100	4,071	88	0			0	0.28	0	

Table 13C: Year 2028 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2023 Data)	Total Days of Care (2023 Data)	ALOS per Admission	Total 2028 Admissions	2028 Days of Care at County ALOS	2028 Days of Care at Statewide ALOS	Projected 2028 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2024 License Renewal Applications	2024 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 0.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (80.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.16%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2024 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Lee	340	27,372	80.51	346	27,879	27,879	27,879	603	2		0	1.94		0
Lenoir	294	28,430	96.70	299	28,956	24,107	24,107	521	2		0	1.68		0
Lincoln	533	51,815	97.21	543	52,774	43,704	43,704	945	3		0	3.04		0
Macon	267	26,568	99.51	272	27,060	21,893	21,893	474	2	0	6	-4.47		0
Madison	94	8,153	86.73	96	8,304	7,708	7,708	167	1		0	0.54		0
Martin	124	10,255	82.70	126	10,445	10,168	10,168	220	1		0	0.71		0
Mcdowell	270	21,931	81.23	275	22,337	22,139	22,139	479	2		0	1.54		0
Mecklenburg	4,590	292,857	63.80	4,675	298,280	376,364	298,280	6,451	21	49	0	-28.22	32.27%	0
Mitchell	182	36,353	199.74	185	37,026	14,923	14,923	323	1		0	1.04		0
Montgomery	169	18,002	106.52	172	18,335	13,857	13,857	300	1		0	0.97		0
Moore	854	78,264	91.64	870	79,713	70,025	70,025	1,515	5	11	0	-6.12	58.95%	0
Nash	519	35,081	67.59	529	35,731	42,556	35,731	773	2		0	2.49		0
New Hanover	1,444	97,074	67.23	1,471	98,872	118,403	98,872	2,138	7	18	0	-11.11	69.10%	0
Northampton	128	9,909	77.41	130	10,092	10,496	10,092	218	1		0	0.70		0
Onslow	644	58,735	91.20	656	59,823	52,806	52,806	1,142	4	0	0	3.68		0
Orange	521	46,335	88.93	531	47,193	42,720	42,720	924	3	6	0	-3.02	0.00%	0
Other States	35	75	2.14	36	76	2,870	76	2	0		0	0.01		0
Pamlico	83	8,256	99.47	85	8,409	6,806	6,806	147	0		0	0.47		0
Pasquotank	214	17,083	79.83	218	17,399	17,547	17,399	376	1		0	1.21		0
Pender	395	24,646	62.39	402	25,102	32,389	25,102	543	2		0	1.75		0
Perquimans	90	5,441	60.46	92	5,542	7,380	5,542	120	0		0	0.39		0
Person	212	14,366	67.76	216	14,632	17,383	14,632	316	1		0	1.02		0
Pitt	846	52,503	62.06	862	53,475	69,369	53,475	1,157	4	8	-2	-2.27		0
Polk	126	13,636	108.22	128	13,888	10,332	10,332	223	1		0	0.72		0
Randolph	829	53,190	64.16	844	54,175	67,975	54,175	1,172	4	12	0	-8.23	32.74%	0
Richmond	489	28,870	59.04	498	29,405	40,096	29,405	636	2	6	0	-3.95	62.97%	0

Table 13C: Year 2028 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2023 Data)	Total Days of Care (2023 Data)	ALOS per Admission	Total 2028 Admissions	2028 Days of Care at County ALOS	2028 Days of Care at Statewide ALOS	Projected 2028 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2024 License Renewal Applications	2024 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 0.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (80.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.16%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2024 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Robeson	686	90,689	132.20	699	92,368	56,250	56,250	1,217	4	12	0	-8.08	0.00%	0
Rockingham	644	51,043	79.26	656	51,988	52,806	51,988	1,124	4	5	0	-1.38	8.82%	0
Rowan	929	50,675	54.55	946	51,613	76,175	51,613	1,116	4	7	0	-3.40	41.60%	0
Rutherford	537	42,716	79.55	547	43,507	44,032	43,507	941	3	10	0	-6.97	45.51%	0
Sampson	318	31,585	99.32	324	32,170	26,075	26,075	564	2		0	1.82		0
Scotland	230	21,537	93.64	234	21,936	18,859	18,859	408	1	6	0	-4.69	52.15%	0
Stanly	392	35,370	90.23	399	36,025	32,143	32,143	695	2		0	2.24		0
Stokes	397	27,730	69.85	404	28,243	32,553	28,243	611	2		0	1.97		0
Surry	796	51,238	64.37	811	52,187	65,269	52,187	1,129	4	16	0	-12.36	66.75%	0
Swain	120	9,255	77.13	122	9,426	9,840	9,426	204	1		0	0.66		0
Transylvania	259	17,957	69.33	264	18,290	21,237	18,290	396	1		0	1.27		0
Tyrrell	16	502	31.38	16	511	1,312	511	11	0		0	0.04		0
Union	1,030	73,955	71.80	1,049	75,324	84,457	75,324	1,629	5	6	0	-0.75	54.89%	0
Vance	192	12,851	66.93	196	13,089	15,743	13,089	283	1		0	0.91		0
Wake	4,013	352,568	87.86	4,087	359,097	329,052	329,052	7,117	23	30	0	-7.08	33.76%	0
Warren	98	4,887	49.87	100	4,977	8,036	4,977	108	0		0	0.35		0
Washington	58	2,919	50.33	59	2,973	4,756	2,973	64	0		0	0.21		0
Watauga	266	35,555	133.67	271	36,213	21,811	21,811	472	2	0	6	-4.48		0
Wayne	866	71,223	82.24	882	72,542	71,009	71,009	1,536	5	12	0	-7.05	54.91%	0
Wilkes	407	34,693	85.24	415	35,335	33,373	33,373	722	2		0	2.32		0
Wilson	487	48,138	98.85	496	49,029	39,932	39,932	864	3		0	2.78		0
Yadkin	284	20,200	71.13	289	20,574	23,287	20,574	445	1	4	0	-2.57	77.81%	0
Yancey	155	28,311	182.65	158	28,835	12,709	12,709	275	1		0	0.89		0

Table 13C: Year 2028 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2023 Data)	Total Days of Care (2023 Data)	ALOS per Admission	Total 2028 Admissions	2028 Days of Care at County ALOS	2028 Days of Care at Statewide ALOS	Projected 2028 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2024 License Renewal Applications	2024 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 0.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (80.5)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.16%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2024 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Grand Totals	56,574	4,509,563		57,622	4,593,067	4,638,877	4,145,551	89,662	289	481	18			0

* Patients originating from out of state were not included in the calculation of the two-year trailing average statewide hospice inpatient utilization rate (2.16%).

** Tables 13B and 13C do not include out-of-state patients.

Table 13D: Hospice Inpatient Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare	7	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	25	0
Burke	HOS1670	Amorem	11	0
Cabarrus	HOS3389	Atrium Hospice & Palliative Care - Cabarrus	14	0
Caldwell	HOS4155	Amorem	8	0
Caldwell	HOS0185	Amorem	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Carolina Caring	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	6	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear LifeCare	6	0
Davidson	HOS3784	Hospice of Davidson County	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	AuthoraCare Collective	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	9	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	6	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Via Health Partners Levine & Dickson Hospice House at Huntersville	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Via health Partners Levine & Dickson Hospice House at Aldersgate	10	0
Mecklenburg	HOS4933	Via Health Partners Levine & Dickson at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear LifeCare	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	Gentiva	8	-2
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Ancora Compassionate Care	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Atrium Health Hospice & Palliative Care	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Watauga		Caldwell Hospice Patient Care Unit	0	6
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
Grand Totals			481	10

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Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2023

County	Facility	Number of Licensed Beds 10/1/2022	Number of Beds Added during FY2023	Number of Licensed Beds 9/30/2023	Days of Care per 2024 License Renewal Applications	Occupancy Rate for Reporting Period
Alamance	AuthoraCare Collective	14	0	14	1,451	28.40%
Brunswick	Lower Cape Fear LifeCare	7	0	7	1,845	72.21%
Buncombe	CarePartners Hospice & Palliative Care Services	25	0	25	4,413	48.36%
Burke	Amorem	11	0	11	593	14.77%
Cabarrus	Atrium Hospice & Palliative Care - Cabarrus	14	0	14	919	17.98%
Caldwell	Amorem	8	0	8	1,551	53.12%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,626	74.25%
Catawba	Carolina Caring	11	0	11	1,904	47.42%
Catawba	Sherrills Ford Hospice House	6	0	6	565	25.80%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0	6	1,271	58.04%
Cleveland	Via Health Partners Wendover Hospice House	6	0	6	1,529	69.82%
Cleveland	Via Health Partners Testa Family Hospice House	4	0	4	2	0.14%
Columbus	Lower Cape Fear LifeCare	6	0	6	1,284	58.63%
Davidson	Hospice of Davidson County	8	0	8	1,740	59.59%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	2,829	64.59%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,737	43.26%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	2,837	59.79%
Guilford	Hospice Home at High Point	15	0	15	2,747	50.17%
Guilford	AuthoraCare Collective	11	0	11	1,393	34.69%
Henderson	Four Seasons Compassion for Life	19	0	19	2,440	35.18%
Iredell	Gordon Hospice House	9	0	9	2,114	64.35%
Iredell	Hospice and Palliative Care of Iredell County	6	0	6	1,261	57.58%
Johnston	SECU Hospice House of Johnston Health	12	0	12	828	18.90%
Mecklenburg	Via Health Partners Levine & Dickson Hospice House at Huntersville	16	0	16	1,512	25.89%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	1,802	35.26%
Mecklenburg	Via health Partners Levine & Dickson Hospice House at Aldersgate	10	0	10	1,497	41.01%
Mecklenburg	Via Health Partners Levine & Dickson at Aldersgate	6	0	6	433	19.77%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	528	48.22%
Moore	FirstHealth Hospice House	11	0	11	2,367	58.95%
New Hanover	Lower Cape Fear LifeCare	18	0	18	4,540	69.10%
Orange	Duke Hospice at the Meadowlands*	6	0	6	0	0.00%
Randolph	The Randolph Hospice House	12	0	12	1,434	32.74%
Richmond	Hospice Haven of Richmond County	6	0	6	1,379	62.97%
Robeson	Southeastern Regional Medical Center*	12	0	12	0	0.00%
Rockingham	Ancora Compassionate Care	5	0	5	161	8.82%
Rowan	Novant Health Hospice	7	0	7	1,063	41.60%
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,661	45.51%
Scotland	Scotland Regional Hospice	6	0	6	1,142	52.15%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	3,898	66.75%
Union	Atrium Health Hospice & Palliative Care	6	0	6	1,202	54.89%
Wake	Transitions LifeCare	30	0	30	3,697	33.76%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	2,405	54.91%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	1,136	77.81%
Grand Totals		469	0	469	73,736	

* No patients seen at this location during the reporting period.

Table 13F: Hospice Residential Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	AuthoraCare Collective	8	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	2	0
Burke	HOS1670	Amorem	3	0
Cabarrus	HOS3389	Atrium Hospice & Palliative Care - Cabarrus	10	0
Caldwell	HOS4155	Amorem	4	0
Caldwell	HOS0185	Amorem	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Carolina Caring	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Via Health Partners Wendover Hospice House	10	0
Cleveland	HOS4089	Via Health Partners Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS1416	AuthoraCare Collective	3	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Iredell	HOS3181	Gordon Hospice House	6	0
Iredell	HOS6247	Hospice and Palliative Care of Iredell County	4	0
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Pitt	HOS3749	Gentiva	0	2
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Ancora Compassionate Care	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Atrium Health Hospice & Palliative Care	20	0
Watauga		Caldwell Hospice Patient Care Unit	0	1
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
Grand Totals			169	3

Table 13G: Hospice Home Care Office Need Determination

(Proposed for Certificate of Need Review Commencing in 2025)

County Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 13H: Hospice Inpatient Bed Need Determination

(Proposed for Certificate of Need Review Commencing in 2025)

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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Chapter 14:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

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CHAPTER 14

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. § 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCOs) – have a responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual and developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers.

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. § 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

Definitions

The *current reporting time point* reflects the inventory of ICF/IID beds as of January 2024.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.
3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation's (Agency) Mental Health Licensure and Certification Section, and CONs issued by the Agency.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities (*Table 14B*).

Data on CONs comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. A need determination is not required to transfer beds from state developmental centers. However, it is necessary to obtain a CON pursuant to Policy ICF/IID-5 in Chapter 4 of the SMFP to transfer beds from a state developmental center.

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Alamance	Poplar Street Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Veterans Drive	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Rosemont Street	0	0		6	6
Alexander	Little River Group Home	0	0		6	6
Alexander	VOCA-Second Avenue Group Home	0	0		6	6
Alexander	Ellendale Group Home	0	0		6	6
Alleghany	New River Cottage, Inc.	0	0		5	5
Anson	Ansonville Group Home	0	0		6	6
Ashe	Ridgecrest II	0	0		6	6
Ashe	Ridgecrest I	0	0		6	6
Ashe	Thomas Street Home	0	0		6	6
Beaufort	Life, Inc./Edgewood Group Home	0	0		6	6
Beaufort	LIFE, Inc./Dixon Road Group Home	0	0		6	6
Beaufort	Life, Inc./Slatestone Road Group Home	0	0		6	6
Beaufort	LIFE, Inc./Beaufort Heights Group Home	0	0		6	6
Beaufort	LIFE, Inc./Minute Man Group Home	0	0		6	6
Bladen	Northridge Residential	0	0		6	6
Bladen	Midlake Residential	0	0		6	6
Brunswick	Life, Inc./Folly Street Group Home	0	0		6	6
Brunswick	Life, Inc./Lockwood Street Group Home	0	0		6	6
Buncombe	BlueWest Opportunities-Swannanoa Residential	0	0		32	32
Buncombe	BlueWest Opportunities-Ora House	0	0		6	6
Buncombe	IWC-Rose Street Home	0	0		12	12
Buncombe	Chiles Avenue Group Home	0	0		6	6
Buncombe	Irene Wortham Residential Center-Azalea	0	0		6	6
Buncombe	BlueWest Opportunities-Pisgah House	0	0		6	6
Buncombe	BlueWest Opportunities-Kenmore House	0	0		6	6
Buncombe	BlueWest Opportunities-Montford House	0	0		5	5
Buncombe	IWRC-Dogwood	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Buncombe	BlueWest Opportunities-New Stock House	0	0		6	6
Buncombe	Emory Road Home	0	0		6	6
Burke	Hartland Group Home	0	0		6	6
Burke	Chesterfield Group Home	0	0		6	6
Burke	SCI-Burke ICF/MR Group Home	0	0		5	5
Cabarrus	Michigan Street Home	0	0		5	5
Cabarrus	Bost Children's Center	0	0		10	10
Cabarrus	Clear Creek	0	0		120	120
Cabarrus	Christy Woods Group Home	0	0		5	5
Cabarrus	Wilhelm Place Home	0	0		5	5
Caldwell	Creekside Group Home	0	0		6	6
Caldwell	VOCA-Laurel Group Home	0	0		6	6
Caldwell	Playmore Group Home	0	0		6	6
Caldwell	Lower Creek Group Home	0	0		6	6
Carteret	LIFE, Inc./Grey Fox Run Group Home	0	0		6	6
Carteret	LIFE, Inc./Nine Foot Road Group Home	0	0		6	6
Catawba	Penny Lane #1	0	0		6	6
Catawba	23rd Street Home	0	0		6	6
Catawba	Penny Lane II	0	0		6	6
Catawba	Shannonbrook Home	0	0		6	6
Catawba	Wendover Home	0	0		6	6
Chatham	CLLC(Carolina Living & Learning Center)	0	0		15	15
Chowan	Luke Street	0	0		6	6
Chowan	LIFE, Inc./Albemarle Group Home	0	0		6	6
Chowan	LIFE, Inc./Chowan Group Home	0	0		6	6
Chowan	LIFE, Inc./Coke Avenue Group Home	0	0		6	6
Cleveland	VOCA-Young Group Home	0	0		6	6
Cleveland	Wooding Place Group Home	0	0		6	6
Columbus	Strawberry House	0	0		6	6
Columbus	Riverside Residential	0	0		6	6
Craven	Life, Inc./Cherry Lane	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Craven	Brices Creek Road Home	0	0		6	6
Craven	Dogwood House	0	0		5	5
Craven	Riverbend	0	0		125	125
Craven	Life, Inc./Oakdale Home	0	0		6	6
Craven	Life, Inc./Lavenham Group Home	0	0		6	6
Craven	Kimberly Road	0	0		6	6
Cumberland	Hope Mills Home	0	0		6	6
Cumberland	Southern Avenue Home	0	0		6	6
Cumberland	Wilmington Road Group Home	0	0		6	6
Cumberland	Strickland Bridge Homes A & B	0	0		12	12
Cumberland	No Place Like Home	0	0		5	5
Cumberland	Northside Group Home	0	0		6	6
Cumberland	Holliday's Place Group Home	0	0		6	6
Cumberland	Extra Special Care	0	0		6	6
Cumberland	The Carter Clinic Residential Home	0	0		6	6
Cumberland	My Place	0	0		6	6
Cumberland	Thomas S. Decatur Home	0	0		6	6
Davidson	Scotthurst I & II	0	0		12	12
Davie	Twinbrooks	0	0		6	6
Davie	Boxwood Acres	0	0		6	6
Davie	Pleasant Acres	0	0		6	6
Duplin	Skill Creations of Kenansville	0	0		15	15
Duplin	SCI-Duplin House	0	0		6	6
Durham	Seven Oaks Road-Durham	0	0		5	5
Durham	Chandler Road	0	0		6	6
Durham	Keywest Center	0	0		6	6
Durham	Mineral Springs I	0	0		6	6
Durham	Mineral Springs II	0	0		6	6
Durham	Lynn Road	0	0		6	6
Durham	Holloway Street Home	0	0		6	6
Durham	Voca-Otis Street Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Durham	VOCA-Obie	0	0		6	6
Durham	SCI-Triangle House II	0	0		6	6
Durham	SCI-Triangle House I	0	0		6	6
Durham	VOCA-Gentry	0	0		6	6
Durham	Kenwood Drive Home	0	0		6	6
Edgecombe	Skill Creations of Tarboro	0	0		15	15
Forsyth	Pineview	0	0		5	5
Forsyth	The Atrium/The Respite Center	0	-2		30	28
Forsyth	The Atrium/The Respite Center #2	0	6		0	6
Forsyth	The Atrium/The Respite Center #3	0	6		0	6
Forsyth	Forsyth Group Home #1	0	0		6	6
Forsyth	Forsyth Group Home #2	0	0		6	6
Forsyth	Wilson Smith Cottage	0	0		6	6
Forsyth	The Arches-Horizons Residential Care Center	0	-10		10	0
Forsyth	Konnoak Group Home	0	0		6	6
Gaston	Meek Road Group Home	0	0		6	6
Gaston	Belmont Group Home	0	0		5	5
Gaston	Cherryville Group Home	0	0		5	5
Gaston	Mountain Ridge Group Home	0	0		6	6
Gaston	Holy Angels Services-McAuley Residences	0	0		48	48
Gaston	Franklin Group Home	0	0		5	5
Gaston	Springdale Lane Group Home	0	0		5	5
Granville	Dove Road Home	0	0		6	6
Granville	Stem Road Home	0	0		6	6
Granville	Park Avenue Home	0	0		6	6
Granville	Granville ICF/MR Group Home	0	0		5	5
Guilford	Northbay Group Home	0	0		5	5
Guilford	VOCA-Meadowood Drive Group Home	0	0		6	6
Guilford	Watson's Group Home	0	0		6	6
Guilford	Gatewood	0	0		15	15
Guilford	Friendway Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Guilford	Summerlyn	0	0		6	6
Guilford	West Friendly	0	0		6	6
Guilford	Westridge	0	0		6	6
Guilford	Guilford #1	0	0		6	6
Guilford	Guilford #2	0	0		6	6
Guilford	Guilford #3	0	0		6	6
Guilford	Rollingwood	0	0		6	6
Guilford	Southridge Road	0	0		5	5
Guilford	Westminister	0	0		6	6
Guilford	Guilford IV	0	0		6	6
Guilford	Ridgely Oak	0	0		6	6
Guilford	Holden Group Home	0	0		6	6
Halifax	Idlewood Group Home	0	0		6	6
Halifax	LIFE, Inc./ Lakeview	0	0		6	6
Halifax	SCI-Roanoke House	0	0		12	12
Halifax	McFarland Road	0	0		6	6
Halifax	Life Inc./King Street Group Home	0	0		6	6
Harnett	Lillington Group Home	0	0		6	6
Harnett	Erwin Avenue Home	0	0		6	6
Harnett	Erwin #2 Group Home	0	0		6	6
Haywood	Haywood County Group Home #3	0	0		5	5
Henderson	Rayside A	0	0		4	4
Henderson	Rayside B	0	0		4	4
Henderson	Pinebrook Group Home	0	0		6	6
Henderson	Country Cove Group Home	0	0		6	6
Hertford	Roanoke Place	0	0		6	6
Hoke	Old Farm Road	0	0		6	6
Hoke	Ashley Heights Home	0	0		6	6
Iredell	Oakdale Group Home	0	0		6	6
Iredell	Fanjoy Home #1	0	0		6	6
Iredell	Bonnie Lane Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Iredell	Dal-Wan Heights Group Home	0	0		6	6
Iredell	Fanjoy Home #2	0	0		6	6
Iredell	Hollingswood Group Home	0	0		6	6
Iredell	Pinewood Group Home	0	0		6	6
Jackson	Smoky ICF/MR Group Home	0	0		6	6
Jackson	Webster Group Home	0	0		6	6
Johnston	Country Manor Group Home	0	0		6	6
Johnston	Heath Avenue Home	0	0		6	6
Johnston	Canterbury Road Home	0	0		6	6
Johnston	VOCA-Greenwood Group Home	0	0		6	6
Johnston	VOCA-Laurelwood	0	0		6	6
Lee	Skill Creations of Sanford	0	0		15	15
Lee	T.L.C. Home, Inc.	0	0		10	10
Lee	Hickory II Group Home	0	0		6	6
Lee	VOCA-Sixth Street Group Home	0	0		6	6
Lee	Pine Ridge Group Home	0	0		6	6
Lenoir	Bear Creek	0	0		113	113
Lenoir	Skill Creations of Kinston	0	0		15	15
Lenoir	LaGrange Home	0	0		6	6
Lenoir	Washington Street East Group Home	0	0		6	6
Lenoir	Fox Run Group Home	0	0		6	6
Lenoir	Robin's Nest Group Home	0	0		6	6
Lenoir	Roseanne Group Home	0	0		5	5
Lincoln	Riverview Home	0	0		6	6
Lincoln	Sunny Hill Group Home #1	0	0		6	6
Lincoln	Brookwood Home	0	0		6	6
Lincoln	Sunny Hill II	0	0		6	6
Lincoln	Linoak Group Home	0	0		6	6
Macon	Macon County Group Home	0	0		6	6
Macon	Iotla Street Group Home	0	0		6	6
Madison	BlueWest Opportunities-Mars Hills Residential Services	0	0		32	32

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Martin	Life, Inc./Twin Acres Group Home	0	0		6	6
Mcdowell	Laurelwood Group Home	0	0		6	6
Mecklenburg	Oak Street Group Home-St. Mark	0	0		6	6
Mecklenburg	VOCA-Denbur Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Norwich Road Group Home	0	0		6	6
Mecklenburg	VOCA-Mallard Drive	0	0		6	6
Mecklenburg	VOCA-Woodbridge Road Group Home	0	0		6	6
Mecklenburg	Dalmoor Drive Group Home	0	0		6	6
Mecklenburg	Bon Rea Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Simpson Group Home	0	0		6	6
Mecklenburg	Starnes Group Home	0	0		6	6
Mecklenburg	VOCA-Freedom Group Home	0	0		6	6
Mecklenburg	Enoch Drive	0	0		6	6
Mecklenburg	VOCA-Harrisburg Road Group Home	0	0		6	6
Mecklenburg	VOCA-St. John's Church Road Group Home	0	0		6	6
Mecklenburg	VOCA-Oak Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Purser Group Home	0	0		6	6
Mecklenburg	VOCA-Wilson Avenue Group Home	0	0		6	6
Mecklenburg	Tuckaseegee Group Home	0	0		6	6
Mecklenburg	Flowe Drive Group Home	0	0		6	6
Mecklenburg	Mantle Court Group Home	0	0		6	6
Mecklenburg	VOCA-Sandburg Group Home	0	0		6	6
Mecklenburg	VOCA-Oakhaven Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Toddville Road Group Home	0	0		6	6
Mecklenburg	Monroe Road	0	0		6	6
Mecklenburg	Heathcroft	0	0		6	6
Mecklenburg	Burtonwood Circle Home	0	0		6	6
Mecklenburg	Ravendale Drive Group Home	0	0		6	6
Mecklenburg	Leaves	0	0		6	6
Mecklenburg	Lakeview	0	0		6	6
Mecklenburg	Browne Group Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Mecklenburg	Shelburne Place	0	0		6	6
Mecklenburg	Gail B. Hanks Group Home	0	0		6	6
Montgomery	Myrtlewood Group Home	0	0		6	6
Montgomery	Mt. Gilead Children's Home	0	0		6	6
Moore	Sherwood Park Home	0	0		15	15
Moore	Magnolia Group Home	0	0		6	6
Moore	Crest Road Group Home	0	0		6	6
Moore	Moore County Home For Autistic Adults	0	0		6	6
Nash	SCI-Nash House I	0	0		6	6
Nash	SCI-Nash House II	0	0		6	6
Nash	LIFE, Inc/ Green Tee Lane	0	0		6	6
New Hanover	Lifetime Resources, Inc. Echo Farms Group Home	0	0		6	6
New Hanover	Greenville Loop Group Home	0	0		6	6
New Hanover	Myrtle Grove Group Home	0	0		6	6
New Hanover	SCI-Coastal House I and II	0	0		12	12
New Hanover	The Pine Valley Home	0	0		6	6
New Hanover	Robin Hood Group Home	0	0		6	6
New Hanover	LIFE, Inc./Cherokee Trail Group Home	0	0		6	6
Onslow	Queen's Pond	0	0		14	14
Onslow	Sandridge	0	0		24	24
Onslow	Countryview Residential	0	0		6	6
Orange	Residential Services, Inc. Retirement Center	0	0		15	15
Orange	Silo Drive Facility-Chapel Hill	0	0		6	6
Orange	West Main Street Facility-Carrboro	0	0		6	6
Orange	Shadylawn	0	0		6	6
Orange	Christopher Road	0	0		6	6
Orange	Quail Roost Group Home (ICF/MR)	0	0		6	6
Person	Cates Street ICF/MR	0	0		6	6
Person	Frank Street ICF/MR	0	0		6	6
Pitt	Skill Creations of Greenville	0	0		15	15
Pitt	Tar River	0	0		30	30

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Pitt	SCI-East	0	0		12	12
Pitt	King George Group Home	0	0		6	6
Pitt	Forest Hills Group Home	0	0		6	6
Pitt	Curry House	0	0		6	6
Pitt	Pitt County Group Home #1	0	0		6	6
Pitt	Pitt County Group Home #2	0	0		6	6
Pitt	Pitt County Group Home #3	0	0		6	6
Randolph	Brookwood	0	0		6	6
Randolph	Timberlea Group Home	0	0		6	6
Richmond	Mallard Lane Center	0	0		5	5
Richmond	Hoffman Group Home	0	0		6	6
Richmond	Pence Place	0	0		9	9
Robeson	Eastbrook	0	0		6	6
Robeson	Wakulla I & II	0	0		12	12
Robeson	Westside Residential	0	0		6	6
Robeson	Corbel Residential	0	0		6	6
Rockingham	Rouse's Group Homes	0	0		30	30
Rockingham	Rouse's Group Home #6	0	0		5	5
Rowan	Rockwell 1	0	0		6	6
Rowan	Myron Place	0	0		6	6
Rowan	Laura Springs Road Home	0	0		6	6
Rowan	Smith Street Home	0	0		6	6
Rowan	Stoneridge	0	0		6	6
Rutherford	VOCA-Woodland	0	0		6	6
Rutherford	VOCA-Rollins Group Home	0	0		6	6
Sampson	Skill Creations of Clinton	0	0		15	15
Scotland	Lee Forest Home	0	0		6	6
Scotland	Scotland Forest Home	0	0		6	6
Scotland	College Park	0	0		6	6
Stanly	Marie G. Smith Group Home	0	0		6	6
Stanly	Moss I Group Home	0	0		5	5

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Stanly	Robert W. Thompson Group Home	0	0		6	6
Stanly	A. Jack Wall Group Home	0	0		6	6
Stanly	Carolina Farms Group Home #1	0	0		6	6
Stanly	Carolina Farms Group Home #2	0	0		6	6
Stanly	Carolina Farms Group Home #3	0	0		6	6
Stanly	Moss II Group Home	0	0		6	6
Stanly	Morrow Valley Farmstead	0	0		10	10
Stokes	Pilotview	0	0		5	5
Surry	Sydnor Street Group Home	0	0		6	6
Surry	Park Drive Group Home	0	0		6	6
Transylvania	Forest Bend Group Home	0	0		6	6
Union	Meadowview Home	0	0		6	6
Union	Karen Lane Home	0	0		6	6
Union	Ridgefield Home	0	0		6	6
Wake	Hilltop Home	0	0		22	22
Wake	Tammy Lynn Center for Developmental Disabilities	0	0		30	30
Wake	Dartmouth Road Group Home	0	0		6	6
Wake	Georgia Court	0	0		6	6
Wake	Forest Creek Group Home	0	0		6	6
Wake	Rolling Meadows	0	0		6	6
Wake	Blanche Drive	0	0		6	6
Wake	Jade Tree	0	0		6	6
Wake	Hickory Avenue Home	0	0		6	6
Wake	Country Lane	0	0		6	6
Wake	VOCA-Creekway	0	0		6	6
Wake	Dickens Drive Home	0	0		6	6
Wake	Helmsdale Group Home	0	0		6	6
Wake	Lockley Road	0	0		6	6
Wake	VOCA Olive Home	0	0		6	6
Wake	Mason Street	0	0		6	6
Wake	Avent Ferry Home	0	0		6	6

Table 14A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved/License Pending		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wake	Trotters Bluff	0	0		6	6
Wake	Stonegate	0	0		6	6
Wake	Rockwood	0	0		6	6
Wake	Huntleigh	0	0		6	6
Wake	Bass Lake	0	0		6	6
Washington	Life, Inc./Old Roper Road Group Home	0	0		6	6
Washington	Life, Inc/ Wilson Street Group Home	0	0		6	6
Watauga	Wildcat Group Home	0	0		15	15
Wayne	LIFE, Inc./Walnut Street Group Home	0	0		6	6
Wayne	Life, Inc./William Street Home	0	0		6	6
Wayne	Skill Creations	0	0		15	15
Wayne	Walnut Creek	0	0		37	37
Wayne	Highway 117 Group Home	0	0		6	6
Wayne	Airport Road Group Home	0	0		6	6
Wayne	Daughtry Field Road Group Home	0	0		6	6
Wayne	Norwood Avenue Home	0	0		6	6
Wayne	Holly Street Home	0	0		6	6
Wayne	North Drive Group Home	0	0		6	6
Wilkes	Lewis Fork Homes I & II	0	0		12	12
Wilkes	VOCA-Welborn Ave.	0	0		6	6
Wilkes	Lakewood	0	0		6	6
Wilkes	VOCA-Apple Valley	0	0		6	6
Wilkes	VOCA-College Street	0	0		6	6
Wilkes	VOCA-Blairfield	0	0		6	6
Wilkes	VOCA-Kimsey	0	0		6	6
Wilson	Skill Creations of Wilson	0	0		15	15
Wilson	Life/Raven Ridge Group Home	0	0		6	6
Wilson	McKeel Loop Road Home	0	0		6	6
Yadkin	Yadkin I	0	0		6	6
Yadkin	Yadkin II & III	0	0		12	12
Totals		0	0		2,794	2,794

Table 14B: State Facility Beds Excluded from ICF/IID Inventory by County

County	Facility Name	Number of Certified ICF/IID Beds
Granville	Murdoch Developmental Center	640
Lenoir	Caswell Developmental Center	807
Wayne	O’Berry Neuro-Medical Treatment Center*	0
Burke	J. Iverson Riddle Developmental Center	481
Total		1,928

* This facility has fully transitioned to a skilled nursing facility. ICF/IID beds were decertified in October 2023.

Chapter 15:

Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotripters
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

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CHAPTER 15

TECHNOLOGY AND EQUIPMENT

Introduction

This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators (LINAC), lithotripters, magnetic resonance imaging (MRI) scanners, and positron emission tomography scanners (PET).

Definitions

The reporting year for all types of equipment is October 1 through September 30. The *current* reporting year is October 1, 2022 through September 30, 2023.

The *planning inventory* is the number of units of equipment used in need determination calculations. It is the number of units of equipment in operation, plus the number of CON-approved units of equipment that are under development, plus the number of units of equipment available pursuant to need determinations pending review or appeal.

Changes from the Previous Plan

No substantive changes have been incorporated into this chapter.

Data Sources

Inventory and utilization data come from the Hospital License Renewal Application (LRA) for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

A. CARDIAC CATHETERIZATION EQUIPMENT

Introduction

G.S. § 131E-176(2f) defines *cardiac catheterization equipment* as “equipment used to provide cardiac catheterization services.” G.S. § 131E-176(2g) defines *cardiac catheterization services* as “those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.” Tables 15A-1 and 15A-2 show the number of cardiac catheterization procedures performed during the reporting year.

Changes from the Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.
2. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient of age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
3. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital’s license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

Application of the Methodology

Fixed Equipment

Methodology 1 (Table 15A-3)

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

- Step 1: For each facility with fixed cardiac catheterization equipment, sum the total units of equipment in operation (*Column C*), CON-approved equipment under development (*Column D*), and equipment available pursuant to need determinations pending review or appeal (*Column E*) to determine the planning inventory (*Column F*).
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year (*Table 15A-1*). If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.
- Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.00, interventional procedures by 1.75, and pediatric procedures performed on patients ages 14 or younger by 2.00 (*Column H*).
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted

(diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200 procedures (i.e., 80% of the 1,500-procedure capacity). Round the result to the nearest hundredth (*Column I*).

Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same service area as calculated in Step 4. Round up to the nearest whole number (*Column I*).

Step 6: In each service area, subtract the total planning inventory (*Column F*) from the number of units of fixed cardiac catheterization equipment required (*Column I*). The difference is the number of additional units of fixed cardiac catheterization equipment needed (*Column J*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Methodology 2 (Table 15A-2)

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

1. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 procedures (80% of 300 procedures) for each eight hours per week the mobile equipment is operated at that site during the current reporting year (*Table 15A-2*); and
2. No other fixed or mobile cardiac catheterization service is provided in the same service area.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Mobile Equipment

The SMFP does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile cardiac catheterization equipment.

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Alamance	Alamance Regional Medical Center	717				220				937
Buncombe	Mission Hospital	3,415				1,138				4,553
Burke	UNC Health Blue Ridge	457				153				610
Cabarrus	Atrium Health Cabarrus	2,093				1,330				3,423
Caldwell	Caldwell UNC Health Care	619				298				917
Carteret	Carteret General Hospital	435				127				562
Catawba	Catawba Valley Medical Center	755				310				1,065
Catawba	Frye Regional Medical Center	1,875				942				2,817
Cleveland	Atrium Health Cleveland*									
Craven	CarolinaEast Medical Center	1,217				1,002				2,219
Cumberland	Cape Fear Valley Medical Center	977				1,667				2,644
Durham	Duke Regional Hospital	820				303				1,123
Durham	Duke University Hospital	2,262		178		1,520		350		4,310
Forsyth	Atrium Health Wake Forest Baptist	2,504				1,305				3,809
Forsyth	Novant Health Forsyth Medical Center	3,151				1,348				4,499
Gaston	CaroMont Regional Medical Center	2,092				211				2,303
Guilford	Cone Health	2,978				1,187				4,165
Guilford	High Point Regional Health	1,646				973				2,619
Halifax	ECU Health North Hospital	206				69				275
Harnett	Cape Fear Valley Betsy Johnson Hospital	212				155				367
Haywood	Haywood Regional Medical Center	819				258				1,077
Henderson	Margaret R. Pardee Memorial Hospital	1,066				381				1,447
Iredell	Davis Regional Medical Center*									
Iredell	Iredell Memorial Hospital	658				186				844
Iredell	Lake Norman Regional Medical Center	283				157				440
Jackson	Harris Regional Hospital*									

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Johnston	UNC Health Johnston	847				964				1,811
Lee	Central Carolina Hospital	355				46				401
Lenoir	UNC Lenoir Health Care	284								284
Mecklenburg	Atrium Health Pineville	1,281				844				2,125
Mecklenburg	Carolinas Medical Center	3,141		228		1,559		164		5,092
Mecklenburg	Novant Health Huntersville Medical Center	632				233				865
Mecklenburg	Novant Health Matthews Medical Center	1,005				478				1,483
Mecklenburg	Novant Health Presbyterian Medical Center	1,119				971				2,090
Moore	FirstHealth Moore Regional Hospital	2,664				1,003				3,667
Nash	Nash General Hospital	881				624				1,505
New Hanover	Novant Health New Hanover Regional Medical Center	3,129				2,916				6,045
Onslow	Onslow Memorial Hospital*									
Orange	University of North Carolina Hospitals	2,157		29		1,214		103		3,503
Pasquotank	Sentara Albemarle Medical Center	672				-				672
Pitt	ECU Health Medical Center	3,546		9		1,288		22		4,865
Randolph	Randolph Hospital*									
Robeson	Southeastern Regional Medical Center	812				256				1,068
Rowan	Novant Health Rowan Medical Center	339				221				560
Rutherford	Rutherford Regional Medical Center*									
Scotland	Scotland Memorial Hospital	310				54				364
Stanly	Atrium Health Stanly*									
Union	Atrium Health Union	476				169				645
Vance	Maria Parham Health	115				53				168
Wake	Duke Raleigh Hospital	587				141				728
Wake	UNC Rex Hospital	3,154				2,269				5,423

Table 15A-1: Fixed Cardiac Catheterization Procedures by Facility and Type

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Wake	WakeMed	2,315				1,707				4,022
Wake	WakeMed Cary Hospital	534				127				661
Watauga	Watauga Medical Center	331				159				490
Wayne	Wayne UNC Health Care	1,245				253				1,498
Wilkes	Wilkes Regional Medical Center*									
Wilson	Wilson Medical Center	86				11				97
Total		63,274		444		32,800		639		97,157

* Hospital has fixed cardiac catheterization equipment but reported no procedures on their Hospital License Renewal Application.

Table 15A-2: Mobile Cardiac Catheterization Capacity and Volume

County	Service Site	Days/Week On Site	Procedure Capacity	Procedures Reported in 2023
Brunswick	Novant Health Brunswick Medical Center	1.00	300	18
Davidson	Novant Health Thomasville Medical Center	1.00	300	83
Rowan	Novant Health Rowan Medical Center	1.00	300	171
Total		3.00	900	272

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t n o t e	2023 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Alamance	Alamance Regional Medical Center	1			1	b	1,102	0.92	0	
	TOTAL				1			1		0
Brunswick	Novant Health Brunswick		1		1		0	0		
	TOTAL				1			0		0
Buncombe/Graham/Madison/Yancey	Mission Hospital	5			5	b	5,407	4.51	0	
	TOTAL				5			5		0
Burke	UNC Health Blue Ridge	1	1		2	b	725	0.60	0	
	TOTAL				2			1		0
Cabarrus	Atrium Health Cabarrus	2	1		3	b	4,421	3.68	1	
	2024 Need Determination			1	1					
	TOTAL				4			4		0
Caldwell	Caldwell Memorial Hospital	1			1	d	1,141	0.95	0	
	2024 Need Determination			1	1					
	TOTAL				2			1		0
Carteret	Carteret General Hospital	1			1	b	657	0.55	0	
	TOTAL				1			1		0
Catawba	Catawba Valley Medical Center	1			1	b	1,298	1.08	0	
	Frye Regional Medical Center	4			4	b	3,524	2.94	0	
	TOTAL				5			5		0
Cleveland	Atrium Health Cleveland	1			1		0	0.00	0	
	TOTAL				1			0		0
Craven/Jones/ Pamlico	CarolinaEast Medical Center	3			3	b	2,971	2.48	0	
	TOTAL				3			3		0
Cumberland	Cape Fear Valley Medical Center	4			4	b	3,894	3.25	0	
	TOTAL				4			4		0
Durham/Caswell/Warren	Duke Regional Hospital	2			2	b	1,350	1.13	0	
	Duke University Hospital	7			7	a	5,978	4.98	0	
	TOTAL				9			7		0
Forsyth	Atrium Health Wake Forest Baptist	5			5	a	4,788	3.99	0	
	Novant Health Forsyth Medical Center	8			8	b	5,510	4.59	0	
	TOTAL				13			9		0
Gaston	CaroMont Regional Medical Center	3			3	b	2,461	2.05	0	
	TOTAL				3			3		0
Guilford	Cone Health	7			7	b	5,055	4.21	0	
	High Point Regional Medical Center	4			4	b	3,349	2.79	0	
	TOTAL				11			8		0

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t n o t e	2023 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Halifax/ Northampton	ECU Health North Hospital	1			1	b	327	0.27	0	
	TOTAL				1			1		0
Harnett	Cape Fear Valley Betsy Johnson Hospital	1			1	b	483	0.40	0	
	TOTAL				1			1		0
Haywood	Haywood Regional Hospital	1			1	b	1,271	1.06	0	
	TOTAL				1			2		1
Henderson	Margaret R. Pardee Memorial Hospital	1			1	b	1,733	1.44	0	
	TOTAL				1			2		1
Iredell	Davis Regional Medical Center	1			1		0	0.00	0	
	Iredell Memorial Hospital	1	1		2	b	984	0.82	0	
	Lake Norman Regional Medical Center	1			1	b	558	0.46	0	
	TOTAL				4			2		0
Jackson	Harris Regional Hospital	1			1		0	0.00	0	
	TOTAL				1			0		0
Johnston	UNC Health Johnston	1	1		2	b	2,534	2.11	0	
	TOTAL				2			3		1
Lee	Central Carolina Hospital	1			1	b	436	0.36	0	
	TOTAL				1			1		0
Lenoir	UNC Lenoir Health Care	1			1	c	284	0.24	0	
	TOTAL				1			1		0
Mecklenburg	Atrium Health Pineville	3			3	b	2,758	2.30	0	
	Carolinas Medical Center	9			9	a	6,653	5.54	0	
	Novant Health Huntersville Medical Center	1			1	b	1,040	0.87	0	
	Novant Health Matthews Medical Center	1	1		2	b	1,842	1.53	0	
	Novant Health Presbyterian Medical Center	2			2	b	2,818	2.35	0	
	TOTAL				17			13		0
Moore	FirstHealth Moore Regional Hospital	6			6	b	4,419	3.68	0	
	TOTAL				6			4		0
Nash	Nash General Hospital	2			2	b	1,973	1.64	0	
	TOTAL				2			2		0
New Hanover	Novant Health New Hanover Regional Medical Center	6	1		7	b	8,232	6.86	0	
	TOTAL				7			7		0
Onslow	Onslow Memorial Hospital	1			1		0	0.00	0	
	TOTAL				1			0		0

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t n o t e	2023 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Orange	UNC Hospitals	4	1		5	a	4,546	3.79	0	
	TOTAL				5			4		0
Pasquotank/ Camden/ Currituck/ Perquimans	Sentara Albemarle Medical Center	1			1	c	672	0.56	0	
	TOTAL				1			1		0
Pitt/Greene/ Hyde/Tyrell	ECU Health Medical Center	7			7	a	5,862	4.89	0	
	TOTAL				7			5		0
Randolph	Randolph Hospital	1			1		0	0.00	0	
	TOTAL				1			0		0
Robeson	Southeastern Regional Medical Center	2			2	b	1,260	1.05	0	
	TOTAL				2			2		0
Rowan	Novant Health Rowan Medical Center	1			1	b	726	0.60	0	
	TOTAL				1			1		0
Rutherford	Rutherford Regional Medical Center	1			1		0	0.00	0	
	TOTAL				1			0		0
Scotland	Scotland Memorial Hospital	1			1	b	405	0.34	0	
	TOTAL				1			1		0
Stanly	Atrium Health Stanly	1			1		0	0.00	0	
	TOTAL				1			0		0
Union	Atruim Health Union	1			1	b	772	0.64	0	
	TOTAL				1			1		0
Vance/Warren	Maria Parham Medical Center	1			1	b	208	0.17	0	
	TOTAL				1			1		0
Wake	Duke Raleigh Hospital	3			3	b	834	0.69	0	
	Rex Hospital	6			6	b	7,125	5.94	0	
	WakeMed	9			9	b	5,302	4.42	0	
	WakeMed Cary Hospital	1			1	b	756	0.63	0	
	TOTAL				19			12		0
Watauga	Watauga Medical Center	1			1	b	609	0.51	0	
	TOTAL				1			1		0
Wayne	Wayne UNC Health Care	1			1	b	1,688	1.41	0	
	2024 Need Determination			1	1	b				
TOTAL					2			2		0
Wilkes	Wilkes Regional Medical Center	1			1		0	0.00	0	
	TOTAL				1			0		0

Table 15A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	F o o t n o t e	2023 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Number of Additional Machines Required by Facility	Number of Additional Machines Needed by Service Area
Wilson	Wilson Medical Center	1			1	b	105	0.09	0	
	TOTAL				1			1		0
NORTH CAROLINA TOTALS		146	8	3	157		122,840	123		3

^a Adult diagnostic procedures plus adult interventional procedures x 1.75 plus pediatric procedures x 2
^b Adult diagnostic procedures plus adult procedures interventional x 1.75
^c Adult diagnostic procedures
^d Adult interventional procedures x 1.75

**Table 15A-4: Fixed Cardiac Catheterization Equipment
Need Determination***

(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Haywood	1	To be determined	To be determined
Henderson	1	To be determined	To be determined
Johnston	1	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

**Table 15A-5: Shared Fixed Cardiac Catheterization Equipment
Need Determination**

(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. GAMMA KNIVES

Introduction

Gamma knife, as defined in G.S. § 131E-176(7c), means “equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.” Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. The gamma knife at Atrium Health Wake Forest Baptist Hospital in Forsyth County (HSA II) serves the western region. This facility performed 529 procedures during the reporting year. The gamma knife at ECU Health Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 173 procedures during the reporting year. Pursuant to the 2020 adjusted need determination, Carolinas Medical Center received a CON (F-011898-20) to acquire a gamma knife in Mecklenburg County (HSA III).

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the SMFP. If the need determination is approved, any person may apply for a CON to acquire the gamma knife.

C. LINEAR ACCELERATORS

Introduction

G.S. § 131E-176 (14g) defines a *linear accelerator* as “a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.”

Table 15C-1 lists the facilities that have linear accelerators. Table 15C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped linear accelerators.

Definition

A linear accelerator’s *service area* is one of the 28 multicounty groupings described in the Assumptions of the Methodology.

Changes from the Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated county population for 2024 provided by the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. The methodology incorporates: (a) a geographic accessibility criterion, which is a population base of 120,000 as suggested by the Inter-Society Council for Radiation Oncology; (b) a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit [ESTV] procedures divided by 6,750 minus the number of present linear accelerators equals ≥ 0.25); and (c) a patient origin criterion (when a service area has 45% or more of the patients coming from outside the service area). A need determination exists when two of the three criteria are met within a service area.
2. The American College of Radiology recommends use of ESTVs because radiation treatments vary in complexity. In addition, when developing the original methodology, ESTVs were recommended as part of the comments received during public hearings. Providers report procedures by Current Procedural Terminology (CPT) codes, which are converted to ESTVs (*Table 15C-3*).
3. Patient origin data from the current reporting year forms the basis for defining service areas (*Table 15C-4*). Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator. In these cases, two exceptions apply:
 - a. Where patient origin data indicates a county's residents primarily use a linear accelerator that is outside their home county, the county is aligned with the county where at least 45% of its residents go for linear accelerator services.
 - b. When a county with a linear accelerator has a population less than 120,000, that county is combined with an adjacent county to which the largest percentage of patients go for linear accelerator services, based on patient origin data.

4. Three principal questions must be addressed when determining whether a service area needs an additional linear accelerator:
 - a. Do the linear accelerators in the service area perform more than 6,750 procedures (ESTVs) per accelerator per year?
 - b. Is the population of the service area greater than 120,000 per accelerator?
 - c. Does the patient origin data show that more than 45% of the patients come from outside the service area?

Application of the Methodology

The standard methodology for determining need for linear accelerators is calculated as follows:

Criterion 1:

- Step 1: Sum the population estimates for the counties that comprise each linear accelerator service area to determine the population for the service areas (*Table 15C-4*).
- Step 2: For each linear accelerator service area, sum the number of existing linear accelerators, the number of CON-approved linear accelerators under development, and the number of linear accelerators available pursuant to need determinations pending review or appeal (*Table 15C-1*).
- Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied (*Table 15C-5*).

Criterion 2:

- Step 4: For each service area, use current patient origin data for the reporting year to count the number of patients served on linear accelerators located in the service area, and who reside in a county outside the service area.
- Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45% of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied (*Table 15C-5*).

Criterion 3:

- Step 6: For each linear accelerator service area, sum the number of reported ESTV procedures performed on the linear accelerators located in the service area.
- Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.
- Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.
- Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied (*Table 15C-5*).

If any two of the above three criteria are satisfied in a linear accelerator service area, the service area has a need determination for one additional linear accelerator (*Table 15C-5*).

Criterion 4:

Regardless of the results of Steps 1-9 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator in that county. As a result, the county becomes a separate, new linear accelerator service area.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2022-9/30/2023	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	1,555	1,555
North Carolina Radiation Therapy Management Services - Franklin	1	Macon	1	1,845	1,845
Mission Hospital	2	Buncombe	3	14,240	4,747
North Carolina Radiation Therapy Management Services - Asheville*	2	Buncombe	1	6,935	6,935
North Carolina Radiation Therapy Management Services - Weaverville	2	Buncombe	1	2,389	2,389
North Carolina Radiation Therapy Management Services - Clyde	2	Haywood	1	4,232	4,232
North Carolina Radiation Therapy Management Services - Marion	2	McDowell	1	3,344	3,344
Watauga Medical Center	3	Watauga	1	1,934	1,934
Margaret R. Pardee Memorial Hospital	4	Henderson	1	6,076	6,076
North Carolina Radiation Therapy Management Services - Hendersonville	4	Henderson	1	4,652	4,652
North Carolina Radiation Therapy Management - Brevard	4	Transylvania	1	1,430	1,430
UNC Health Blue Ridge - Valdese Campus	5	Burke	2	5,475	2,737
Caldwell UNC Health Care****	5	Caldwell	1	0	0
Catawba Valley Medical Center	5	Catawba	2	12,878	6,439
Frye Regional Medical Center - Main Campus	5	Catawba	1	2,527	2,527
Atrium Health Cleveland	6	Cleveland	1	7,097	7,097
CaroMont Regional Medical Center**	6	Gaston	3	22,929	7,643
North Carolina Radiation Therapy Management Services - Forest City	6	Rutherford	1	4,033	4,033
Atrium Health Carolinas Medical Center	7	Mecklenburg	3	18,929	6,310
Atrium Health Pineville	7	Mecklenburg	2	13,401	6,701
Atrium Health University City	7	Mecklenburg	1	8,714	8,714
Matthews Radiation Oncology Center	7	Mecklenburg	2	13,963	6,981
Novant Health Huntersville Medical Center	7	Mecklenburg	1	11,391	11,391
Novant Health Presbyterian Medical Center	7	Mecklenburg	2	6,356	3,178
Atrium Health Union	7	Union	1	8,996	8,996
Iredell Memorial Hospital	8	Iredell	2	5,217	2,609
Lake Norman Radiation Oncology	8	Iredell	1	4,654	4,654
Novant Health Rowan Medical Center-Cancer Institute	8	Rowan	1	7,805	7,805
Atrium Health Cabarrus	9	Cabarrus	3	13,967	4,656
Atrium Health Stanly	9	Stanly	1	4,141	4,141
Atrium Health Wake Forest Baptist	10	Forsyth	4	25,124	6,281
Novant Health Forsyth Medical Center	10	Forsyth	5	25,810	5,162
Hugh Chatham Memorial Hospital****	10	Surry	1	0	0
Lexington Medical Center	11	Davidson	1	2,815	2,815

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2022-9/30/2023	Average Number of Procedures per Unit
Cone Health Wesley Long Hospital	12	Guilford	4	31,893	7,973
High Point Medical Center	12	Guilford	2	9,723	4,862
UNC Rockingham Hospital	12	Rockingham	1	2,684	2,684
Randolph Health	13	Randolph	1	3,537	3,537
University of North Carolina Hospitals	14	Orange	6	39,686	6,614
Alamance Regional Medical Center	15	Alamance	2	5,594	2,797
Duke Regional Hospital	16	Durham	1	4,262	4,262
Duke University Hospital Main Campus	16	Durham	8	43,697	5,462
Maria Parham Health	16	Vance	1	3,343	3,343
2024 Need Determination	17	Moore	1		
FirstHealth Moore Regional Hospital	17	Moore	2	17,727	8,864
Scotland Memorial Hospital	17	Scotland	1	2,951	2,951
Cape Fear Valley Medical Center	18	Cumberland	5	17,934	3,587
Southeastern Regional Medical Center-Gibson Cancer Center	18	Robeson	2	7,256	3,628
North Carolina Radiation Therapy Management Services - Clinton	18	Sampson	1	2,670	2,670
New Hanover Regional Medical Center***	19	New Hanover	5	34,265	6,853
Franklin County Cancer Center (closed)	20	Franklin	1		
2023 Need Determination	20	Wake	1		
Duke Raleigh Hospital Main Campus	20	Wake	4	26,499	6,625
UNC Health Rex	20	Wake	4	21,868	5,467
UNC Hospital Radiation Oncology-Holly Springs	20	Wake	1		
UNC Rex Cancer Center of East Raleigh	20	Wake	1	3,942	3,942
Central Harnett Hospital	21	Harnett	1		
Johnston Health Clayton Professional Plaza	22	Johnston	1	5,931	5,931
Smithfield Radiation Oncology	22	Johnston	1	5,555	5,555
UNC Lenoir Health Care	23	Lenoir	1	6,015	6,015
North Carolina Radiation Therapy Management Services - Goldsboro	23	Wayne	1	5,595	5,595
Carteret Health Care	24	Carteret	2	6,778	3,389
CarolinaEast Medical Center	24	Craven	2	9,332	4,666
Onslow Radiation Oncology	25	Onslow	1	6,339	6,339
North Carolina Radiation Therapy Management Services - Roanoke Rapids	26	Halifax	1	2,504	2,504
Nash Hospital	26	Nash	2	7,728	3,864
Wilson Radiation Oncology	26	Wilson	1	2,014	2,014
ECU Health Beaufort Hospital	27	Beaufort	1	3,926	3,926
Vidant Radiation Oncology	27	Hertford	1	2,290	2,290
Vidant Radiation Oncology	27	Pitt	1	7,327	7,327
Vidant Radiation Oncology	27	Pitt	3	16,083	5,361

Table 15C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2022-9/30/2023	Average Number of Procedures per Unit
Outer Banks Health Hospital	28	Dare	1	3,050	3,050
Sentara Albemarle Medical Center	28	Pasquotank	1	5,199	5,199
Totals (73 Facilities)			132	650,040	4,925

* Second LINAC decommissioned July 2023.

** CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County

*** New Hanover Regional Medical Center has four linear accelerators in New Hanover County and one linear accelerator in Brunswick County.

**** Facility has a LINAC but reported no procedures on their License Renewal Application or Registration and Inventory form.

Table 15C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	438
Buncombe	Mission Hospital	833
Buncombe	North Carolina Radiation Therapy Management Services - Asheville	345
Buncombe	North Carolina Radiation Therapy Management Services - Weaverville	33
Cabarrus	Atrium Health Cabarrus	491
Carteret	Carteret General Hospital	276
Catawba	Catawba Valley Medical Center	466
Catawba	Frye Regional Medical Center	92
Cleveland	Atrium Health Cleveland	108
Craven	CarolinaEast Medical Center	510
Cumberland	Cape Fear Valley Medical Center	390
Durham	Duke Regional Hospital	56
Durham	Duke University Hospital	2,899
Forsyth	Atrium Health Wake Forest Baptist	719
Forsyth	Novant Health Forsyth Medical Center	703
Gaston	CaroMont Regional Medical Center	321
Guilford	Atrium Health Wake Forest Baptist - High Point Medical Center	252
Guilford	Cone Health	1,027
Haywood	North Carolina Radiation Therapy Management Services - Clyde	81
Henderson	Margaret R. Pardee Memorial Hospital	54
Henderson	North Carolina Radiation Therapy Management Services - Hendersonville	30
Iredell	Iredell Memorial Hospital	107
Iredell	Lake Norman Radiation Oncology	77
Jackson	Harris Regional Hospital	139
Johnston	Smithfield Radiation Oncology	67
Lenoir	UNC Lenoir Health Care	190
McDowell	North Carolina Radiation Therapy Management Services - Marion	100
Mecklenburg	Atrium Health Pineville	246
Mecklenburg	Atrium Health University City	58
Mecklenburg	Carolinas Medical Center/Center for Mental Health	1,014
Mecklenburg	Matthews Radiation Oncology Center	263
Mecklenburg	Novant Health Huntersville Medical Center	257
Mecklenburg	Novant Health Presbyterian Medical Center	548
Mecklenburg	University Radiation Therapy Center	58
Moore	FirstHealth Moore Regional Hospital and Pinehurst Treatment Center	580
New Hanover	New Hanover Regional Medical Center	1,344
Onslow	Onslow Radiation Oncology	150
Orange	University of North Carolina Hospitals	1,821
Robeson	Southeastern Regional Medical Center	112
Rockingham	UNC Rockingham Hospital	8
Rowan	Novant Health Rowan Medical Center	158
Rutherford	North Carolina Radiation Therapy Management Services - Forest City	153
Union	Atrium Health Union	79
Wake	Duke Raleigh Hospital	778
Wake	UNC Health Rex	636
Watauga	Watauga Medical Center	119
Wilson	Wilson Medical Center	53
Total		19,239

Table 15C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
1	Cherokee	29,361
1	Clay	11,924
1	Graham	7,718
1	Jackson	43,308
1	Macon	38,539
1	Swain	13,857
	Total	144,707
2	Buncombe	279,331
2	Haywood	64,109
2	Madison	21,453
2	McDowell	44,601
2	Mitchell	14,751
2	Yancey	18,606
	Total	442,851
3	Ashe	27,196
3	Avery	17,395
3	Watauga	57,751
	Total	102,342
4	Henderson	121,587
4	Polk	19,660
4	Transylvania	33,230
	Total	174,477
5	Alexander	36,464
5	Burke	89,581
5	Caldwell	81,884
5	Catawba	168,239
	Total	376,168
6	Cleveland	101,172
6	Gaston	243,242
6	Lincoln	98,348
6	Rutherford	65,035
	Total	507,797
7	Anson	22,059
7	Mecklenburg	1,190,614
7	Union	263,285
	Total	1,475,958
8	Iredell	207,682
8	Rowan	153,047
	Total	360,729
9	Cabarrus	248,866
9	Stanly	64,286
	Total	313,152
10	Alleghany	11,464
10	Davie	44,800
10	Forsyth	396,317
10	Stokes	46,036
10	Surry	71,249
10	Wilkes	66,315
10	Yadkin	37,511
	Total	673,692

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
11	Davidson	178,071
	Total	178,071
12	Guilford	553,023
12	Rockingham	91,571
	Total	644,594
13	Randolph	146,358
	Total	146,358
14	Chatham	82,500
14	Orange	151,635
	Total	234,135
15	Alamance	184,114
15	Caswell	21,960
	Total	206,074
16	Durham	340,727
16	Granville	62,881
16	Person	39,272
16	Vance	40,712
16	Warren	18,803
	Total	502,395
17	Hoke	56,269
17	Lee	67,613
17	Montgomery	25,516
17	Moore	111,001
17	Richmond	42,299
17	Scotland	33,130
	Total	335,828
18	Bladen	28,850
18	Cumberland	343,636
18	Robeson	118,737
18	Sampson	59,770
	Total	550,993
19	Brunswick	166,886
19	Columbus	49,935
19	New Hanover	242,708
19	Pender	69,485
	Total	529,014
20	Franklin	80,236
20	Wake	1,213,377
	Total	1,293,613
21	Harnett	145,438
	Total	145,438
22	Johnston	249,714
	Total	249,714
23	Duplin	49,683
23	Lenoir	53,509
23	Wayne	117,140
	Total	220,332

Table 15C-4: Linear Accelerator Service Areas

Area	County	2023 Total Population
24	Carteret	70,822
24	Craven	105,175
24	Jones	9,098
24	Pamlico	12,139
	Total	197,234
25	Onslow	214,782
	Total	214,782
26	Edgecombe	47,637
26	Halifax	46,342
26	Nash	97,793
26	Northampton	15,867
26	Wilson	78,355
	Total	285,994
27	Beaufort	43,593
27	Bertie	16,739
27	Greene	19,939
27	Hertford	19,564
27	Hyde	4,490
27	Martin	20,952
27	Pitt	177,440
27	Washington	10,304
	Total	313,021
28	Camden	11,291
28	Chowan	13,896
28	Currituck	33,670
28	Dare	37,786
28	Gates	10,534
28	Pasquotank	40,933
28	Perquimans	13,209
28	Tyrrell	3,324
	Total	164,643

Table 15C-5: Linear Accelerator Service Areas and Calculations

Service Area	2024 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2022-2023 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	144,707	2	72,354	4.98%	3,400	1,700	-1.50	
Area 2	442,851	7	63,264	23.83%	31,140	4,449	-2.39	
Area 3	102,342	1	102,342	20.00%	1,934	1,934	-0.71	
Area 4	174,477	3	58,159	18.58%	12,158	4,053	-1.20	
Area 5	376,168	6	62,695	10.23%	20,880	3,480	-2.91	
Area 6	507,797	5	101,559	10.67%	34,058	6,812	0.05	
Area 7*	1,475,958	12	122,997	21.23%	81,748	6,812	0.11	
Area 8	360,729	4	90,182	19.07%	17,676	4,419	-1.38	
Area 9	313,152	4	78,288	24.35%	18,108	4,527	-1.32	
Area 10	673,692	10	67,369	29.21%	50,934	5,093	-2.45	
Area 11*	178,071	1	178,071	14.89%	2,815	2,815	-0.58	
Area 12	644,594	7	92,085	21.87%	44,299	6,328	-0.44	
Area 13*	146,358	1	146,358	9.93%	3,537	3,537	-0.48	
Area 14**	234,135	6	39,023	75.14%	39,686	6,614	-0.12	
Area 15	206,074	2	103,037	19.69%	5,594	2,797	-1.17	
Area 16**	502,395	10	50,240	62.46%	51,302	5,130	-2.40	
Area 17	335,828	4	83,957	21.53%	20,678	5,170	-0.94	
Area 18	550,993	8	68,874	20.00%	27,860	3,483	-3.87	
Area 19	529,014	5	105,803	10.01%	34,265	6,853	0.08	
Area 20	1,293,613	12	107,801	11.13%	52,308	4,359	-4.25	
Area 21*	145,438	1	145,438					
Area 22*	249,714	2	124,857	39.61%	11,486	5,743	-0.30	
Area 23	220,332	2	110,166	12.70%	11,610	5,805	-0.28	
Area 24	197,234	4	49,309	17.73%	16,110	4,028	-1.61	
Area 25*	214,782	1	214,782	17.76%	6,339	6,339	-0.06	
Area 26	285,994	4	71,499	4.80%	12,246	3,061	-2.19	
Area 27	313,021	6	52,170	27.96%	29,626	4,938	-1.61	
Area 28	164,643	2	82,322	3.03%	8,249	4,125	-0.78	
Totals	10,984,106	132	83,213		650,040	4,925	-35.70	

* Service Area has at least 120,000 base population per accelerator.

** Area has more than 45% of its patients coming from outside the service areas.

Table 15C-6: Linear Accelerators Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

D. LITHOTRIPTERS¹

Introduction

A *lithotripter*, according to G.S. § 131E-176(14i), means “extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones.” Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the North Carolina Office of State Budget and Management’s July 1 projected population data for the current SMFP publication year, which is two years beyond the current reporting year.

Definition

A lithotripter’s service area is statewide. A *statewide* service area is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, health service areas (HSA), or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated.² Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.
2. The annual treatment capacity of a lithotripter is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

Application of the Methodology

Step 1: Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.

Step 2: Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.

¹ Note that “lithotripter” is the spelling used in the CON statute. “Lithotripter” is the current accepted spelling in the medical field. The SMFP uses the latter spelling, but the term refers to the same equipment as “lithotripter” in the CON statute.

² Pahiri, J.J. & Razack, A.A. (2001) “Chapter 9: Nephrolithiasis.” In *Clinical Manual of Urology*, 3rd edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

Step 3: Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotripter. A remainder of 0.50 or greater rounds to the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number.

Step 4: Sum the number of existing lithotripters in the state (*Table 15D-1*), the number of CON-approved lithotripters under development, and the number of lithotripters available pursuant to need determinations pending review or appeal.

Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotripters needed in the state (*Table 15D-2*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Carolina Lithotripsy	2	Eastern NC	CarolinaEast Medical Center	New Bern	NC	121
			Carteret General Hospital	Morehead City	NC	29
			Duke Raleigh Hospital	Raleigh	NC	2
			ECU Health Beaufort Hospital	Washington	NC	20
			ECU Health Medical Center	Greenville	NC	161
			ECU Health North Hospital	Roanoke Rapids	NC	21
			FirstHealth Moore Regional Hospital	Pinehurst	NC	173
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	22
			Holly Springs Surgery Center	Holly Springs	NC	25
			Novant Health Brunswick Medical Center	Bolivia	NC	45
			Novant Health New Hanover Regional Med Center	Wilmington	NC	102
			Rex Surgery Center of Cary	Cary	NC	87
			Scotland Memorial Hospital	Laurinburg	NC	138
			UNC Health Johnston	Smithfield	NC	53
			UNC Health Wayne	Goldsboro	NC	22
			UNC HealthLenoir	Kinston	NC	13
WakeMed (Raleigh Campus)	Raleigh	NC	64			
Wilson Medical Center	Wilson	NC	19			
Total Procedures						1,117
Average Procedures per Lithotripter						559
Catawba Valley Medical Center	1	Western and Central NC	Catawba Valley Medical Center	Hickory	NC	181
Total Procedures						181
Average Procedures per Lithotripter						181

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Fayetteville Lithotripters - SC II	1	Western NC	Advent Health Hendersonville	Hendersonville	NC	97
			Frye Regional Medical Center	Hickory	NC	27
			Harris Regional Medical Center	Sylva	NC	21
			Haywood Regional Medical Center	Clyde	NC	82
			Mission Hospital McDowell	Marion	NC	3
			Rutherford Regional Medical Center	Rutherfordton	NC	32
			St. Luke's Hospital	Columbus	NC	6
			UNC Health Pardee	Hendersonville	NC	73
Total Procedures						341
Average Procedures per Lithotripter						341
Fayetteville Lithotripters - VA I	1	Eastern NC	ECU Health Chowan	Edenton	NC	8
			The Outer Banks Hospital	Nags Head	NC	9
			UNC Hospitals Ambulatory Surgery Center	Chapel Hill	NC	2
		Other Locations	Bon Secours Mercy Petersburg	Petersburg	VA	26
			Mary Immaculate Hospital	Newport News	VA	58
			Mary Washington Hospital	Fredericksburg	VA	186
			Stafford Regional Hospital	Stafford	VA	23
Total Procedures						312
Average Procedures per Lithotripter						312

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Piedmont Stone Center	5	Western and Central NC	Ashe Memorial Hospital	Jefferson	NC	50
			Atrium Health Wake Forest Baptist	Winston-Salem	NC	30
			Atrium Health Wake Forest Baptist High Point Medical Center	High Point	NC	406
			Atrium Health Wake Forest Baptist Lexington Medical Center	Lexington	NC	122
			Atrium Health Wake Forest Baptist Wilkes Medical Center	North Wilkesboro	NC	67
			Cone Health Alamance Regional Medical Center	Burlington	NC	144
			Cone Health Annie Penn Hospital	Reidsville	NC	100
			Cone Health Wesley Long Hospital	Greensboro	NC	309
			Hugh Chatham Memorial Hospital	Elkin	NC	140
			Iredell Memorial Hospital	Statesville	NC	95
			Maria Parham Health	Henderson	NC	30
			Northern Regional Hospital	Mount Airy	NC	36
			Novant Health Forsyth Medical Center	Winston-Salem	NC	111
			Novant Health Rowan Medical Center	Salisbury	NC	84
			Novant Health Thomasville Medical Center	Thomasville	NC	8
			Piedmont Stone Center, PLLC	Winston-Salem	NC	752
			Randolph Health	Asheboro	NC	80
			UNC Health Appalachian	Boone	NC	112
			UNC Health Blue Ridge (Morganton)	Morganton	NC	158
		UNC Health Blue Ridge (Valdese)	Valdese	NC	36	
		UNC Health Caldwell	Lenoir	NC	96	
		Other Locations	Carilion New River Valley Medical Center	Christiansburg	VA	67
			Carilion Rockbridge Community Hospital	Lexington	VA	28
			Centra Health Lynchburg General Hospital	Lynchburg	VA	258
			Piedmont Day Surgery Center	Danville	VA	8
			Sentara Martha Jefferson Hospital	Charlottesville	VA	246
Sovah Health-Martinsville	Lynchburg		VA	280		
Twin County Regional Healthcare	Galax		VA	80		
Total Procedures						3,933
Average Procedures per Lithotripter						787

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Stone Institute of the Carolinas	2	Western and Central NC	Atrium Health Cabarrus	Concord	NC	194
			Atrium Health Cleveland	Shelby	NC	147
			Atrium Health Huntersville	Huntersville	NC	56
			Atrium Health Lincoln	Lincolnton	NC	2
			Atrium Health Mercy	Charlotte	NC	87
			Atrium Health Pineville	Charlotte	NC	136
			Atrium Health Union	Monroe	NC	192
			Atrium Health University	Charlotte	NC	145
			CaroMont Regional Medical Center	Gastonia	NC	342
			Lake Norman Regional Medical Center	Mooresville	NC	137
			Novant Health Huntersville Medical Center	Huntersville	NC	81
			Novant Health Matthews Medical Center	Matthews	NC	99
Novant Health Presbyterian Medical Center	Charlotte	NC	56			
Total Procedures						1,674
Average Procedures per Lithotripter						837
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Triangle Lithotripsy Corporation	1	East Central NC	Durham Ambulatory Surgery Center	Durham	NC	61
			North Carolina Specialty Hospital	Durham	NC	63
			Sampson Regional Medical Center	Sampson	NC	5
			UNC Health Nash (Nash Day Hospital)	Rocky Mount	NC	24
			UNC Health Rex	Raleigh	NC	306
			UNC Health Wayne	Goldsboro	NC	41
			WakeMed	Raleigh	NC	204
Total Procedures						704
Average Procedures per Lithotripter						704

Table 15D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

FIXED LITHOTRIPSY						
Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Mission Hospital	1		Mission Hospital	Asheville	NC	52
Total Procedures						52
Average Procedures per Lithotripter						52

**Table 15D-2: Mobile and Fixed Lithotripsy
(Average Procedures per Unit)**

Total Procedures Reported	Total Units Reported	Average Procedures Per Unit
8,314	14	594

The 2024 State Medical Facilities Plan included a need determination for 2 lithotripters statewide, for a total planning inventory of 16.

Table 15D-3: Lithotripter Need Determination
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Lithotripter Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

E. MAGNETIC RESONANCE IMAGING SCANNERS

Introduction

G.S. § 131E-176(14m) defines a *magnetic resonance imaging (MRI) scanner* as “medical imaging equipment that uses nuclear magnetic resonance.” The methodology designates MRI scanners as either fixed or mobile. A *mobile* MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A *fixed* MRI scanner means an MRI scanner that is not a mobile MRI scanner.

Definitions

A *base outpatient* scan is a scan performed on an outpatient and does not use contrast or intravenous (IV) sedation.

A *complex outpatient* scan is a scan performed on an outpatient and uses contrast or IV sedation.

A *base inpatient* scan is a scan performed on an inpatient and does not use contrast or IV sedation.

A *complex inpatient* scan is a scan performed on an inpatient and uses contrast or IV sedation.

The *projection year* is three years beyond the current reporting year. The current *projection year* is 2026.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Data Sources

In addition to the standard data sources listed in the introduction to this chapter, this methodology also obtains the July 1 estimated population data for 2023 provided by the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable Current Procedural Terminology (CPT) code associated with the MRI procedure. For example, an MRI brain scan with and without contrast performed in one visit is a single procedure with a single CPT code.
2. A fixed MRI scanner’s *service area* is the same as an Acute Care Bed Service Area as defined in Chapter 5 and shown in Figure 5.1.
3. A placeholder of one MRI scanner appears in the inventory in Table 15E-1 for each new fixed MRI scanner for which a certificate of need (CON) has been issued.
4. The inventory shall exclude MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project (*Table 15E-3*).
5. Intraoperative Magnetic Resonance Imaging Scanners (iMRI), approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Hospitals shall report intraoperative procedures and inpatient procedures performed on an iMRI separately (*Table 15E-3*). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or IV sedation. The methodology for determining need is based on fixed and mobile procedures performed at hospitals, fixed procedures performed at freestanding facilities, and procedures performed on mobile MRI scanners at mobile sites.

The weighted tiers are based on the assumption that the time necessary to complete one base outpatient MRI procedure is 33 minutes. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,240 procedures annually, at 33 minutes per procedure ($66 \times 52 \times (60/33) = 6,240$). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed two MRI scanners per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.
8. In general, projection of need three years beyond the current reporting year allows sufficient time to place a new MRI scanner into operation.
9. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant’s ownership and control. It is consistent with the purposes of the CON law and the SMFP for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility’s own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

Application of the Methodology

Use the following table to obtain the Adjusted Threshold, based on the number of fixed scanners in the service area. Multiply 6,240 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed scanners in the service area (e.g., for facilities with two or more MRIs, multiply 6,240 by 80% to obtain the Adjusted Threshold of 4,992).

Number of Fixed Scanners in Service Area	Planning Threshold	Adjusted Thresholds
2 or more	80.0%	4,992
1	70.0%	4,368
0	30.0%	1,872

The following table shows the calculations for the weighting values to be assigned based on the complexity of the procedure type. For example, a base outpatient scan is not weighted; in other words, its weight is “1.” To calculate the weight for a complex outpatient scan, divide its procedure time (40) by the procedure time for a base outpatient scan (33).

Procedure Type	Procedure Time in Minutes	Weight
Base Outpatient	33	1.0
Complex Outpatient	40	40/33
Base Inpatient	60	60/33
Complex Inpatient	70	70/33

The standard methodology used to determine need for fixed MRI scanners is as follows:

Calculation of Total Adjusted Procedures (Table 15E-1)

- Step 1: For each MRI service area, sum the number of clinical fixed and mobile MRI scanners in operation, CON-approved fixed or mobile MRI scanners under development, and scanners available pursuant to need determinations pending review or appeal. The total is the number of fixed magnets in each service area (*Column E*).
- Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows (*Column F*):
- a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;
 - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table 15E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.
 - c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one.
- Step 3: Sum the number of fixed equivalent magnets for each MRI service area (*Column F*).
- Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally between the service areas (*Column G*).
- Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., base or complex, inpatient or outpatient; *Columns H-K*).
- Step 6: For each site, multiply the number of complex outpatient procedures by $(40 \div 33)$, the number of base inpatient scans by $(60 \div 33)$, and the number of complex inpatient scans by $(70 \div 33)$ to calculate the number of adjusted scans of each type.
- Step 7: For each site, sum the total from Step 6 to calculate the Adjusted Total MRI procedures for each site (*Column L*).
- Step 8: For each service area, sum the number of adjusted total procedures for all sites in the service area (*Column L*).

Calculate MRI Needs (Table 15E-2)

- Step 9: Enter the number of Adjusted Scans for the service area from the three most recent reporting years. The scans have been adjusted by using the weights described above. The Proposed 2025 SMFP includes scans from the 2021, 2022, and 2023 reporting years (*Column B*).
- Step 10: Calculate the Average Annual Change Rate (AACR) in the number of Adjusted Scans for the three most recent reporting years. To do so, first determine the total number of adjusted scans during each of the last four reporting years. Next, calculate the difference in the number of adjusted scans provided from year to year. Then determine the percent change from the previous reporting year by dividing the calculated difference in adjusted scans by the total number of adjusted scans provided during the previous reporting year [(scans in current reporting year – scans in previous reporting year) / scans in previous reporting year]. Finally, total the annual percent change and divide by three to determine the AACR (*Column C*).
- Step 11: Multiply the number of Adjusted Scans from the reporting year by the AACR (*Column C*) and add the number of Adjusted Scans from the reporting year to obtain the projected scans as per AACR (*Column D, AACR Projected Scans*).
- Step 12: Calculate the population growth as [(projection year population – reporting year population)/reporting year population] (*Column E*). If the population is projected to decline during that period, the Population Growth Used is zero; otherwise, the Population Growth Used (*Column F*) is the same as the calculated Population Growth (*Column E*).
- Step 13: Calculate the number of Population Projected Scans based on population growth by multiplying the value in Column D by the value in Column F and adding the value in Column D (*Column G*).
- Step 14: Transfer the number of Fixed Equivalent scanners from Table 15E-1 (*Column F*) and enter it into Column H.
- Step 15: Divide the number of Population Projected Scans in Column G by the number of Fixed Equivalent scanners in Column H to calculate the Average Scans per scanner (*Column I*).
- Step 16: Divide the Average Scans per scanner (*Column I*) by the Planning Threshold (*Column J*) to calculate the MRI Need. If the result is greater than or equal to 1, but less than 2, enter a “1” in Column K. If the result is greater than or equal to 2, enter a “2” in Column K.

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile MRI scanner.

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	9,345	2,581	4,698	709	1,357	12,443
Alamance	Freestanding Fixed	G-119990-20	Diagnostic Radiology & Imaging	1	1.00	1,762	1,252	510	0	0	1,870
Alamance	Mobile		Alamance Regional Outpatient Imaging	0	0.07	349	321	28	0	0	355
Alamance	Mobile	J-008453-09	EmergeOrtho-Burlington (EmergeOrtho)	0	0.38	1,892	1,813	79	0	0	1,909
Alamance	Mobile	J-012378-23	Proposed Alamance Location (Duke Imaging)	0	0.00	0	0	0	0	0	0
Alamance	Mobile	J-012358-23	Proposed Alamance Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Alamance	Mobile	G-007038-04	UNC Burlington (Alliance Healthcare Services - Akumin)	0	0.05	252	171	81	0	0	269
Alamance	Mobile	G-007038-04	UNC Burlington (Alliance HealthCare Services-Akumin)	0	0.02	94	48	46	0	0	104
Alamance				3	3.52	13,694					16,950
			No Service Site								
Alexander											
			No Service Site								
Alleghany											
Anson	Mobile	F-007040-04	Atrium Health Anson (Carolinas Imaging Services)	0	0.02	37	21	13	3	0	42
Anson	Mobile	F-007040-04	Atrium Health Anson (Carolinas Imaging Services)	0	0.10	191	104	76	11	0	216
Anson				0	0.12	228					258
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital	1	1.00	1,067	653	249	137	28	1,263
Ashe				1	1.00	1,067					1,263
			No Service Site								
Avery											
Beaufort	Hospital Fixed	Q-005992-99	ECU Health Beaufort Hospital	1	1.00	2,528	1,235	746	312	235	3,205
Beaufort				1	1.00	2,528					3,205
			No Service Site								
Bertie											
Bladen	Mobile	M-006605-02	Bladen Healthcare (Mobile Imaging of North Carolina)	0	0.11	477	362	115	0	0	501
Bladen	Hospital New	N-012454-23	Cape Fear Valley - Bladen County Hospital*	1	1.00	0	0	0	0	0	0
Bladen				1	1.11	477					501
Brunswick	Hospital Fixed	O-011125-16	J. Arthur Doshier Memorial Hospital	1	1.00	1,958	1,232	702	17	7	2,129
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center (NHBMC)	1	1.00	4,981	2,807	1,675	305	194	5,803
Brunswick	Mobile	Legacy	EmergeOrtho Shallotte (Rayus Radiology)	0	0.31	1,539	1,414	125	0	0	1,566
Brunswick	Mobile	Legacy	EmergeOrtho-Leland (Rayus Radiology)	0	0.46	2,308	2,070	238	0	0	2,358
Brunswick	Mobile	O-007001-04	Novant Health Imaging at Brunswick Medical Center (Alliance HealthCare Services - Akumin)	0	0.23	1,138	561	577	0	0	1,260

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A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Brunswick	Mobile	O-006434-01	Novant Health Imaging South Brunswick (Cape Fear Diagnostic Imaging)	0	0.15	757	757	0	0	0	757
Brunswick	Hospital New	O-012325-23	Novant Health Brunswick Medical Center	1	1.00	0	0	0	0	0	0
Brunswick				3	4.15	12,681					13,873
Buncombe	Hospital Fixed		Mission Children's Hospital	1	1.00	1,432	772	660	0	0	1,572
Buncombe	Hospital Fixed	B-006869-03; B-008459-10; B-006466-01; B-006215-00	Mission Hospital	4	4.00	9,291	869	2,453	3,097	2,872	15,565
Buncombe	Freestanding Fixed	Legacy	EmergeOrtho-Blue Ridge Division (Rayus Radiology)	1	1.00	4,139	4,057	82	0	0	4,156
Buncombe	Freestanding Fixed	B-004178-90	Mission Imaging Services	1	1.00	5,440	1,836	3,604	0	0	6,204
Buncombe	Freestanding Fixed	B-006646-01	Mission Imaging Services	1	1.00	6,077	2,543	3,534	0	0	6,827
Buncombe	Freestanding Fixed	B-012035-21	Mission Imaging Services Asheville	1	1.00	0	0	0	0	0	0
Buncombe	Freestanding Fixed	B-005492-96	Open MRI of Asheville (Asheville Open MRI)	1	1.00	6,147	4,173	1,974	0	0	6,566
Buncombe	Freestanding Fixed	B-006440-01	Open MRI of Asheville (Asheville Open MRI)	1	1.00	7,364	4,984	2,380	0	0	7,869
Buncombe	Mobile	Legacy	Open MRI of Asheville (Novant Health- Norfolk)	0	0.08	385	385	0	0	0	385
Buncombe	Mobile	Legacy	UNC Health Pardee (Alliance HealthCare Services - Akumin)	0	0.10	497	497	0	0	0	497
Buncombe/Graham/Madison/Yancey				11	11.18	40,772					49,641
Burke	Hospital Fixed	E-006961-03	UNC Health Blue Ridge - Morganton Campus	1	1.00	3,834	2,044	956	428	406	4,842
Burke	Hospital Fixed	E-007203-05	UNC Health Blue Ridge - Valdese Campus	1	1.00	1,845	1,266	579	0	0	1,968
Burke	Mobile	E-7066-04	Blue Ridge Healthcare Medical Group/NC- Hickory (Blue Ridge Healthcare Medical Group)	0	0.43	2,132	1,482	650	0	0	2,270
Burke	Mobile	E-008230-80	EmergeOrtho-Morganton (EmergeOrtho)	0	0.30	1,520	1,438	82	0	0	1,537
Burke				2	2.73	9,331					10,617
Cabarrus	Hospital Fixed	F-007088-04	Arium Health MRI	1	1.00	1,279	808	471	0	0	1,379
Cabarrus	Hospital Fixed	F-005933-98	Atrium Health Cabarrus	2	2.00	10,966	2,635	1,619	4,503	2,209	17,470
Cabarrus	Hospital Fixed	F-006629-02; F-007086-04	Atrium Health Cabarrus Imaging (Copperfield)	2	2.00	5,925	3,199	2,726	0	0	6,503
Cabarrus	Freestanding Fixed	F-007859-07	Atrium Health Imaging-Kannapolis (Union Medical Services)	1	1.00	1,741	1,317	424	0	0	1,831
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus (Novant Health Imaging Cabarrus formerly Cabarrus Diagnostic Imaging)	1	1.00	2,647	2,050	597	0	0	2,774

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Cabarrus	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services- Akumin)	0	0.25	1,264	1,152	112	0	0	1,288
Cabarrus	Mobile	Legacy	OrthoCarolina- Concord (Alliance Healthcare Services - Akumin)	0	0.17	832	810	22	0	0	837
Cabarrus				7	7.42	24,654					32,082
Caldwell	Hospital Fixed	E-007222-05	Caldwell UNC Hospital	1	1.00	3,430	1,099	1,790	195	346	4,357
Caldwell	Freestanding Fixed	E-012398-23	EmergeOrtho - Lenoir	1	1.00	0	0	0	0	0	0
Caldwell	Mobile	E-008230-80	EmergeOrtho-Lenoir (EmergeOrtho)	0	0.29	1,462	1,398	64	0	0	1,476
Caldwell				2	2.29	4,892					5,833
Carteret	Hospital Fixed	P-005282-95	Carteret Health Care	1	1.00	4,558	2,340	1,520	407	291	5,540
Carteret	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Carteret	Freestanding Fixed	P-008049-08	Seashore Imaging	1	1.00	3,462	2,661	801	0	0	3,632
Carteret	Mobile	O-006434-01	Carolina Center for Surgery (Cape Fear Diagnostic Imaging)	0	0.14	680	680	0	0	0	680
Carteret				3	3.14	8,700					9,852
Catawba	Hospital Fixed	E-012275-22	Catawba Valley Imaging Center	1	1.00	1,686	712	974	0	0	1,893
Catawba	Hospital Fixed	E-007270-05	Catawba Valley Medical Center	1	1.00	5,086	1,073	2,165	1,065	783	7,295
Catawba	Hospital Fixed	E-004812-93; E-007059-04	Frye Regional Medical Center - FryeCare Imaging	1	1.00	3,153	2,204	949	0	0	3,354
Catawba	Hospital Fixed	E-007856-07; E-005922-98	Frye Regional Medical Center - Main Campus	1	1.00	4,633	1,914	1,313	831	575	6,236
Catawba	Mobile	E-008230-80	EmergeOrtho-Hickory (EmergeOrtho)	0	0.40	2,015	1,753	262	0	0	2,071
Catawba	Mobile	E-008230-80	EmergeOrtho-Newton (EmergeOrtho)	0	0.08	402	368	34	0	0	409
Catawba	Mobile	E-004812-93; E-007059-04	Frye Regional Medical Center - FryeCare Imaging	0	0.39	1,952	1,202	750	0	0	2,111
Catawba	Mobile		FryeCare - Neurology	0	0.03	152	98	54	0	0	163
Catawba	Mobile	Legacy	Hickory Orthopaedic Center (Alliance Healthcare Services - Akumin)	0	0.39	1,953	1,814	139	0	0	1,982
Catawba				4	5.30	21,032					25,514
Chatham	Mobile	G-007038-04	Chatham Hospital (Alliance Healthcare Services - Akumin)	0	0.16	300	174	101	11	14	346
Chatham	Mobile	Legacy	Chatham Hospital (Alliance HealthCare Services - Akumin)	0	0.41	759	417	342	0	0	832
Chatham	Mobile	G-007038-04	Chatham Hospital (Alliance HealthCare Services-Akumin)	0	0.09	174	85	62	6	21	216
Chatham				0	0.66	1,233					1,393
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	2,575	1,816	632	28	99	2,843
Cherokee/Clay				1	1.00	2,575					2,843

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Chowan	Hospital Fixed	R-008168-08	ECU Health Chowan Hospital	1	1.00	2,020	1,418	443	114	45	2,258
Chowan				1	1.00	2,020					2,258
Cleveland	Hospital Fixed	C-005725-97	Atrium Health Cleveland	1	1.00	6,478	2,613	1,677	1,555	633	8,816
Cleveland	Hospital Fixed	C-006915-03	Atrium Health Kings Mountain, a Facility of Atrium Health Cleveland	1	1.00	2,013	770	936	237	70	2,484
Cleveland	Freestanding Fixed	C-012413-23	Atrium Health Imaging Shelby	1	1.00	0	0	0	0	0	0
Cleveland				3	3.00	8,491					11,300
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,268	1,154	731	264	119	2,772
Columbus				1	1.00	2,268					2,772
Craven	Hospital Fixed	P-002653-86; P-005760-97	CarolinaEast Medical Center	2	2.00	8,079	3,500	2,531	1,532	516	10,448
Craven	Freestanding Fixed	P-006764-03	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	3,420	2,996	424	0	0	3,510
Craven	Freestanding Fixed	P-008108-08	CCHC Imaging Center (Coastal Carolina Health Care)	1	1.00	3,891	2,572	1,319	0	0	4,171
Craven/Jones/Pamlico				4	4.00	15,390					18,129
Cumberland	Hospital Fixed	M-006603-02; M-007924-07	Cape Fear Valley Medical Center	3	3.00	9,764	3,134	1,539	3,697	1,394	14,678
Cumberland	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	5,402	4,281	1,121	0	0	5,640
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	5,190	4,132	1,058	0	0	5,414
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	2,867	1,895	972	0	0	3,073
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	7,268	5,937	1,331	0	0	7,550
Cumberland				8	8.00	30,491					36,356
Dare	Hospital Fixed	R-007329-05	Outer Banks Health Hospital	1	1.00	2,766	1,650	992	79	45	3,092
Dare				1	1.00	2,766					3,092
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	3,470	790	2,214	152	314	4,416
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	3,331	716	2,213	130	272	4,212
Davidson				2	2.00	6,801					8,628

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A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Davie	Hospital Fixed	G-011537-18	Davie Medical Center*	1	1.00	4,078	2,051	1,828	97	102	4,659
Davie	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Davie				2	2.00	4,078					4,659
Duplin	Mobile	Q-006884-03	Duplin General Hospital (Alliance HealthCare Services - Akumin)	0	0.40	1,747	569	361	501	316	2,588
Duplin	Hospital New	P-012327-23	ECU Health Duplin Hospital	1	1.00	0	0	0	0	0	0
Duplin				1	1.40	1,747					2,588
Durham	Hospital Fixed	J-005589-97	Duke Health Center at Southpoint	1	1.00	1,963	1,567	396	0	0	2,047
Durham	Hospital Fixed	Legacy; J-006207-00	Duke Regional Hospital	2	2.00	10,785	4,284	3,972	1,538	991	13,997
Durham	Hospital Fixed	J-006108-99; J-008030-07; J-008275-08; J-008466-10; J-008663-11; J-001112-15; J-006958-02	Duke University Hospital Main Campus***	9	9.00	45,981	12,499	23,509	4,008	5,965	60,935
Durham	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Durham	Freestanding Fixed	J-011913-20	Duke Imaging Arrington (Duke University Health System)	1	1.00	3,077	1,852	1,225	0	0	3,337
Durham	Freestanding Fixed	J-006760-03	Durham-Independence Park (Durham Diagnostic Imaging (Independence Park))	1	1.00	2,330	1,268	1,062	0	0	2,555
Durham	Freestanding Fixed	J-008107-08	EmergeOrtho-Southpoint (EmergeOrtho)	1	1.00	3,162	3,064	98	0	0	3,183
Durham	Freestanding Fixed	J-007031-04	EmergeOrtho-William Penn Plaza (EmergeOrtho)	1	1.00	4,449	4,146	303	0	0	4,513
Durham	Mobile	Legacy	Duke Regional Hospital (Alliance HealthCare Services)	0	0.70	3,494	2,375	1,119	0	0	3,731
Durham	Mobile	J-006665-02	Durham Diagnostic Imaging-Durham SouthPoint (Cape Fear Mobile Imaging)	0	0.08	397	311	86	0	0	415
Durham	Mobile	M-006605-02	Durham Diagnostic Imaging-SouthPark- Triangle (Mobile Imaging of North Carolina)	0	0.12	590	425	165	0	0	625
Durham	Mobile	J-012378-23	Proposed Durham Location (Duke Imaging)	0	0.00	0	0	0	0	0	0
Durham	Hospital New	J-012436-23	Duke University Hospital	1	1.00	0	0	0	0	0	0
Durham/Caswell/Warren				18	18.90	76,228					95,339
Edgecombe	Hospital Fixed	L-008327-09	ECU Health Edgecombe Hospital	1	1.00	2,222	1,405	441	249	127	2,662
Edgecombe				1	1.00	2,222					2,662
Forsyth	Hospital Fixed	G-003685-89, G-006593-02, G-006920-03, G-008372-09, G-008546-10, G-007083-04	Atrium Health Wake Forest Baptist	6	6.00	24,641	5,218	12,211	2,539	4,673	34,548

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Forsyth	Hospital Fixed	G-008554-10	Novant Health Clemmons Medical Center	1	1.00	2,507	639	1,821	16	31	2,941
Forsyth	Hospital Fixed	G-006588-02; G-006962-03	Novant Health Forsyth Medical Center	3	3.00	12,673	2,013	3,799	2,475	4,386	20,421
Forsyth	Hospital Fixed	G-008196-08	Novant Health Imaging Kernersville	1	1.00	2,524	1,696	828	0	0	2,700
Forsyth	Hospital Fixed	Legacy; G-007387-05	Novant Health Imaging Maplewood	2	2.00	9,097	4,585	4,512	0	0	10,054
Forsyth	Hospital Fixed	G-007919-07	Novant Health Kernersville Medical Center	1	1.00	2,426	743	1,356	121	206	3,044
Forsyth	Freestanding Fixed	G-012208-22	Novant Health Breast Clinic/Novant Health Imaging Piedmont	1	1.00	0	0	0	0	0	0
Forsyth	Freestanding Fixed	Legacy	Piedmont Imaging (Piedmont Imaging, LLC)	1	1.00	4,084	3,104	980	0	0	4,292
Forsyth	Freestanding Fixed	G-006893-03	Piedmont Imaging, LLC	1	1.00	5,642	4,294	1,348	0	0	5,928
Forsyth	Freestanding Fixed	G-007780-07	Wake Forest Baptist Imaging	1	1.00	7,561	4,494	3,067	0	0	8,212
Forsyth	Freestanding Fixed	G-011798-19	Wake Forest Baptist Imaging Kernersville (Wake Forest Baptist Imaging)	1	1.00	4,443	3,125	1,318	0	0	4,723
Forsyth	Mobile	G-12208-22	Novant Health Imaging Piedmont (Piedmont Imaging, LLC)	0	0.19	958	831	127	0	0	985
Forsyth	Mobile	G-007723-06	OrthoCarolina Clemmons (OrthoCarolina)	0	0.07	347	347	0	0	0	347
Forsyth	Mobile	G-007723-06	OrthoCarolina Kernersville (OrthoCarolina)	0	0.06	313	313	0	0	0	313
Forsyth	Mobile	G-007723-06	OrthoCarolina Winston-Salem (OrthoCarolina)	0	0.93	4,652	4,479	173	0	0	4,689
Forsyth	Mobile	G-007065-04	Piedmont Imaging (Forsyth Medical Hospital, Forsyth Mobile)	0	0.22	1,090	910	180	0	0	1,128
Forsyth				19	20.47	82,958					104,324
Franklin	Hospital Fixed	K-007148-04	Maria Parham - Franklin	1	1.00	0	0	0	0	0	0
Franklin				1	1.00	0					0
Gaston	Hospital Fixed	F-006620-02	CaroMont Imaging Services - Belmont	1	1.00	2,529	875	1,654	0	0	2,880
Gaston	Hospital Fixed	F-006622-02	CaroMont Imaging Services - Summit	1	1.00	2,418	1,180	1,238	0	0	2,681
Gaston	Hospital Fixed		CaroMont Regional Medical Center - The Diagnostic Center	1	1.00	0	0	0	0	0	0
Gaston	Hospital Fixed	F-005577-97	CaroMont Regional Medical Center - The Imaging Center	1	1.00	6,718	2,020	1,757	1,891	1,050	9,815
Gaston	Freestanding Fixed	F-008793-12	Novant Health Imaging Gastonia (Mecklenburg Diagnostic Imaging)	1	1.00	2,134	1,461	673	0	0	2,277
Gaston	Mobile	F-005723-97	Carolina Ortho & Sports Medicine (Rayus Radiology)	0	0.51	2,536	2,358	178	0	0	2,574
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas	0	0.38	1,887	1,206	681	0	0	2,031

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Gaston	Mobile	Legacy	Ortho Carolina- Gastonia (Alliance Healthcare Services - Akumin)	0	0.26	1,299	1,130	169	0	0	1,335
Gaston	Mobile	Legacy	OrthoCarolina- Gastonia (Alliance Healthcare Services - Akumin)	0	0.09	439	376	63	0	0	452
Gaston				5	6.23	19,960					24,045
Granville	Hospital Fixed	K-010064-12	Granville Medical Center	1	1.00	1,091	695	243	131	22	1,274
Granville	Mobile	J-008453-09	EmergeOrtho-Oxford (EmergeOrtho)	0	0.21	912	900	12	0	0	915
Granville	Mobile	J-012359-23	Proposed Granville Location (EmergeOrtho Triangle Route)	0	0.00	0	0	0	0	0	0
Granville				1	1.21	2,003					2,189
Guilford	Hospital Fixed	G0911529-18	Cone Health Wesley Long Hospital	1	1.00	5,157	1,274	2,313	742	828	7,183
Guilford	Hospital Fixed	G-005924-98	High Point Medical Center	2	2.00	5,838	1,705	1,962	863	1,308	8,427
Guilford	Hospital Fixed	G-002319-85; G-006299-00; G-011147-16	Moses H. Cone Memorial Hospital	3	3.00	11,908	3,888	2,243	3,849	1,928	17,695
Guilford	Freestanding Fixed	G-008347-09	EmergeOrtho-Triad Region (EmergeOrtho)	1	1.00	6,965	6,715	250	0	0	7,018
Guilford	Freestanding Fixed	G-006952-03	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	6,143	3,733	2,410	0	0	6,654
Guilford	Freestanding Fixed	Legacy	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,463	3,072	2,391	0	0	5,970
Guilford	Freestanding Fixed	Legacy	Greensboro Imaging (Diagnostic Radiology & Imaging)	1	1.00	5,263	2,832	2,431	0	0	5,779
Guilford	Freestanding Fixed	G-011986-20	Southeastern Orthopaedic Specialists	1	1.00	5,376	4,900	476	0	0	5,477
Guilford	Freestanding Fixed	Legacy	Triad Imaging (Novant Health Imaging Triad)	1	1.00	3,680	2,950	730	0	0	3,835
Guilford	Freestanding Fixed	G-007269-05	Westchester Imaging (Atrium Health - Wake Forest Baptist Health Network)	1	1.00	6,038	4,471	1,567	0	0	6,370
Guilford	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc.-Greensboro (Alliance HealthCare Services- Akumin)	0	0.32	1,589	1,209	380	0	0	1,670
Guilford	Mobile	Legacy	Guilford Neurologic Associates (GNA) (Novant Health-Norfolk)	0	0.15	758	268	490	0	0	862
Guilford	Mobile	G-007064-04	High Point Regional Health System (Atrium Health-Wake Forest Baptist Health Network)	0	0.15	747	747	0	0	0	747
Guilford	Mobile	Legacy	MedCenter High Point variable (Alliance HealthCare Services- Akumin)	0	0.08	387	249	129	6	3	423
Guilford	Mobile	G-007064-04	Premier Imaging (Atrium Health-Wake Forest Baptist Health Network)	0	0.53	2,622	1,961	661	0	0	2,762
Guilford	Mobile	J-012358-23	Proposed Guilford Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Guilford	Mobile	Legacy	SE Orthopaedic Specialists (Alliance Healthcare Services - Akumin)	0	0.10	487	431	56	0	0	499

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Guilford	Mobile	Legacy	Southern Imaging Services- High Point (Alliance HealthCare Services)	0	0.09	427	427	0	0	0	427
Guilford				13	14.41	68,848					81,797
Halifax	Hospital Fixed	L-007257-05	ECU Health North Hospital	1	1.00	2,093	1,324	408	304	57	2,492
Halifax/Northampton				1	1.00	2,093					2,492
Harnett	Hospital Fixed	M-006712-02	Cape Fear Valley Betsy Johnson Hospital	1	1.00	1,562	783	464	149	166	1,968
Harnett	Hospital Fixed	M-008287-09	Cape Fear Valley Betsy Johnson Hospital - Central Harnett Hospital	1	1.00	967	480	188	184	115	1,286
Harnett	Mobile	M-006605-02	Carolina Regional Radiology (CPR-Angier) (Mobile Imaging of North Carolina)	0	0.20	1,007	757	250	0	0	1,060
Harnett	Mobile	J-012359-23	Proposed Harnett Location (EmergeOrtho Triangle Route)	0	0.00	0	0	0	0	0	0
Harnett				2	2.20	3,536					4,315
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,653	2,885	1,235	382	151	5,397
Haywood				2	2.00	4,653					5,397
Henderson	Hospital Fixed	B-006012-99; B-007384-05	AdventHealth Hendersonville	1	1.00	1,776	1,019	543	160	54	2,083
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	6,671	3,384	2,573	403	311	7,895
Henderson				3	3.00	8,447					9,978
Hertford	Hospital Fixed	Q-007213-05	ECU Health Roanoke-Chowan Hospital	1	1.00	1,866	1,198	366	193	109	2,224
Hertford/Gates				1	1.00	1,866					2,224
Hoke	Hospital Fixed	N-011445-18	Cape Fear Valley Hoke Hospital*	1	1.00	1,332	872	436	17	7	1,446
Hoke	Hospital Fixed	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus*	1	1.00	0	0	0	0	0	0
Hoke	Mobile	H-061004-99	FirstHealth Moore Regional Hospital- Hoke Campus (First Health of The Carolinas)	0	0.54	2,717	2,121	558	30	8	2,869
Hoke				2	2.54	4,049					4,315
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	0	0	0	0	0	0
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	3,958	1,018	2,079	246	615	5,290
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	2,948	1,470	705	576	197	3,790
Iredell	Freestanding Fixed	F-006957-03	Piedmont HealthCare, PA (Alliance Healthcare Services)	1	1.00	3,502	2,146	1,356	0	0	3,790
Iredell	Mobile	Legacy	Mooresville Diagnostic Imaging (Novant Health-Norfolk)	0	0.00	24	19	5	0	0	25

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Iredell	Mobile	F-006626-02	Novant Health Imaging - Mooresville (Jacksonville Diagnostic Imaging)	0	0.23	1,133	789	344	0	0	1,206
Iredell	Mobile	G-007065-04	Novant Health Imaging Mooresville (Forsyth Medical Hospital, Forsyth Mobile)	0	0.26	1,300	932	368	0	0	1,378
Iredell	Mobile	Legacy	OrthoCarolina (Alliance Healthcare Services - Akumin)	0	0.09	468	468	0	0	0	468
Iredell	Mobile	Legacy	OrthoCarolina- Mooresville (Alliance Healthcare Services - Akumin)	0	0.28	1,412	1,412	0	0	0	1,412
Iredell	Mobile	Legacy	Piedmont Healthcare (Alliance HealthCare Services - Akumin)	0	0.52	2,593	1,641	952	0	0	2,795
Iredell	Mobile	Legacy	Piedmont Healthcare- Mooresville (Alliance Healthcare Services - Akumin)	0	0.01	63	41	22	0	0	68
Iredell				5	6.40	17,401					20,221
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,913	2,029	723	99	62	3,217
Jackson				2	2.00	2,913					3,217
Johnston	Hospital Fixed	J-007900-07	Johnston Health Clayton	1	1.00	2,552	1,291	807	321	133	3,135
Johnston	Hospital Fixed	J-006807-03	UNC Health Johnston Smithfield	1	1.00	3,585	1,813	853	677	242	4,591
Johnston	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Johnston	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Clayton (Pinnacle Health Service of North Carolina)	0	0.56	2,795	2,101	694	0	0	2,942
Johnston	Mobile	J-008453-09	Emergeoortho-Clayton (EmergeOrtho)	0	0.19	960	932	28	0	0	966
Johnston	Mobile	J-008453-09	Emergeoortho-Smithfield (EmergeOrtho)	0	0.40	1,981	1,896	85	0	0	1,999
Johnston	Mobile	J-012359-23	Proposed Johnston Location (EmergeOrtho Triangle Route)	0	0.00	0	0	0	0	0	0
Johnston	Mobile	Legacy	Raleigh Radiology- Clayton (Alliance HealthCare Services)	0	0.29	1,435	998	437	0	0	1,528
Johnston				3	4.44	13,308					15,161
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,611	962	203	361	85	2,045
Lee	Mobile	O-006434-01	First Health Lee Campus (Cape Fear Diagnostic Imaging)	0	0.09	406	404	2	0	0	406
Lee	Mobile	J-007008-04	First Health Lee Campus (Foundation Health Mobile Imaging)	0	0.34	1,505	1,156	349	0	0	1,579
Lee				1	1.44	3,522					4,030
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	3,113	1,521	963	449	180	3,886
Lenoir	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Lenoir				2	2.00	3,113					3,886
Lincoln	Hospital Fixed	F-008081-08; F011440-17	Atrium Health Lincoln	1	1.00	5,755	2,704	1,722	734	595	7,388
Lincoln	Freestanding Fixed	F-12064-21	Carolinas Imaging Services - Denver (Carolinas Imaging Services)	1	1.00	610	345	265	0	0	666
Lincoln				2	2.00	6,365					8,054

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	2,469	907	1,395	122	45	2,915
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	612	418	166	12	16	675
Macon				2	2.00	3,081					3,590
Martin	Mobile	Legacy	Martin General Hospital (Alliance HealthCare Services - Akumin)	0	0.17	323	270	34	15	4	347
Martin				0	0.17	323					347
McDowell	Hospital Fixed	C-007304-05	Mission Health McDowell	1	1.00	2,143	1,115	814	126	88	2,517
McDowell	Mobile	E-7066-04	Blue Ridge Healthcare Medical Group- McDowell (Blue Ridge Healthcare Medical Group)	0	0.25	1,077	873	204	0	0	1,120
McDowell				1	1.25	3,220					3,638
Mecklenburg	Hospital Fixed	F-001895-83; F-006493-01	Atrium Health Carolinas Medical Center	4	4.00	16,249	2,258	4,370	4,349	5,272	26,645
Mecklenburg	Hospital Fixed	F-003268-88	Atrium Health Mercy	1	1.00	5,505	1,755	1,620	1,055	1,075	7,917
Mecklenburg	Hospital Fixed	F-006830-03; F-011425-17	Atrium Health Pineville	2	2.00	11,147	3,829	2,919	2,567	1,832	15,921
Mecklenburg	Hospital Fixed	F-005919-98	Atrium Health University City	1	1.00	8,436	3,145	3,230	1,139	922	11,087
Mecklenburg	Hospital Fixed	F-005575-97	Novant Health Charlotte Orthopedic Hospital	1	1.00	3,152	2,086	1,042	13	11	3,396
Mecklenburg	Hospital Fixed	F-005580-97; F-001184-16	Novant Health Huntersville Medical Center	2	2.00	9,858	4,662	4,128	667	401	11,729
Mecklenburg	Hospital Fixed	F-002332-85	Novant Health Imaging Museum	1	1.00	3,259	1,923	1,336	0	0	3,542
Mecklenburg	Hospital Fixed	F-006379-01	Novant Health Matthews Medical Center	1	1.00	6,638	2,840	2,640	719	439	8,278
Mecklenburg	Hospital Fixed	F-008688-11	Novant Health Mint Hill Medical Center	1	1.00	3,392	1,990	1,088	199	115	3,915
Mecklenburg	Hospital Fixed	F-006499-01	Novant Health Presbyterian Medical Center	3	3.00	13,444	3,931	5,119	2,295	2,099	18,761
Mecklenburg	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Mecklenburg	Freestanding Fixed	F-0011760-19	Atrium Health Imaging-Kenilworth (Carolinas Physicians Network)	1	1.00	5,917	2,984	2,933	0	0	6,539
Mecklenburg	Freestanding Fixed	F-008106-08	Carolina Neurosurgery & Spine Associates-Charlotte (Carolina Neurosurgery & Spine Associates)	1	1.00	3,857	3,300	557	0	0	3,975
Mecklenburg	Freestanding Fixed	F-011182-16	Carolinas Imaging Services- Huntersville (Carolinas Imaging Services)	1	1.00	4,616	2,833	1,697	78	8	5,049
Mecklenburg	Freestanding Fixed	F-050755-18	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services)	1	1.00	6,093	3,773	2,320	0	0	6,585

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Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services)	1	1.00	5,995	3,191	2,804	0	0	6,590
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne	1	1.00	3,764	2,678	1,086	0	0	3,994
Mecklenburg	Freestanding Fixed	F-012341-23	Novant Health Imaging Mt. Island Lake (Novant Health Imaging)	1	1.00	0	0	0	0	0	0
Mecklenburg	Freestanding Fixed	F-011946-20	Novant Health Imaging Southpark (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	1,397	1,015	382	0	0	1,478
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging- SouthPark (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	5,254	3,496	1,758	0	0	5,627
Mecklenburg	Freestanding Fixed	F-010287-14	OrthoCarolina Ballantyne (OrthoCarolina)	1	1.00	9,343	8,627	716	0	0	9,495
Mecklenburg	Freestanding Fixed	F-006698-02	OrthoCarolina Spine Center (OrthoCarolina)	1	1.00	8,393	7,308	1,085	0	0	8,623
Mecklenburg	Mobile	Legacy	Carolina Neurosurgery & Spine- Charlotte (Alliance HealthCare Services- Akumin)	0	0.26	1,276	1,070	206	0	0	1,320
Mecklenburg	Mobile	F-006734-02	Carolina Neurosurgery and Spine Associates - Baldwin (Carolina Neurosurgery and Spine Associates)	0	1.00	8,427	6,759	1,668	0	0	8,781
Mecklenburg	Mobile	F-006734-02	Carolina Neurosurgery and Spine Associates - Ballantyne (Carolina Neurosurgery and Spine Associates)	0	0.31	1,561	1,303	258	0	0	1,616
Mecklenburg	Mobile	F-007040-04	Carolinas Imaging Services SouthPark (Carolinas Imaging Services)	0	0.08	396	209	187	0	0	436
Mecklenburg	Mobile	G-007038-04	Charlotte Eye, Ear, Nose & Throat (Alliance HealthCare Services-Akumin)	0	0.07	363	54	309	0	0	429
Mecklenburg	Mobile	G-007038-04	Charlotte Eye, Ear, Nose, & Throat (Alliance Healthcare Services - Akumin)	0	0.16	780	156	624	0	0	912
Mecklenburg	Mobile	G-007065-04	Novant Health Ballantyne Medical Center (Forsyth Medical Hospital, Forsyth Mobile)	0	0.07	337	161	176	0	0	374
Mecklenburg	Mobile	Legacy	Novant Health Ballantyne Medical Center (Novant Health-Norfolk)	0	0.01	25	15	10	0	0	27
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health- Norfolk)	0	0.21	1,051	815	236	0	0	1,101
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Novant Health-Norfolk)	0	0.06	300	224	76	0	0	316
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health- Norfolk)	0	0.07	326	247	79	0	0	343
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health-Norfolk)	0	0.05	274	213	61	0	0	287
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Novant Health-Norfolk)	0	0.29	1,444	1,051	393	0	0	1,527
Mecklenburg	Mobile	G-007065-04	Novant Health Matthews Medical Center (Forsyth Medical Hospital, Forsyth Mobile)	0	0.06	285	169	116	0	0	310
Mecklenburg	Mobile	Legacy	Novant Health Mint Hill Medical Center (Novant Health-Norfolk)	0	0.05	264	139	125	0	0	291
Mecklenburg	Mobile	Legacy	Novant Health- Mint Hill Medical Center (Novant Health-Norfolk)	0	0.21	1,051	1,011	40	0	0	1,059
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Matthews (OrthoCarolina)	0	0.53	2,646	2,519	127	0	0	2,673
Mecklenburg	Mobile	Legacy	Southern Imaging Services- Charlotte (Alliance HealthCare Services)	0	0.01	28	28	0	0	0	28

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Mecklenburg	Mobile	G-007038-04	Southern Imaging Services- Charlotte (Alliance Healthcare Services - Akumin)	0	0.16	810	810	0	0	0	810
Mecklenburg	Mobile	G-007038-04	Southern Imaging Services-Charlotte Subject to Change (Alliance HealthCare Services-Akumin)	0	0.08	403	403	0	0	0	403
Mecklenburg	Hospital New	F-012403-23	Novant Health Ballantyne Medical Center*	1	1.00	0	0	0	0	0	0
Mecklenburg	Hospital New	F-012285-22	Novant Health Matthews Medical Center	1	1.00	0	0	0	0	0	0
Mecklenburg				31	34.73	157,756					192,188
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	704	215	429	21	39	856
Mitchell				1	1.00	704					856
Montgomery	Mobile	J-007008-04	First Health Montgomery (Troy) Memorial Hospital (Foundation Health Mobile Imaging)	0	0.33	620	486	134	0	0	648
Montgomery				0	0.33	620					648
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	13,890	2,210	9,070	476	2,134	18,596
Moore	Freestanding Fixed		First Health Southern Pines Diagnostic Imaging (Firsthealth of the Carolinas)	1	1.00	1,838	1,407	431	0	0	1,929
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic	1	1.00	4,856	4,411	445	0	0	4,950
Moore				5	5.00	20,584					25,476
Nash	Hospital Fixed	L-005908-98	Nash Hospitals Inc.	2	2.00	7,104	3,591	1,639	1,453	421	9,113
Nash				2	2.00	7,104					9,113
New Hanover	Hospital Fixed		Novant Health New Hanover Orthopedic Hospital	1	1.00	6,063	2,562	3,324	95	82	6,938
New Hanover	Hospital Fixed		Novant Health New Hanover Regional Medical Center Health & Diagnostics - Medical Mall	1	1.00	3,078	1,543	1,535	0	0	3,404
New Hanover	Hospital Fixed	O-006212-00	Novant Health New Hanover Regional Medical Center Main Campus	2	2.00	10,118	2,045	1,905	3,485	2,683	16,382
New Hanover	Freestanding Fixed	O-012353-23	Delaney Radiologists Group	1	1.00	0	0	0	0	0	0
New Hanover	Freestanding Fixed	O-007259-05	EmergeOrtho (EmergeOrtho-Coastal)	1	1.00	5,305	4,615	690	0	0	5,451
New Hanover	Freestanding Fixed	O-012374-23	EmergeOrtho - Wilmington Porters Neck (EmergeOrtho)	1	1.00	0	0	0	0	0	0
New Hanover	Freestanding Fixed	O-011063-15	Wilmington Health, PLLC (Wilmington Health)	1	1.00	5,575	3,341	2,234	0	0	6,049
New Hanover	Mobile	Legacy	Delaney Radiologists (RAYUS Radiology)	0	0.65	3,260	2,207	1,053	0	0	3,483
New Hanover	Mobile	O-007254-05	Delaney Radiologists-Ashton Drive (Porter's Neck Imaging)	0	0.17	833	800	33	0	0	840
New Hanover	Mobile	O-007254-05	Delaney Radiologists-Medical Center Drive (Porter's Neck Imaging)	0	0.67	3,327	1,230	2,097	0	0	3,772
New Hanover	Mobile	Legacy	EmergeOrtho-Wilmington Porters Neck (Rayus Radiology)	0	0.14	721	684	37	0	0	729

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New Hanover	Mobile	O-006434-01	Novant Health Imaging Brunswick Forrest (Cape Fear Diagnostic Imaging)	0	0.08	387	182	205	0	0	430
New Hanover	Mobile	O-007001-04	Novant Health Imaging Scotts Hill (Alliance HealthCare Services - Akumin)	0	0.54	2,698	1,195	1,503	0	0	3,017
New Hanover	Hospital New	O-012124-21	Novant Health New Hanover Regional Medical Center - Scotts Hill (Novant Health New Hanover Regional Medical Center)	1	1.00	0	0	0	0	0	0
New Hanover				9	11.25	41,365					50,495
Onslow	Hospital Fixed		Onslow Memorial Hospital, Inc.	1	1.00	4,146	2,407	1,236	424	79	4,844
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	3,737	3,033	704	0	0	3,886
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging)	1	1.00	4,394	3,564	830	0	0	4,570
Onslow				3	3.00	12,277					13,300
Orange	Hospital Fixed	J-004048-90; J-005900-98; K-007028-04; J-007301-05; J-008136-08; J-008391-09; J-010314-14	University of North Carolina Hospitals at Chapel Hill, DBA UNC Hospitals	9	9.00	34,971	9,840	19,457	1,916	3,758	44,879
Orange	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Orange	Freestanding Fixed	J-012155-21	Coley Hall*** (Duke Imaging-Chapel Hill)	1	1.00	0	0	0	0	0	0
Orange	Freestanding Fixed	J-012141-21	Raleigh Radiology Chapel Hill	1	1.00	0	0	0	0	0	0
Orange	Freestanding Fixed	Legacy	Wake Radiology (Chapel Hill Diagnostic Imaging)	1	1.00	2,442	1,258	1,184	0	0	2,693
Orange	Mobile	Legacy	UNC Eastowne Medical Office (Alliance HealthCare Services - Akumin)	0	0.15	765	321	444	0	0	859
Orange	Mobile	Legacy	UNC Hospital- Hillsborough Campus (Alliance HealthCare Services)	0	0.54	2,673	1,357	1,316	0	0	2,952
Orange	Mobile		UNC Hospital Imaging and Spine (Alliance Healthcare Services - Akumin)	0	0.28	1,380	534	846	0	0	1,559
Orange	Mobile	Legacy	UNC Hospitals Imaging & Spine (Alliance HealthCare Services)	0	0.14	681	292	389	0	0	764
Orange	Mobile	Legacy	UNC Hospitals Imaging & Spine (Alliance HealthCare Services - Akumin)	0	0.02	121	52	69	0	0	136
Orange				13	14.13	43,033					53,842
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	4,656	2,779	1,192	473	212	5,534
Pasquotank	Freestanding Fixed	R-011266-22	Chesapeake Regional Imaging Center	1	1.00	0	0	0	0	0	0
Pasquotank	Mobile	R-007623-06	Sentara Albemarle Medical Center	0	0.43	2,132	1,658	448	19	7	2,250
Pasquotank/Camden/Currituck/Perquimans				2	2.43	6,788					7,784

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Pender	Mobile	O-007001-04	Pender Memorial Hospital (Alliance HealthCare Services - Akumin)	0	0.53	994	435	546	6	7	1,123
Pender				0	0.53	994					1,123
Person	Hospital Fixed		Person Memorial Hospital - Reginald Harris Annex	1	1.00	190	19	159	2	10	237
Person				1	1.00	190					237
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	ECU Medical Center	4	4.00	14,490	2,596	3,890	3,924	4,080	23,100
Pitt	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Pitt	Freestanding Fixed	Legacy	ECU Physicians MRI (Brody School of Medicine at East Carolina University)	1	1.00	3,414	2,049	1,365	0	0	3,704
Pitt	Freestanding Fixed	Q-012421-23	Greenville MRI	1	1.00	0	0	0	0	0	0
Pitt	Freestanding Fixed		Greenville MRI	1	1.00	5,523	3,356	2,167	0	0	5,983
Pitt	Freestanding Fixed		Greenville MRI	1	1.00	5,321	3,136	2,185	0	0	5,784
Pitt	Freestanding Fixed	Q-12286-22	Orthopaedics East and Sports Medicine Center (Orthopaedics East and Sports Medicine, Inc. Orthopaedics East Properties)	1	1.00	553	548	5	0	0	554
Pitt	Freestanding Fixed	Legacy	Physicians East (Kings Medical Group)	1	1.00	4,620	3,422	1,198	0	0	4,874
Pitt	Mobile	Legacy	Orthopaedics East (Alliance Healthcare Services- Akumin)	0	0.57	2,835	2,763	72	0	0	2,850
Pitt/Greene/Hyde/Tyrrell				11	11.57	36,756					46,849
Polk	Mobile	F-007040-04	St Lukes Hospital (Carolinas Imaging Services)	0	0.06	113	76	35	1	1	122
Polk	Mobile	F-007040-04	St. Luke's Hospital (Carolinas Imaging Services)	0	0.35	648	484	150	12	2	692
Polk				0	0.41	761					814
Randolph	Hospital Fixed	G-006817-03	Randolph Health	1	1.00	1,086	285	135	437	229	1,729
Randolph	Freestanding Fixed	G-010355-14	Randolph MRI Center (American Healthcare Systems)	1	1.00	3,121	2,403	718	0	0	3,273
Randolph	Mobile	J-012358-23	Proposed Randolph Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Randolph				2	2.00	4,207					5,002
Richmond	Hospital Fixed	H-011629-18	FirstHealth Moore Regional Hospital - Richmond	1	1.00	0	0	0	0	0	0
Richmond				1	1.00	0					0
Robeson	Hospital Fixed	N-005496-96; N-006606-02	UNC Health Southeastern	2	2.00	6,606	3,807	1,419	899	481	8,182
Robeson				2	2.00	6,606					8,182
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	3,511	879	1,990	188	454	4,596

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Hospital	1	1.00	1,521	1,005	346	113	57	1,751
Rockingham	Mobile	J-012358-23	Proposed Rockingham Location (EmergeOrtho Triad Route)	0	0.00	0	0	0	0	0	0
Rockingham				2	2.00	5,032					6,347
Rowan	Hospital Fixed	F-006919-03	Novant Health Rowan Medical Center	2	2.00	6,811	3,770	1,551	1,094	396	8,479
Rowan	Hospital Fixed	F-005289-98; F-008314-09	Novant Health Rowan Medical Center - Novant Health Imaging	2	2.00	4,101	2,799	1,298	2	2	4,380
Rowan	Mobile	Legacy	Ortho Carolina- Concord (Alliance Healthcare Services - Akumin)	0	0.40	1,981	1,937	44	0	0	1,990
Rowan				4	4.40	12,893					14,850
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	2,166	1,364	484	178	140	2,571
Rutherford				1	1.00	2,166					2,571
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,538	1,090	375	58	15	1,682
Sampson				1	1.00	1,538					1,682
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	2,179	1,303	510	293	73	2,609
Scotland				1	1.00	2,179					2,609
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	3,721	1,802	1,101	587	231	4,694
Stanly	Freestanding Fixed	F-012366-23	Atrium Health Imaging Locust	1	1.00	0	0	0	0	0	0
Stanly	Mobile	F-007040-04	Atrium Health – West Stanly Imaging (Carolinas Imaging Services)	0	0.12	579	432	147	0	0	610
Stanly	Mobile	F-007040-04	Atrium Health West Stanly Imaging (Carolinas Imaging Services)	0	0.03	150	120	30	0	0	156
Stanly				2	2.15	4,450					5,460
			No Service Site								
Stokes											
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	3,094	2,145	591	285	73	3,534
Surry	Hospital Fixed	G-006569-02; G-008115-08	Northern Regional Hospital	1	1.00	3,466	1,890	772	620	184	4,343
Surry				2	2.00	6,560					7,878
			No Service Site								
Swain											
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	1,610	989	467	105	49	1,850
Transylvania				1	1.00	1,610					1,850

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Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Union	Hospital Fixed	F-005920-98	Atrium Health Union	1	1.00	6,136	2,308	1,148	2,105	575	8,746
Union	Hospital Fixed	F-011536-18	Atrium Health Union West	1	1.00	4,711	1,787	1,962	583	379	6,029
Union	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Union	Freestanding Fixed	F-006972-03	Atrium Union Imaging Services Indian Trail (Union Medical Services)	1	1.00	1,447	1,126	321	0	0	1,515
Union	Mobile	F-006626-02	Novant Health Imaging - Monroe (Jacksonville Diagnostic Imaging)	0	0.29	1,471	1,054	417	0	0	1,559
Union				4	4.29	13,765					17,850
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Health	2	2.00	2,241	774	914	193	360	2,996
Vance/Warren				2	2.00	2,241					2,996
Wake	Hospital Fixed	Legacy; J-008529-10	Duke Raleigh Hospital Main Campus	2	2.00	9,267	3,640	3,365	1,305	957	12,122
Wake	Hospital Fixed		UNC Health Rex	2	2.00	7,389	2,290	1,667	2,054	1,378	10,968
Wake	Hospital Fixed	J-007114-04	WakeMed Cary Hospital	1	1.00	5,144	1,451	2,048	724	921	7,203
Wake	Hospital Fixed	J-002420-85; J-006368-01	WakeMed Raleigh Campus	2	2.00	10,940	2,813	3,599	2,123	2,405	16,137
Wake	Freestanding Fixed		2024 Need Determination	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed	J-012393-23	Raleigh Radiology - Knightdale	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed		2021 Need Determination (under appeal)	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed	J-007289-05	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Services of North Carolina)	1	1.00	5,024	3,069	1,955	0	0	5,439
Wake	Freestanding Fixed	J-011167-16	Duke Imaging Holly Springs (Duke University Health System)	1	1.00	2,758	1,442	1,316	0	0	3,037
Wake	Freestanding Fixed	Legacy	EmergeOrtho- Duraleigh (Alliance Healthcare Services-Akumin)	1	1.00	4,511	4,065	446	0	0	4,606
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Associates	1	1.00	5,145	2,704	2,441	0	0	5,663
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Imaging (Alliance Healthcare Services-Akumin)	1	1.00	5,367	2,824	2,543	0	0	5,906
Wake	Freestanding Fixed	J-011825-19	Raleigh Radiology - Cary	1	1.00	0	0	0	0	0	0
Wake	Freestanding Fixed	Legacy	Raleigh Radiology - Falls of Neuse**** (Alliance Healthcare Services - Akumin)	1	1.00	50	31	19	0	0	54

Table 15E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Blue Ridge (Alliance Healthcare Services-Akumin)	1	1.00	6,300	4,050	2,250	0	0	6,777
Wake	Freestanding Fixed	Legacy	Raleigh Radiology Cary (Alliance Healthcare Services)	1	1.00	6,372	4,331	2,041	0	0	6,805
Wake	Freestanding Fixed	J-007605-06	The Bone and Joint Surgery Clinic	1	1.00	2,335	2,017	318	0	0	2,402
Wake	Freestanding Fixed	Legacy	Wake Radiology (WR Imaging)	1	1.00	4,831	2,845	1,986	0	0	5,252
Wake	Freestanding Fixed	Legacy	Wake Radiology (WR Imaging)	1	1.00	3,424	2,278	1,146	0	0	3,667
Wake	Freestanding Fixed	Legacy	Wake Radiology Cary (Alliance Healthcare Services- Akumin)	1	1.00	5,510	3,179	2,331	0	0	6,004
Wake	Freestanding Fixed	Legacy	Wake Radiology Garner (Alliance Healthcare Services-Akumin)	1	1.00	4,232	2,094	2,138	0	0	4,686
Wake	Mobile	Legacy	Cardinal Points Imaging Brier Creek (Foundation Health Mobile Imaging)	0	0.26	1,319	909	410	0	0	1,406
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Wake Forest (Pinnacle Health Service of North Carolina)	0	0.39	1,939	1,535	404	0	0	2,025
Wake	Mobile	Legacy	Cardinal Points Imaging-Cary (Foundation Health Mobile Imaging)	0	0.13	646	420	226	0	0	694
Wake	Mobile	Legacy	Duke Health Raleigh Hospital (Alliance HealthCare Services)	0	0.34	1,709	1,180	527	1	1	1,823
Wake	Mobile	Legacy	Duke Imaging Cary Parkway (Alliance HealthCare Services)	0	0.61	3,067	1,690	1,377	0	0	3,359
Wake	Mobile	Legacy	Duke Raleigh Hospital (Alliance HealthCare Services - Akumin)	0	0.21	1,071	521	550	0	0	1,188
Wake	Mobile	Legacy	EmergeOrtho (Alliance HealthCare Services)	0	0.12	596	590	6	0	0	597
Wake	Mobile	J-008453-09	Emergeortho-Apex (EmergeOrtho)	0	0.18	891	891	0	0	0	891
Wake	Mobile	J-006665-02	Orthopaedic Specialists of NC (Cape Fear Mobile Imaging)	0	0.46	2,303	2,099	204	0	0	2,346
Wake	Mobile	J-012378-23	Proposed Wake Location (Duke Imaging)	0	0.00	0	0	0	0	0	0
Wake	Mobile	J-012359-23	Proposed Wake Location (EmergeOrtho Triangle Route)	0	0.00	0	0	0	0	0	0
Wake	Mobile	Legacy	Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging)	0	0.07	329	247	82	0	0	346
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic	0	0.97	4,825	4,825	0	0	0	4,825
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic - Edwards Mill (Alliance HealthCare Services)	0	0.16	816	816	0	0	0	816
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic- Edwards Mill (Alliance HealthCare Services)	0	0.01	55	55	0	0	0	55
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic Garner (Raleigh Orthopaedic Clinic)	0	0.19	971	971	0	0	0	971
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic- Garner (Alliance HealthCare Services)	0	0.15	728	728	0	0	0	728
Wake	Mobile	Legacy	Raleigh Radiology- Holly Springs (Alliance HealthCare Services - Akumin)	0	0.06	292	189	103	0	0	314
Wake	Mobile	Legacy	Raleigh Radiology- Knightdale (Alliance HealthCare Services - Akumin)	0	0.39	1,967	1,436	531	0	0	2,080

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wake	Mobile	Legacy	Raleigh Radiology- Oberlin (Alliance HealthCare Services - Akumin)	0	0.24	1,203	794	409	0	0	1,290
Wake	Mobile	Legacy	Raleigh Radiology Wake Forest (Alliance HealthCare Services)	0	0.29	1,429	1,009	420	0	0	1,518
Wake	Mobile	Legacy	Raleigh Radiology- Wake Forest (Alliance HealthCare Services)	0	0.00	10	6	4	0	0	11
Wake	Mobile	Legacy	Raleigh Radiology-Fuquay Varina (Alliance HealthCare Services)	0	0.41	2,025	1,396	629	0	0	2,158
Wake	Mobile	Legacy	Raleigh Radiology-Knightdale (Alliance HealthCare Services)	0	0.13	624	446	178	0	0	662
Wake	Mobile	Legacy	Southern Imaging Services- Raleigh (Alliance HealthCare Services)	0	0.00	15	15	0	0	0	15
Wake	Mobile	Legacy	Southern Imaging Services-Raleigh (Alliance HealthCare Services)	0	0.23	1,163	1,163	0	0	0	1,163
Wake	Mobile	J-006665-02	UNC- Cary Ortho (Cape Fear Mobile Imaging)	0	0.20	1,001	970	31	0	0	1,008
Wake	Mobile		UNC Health Rex Holly Springs (Interim Diagnostic Imaging)	0	0.25	1,250	675	326	168	81	1,547
Wake	Mobile	Legacy	UNC-Cary Orthopaedics (Cary Ortho) (Foundation Health Mobile Imaging)	0	0.23	1,151	1,114	37	0	0	1,159
Wake	Mobile	J-007012-04	Wake Radiology Cary (WR Imaging)	0	0.12	580	257	323	0	0	649
Wake	Mobile	J-007012-04	Wake Radiology Fuquay Varina (WR Imaging)	0	0.12	576	293	283	0	0	636
Wake	Mobile	J-011291-17	Wake Radiology Holly Springs (WR Imaging)	0	0.12	598	598	0	0	0	598
Wake	Mobile		Wake Radiology MRI (Wake Radiology Imaging)	0	0.25	1,253	858	395	0	0	1,337
Wake	Mobile	J-011291-17	Wake Radiology Panther Creek (WR Imaging)	0	0.13	655	275	380	0	0	736
Wake	Mobile	J-007012-04	Wake Radiology Wake Forest (WR Imaging)	0	0.41	2,031	1,054	977	0	0	2,238
Wake	Mobile	J-011291-17	Wake Radiology Wakefield (WR Imaging)	0	0.32	1,611	950	661	0	0	1,751
Wake	Mobile	Legacy	WakeMed- Garner variable (Alliance HealthCare Services- Akumin)	0	0.07	372	146	150	58	18	471
Wake	Mobile		WakeMed North Hospital	0	0.48	2,402	737	1,665	0	0	2,755
Wake	Mobile	Legacy	WakeMed-Apex Healthplex (Alliance HealthCare Services- Akumin)	0	0.03	173	84	81	4	4	198
Wake	Mobile	Legacy	WakeMed-Raleigh Medical Park Variable (Alliance HealthCare Services- Akumin)	0	0.10	478	245	232	1	0	528
Wake	Hospital New	J-012399-23	WakeMed North Hospital* (WakeMed)	1	1.00	0	0	0	0	0	0
Wake				25	33.84	132,723					153,620
			No Service Site								
Washington											
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	4,998	1,503	3,031	182	282	6,106
Watauga	Freestanding Fixed	D-011899-20	AppMedical Services (Appalachian Regional Medical Associates)	1	1.00	0	0	0	0	0	0
Watauga	Mobile		2024 Mobile Need Determination**	0	0.00	0	0	0	0	0	0
Watauga				2	2.00	4,998					6,106
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne UNC Health Care	2	2.00	8,173	5,158	1,815	523	677	9,745

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Base Outpatient	Complex Outpatient	Base Inpatient	Complex Inpatient	Adjusted Total
Wayne				2	2.00	8,173					9,745
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	3,743	2,457	812	345	129	4,342
Wilkes				1	1.00	3,743					4,342
Wilson	Hospital Fixed		Wilson Medical Center	1	1.00	2,353	548	1,110	186	509	3,311
Wilson	Hospital Fixed	L-007624-06	Wilson Outpatient Imaging Center	1	1.00	817	345	472	0	0	917
Wilson	Freestanding Fixed	Legacy	EmergeOrtho-Wilson (EmergeOrtho)	1	1.00	3,749	3,435	314	0	0	3,816
Wilson	Mobile	Q-006884-03	ECU Health (Alliance HealthCare Services - Akumin)	0	0.04	193	155	38	0	0	201
Wilson				3	3.04	7,112					8,245
			No Service Site								
Yadkin											
Total				285	319.75	1,096,953					

Threshold 2+ Fixed Scanners = 4,992
 1 Fixed Scanner = 4,368
 0 Fixed Scanners = 1,872

* Scanner approved under Policy TE-3.

** In response to a petition, the 2024 State Medical Facilities Plan included a need determination for the conversion of an existing fixed MRI scanner to a mobile MRI scanner to serve sites only in Ashe, Avery, and Watauga counties.

*** Duke University Hospital relocated one legacy MRI scanner to Coley Hall in Orange County (CON J-012155-21), thus reducing Duke’s planning inventory by one scanner and adding one scanner to the Orange County planning inventory.

**** In 2023, Alliance Healthcare Services received approval to reassign a legacy mobile scanner to a fixed scanner to serve the Falls of Neuse location of Raleigh Radiology Associates.

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equiv	I Average Scans	J Threshold	K MRI Need
	2021	2022	2023									
Alamance	12,239.0	12,709.9	16,949.9	0.1860	20,103.3	0.0398	0.0398	20,903.6	3.52	5,941.5	4992	1
Alexander	0.0	0.0	0.0	0.0000	0.0	0.0106	0.0106	0.0	0.00	0.0	1872	0
Alleghany	0.0	0.0	0.0	0.0000	0.0	0.0052	0.0052	0.0	0.00	0.0	1872	0
Anson	106.0	196.1	258.3	0.5837	409.1	-0.0031	0.0000	409.1	0.00	0.0	1872	0
Ashe	779.6	1,224.2	1,263.3	0.3011	1,643.7	0.0232	0.0232	1,681.8	1.00	1,681.8	4368	0
Avery	0.0	0.0	0.0	0.0000	0.0	0.0002	0.0002	0.0	0.00	0.0	1872	0
Beaufort	2,820.8	3,002.1	3,205.0	0.0659	3,416.3	-0.0134	0.0000	3,416.3	1.00	3,416.3	4368	0
Bertie	0.0	0.0	0.0	0.0000	0.0	-0.0207	0.0000	0.0	0.00	0.0	1872	0
Bladen	316.6	396.6	501.4	0.2584	630.9	-0.0042	0.0000	630.9	1.11	568.8	4368	0
Brunswick	12,139.3	12,788.2	13,873.4	0.0692	14,832.9	0.1128	0.1128	16,506.7	4.15	3,977.3	4992	0
Buncombe/Graham/Madison/Yancey	47,045.8	47,963.6	49,641.5	0.0272	50,993.9	0.0288	0.0288	52,463.2	11.18	4,694.0	4992	0
Burke	9,066.7	9,850.7	10,617.3	0.0821	11,489.4	0.0052	0.0052	11,549.6	2.73	4,228.2	4992	0
Cabarrus	29,832.9	29,803.2	32,081.6	0.0377	33,291.9	0.0566	0.0566	35,174.8	7.42	4,740.6	4992	0
Caldwell	4,802.0	5,054.1	5,832.8	0.1033	6,435.2	0.0034	0.0034	6,456.7	2.29	2,816.0	4992	0
Carteret	8,157.7	9,759.2	9,851.6	0.1029	10,865.3	0.0216	0.0216	11,099.5	3.14	3,539.1	4992	0
Catawba	21,201.5	23,173.8	25,514.4	0.0970	27,989.6	0.0324	0.0324	28,897.3	5.30	5,455.5	4992	1
Chatham	878.9	1,127.6	1,393.3	0.2593	1,754.6	0.0561	0.0561	1,852.9	0.66	1,852.9	1872	0
Cherokee/Clay	2,287.6	2,735.1	2,843.0	0.1175	3,177.1	0.0227	0.0227	3,249.1	1.00	3,249.1	4368	0
Chowan	2,138.8	2,420.0	2,257.7	0.0322	2,330.4	0.0067	0.0067	2,346.0	1.00	2,346.0	4368	0
Cleveland	10,357.5	12,165.8	11,299.7	0.0517	11,883.8	0.0172	0.0172	12,087.7	3.00	4,029.2	4992	0
Columbus	3,212.3	3,084.4	2,772.5	-0.0705	2,577.1	-0.0024	0.0000	2,577.1	1.00	2,577.1	4368	0
Craven/Jones/Pamlico	16,809.6	17,374.9	18,128.6	0.0385	18,826.6	0.0143	0.0143	19,096.3	4.00	4,774.1	4992	0
Cumberland	33,507.4	35,140.9	36,356.0	0.0417	37,870.7	0.0053	0.0053	38,071.9	8.00	4,759.0	4992	0
Dare	2,529.9	2,775.4	3,091.5	0.1055	3,417.6	0.0024	0.0024	3,425.8	1.00	3,425.8	4368	0
Davidson	7,437.1	7,673.4	8,627.8	0.0781	9,301.4	0.0275	0.0275	9,557.1	2.00	4,778.5	4992	0
Davie	3,062.2	3,815.9	4,659.5	0.2336	5,747.9	0.0323	0.0323	5,933.7	2.00	2,966.9	4992	0
Duplin	1,846.4	2,191.5	2,587.8	0.1839	3,063.6	0.0291	0.0291	3,152.8	1.40	2,252.1	4368	0
Durham/Caswell/Warren	86,748.0	95,961.2	95,338.9	0.0499	100,092.5	0.0301	0.0301	103,106.4	18.90	5,456.0	4992	1
Edgecombe	2,502.4	2,853.5	2,661.7	0.0365	2,758.9	-0.0196	0.0000	2,758.9	1.00	2,758.9	4368	0
Forsyth	92,123.9	84,330.0	104,323.7	0.0762	112,277.7	0.0243	0.0243	115,009.7	20.47	5,617.3	4992	1
Franklin	40.3	0.0	0.0	-0.5000	0.0	0.1119	0.1119	0.0	1.00	0.0	4368	0

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equiv	I Average Scans	J Threshold	K MRI Need
	2021	2022	2023									
	Gaston	23,458.0	24,042.7									
Granville	2,004.6	2,156.2	2,188.9	0.0454	2,288.3	0.0316	0.0316	2,360.8	1.21	1,953.0	4368	0
Guilford	71,001.8	58,751.7	81,797.2	0.1099	90,783.4	0.0170	0.0170	92,323.4	14.41	6,408.8	4992	1
Halifax/Northampton	2,243.1	2,631.5	2,492.2	0.0601	2,642.0	-0.0319	0.0000	2,642.0	1.00	2,642.0	4368	0
Harnett	4,474.9	4,805.4	4,314.8	-0.0141	4,253.9	0.0708	0.0708	4,555.2	2.20	2,068.9	4992	0
Haywood	4,845.7	5,214.0	5,396.8	0.0555	5,696.5	0.0195	0.0195	5,807.8	2.00	2,903.9	4992	0
Henderson	10,939.5	10,764.8	9,977.8	-0.0445	9,533.5	0.0345	0.0345	9,862.1	3.00	3,287.4	4992	0
Hertford/Gates	2,182.9	2,531.6	2,223.8	0.0191	2,266.2	-0.0132	0.0000	2,266.2	1.00	2,266.2	4368	0
Hoke	2,017.6	3,132.8	4,315.1	0.4651	6,322.0	0.0470	0.0470	6,619.3	2.54	2,601.6	4992	0
Iredell	20,337.1	24,164.0	20,220.8	0.0125	20,473.5	0.0725	0.0725	21,957.4	6.40	3,430.4	4992	0
Jackson	3,274.0	3,359.8	3,216.9	-0.0082	3,190.6	0.0048	0.0048	3,205.8	2.00	1,602.9	4992	0
Johnston	11,628.5	14,079.0	15,161.0	0.1438	17,341.1	0.0984	0.0984	19,047.3	4.44	4,293.3	4992	0
Lee	2,740.6	3,163.8	4,030.2	0.2141	4,893.2	0.0392	0.0392	5,084.8	1.44	3,537.2	4368	0
Lenoir	3,796.6	4,106.5	3,886.5	0.0140	3,940.9	-0.0166	0.0000	3,940.9	2.00	1,970.5	4992	0
Lincoln	6,754.6	7,460.5	8,054.2	0.0920	8,795.5	0.0795	0.0795	9,494.8	2.00	4,747.4	4992	0
Macon	2,503.9	2,429.9	3,590.2	0.2240	4,394.2	0.0360	0.0360	4,552.5	2.00	2,276.3	4992	0
Martin	516.3	526.2	347.0	-0.1607	291.2	-0.0267	0.0000	291.2	0.00	0.0	1872	0
McDowell	2,992.8	3,140.6	3,637.7	0.1038	4,015.4	0.0041	0.0041	4,031.7	1.25	3,234.3	4368	0
Mecklenburg	161,373.5	176,529.9	192,188.5	0.0913	209,737.5	0.0555	0.0555	221,381.8	34.73	6,374.7	4992	1
Mitchell	1,539.9	1,502.5	855.9	-0.2273	661.4	-0.0073	0.0000	661.4	1.00	661.4	4368	0
Montgomery	450.6	383.5	648.4	0.2710	824.1	0.0005	0.0005	824.5	0.00	0.0	1872	0
Moore	20,895.8	20,857.2	25,475.9	0.1098	28,273.1	0.0743	0.0743	30,373.5	5.00	6,074.7	4992	1
Nash	7,201.8	8,490.5	9,112.5	0.1261	10,261.6	0.0126	0.0126	10,390.6	2.00	5,195.3	4992	1
New Hanover	42,486.5	48,845.0	50,494.6	0.0917	55,125.7	0.0415	0.0415	57,413.5	11.25	5,104.0	4992	1
Onslow	10,394.3	13,082.0	13,300.1	0.1376	15,130.5	0.0349	0.0349	15,659.2	3.00	5,219.7	4992	1
Orange	51,565.7	59,271.1	53,842.5	0.0289	55,399.6	0.0292	0.0292	57,019.1	14.13	4,036.5	4992	0
Pasquotank/Camden/Currituck/Perquimans	5,680.7	7,394.4	7,784.0	0.1772	9,163.1	0.0504	0.0504	9,624.9	2.43	3,965.6	4992	0
Pender*	18.5	870.7	1,122.6	23.1955	27,161.3	0.0644	0.0644	28,911.6	0.53	28,911.6	1872	15
Person	469.5	366.5	236.6	-0.2869	168.7	0.0030	0.0030	169.2	1.00	169.2	4368	0
Pitt/Greene/Hyde/Tyrrell	45,889.1	45,285.9	46,849.4	0.0107	47,350.2	0.0169	0.0169	48,150.4	11.57	4,162.4	4992	0
Polk	812.8	778.8	814.2	0.0018	815.7	0.0052	0.0052	820.0	0.00	0.0	1872	0

Table 15E-2: MRI Need Determinations by Service Area

A Service Area	B Adjusted Scans			C Average Annual Change Rates	D AACR Projected Scans	E Population Growth	F Population Growth Used	G Population Projected Scans	H Fixed Equip	I Average Scans	J Threshold	K MRI Need
	2021	2022	2023									
Randolph	5,147.7	5,369.4	5,002.2	-0.0127	4,938.9	0.0132	0.0132	5,003.9	2.00	2,502.0	4992	0
Richmond	3,039.9	0.0	0.0	-0.5000	0.0	-0.0139	0.0000	0.0	1.00	0.0	4368	0
Robeson	7,740.8	7,643.9	8,181.8	0.0289	8,418.5	0.0290	0.0290	8,662.9	2.00	4,331.4	4992	0
Rockingham	4,972.6	5,884.3	6,346.7	0.1310	7,177.9	0.0000	0.0000	7,177.9	2.00	3,589.0	4992	0
Rowan	11,513.9	11,562.3	14,849.6	0.1443	16,991.8	0.0116	0.0116	17,188.2	4.40	3,909.2	4992	0
Rutherford	2,365.2	2,475.8	2,571.3	0.0427	2,681.0	0.0161	0.0161	2,724.1	1.00	2,724.1	4368	0
Sampson	1,426.4	1,487.6	1,681.8	0.0867	1,827.7	0.0137	0.0137	1,852.7	1.00	1,852.7	4368	0
Scotland	5,095.5	4,391.1	2,608.8	-0.2721	1,899.0	-0.0201	0.0000	1,899.0	1.00	1,899.0	4368	0
Stanly	4,937.7	5,481.5	5,460.4	0.0531	5,750.5	0.0092	0.0092	5,803.5	2.15	2,704.3	4992	0
Stokes	0.0	0.0	0.0	0.0000	0.0	0.0215	0.0215	0.0	0.00	0.0	1872	0
Surry	7,052.6	7,443.6	7,877.7	0.0569	8,325.8	0.0000	0.0000	8,326.1	2.00	4,163.0	4992	0
Swain	0.0	0.0	0.0	0.0000	0.0	-0.0021	0.0000	0.0	0.00	0.0	1872	0
Transylvania	1,916.1	1,929.6	1,849.9	-0.0171	1,818.2	0.0157	0.0157	1,846.8	1.00	1,846.8	4368	0
Union	14,130.7	14,981.0	17,850.2	0.1258	20,096.5	0.0733	0.0733	21,569.9	4.29	5,022.5	4992	1
Vance/Warren	3,266.6	2,917.0	2,996.4	-0.0399	2,876.9	-0.0073	0.0000	2,876.9	2.00	1,438.4	4992	0
Wake	136,920.9	146,472.1	153,620.0	0.0593	162,726.4	0.0619	0.0619	172,800.4	33.84	5,106.6	4992	1
Washington	0.0	0.0	0.0	0.0000	0.0	-0.0366	0.0000	0.0	0.00	0.0	1872	0
Watauga	5,286.3	5,490.1	6,106.0	0.0754	6,566.3	0.0557	0.0557	6,931.7	2.00	3,465.9	4992	0
Wayne	7,946.5	8,509.4	9,745.0	0.1080	10,797.6	0.0037	0.0037	10,837.3	2.00	5,418.7	4992	1
Wilkes	3,338.6	3,743.6	4,342.2	0.1406	4,952.7	0.0143	0.0143	5,023.6	1.00	5,023.6	4368	1
Wilson	7,583.1	4,991.1	8,245.1	0.1551	9,523.7	0.0013	0.0013	9,536.5	3.04	3,138.4	4992	0
Yadkin	0.0	0.0	0.0	0.0000	0.0	0.0062	0.0062	0.0	0.00	0.0	1872	0
Totals	1,174,162.4	1,230,464.2	1,326,888.1		1,450,090.5			1,505,766.4	318.72			29

* The State Health Coordinating Council approved the removal of the need determination for 15 fixed MRI scanners in Pender County.

**Table 15E-3: Existing and Approved Specialized MRI Scanners and Policy
AC-3 MRI Scanners, Excluded from Inventory**

Scanner Use*	County	Provider	CON Project ID	Number of Scanners
AC-3 Scanner - Cardiovascular Clinical Use	Durham	Duke University Hospital	J-006511-01, J-011331-17	2
Radiation Oncology	Durham	Duke University Hospital	J-006295-00	1
AC-3 Scanner - Use in Operating Room Suite	Durham	Duke University Hospital	J-008030-07	1
AC-3 Scanner	Durham	Duke University Hospital	J-012155-21	1
AC-3 Scanner - Pediatric	Durham	Duke University Hospital	J-008466-10	1
AC-3 Scanner - Radiation Oncology	Forsyth	North Carolina Baptist Hospital	G-006816-03	1
Dedicated Breast Scanning	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Pediatric Use	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1
AC-3 Scanner - Use in Operating Room Suite	Orange	University of North Carolina Medical Center	J-012340-21	1
AC-3 MR Simulator	Orange	University of North Carolina Medical Center	J-011864-20	1
AC-3 Scanner	Orange	University of North Carolina Medical Center	J-012227-22	1

* These scanners shall be used only for the purposes indicated above. They shall not be used for general clinical purposes.

Table 15E-4: Fixed MRI Scanner Need Determination*
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Fixed MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Alamance	1	To be determined	To be determined
Catawba	1	To be determined	To be determined
Durham/Caswell/Warren	1	To be determined	To be determined
Forsyth	1	To be determined	To be determined
Guilford	1	To be determined	To be determined
Mecklenburg	1	To be determined	To be determined
Moore	1	To be determined	To be determined
Nash	1	To be determined	To be determined
New Hanover	1	To be determined	To be determined
Onslow	1	To be determined	To be determined
Union	1	To be determined	To be determined
Wake	1	To be determined	To be determined
Wayne	1	To be determined	To be determined
Wilkes	1	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

Introduction

A *positron emission tomography (PET) scanner*, as defined in G.S. § 131E-176(19a), means “equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners now include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities.

Definitions

Dedicated PET scanners can be fixed or mobile. *Mobile* PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A *fixed* PET scanner is one that is not mobile.

A fixed PET scanner’s *service area* is the HSA in which it is located (*Table 15F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner’s service area is statewide. A *statewide service area* is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Changes from Previous Plan

This section contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Assumptions of the Methodology

1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. The facility has a deficit when its overall utilization of dedicated fixed PET scanners is at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.¹

¹ The 2009 SMFP showed a fixed PET scanner capacity change from 2,600 to 2,400. However, the mobile PET scanner capacity was not revised, and remains at 2,600.

Application of the Methodology

Part 1 (*Table 15F-1*):

Determine the planning inventory of all fixed PET scanners in the state by summing the number of existing fixed PET scanners in operation, the number of CON-approved fixed PET scanners under development, and the number of fixed PET scanners available pursuant to need determinations pending review or appeal (*Column C*).

- Step 1: For each facility that operates a PET scanner, determine the total number of procedures performed on all fixed PET scanners located at the facility for the current reporting year (*Column D*).
- Step 2: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.
- Step 3: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 1, by the capacity calculated in Step 2. Multiply the results by 100 to convert the numbers to a utilization percentage (*Column E*). A facility has a deficit if its total utilization is 80% or greater (*Column F*).
- Step 4: To calculate the need determination for the service area, add all facility deficits (*Column F*) and adjust the sum by the number of placeholders for need determinations in previous SMFPs. The total is the need determination for an additional fixed PET scanner except as provided in Step 7 for both parts of the methodology combined (*Column G*).

Part 2:

- Step 5: Identify each major cancer treatment facility, program, or provider in the state, defined as providers that operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 15C-5*).
- Step 6: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 7 for both parts of the methodology combined.
- Step 7: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 15F-1, Column F*).

Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

The SMFP does not have a methodology to project need for additional mobile PET scanners. A summer petition is required to place a need determination in the upcoming SMFP. If the need determination is approved, any person may apply for a CON to acquire the mobile PET scanner.

Table 15F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F	G
HSA	Facility	Planning Inventory	2022-2023 Procedures	Facility Utilization Rate	Facility Deficit	Need Determination
I	AdventHealth Hendersonville *	1				
	Catawba Valley Medical Center / Frye Regional Medical Center	1	1,649	54.97%	0	
	Messino Cancer Center	1	192	6.40%	0	
	Mission Hospital	1	2,862	95.40%	1	
	HSA I Totals	4	4,703		1	1
II	Alamance Regional Medical Center	1	702	23.40%	0	
	Atrium Health Wake Forest Baptist	2	4,248	70.80%	0	
	Cone Health	1	2,750	91.67%	1	
	High Point Regional Health	1	583	19.43%	0	
	Novant Health Forsyth Medical Center **	2	2,907	48.45%	0	
HSA II Totals	7	11,190		1	1	
III	Atrium Health Cabarrus	1	1,417	47.23%	0	
	Atrium Health Union	1	953	31.77%	0	
	Carolinas Medical Center	2	5,686	94.77%	1	
	CaroMont Regional Medical Center	1	1,282	42.73%	0	
	Iredell Memorial Hospital	1	746	24.87%	0	
	Novant Health Presbyterian Medical Center	1	2,275	75.83%	0	
	2024 Need Determination	1				
HSA III Totals	8	12,359		1	0	
IV	Duke Raleigh Hospital	1	2,002	66.73%	0	
	Duke University Hospital	3	7,442	82.69%	1	
	Rex Hospital	2	4,772	79.53%	0	
	University of North Carolina Hospitals	2	5,375	89.58%	1	
	Wake PET Services	1	1,660	55.33%	0	
HSA IV Totals	9	21,251		2	2	
V	Cape Fear Valley Medical Center	1	1,352	45.07%	0	
	First Imaging of the Carolinas	1	2,091	69.70%	0	
	Novant Health New Hanover Regional Medical Center	2	4,130	68.83%	0	
	Southeastern Regional Medical Center	1	1,169	38.97%	0	
HSA V Totals	5	8,742		0	0	
VI	CarolinaEast Medical Center	1	1,576	52.53%	0	
	ECU Health Medical Center	2	3,849	64.15%	0	
	Nash General Hospital	1	545	18.17%	0	
HSA VI Totals	4	5,970		0	0	
TOTAL		37	64,215	59.46%	5	4

* CON issued for new PET March 5, 2024. CON Project ID: B-012331-23

** CON issued for second PET March 29, 2024. CON Project ID: G-012432-23

Table 15F-2: PET Scanner Provider of Mobile Dedicated Scanners

Mobile Provider	Procedures	Utilization Rate*
		2022-2023 Procedures
Alliance Imaging I	3,781	145%
Alliance Imaging II	3,744	144%
Alliance Imaging III	161	6%
Insight Health Corp.	1,950	75%
Novant Health Forsyth Medical Center (NHFMC)	2,733	105%
TOTAL	12,369	

*Utilization is based on scanner capacity of 2,600 procedures.

Table 15F-3: PET Scanner Sites and Utilization of Existing Mobile Dedicated PET Scanners

Mobile Site	Mobile Provider	Number of Sites	Procedures 2022-2023
AdventHealth Hendersonville	Alliance I	1	278
Atrium Health- Cleveland	Alliance I	1	977
Atrium Health- Lincoln	Alliance I	1	383
Atrium Health- Stanly	Alliance I	1	100
Atrium Health- Stanly	Alliance III	1	34
Caldwell UNC Health Care	Alliance I	1	436
Carteret General Hospital	Alliance II	1	521
Columbus Regional Healthcare System	Alliance II	1	144
Cone Health- Annie Penn Hospital	Insight	1	426
ECU Health Duplin Hospital	Alliance II	1	106
ECU Health North Hospital	Alliance II	1	84
ECU Health Roanoke-Chowan	Alliance II	1	122
Harris Regional Hospital	Alliance I	1	393
Haywood Regional Medical Center	Alliance I	1	210
Johnston Health	Alliance II	1	110
Johnston Health	Alliance III	1	40
Lexington Medical Center	Alliance I	1	36
Lexington Medical Center	Alliance III	1	11
Maria Parham Health	Alliance II	1	47
Maria Parham Health	Alliance III	1	9
Northern Hospital of Surry County	Alliance I	1	66
Northern Hospital of Surry County	Alliance III	1	19
Novant Health Huntersville Medical Center	NHFMC	1	1,116
Novant Health Kernersville Medical Center	NHFMC	1	669
Novant Health Matthews Medical Center	NHFMC	1	722
Novant Health Matthews Medical Center	Insight	1	390
Novant Health Mint Hill Medical Center	Insight	1	373
Novant Health Rowan - Julian Road	Insight	1	226
Novant Health Rowan - Julian Road	NHFMC	1	226
Novant Health Thomasville Medical Center	Insight	1	147
Onslow Memorial Hospital	Alliance II	1	512
Randolph Health	Alliance III	1	12
Randolph Health	Alliance II	1	31
Rutherford Regional Medical Center	Alliance I	1	145
Scotland Memorial Hospital	Alliance II	1	330
Sentara Albermarle Hospital	Alliance II	1	611
The Outer Banks Hospital	Alliance II	1	230
UNC Health Blue Ridge	Alliance I	1	361
UNC Health Wayne	Alliance III	1	36
UNC Lenoir Health Care	Alliance II	1	289
Watauga Medical Center	Alliance I	1	35
Watauga Medical Center	Insight	1	388
Wayne UNC Health Care	Alliance II	1	122
Wilkes Regional Medical Center	Alliance I	1	361
Wilson Medical Center	Alliance II	1	485
TOTAL		45	12,369

Table 15F-4: Dedicated Fixed PET Scanner Need Determination*
(Proposed for Certificate of Need Review Commencing in 2025)

Service Area	Dedicated Fixed PET Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA I	1	To be determined	To be determined
HSA II	1	To be determined	To be determined
HSA IV	2	To be determined	To be determined
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply for a CON to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0202(2). The filing deadline is 5:00 p.m. on the application deadline date.

Appendix A:

North Carolina Health Service Areas

Appendix B:

List of Contiguous Counties

Appendix C:

Executive Orders 46 and 187

Appendix D:

North Carolina Certificate of Need Statute

Appendix E:

Certificate of Need Regulations

Appendix F:

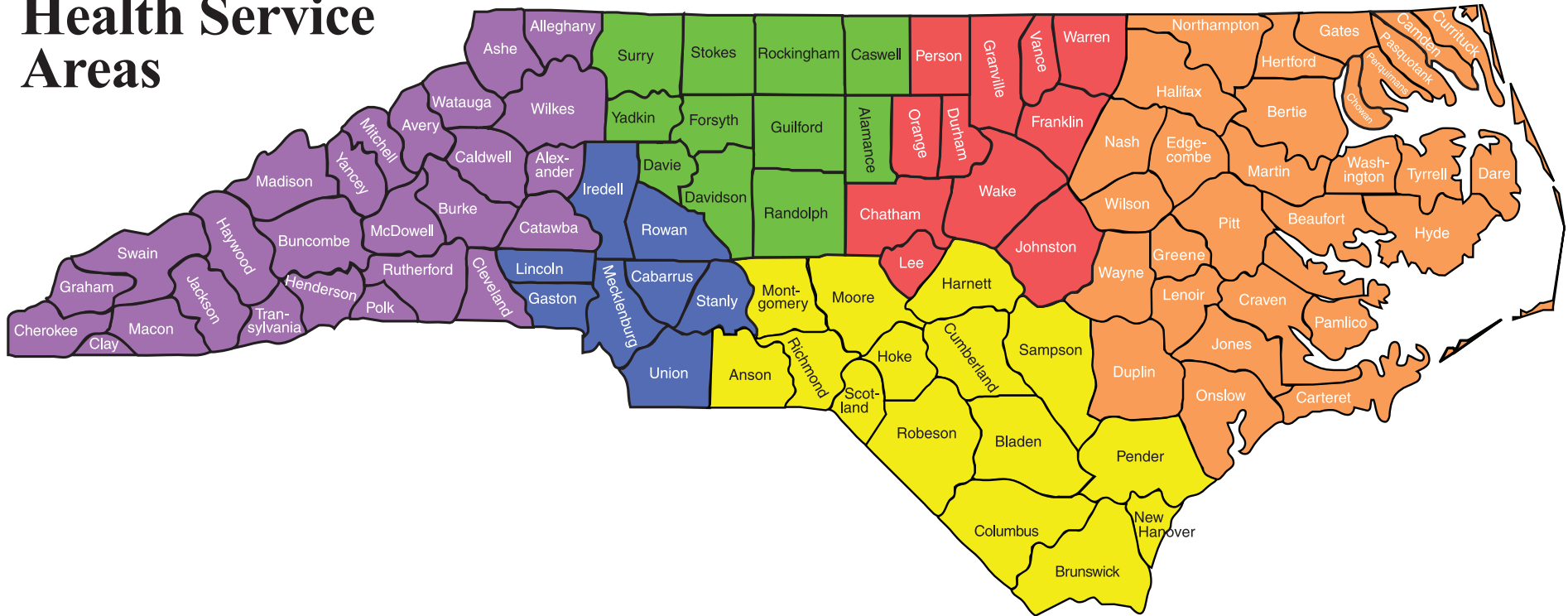
Academic Medical Center Teaching Hospitals

Appendix G:

Critical Access Hospitals

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Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
HSA I	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
HSA II	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
HSA III	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
HSA IV	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
HSA V	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
HSA VI	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

APPENDIX B

LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	MACON	MADISON	MARTIN	McDOWELL	MECKLENBURG
Burke	Cherokee	Buncombe	Beaufort	Avery	Cabarrus
Catawba	Clay	Haywood	Bertie	Buncombe	Gaston
Cleveland	Graham	Yancey	Edgecombe	Burke	Lincoln
Gaston	Jackson		Halifax	Mitchell	Iredell
Iredell	Swain		Pitt	Rutherford	Union
Mecklenburg			Washington	Yancey	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONslow	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

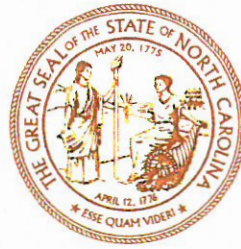
PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			



State of North Carolina

PAT McCRORY
GOVERNOR

March 4, 2014

EXECUTIVE ORDER NO. 46

REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

Section 2. Membership

The NCSHCC shall have the following duties and functions:

- a) Serve as a forum for hearing regional concerns and recommendations related to health planning;
- b) Compile a list of state health needs and advise the Department of Health and Human Services;
- c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

- d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;
- e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;
- f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

- a) One member from an academic medical center;
- b) Two members from business and industry (at least one individual representing small business and one representing large business);
- c) One member from the health insurance industry;
- d) Two members from county government (one representing a rural county and one representing an urban county);
- e) One member representing nursing homes;
- f) One members representing hospitals;
- g) One member representing home care facilities;
- h) One member representing hospice;
- i) One local health director;
- j) One licensed physician;
- k) One member from the North Carolina House of Representatives;
- l) One member from the North Carolina Senate;
- m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.
2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:
 - a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.
 - b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.
 - d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.
 - f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

- g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.
- 3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.
- 4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4th day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.



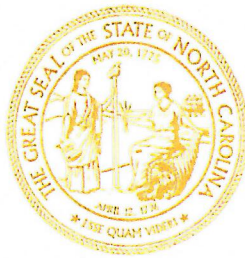
Pat McCrory
Governor

ATTEST:



Elaine F. Marshall
Secretary of State





State of North Carolina

ROY COOPER
GOVERNOR

December 31, 2020

EXECUTIVE ORDER NO. 187

EXTENDING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council (“NCSHCC”) is a public body reestablished by Executive Order No. 46 entitled *Reauthorizing The State Health Coordinating Council* on March 4, 2014; and

WHEREAS, Executive Order No. 122 entitled *Extending The State Health Coordinating Council*, on December 29, 2016 extended the State Health Coordinating Council; and

WHEREAS, the Executive Order extending the State Health Coordinating Council expires on December 31, 2020; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

WHEREAS, it is appropriate to update the schedule for meetings of the State Health Coordinating Council.

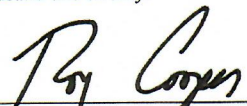
NOW THEREFORE, by the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 8. Meetings in Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby amended and restated to read:

The NCSHCC shall meet at least three (3) times each calendar year and at other times at the call of the Chairperson or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Executive Order No. 122, *Extending The State Health Coordinating Council*, signed on December 29, 2016, reestablished pursuant to Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby extended except as amended above to December 31, 2024 pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 31st day of December in the year of our Lord two thousand and twenty.



Roy Cooper
Governor

ATTEST:



Elaine F. Marshall
Secretary of State



APPENDIX D

NORTH CAROLINA CERTIFICATE OF NEED STATUTES

Article 9 Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
- (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

The following definitions apply in this Article:

- (1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.
- (2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

- not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
 - (2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.
 - (2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
 - (3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
 - (4) Repealed by Session Laws 1993, c. 7, s. 2.
 - (5) Change in bed capacity. – Any of the following:
 - a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.
 - b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.
 - c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
 - (5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:
 - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.
 - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.
 - c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.
 - (5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.
 - (6) Department. – The North Carolina Department of Health and Human Services.
 - (7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

- (7a) **(Effective until contingency met in SL 2023-7)** Diagnostic center. – A freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7a) **(Effective once contingency met in SL 2023-7)** Diagnostic center. – "Diagnostic center" means a freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds three million dollars (\$3,000,000). No facility, program, or provider, including, but not limited to, physicians' offices, clinical laboratories, radiology centers, or mobile diagnostic programs, shall be deemed a diagnostic center solely by virtue of having a magnetic resonance imaging scanner in a county with a population of greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. In determining whether the medical diagnostic equipment in a diagnostic center costs more than three million dollars (\$3,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
- a. The review is not competitive.
 - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
 - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
 - d. The agency has not determined that a public hearing is in the public interest.
- (7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
- (7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
- (8),(9) Repealed by Session Laws 1987, c. 511, s. 1.
- (9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.
- (9b) **(Effective until contingency met in SL 2023-7)** Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease

- treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.
- (9b) **(Effective once contingency met in SL 2023-7)** Health service facility. – A hospital; long-term care hospital; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility. The term "health service facility" does not include a qualified urban ambulatory surgical facility
- (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.
 - b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided.
 - c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
- (11) Repealed by Session Laws 1991, c. 692, s. 1.
- (12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
- (12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
- a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.
 - b. Physical, occupational, or speech therapy.
 - c. Medical social services, home health aid [sic] services, and other therapeutic services.
 - d. Medical supplies, other than drugs and biologicals and the use of medical appliances.
 - e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.

- (13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals.
- (13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
- (13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.
- (13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
- (14) Repealed by Session Laws 1987, c. 511, s. 1.
- (14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed by Session Laws 1991, c. 692, s. 1.
- (14c) Reserved for future codification.
- (14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
- (14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) “Legacy Medical Care Facility” means a facility that meets all of the following requirements:
 - a. Is not presently operating.
 - b. Has not continuously operated for at least the past six months.
 - c. Within the last 24 months:
 - 1. Was operated by a person holding a license under G.S. 131E-77; and
 - 2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) Lithotripter. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.

- (14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.
- (14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.
- (14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:
 - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
 - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) **(Effective until contingency met in SL 2023-7)** Major medical equipment. – A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- (14o) **(Effective once contingency met in SL 2023-7)** Major medical equipment. – "Major medical equipment" means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars (\$2,000,000). In determining whether the major medical equipment costs more than two million dollars (\$2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section or magnetic resonance imaging scanners in counties with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1. (15) Repealed by Ses
- (15) Repealed by Session Laws 1987, c. 511, s. 1.
- (15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.
- (15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) New institutional health services. – Any of the following:
 - a. The construction, development, or other establishment of a new health service facility.
 - b. **(Effective until contingency met in SL 2023-7)** Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or

which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- b. **(Effective once contingency met in SL 2023-7)** Except with respect to qualified urban ambulatory surgical facilities and except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars (\$4,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars (\$4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the amount in this sub-subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.
- c. Any change in bed capacity.
- d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
- e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.
- f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
 - 1. Bone marrow transplantation services.
 - 2. Burn intensive care services.
 - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
 - 3. Neonatal intensive care services.
 - 4. Open-heart surgery services.
 - 5. Solid organ transplantation services.
- fl. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
 - 1. Air ambulance.¹

¹ Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

2. Repealed.
 3. Cardiac catheterization equipment.
 4. Gamma knife.
 5. Heart-lung bypass machine.
 - 5a. Linear accelerator.
 6. Lithotripter.
 7. **(Effective until contingency met in SL 2023-7)** Magnetic resonance imaging scanner.
 7. **(Effective once contingency met in SL 2023-7)** Magnetic resonance imaging scanner. This sub-sub-subdivision applies only to counties with a population of 125,000 or less according to the 2020 federal decennial census or any subsequent federal decennial census.
 8. Positron emission tomography scanner.
 9. Simulator.
- g.to k. Repealed.
- l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
 - m. Any conversion of nonhealth service facility beds to health service facility beds.
 - n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.
 - o. The opening of an additional office by an existing home health agency or hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
 - p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
 - q. The relocation of a health service facility from one service area to another.
 - r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
 - s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision fl. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.
 - t. Repealed.
 - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
 - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) Nursing care. – Any of the following:
- a. Skilled nursing care and related services for residents who require medical or nursing care.

- b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.
- c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.
These are services which are not primarily for the care and treatment of mental diseases.
- (17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.
- (18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.
- (18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
- (18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.
- (18c) Operating room. – A room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.
- (19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.
- (19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
- (20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
- (21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.
- (21a) **(Effective once contingency met in SL 2023-7)** Qualified urban ambulatory surgical facility. – An ambulatory surgical facility that meets all of the following criteria: a. Is licensed by the Department to operate as an ambulatory surgical facility. b. Has a single specialty or multispecialty ambulatory surgical program. c. Is located in a county with a population greater than 125,000 according to the 2020 federal decennial census or any subsequent federal decennial census.
- (22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.
- (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2023,

and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

- (23) Repealed by Session Laws 1991, c. 692, s. 1.
- (24) Repealed by Session Laws 1993, c. 7, s. 2.
- (24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
- (24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
- (24c) Reserved for future codification.
- (24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
- (24e) Reserved for future codification.
- (24f) **(Effective until contingency met in SL 2023-7)** Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
- (24f) **(Effective once contingency met in SL 2023-7)** Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures of the same surgical specialty and authorized by its certificate of need, if a certificate of need is required.
- (25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
- (26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
- (27) Repealed by Session Laws 1987, c. 511, s.1.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as

- specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;
 - (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
 - (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
 - (8) Repealed.
 - (9) Collect fees for submitting applications for certificates of need.
 - (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

- (a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:
 - (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
 - (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
 - (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
 - (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

- (b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.

- (c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:
 - (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
 - (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
 - (3) In the case of donated property, the date on which the gift is completed.
- (d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:
 - (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
 - (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.
- (e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

- (a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:
 - (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
 - (2) Substantially change the bed capacity of the facility; or
 - (3) Substantially change the medical or other patient care services of the facility.
- (b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.
- (c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180. Repealed. 8-26-05

§ 131E-181. Nature of certificate of need.

- (a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).
- (b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:
 - (1) Any increase in the consumer price index;
 - (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
 - (3) Any increase in cost due to professional fees or the purchase of services and supplies.
- (c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.
- (d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

- (a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.
- (b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.
- (c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one

percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

§ 131E-183. Review criteria.

- (a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.
 - (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
 - (2) Repealed.
 - (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
 - (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.
 - (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
 - (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.
 - (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
 - (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
 - (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
 - (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
 - (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
 - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and

- b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
 - 1. Would be available under a contract of at least five years' duration;
 - 2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - 3. Would cost no more than if the services were provided by the HMO; and
 - 4. Would be available in a manner which is administratively feasible to the HMO.
- (11) Repealed
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.
- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:
 - a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
 - b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
 - c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
 - d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.
- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.

- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.
- (b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.
- (c) Repealed.

§ 131E-184. Exemptions from review.

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
 - (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
 - (1a) To comply with State licensure standards.
 - (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
 - (2) Repealed.
 - (3) To provide data processing equipment.
 - (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
 - (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
 - (6) To provide any nonhealth service facility or service.
 - (7) To provide replacement equipment.
 - (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
 - (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
 - (10) To allow a licensed home care agency, as defined in G.S. 131E-136, to provide Early and Periodic Screening, Diagnosis, and Treatment Services to children up to 21 years of age, in compliance with federal Medicaid requirements under 42 U.S.C §1396d. This exemption applies to all home care agencies licensed under Article 6 of this Chapter, whether or not they are Medicare-certified.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.

- (d) Repealed by Session Laws 2023-7, s. 3.1(b), effective March 27, 2023, and applicable to activities occurring on or after that date.
- (e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
 - (1) The proposed capital expenditure would meet all of the following requirements:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
 - 1. Nursing home facility.
 - 2. Adult care home facility.
 - 3. Intermediate care facility for individuals with intellectual disabilities.
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
 - a. Conversion of semiprivate resident rooms to private rooms.
 - b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the monetary threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
 - (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the monetary threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
 - (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
 - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
 - (1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person

responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision, "service area" means the service area identified in the North Carolina State Medical Facilities Plan in effect at the time the written notice required by this section is given to the Department.

(2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent, (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and (iii) of its intention that the facility will be operational within 36 months of the notice of extension.

A person seeking to operate a Legacy Medical Care Facility located in a development tier one or tier two area, as defined in G.S. 143B-437.08, may request an additional extension of time by which the facility must be operational in order to be exempt from certificate of need review under this subsection by providing an additional written notice of extension to the Department, delivered prior to the conclusion of the original 36-month extension period, affirming that the person has entered into a contract for the acquisition or reopening of the Legacy Medical Care Facility and that, pursuant to the terms of the contract, the facility will commence operations within 36 months of the conclusion of the original notice of extension. Upon receipt of this notice, the Department shall grant an extension of the time by which the facility must be operational that is sufficient to permit the acquisition or reopening of the Legacy Medical Care Facility as provided in the contract. (1983, c. 775, s. 1; 1987, c. 511, s. 1; 1991 (Reg. Sess., 1992), c. 1030, s. 37; 1993, c. 7, s. 7; 2001-424, s. 25.19(c); 2002-159, s. 41; 2009-145, s. 1; 2009-487, s. 3; 2011-145, s. 19.1(h); NC General Statutes - Chapter 131E Article 9 25 2013-360, s. 12G.3(b); 2013-363, s. 4.6; 2014-100, s. 12G.1(a); 2015-288, s. 2; 2017-184, s. 7(a); 2017-186, s. 2(xxxxx); 2018-81, s. 3(b); 2018-145, s. 15; 2019-76, s. 20; 2021-180, ss. 9E.4,

§ 131E-185. Review process.

(a) Repealed.

(a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

(1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:

- a. Facts relating to the service area proposed in the application;
- b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
- c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.

(2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment

period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:

- a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
- b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
- c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

- (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
 - (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
 - (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.
- (a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.
- (b) Repealed.
- (c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

- (a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to

pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.

- (b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

- (a) Deleted. See Session Law 2009-373; SB 804.
- (b) Deleted. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
 - (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
 - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
 - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
 - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
 - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

- (a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
- (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

- (a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where

the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.
- (b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.
 - (1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.
 - (2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.
- (c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any

agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

- (a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.
- (b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.
- (c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.
- (d) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility on or after October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within four years after the date the Department's decision to approve the certificate of need for that project becomes final.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within two years after the date the Department's decision to approve the certificate of need for that project becomes final.
- (e) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility prior to October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:
 - (1) For a project that costs over fifty million dollars (\$50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2025.
 - (2) For a project that costs fifty million dollars (\$50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2023.
- (f) Notwithstanding subsections (d) and (e) of this section, certificates of need that (i) are issued for the construction of a health service facility prior to October 1, 2021, and (ii) have a specific deadline

to execute or commit to a contract for design services for the project authorized by the certificate of need will not expire unless the holder fails to execute or commit to a contract for design services by the deadline specified in the certificate of need.

- (g) In the event the holder of a certificate of need is unable to execute or commit to a contract for design services for the project due to developments beyond the control of the holder of the certificate of need or for other good cause, the time for performance shall be extended by a period equal to the period during which performance of the obligation has been delayed or failed to be performed.

§ 131E-190. Enforcement and sanctions.

- (a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.
- (b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.
- (c) Repealed.
- (d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.
- (e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.
- (f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article. The clear proceeds of penalties provided for in this subsection shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.
- (g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.
- (h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.
- (i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court

of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

APPENDIX E

CERTIFICATE OF NEED REGULATIONS

10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) “Applicant” means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) “Application deadline” means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) “Competitive review” means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) “CON Section” means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) “Full fiscal year” means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) “Health service” shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) “New institutional health service” shall have same meaning as defined in G.S. 131E-176(16).
- (8) “Person” shall have the same meaning as defined in G.S. 131E-176(19).
- (9) “Proposal” means a new institutional health service that requires a certificate of need.
- (10) “Related entity” means a person that:
 - (a) shares the same parent corporation or holding company with the applicant;
 - (b) is a subsidiary of the same parent corporation or holding company as the applicant;
 - or
 - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) “Review category” means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
- (12) “Review period” means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.

- (13) “State Medical Facilities Plan” shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
- (14) “USB flash drive” means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

10A NCAC 14C .0203 FILING APPLICATIONS

- (a) “Application form” refers to one of the following:
 - (1) the Certificate of Need Application form; or
 - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
 - (1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or
 - (2) calling (919) 855-3873.
- (c) An email request for an application form shall:
 - (1) describe the proposal;
 - (2) identify the city or county where the proposal would be located; and
 - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
 - (1) review category; and
 - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
 - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
 - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
 - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
 - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.
- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
 - (1) a signed certification page; or
 - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

- (a) If the review is not expedited, the review may be extended for the following reasons:
 - (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
 - (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
 - (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.
- (b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

- (a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).
- (b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not “comparable” if:
 - (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
 - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1102 PERFORMANCE STANDARDS

- (a) For the purposes of this Rule the following definitions shall apply:
 - (1) “Approved beds” means nursing home or adult care home beds that were issued a certificate of need but are not being used to provide services as of the application deadline for the review period.
 - (2) “Existing beds” means nursing home or adult care home beds that are being used to provide services as of the application deadline for the review period.
 - (3) “Maximum capacity” means the total number of existing, approved, and proposed nursing home or adult care home beds times 365 days.
 - (4) “Occupancy rate” means the total number of patient days of care provided in the nursing home or adult care home beds during a full fiscal year of operation divided by maximum capacity expressed as a percentage.

- (5) “Proposed beds” means the nursing home or adult care home beds proposed in the application under review.
- (b) An applicant proposing to develop nursing home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 90 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (c) An applicant proposing to develop adult care home beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) provide projected utilization of the existing, approved, and proposed beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) project an occupancy rate for the existing, approved, and proposed beds of at least 85 percent of maximum capacity during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to project the utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1400 – CRITERIA AND STANDARDS FOR LEVEL IV NEONATAL INTENSIVE CARE SERVICES

10A NCAC 14C .1401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved neonatal intensive care unit (NICU) beds” means acute care beds in a hospital that were issued a certificate of need to provide Level IV neonatal intensive care services but are not providing those services as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of NICU days of care provided during a full fiscal year of operation divided by 365 days.
- (3) “Existing NICU beds” means acute care beds in a hospital that are providing Level IV neonatal intensive care services as of the application deadline for the review period.
- (4) “Level IV neonatal intensive care services” means services provided to high-risk medically unstable or critically ill neonates less than 32 weeks of gestational age, or infants requiring constant nursing care or supervision in NICU beds.
- (5) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed NICU beds expressed as a percentage.
- (6) “Proposed NICU beds” means the acute care beds proposed to be developed a hospital in the application under review.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

- (a) An applicant proposing to develop a new Level IV neonatal intensive care service without increasing the total number of acute care beds on the hospital license shall:
 - (1) provide projected utilization of the proposed NICU beds during each of the first three full fiscal years of operation following completion of the project;
 - (2) document that the occupancy rate for the proposed NICU beds shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

(b) An applicant proposing to develop a new Level IV neonatal intensive care service or increase the number of NICU beds on the hospital license shall:

- (1) provide projected utilization of all existing, approved, and proposed NICU beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed NICU beds on the hospital license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used for the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.
- (2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).
- (5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.
- (7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.
- (8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.
- (10) "Mobile cardiac catheterization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.
- (11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.
- (13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and
- (3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;
- (3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and
- (5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac

catheterization equipment during the third full fiscal year of operation following completion of the project.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.
- (2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.
- (3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).
- (4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).
- (5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.
- (6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).
- (7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

- (a) A health service facility that proposes to develop a new open-heart surgery service shall:
 - (1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;
 - (2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and
 - (3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.
- (b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:
 - (1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;
 - (2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;
 - (3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine during each of the first three full fiscal years of operation following completion of the project;
 - (4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and
 - (5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:
 - (A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or
 - (B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

SECTION .1900 – CRITERIA AND STANDARDS FOR LINEAR ACCELERATORS

10A NCAC 14C .1901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.
- (4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).
- (6) "Proposed LINAC" means the LINAC proposed in the application under review.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;
- (3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;
- (4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;
- (5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:
 - (a) 6,750 or more ESTVs per LINAC; or
 - (b) serve 250 or more patients per LINAC.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Home health agency" shall have the same meaning as defined in G.S. 131E-176(12).
- (2) "Service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant proposing to develop a new Medicare-certified home health agency pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization for each of the first three full fiscal years of operation following completion of the project;
- (2) project to serve at least 325 residents of the proposed service area during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization required in Item (1) of this Rule.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.
- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

- (a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Dialysis" means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) "Dialysis facility" means a kidney disease treatment center as defined in G.S. 131E-176(14e).

- (3) "Dialysis station" means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) "Hemodialysis" means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) "Home hemodialysis" means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) "In-center hemodialysis" means hemodialysis performed in a dialysis facility.
- (7) "Peritoneal dialysis" means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

- (a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.
- (b) An applicant proposing to increase the number of in-center dialysis stations in:
 - (1) an existing dialysis facility; or
 - (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need
 shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.
- (c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.
- (d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.
- (e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Catchment area" means as defined in G.S. 122C-3(4).
- (2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

10A NCAC 14C .2403 PERFORMANCE STANDARDS

- (a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:
 - (1) a residential community based freestanding facility with six beds or less, i.e., group home model; or
 - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.
- (d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.
- (4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (6) "Host site" means the location where the mobile MRI scanner provides services.
- (7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).
- (8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.
- (9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

10A NCAC 14C .2703 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire a fixed MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;
- (2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;

- (3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;
 - (4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;
 - (5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;
 - (7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project:
 - (A) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
 - (B) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
 - (C) 1,310 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and
 - (8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,120 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operations following completion of the project.
- (b) An applicant proposing to acquire a mobile MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
- (1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;
 - (3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;
 - (4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;
 - (5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;
 - (6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;
 - (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;
 - (8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,120 or more adjusted MRI procedures per MRI scanner during the third full fiscal year of operations following completion of the project; and
 - (9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operations following completion of the project:

- (a) 3,494 or more adjusted MRI procedures per fixed MRI scanner if there are two or more fixed MRI scanners in the fixed MRI scanner service area;
- (b) 3,058 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or
- (c) 1,310 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Approved rehabilitation (rehab) beds" means rehab beds that were issued a certificate of need but are not licensed as rehab beds as of the application deadline for the review period.
- (2) "Average daily census (ADC)" means the total number of inpatient rehab days of care provided during a full fiscal year of operation divided by 365 days.
- (3) "Existing rehab beds" means rehab beds that are licensed as rehab beds as of the application deadline for the review period.
- (4) "Occupancy rate" means the ADC divided by the total number of existing, approved, and proposed rehab beds expressed as a percentage.
- (5) "Proposed rehab beds" means the rehab beds proposed in the application under review.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

An applicant proposing to develop rehab beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) provide projected utilization of all existing, approved, and proposed rehab beds on the hospital license during each of the first three full fiscal years of operation following completion of the project;
- (2) document that the occupancy rate for all existing, approved, and proposed rehab beds on the hospital license shall be at least 70 percent during the third full fiscal year of operation following completion of the project; and
- (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required in Items (1) and (2) of this Rule.

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.
- (2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
- (3) "Fixed PET scanner" means a PET scanner that is not mobile.
- (4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (5) "Host site" means the location where the mobile PET scanner provides services.
- (6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.

- (7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
- (9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

10A NCAC 14C .3703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
 - (3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
 - (4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
 - (5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
 - (6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
 - (7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.
- (b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
 - (2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
 - (3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
 - (4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
 - (5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;
 - (6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
 - (7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and
 - (8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE HOSPITAL BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Applicant hospital” means the hospital where the applicant proposes to develop the new acute care beds and includes all campuses on one license.
- (2) “Approved beds” means acute care beds in a hospital that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (3) “Average daily census (ADC)” means the total number of acute care days of care provided during a full fiscal year of operation divided by 365 days.
- (4) “Existing beds” means acute care beds in a hospital that are licensed as of the application deadline for the review period.
- (5) “Hospital system” means all hospitals in the proposed service area owned or operated by the applicant or a related entity.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved and proposed acute care hospital beds.
- (7) “Proposed beds” means the acute care beds proposed to be developed in a hospital in the application under review.
- (8) “Qualified applicant” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
- (9) “Service area” shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

An applicant proposing to develop new acute care beds in a hospital pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

- (1) document that it is a qualified applicant;
- (2) provide projected utilization of the existing, approved, and proposed acute care beds for the applicant hospital during each of the first three full fiscal years of operation following completion of the project;
- (3) project an occupancy rate of the existing, approved, and proposed acute care beds for the applicant hospital during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage;
- (4) provide projected utilization of the existing, approved, and proposed acute care beds for the hospital system during each of the first three full fiscal years of operation following completion of the project;
- (5) project an average occupancy rate of the existing, approved, and proposed acute care beds for the hospital system during the third full fiscal year of operation following completion of the project that equals or exceeds the target occupancy percentage of:
 - (a) 66.7 percent if the ADC is less than 100;
 - (b) 71.4 percent if the ADC is 100 to 200;
 - (c) 75.2 percent if the ADC is 201 to 399; or
 - (d) 78.0 percent if the ADC is greater than 400; and
- (6) provide the assumptions and methodology used to project the utilization and occupancy rates required in Items (2), (3), (4), and (5) of this Rule.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) “Approved gastrointestinal (GI) endoscopy rooms” means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) “Existing GI endoscopy rooms” means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) “GI endoscopy procedure” means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) “Licensed health service facility” means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) “New GI endoscopy room” means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) “Service area” means the county where the proposed GI endoscopy room will be developed.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to this Section:

- (1) “Approved beds” means hospice inpatient facility or hospice residential care facility beds that were issued a certificate of need but are not licensed as of the application deadline for the review period.
- (2) “Average daily census (ADC)” means the total number of days of care provided in the hospice inpatient facility or hospice residential care facility beds during a full fiscal year of operation divided by 365 days.
- (3) “Existing beds” means hospice inpatient facility or hospice residential care facility beds that are licensed as of the application deadline for the review period.
- (4) “Hospice inpatient facility beds” means inpatient beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K which are hereby incorporated by reference including subsequent amendments.

- (5) “Hospice residential facility beds” means group residential care beds in a facility licensed in accordance with the rules in Subchapter 10A NCAC 13K.
- (6) “Occupancy rate” means the ADC divided by the total number of existing, approved, and proposed hospice inpatient facility or hospice residential care facility beds expressed as a percentage.
- (7) “Proposed beds” means the hospice inpatient facility or hospice residential care facility beds proposed in the application under review.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

- (a) (a) An applicant proposing to develop new hospice inpatient facility beds pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
 - (1) provide projected utilization of all existing, approved, and proposed hospice inpatient facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice inpatient facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.
- (b) An applicant proposing to develop new HR beds shall:
 - (1) provide projected utilization of all existing, approved, and proposed hospice residential care facility beds on the license during each of the first three full fiscal years of operation following completion of the project;
 - (2) project that the occupancy rate for all existing, approved, and proposed hospice residential care facility beds on the license shall be at least 65 percent during the third full fiscal year of operation following completion of the project; and
 - (3) provide the assumptions and methodology used to provide the projected utilization and occupancy rate required by Subparagraphs (1) and (2) of this Paragraph.

APPENDIX F

ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
Atrium Health Wake Forest Baptist Medical Center Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

APPENDIX G

CRITICAL ACCESS HOSPITALS

County	Facility Name, Address and Telephone Number
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	ECU Health Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

County	Facility Name, Address and Telephone Number
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Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	ECU Health Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Mitchell	Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, North Carolina 28777 (828) 765-4201
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

County	Facility Name, Address and Telephone Number
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington Regional Medical Center 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Health
Service Regulation

Proposed State Medical Facilities Plan