

**PETITION FOR AN ADJUSTED NEED DETERMINATION FOR  
ONE HOSPICE HOME CARE OFFICE IN HARNETT COUNTY**

**Petitioner**

BAYADA Home Health Care Inc.

**Contact**

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Director of Hospice Services  
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**Requested Change**

BAYADA Home Health Care Inc. requests an adjusted need determination in the North Carolina 2018 State Medical Facilities Plan for one hospice home care office in Harnett County.

**BAYADA Home Health Care Inc.**

Throughout the country, BAYADA has a special purpose – to help people to have a safe home life with comfort, independence and dignity. This sense of purpose defines the BAYADA Way and emphasizes the core values of compassion, excellence and reliability. BAYADA Home Health Care has existing home health and home care operations in North Carolina including a Medicare-certified home health agency in Wake County and home care offices in multiple counties near Harnett County.

BAYADA Hospice is a dedicated division of BAYADA Home Health Care with extensive experience providing high quality hospice services with multiple offices in New Hampshire, Vermont, New Jersey, and Pennsylvania. BAYADA Hospice is uniquely qualified to implement a new hospice program in Harnett County to serve the population's unmet needs for hospice home care.

### **Justification for the Requested Change**

BAYADA Hospice discovered that the hospice home care methodology in the *Proposed 2018 State Medical Facilities Plan* does not take into consideration that two of the five licensed hospices with mailing addresses in Harnett County served no patients in recent years. Consequently Harnett patients have geographic access to far fewer hospice providers than what appears in the *Proposed SMFP*. The language in the *Proposed SMFP* does not specifically state that licensed hospices that served zero patients should be counted in the standard hospice home care methodology; hospices that provide no service lack actual service locations. Harnett County is uniquely underserved because it is a rural county and two of the licensed hospices are doing nothing to meet the needs of hospice-appropriate patients and their families.

The standard hospice home care methodology in the Proposed 2018 SMFP includes language related to need determinations for hospice home care offices as follows:

*Step 14: A need determination would be made for a county if both of the following are true:*

- 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 less.*

The *Proposed 2018 SMFP* shows a large projected deficit of 98 unserved hospice deaths in Table 13B column K for the Harnett County population (included in Attachment A). Such a large deficit has the potential to trigger a need determination for an additional hospice home care office because it exceeds the 90 deficit threshold. However, the number of licensed hospice home care offices located in the county per 100,000 populations is not reported to be three or less as required by the methodology. The Table 13B column L reports five licensed hospices in Harnett County and does not reflect the circumstance that two of the five hospice home care agencies reported serving no patients in their 2017 License Renewal applications. (Please see Attachments B and C.)

N.C.G.S. 131E-175. (3a) states, *"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."*

BAYADA Hospice contends that the intent of the standard methodology for hospice home care is to evaluate and quantify the projected future need for hospice services by the population in a rural service area. Inactive or underperforming hospice home care offices should not continually obstruct any future opportunities for need determinations. The large projected deficit and the limited availability of only three active hospices in Harnett County demonstrate that there is a genuine unmet need. The following table demonstrates that the number of active hospices that are licensed and located in Harnett County per 100,000 population to be less than three hospices in conformance with the standard methodology.

**Table 1. Number of Active Hospices Located in Harnett County per 100,000 Population**

	2016
Number of Licensed Hospices in Harnett Serving Patients*	3
Harnett Population**	128,173
Licensed Hospices Serving Patients in Harnett per 100,000 persons	2.34

\* 2018 Proposed SMFP Table 13A

\*\* 2018 Proposed SMFP Table 13B (adjusted to exclude military personnel)

Harnett County has a distinctive need for an additional hospice home care office because two hospices licensed in Harnett County have been inactive and served no patients for more than three years. These two hospices are:

Continuum Home Care and Hospice of Harnett (HOS3306)

Community Home Care and Hospice (HC4032)

This three year time period is more than adequate to allow the two inactive existing licensed hospices to implement services. The longer that the Harnett population has limited access to hospice home care services, the larger the deficit will grow for unserved hospice deaths. The two inactive hospices lack real service locations in Harnett County because they have provided no hospice services. As a result they fail to demonstrate adequate geographic location of services as described in N.C.G.S. 131E-177. (4).

According to the *Harnett County Comprehensive Growth Plan*, the most recent population figures indicate that Harnett's growth will continue to outpace regional, state and national rates.<sup>1</sup> The Harnett population over the age of 65 is projected to grow by approximately 17 percent from 16,171 persons in 2017 to 18,915 persons in 2022.<sup>2</sup> But unlike most counties throughout North Carolina, the numbers of hospice providers located in Harnett County that are willing and able to serve patients has declined.

While the Harnett population and the numbers of total deaths have increased, the percent of deaths served by hospice falls increasingly short of the statewide median from 2013 through 2016. The following tables show that the Harnett hospice deaths served from 2012 through 2015 continue to decline as fewer licensed hospices located in Harnett reported serving Harnett patients.

**Table 2. Trend for Harnett Deaths Served by Hospice**

	2012	2013	2014	2015
Harnett Hospices Reported Serving Harnett Patients*	4	4	3	3
Harnett Hospices Reported to be Licensed*	6	6	5	5
Harnett County Total Deaths*	914	896	946	997
Harnett Hospice Deaths*	362	311	325	320
% of Deaths Served by Hospice**	40%	35%	34%	32%
Statewide Median % Deaths Served by Hospice**	40%	42%	42%	46%

2014 to 2017 SMFP\*

The Carolinas Center FY 2015 Annual Data Supplement\*

The next table shows the most recent year's data with projected total annual deaths as compared to the 2015 Statewide Median % Deaths Served by Hospice.

<sup>1</sup> Harnett County North Carolina, <http://harnettedc.org/land-use-plan.asp>, accessed June 26, 2017

<sup>2</sup> North Carolina Office of State Budget and Management, <https://www.osbm.nc.gov/demog/county-projections>, accessed June 26, 2017

**Table 3. 2016 Estimated Harnett Deaths Served by Hospice**

	2016
Harnett Hospices Reported Serving Harnett Patients*	3
Harnett Hospices Reportedly Licensed*	5
Harnett County Projected Total Annual Deaths**	969
Harnett Hospice Deaths*	312
% of Deaths Served by Hospice*	32%
2015 Statewide Median % Deaths Served by Hospice***	46%

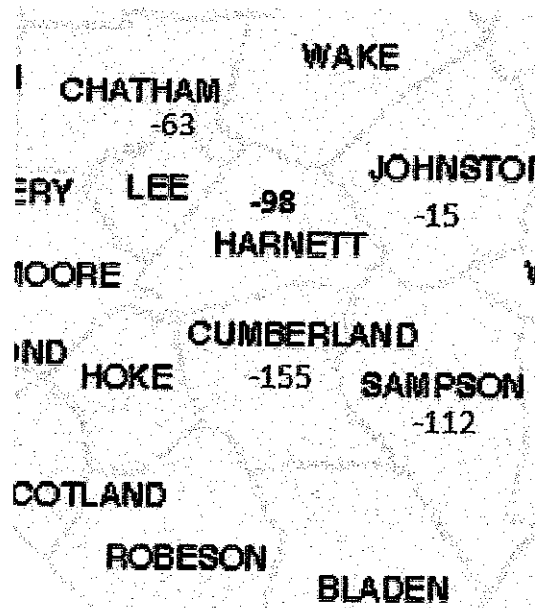
\*Proposed 2018 SMFP Tables 13A and 13B

\*\*Based on Previous 4 Year Average (2012-2014) Mortality Rate for Harnett Times Harnett 2016 Population

\*\*\*Based on Carolinas Center FY Median % Deaths Service by Hospice

Harnett County is also unique because four of the contiguous counties (that are also rural) have substantial projected deficits for hospice home care based on the standard hospice home care methodology and tables in the *Proposed 2018 SMFP*. The map below illustrates the projected unserved hospice deaths for the counties with projected deficits.

**Figure 1. Regional Map of Projected Hospice Deficits Based on *Proposed 2018 SMFP***



The standard hospice home care methodology does not assess the number or adequacy of hospices from other neighboring services areas when evaluating the projected deficit for a specific county such as Harnett. There are no rules or criteria that support this concept, particularly in rural counties where travel distances have the potential to further restrict patient access. There are in fact multiple hospices located in the adjoining counties that serve small numbers of Harnett patients. While hospice home care offices located in nearby counties could potentially serve some limited numbers of Harnett hospice patients, the projected deficits in Chatham, Johnston, Sampson and Cumberland Counties demonstrate that the existing hospice offices in these counties are not likely to meet the overall needs of the populations in their home counties and consequently would have limited ability to reach out to serve the Harnett patients. Hospice offices from adjoining counties are also extremely unlikely to be able to support continuous hospice care or respite hospice care.

#### **Alternatives Considered**

BAYADA Hospice considered three alternatives that include: a) maintain the status quo; b) petition for a change to the hospice methodology; c) petition for an adjusted need determination. Maintaining the status quo is not an effective alternative because the hospice utilization rate for Harnett County is clearly declining. Patients and families benefit from having positive competition and patient choice of high quality hospice providers that provide a complete scope of services.

Petitioning for a change in the hospice home care methodology to address the concern of licensed hospices that reported serving no patients was considered. However, this appears to a complex issue that would likely require extensive analysis and/or the formation of a workgroup. Other counties in North Carolina have licensed hospices that reported serving no patients in the prior year. It would be difficult to evaluate how long and to what extent these inactive hospices have diminished hospice utilization. Also, Harnett County has several unique factors that relate to hospice home care that are not likely to be found in many other counties. These include high population growth, two inactive licensed hospices within the county, a large projected deficit and substantial projected deficits in four adjoining counties. Consequently, a petition to change the statewide hospice home care methodology would not be an effective option.

The selected alternative of petitioning for an adjusted need determination best fits the distinctive circumstances in Harnett County due to the unique factors regarding the unmet need for

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

**Adverse Effects if the Adjustment Is Not Made**

If the requested adjustment for one additional hospice home care office is not made, the adverse effects will include diminished access to hospice services and higher healthcare costs.

If Harnett County remains underserved with no new hospice home care office, the population will continue to have limited patient choice and restricted access to a complete scope of hospice services. The following table shows the future projected deficits going forward for three years - 2020, 2021 and 2022 –based on Harnett County having home care percentages of deaths served remain at approximately 32 percent.

**Table 4. Future Projected Hospice Deficits in Harnett County**

	Assumptions	2019	2020	2021	2022	2023	2024
Projected Total Deaths	5% annual increase	936	983	1032	1084	1138	1195
Statewide Median Projected Hospice Deaths % of Total	Increase by 1% per year	49.2%	50.2%	51.2%	52.2%	53.20%	54.20%
Harnett Hospice Deaths Served Based on Statewide Projected Median		461	493	528	566	605	647
Existing Hospices Serving Harnett Deaths	5.2% annual increase	363	382	402	423	445	468
Projected Unserved Hospice Deaths	Statewide minus Existing	-98	-111	-127	-143	-161	-180

As seen in the above table, the adverse effect of maintaining the status quo results in an ever increasing deficit of unserved hospice deaths.

Not all existing hospice home care offices provide all four levels of hospice care. A review of the Licensed Renewal Applications for the three licensed hospice serving the Harnett County show no continuous care and very minimal levels of respite care and general inpatient care. Limited staffing resources and the lack of agreements with facilities are likely contributors to this substandard scope of hospice services. The existing hospices located in Harnett County fail to demonstrate their willingness and ability to provide all four levels of hospice care as specified by

Medicare. Without the requested adjustment, Harnett County citizens will continue to have access to only a limited scope of hospice services.

Because the population of Harnett County is underserved by the existing hospice home care providers, patients are more likely to utilize hospital services for end-of-life care and symptom management for terminal illnesses. End of life healthcare costs are significantly higher for non-hospice patients as compared to hospice patients due to higher rates of hospital and intensive care use, hospital readmissions, and in-hospital deaths.<sup>3</sup>

### **The Proposed Adjustment Would Not Result In Unnecessary Duplication**

The BAYADA request for an adjusted need determination for one hospice home care office in Harnett County would not result in unnecessary duplication of services because:

- Two of the five existing licensed hospices in Harnett County have been inactive for several years.
- Inactive licensed hospices in Harnett County offer no services to be duplicated.
- Harnett's hospice utilization trend shows a long-term decrease in the percentages of hospice deaths served, which is in contrast to the statewide trend.
- The three active Harnett licensed hospice home care offices fail to consistently provide all four levels of hospice service.

BAYADA requests an adjusted need determination for a full service hospice home care office that is willing and able to provide all levels of hospice home care in accordance with Medicare requirements, accreditation standards and the guidelines of the National Hospice and Palliative Care Organization.

### **BAYADA's Request is Consistent with the Basic Principles**

BAYADA Hospice confirms that the requested adjustment is consistent with the Basic Principles of the State Medical Facilities Plan regarding safety, quality, access and value. A proposed new hospice would be required to demonstrate that it is committed to meet licensure requirements and the Centers for Medicare and Medicaid Conditions of Participation. Patient safety and quality of care are integral to the initial regulatory approval process. BAYADA Hospice has an

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<sup>3</sup> *Health Affairs*, "Hospice Enrollment Saves Money For Medicare And Improves Care Quality Across A Number Of Different Lengths-Of-Stay" <http://content.healthaffairs.org/content/32/3/552.abstract>



excellent track record of providing excellent quality of care and obtaining and maintaining certification and accreditation.

Access to hospice home care services would be enhanced with the approval of the requested adjustment and the development of a new hospice home care office. Harnett County citizens are currently underserved due to hospice license holders that are only offering a limited scope of service or are withholding services entirely. BAYADA Hospice has specific strategies to expand community outreach to increase hospice home care utilization in communities that are chronically underserved. BAYADA Hospice is committed to provide hospice services to all hospice-appropriate persons, regardless of race, color, national origin, disability, age, or ability to pay.

The requested change would support a more effective continuum of care through coordination with hospitals, nursing facilities and home health providers. Having a new hospice home care provider in Harnett County would increase healthcare value by enabling patients to avoid delays in obtaining needed services and by assisting hospitals to discharge patients in a timely manner. BAYADA Hospice has extensive resources to educate the community regarding the value and benefits of hospice.

### **Summary**

BAYADA Hospice supports the standard methodology for hospice home care offices. However, the standard methodology does not accurately reflect the number of licensed hospice home care offices located in Harnett County that are providing services to the population. Harnett County's percentages of deaths served by hospices have decreased over the past five years. This is because two of the five licensed home care offices reported serving no patients for multiple years. Approval of this request by the petitioner for an adjusted need determination for one hospice home care office is timely and appropriate due to the unique circumstances in Harnett County.

## **Attachment A**

Table 13B: Year 2019 Hospice Home Care Office Need Projections

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
County	2011-2015 Death Rate/1000 Population	2019 Population (excluding military)	Projected 2019 Deaths	2016 Reported Number of Hospice Patient Deaths	2019 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2019 Number of Hospice Deaths Served Limited to 60%	Projected 2019 Number of Hospice Deaths Served	Median Projected 2019 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)	2017 License Data Supplements	Col. E x 3 Years Growth at 5.1% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (49.2%)		Col. H + Col. J - Col. I	2017 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <= 3 and Col. K <= -90
Currituck	9.1	27,904	254	88	102	152	102	125	0	-23	0	0.0	0
Dare	8.5	37,485	319	96	112	191	112	157	0	-45	2	5.3	0
Davidson	10.4	168,331	1,751	792	920	1,050	920	861	0	59	4	2.4	0
Davie	10.4	42,728	444	233	271	267	267	219	0	48	2	4.7	0
Duplin	8.9	59,867	533	170	198	320	198	262	0	-65	2	3.3	0
Durham	6.4	317,640	2,033	1,039	1,207	1,220	1,207	1,000	0	207	6	1.9	0
Edgecombe	11.0	53,896	593	164	191	356	191	292	0	-101	2	3.7	0
Forsyth	8.8	380,627	3,350	1,791	2,081	2,010	2,010	1,648	0	361	2	0.5	0
Franklin	8.5	67,290	572	135	157	343	157	281	0	-125	4	5.9	0
Gaston	10.5	220,752	2,318	1,093	1,270	1,391	1,270	1,141	0	130	2	0.9	0
Gates	9.6	11,646	112	27	31	67	31	55	0	-24	0	0.0	0
Graham	12.2	8,622	105	24	28	63	28	52	0	-24	1	11.6	0
Granville	8.5	60,110	511	149	173	307	173	251	24	-54	2	3.3	0
Greene	8.9	21,072	188	76	88	113	88	92	0	-4	1	4.7	0
Guilford	8.0	533,236	4,266	2,014	2,340	2,560	2,340	2,099	0	241	5	0.9	0
Halifax	12.3	50,980	627	154	179	376	179	309	0	-130	3	5.9	0
Harnett *	7.3	128,173	936	312	363	561	363	460	0	-98	5	3.9	0
Haywood	12.2	62,611	764	350	407	458	407	376	0	31	1	1.6	0
Henderson	12.2	117,582	1,435	815	947	861	861	706	0	155	2	1.7	0
Hertford	10.8	24,333	263	56	65	158	65	129	0	-64	1	4.1	0
Hoke *	5.9	54,162	320	100	116	192	116	157	0	-41	1	1.8	0
Hyde	10.0	5,638	56	24	28	34	28	28	0	0	1	17.7	0
Iredell	8.9	182,156	1,621	742	862	973	862	798	0	65	4	2.2	0
Jackson	8.3	42,843	356	164	191	213	191	175	0	16	1	2.3	0
Johnston	7.2	201,649	1,452	602	700	871	700	714	0	-15	6	3.0	0
Jones	12.3	10,426	128	38	44	77	44	63	0	-19	1	9.6	0

\* Population projections were adjusted to exclude active duty military personnel.

Table 13A: Hospice Data by County of Patient Origin - 2016 Data

Lic. #	Facility County	Facility Name	Admissions	Days of Care	Deaths
HOS0372	Davidson	Hospice of Davidson County, Inc.	6	90	6
HOS3051	Davidson	Liberty Home Care and Hospice	1	21	0
HOS4736	Randolph	Hospic of Randolph County	2	11	1
HOS1445	Mecklenburg	Novant Health Hospice & Palliative Care	2	9	1
HOS4599	Rowan	Glenn A. Kiser Hospice House	2	7	2
HOS0405	Union	Hospice of Union County	1	5	1
HOS4477	Moore	FirstHealth Hospice House	1	3	1
HC1498	Yadkin	Mountain Valley Hospice and Palliative Care	1	2	1
HOS3181	Iredell	Gordon Hospice House	1	1	1
<b>Guilford Totals</b>			<b>2,195</b>	<b>180,753</b>	<b>2,014</b>
<b>Agencies or Offices serving residents of Halifax</b>					
HOS3009	Halifax	Community Home Care and Hospice	75	7,450	69
HOS3269	Nash	PruittHealth Hospice - Rocky Mount	29	2,927	20
HC0765	Halifax	Home Health and Hospice of Halifax	47	2,441	27
HOS3256	Halifax	Continuum Home Care & Hospice of Halifax County	10	788	9
HC0393	Nash	Hospice and Palliative Care of Nash General Hospital	23	683	21
HC0498	Edgecombe	Gentiva Health Services	14	565	5
HOS0331	Pitt	AseraCare Hospice	2	240	2
HOS3008	Martin	Community Home Care & Hospice	1	22	1
HOS2424	Nash	Community Home Care & Hospice	1	15	0
<b>Halifax Totals</b>			<b>202</b>	<b>15,131</b>	<b>154</b>
<b>Agencies or Offices serving residents of Harnett</b>					
HOS2048	Harnett	Community Home Care and Hospice	108	12,764	89
HOS3067	Harnett	Liberty Home Care and Hospice	90	8,086	68
HOS0375	Harnett	Transitions LifeCare	100	5,010	90
HOS4746	Cumberland	PruittHealth Hospice - Fayetteville	13	1,135	5
HOS2281	Wake	Heartland Home Health Care and Hospice	10	1,090	10
HOS2034	Lee	Community Home Care and Hospice	10	798	8
HOS3069	Johnston	Liberty Home Care and Hospice	1	390	2
HOS4799	Cumberland	Cape Fear Valley Hospice and Palliative Care	4	372	2
HOS3086	Lee	Liberty Home Care and Hospice	11	349	9
HOS4088	Johnston	SECU Hospice House of Johnston Health	27	214	20
HOS0370	Chatham	UNC Hospice	3	142	3
HOS3147	Wake	Amedisys Hospice	3	137	0
HC0359	Cumberland	HealthKeeperz	0	94	1
HOS2004	Cumberland	Liberty Home Care and Hospice	1	65	0
HC1331	Cumberland	Community Home Care and Hospice	1	48	0
HOS3011	Columbus	Community Home Care and Hospice	1	41	0
HC0427	Moore	FirstHealth Hospice & Palliative Care	2	20	2
HOS4477	Moore	FirstHealth Hospice House	1	5	1
HOS3050	Moore	Liberty Home Care and Hospice	1	3	1
HC4027	Robeson	Amedisys Hospice Care	1	3	1
HOS3058	Wake	Liberty Home Care and Hospice	0	1	0
HOS3054	Sampson	Liberty Home Care and Hospice	1	1	0
<b>Harnett Totals</b>			<b>389</b>	<b>30,768</b>	<b>312</b>

Figures were taken from the 2017 Hospice Data Supplements. Data were self-reported to Healthcare Planning.

**Attachment B**

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to  
Continuum II Home Care & Hospice, Inc.*

*to operate a hospice known as  
Continuum Home Care & Hospice of Harnett County*

*located at 604 Lucas Road  
City of Dunn, North Carolina, Harnett County.*

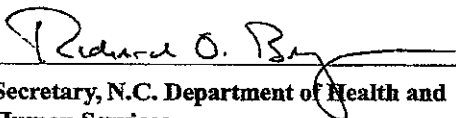
*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
Midnight, December 31, 2017.*

*Facility ID: 060045*

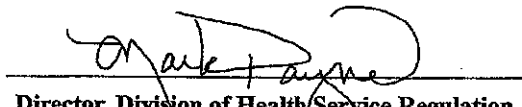
*License Number: HOS3306*

*Hospice Services*

Authorized by:

  
Secretary, N.C. Department of Health and  
Human Services



  
Director, Division of Health Service Regulation

North Carolina Department of Health and Human Services  
 Division of Health Service Regulation  
 Acute and Home Care Licensure and Certification Section  
 Regular Mail: 2712 Mail Service Center  
 Raleigh, North Carolina 27699-2712  
 Overnight UPS and FedEx only: 1205 Umstead Drive  
 Raleigh, North Carolina 27603  
 Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only

License # HOS3306

FID #: 060045

PC GM

Date 12/27/16



Total License Fee: \$400.00

**2017  
 LICENSE RENEWAL APPLICATION FOR  
 HOME CARE, NURSING POOL, AND HOSPICE**

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Continuum II Home Care & Hospice, Inc.  
 (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As  
 (D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Continuum Home Care & Hospice of Harnett County

Agency Mailing Address: (If materials are to be mailed to another address list here)  
 PO Box 1597  
 Dunn, NC 28335

Agency Site Address: 604 Lucas Road  
 Dunn, NC 28334

County: Harnett  
 Telephone: (910)891-4600 Fax: (910)891-4903

Agency E-Mail: (Required) hwd34-admin@harnettwoods.com  
 Web Site : (if applicable) \_\_\_\_\_

Administrator/Director: ~~Ida Trogdon~~ Cynthia Hodges

Title: Administrator

Name of the person to contact for any questions regarding this form:

Name: Cynthia Hodges Telephone: 800.814.8904

E-Mail: ~~hwd34-admin@harnettwoods.com~~ inf@continuumhch.com

**Licensure Categories Licensed For: (Check All That Apply)**

1. \_\_\_ Home Care Agency (G.S. 131E-138)
2. \_\_\_ Nursing Pool (G.S. 131E-154.3)
3. X Hospice Services (G.S. 131E-200)

PAID

NO 98028644  
 12-2-16  
 \$400



2017 License Renewal for Home Care, Nursing Pool & Hospice:  
Continuum Home Care & Hospice of Harnett County \* Harnett County

License No: **HOS3306**  
Facility ID: **060045**

**Scope of Services:**

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.**

Below are the services you are currently licensed to provide:

**Home Care Services ; Hospice Home Services**

**Hours:**

Indicate the hours that the agency is regularly open for business each day:  
[Example: 9 am – 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
O	O	O	O	O	O

**Nursing:**

Full-time Equivalents (FTE)

	R.N.	L.P.N.	Aides
Number:	O	O	O

**Accreditation Information:**

If home care licensure is being requested on the basis of deemed status as an accredited agency, **attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months.** Licensure based upon deemed status cannot be completed without full disclosure.

N/A

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
	TJC (The Joint Commission)	- -	
	DNV (Det Norske Veritas)		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for Health Care, Inc.)	- -	
	Other:	- -	

\* Please provide a copy of your letter if you are deemed





2017 License Renewal for Home Care, Nursing Pool & Hospice:  
Continuum Home Care & Hospice of Harnett County \* Harnett County

License No: **HOS3306**  
Facility ID: **060045**

**Corporation:**

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Continuum II Home Care and Hospice

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

1435 Hwy 259 P.O. box 10249 1(252)573 9094  
Kinston, NC 28501

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
Karen McDaniel	President	0
Stephen Hill	Vice President	0
Lucky Hill	Secretary	0
Stephen Farrar	Assist. Secretary	0
Principle Long Term Care, Inc	(Attach additional sheets as needed) OWNER	100%

**Government Unit:** N/A

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

b. Title of the official in charge of the governmental unit: \_\_\_\_\_

c. Check which best describes the type of governmental unit:

City \_\_\_ County \_\_\_ State \_\_\_ Authority \_\_\_ Health Dept \_\_\_ DSS \_\_\_

Other (Please specify): \_\_\_\_\_

**Multiple Facilities:**

a. Is this facility part of a multiple facility/agency system in North Carolina?  Yes \_\_\_ No  
(A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? \_\_\_ Yes  No

c. If 'Yes', please specify location.

Name	Location	License #

2017 License Renewal for Home Care, Nursing Pool & Hospice:  
Continuum Home Care & Hospice of Harnett County \* Harnett County

License No: **HOS3306**  
Facility ID: **060045**

d. If yes above, list name(s) of other facilities licensed in North Carolina by the Division of Health Service Regulation.

Name	Location	License #
See attached list		

(Attach additional sheets as needed)

e. Is your agency owned, in whole or in part, or operated by a hospital?    \_\_\_ Yes    X No

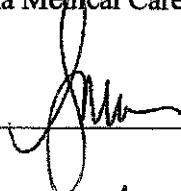
f. If 'Yes', please specify the name of entity. \_\_\_\_\_

g. Is your agency managed by another entity?    \_\_\_ Yes    X No

h. If 'Yes', please specify the name of entity. \_\_\_\_\_

**This application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2017 hospice care agency license.**

**AUTHENTICATING SIGNATURE:** The undersigned submits application for the year 2017 in accordance with North Carolina General Statutes G.S. 131E-202, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13K), and certifies the accuracy of this information.

Signature:  Date: 11/25/14

PRINT NAME  
OF APPROVING OFFICIAL Ashley Neenan

**Please be advised**, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a home care agency license.

## 2017 HOSPICE DATA SUPPLEMENT OVERVIEW

There are a total of twelve sections in this data supplement form on 14 pages. Please answer **all** of the questions in the designated location on **each page that applies to this licensed agency**.

Please be sure to double check all calculated totals throughout this document. This includes both row and column totals. Also, please double check to make sure all section totals that are required to match another section total match before submitting this form to DHSR.

**Section A** collects information regarding this particular hospice agency. Select one of two choices for your facility's reporting period.

DHSR Healthcare Planning staff will contact the person who is listed under the **Contact Name** if the form is submitted **incomplete** or if there are any questions regarding data contained on the form.

**Section E** collects data for FY2016 based only on patient principle/primary diagnosis (*use ICD-10-CM Code list provided*) regardless of payment source. Do **not** include patients carried over from FY2015.

**Section G** is patient demographics for new, **unduplicated** admissions.

**Section I** collects the number of patients by county of the patient's primary residence in FY2016 for this licensed agency.

**Section J** collects information on the number of licensed inpatient and residential beds for this licensed agency, if applicable.

**Section K** collects, by county of primary residence, inpatient and residential patient information for this licensed agency, if applicable. Total days of inpatient care days **do not include respite days**.

**Section L** collects inpatient and residential staffing information for FY2016 for this licensed agency, if applicable.

**If you have questions, please call Healthcare Planning at (919) 855-3865 or email us at [DHSR.SMFP.Hospice-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Hospice-Inventory@dhhs.nc.gov).**

7/12/2017

North Carolina Department of Health and Human Services  
 Division of Health Service Regulation  
 Acute and Home Care Licensure and Certification Section  
 Regular Mail: 2712 Mail Service Center  
 Raleigh, North Carolina 27699-2712  
 Overnight UPS and FedEx only: 1205 Umstead Drive  
 Raleigh, North Carolina 27603  
 Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only  
 License # HOS3306  
 FID #: 060045  
 PC \_\_\_\_\_

Date \_\_\_\_\_

**Hospice Agency**  
**2017 Annual Data Supplement to Licensure Application**  
 (Reporting 2016 Fiscal Year Data)

**Please read all directions for each section carefully.**

**SECTION A Identification and Contact Information**

License No: HOS3306

Legal Identity of Applicant: Continuum II Home Care & Hospice, Inc.

Agency d/b/a: Continuum Home Care & Hospice of Harnett County

Agency Site Address: Street: 604 Lucas Road  
 City: Dunn State: NC Zip: 28334

County: Harnett

Agency Phone #: (910)891-4600

Agency Fax #: (910)891-4903

REPORTING PERIOD:  October 1, 2015 – September 30, 2016 (FY2016)  
 July 1, 2015 – June 30, 2016

- If your agency or facility was not open for an entire twelve-month period, please specify the time period covered in this data supplement in the space provided below:

**CONTACT NAME:** Name of the person to contact for any questions regarding this form.

Print Name: Cynthia Hodges Telephone: 888.574.8904.

E-Mail: info@continuumhch.com ax: ^ - 910.989.2691

**CEO/DIRECTOR SIGNATURE:** I certify the information submitted herewith in this data supplement is accurate.

Print Name: Ashley Neenan Title: Administrator

Signature:  Date: 11/25/16

2017 Hospice Data Supplement Reporting for:  
Continuum Home Care & Hospice of Harnett County

License No: HOS3306  
Facility ID: 060045

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

**SECTION B Program Demographics**

**1. AGENCY TYPE (Select one based on Medicare Cost Report Status)**

- Free Standing
- Hospital Based
- Home Health Based (dually certified)
- Nursing Home Based

**2. CENSUS ON 9/30/2016: 0 (Only this license number)**

(If zero, explanation required) inactive pending future development - no patients served from this location

FY 2016

**3. MEDICARE CERTIFICATION**

Is this facility Medicare certified?  Yes or  No (Required)

Medicare Provider Number: 34 - 1502 (Example Medicare Provider Number: 34-5113)

**4. ACCREDITATION STATUS**

Accredited by:

- ACHC
- CHAP
- TJC
- DNV
- Other
- Not accredited

**5. TAX STATUS (Select one)**

- Voluntary (not for profit)
- Proprietary (for profit)
- Government

**SECTION C Patient Volume N/A**

**1. AVERAGE DAILY CENSUS AND LENGTH OF STAY:** Please review the definitions carefully before completing the following questions. (NOTE: For FY2016 count multiple admissions and discharges for the same patient as discrete events).

**a. Average Length of Stay (ALOS)**

Divide the total days of care provided to died/discharged patients for FY2016 by the total number of patients that died/discharged in FY2016 (NOTE: Use total days of care from admission to death or other discharge, even if the admission is outside the reporting period).

**b. Median Length of Stay (MLOS)**

The midpoint for all died/discharged patients for FY2016 (same populations as for ALOS, above). Half of the patients have a LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of stay.

**c. Average Daily Census (ADC)**

ADC is computed as follows: Take all patient days for the reporting period and divide by the number of days in that period.

**d. Total Number of Deaths**

Must agree with the total number of deaths in sections D, E, and I.

Number of Patients Who Died in  $\leq 7$  days (stays of 7 days or fewer) \_\_\_\_\_  
{Include the number of deaths for patients who died for the reporting period with stays of 7 days or fewer.}

Number of Patients Who Died in  $\geq 180$  days (stays of 180 days or more) \_\_\_\_\_  
{Include the number of deaths for all patients who died for the reporting period with stays of 180 or more consecutive days.}

2017 Hospice Data Supplement Reporting for:  
Continuum Home Care & Hospice of Harnett County

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

**SECTION C Patient Volume (continued)**

2. LEVEL OF CARE AND PAY SOURCE: *N/A / No patients served FY 2014*

- Include all patients who received services in FY2016. Do not count re-admissions within the same payment source.
- Patients who change primary pay source during this time should be reported for each pay source with the number of days of care recorded for each pay source (count each day only once even if there is more than one pay source on any given day).
- The number of patients served may be higher than the actual number of patients served due to a change in pay source.

Hospice Payment Source	Number of Patients Served	(a) Days of Routine Home Care	(b) Days of Inpatient Care	(c) Days of Respite Care	(d) Days of Continuous Care	Sum of (a thru d) Total Patient Care Days
Hospice Medicare						
Hospice Medicaid						
Private Insurance						
Self Pay *						
Other **						
<b>Total</b>						

NOTE: Total Days of Care should agree to Total Days of Care in Section I.

\* Self Pay included charity/indigent care and foundation help; does NOT include any commercial or government 3<sup>rd</sup> party payer.

\*\* Other Payment Sources (to be used rarely) may include but are not limited to VA, Workers Comp, Home Health Benefit (only for non-Medicare Certified agencies).

**SECTION D Number of Unduplicated Admissions and Deaths by Location** *N/A*

Please report the number of new admissions and deaths in each location during FY2016. For admissions, use location on the first day of care. Patients can start in one location and finish at another location.

**New Unduplicated Admissions:**

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times during FY2016 are counted only once. **Do not include patients carried over from FY2015.**

**Deaths:**

Include all patients who died during FY2016 regardless of date of admission.

2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

Location of Care <i>N/A - No patients served FY 2016</i>	Number of New Unduplicated Admissions	Number of Deaths
(1) Home - Private residence of either the patient or the caregiver		
(2) Nursing Facility - A licensed long term care facility providing nursing and supportive services		
(3) Hospice Unit - An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).		
(4) Hospital - An acute care facility not operated by the hospice (may be a floating or scattered bed contract).		
(5) Free Standing Hospice Inpatient Facility or Residence - An inpatient facility and/or residence operated entirely by a hospice.		
(6) Residential Care Setting - A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)		
<b>Totals (Sum 1 – 6)</b>		

NOTE: Number of Admissions must match the Number of Admissions in Sections E, G and I.  
Number of Deaths must match the Number of Deaths in Sections C, E and I.

**SECTION E Number of Patients by Principle/Primary Diagnosis N/A**

Please provide data for FY2016, regardless of payment source. Data provided should be based only on patient principle/primary diagnosis. The revised list in the table consists of ICD-10-CM Codes Categories.

**New (Unduplicated) Admissions:**

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. **Do not include patients carried over from FY2015.**

**Deaths:**

Include all patients who died in FY2016, regardless of date of admission.

**Live Discharges:**

Include all live discharges that occurred during FY2016, regardless of when the admission occurred. Count multiple discharges for the same patient as discrete events. (Example: A patient discharges alive, is later readmitted and discharges alive again. The patient is counted as 2 separate discharges.)

**Patient Days:**

Include the total number of days services were provided by **your hospice** for all patients who died or were discharged in FY2016. Count **all** days of service in FY2016 for each patient. For patients who had multiple episodes of care, count all days in each episode.



2017 Hospice Data Supplement Reporting for:  
Continuum Home Care & Hospice of Harnett County

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

N/A-no patients served FY2014

ICD-10-CM Codes	Principle/Primary Diagnosis Categories	Number of New (Unduplicated) Admissions	Number of Deaths	Number of Live Discharges	Patient Days for Patients Who Died or Were Discharged
A00-B99	Infectious and Parasitic Diseases				
C00-D99	Neoplasms				
D50-D99	Diseases of The Blood and Blood-Forming Organs				
E00-E99	Endocrine, Nutritional and Metabolic Diseases, And Immunity Disorders				
F01-F99	Mental, Behavioral and Neurodevelopmental Disorders				
G00-G99, H00-H99	Diseases of The Nervous System and Sense Organs				
I00-I99	Diseases of The Circulatory System				
J00-J99	Diseases of The Respiratory System				
K00-K99	Diseases of The Digestive System				
L00-L99	Diseases of The Skin and Subcutaneous Tissue				
M00-M99	Diseases of The Musculoskeletal System and Connective Tissue				
N00-N99	Diseases of The Genitourinary System				
Q00-Q99	Congenital Anomalies				
S00-T99	Injury and Poisoning, Classification of External Causes of Injury and Poisoning				
	All Others				
	<b>TOTAL</b>				

**NOTE: Number of Admissions must equal Sections D, G and I. Number of Deaths must equal Sections C, D and I.**

**SECTION F Productivity and Cost of Care** N/A

Complete this section using the following definitions.

**Direct Care:**

Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

**FTE:**

One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the **Division of Health Service Regulation – Healthcare Planning** at (919) 855-3865.

**Calculations:**

- **Total FTEs:** Divide paid hours by 2080 (may include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.
- **On-call FTEs:** First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.
- **Home Hospice FTEs:** Includes all staff involved in delivery of hospice care to patients in all settings (home, hospital, nursing home, etc.). Do not include inpatient staff when completing this section.

1. STAFFING BY DISCIPLINE - FY2016 *N/A - no patients served FY 2016*

	Staffing by Discipline	Total Home Hospice FTEs
1	<b>Nursing – Direct Clinical</b> Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>	
2	<b>Nurse Practitioner</b> Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.	
3	<b>Social Services</b> Include medical social services staff as defined by CMS for the cost report. Do not include chaplains, bereavement staff or volunteer coordinators.	
4	<b>Hospice Aides</b>	
5	<b>Physicians – Paid</b> Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.	
6	<b>Physicians – Volunteer</b>	
7	<b>Chaplains</b>	
8	<b>Other Clinical</b> Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists and dietitians. Do not include volunteers.	
9	<b>Clinical (add rows 1 – 8)</b> Includes all <u>direct</u> care time (above 8 rows). This is the total of Nursing-Direct clinical, NP, Social Services, Aides, Physicians, Chaplains & Other Clinical.	
10	<b>Nursing – Indirect Clinical</b> Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc).	
11	<b>Bereavement</b> Include all paid staff providing bereavement services, including pre-death grief support. <i>Do not include volunteers.</i>	
12	<b>Non-Clinical</b> Include all administrative and general staff.	
13	<b>Total (add rows 9-12)</b> Include <u>all</u> staff time. This is the total of Clinical, Indirect Clinical, Bereavement and Non-Clinical.	

2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

**2. VISITS BY DISCIPLINE** *N/A - no patients served FY2016*

Please provide the following information for FY2016. Count **all** visits, regardless of setting (hospital, nursing home, residential facility, etc.). If you own/operate a hospice, inpatient or residential facility – **do not include visits to your facility here.**

Discipline	Total Visits
<b>Nursing</b> Include visits made by RNs and LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.	
<b>Nurse Practitioners</b> Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.	
<b>Social Services</b> Include visits made by medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains, bereavement staff, or volunteer coordinators.</i>	
<b>Hospice Aides</b>	
<b>Physicians – Paid</b> Include visits made by medical directors and other physicians providing direct care to patient. <i>Exclude volunteer physicians.</i>	
<b>Physicians – Volunteer</b>	
<b>Chaplains</b>	
<b>Other Clinical</b> Include any paid staff in addition to those captured above who make visits as part of direct care to patients or families. Include therapists, nurse practitioners, and dieticians. <i>Do not include volunteers or bereavement staff.</i>	

**3. CASELOADS** *N/A - no patients served FY 2016*

Caseload is the preferred number of patients for which a staff member has responsibility or to which she/he is assigned at a time. Enter a single number for FY2016. Do not enter a range.

Discipline	Average Caseload
<b>Primary Nurse/Nurse Case Manager</b> - RN with primary responsibility for the patient's care.	
<b>Social Worker</b> – Social Worker with medical social services duties, as defined by CMS. Include only those patients who receive visits in determining Social Worker caseloads.	
<b>Hospice Aide</b>	
<b>Chaplain</b> - Include only those patients who receive visits in determining chaplain caseload.	
<b>Volunteer Coordinator</b> - Include only those patients who are assigned a volunteer in determining volunteer coordinator caseload.	
<b>Medical Director</b> - Include only those patients whom the medical director is the attending physician in determining caseload.	

2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

**SECTION G Patient Demographics for New (Unduplicated) Admissions**

*N/A - no patients served FY 2016*

Only include patients admitted for the first time during FY2016. Patients who are admitted multiple times are counted only once.

**1. GENDER**

- a. Female \_\_\_\_\_
- b. Male \_\_\_\_\_
  
- Total** \_\_\_\_\_  
(Required)

**3. ETHNICITY** all patients should be categorized as Hispanic or non-Hispanic, and further categorized by Race below

- a. Hispanic (as defined by U.S. Census Bureau) \_\_\_\_\_
- b. Non-Hispanic \_\_\_\_\_
  
- Total (must equal Race total)** \_\_\_\_\_  
(Required)

**2. AGE**

Use patient's age on the first day of admission in FY2016

- a. < 1 \_\_\_\_\_
- b. 1 - 4 \_\_\_\_\_
- c. 5 - 14 \_\_\_\_\_
- d. 15 - 20 \_\_\_\_\_
- e. 21 - 24 \_\_\_\_\_
- f. 25 - 34 \_\_\_\_\_
- g. 35 - 64 \_\_\_\_\_
- h. 65 - 74 \_\_\_\_\_
- i. 75 - 84 \_\_\_\_\_
- j. 85 + \_\_\_\_\_
  
- Total** \_\_\_\_\_  
(Required)

**4. RACE**

- a. American Indian or Alaskan Native \_\_\_\_\_
- b. Asian \_\_\_\_\_
- c. Black or African American \_\_\_\_\_
- d. Hawaiian or Other Pacific Islander \_\_\_\_\_
- e. White \_\_\_\_\_
- f. Some other race or races \_\_\_\_\_
  
- Total (must equal Ethnicity total)** \_\_\_\_\_  
(Required)

**NOTE: Number of Admissions must agree to the number of admissions in Sections D, E and I.**

2017 Hospice Data Supplement Reporting for:  
Continuum Home Care & Hospice of Harnett County

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation -- Healthcare Planning at (919) 855-3865.

**SECTION H Processes of Care** N/A - no patients served FY 2016

**1. DIRECT PATIENT CARE VOLUNTEERS**

Provide the following information during FY2016.

Do **not** include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity and Cost of Care.

**Number of Volunteers:**

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service. Some volunteers participate in multiple types of activities, such as spending time with patients *and* assisting with fundraising mailings. If any of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category, regardless of the proportion of time spent providing direct care.

**Volunteer Hours:**

For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

Volunteers	Number	Hours	Visits
(1) <b>Direct Patient Care Volunteers</b> - Defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend "tuck-in" program (do not include phone calls as a visit).			
(2) <b>Clinical Support Volunteers</b> - Report the number/hours for volunteers who provide patient care and clinical support. These volunteers are combined with Direct Patient Care Volunteers, to meet the Medicare Condition of Participation regarding 5% volunteer hours. <i>Medicare interpretive guidelines define administrative volunteers in this context as supporting patient care activities (e.g., clerical duties), rather than general support (e.g., fundraising).</i>			
(3) <b>General Support Volunteers</b> - Report the number and the hours for volunteers who provide general support, such as those who help with fundraising and members of the board of directors. These volunteers <i>do not contribute to the 5% Medicare requirement.</i>			
<b>All Hospice Volunteers</b> - Sum of (1-3) above.			

2017 Hospice Data Supplement Reporting for:  
Continuum Home Care & Hospice of Harnett County

License No: **HOS3306**  
Facility ID: **060045**

For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.

2. **BEREAVEMENT SERVICES** *N/A - no patients served FY 2016*  
Provide the following information for FY2016.

- In calculating responses for the questions below, include all bereavement clients who received services during FY2016, both those currently on bereavement rolls and those who were discharged from bereavement services.
- Information entered under Community Members should include bereavement services provided to individuals in the community who were not associated with a family member or friend admitted to hospice.

Bereavement Services	Hospice Family Members	Community Members	Total
<b>Total Number of Contacts by Visit</b> Include any face-to-face one-to-one contact with individuals, regardless of setting. Do not include support group or camp services.			
<b>Total Number of Contacts by Phone Call</b>			
<b>Total Number of Mailings to the Bereaved</b>			
<b>Total Number of Individuals Who Received Bereavement Services</b> Include all individuals enrolled for bereavement, including those served through support groups and camps.			

**SECTION I Patient Volume (Required)** *N/A - no patients served FY 2016*

**PATIENTS SERVED BY COUNTY OF PRIMARY RESIDENCE:**

Please complete the following information (for FY2016) for each patient this agency served by county of the patient’s primary residence.

Column

- County of Primary Residence:** List patients by county of primary residence.
- Number of New (Unduplicated) Admissions:** Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. Do not include patients carried over from FY2015. Total number of unduplicated admissions must equal the total admissions in Sections D, E and G.
- Number of Deaths:** Include all deaths that occurred during the FY2016.
- Number of Non-Death Discharges:** Live discharges that occurred in FY2016.
- Number of Patients Served:** Includes carryover patients from prior year, new admissions and re-admissions. Patients admitted multiple times in FY2016 are counted only once.
- F-I. Days of Care:** Totals must agree to the Days of Care totals in Section C, 2. This includes all Days of Care in FY2016 regardless of when the admission occurred.



2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

*For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.*

**SECTION J Inpatient and Residential Information N/A**

Completion of this entire Section is required. Please provide the following information for FY2016.

1. Facility Name: \_\_\_\_\_

2. Number of Licensed Inpatient Beds: \_\_\_\_\_

Number of Licensed Residential Beds: \_\_\_\_\_

3. Where is the facility located? (Select one)

- On campus of Free Standing Hospice
- in Hospital
- in Nursing Home
- other (please specify): \_\_\_\_\_

4. Did the facility open during FY2016?  Yes or  No

If yes, please note the date the facility was licensed: \_\_\_\_\_

If yes, please note the date the facility was Medicare certified: \_\_\_\_\_

5. Did the facility add beds during FY2016?  Yes or  No

If yes, please note how many beds were added: \_\_\_\_\_

If yes, please note the date the beds were licensed: \_\_\_\_\_

6. Did the facility convert any residential beds to inpatient beds during FY2016?  Yes or  No

If yes, please note how many beds were converted: \_\_\_\_\_

If yes, please note the date the beds were licensed: \_\_\_\_\_





2017 Hospice Data Supplement Reporting for:  
**Continuum Home Care & Hospice of Harnett County**

License No: **HOS3306**  
Facility ID: **060045**

*For questions, contact the Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.*

**SECTION L Inpatient and Residential Staffing Information N/A**

**1. Facility Staffing by Discipline - Staffing Information for FY2016**

Complete this section using the following definitions and calculation instructions:

**Direct Care:** Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

**FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

**Calculations:** Total FTEs: Divide paid hours by 2080 (can include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

Staffing by Discipline		Facility FTEs	
		Inpatient	Residential
1	<b>Nursing – Direct Clinical</b> Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>		
2	<b>Social Services</b> Include medical social services staff as defined by CMS for the cost report. Do not include bereavement counselors.		
3	<b>Hospice Aides</b>		
4	<b>Physicians – Paid</b> Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians.</i>		
5	<b>Physicians – Volunteer</b>		
6	<b>Chaplains</b>		
7	<b>Other Clinical</b> Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>		
8	<b>Non-Clinical</b> Include all administrative and general staff or contract staff.		

**Attachment C**

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective January 01, 2017, this license is issued to  
Community Home Care of Robeson County, LLC*

*to operate an agency known as  
Community Home Care and Hospice*

*located at 1240 N. Main Street  
City of Lillington, North Carolina.*

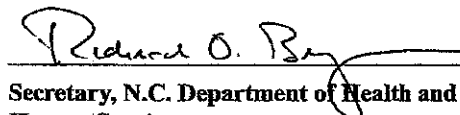
*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall expire  
midnight December 31, 2017.*

*Facility ID: 100159*

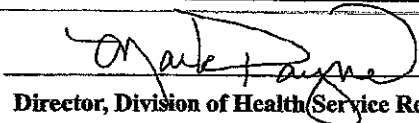
*License Number: HC4032*

*Home Care Services: Nursing Care, In-home Aide, Hospice Services, Companion, Sitter, Respite*

Authorized by:

  
Secretary, N.C. Department of Health and  
Human Services



  
Director, Division of Health Service Regulation

NOV 17/12/2017

North Carolina Department of Health and Human Services  
 Division of Health Service Regulation  
 Acute and Home Care Licensure and Certification Section  
 Regular Mail: 2712 Mail Service Center  
 Raleigh, North Carolina 27699-2712  
 Overnight UPS and FedEx only: 1205 Umstead Drive  
 Raleigh, North Carolina 27603  
 Telephone: (919) 855-4620 Fax: (919) 715-8476

## For Official Use Only

License # HC4032

Computer 100159

PC UDate 11-21-16

Total License Fee:

\$510.00

2017

## LICENSE RENEWAL APPLICATION FOR HOME CARE, NURSING POOL, AND HOSPICE

A separate application is to be completed for each site from which home care (including home health), nursing pool, or hospice services are offered. Separate legal entities operated out of the same office must submit separate applications.

Legal Identity of Applicant: Owner/Corporate Identity: Community Home Care of Robeson County, LLC

(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Agency Name/Doing Business As:

(D/B/A) - Name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Community Home Care and Hospice

Agency Mailing Address: (If materials are to be mailed to another address list here)

P.O. Box 4060  
 Attn: Regulatory  
 Mooresville, NC 28117

Agency Site Address: 1240 N. Main Street  
 Lillington, NC 27546

County: Harnett

Telephone: (910)849-5528

Fax: ( ) -

Agency E-Mail:(Required) gmcgee@curohs.com

Web Site :(if applicable) \_\_\_\_\_

**Administrator/Director:** Shannon Ayscue RN

**Title:** DOO

Name of the person to contact for any questions regarding this form:

**Name:** Gusti McGee **Telephone:** 704-1062-0416

**E-Mail:** gmcgee@curohs.com

**Licensure Categories Licensed For:(Check All That Apply)**

1.  Home Care Agency (G.S. 131E-138)
2.  Nursing Pool (G.S. 131E-154.3)
3.  Hospice Services (G.S. 131E-200)

PAID  
 CK NO. 126975  
 DATE 11-15-16  
 \$510

2017 License Renewal for Home Care, Nursing Pool & Hospice:  
Community Home Care and Hospice \* Harnett County

License No: **HC4032**  
Facility ID: **100159**

**Scope of Services:**

DHSR licenses Home Care agencies for a Scope of Services: Nursing Care, Infusion Nursing Services, In-Home Aide, Medical Social Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Clinical Respiratory Services (including Pulmonary or Ventilation if provided separately from routine nursing practice). Any agency adding a new service category as outlined in G.S. 131E-136(3)(a)-(f) shall notify the Department in writing at least 30 days prior to the provision of that service to any clients. **YOU MAY NOT ADD SERVICES ON THIS APPLICATION.** Below are the services you are currently licensed to provide:

**Home Care Services: Nursing Care, In-home Aide; Hospice Home Services**

- 1) Under this home care license number, are you directly providing Home Medical Equipment/Durable Medical Equipment? \_\_\_\_\_ Yes  No
- 2) Do you also have a medical equipment permit issued by the NC Board of Pharmacy? \_\_\_\_\_ Yes  No

If "yes," please provide the permit number: \_\_\_\_\_

**Hours:**

Indicate the hours that the agency is regularly open for business each day:  
[Example: 9 am – 5 pm. Use "O" if not open]

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
O	O	O	O	O	O

**Nursing:**

Full-time Equivalent (FTE)

	R.N.	L.P.N.	Aides
Number:	O	O	O

**Accreditation Information:**

If home care licensure is being requested on the basis of deemed status as an accredited agency, **attach a complete copy of accrediting organization's inspection report (or findings) together with its decision, if surveyed within the last 12 months.** Licensure based upon deemed status cannot be completed without full disclosure.

Accredited	Accrediting Organization	Expiration Date	*Deemed Status
	TJC (The Joint Commission)	- -	
	DNV (Det Norske Veritas)		
	CHAP (Community Home Association Program)	- -	
	ACHC (Accreditation Commission for HealthCare, Inc.)	- -	
	Other:	- -	

\*Please provide a copy of your letter if you are deemed

2017 License Renewal for Home Care, Nursing Pool & Hospice:  
**Community Home Care and Hospice ♦ Harnett County**

License No: **HC4032**  
Facility ID: **100159**

**Home Care Agency Applicants:**

- 1. Are you a Medicare Certified Home Health agency? \_\_\_ Yes  No If yes, what is your Medicare provider number? \_\_\_\_\_
- 2. This agency is a Home Health Agency. \_\_\_ Yes  No.  
If 'Yes', please check one: Parent \_\_\_ Branch \_\_\_ Sub-unit \_\_\_
- 3. Is this agency owned or operated by a Continuing Care Retirement Center (CCRC)? \_\_\_ Yes  No

**Hospice Applicants:**

- 1. If Medicare certified, what is your hospice provider number? N/A
- 2. For Medicare certified hospices do you operate more than one office under this provider number? If yes please list each license operating under this Medicare number.  
N/A
- 3. Has this site been issued a Certificate of Need to provide hospice services?  Yes \_\_\_ No.
- 4. Do you have an agreement to operate Hospice licensed inpatient beds or hospice residential beds in another facility? If so, list facility. N/A

**Nursing Pool Applicants:**

All nursing pool applicants must attach a copy of the agency's current general and professional liability insurance policy (binder acceptable). The document must show that the applicant is insured against loss, damage, and expense related to a death or injury claim resulting from negligence or malpractice in the provision of health care by the nursing pool and its employees.

**Ownership Disclosure:** (Please fill in any blanks and make changes where necessary).

- 1. What is the name of the legal entity with ownership responsibility and liability? If this is a Corporation, complete the exact wording of the corporate name as on file with the NC Secretary of State (Corporate Office). If this is a Unit of Government, the name of the governmental unit that has the ownership responsibility and liability for services offered.

Owner: Community Home Care of Robeson County, LLC  
**National Provider Identifier (NPI):** 1902177652  
 Street/Box: P.O. Box 4060  
 City: Mooresville State: NC Zip: 28117-  
 Telephone: (910)849-5528 Fax: (704)664-1306  
 Senior Officer: Douglas J. ABell, Chief of Compliance Of

- a. Legal entity is:  For Profit \_\_\_ Not For Profit
- b. Legal entity is \_\_\_ Corporation  Limited Liability \_\_\_ Partnership  
 Company  
~~\_\_\_ Proprietorship \_\_\_ Limited Liability \_\_\_ Government Unit~~  
 Partnership

2017 License Renewal for Home Care, Nursing Pool & Hospice:  
Community Home Care and Hospice + Harnett County

License No: **HC4032**  
Facility ID: **100159**

**Corporation:**

a. What is the exact wording of the corporate name on file with the NC Secretary of State?

Community Home Care of Robeson County, LLC

b. In what state was the corporation originally established? NC

c. Address and Telephone number of the corporation:

P.O. Box 4060 Attn: Regulatory Mooresville NC 28117  
704-664-2876

d. List names and addresses of ALL officers and any other persons with a controlling interest of 5% or more.

Name	Title	Percent of Stock
<u>See Attached</u>		

(Attach additional sheets as needed)

**Government Unit:**

a. Name of the governmental unit that has the ownership responsibility and liability for the services offered:

N/A

b. Title of the official in charge of the governmental unit: N/A

c. Check which best describes the type of governmental unit:

City \_\_\_ County \_\_\_ State \_\_\_ Authority \_\_\_ Health Dept \_\_\_ DSS \_\_\_

Other (Please specify): \_\_\_\_\_

**Multiple Facilities:**

a. Is this facility part of a multiple facility/agency system in North Carolina? \_\_\_ Yes \_\_\_ No  
(A multiple facility system is defined as two or more facilities under the same management or ownership).

b. If 'Yes' above, are medical records in a centralized location? \_\_\_ Yes \_\_\_ No

c. If 'Yes', please specify location.

Name	Location	License #





2017 Home Care Annual Utilization Data for:  
**Community Home Care and Hospice • Harnett County**

License No: **HC4032**  
Facility ID: **100159**

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-8476

**For Official Use Only**  
License # HC4032  
FID #: 100159  
PC \_\_\_\_\_

**HOME CARE AGENCY**  
**2017 Annual Utilization Data**  
(Reporting 2016 Fiscal Year Data)

To be completed by agencies without a certificate of need or authorization to provide Medicare certified home health services.  
**A separate form should be completed for each site.**

**A. Identification:**

License No: HC4032  
Legal Identity of Applicant: Community Home Care of Robeson County, LLC  
Agency d/b/a: Community Home Care and Hospice  
Agency Site Address: 1240 N. Main Street  
Lillington, NC 27546  
County: Harnett

**B. Reporting Period**

Data is requested for the twelve-month period beginning on July, August, September or October 1, 2015, and ending after the twelve-month period, but no later than September 30, 2016. If your agency or facility was not open for this entire twelve-month period, please specify the time period covered in this report and complete the report for the time period.

Your reporting period:  
Starts October 1, 2015 and Ends September 30, 2016 \*  
\* Change date if different from September 30

AUTHENTICATING SIGNATURE: I certify the information submitted in this Annual Utilization Data is accurate.

Typed Name: Gusti McGee Title: Director Regulatory Services  
Signature: Gusti McGee Date: 11/9/2016



2017 Home Care Annual Utilization Data for:  
**Community Home Care and Hospice ♦ Harnett County**

License No: **HC4032**  
Facility ID: **100159**

**D. Staff**

◆ Report data in Table below.

**Total Staff** means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services.

**Total Clients** means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Include companion, sitter, homemaker and respite services. If a client is reopened to the same discipline later in the year, count only once.

<b>Examples</b>	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one (1) client under nursing.
	Mrs. Smith was admitted on four (4) different occasions to the home care agency. She received nursing on 2 admissions, aide services on 3 admissions and physical therapy on 1 admission. Count Mrs. Smith as 1 client under nursing, 1 client under in-home aide services and 1 client under physical therapy.

If the RN supervisor and Agency Administrator are the same person please report the position in only one category and use the category in which the most time is utilized.

Staff Discipline	Total Staff	Total Clients 12-Month Report Period
Administrator		
Nurse Director or Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist		
Speech Therapist		
Social Worker		
In -Home Aide		
Companion, Sitter, Respite Staff		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		

## 2017 HOSPICE DATA SUPPLEMENT OVERVIEW

There are a total of twelve sections in this data supplement form on 14 pages. Please answer **all** of the questions in the designated location on **each page that applies to this licensed agency**.

Please be sure to double check all calculated totals throughout this document; to include all row totals and column totals. Also, please double check to make sure all section totals that are required to match another section total match before submitting this form to DHSR.

**Section A** collects information regarding this particular hospice agency. Select one of two choices for your facility's reporting period.

DHSR Healthcare Planning staff will contact the person who is listed under the **Contact Name** if the form is submitted **incomplete** or if there are any questions regarding data contained on the form.

**Section E** collects data for FY2016 based only on patient principle/primary diagnosis (*use ICD-10-CM Code list provided*) regardless of payment source. Do **not** include patients carried over from FY2015.

**Section G** is patient demographics for new, **unduplicated** admissions.

**Section I** collects the number of patients by county of the patient's primary residence in FY2016 for this licensed agency.

**Section J** collects information on the number of licensed inpatient and residential beds for this licensed agency, if applicable.

**Section K** collects, by county of primary residence, inpatient and residential patient information for this licensed agency, if applicable. Total days of inpatient care days **do not include respite days**.

**Section L** collects inpatient and residential staffing information for FY2016 for this licensed agency, if applicable.

**If you have questions, please call Healthcare Planning at (919) 855-3865 or email us at [DHSR.SMFP.Hospice-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Hospice-Inventory@dhhs.nc.gov).**

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-8476

For Official Use Only  
License # HC4032  
FID #: 100159  
PC \_\_\_\_\_ Date \_\_\_\_\_

**Hospice Agency**  
**2017 Annual Data Supplement to Licensure Application**  
(Reporting 2016 Fiscal Year Data)

**Please read all directions for each section carefully.**

**SECTION A Identification and Contact Information**

License No: HC4032  
Legal Identity of Applicant: Community Home Care of Robeson County, LLC  
Agency d/b/a: Community Home Care and Hospice  
Agency Site Address: Street: 1240 N. Main Street  
City: Lillington State: NC Zip: 27546  
County: Harnett  
Agency Phone #: (910)849-5528  
(910)849-5528  
Agency Fax #: ( ) -  
REPORTING PERIOD:  October 1, 2015 – September 30, 2016 (FY2016)  
 July 1, 2015 – June 30, 2016

- If your agency or facility was not open for an entire twelve-month period, please specify the time period covered in this data supplement in the space provided below:

CONTACT NAME: Name of the person to contact for any questions regarding this form.

Print Name: Gusti McGee Telephone: 704-662-0416

E-Mail: gmcgee@carohs.com Fax: 704-664-1306

CEO/DIRECTOR SIGNATURE: I certify the information submitted herewith in this data supplement is accurate.

Print Name: Gusti McGee Title: Director Regulatory Services

Signature: Gusti McGee Date: 11/9/2016

2017 Hospice Data Supplement Reporting for:  
Community Home Care and Hospice \* Harnett County

License No: **HC4032**  
Facility ID: **100159**

**SECTION B Program Demographics**

**1. AGENCY TYPE (Select one based on Medicare Cost Report Status)**

- Free Standing
- Hospital Based
- Home Health Based (dually certified)
- Nursing Home Based

**2. CENSUS ON 9/30/2016:** 0 (Only this license number)  
(If zero, explanation required) See Attached

**3. MEDICARE CERTIFICATION**

Is this facility Medicare certified?  Yes or  No (Required)  
Medicare Provider Number:      -      (Example Medicare Provider Number: 34-5113)

**4. ACCREDITATION STATUS**

- Accredited by:
- ACHC
  - CHAP
  - TJC
  - DNV
  - Other
  - Not accredited

**5. TAX STATUS (Select one)**

- Voluntary (not for profit)
- Proprietary (for profit)
- Government

**SECTION C Patient Volume**

**1. AVERAGE DAILY CENSUS AND LENGTH OF STAY:** Please review the definitions carefully before completing the following questions. (NOTE: For FY2016 count multiple admissions and discharges for the same patient as discrete events).

**a. Average Length of Stay (ALOS)** \_\_\_\_\_

Divide the total days of care provided to died/discharged patients for FY2016 by the total number of patients that died/discharged in FY2016 (NOTE: Use total days of care from admission to death or other discharge, even if the admission is outside the reporting period).

**b. Median Length of Stay (MLOS)** \_\_\_\_\_

The midpoint for all died/discharged patients for FY2016 (same populations as for ALOS, above). Half of the patients have a LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of stay.

**c. Average Daily Census (ADC)** \_\_\_\_\_

ADC is computed as follows: Take all patient days for the reporting period and divide by the number of days in that period.

**d. Total Number of Deaths** \_\_\_\_\_

Must agree with the total number of deaths in sections D, E, and I.

Number of Patients Who Died in ≤ 7 days (stays of 7 days or fewer) \_\_\_\_\_

{Include the number of deaths for patients who died for the reporting period with stays of 7 days or fewer.}

Number of Patients Who Died in ≥ 180 days (stays of 180 days or more) \_\_\_\_\_

{Include the number of deaths for all patients who died for the reporting period with stays of 180 or more consecutive days.}

2017 Hospice Data Supplement Reporting for:  
**Community Home Care and Hospice + Harnett County**

License No: **HC4032**  
Facility ID: **100159**

**SECTION C Patient Volume (continued)**

**2. LEVEL OF CARE AND PAY SOURCE:**

- Include all patients who received services in FY2016. Do not count re-admissions within the same payment source.
- Patients who change primary pay source during this time should be reported for each pay source with the number of days of care recorded for each pay source (count each day only once even if there is more than one pay source on any given day).
- The number of patients served may be higher than the actual number of patients served due to a change in pay source.

Hospice Payment Source	Number of Patients Served	(a) Days of Routine Home Care	(b) Days of Inpatient Care	(c) Days of Respite Care	(d) Days of Continuous Care	Sum of (a thru d) Total Patient Care Days
Hospice Medicare						
Hospice Medicaid						
Private Insurance						
Self Pay *						
Other **						
<b>Total</b>						

NOTE: ~~Total Days of Care should agree to Total Days of Care in Section I.~~

\* Self Pay included charity/indigent care and foundation help; does NOT include any commercial or government 3<sup>rd</sup> party payer.

\*\* Other Payment Sources (to be used rarely) may include but are not limited to VA, Workers Comp, Home Health Benefit (only for non-Medicare Certified agencies).

**SECTION D Number of Unduplicated Admissions and Deaths by Location**

Please report the number of new admissions and deaths in each location during FY2016. For admissions, use location on the first day of care. Patients can start in one location and finish at another location.

**New Unduplicated Admissions:**

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times during FY2016 are counted only once. **Do not include patients carried over from FY2015.**

**Deaths:**

Include all patients who died during FY2016 regardless of date of admission.



2017 Hospice Data Supplement Reporting for:  
**Community Home Care and Hospice + Harnett County**

License No: **HC4032**  
Facility ID: **100159**

Location of Care	Number of New Unduplicated Admissions	Number of Deaths
(1) Home - Private residence of either the patient or the caregiver		
(2) Nursing Facility - A licensed long term care facility providing nursing and supportive services		
(3) Hospice Unit - An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).		
(4) Hospital - An acute care facility not operated by the hospice (may be a floating or scattered bed contract).		
(5) Free Standing Hospice Inpatient Facility or Residence - An inpatient facility and/or residence operated entirely by a hospice.		
(6) Residential Care Setting - A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)		
<b>Totals (Sum 1 - 6)</b>		

**NOTE: Number of Admissions must match the Number of Admissions in Sections E, G and I.  
Number of Deaths must match the Number of Deaths in Sections C, E and I.**

**SECTION E Number of Patients by Principle/Primary Diagnosis**

Please provide data for FY2016, regardless of payment source. Data provided should be based only on patient principle/primary diagnosis. The revised list in the table consists of **ICD-10-CM Codes Categories**.

**New (Unduplicated) Admissions:**

Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. **Do not include patients carried over from FY2015.**

**Deaths:**

Include all patients who died in FY2016, regardless of date of admission.

**Live Discharges:**

Include all live discharges that occurred during FY2016, regardless of when the admission occurred. Count multiple discharges for the same patient as discrete events. (Example: A patient discharges alive, is later readmitted and discharges alive again. The patient is counted as 2 separate discharges.)

**Patient Days:**

Include the total number of days services were provided by **your hospice** for all patients who died or were discharged in FY2016. Count **all** days of service in FY2016 for each patient. For patients who had multiple episodes of care, count all days in each episode.

2017 Hospice Data Supplement Reporting for:  
**Community Home Care and Hospice ♣ Harnett County**

License No: **HC4032**  
Facility ID: **100159**

Principle/Primary Diagnosis		Number of New (Unduplicated) Admissions	Number of Deaths	Number of Live Discharges	Patient Days for Patients Who Died or Were Discharged
ICD-10 CM Codes	Categories				
A00-B99	Infectious and Parasitic Diseases				
C00-D99	Neoplasms				
D50-D99	Diseases of The Blood and Blood-Forming Organs				
E00-E99	Endocrine, Nutritional and Metabolic Diseases, And Immunity Disorders				
F01-F99	Mental, Behavioral and Neurodevelopmental Disorders				
G00-G99, H00-H99	Diseases of The Nervous System and Sense Organs				
I00-I99	Diseases of The Circulatory System				
J00-J99	Diseases of The Respiratory System				
K00-K99	Diseases of The Digestive System				
L00-L99	Diseases of The Skin and Subcutaneous Tissue				
M00-M99	Diseases of The Musculoskeletal System and Connective Tissue				
N00-N99	Diseases of The Genitourinary System				
Q00-Q99	Congenital Anomalies				
S00-T99	Injury and Poisoning, Classification of External Causes of Injury and Poisoning				
	All Others				
<b>TOTAL</b>					

**NOTE: Number of Admissions must equal Sections D, G and I. Number of Deaths must equal Sections C, D and I.**

**SECTION F Productivity and Cost of Care**

Complete this section using the following definitions.

**Direct Care:**

Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

**FTE:**

One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

**Calculations:**

- **Total FTEs:** Divide paid hours by 2080 (may include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.
- **On-call FTEs:** First, calculate total payments made for on-call nursing staff. Next, calculate the average salary of a full-time nurse providing direct patient care. Then divide the total payments for on-call by the average nursing salary.
- **Home Hospice FTEs:** Includes all staff involved in delivery of hospice care to patients in all settings (home, hospital, nursing home, etc.). Do not include inpatient staff when completing this section.

**1. STAFFING BY DISCIPLINE - FY2016**

	<b>Staffing by Discipline</b>	<b>Total Home Hospice FTEs</b>
1	<b>Nursing – Direct Clinical</b> Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>	
2	<b>Nurse Practitioner</b> Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.	
3	<b>Social Services</b> Include medical social services staff as defined by CMS for the cost report. Do not include chaplains, bereavement staff or volunteer coordinators.	
4	<b>Hospice Aides</b>	
5	<b>Physicians – Paid</b> Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.	
6	<b>Physicians – Volunteer</b>	
7	<b>Chaplains</b>	
8	<b>Other Clinical</b> Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists and dietitians. Do not include volunteers.	
9	<b>Clinical (add rows 1 – 8)</b> Includes all <u>direct</u> care time (above 8 rows). This is the total of Nursing-Direct clinical, NP, Social Services, Aides, Physicians, Chaplains & Other Clinical.	
10	<b>Nursing – Indirect Clinical</b> Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc).	
11	<b>Bereavement</b> Include all paid staff providing bereavement services, including pre-death grief support. <i>Do not include volunteers.</i>	
12	<b>Non-Clinical</b> Include all administrative and general staff.	
	<b>Total (add rows 9-12)</b>	
13	<b>Include all staff time. This is the total of Clinical, Indirect Clinical, Bereavement and Non-Clinical.</b>	

2017 Hospice Data Supplement Reporting for:  
**Community Home Care and Hospice + Harnett County**

License No: **HC4032**  
Facility ID: **100159**

**2. VISITS BY DISCIPLINE**

Please provide the following information for FY2016. Count **all** visits, regardless of setting (hospital, nursing home, residential facility, etc.). If you own/operate a hospice, inpatient or residential facility – **do not include visits to your facility here.**

Discipline	Total Visits
<b>Nursing</b> Include visits made by RNs and LPNs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.	
<b>Nurse Practitioners</b> Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.	
<b>Social Services</b> Include visits made by medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains, bereavement staff, or volunteer coordinators.</i>	
<b>Hospice Aides</b>	
<b>Physicians – Paid</b> Include visits made by medical directors and other physicians providing direct care to patient. <i>Exclude volunteer physicians.</i>	
<b>Physicians – Volunteer</b>	
<b>Chaplains</b>	
<b>Other Clinical</b> Include any paid staff in addition to those captured above who make visits as part of direct care to patients or families. Include therapists, nurse practitioners, and dieticians. <i>Do not include volunteers or bereavement staff.</i>	

**3. CASELOADS**

Caseload is the preferred number of patients for which a staff member has responsibility or to which she/he is assigned at a time. Enter a single number for FY2016. Do not enter a range.

Discipline	Average Caseload
<b>Primary Nurse/Nurse Case Manager - RN</b> with primary responsibility for the patient's care.	
<b>Social Worker</b> – Social Worker with medical social services duties, as defined by CMS. Include only those patients who receive visits in determining Social Worker caseloads.	
<b>Hospice Aide</b>	
<b>Chaplain</b> - Include only those patients who receive visits in determining chaplain caseload.	
<b>Volunteer Coordinator</b> - Include only those patients who are assigned a volunteer in determining volunteer coordinator caseload.	
<b>Medical Director</b> - Include only those patients whom the medical director is the attending physician in determining caseload.	

**SECTION G Patient Demographics for New (Unduplicated) Admissions**

Only include patients admitted for the first time during FY2016. Patients who are admitted multiple times are counted only once.

**1. GENDER**

a. Female \_\_\_\_\_  
b. Male \_\_\_\_\_  
  
**Total** \_\_\_\_\_  
(Required)

**3. ETHNICITY** all patients should be categorized as Hispanic or non-Hispanic, and further categorized by Race below

a. Hispanic (as defined by U.S. Census Bureau) \_\_\_\_\_  
b. Non-Hispanic \_\_\_\_\_  
**Total (must equal Race total)** \_\_\_\_\_  
(Required)

**2. AGE**

Use patient's age on the first day of admission in FY2016

a. < 1 \_\_\_\_\_  
b. 1 - 4 \_\_\_\_\_  
c. 5 - 14 \_\_\_\_\_  
d. 15 - 20 \_\_\_\_\_  
e. 21 - 24 \_\_\_\_\_  
f. 25 - 34 \_\_\_\_\_  
g. 35 - 64 \_\_\_\_\_  
h. 65 - 74 \_\_\_\_\_  
i. 75 - 84 \_\_\_\_\_  
j. 85 + \_\_\_\_\_  
**Total** \_\_\_\_\_  
(Required)

**4. RACE**

a. American Indian or Alaskan Native \_\_\_\_\_  
b. Asian \_\_\_\_\_  
c. Black or African American \_\_\_\_\_  
d. Hawaiian or Other Pacific Islander \_\_\_\_\_  
e. White \_\_\_\_\_  
f. Some other race or races \_\_\_\_\_  
**Total (must equal Ethnicity total)** \_\_\_\_\_  
(Required)

**NOTE: Number of Admissions must agree to the number of admissions in Sections D, E and I.**

**SECTION H Processes of Care**

**1. DIRECT PATIENT CARE VOLUNTEERS**

Provide the following information during FY2016.

Do **not** include volunteer medical director hours when entering responses in this section. Medical director's volunteer hours should be entered in Section F: Productivity and Cost of Care.

**Number of Volunteers:**

The number of volunteers should be an unduplicated count, with no individuals included in more than one category, even if they engaged in more than one type of volunteer service. Some volunteers participate in multiple types of activities, such as spending time with patients *and* assisting with fundraising mailings. If **any** of the activities performed by a volunteer involved direct contact with patients or families, the volunteer should be counted in the direct care category, regardless of the proportion of time spent providing direct care.

**Volunteer Hours:**

For those volunteers who contributed hours in more than one volunteer service category, provide the number of hours for each category.

<b>Volunteers</b>	<b>Number</b>	<b>Hours</b>	<b>Visits</b>
<b>(1) Direct Patient Care Volunteers</b> – Defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend “tuck-in” program (do not include phone calls as a visit).			
<b>(2) Clinical Support Volunteers</b> - Report the number/hours for volunteers who provide patient care and clinical support. These volunteers are combined with Direct Patient Care Volunteers, to meet the Medicare Condition of Participation regarding 5% volunteer hours. <i>Medicare interpretive guidelines define administrative volunteers in this context as supporting patient care activities (e.g., clerical duties), rather than general support (e.g., fundraising).</i>			
<b>(3) General Support Volunteers</b> - Report the number and the hours for volunteers who provide general support, such as those who help with fundraising and members of the board of directors. These volunteers <b>do not contribute to the 5%</b> Medicare requirement.			
<b>All Hospice Volunteers</b> - Sum of (1-3) above.			

2017 Hospice Data Supplement Reporting for:  
Community Home Care and Hospice \* Harnett County

License No: **HC4032**  
Facility ID: **100159**

**2. BEREAVEMENT SERVICES**

Provide the following information for FY2016.

- In calculating responses for the questions below, include all bereavement clients who received services during FY2016, both those currently on bereavement rolls and those who were discharged from bereavement services.
- Information entered under Community Members should include bereavement services provided to individuals in the community who were not associated with a family member or friend admitted to hospice.

Bereavement Services	Hospice Family Members	Community Members	Total
<b>Total Number of Contacts by Visit</b> Include any face-to-face one-to-one contact with individuals, regardless of setting. Do not include support group or camp services.			
<b>Total Number of Contacts by Phone Call</b>			
<b>Total Number of Mailings to the Bereaved</b>			
<b>Total Number of Individuals Who Received Bereavement Services</b> Include all individuals enrolled for bereavement, including those served through support groups and camps.			

**SECTION I Patient Volume (Required)**

**PATIENTS SERVED BY COUNTY OF PRIMARY RESIDENCE:**

Please complete the following information (for FY2016) for each patient this agency served by county of the patient's primary residence.

**Column**

- A. **County of Primary Residence:** List patients by county of primary residence.
- B. **Number of New (Unduplicated) Admissions:** Only include patients admitted to your hospice for the first time during FY2016. Count each patient only one time. This means patients who were admitted multiple times in FY2016 are counted only once. **Do not include patients carried over from FY2015.** Total number of unduplicated admissions must equal the total admissions in Sections D, E and G.
- C. **Number of Deaths:** Include all deaths that occurred during the FY2016.
- D. **Number of Non-Death Discharges:** Live discharges that occurred in FY2016.
- E. **Number of Patients Served:** Includes carryover patients from prior year, new admissions and re-admissions. Patients admitted multiple times in FY2016 are counted **only** once.

**F-I. Days of Care:** Totals must agree to the Days of Care totals in Section C, 2. This includes **all** Days of Care in FY2016 regardless of when the admission occurred.





For questions, contact the Division of Health Service Regulation - Healthcare Planning at (919) 855-3865.

**SECTION J Inpatient and Residential Information**

Completion of this entire Section is required. Please provide the following information for FY2016.

1. **Facility Name:** \_\_\_\_\_
  
2. **Number of Licensed Inpatient Beds:** \_\_\_\_\_  
**Number of Licensed Residential Beds:** \_\_\_\_\_
  
3. **Where is the facility located? (Select one)**  
 On campus of Free Standing Hospice  
 in Hospital  
 in Nursing Home  
 other (please specify): \_\_\_\_\_
  
4. **Did the facility open during FY2016?**  Yes or  No  
  
If yes, please note the date the facility was licensed: \_\_\_\_\_  
  
If yes, please note the date the facility was Medicare certified: \_\_\_\_\_
  
5. **Did the facility add beds during FY2016?**  Yes or  No  
  
If yes, please note how many beds were added: \_\_\_\_\_  
  
If yes, please note the date the beds were licensed: \_\_\_\_\_
  
6. **Did the facility convert any residential beds to inpatient beds during FY2016?**  Yes or  No  
  
If yes, please note how many beds were converted: \_\_\_\_\_  
  
If yes, please note the date the beds were licensed: \_\_\_\_\_



2017 Hospice Data Supplement Reporting for:  
**Community Home Care and Hospice**

License No: **HC4032**  
Facility ID: **100159**

For questions, contact the **Division of Health Service Regulation – Healthcare Planning at (919) 855-3865.**

**SECTION L Inpatient and Residential Staffing Information**

**1. Facility Staffing by Discipline - Staffing Information for FY2016**

Complete this section using the following definitions and calculation instructions:

**Direct Care:** Includes all activities involved in care delivery, including visits, telephone calls, charting, team meetings, travel for patient care, and arrangement or coordination of care. When a supervisor provides direct care, estimate the time involved in direct care as distinct from supervision of other staff or program activities.

**FTE:** One full time equivalent (FTE) is 2080 hours per year (40 hours per week times 52 weeks). Provide actual FTEs utilized, not the budgeted number of FTEs.

**Calculations:** Total FTEs: Divide paid hours by 2080 (can include up to 2 decimal points). Include vacation, sick leave, education leave, and all other time normally compensated by the agency. Categorize your FTEs as you do for the Medicare Hospice Cost Report. Include hourly, salaried and contract staff.

Staffing by Discipline		Facility FTEs	
		Inpatient	Residential
1	<b>Nursing – Direct Clinical</b> Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators <i>unless a portion of their time is spent in direct care.</i>		
2	<b>Social Services</b> Include medical social services staff as defined by CMS for the cost report. Do not include bereavement counselors.		
3	<b>Hospice Aides</b>		
4	<b>Physicians – Paid</b> Include medical directors and other physicians providing direct care to patients and participating in clinical support. <i>Exclude volunteer physicians.</i>		
5	<b>Physicians – Volunteer</b>		
6	<b>Chaplains</b>		
7	<b>Other Clinical</b> Include any paid staff in addition to those captured above who provide direct care to patients or families. Include nurse practitioners, therapists, and dietitians. <i>Do not include volunteers or bereavement staff.</i>		
8	<b>Non-Clinical</b> Include all administrative and general staff or contract staff.		