2012

STATE HEALTH COORDINATING COUNCIL

STATE MEDICAL FACILITIES PLAN

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

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NORTH CAROLINA 2022
STATE MEDICAL FACILITIES PLAN

Effective January 1, 2022

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

Under the direction of the
North Carolina State Health Coordinating Council

For information contact the
North Carolina Division of Health Service Regulation
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

https://info.ncdhhs.gov/dhsr/ncsmfp/index.html

(919) 855 - 3865

NOTE: Data used in the North Carolina 2022 State Medical Facilities Plan was last updated on October 1, 2021.

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NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

October 28, 2021

The Honorable Roy Cooper, Governor
State of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Cooper:

On behalf of the North Carolina State Health Coordinating Council, I am pleased to forward our recommendations for the North Carolina 2022 State Medical Facilities Plan. This Plan is the culmination of a year's work by the Council, its committees and Healthcare Planning staff.

The Council has devoted a significant amount of time to the review and discussion of a variety of issues prior to making its recommendations for the upcoming year. The Proposed Plan was disseminated broadly and examined in six public hearings held in July, and any petitions and comments received during this year-long process were duly considered.

Along with staff, we respectfully propose dedicating the 2022 SMFP to the memory of Dr. Christopher G. Ullrich and have included an *In Memoriam* page. Dr. Ullrich served on the SHCC since 2003 and served as chair from 2014 until his passing in August of this year.

This final document represents the Council's recommendations regarding health care needs to be addressed in the 2022 certificate of need reviews.

Sincerely,

Sandra B. Greene

Sandra B. Greene, Acting Chair
N.C. State Health Coordinating Council

Enclosure

cc: Mandy Cohen, MD, Secretary, DHHS
Mark Payne, Director, DHSR

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MEMORANDUM

TO: Governor Roy Cooper

FROM: Mandy Cohen, MD, MPH

SUBJECT: North Carolina 2022 State Medical Facilities Plan

DATE: October 28, 2021

I am forwarding for your review and approval the North Carolina 2022 State Medical Facilities Plan (SMFP) as recommended by the North Carolina State Health Coordinating Council (SHCC). Also attached is a summary of the need determinations and summer petitions from the 2021 planning cycle and minutes from all SHCC and Committee meetings held during the year.

I support the SHCC and the implementation of the 2022 SMFP.

Additional background information is available on all areas, if desired. It would greatly facilitate the publication and distribution of the SMFP if you could approve or request changes before the end of November.

MC:ac

Attachments: 2022 State Medical Facilities Plan
Summary of Need Determinations and Summer Petitions
Minutes from SHCC and Committee Meetings

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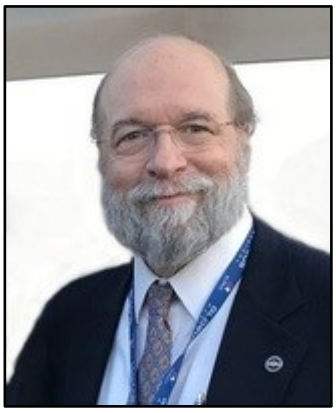
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

The 2022 State Medical Facilities Plan is dedicated to the memory of:

Christopher G. Ullrich, MD, FACR, OLLP



1950-2021

Dr. Christopher G. Ullrich was appointed to the North Carolina State Health Coordinating Council (SHCC) in 2003 and served as its Chair from 2014 until his death on August 8, 2021. He also chaired the SHCC's Technology and Equipment Committee from 2004 through 2017. Dr. Ullrich was appointed and reappointed by governors of both political parties and served with numerous Secretaries of the North Carolina Department of Health and Human Services.

He was unswerving in his commitment to assuring that the processes utilized by the SHCC to project such needs were transparent, systematic and informed by public input. He was proud that the SHCC's processes for projecting the need for various health care services were based on the principles of quality, access and value.

Dr. Ullrich was extremely efficient and effective in chairing SHCC meetings, assisting the three committee chairs with facilitating their meetings, and facilitating workgroup meetings with stakeholders. He treated each member of the SHCC and public with great respect and would direct and redirect the discussion in a manner that maintained professional decorum while allowing thoughtful debate. Regardless of the issue, his analysis was always well informed and demonstrated his knowledge and understanding of the complexities of North Carolina's health care system and the underlying issues involved in the health care planning process.

He always worked toward evolving the State Medical Facilities Plans' (SMFP) need projections to reflect the nature of 21st century health care and ensure that the health care needs of the people of our state would be met. During his tenure as SHCC Chair, he oversaw several important projects that exemplified these values. This included: developing policies that were adopted by the SHCC that allowed small rural hospitals to acquire their own MRI scanners to ensure that they could provide appropriate care and meet the needs of patients, particularly those presenting to the emergency room and inpatients; leading a workgroup that revised the methodology for projecting the need for operating rooms, in part to help respond to the changing landscape of ambulatory surgery; and working to revise the methodologies to project need for nursing home and adult care home beds. In his final year, he successfully oversaw a revision to the 2022 State Medical Facilities Plan that will facilitate the development of more psychiatric and substance use disorder facilities in the state.

Dr. Ullrich was a native of Rochester, N.Y. He was an esteemed radiologist who practiced medicine in Charlotte from 1982 until his retirement from Charlotte Radiology in on December 31, 2020. He was very active in the American College of Radiology, the North Carolina Radiology Society, the Cervical Spine Research Society, and the Southeastern Neuroradiology Society, where he received many awards and medals for his work and book publications. In 2016, Dr. Ullrich was a recipient of the Order of the Long Leaf Pine, an honor bestowed by the Governor of North Carolina for his significant contributions to the state, exemplary service, and exceptional accomplishments. The American College of Radiology (ACR) recently selected Dr. Ullrich to receive its prestigious Gold Medal for distinguished and extraordinary services to the ACR and the discipline of radiology.

All who knew him will miss his eloquence, intelligence, broad knowledge, optimism, respect and warmth toward everyone as well as his dedication to the work of the SHCC and to the health of the people of North Carolina.

STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR

ROY COOPER
GOVERNOR

I hereby approve the North Carolina 2022 State Medical Facilities Plan effective January 1, 2022.

Roy Cooper, Governor

December 17, 2021
Date

20301 MAIL SERVICE CENTER • RALEIGH, NC 27699-0301 • TELEPHONE: 919-814-2000
WWW.GOVERNOR.NC.GOV

TABLE OF CONTENTS

Background

Chapter 1	Overview of the North Carolina 2022 State Medical Facilities Plan	1
Chapter 2	State Medical Facilities Plan: Process and Adjustments	7
Chapter 3	Certificate of Need Review Categories and Schedule	15
Chapter 4	Statement of Policies	19
	Acute Care Facilities and Services	19
	Acute Care Hospitals	19
	End-Stage Renal Disease Dialysis Services	22
	Long-Term Care Facilities and Services	23
	Nursing Home Facilities	23
	Adult Care Homes	25
	Home Health Services	26
	All Mental Health, Developmental Disabilities, and Substance Use Disorder Facilities	26
	Psychiatric Inpatient Services Facilities	27
	Intermediate Care Facilities for Individuals with Intellectual Disabilities	27
	Technology and Equipment	28
	All Health Services	29

Acute Care Facilities and Services

Chapter 5	Acute Care Hospital Beds	33
Chapter 6	Operating Rooms	49
Chapter 7	Other Acute Care Services	97
	A. Burn Intensive Care Services	97
	B. Open Heart Surgery Services	100
	C. Transplantation Services	103
Chapter 8	Inpatient Rehabilitation Services	109
Chapter 9	End Stage Renal Disease Dialysis Facilities	115

Long-Term Care Facilities and Services

Chapter 10	Nursing Home Facilities	145
Chapter 11	Adult Care Homes	177
Chapter 12	Home Health Services	219
Chapter 13	Hospice Services	257
Chapter 14	Psychiatric Inpatient Services	283
Chapter 15	Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)	289
Chapter 16	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	295

Technology and Equipment

Chapter 17	Technology and Equipment	309
	A. Cardiac Catheterization Equipment	310
	B. Gamma Knives	320
	C. Linear Accelerators	321
	D. Lithotriptors	334
	E. Magnetic Resonance Imaging Scanners	341
	F. Positron Emission Tomography Scanners	365

Appendices

Appendix A:	North Carolina Health Service Areas	371
Appendix B:	List of Contiguous Counties	372
Appendix C:	Executive Orders 46 and 187	376
Appendix D:	North Carolina Certificate of Need Statute	381
Appendix E:	Certificate of Need Regulations	404
Appendix F:	Academic Medical Center Teaching Hospitals	423
Appendix G:	Critical Access Hospitals	424
Appendix H:	Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes	427

Chapter 1:

Overview of the North Carolina State Medical Facilities Plan

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CHAPTER 1
OVERVIEW OF THE NORTH CAROLINA 2022 STATE MEDICAL FACILITIES PLAN

Purpose

The North Carolina 2022 State Medical Facilities Plan (SMFP or Plan) was developed by the North Carolina Department of Health and Human Services (DHHS), Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.[1] §131E-177. The major objective of the Plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. Projections of need are provided for the following facilities and services:

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

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

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

[1] General Statutes (North Carolina General Statutes).

Basic Principles Governing the Development of this Plan

1. Safety and Quality Basic Principle

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

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

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

2. Access Basic Principle

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

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

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

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

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

3. Value Basic Principle

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

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

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

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

NOTE

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

North Carolina State Health Coordinating Council Members

Member:	Representing:	From:
Sandra Greene, DrPH, Acting Chair	At-Large	Chapel Hill
Representative Gale B. Adcock, FNP	NC House of Representatives	Cary
Kelli A. Collins	Business and Industry (Large)	Summerfield
Stephen L. DeBiasi, FACHE, CMPE	At-Large	Wilmington
Vanessa Ervin	At-Large	Hubert
William Brian Floyd	Academic Medical Centers	Greenville
Senator Michael Garrett	NC Senate	Greensboro
Charul G. Haugan, MD	Physicians	Raleigh
Valarie Jarvis	At-Large	Durham
Lyndon K. Jordan, III, MD	At-Large	Raleigh
J. Cooper Linton	Hospice	Chapel Hill
James L. Martin, Jr.	Nursing Homes	Hickory
Robert B. McBride, Jr., MD	At-Large	Charlotte
Commissioner Tonya McDaniel	County Government (Urban)	Winston-Salem
Commissioner Barbara McKoy	County Government (Rural)	Lillington
Denise Mihal	At-Large	Sunset Beach
Pamela A. Oliver, MD	At-Large	Lewisville
Dwight Perry, MD	At-Large	Durham
Timothy R. Rogers	Home Care Facilities	Raleigh
Quintana C. Stewart	Public Health Director	Hillsborough
Jessie L. Tucker, III, PhD, FACHE	At-Large	Goldsboro
Mark Werner	Health Insurance Industry	Apex
John E. Young	Hospitals	Wilmington

Committees and Staff Members

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

Sandra B. Greene, DrPH (Chair); Representative Gale Adcock; Brian Floyd; Charul G. Haugan, MD; Robert B. McBride, Jr., MD; Denise Mihal; Jessie L. Tucker, PhD; John E. Young (Vice Chair)

Staffed by: Elizabeth Brown and Andrea Emanuel, PhD

Long-Term and Behavioral Health Committee
Planning for nursing home facilities, adult care homes, home health services, hospice services, psychiatric inpatient facilities, substance use disorder inpatient and residential services (chemical dependency treatment beds), and intermediate care facilities for individuals with intellectual disabilities:

Valarie Jarvis (Chair); Vanessa Ervin; Senator Michael Garrett; J. Cooper Linton (Vice Chair); James L. Martin, Jr.; Timothy R. Rogers; Quintana C. Stewart

Staffed by: Elizabeth Brown, Andrea Emanuel, PhD, and Trenesse Michael

Technology and Equipment Committee
Planning for cardiac catheterization equipment, gamma knives, linear accelerators, lithotripters, magnetic resonance imaging scanners, and positron emission tomography scanners:

Lyndon K. Jordan, III, MD (Chair); Kelli A. Collins; Stephen L. DeBiasi, FACHE, CMPE (Vice Chair); Commissioner Tonya McDaniel; Commissioner Barbara McKoy; Pamela A. Oliver, MD; Dwight Perry, MD; Mark Werner

Staffed by: Trenesse Michael

Healthcare Planning Staff
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Elizabeth Brown, Planner
Andrea Emanuel, PhD, Planner
Trenesse Michael, Planner
Tom Dickson, PhD, Database Manager
Melinda Boyette, Administrative Assistant

Division of Health Service Regulation
Mark Payne, Director

Chapter 2:

State Medical Facilities Plan: Process and Adjustments

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CHAPTER 2
STATE MEDICAL FACILITIES PLAN: PROCESS AND ADJUSTMENTS

Overview of the State Health Planning Process

Development of the North Carolina State Medical Facilities Plan (SMFP) is a continuous process. It includes meetings of the State Health Coordinating Council (SHCC) and its committees, public hearings and other opportunities for public comment, two opportunities for people to file petitions, data compilation and analysis, preparation of a Proposed SMFP, and preparation of a final SMFP to present to the Governor for review and approval. In the current calendar year, the Department of Health and Human Services, Division of Health Service Regulation (Agency) and the SHCC work on the SMFP for the next calendar year. For example, work on the 2023 SMFP begins in January of 2022, and will include need determinations that may be applied for during calendar year 2023 consistent with the assigned review period for each need determination. With the Governor's approval, the SMFP becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

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

First Quarter

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

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

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

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

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

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

Second Quarter

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

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

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

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

Third Quarter

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

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

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

Agency's recommendation regarding whether to approve, deny or alter the need determination adjustment(s) requested. The Agency report goes to the committee that covers the health service involved in the request. The committee discusses the Agency report(s) at its third meeting of the year. At that time, it votes to approve, deny, or alter the Agency's recommendation. It may instead table the matter and call for further study and consideration before making a recommendation.

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

Fourth Quarter

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

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

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

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

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

Instructions for Writing and Submitting Spring and Summer Petitions

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

1. name, address, email address and phone number of the petitioner(s);

2. a statement of the requested change, citing the policy or methodology (spring), need determination (summer), or other aspect of the SMFP for which the change is proposed;

3. reasons for the proposed change, including:

    a. a statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made; and
    b. a statement of alternatives to the proposed change that were considered and found not feasible.

4. evidence that the proposed change would not result in unnecessary duplication of health resources in the area; and

5. evidence that the requested change is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access, and value (see Chapter 1).

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

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

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

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

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

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

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

809 Ruggles Drive
Raleigh, North Carolina 27603

Workgroups and Interested Parties

As needed, the SHCC Chairperson may appoint a workgroup to address a specific issue of interest. Workgroups are most commonly formed to address revisions to need determination methodologies. The Chairperson will develop a specific charge to outline the workgroup's tasks. Workgroups generally consist of fewer than 10 people and include SHCC members and members of the public knowledgeable of the issue under study. After one or more meetings, the workgroup votes on a recommendation to the assigned committee or the full SHCC regarding the subject of its charge. The meetings are public, but only the workgroup members participate in the discussion, unless a member requests additional input.

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

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

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

Scheduled State Health Coordinating Council Meetings and Committee Meetings
All meetings are scheduled from 10:00 a.m. until noon in Room 104 of the Brown Building on the Dorothea Dix Campus, 801 Biggs Drive, Raleigh, NC. Directions to the Brown Building can be found at:

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

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

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

North Carolina State Health Coordinating Council Meetings for 2022 (meets on Wednesdays)

March 2

June 1

September 28

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2023 SMFP immediately following the business meeting on March 2.

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

2022 Spring Public Hearing Date and Deadlines for Spring Petitions and Comments

March 2	The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2023 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
March 2 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions on statewide issues.
March 16 5:00 p.m.	Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the March 2 deadline and all other comments related to development of the North Carolina Proposed 2023 SMFP.

Committee Meetings for 2022

Acute Care Services Committee (meets on Tuesdays)

April 12

May 10

September 13

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

April 14

May 19

September 15

Technology and Equipment Committee (meets on Wednesdays)

April 6

May 4

September 14

2022 Schedule of Summer Public Hearings on the NC Proposed 2023 SMFP

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

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

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

Tuesday,	July 12
Thursday,	July 14
Monday,	July 18
Wednesday,	July 20
Monday,	July 25
Wednesday,	July 27

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

2022 Deadlines for Summer Petitions and Comments

July 27 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2023 SMFP.
August 10 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 27 deadline and all comments regarding other issues related to the Proposed 2023 SMFP.

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Chapter 3:

Certificate of Need Review Categories and Schedule

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CHAPTER 3
CERTIFICATE OF NEED
REVIEW CATEGORIES AND SCHEDULE

A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC[1] 14C .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

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

Category B: Nursing and Adult Care Services

Category B.1

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

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

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

[1] North Carolina Administrative Code

Category C: Psychiatric, Substance Use Disorder or Intellectual Disability Services

- new psychiatric facilities or beds;
- relocation of existing or approved psychiatric beds within the same service area;
- transfer of psychiatric beds from state psychiatric hospitals pursuant to Policy PSY-1;
- new substance use disorder facilities or beds;
- relocation of existing or approved substance use disorder beds within the same service area;
- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Policy ICF/IID-5.

Category D: Dialysis Services

Category D.1 (County or Facility Need)

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

Category D.2 (Relocation to a Contiguous County)

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

Category D.3 (All Other Proposals)

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

Category E: Surgical Services

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

Category F: Home Health and Hospice Services

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

Category G: Inpatient Rehabilitation Services

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

Category H: Medical Equipment

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

Category I: Gastrointestinal Endoscopy Services

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

Category J: Miscellaneous

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

Review Dates

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

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

Table 3A: 2022 Certificate of Need Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2022			C	D.3						
March 1, 2022	A	B.1			E	F	G	H	I	J
April 1, 2022			C	D.1						
May 1, 2022	A	B.2			E	F	G	H		J
June 1, 2022			C	D.2					I	
July 1, 2022	A				E	F	G	H		J
August 1, 2022		B.1	C	D.1						
September 1, 2022	A		C		E			H	I	J
October 1, 2022				D.3			G	H		
November 1, 2022	A	B.1			E	F		H		J
December 1, 2022				D.1					I	

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

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

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

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

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CHAPTER 4
STATEMENT OF POLICIES

Summary of Policy Changes for 2022
The SHCC approved an edit to Policy TE-3 to clarify the allowed locations of MRI scanners developed under this policy.

POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES

Acute Care Hospitals (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes
For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102 (d).

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

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects
Projects for which certificates of need are sought by academic medical center teaching hospitals (Appendix F) may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an academic medical center teaching hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education;

2. houses extensive basic medical science and clinical research programs, patients and equipment; and

3. serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by academic medical center teaching hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as

certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or

2. with respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of their time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or

3. necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or

4. necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

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

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

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

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

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of Policy AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan. Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

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

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

Policy AC-4: Reconversion to Acute Care

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

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

Policy AC-5: Replacement of Acute Care Bed Capacity

Proposals for either partial or total replacement of acute care beds (i.e., construction of new space for existing acute care beds) shall be evaluated against the utilization of the total number of acute care beds in the applicant's hospital in relation to utilization targets found below. For hospitals **not** designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed days of care shall be counted. For hospitals designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed days of care **and** swing bed days (i.e., nursing home facility days of care) shall be counted in determining utilization of acute care beds. Any hospital proposing replacement of acute care beds must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application. Additionally, if the hospital is a Critical Access Hospital and swing bed days are proposed to be counted in determining utilization of acute care beds, the hospital shall also propose to remain a Critical Access Hospital and must demonstrate the need for maintaining the swing bed capacity proposed within the application. If the Critical Access Hospital does not propose to remain a Critical Access Hospital, only acute care bed days of care shall be counted in determining utilization of acute care beds and the hospital must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application.

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

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage
To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, a need is determined for one additional heart-lung bypass machine whenever a hospital is operating an open-heart surgery program with only one heart-lung bypass machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open-heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

End-Stage Renal Disease Dialysis Facilities (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations
Relocations of existing dialysis stations to contiguous counties are allowed. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and

2. demonstrate that the proposal shall not result in a deficit or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan; and

3. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan.

Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus
Licensed acute care hospitals (see stipulations in G.S. 131E-77 (e1)) may apply for a certificate of need to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination if all the following are true:

1. The hospital proposes to develop or expand the facility on any campus on its license where general acute beds are located.

2. The hospital must own the outpatient dialysis facility, but the hospital may contract with another legal entity to operate the facility.

3. The hospital must document that the patients it proposes to serve in an outpatient dialysis facility developed or expanded pursuant to this policy are inappropriate for treatment in an outpatient dialysis facility not located on a hospital campus.

4. The hospital must establish a relationship with a community-based outpatient dialysis facility to assist in the transition of patients from the hospital outpatient dialysis facility to a community-based facility wherever possible.

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

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

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

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

POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES

Nursing Home Facilities (NH)

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

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

1. will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:

    a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
    b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.

2. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.

3. reflects the number of nursing home facility beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.

4. will not be certified for participation in the Medicaid program.

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

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

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

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

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

Policy NH-6: Relocation of Nursing Home Facility Beds

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

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing home facility beds in the county that would be losing nursing home

facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and

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

Policy NH-8: Innovations in Nursing Home Facility Design
Certificate of need applicants proposing new nursing home facilities and replacement nursing home facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

Adult Care Homes (LTC)

Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds
Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.

2. will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.

3. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.

4. reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.

5. will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One hundred percent of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans

subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds
Relocations of existing licensed adult care home beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed adult care home beds to another service area shall:

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

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

Policy LTC-3: Certification of Beds for Special Assistance
Certificate of need applicants proposing to develop new adult care home beds pursuant to a need determination shall demonstrate that the proposed beds will be certified for special assistance and that at least 5% of the projected days of care in the third full fiscal year of operation shall be provided to residents receiving State-County Special Assistance.

Home Health Services (HH)

Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County
When a county has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The need determination shall be reflected in the *next* annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

All Mental Health, Developmental Disabilities and Substance Use Disorder Facilities (MH)

Policy MH-1: Linkages between Treatment Settings
An applicant for a certificate of need for psychiatric, substance use disorder or intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local

management entity-managed care organization has been contacted and invited to comment on the proposed services.

Psychiatric Inpatient Services Facilities (PSY)

Policy PSY-1: Transfer of Beds from State Psychiatric Hospitals to Community Facilities
Beds in the state psychiatric hospitals used to serve short-term psychiatric patients may be relocated to community facilities through the certificate of need process. However, before beds are transferred out of the state psychiatric hospitals, services and programs shall be available in the community. State psychiatric hospital beds that are relocated to community facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need of the North Carolina Department of Health and Human Services and commit to serve the type of short-term patients normally placed at the state psychiatric hospitals. To help ensure that relocated beds will serve those people who would have been served by the state psychiatric hospitals, a proposal to transfer beds from a state hospital shall include a written memorandum of agreement between the local management entity-managed care organization serving the county where the beds are to be located, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

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

Policy ICF/IID-5: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.

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

1. director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;

2. director of the state operated developmental center transferring the beds;

3. director of the North Carolina Division of State Operated Healthcare Facilities;

4. secretary of the North Carolina Department of Health and Human Services; and

5. operator of the community-based facility.

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

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

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners
Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;

2. shall be moved at least weekly to provide services at two or more host facilities; and

3. shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

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

Policy TE-2: Intraoperative Magnetic Resonance Imaging Scanners
Qualified applicants may apply for an intraoperative Magnetic Resonance Imaging Scanner (iMRI) to be used in an operating room suite.

To qualify, the health service facility proposing to acquire the iMRI scanner shall demonstrate in its certificate of need application that it is a licensed acute care hospital which:

1. performed at least 500 inpatient neurosurgical cases during the 12 months immediately preceding the submission of the application; and

2. has at least two neurosurgeons that perform intracranial surgeries currently on its Active Medical Staff; and

3. is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

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

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

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 17.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners
Qualified applicants may apply for a fixed magnetic resonance imaging scanner (MRI).

To qualify, the health service facility proposing to acquire the fixed MRI scanner shall demonstrate in its certificate of need application that it is a licensed North Carolina acute care hospital with emergency care coverage 24 hours a day, seven days a week and that does not currently have an existing or approved fixed MRI scanner as reflected in the inventory in the applicable State Medical Facilities Plan.

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

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

The fixed MRI scanner must be located on the hospital's "main campus" as defined in G.S. 131E-176-(14n)a, but it may operate the fixed MRI scanner as part of the hospital, a diagnostic center, or an independent diagnostic testing facility (IDTF).

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-3 and GEN-4 apply to all health services.

Policy GEN-1: Reallocations
In this policy, the term ***reallocated*** means that the need determination will be scheduled for review in the following year. Furthermore, the terms ***this Plan,*** or ***the Proposed Plan*** mean the State Medical Facilities Plan (SMFP) or Proposed SMFP, respectively, in effect at the time the policy is to be applied.

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:

    a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
        i. no applications were received for the need determination, or
        ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.
    b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.

2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:

a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.

3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.

4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).

5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

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

1.b. Need determination for two operating rooms in the 2018 SMFP
Two applications are received, each proposing to develop the two operating rooms. The denied applicant appeals. The litigation is finally resolved on November 15, 2019. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination in the Proposed 2020 SMFP, adjusts the inventory, and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

Policy GEN-3: Basic Principles

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

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

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

In approving a certificate of need proposing an expenditure greater than $5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a

condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

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

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Chapter 5:

Acute Care Hospital Beds

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CHAPTER 5
ACUTE CARE HOSPITAL BEDS

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

There are 108 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 60.0%. Table 5A shows that certificates of need have been issued to decrease the number of beds in some areas and increase the number of beds in other areas, resulting in a net of 1,159 new beds to be developed.

Definitions
An acute care hospital bed's service area is the single or multicounty grouping shown in Figure 5.1. See below for the delineation of service areas.

The ***reporting year*** is October 1 through September 30. The ***current*** reporting year is October 1, 2019 through September 30, 2020.

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

The ***planning inventory*** is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year as submitted by the hospital, plus any new beds approved by CON that are under development as of the last day of the reporting year, minus any beds delicensed after the end of the reporting year, minus any beds approved or licensed pursuant to Policy AC-3 as of the last day of the reporting year.

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

Changes from the Previous Plan
This chapter contains substantive changes from the previous State Medical Facilities Plan (SMFP). Due to the COVID-19 pandemic, the State Health Coordinating Council (SHCC) decided to adjust calculations for determining acute care bed need in the 2022 SMFP. The changes are described below under "Application of the Methodology."

Basic Principles

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

Even so, it is not the policy of the state to guarantee the survival and continued operation of all the state's hospitals, or even any one of them. In a dynamic, fast-changing environment, which is moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

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

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

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

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

Basic Assumptions of the Methodology

1. Target occupancies of hospitals should encourage efficiency of operation, and vary with average daily census.

2. In determining utilization rates and average daily census, the methodology counts only acute care bed DOC.

3. When a hospital receives approval to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.

4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient DOC by county of residence and county of service to delineate service areas. To update service areas, the Agency uses data on inpatient DOC by county of residence and county of service from the three most recent years of data available from the Sheps Center.

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

the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.

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

Application of the Methodology *(Table 5A)*
Step 1: Determine the number of acute care beds in the inventory by totaling:

a. the number of licensed acute care beds at each hospital *(Column D)* exclusive of beds licensed or approved at academic medical center teaching hospitals (listed in Appendix F) pursuant to Policy AC-3; and

b. the number of acute care beds for which certificates of need have been issued, but for which changes in the license were not made by the end of the reporting year (i.e., additions, reductions, and relocations) *(Column E)*; and

c. the number of acute care beds for which a need determination in the SMFP is pending review or appeal *(Column E)*; and

d. the number of beds delicensed after the end of the reporting year *(Column E)*.

Step 2: Adjust the 2020 DOC for the months of March, April, May and June for each facility.

a. Calculate the average DOC weight for each month based on DOC across the previous three years (e.g., March 2017 Weight = March 2017 DOC / (2017 March DOC + 2018 March DOC + 2019 March DOC).

b. Multiply each weight by the actual DOC of the respective month/year (e.g., March 2017 Adjusted DOC = March 2017 Weight x March 2017 DOC).

c. Obtain the 2020 Adjusted DOC for each month by adding together the products for each of the respective months of the previous three years (e.g., March 2020 Adjusted DOC = March 2017 Adjusted DOC + March 2018 Adjusted DOC + March 2019 Adjusted DOC).

Step 3: Apply the total adjusted number of inpatient DOC.

a. Add together the DOC for the months of October 2019 – February 2020 and July – September 2020 as reported by each hospital and the Adjusted DOC for the months of March, April, May and June 2020 as calculated in Step 2.

b. Enter the total adjusted number of inpatient DOC provided by each hospital for the reporting year *(Column F).*

Step 4: Calculate the projected inpatient DOC for each service area for the projection year as follows:

a. Determine the total number of inpatient DOC during each of the last five reporting years.

b. Calculate the difference in the number of inpatient DOC provided from year to year.

c. For each of the last four reporting years, determine the percentage change from the previous reporting year by dividing the calculated difference in inpatient DOC by the total number of inpatient days provided during the previous reporting year [({current reporting year – previous reporting year} / previous reporting year)].

Step 5: Determine the Service Area Growth Rate Multiplier *(Column G)***.** For each service area, total the annual percentages of change and divide by four to determine the average annual change rate. For positive change, add 1 to obtain the County Growth Rate Multiplier.

Step 6: Determine the Projected DOC *(Column H).* If the County Growth Rate Multiplier is negative, carry forward the inpatient DOC for the reporting year unchanged to Column H. If the County Growth Rate Multiplier is positive, calculate the compounded growth factor projected for the next four reporting years by using the County Growth Rate Multiplier (from Step 5) in the first year and compound the change each year thereafter at the same rate [Inpatient DOC x (County Growth Rate Multiplier)^4].

Step 7: Calculate the projected midnight average daily census for each hospital for the projection year by dividing the projected DOC provided at the hospital (from Step 6) by 365.25 days *(Column I)*.

Step 8: Multiply each hospital's projected midnight average daily census from Step 7 by the appropriate target occupancy factor below and enter in Column J:

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

Step 9: Determine the surplus or deficit of beds for each licensed hospital by subtracting the planning inventory of beds *(Column D plus Column E)* from the number of beds generated in Step 8 *(Column J)*. Deficits are positive numbers and surpluses are negative numbers *(Column K)*.

Step 10: Calculate the projected acute care bed surplus or deficit in a service area as follows:

a. If a service area has hospitals under common ownership, total the surpluses and deficits of beds (from Step 9) for each of those hospitals to determine the surplus or deficit of beds for each group of hospitals under common ownership.

b. The threshold for a need determination for consideration of additional acute care beds is a projected deficit that equals or exceeds 20 beds or 10% of the planning inventory for a single hospital or a group of hospitals under common ownership.

c. When any single hospital or group of hospitals under common ownership reaches the threshold in 10b., sum the deficits of all single hospitals and groups of hospitals under common ownership in the service area. Then subtract from that number any beds for prior year need determinations for which a CON has not yet been issued.

Step 11: If the difference resulting from 10c. equals or exceeds (a) 20 beds or (b) 10% of the inventory of the single hospital with the fewest acute care beds in its planning inventory or (c) 10% of the inventory of

the group of hospitals under common ownership with the fewest acute care beds in its planning inventory, then the need is equal to the difference. Otherwise the need is zero. *(Column L)*.

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

Qualified Applicants
Any qualified applicant may apply for a CON to acquire the needed acute care beds. A qualified applicant is a person who proposes to operate the additional acute care beds in a hospital that will provide:

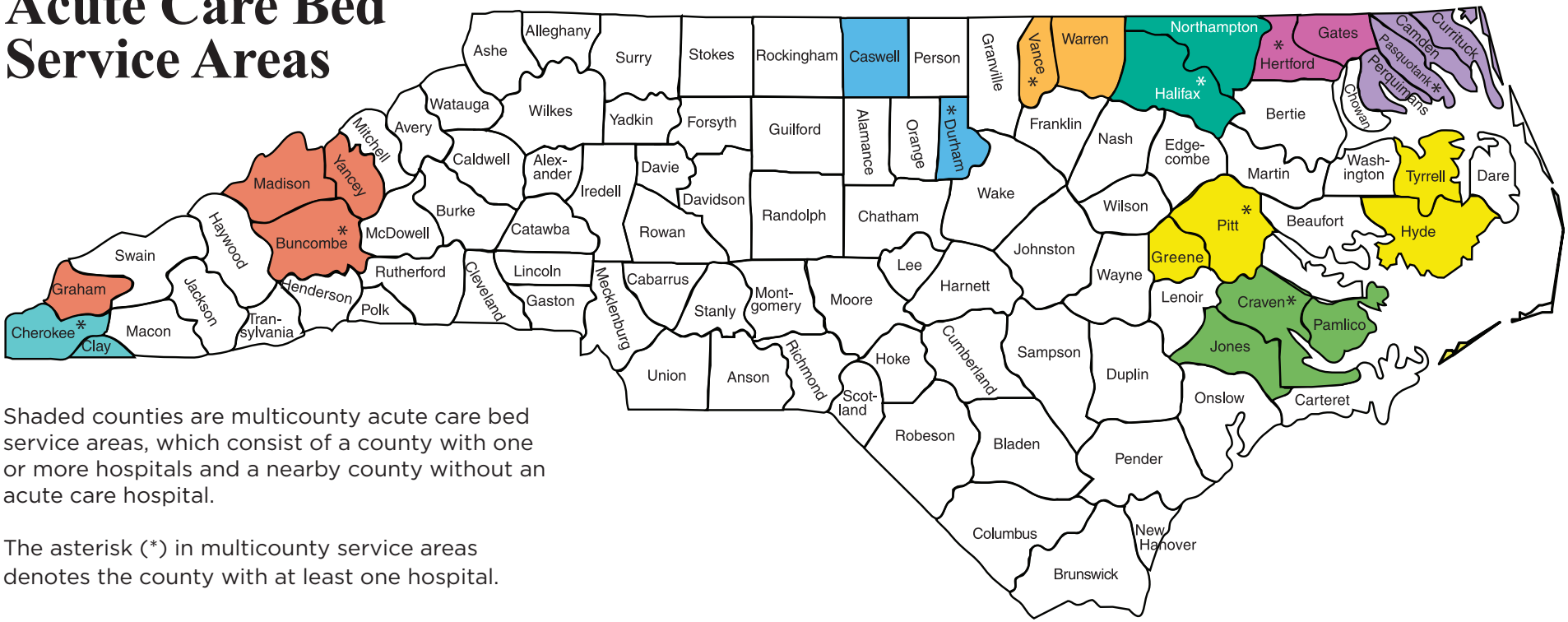
1. a 24-hour emergency services department;

2. inpatient medical services to both surgical and non-surgical patients; and

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

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

Figure 5.1
Acute Care Bed Service Areas



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

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

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

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
Alamance	H0272	Alamance Regional Medical Center	182	0	39,866	1.0224	43,566	119	167	-15.0	
Alamance Total			**182**	**0**							**0**
Alexander	H0274	Alexander Hospital (closed)*	25	-25	0	0.0000	0	0	0	0.0	
Alexander Total			**25**	**-25**							**0**
Alleghany	H0108	Alleghany Memorial Hospital	41	0	901	-1.1029	901	2	4	-37.3	
Alleghany Total			**41**	**0**							**0**
Anson	H0082	Atrium Health Anson	15	0	997	1.3867	3,687	10	15	0.1	
Anson Total			**15**	**0**							**0**
Ashe	H0099	Ashe Memorial Hospital	76	0	4,256	1.0250	4,698	13	19	-56.7	
Ashe Total			**76**	**0**							**0**
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital†	30	0	1,255	-1.1442	1,255	3	5	-24.8	
Avery Total			**30**	**0**							**0**
Beaufort	H0188	Vidant Beaufort Hospital	120	0	13,284	1.0642	17,036	47	70	-50.0	
Beaufort Total			**120**	**0**							**0**
Bertie	H0268	Vidant Bertie Hospital	6	0	1,391	1.0048	1,417	4	6	-0.2	
Bertie Total			**6**	**0**							**0**
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	48	0	3,823	1.0352	4,390	12	18	-30.0	
Bladen Total			**48**	**0**							**0**
Brunswick	H0150	J. Arthur Dosher Memorial Hospital	25	0	1,940	-1.0124	1,940	5	8	-17.0	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	15,258	-1.0124	15,258	42	63	-11.3	
Brunswick Total			**99**	**0**							**0**
Buncombe	H0036	Mission Hospital	733	0	207,208	1.0245	228,303	625	800	67.1	
Buncombe/Graham/Madison/Yancey Total			**733**	**0**							**67**
Burke	H0062	Carolinas HealthCare System Blue Ridge	293	0	20,491	-1.0409	20,491	56	84	-208.8	
Burke Total			**293**	**0**							**0**
Cabarrus		2021 Acute Care Bed Need Determination	0	22	0	1.0412	0	0	0	-22.0	
Cabarrus	H0031	Atrium Health Cabarrus	447	0	113,432	1.0412	133,297	365	485	38.4	
Cabarrus Total			**447**	**22**							**0**
Caldwell	H0061	Caldwell Memorial Hospital	110	0	19,193	1.0315	21,724	59	89	-20.8	
Caldwell Total			**110**	**0**							**0**
Carteret	H0222	Carteret General Hospital	135	0	22,569	-1.0094	22,569	62	93	-42.3	
Carteret Total			**135**	**0**							**0**
Catawba	H0223	Catawba Valley Medical Center	200	0	39,557	-1.0053	39,557	108	152	-48.4	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
Catawba	H0053	Frye Regional Medical Center	209	0	31,124	-1.0053	31,124	85	128	-81.2	
Catawba Total			**409**	**0**							**0**
Chatham	H0007	Chatham Hospital	25	0	2,187	1.0572	2,731	7	11	-13.8	
Chatham Total			**25**	**0**							**0**
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	5,094	-1.0517	5,094	14	21	-36.1	
Cherokee/Clay Total			**57**	**0**							**0**
Chowan	H0063	Vidant Chowan Hospital	49	0	5,137	1.0047	5,235	14	21	-27.5	
Chowan Total			**49**	**0**							**0**
Cleveland	H0024	Atrium Health Cleveland	288	0	43,165	1.0480	52,078	143	200	-88.4	
Cleveland Total			**288**	**0**							**0**
Columbus	H0045	Columbus Regional Healthcare System	154	0	15,919	1.0305	17,951	49	74	-80.3	
Columbus Total			**154**	**0**							**0**
Craven	H0201	CarolinaEast Medical Center	307	0	61,172	1.0305	68,995	189	264	-42.5	
Craven/Jones/Pamlico Total			**307**	**0**							**0**
Cumberland	H0213	Cape Fear Valley Medical Center	524	65	166,724	1.0143	176,485	483	618	29.5	
Cumberland Total			**524**	**65**							**29**
Dare	H0273	The Outer Banks Hospital	21	0	2,704	1.0132	2,850	8	12	-9.3	
Dare Total			**21**	**0**							**0**
Davidson	H0027	Lexington Medical Center	94	0	11,996	1.0611	15,208	42	62	-31.5	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	13,047	1.0611	16,540	45	68	-33.1	
Davidson Total			**195**	**0**							**0**
Davie	H0171	Davie Medical Center	50	0	4,617	1.2392	10,890	30	45	-5.3	
Davie Total			**50**	**0**							**0**
Duplin	H0166	Vidant Duplin Hospital	56	0	10,436	1.0572	13,037	36	54	-2.5	
Duplin Total			**56**	**0**							**0**
Durham		2021 Acute Care Bed Need Determination	0	40	0	1.0281	0	0	0	-40.0	
Durham	H0233	Duke Regional Hospital	316	0	69,486	1.0281	77,645	213	283	-33.3	
Durham	H0015	Duke University Hospital**	946	102	303,671	1.0281	339,330	929	1,189	141.2	
		Duke University Health System Total	1,262	102	373,157		416,975	1,142	1,472	107.9	
Durham	H0075	North Carolina Specialty Hospital	18	6	2,905	1.0281	3,246	9	13	-10.7	
Durham/Caswell Total			**1,280**	**148**							**68**
Edgecombe	H0258	Vidant Edgecombe Hospital	101	0	13,974	-1.0015	13,974	38	57	-43.6	
Edgecombe Total			**101**	**0**							**0**

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
Forsyth	H0209	Novant Health Forsyth Medical Center	865	20	222,011	1.0115	232,411	636	814	-70.5	
Forsyth	H0229	Novant Health Medical Park Hospital	22	0	2,766	1.0115	2,895	8	12	-10.1	
		Novant Health Total	887	20	224,777		235,307	644	826	-80.6	
Forsyth	H0011	North Carolina Baptist Hospital	802	52	230,420	1.0115	241,214	660	845	-8.7	
Forsyth Total			**1,689**	**72**							**0**
Franklin	H0267-B	Maria Parham Franklin	70	0	0	0.0000	0	0	0	-70.0	
Franklin Total			**70**	**0**							**0**
Gaston	H0105	CaroMont Regional Medical Center	372	43	102,329	1.0328	116,429	319	424	9.0	
Gaston		CaroMont Regional Medical Center - Belmont	0	54	0	1.0328	0	0	0	-54.0	
		CaroMont Health Total	372	97	102,329		116,429	319	424	-45.0	
Gaston Total			**372**	**97**							**0**
Granville	H0098	Granville Health System	62	0	6,623	-1.0105	6,623	18	27	-34.8	
Granville Total			**62**	**0**							**0**
Guilford	H0159	Cone Health	754	0	180,830	1.0006	181,299	496	635	-118.6	
Guilford	H0052	High Point Regional Health	307	0	56,035	1.0006	56,180	154	215	-91.7	
Guilford Total			**1,061**	**0**							**0**
Halifax	H0230	Vidant North Hospital	184	0	21,340	1.0071	21,954	60	90	-93.8	
Halifax/Northampton Total			**184**	**0**							**0**
Harnett	H0224	Betsy Johnson Hospital	131	0	19,225	-1.0225	19,225	53	79	-52.0	
Harnett Total			**131**	**0**							**0**
Haywood	H0025	Haywood Regional Medical Center	121	0	17,888	1.0270	19,902	54	82	-39.3	
Haywood Total			**121**	**0**							**0**
Henderson	H0019	AdventHealth Hendersonville	62	0	10,106	1.0303	11,388	31	47	-15.2	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	24,147	1.0303	27,209	74	112	-89.3	
Henderson Total			**263**	**0**							**0**
Hertford	H0001	Vidant Roanoke-Chowan Hospital	86	0	13,764	-1.0030	13,764	38	57	-29.5	
Hertford/Gates Total			**86**	**0**							**0**
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	3,437	1.0067	3,531	10	15	-26.5	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	8	28	1,549	1.0067	1,591	4	7	-29.5	
Hoke Total			**49**	**28**							**0**
Iredell	H0248	Davis Regional Medical Center	102	0	7,031	1.0066	7,218	20	30	-72.4	
Iredell	H0259	Lake Norman Regional Medical Center	123	0	13,846	1.0066	14,214	39	58	-64.6	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
		Community Health Systems Total	225	0	20,877		21,432	59	88	-137.0	
Iredell	H0164	Iredell Memorial Hospital	199	0	35,651	1.0066	36,599	100	140	-58.7	
Iredell Total			**424**	**0**							**0**
Jackson	H0087	Harris Regional Hospital	86	0	13,030	1.0066	13,378	37	55	-31.1	
Jackson Total			**86**	**0**							**0**
Johnston	H0151	Johnston Health	179	0	35,545	1.0174	38,078	104	146	-33.0	
Johnston Total			**179**	**0**							**0**
Lee	H0243	Central Carolina Hospital	127	0	13,514	-1.0347	13,514	37	55	-71.5	
Lee Total			**127**	**0**							**0**
Lenoir	H0043	UNC Lenoir Health Care	182	0	22,930	-1.0109	22,930	63	94	-87.8	
Lenoir Total			**182**	**0**							**0**
Lincoln	H0225	Atrium Health Lincoln	101	0	19,208	1.0328	21,858	60	90	-11.2	
Lincoln Total			**101**	**0**							**0**
Macon	H0034	Angel Medical Center	59	-29	5,166	-1.0066	5,166	14	21	-8.8	
Macon	H0193	Highlands-Cashiers Hospital	24	0	2,008	-1.0066	2,008	5	8	-15.8	
Macon Total			**83**	**-29**							**0**
Martin	H0078	Martin General Hospital	49	0	4,467	1.0406	5,237	14	22	-27.5	
Martin Total			**49**	**0**							**0**
McDowell	H0097	Mission Hospital McDowell	65	0	7,370	1.0046	7,505	21	31	-34.2	
McDowell Total			**65**	**0**							**0**
Mecklenburg		2021 Acute Care Bed Need Determination	0	123	0	1.0331	0	0	0	-123.0	
Mecklenburg		Atrium Health Lake Norman	0	30	0	1.0331	0	0	0	-30.0	
Mecklenburg	H0042	Atrium Health Pineville	233	45	72,498	1.0331	82,570	226	301	22.7	
Mecklenburg	H0255	Atrium Health University City	100	4	28,116	1.0331	32,023	88	132	27.5	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	1,055	87	325,164	1.0331	370,341	1,014	1,298	155.8	
		Atrium Health Total	1,388	166	425,778		484,934	1,328	1,730	176.0	
Mecklenburg		Novant Health Ballantyne Medical Center	0	36	0	1.0331	0	0	0	-36.0	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	139	12	27,955	1.0331	31,839	87	131	-20.2	
Mecklenburg	H0270	Novant Health Matthews Medical Center	154	20	41,291	1.0331	47,028	129	180	6.3	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center†††	36	0	7,530	1.0331	8,576	23	35	-0.8	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	519	-22	148,333	1.0331	168,942	463	592	95.0	
Mecklenburg		Novant Health Steele Creek Medical Center	0	32	0	1.0331	0	0	0	-32.0	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
		Novant Health Total	848	78	225,108		256,384	702	938	12.3	
Mecklenburg Total^/†††			**2,236**	**367**							**65**
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	3,762	1.1256	6,039	17	25	-21.2	
Mitchell Total			**46**	**0**							**0**
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	37	0	437	-1.0308	437	1	2	-35.2	
Montgomery Total			**37**	**0**							**0**
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment	337	47	95,036	1.0096	98,732	270	360	-24.5	
Moore Total			**337**	**47**							**0**
Nash	H0228	Nash General Hospital	262	0	44,328	-1.0102	44,328	121	170	-92.1	
Nash Total			**262**	**0**							**0**
New Hanover		2021 Acute Care Bed Need Determination	0	35	0	1.0148	0	0	0	-35.0	
New Hanover		New Hanover Regional Hospital - Scotts Hill	0	66	0	1.0148	0	0	0	-66.0	
New Hanover	H0221	New Hanover Regional Medical Center	678	-30	186,665	1.0148	197,949	542	694	45.7	
		New Hanover Regional Medical Center Total	678	36	186,665		197,949	542	694	-20.3	
New Hanover Total			**678**	**71**							**0**
Onslow	H0048	Onslow Memorial Hospital	162	0	28,389	-1.0079	28,389	78	117	-45.4	
Onslow Total			**162**	**0**							**0**
Orange	H0157	University of North Carolina Hospitals	817	114	246,867	1.0176	264,733	725	928	-3.3	
Orange Total			**817**	**114**							**0**
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	17,965	-1.0277	17,965	49	74	-108.2	
Pasquotank/Camden/Currituck/Perquimans Total			**182**	**0**							**0**
Pender	H0115	Pender Memorial Hospital^^	43	0	772	-1.1866	772	2	3	-39.8	
Pender Total			**43**	**0**							**0**
Person	H0066	Person Memorial Hospital	38	0	3,145	-1.0089	3,145	9	13	-25.1	
Person Total			**38**	**0**							**0**
Pitt	H0104	Vidant Medical Center	847	85	241,880	1.0357	278,292	762	975	43.3	
Pitt/Greene/Hyde/Tyrrell Total* **			**847**	**85**							**43**
Polk	H0079	St. Luke's Hospital	25	0	3,674	-1.0165	3,674	10	15	-9.9	
Polk Total			**25**	**0**							**0**
Randolph	H0013	Randolph Hospital	145	0	13,804	-1.0506	13,804	38	57	-88.3	
Randolph Total			**145**	**0**							**0**
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	99	0	8,634	-1.0817	8,634	24	35	-63.5	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
Richmond Total			**99**	**0**							**0**
Robeson	H0064	Southeastern Regional Medical Center	292	0	47,386	-1.0678	47,386	130	182	-110.4	
Robeson Total			**292**	**0**							**0**
Rockingham	H0023	Annie Penn Hospital	110	0	11,550	1.0064	11,850	32	49	-61.3	
Rockingham	H0072	UNC Rockingham Hospital	108	0	10,054	1.0064	10,316	28	42	-65.6	
Rockingham Total			**218**	**0**							**0**
Rowan	H0040	Novant Health Rowan Medical Center	203	0	38,978	1.0129	41,028	112	157	-45.7	
Rowan Total			**203**	**0**							**0**
Rutherford	H0039	Rutherford Regional Medical Center	129	0	11,724	-1.0521	11,724	32	48	-80.9	
Rutherford Total			**129**	**0**							**0**
Sampson	H0067	Sampson Regional Medical Center	116	0	9,588	-1.0592	9,588	26	39	-76.6	
Sampson Total			**116**	**0**							**0**
Scotland	H0107	Scotland Memorial Hospital	97	0	21,456	1.0398	25,081	69	103	6.0	
Scotland Total			**97**	**0**							**0**
Stanly	H0008	Atrium Health Stanly	97	0	12,175	1.0179	13,068	36	54	-43.3	
Stanly Total			**97**	**0**							**0**
Stokes	H0165	LifeBrite Community Hospital of Stokes	53	0	1,256	1.0656	1,619	4	7	-46.3	
Stokes Total			**53**	**0**							**0**
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	12,412	-1.0070	12,412	34	51	-30.0	
Surry	H0184	Northern Regional Hospital*	100	-17	14,411	-1.0070	14,411	39	59	-23.8	
Surry Total			**181**	**-17**							**0**
Swain	H0069	Swain Community Hospital	48	0	1,839	1.5461	10,510	29	43	-4.8	
Swain Total			**48**	**0**							**0**
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,307	1.0025	5,361	15	22	-20.0	
Transylvania Total			**42**	**0**							**0**
Union	H0050	Atrium Health Union	182	0	36,516	1.0244	40,216	110	154	-27.9	
Union Total			**182**	**0**							**0**
Vance	H0267-A	Maria Parham Health	91	11	20,860	1.0043	21,218	58	87	-14.9	
Vance/Warren Total			**91**	**11**							**0**
Wake		Duke Green Level Hospital	0	40	0	1.0306	0	0	0	-40.0	
Wake	H0238	Duke Raleigh Hospital	186	-40	50,222	1.0306	56,659	155	217	71.2	
		Duke University Health System Total	186	0	50,222		56,659	155	217	31.2	
Wake	H0065	Rex Hospital	439	50	121,590	1.0306	137,174	376	499	10.5	

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
Wake	H0199	WakeMed	628	36	168,950	1.0306	190,605	522	668	4.0	
Wake	H0276	WakeMed Cary Hospital	178	30	47,898	1.0306	54,037	148	207	-0.9	
		WakeMed Health & Hospitals Total	806	66	216,848		244,642	670	875	3.1	
Wake Total			**1,431**	**116**							**45**
Washington	H0006	Washington Regional Medical Center^^^	25	-13	583	1.3700	2,054	6	8	-3.6	
Washington Total			**25**	**-13**							**0**
Watauga	H0077	Watauga Medical Center	117	0	14,653	1.0361	16,888	46	69	-47.6	
Watauga Total			**117**	**0**							**0**
Wayne	H0257	Wayne UNC Health Care	255	0	44,280	-1.0011	44,280	121	170	-85.3	
Wayne Total			**255**	**0**							**0**
Wilkes	H0153	Wilkes Medical Center	120	0	11,805	-1.0238	11,805	32	48	-71.5	
Wilkes Total			**120**	**0**							**0**
Wilson	H0210	Wilson Medical Center	270	0	24,931	-1.0212	24,931	68	102	-167.6	
Wilson Total			**270**	**0**							**0**
Yadkin	H0155	Yadkin Valley Community Hospital (closed)††	22	0	0	0.0000	0	0	0	-22.0	
Yadkin Total			**22**	**0**							**0**

Table 5A: Acute Care Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2024 Projected Average Daily Census (ADC)	2024 Beds Adjusted for Target Occupancy	Projected 2024 Deficit or Surplus (surplus shows as a "-")	2024 Need Determination
		Grand Total All Hospitals	**21,203**	**1159**	**4,647,687**		**5,078,258**				**317**

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

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

*** The State Health Coordinating Council voted to remove the need for 43 beds in the Pitt/Greene/Hyde/Tyrrell service area.

† Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 5A.

†† Yadkin Valley Community Hospital has requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility has until January 18, 2022 to reopen the hospital.

††† Due to a lack of 2017 and 2018 days of care data for Novant Mint Hill Medical Center, the State Health Coordinating Council voted to utilize an adjusted growth rate multiplier for Mecklenburg service area that does not reflect the current days of care reported by Novant Mint Hill Medical Center.

^ Ten of the acute care beds from the Mecklenburg County Service Area 2019 SMFP Need Determination were not awarded to a facility. Per Policy GEN-1, the beds were reallocated by taking them out of the service area planning inventory.

^^ The need methodology calculation uses the days of care data Pender Memorial Hospital initially submitted to HIDI in the Spring due to the erroneous inclusion of swing bed days of care in the facility's updated days of care data submitted to HIDI later in the year.

^^^ Washington Memorial Hospital was unable to report their 2020 days of care to HIDI. Therefore, the need methodology calculation uses the days of care reported on the facility's 2021 LRA.

Table 5B: Acute Care Bed Need Determination*

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Buncombe/Graham/Madison/Yancey	67	June 15, 2022	July 1, 2022
Cumberland	29	February 15, 2022	March 1, 2022
Durham/Caswell	68	April 18, 2022	May 1, 2022
Mecklenburg	65	October 17, 2022	November 1, 2022
Wake	45	August 15, 2022	September 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

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

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

License Number	Facility Name	County	Licensed LTCH Beds	DOC	Adjustments for Certificates of Need and Previous Need
H0279	Asheville Specialty Hospital	Buncombe	34	8,607	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	20,437	0
H0280	Select Specialty Hospital –Durham	Durham	30	10,150	0
H0073	Kindred Hospital-Greensboro	Guilford	101	10,612	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	10,045	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	9,981	0
H0289	Carolinas ContinueCare Hospital at University	Mecklenburg	17*	5,360	0
H0242	PAM Specialty Hospital of Rocky Mount (formerly LifeCare Hospitals of North Carolina)	Nash	50	11,984	0

*Carolinas ContinueCare Hospital at University delicensed 18 beds, effective 1/9/20.

Chapter 6:

Operating Rooms

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CHAPTER 6
OPERATING ROOMS

Introduction
G.S. 131E-76(6a) defines an ***operating room*** (OR) as "…a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room."

Across all hospitals and ambulatory surgical facilities, 71.7% of surgical cases were ambulatory and 28.3% were inpatient *(Table 6B)*.

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

The ***reporting year*** is October 1 through September 30. The ***current*** reporting year is October 1, 2019 through September 30, 2020.

The methodology projects OR need two years beyond the publication year of the current State Medical Facilities Plan (SMFP). The current ***projection year*** is 2024.

The ***planning inventory*** is the number of ORs used in need determination calculations. It consists of the number of ORs as of the last day of the reporting year, plus any new ORs approved by CON that are under development by the end of the reporting year, minus any ORs delicensed by the end of the reporting year.

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

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or

2. the same parent corporation or holding company; or

3. a subsidiary of the same parent corporation or holding company; or

4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

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

Changes from the Previous Plan
There was one substantive and temporary change from the previous SMFP. For the 2022 SMFP only, a service area need of two ORs is not required to establish a need determination.

Data Sources
The number of cases and procedures come from the Hospital License Renewal Applications (LRA) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation.

The inventory of ORs comes from LRAs submitted to the Acute and Home Care Licensure and Certification Section and certificates issued by Certificate of Need.

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

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.

2. The planning inventory and need determination calculations exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.

3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient and ambulatory surgical procedures by county of residence and county of service to delineate service areas as reported on the LRAs (see below).

4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.

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

If an entity has a certificate of need (CON) to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area.

In response to an adjusted need determination petition, the State Health Coordinating Council created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

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

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

   (2) Number of Ambulatory ORs *(Column E)*

(3) Number of Shared ORs *(Column F)*

b. For each facility:
   (1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA *(Column G)*.

   (2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit *(Column H)*.

   (3) List the number of ORs *(Column I)* and C-Section ORs *(Column J)* for which certificates of need have been issued or settlement agreements signed but ORs were not licensed/delicensed as of the end of the reporting year *(Columns I and J)*.

c. Enter placeholders for need determinations from previous plans that are pending Certificate of Need review *(Columns I and Column J)*.

Step 2: Determine Each Facility's Adjusted Case Times

a. For each facility, compare the Average Case Time in Minutes for inpatient and ambulatory cases reported on the annual LRA to its Final Case Time used in the methodology in the previous year's SMFP.
   (1) If either the inpatient or ambulatory reported average case time is more than 10 percent longer than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time plus 10 percent.

   (2) If either the inpatient or ambulatory reported average case time is more than 20 percent shorter than the previous year's Final Case Time, then the Adjusted Case Time is the previous year's Final Case Time minus 20 percent.

   (3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

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

a. For each hospital, multiply the total inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.

b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.

c. Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping *(Column K)*.

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

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

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

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

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

a. For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time *(Column E)* and Final Ambulatory Case Time *(Column G)*, as applicable. Otherwise use the Adjusted Case Time from Step 2 as the final case times. Facilities that perform no surgical procedures in the category being calculated are excluded from the calculations. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	224.2	3.74	137.3	2.29
2	191.8	3.20	118.4	1.97
3	178.7	2.98	117.4	1.96
4	113.7	1.90	72.7	1.21
5	--	--	39.9	0.67
6	--	--	70.1	1.17

b. For each facility, multiply the inpatient surgical cases reported on the LRA *(Column D)* by the Final Inpatient Case Time in minutes *(Column E)*, and multiply the ambulatory surgical cases reported on the LRA *(Column F)* by the Final Ambulatory Case Time in minutes (*Column G*). Sum these amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours *(Column H)*.

c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year *(Column I: Growth Factor = [projection year service area population - reporting year service area population] ÷ reporting year service area population.)*. If the calculated population growth is negative, the Growth Factor is considered to be zero.

d. Multiply each facility's Total Adjusted Estimated Surgical Hours *(Column H)* for the most recent reporting year by each service area's Growth Factor *(Column I)*. Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year *([Column H x Column I]/100 + Column H = Column J)*.

e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year *(Table 6B, Column J ÷ Table 6A, Column M = Table 6B, Column K)*.

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

a. Sum the ORs, adjustments, and exclusions *(Table 6A, Columns D through J)* for each facility to obtain the Adjusted Planning Inventory *(Table 6B*, *Column L)*.

b. Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). *(Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.)* Then for each health system, sum the deficits and surpluses of each facility to arrive at the Projected OR Deficit/Surplus for the health system *(Column K – Column L = Column M)*.

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

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

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

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

   If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need *(Column N)*.

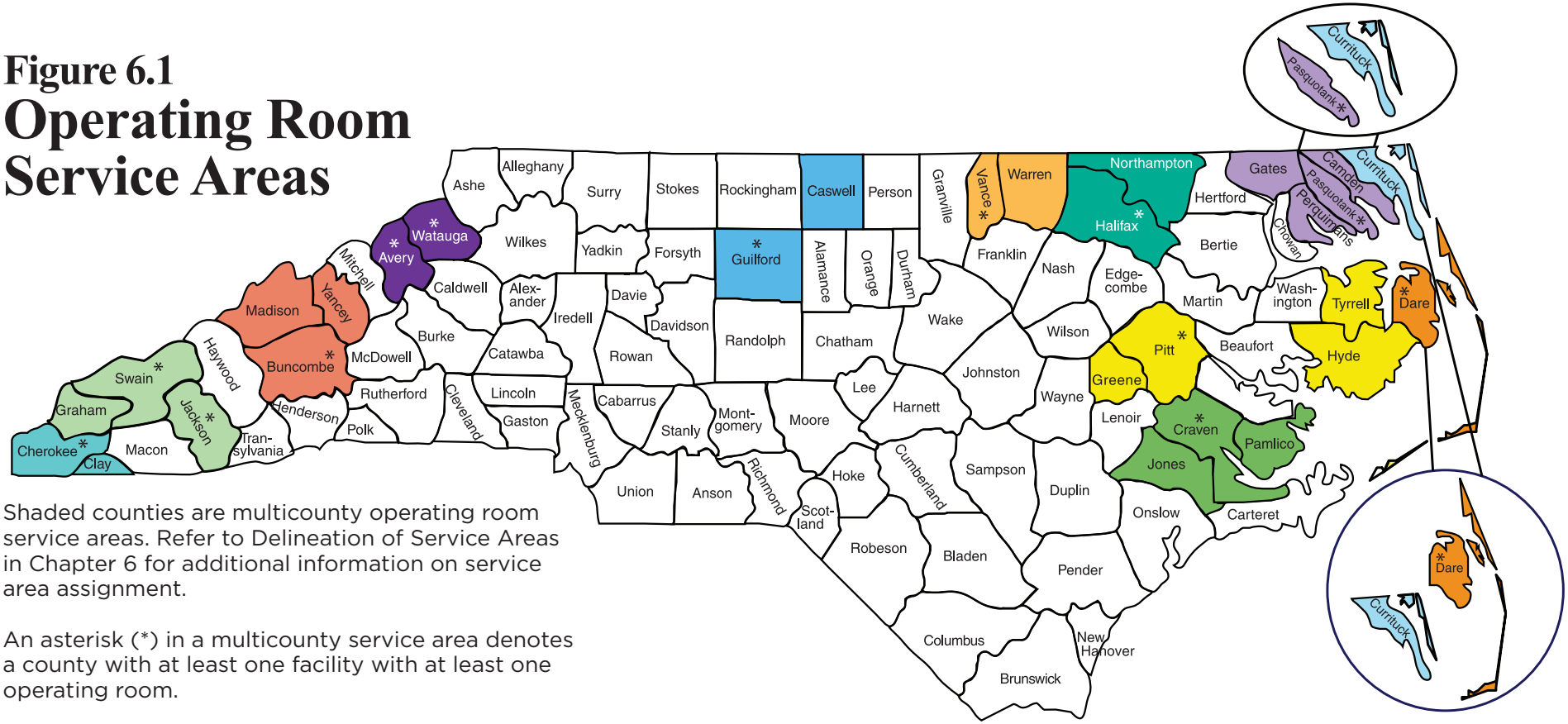
Unless otherwise specified by the methodology, calculations do not use rounded values. However, fractional values are rounded automatically when displayed.

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

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

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

Figure 6.1
Operating Room Service Areas



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

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

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

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

Case data for 10/1/2019 through 9/30/2020 as reported on the 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	14,932.7	4	1,500
Alamance Total			**2**	**3**	**9**	**-2**	**0**	**0**	**0**			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	243.2	4	1,500
Alleghany Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	40.3	4	1,500
Anson Total			**0**	**0**	**1**	**0**	**0**	**0**	**0**			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,258.5	4	1,500
Ashe Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Avery	H0037	Cannon A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	388.4	4	1,500
Watauga	H0077	Watauga Medical Center, Inc.	1	0	6	-1	0	0	0	6,076.4	4	1,500
Appalachian Regional Healthcare System Total			***1***	***0***	***8***	***-1***	***0***	***0***	***0***			
Avery/Watauga Total			**1**	**0**	**8**	**-1**	**0**	**0**	**0**			
Beaufort	H0188	Vidant Beaufort Hospital	1	0	5	-1	0	0	0	3,638.3	4	1,500
Beaufort Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Bertie	H0268	Vidant Bertie Hospital	0	0	2	0	0	0	0	207.0	4	1,500
Bertie Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	284.7	4	1,500
Bladen Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Brunswick	AS0170	Brunswick Surgery Center	0	1	0	0	0	0	0	0.0		
Brunswick	H0150	J. Arthur Dosher Memorial Hospital	0	0	2	0	0	0	0	3,068.7	4	1,500
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	8,529.2	4	1,500
Brunswick		2021 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Brunswick Total			**1**	**1**	**6**	**-1**	**0**	**2**	**0**			
Buncombe		Asheville SurgCare	0	0	0	0	0	5	0	0.0		
Buncombe	AS0038	Outpatient Surgery Center of Asheville	0	3	0	0	0	-3	0	5,421.0	6	1,312
Orthopaedic Surgery Center of Asheville Total			***0***	***3***	***0***	***0***	***0***	***2***	***0***			

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A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	1,055.4	5	1,312
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	63,411.3	2	1,950
Buncombe/Madison/Yancey Total			**8**	**13**	**30**	**-2**	**-1**	**2**	**0**			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,131.5	5	1,312
Burke	H0062	Carolinas HealthCare System Blue Ridge	1	0	9	-1	0	-4	0	6,122.1	4	1,500
Burke Total			**1**	**2**	**9**	**-1**	**0**	**0**	**0**			
Cabarrus	AS0070	Gateway Surgery Center	0	4	0	0	0	2	0	4,189.5	6	1,312
Cabarrus	H0031	Atrium Health Cabarrus	4	0	17	-2	0	-2	0	24,936.5	3	1,755
Atrium Health Total			***4***	***4***	***17***	***-2***	***0***	***0***	***0***			
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	2	0	0	0	0	0	2,380.5	5	1,312
Cabarrus Total			**4**	**6**	**17**	**-2**	**0**	**0**	**0**			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	815.7	6	1,312
Caldwell	H0061	Caldwell Memorial Hospital	1	0	4	-1	0	0	0	4,620.2	4	1,500
UNC Health Total			***1***	***3***	***4***	***-1***	***0***	***0***	***0***			
Caldwell Total			**1**	**3**	**4**	**-1**	**0**	**0**	**0**			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,165.6	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,173.3	4	1,500
Carteret Total			**1**	**2**	**5**	**-1**	**0**	**0**	**0**			
Catawba	AS0036	Graystone Eye Surgery Center	0	3	0	0	0	0	0	3,857.7	5	1,312
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	1,733.3	5	1,312
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	13,540.8	4	1,500
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	13,362.0	4	1,500
Catawba Total			**3**	**10**	**27**	**-1**	**0**	**0**	**0**			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	863.6	4	1,500
Chatham Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	4,102.5	4	1,500
Cherokee/Clay Total			**0**	**0**	**4**	**0**	**0**	**0**	**0**			

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

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A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Chowan	H0063	Vidant Chowan Hospital	0	0	3	0	0	0	0	1,015.2	4	1,500
Chowan Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Cleveland	AS0062	Cleveland Ambulatory Services	0	4	0	0	0	0	0	734.5	5	1,312
Cleveland	H0024	Atrium Health Cleveland	1	0	8	-1	0	0	0	9,078.0	4	1,500
Atrium Health Total			***1***	***4***	***8***	***-1***	***0***	***0***	***0***			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,236.0	5	1,312
Cleveland Total			**1**	**6**	**8**	**-1**	**0**	**0**	**0**			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	2,799.5	4	1,500
Columbus Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	11,056.7	4	1,500
Craven/Jones/Pamlico Total			**3**	**6**	**9**	**-1**	**0**	**0**	**0**			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	2	0	22,959.6	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-2	0	2,776.4	4	1,500
Cape Fear Valley Health System Total			***5***	***0***	***17***	***-3***	***0***	***0***	***0***			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	5,436.9	6	1,312
Cumberland	AS0159	Valleygate Dental Surgery Center***	0	2	0	0	0	0	0	2,503.1	6	1,312
Cumberland Total			**5**	**13**	**17**	**-3**	**0**	**0**	**0**			
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center (closed)*	0	0	0	0	0	0	0	0.0		
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,168.7	4	1,500
Dare/Currituck Total			**1**	**0**	**3**	**-1**	**0**	**0**	**0**			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	3,801.2	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	4,851.0	4	1,500
Davidson Total			**1**	**0**	**9**	**-1**	**0**	**0**	**0**			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	2,999.8	4	1,500
Davie Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Duplin	H0166	Vidant Duplin Hospital	0	0	3	0	0	0	0	1,556.5	4	1,500
Duplin Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	4	0	0	0	0	0	6,195.7	5	1,312

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

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A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Durham	AS0172	Duke Ambulatory Surgery Center Arringdon	0	4	0	0	0	0	0	0.0		
Durham	H0015	Duke University Hospital**	6	9	50	0	-1	2	0	127,474.5	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	21,237.7	3	1,755
Duke University Health System Total			***8***	***17***	***63***	***-2***	***-1***	***2***	***0***			
Durham		Southpoint Surgery Center	0	0	0	0	0	2	0	0.0		
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	9,961.1	4	1,500
NC Specialty Hospital Total			***0***	***0***	***4***	***0***	***0***	***2***	***0***			
Durham		2021 SMFP Need Determination	0	0	0	0	0	4	0	0.0		
Durham Total			**8**	**17**	**67**	**-2**	**-1**	**8**	**0**			
Edgecombe	H0258	Vidant Edgecombe Hospital	1	0	5	-1	0	0	0	1,878.9	4	1,500
Edgecombe Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	2	0	0	0	0	0	1,889.0	5	1,312
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	2	0	0	0	0	0	1,367.1	6	1,312
Forsyth	H0209	Novant Health Forsyth Medical Center	5	4	24	-2	0	2	0	51,207.8	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	18,788.3	3	1,755
Novant Health Total			***5***	***8***	***34***	***-2***	***0***	***2***	***0***			
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons	0	3	0	0	0	0	0	3,344.0	6	1,312
Forsyth	H0011	North Carolina Baptist Hospital**	4	0	36	0	-2	11	0	86,244.7	1	1,950
Wake Forest Baptist Health Total			***4***	***3***	***36***	***0***	***-2***	***11***	***0***			
Forsyth		Kimel Park Surgery Center	0	0	0	0	0	2	0	0.0		
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	2	0	0	0	0	0	1,522.6	5	1,312
Forsyth		Triad Surgery Center	0	0	0	0	0	2	0	0.0		
Forsyth Total			**9**	**13**	**70**	**-2**	**-2**	**17**	**0**			
Franklin	H0267-B	Maria Parham Franklin	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			**0**	**0**	**3**	**0**	**0**	**1**	**0**			

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A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Gaston		CaroMont ASC-Belmont	0	0	0	0	0	2	0	0.0		
Gaston		CaroMont Regional Medical Center - Belmont	0	0	0	0	0	2	1	0.0		
Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	-3	0	1,400.4	5	1,312
Gaston	H0105	CaroMont Regional Medical Center	5	7	10	-4	0	-1	-1	19,609.0	3	1,755
CaroMont Health Total			***5***	***13***	***10***	***-4***	***0***	***0***	***0***			
Gaston Total			**5**	**13**	**10**	**-4**	**0**	**0**	**0**			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,150.9	4	1,500
Granville Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Guilford		North Elam Ambultatory Surgery Center	0	0	0	0	0	5	0	0.0		
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	71,678.9	2	1,950
Moses H. Cone Memorial Hospital System Total			***4***	***13***	***29***	***0***	***-1***	***0***	***0***			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	928.1	6	1,312
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	7,442.4	6	1,312
Surgical Care Affiliates Total			***0***	***16***	***0***	***0***	***0***	***0***	***0***			
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	0	0	3,384.0	6	1,312
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	0	0	309.0	6	1,312
Guilford	H0052	High Point Regional Health	3	0	8	-1	0	0	0	10,604.2	4	1,500
Wake Forest Baptist Health Total			***3***	***8***	***8***	***-1***	***0***	***0***	***0***			
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad***	0	2	0	0	0	0	0	1,055.5	6	1,312
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	987.0	5	1,312
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	347.2	6	1,312
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	269.1	4	1,500
Guilford/Caswell Total			**7**	**45**	**38**	**-1**	**-1**	**0**	**0**			
Halifax	H0230	Vidant North Hospital	0	0	6	0	0	0	0	3,156.6	4	1,500
Halifax/Northampton Total			**0**	**0**	**6**	**0**	**0**	**0**	**0**			
Harnett	H0224	Betsy Johnson Hospital	0	0	7	0	0	0	0	4,060.3	4	1,500
Harnett Total			**0**	**0**	**7**	**0**	**0**	**0**	**0**			

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

Case data for 10/1/2019 through 9/30/2020 as reported on the 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	5,921.7	4	1,500
Haywood Total			**0**	**0**	**7**	**0**	**0**	**0**	**0**			
Henderson		Western Carolina Surgery Center	0	0	0	0	0	1	0	0.0		
Henderson	H0019	AdventHealth Hendersonville	1	0	6	-1	0	-1	0	6,059.6	4	1,500
Adventist Health Total			***1***	***0***	***6***	***-1***	***0***	***0***	***0***			
Henderson		Pardee Partners ASC	0	0	0	0	0	2	0	0.0		
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	10	0	0	-2	1	11,796.9	4	1,500
Margaret R. Pardee Memorial Hospital Total			***0***	***0***	***10***	***0***	***0***	***0***	***1***			
Henderson Total			**1**	**0**	**16**	**-1**	**0**	**0**	**1**			
Hertford	H0001	Vidant Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	1,218.1	4	1,500
Hertford Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	1	0	0	1	0	325.4	4	1,500
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	1,991.2	4	1,500
Hoke Total			**1**	**0**	**3**	**-1**	**0**	**1**	**0**			
Iredell	H0248	Davis Regional Medical Center	1	0	5	-1	0	-1	0	2,393.8	4	1,500
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	6,196.0	4	1,500
Community Health Systems Total			***2***	***2***	***12***	***-2***	***0***	***-1***	***0***			
Iredell		Iredell Mooresville Campus ASC	0	0	0	0	0	1	0	0.0		
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	1	0	0	0	0	0	286.0	5	1,312
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	747.3	5	1,312
Iredell	H0164	Iredell Memorial Hospital	1	0	10	-1	0	-1	0	11,272.7	4	1,500
Iredell Health System Total			***1***	***5***	***10***	***-1***	***0***	***0***	***0***			
Iredell		Statesville Orthopedic Surgery Center	0	0	0	0	0	1	0	0.0		
Iredell Total			**3**	**7**	**22**	**-3**	**0**	**0**	**0**			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	5,192.1	4	1,500
Duke LifePoint Total			***1***	***0***	***7***	***-1***	***0***	***0***	***0***			
Jackson/Graham/Swain Total			**1**	**0**	**7**	**-1**	**0**	**0**	**0**			

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

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Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Johnston	H0151	Johnston Health	2	0	8	-2	0	0	0	8,617.8	4	1,500
Johnston Total			**2**	**0**	**8**	**-2**	**0**	**0**	**0**			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	2,700.9	4	1,500
Lee Total			**1**	**0**	**6**	**-1**	**0**	**0**	**0**			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,423.0	4	1,500
Lenoir Total			**1**	**0**	**9**	**-1**	**0**	**0**	**0**			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	3,396.3	4	1,500
Lincoln Total			**1**	**1**	**3**	**-1**	**0**	**0**	**0**			
Macon	H0034	Angel Medical Center	1	0	4	-1	0	-1	0	663.2	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	0.0		
Mission Health Total			***1***	***0***	***6***	***-1***	***0***	***-1***	***0***			
Macon Total			**1**	**0**	**6**	**-1**	**0**	**-1**	**0**			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	0	1,538.4	4	1,500
Martin Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	2,118.3	4	1,500
McDowell Total			**1**	**0**	**3**	**-1**	**0**	**0**	**0**			
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0	0	0	0	1	0	0.0		
Mecklenburg		Atrium Health Lake Norman	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	3	0	0	0	0	0	2,410.1	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	10	-2	0	2	0	17,925.7	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	42	-4	-1	11	0	112,260.8	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	1	7	-1	0	-2	0	6,628.5	4	1,500
Atrium Health Total			***13***	***15***	***59***	***-7***	***-1***	***14***	***1***			
Mecklenburg		Novant Health Ballantyne Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg		Novant Health Steele Creek Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	7,096.0	5	1,312
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	0	0	1,747.4	6	1,312

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Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	1,842.5	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,753.8	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-2	0	59,078.6	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	1	0	10,074.1	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	2	0	6	-2	0	1	0	9,265.9	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	0	0	1,959.9	4	1,500
Novant Health Total			***11***	***18***	***43***	***-8***	***0***	***4***	***2***			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	6,482.8	6	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	8,208.0	6	1,312
Surgical Care Affiliates Total			***0***	***12***	***0***	***0***	***0***	***0***	***0***			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	2,838.1	6	1,312
Mecklenburg		Metrolina Vascular Access Care	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC***	0	2	0	0	0	0	0	1,785.0	6	1,312
Mecklenburg Total^			**24**	**49**	**102**	**-15**	**-1**	**19**	**3**			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	590.5	4	1,500
Mitchell Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	131.1	4	1,500
Montgomery Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	1,943.3	5	1,312
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	4,912.0	6	1,312
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	2	0	15	0	0	0	1	21,606.9	3	1,755
Moore Total			**2**	**9**	**15**	**0**	**0**	**0**	**1**			
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	11,063.0	4	1,500
Nash Total			**1**	**0**	**13**	**-1**	**0**	**0**	**0**			
New Hanover		New Hanover Regional Medical Center - Scotts Hill	0	0	0	0	0	8	0	0.0		

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Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	-4	0	54,062.2	2	1,950
New Hanover Regional Medical Center System Total			***5***	***4***	***29***	***-3***	***-1***	***4***	***0***			
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover		Wilmington Eye Surgery Center	0	0	0	0	0	2	0	0.0		
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	3	0	5,826.7	5	1,312
New Hanover Total			**5**	**11**	**29**	**-3**	**-1**	**10**	**0**			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	6,296.8	4	1,500
Onslow Total			**1**	**4**	**5**	**-1**	**0**	**0**	**0**			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	6	37	-3	-2	8	0	89,234.0	1	1,950
UNC Health Total			***3***	***6***	***37***	***-3***	***-2***	***10***	***0***			
Orange		Duke Health Orange Ambulatory Surgical Center	0	0	0	0	0	2	0	0.0		
Orange		2021 SMFP Need Determination	0	0	0	0	0	3	0	0.0		
Orange Total			**3**	**6**	**37**	**-3**	**-2**	**15**	**0**			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	4,283.6	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			**2**	**0**	**8**	**-2**	**0**	**0**	**0**			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	1,373.2	4	1,500
Pender Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	446.4	4	1,500
Person Total			**1**	**0**	**4**	**-1**	**0**	**0**	**0**			
Pitt	AS0012	Vidant SurgiCenter	0	10	0	0	0	0	0	13,208.7	6	1,312
Pitt	H0104	Vidant Medical Center	7	0	26	-4	-1	0	0	46,920.4	1	1,950
Vidant Health Total			***7***	***10***	***26***	***-4***	***-1***	***0***	***0***			
Pitt/Greene/Hyde/Tyrrell Total			**7**	**10**	**26**	**-4**	**-1**	**0**	**0**			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	1,098.1	4	1,500
Polk Total			**0**	**0**	**3**	**0**	**0**	**0**	**0**			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	4,783.5	4	1,500
Randolph Total			**1**	**2**	**5**	**-1**	**0**	**0**	**0**			

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Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	1,942.5	4	1,500
Richmond Total			**1**	**0**	**3**	**-1**	**0**	**0**	**0**			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	687.5	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	7,014.8	4	1,500
Southeastern Health Total			***2***	***4***	***5***	***-1***	***0***	***0***	***0***			
Robeson Total			**2**	**4**	**5**	**-1**	**0**	**0**	**0**			
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,024.3	4	1,500
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	1,482.6	4	1,500
Rockingham Total			**1**	**0**	**9**	**-1**	**0**	**0**	**0**			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	12,390.2	4	1,500
Rowan Total			**2**	**3**	**8**	**-2**	**0**	**0**	**0**			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,252.0	4	1,500
Rutherford Total			**0**	**0**	**5**	**0**	**0**	**0**	**0**			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,269.4	4	1,500
Sampson Total			**0**	**0**	**8**	**0**	**0**	**0**	**0**			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	7,201.2	4	1,500
Scotland Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	1,968.1	4	1,500
Stanly Total			**1**	**0**	**5**	**-1**	**0**	**0**	**0**			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	228.8	4	1,500
Stokes Total			**0**	**2**	**2**	**0**	**0**	**0**	**0**			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	4,274.1	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	2,991.4	4	1,500
Surry Total			**2**	**0**	**9**	**-2**	**0**	**0**	**0**			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,265.4	4	1,500
Transylvania Total			**0**	**0**	**4**	**0**	**0**	**0**	**0**			
Union	AS0132	Union West Surgery Center	0	2	0	0	0	1	0	357.5	6	1,312

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Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Union	H0050	Atrium Health Union	2	0	6	-2	0	0	0	7,268.0	4	1,500
Atrium Health Total			***2***	***2***	***6***	***-2***	***0***	***1***	***0***			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	1	0	0	0	0	0	0.0		
Union Total			**2**	**3**	**6**	**-2**	**0**	**1**	**0**			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	3,362.9	4	1,500
Vance/Warren Total			**0**	**0**	**5**	**0**	**0**	**0**	**0**			
Wake		Duke Green Level Hospital	0	0	0	0	0	2	0	0.0		
Wake		Duke Health Garner Ambulatory Surgical Center	0	0	0	0	0	1	0	0.0		
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	-2	0	27,753.5	3	1,755
Duke University Health System Total			***0***	***0***	***15***	***0***	***0***	***2***	***0***			
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	4,191.0	6	1,312
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	3	0	0	0	0	0	5,645.7	6	1,312
Wake	AS0160	Rex Surgery Center of Wakefield	0	2	0	0	0	0	0	2,906.3	6	1,312
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	1	0	0	0	0	0	0.0		
Wake	H0065	Rex Hospital	3	0	25	-3	0	2	1	46,016.2	2	1,950
UNC Health Total			***3***	***10***	***25***	***-3***	***0***	***2***	***1***			
Wake		WakeMed Surgery Center-Cary	0	0	0	0	0	1	0	0.0		
Wake		WakeMed Surgery Center-North Raleigh	0	0	0	0	0	1	0	0.0		
Wake	AS0137	Capital City Surgery Center	0	8	0	0	0	-1	0	6,650.4	6	1,312
Wake	H0199	WakeMed	8	0	20	-4	-1	-1	0	47,497.2	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	1	0	9,680.2	4	1,500
WakeMed Health & Hospitals Total			***10***	***8***	***29***	***-6***	***-1***	***1***	***0***			
Wake		Ortho NC ASC	0	0	0	0	0	1	0	0.0		
Wake		Orthopaedic Surgery Center of Garner	0	0	0	0	0	1	0	0.0		
Wake		RAC Surgery Center	0	0	0	0	0	1	0	0.0		

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

Case data for 10/1/2019 through 9/30/2020 as reported on the 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC***	0	2	0	0	0	0	0	468.0	6	1,312
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	11,686.6	5	1,312
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	1,363.5	6	1,312
Wake		Valleygate Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0142	Triangle Orthopaedics Surgery Center	0	2	0	0	0	1	0	3,936.9	6	1,312
Wake		Wake Spine and Specialty Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0155	Holly Springs Surgery Center	0	3	0	0	0	0	0	2,454.8	6	1,312
Wake		2021 SMFP Need Determination	0	0	0	0	0	3	0	0.0		
Wake Total			**13**	**32**	**69**	**-9**	**-1**	**14**	**1**			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		
Washington Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	7,612.5	4	1,500
Wayne Total			**1**	**2**	**11**	**-1**	**0**	**0**	**0**			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	3,281.8	4	1,500
Wilkes Total			**1**	**1**	**4**	**-1**	**0**	**0**	**0**			
Wilson		Wilson Surgery Center	0	0	0	0	0	4	0	0.0		
Wilson	AS0005	Wilson Medical Center	0	4	0	0	0	-4	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,219.5	4	1,500
Duke LifePoint Total			***1***	***4***	***9***	***-1***	***0***	***0***	***0***			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	38.0	6	1,312
Wilson Total			**1**	**5**	**9**	**-1**	**0**	**0**	**0**			
Yadkin	H0155	Yadkin Valley Community Hospital (closed)****	0	0	2	0	0	0	0	0.0		
Yadkin Total			**0**	**0**	**2**	**0**	**0**	**0**	**0**			

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

Case data for 10/1/2019 through 9/30/2020 as reported on the 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*
Service Area	**License**	**Facility**	**Inpatient ORs**	**Ambulatory ORs**	**Shared ORs**	**Excluded C-Section ORs**	**Excluded Trauma/ Burn ORs**	**CON Adjustments**	**CONs for Excluded C-Section ORs**	**Total Surgical Hours for Grouping**	**Group**	**Standard Hours per OR per Year**
Grand Total			**154**	**304**	**928**	**-99**	**-11**	**89**	**6**			

* Sentara Kitty Hawk Ambulatory Surgery Center requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility had until June 24, 2021 to reopen the hospital.

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

*** This is a dental single-specialty ambulatory surgery demonstration project that is in the inventory but is not included in the need determination calculations.

**** Yadkin Valley Community Hospital has requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility has until January 18, 2022 to reopen the hospital.

^ One of the ORs from the Mecklenburg County Service Area 2019 SMFP Need Determination was not awarded. Per Policy GEN-1, the OR was reallocated by taking it out of the service area planning inventory.

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Alamance	H0272	Alamance Regional Medical Center†/^/^^	2,000	140.3	6,285	94.2	14,545	3.72	15,086	10.06	12	-1.94	
Alamance Total													**0**
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													**0**
Alleghany	H0108	Alleghany Memorial Hospital	0	0.0	166	87.9	243	2.38	249	0.17	2	-1.83	
Alleghany Total													**0**
Anson	H0082	Atrium Health Anson†††/^^	0	0.0	25	94.2	39	-1.31	39	0.03	1	-0.97	
Anson Total													**0**
Ashe	H0099	Ashe Memorial Hospital^	156	140.3	579	90.0	1,233	3.03	1,271	0.85	2	-1.15	
Ashe Total													**0**
Avery	H0037	Cannon A. Cannon, Jr. Memorial Hospital†/†††	36	70.1	322	64.5	388	4.03	404	0.27	2	-1.73	
Watauga	H0077	Watauga Medical Center, Inc.	1,180	104.0	3,965	61.0	6,076	4.03	6,322	4.21	6	-1.79	
Appalachian Regional Healthcare System Total										***4.48***	***8***	***-3.52***	
Avery/Watauga Total													**0**
Beaufort	H0188	Vidant Beaufort Hospital	431	106.0	2,105	82.0	3,638	-0.55	3,638	2.43	5	-2.57	
Beaufort Total													**0**
Bertie	H0268	Vidant Bertie Hospital	0	0.0	414	30.0	207	-2.45	207	0.14	2	-1.86	
Bertie Total													**0**
Bladen	H0154	Cape Fear Valley-Bladen County Hospital†/†††	1	106.1	364	46.6	285	-1.00	285	0.19	2	-1.81	
Bladen Total													**0**
Brunswick	AS0170	Brunswick Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Brunswick	H0150	J. Arthur Dosher Memorial Hospital††	289	111.6	2,531	60.0	3,069	9.20	3,351	2.23	2	0.23	
Brunswick	H0250	Novant Health Brunswick Medical	1,045	139.0	3,702	94.2	8,233	9.20	8,990	5.99	4	1.99	
Brunswick		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Brunswick Total													**0**
Buncombe		Asheville SurgCare	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Buncombe	AS0038	Outpatient Surgery Center of Asheville	0	0.0	3,614	90.0	5,421	2.74	5,569	4.25	0	4.25	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Orthopaedic Surgery Center of Asheville Total										***4.25***	***5***	***-0.75***	
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	2,533	25.0	1,055	2.74	1,084	0.83	1	-0.17	
Buncombe	H0036	Mission Hospital††	12,870	167.2	18,782	88.0	63,411	2.74	65,148	33.41	44	-10.59	
Buncombe/Madison/Yancey Total													**0**
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,263	30.0	1,132	0.54	1,138	0.87	2	-1.13	
Burke	H0062	Carolinas HealthCare System Blue Ridge	1,547	96.2	4,194	52.1	6,122	0.54	6,155	4.10	5	-0.90	
Burke Total													**0**
Cabarrus	AS0070	Gateway Surgery Center	0	0.0	6,615	38.0	4,190	7.29	4,495	3.43	6	-2.57	
Cabarrus	H0031	Atrium Health Cabarrus	4,508	195.4	4,726	130.2	24,936	7.29	26,755	15.24	17	-1.76	
Atrium Health Total										***18.67***	***23***	***-4.33***	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	0.0	3,174	45.0	2,381	7.29	2,554	1.95	2	-0.05	
Cabarrus Total													**0**
Caldwell	AS0168	Prime Surgical Suites^^	0	0.0	437	92.2	671	1.90	684	0.52	3	-2.48	
Caldwell	H0061	Caldwell Memorial Hospital†/†††	1,127	96.8	2,215	75.9	4,620	1.90	4,708	3.14	4	-0.86	
UNC Health Total										***3.66***	***7***	***-3.34***	
Caldwell Total													**0**
Carteret	AS0061	The Surgical Center of Morehead City	0	0.0	1,488	47.0	1,166	2.43	1,194	0.91	2	-1.09	
Carteret	H0222	Carteret General Hospital†††/^^	1,293	117.0	2,181	94.2	5,945	2.43	6,090	4.06	5	-0.94	
Carteret Total													**0**
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	7,014	33.0	3,858	2.72	3,962	3.02	3	0.02	
Catawba	AS0101	Viewmont Surgery Center	0	0.0	2,311	45.0	1,733	2.72	1,780	1.36	3	-1.64	
Catawba	H0053	Frye Regional Medical Center^/^^	1,576	140.3	3,336	94.2	8,923	2.72	9,166	6.11	21	-14.89	
Catawba	H0223	Catawba Valley Medical Center†††/^^	2,003	140.3	5,080	94.2	12,660	2.72	13,004	8.67	12	-3.33	
Catawba Total													**0**
Chatham	H0007	Chatham Hospital†††/^^	32	108.0	494	94.2	833	7.49	896	0.60	2	-1.40	
Chatham Total													**0**

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Cherokee	H0239	Erlanger Murphy Medical Center†/†††/^/^^	309	140.3	1,978	94.2	3,828	3.34	3,956	2.64	4	-1.36	
Cherokee/Clay Total													**0**
Chowan	H0063	Vidant Chowan Hospital†††	356	90.0	723	39.9	1,015	-1.27	1,015	0.68	3	-2.32	
Chowan Total													**0**
Cleveland	AS0062	Cleveland Ambulatory Services	0	0.0	1,191	37.0	734	1.79	748	0.57	4	-3.43	
Cleveland	H0024	Atrium Health Cleveland†/†††/^^	1,515	130.5	3,476	94.2	8,753	1.79	8,909	5.94	8	-2.06	
Atrium Health Total										***6.51***	***12***	***-5.49***	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	1,854	40.0	1,236	1.79	1,258	0.96	2	-1.04	
Cleveland Total													**0**
Columbus	H0045	Columbus Regional Healthcare System	726	87.0	1,807	58.0	2,799	-2.11	2,799	1.87	5	-3.13	
Columbus Total													**0**
Craven	H0201	CarolinaEast Medical Center††	2,624	95.8	10,628	38.8	11,057	-0.49	11,057	7.37	17	-9.63	
Craven/Jones/Pamlico Total													**0**
Cumberland	H0213	Cape Fear Valley Medical Center	5,860	140.0	4,845	115.0	22,960	0.13	22,990	13.10	18	-4.90	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital†	48	93.2	1,977	82.0	2,776	0.13	2,780	1.85	1	0.85	
Cape Fear Valley Health System Total										***14.95***	***19***	***-4.05***	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	0.0	7,767	42.0	5,437	0.13	5,444	4.15	11	-6.85	
Cumberland	AS0159	Valleygate Dental Surgery Center***	0	0.0	1,517	0.0	0		0	0.00	0	0.00	
Cumberland Total													**0**
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center (closed)*	0	0.0	0	0.0	0		0	0.00	0	0.00	
Dare	H0273	The Outer Banks Hospital††††	189	99.0	1,108	46.4	1,169	4.24	1,218	0.81	3	-2.19	
Dare/Currituck Total													**0**
Davidson	H0027	Lexington Medical Center†††	725	115.9	1,943	74.1	3,801	2.67	3,903	2.60	4	-1.40	
Davidson	H0112	Novant Health Thomasville Medical Center	591	111.0	2,928	77.0	4,851	2.67	4,981	3.32	5	-1.68	
Davidson Total													**0**
Davie	H0171	Davie Medical Center†††	583	130.0	2,031	51.3	3,000	4.90	3,147	2.10	3	-0.90	
Davie Total													**0**

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Duplin	H0166	Vidant Duplin Hospital††††	417	73.1	1,156	54.4	1,557	0.64	1,567	1.04	3	-1.96	
Duplin Total													**0**
Durham	AS0041	James E. Davis Ambulatory Surgical Center†††/^^	0	0.0	5,911	51.0	5,024	5.30	5,290	4.03	4	0.03	
Durham	AS0172	Duke Ambulatory Surgery Center Arringdon	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Durham	H0015	Duke University Hospital**	17,804	267.1	20,659	140.1	127,475	5.30	134,235	68.84	66	2.84	
Durham	H0233	Duke Regional Hospital†††/^^	3,574	209.0	3,468	141.8	20,644	5.30	21,738	12.39	13	-0.61	
Duke University Health System Total										***85.26***	***87***	***-1.74***	
Durham		Southpoint Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham	H0075	North Carolina Specialty Hospital†/†††/^/^^	1,260	140.3	4,024	94.2	9,264	5.30	9,756	6.50	4	2.50	
NC Specialty Hospital Total										***6.50***	***6***	***0.50***	
Durham		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Durham Total													**0**
Edgecombe	H0258	Vidant Edgecombe Hospital	485	103.0	1,121	56.0	1,879	-3.53	1,879	1.25	5	-3.75	
Edgecombe Total													**0**
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery†††/^^	0	0.0	1,889	51.0	1,606	2.75	1,650	1.26	2	-0.74	
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	0.0	1,186	69.2	1,367	2.75	1,405	1.07	2	-0.93	
Forsyth	H0209	Novant Health Forsyth Medical Center†††	9,436	155.4	16,706	96.1	51,208	2.75	52,615	26.98	33	-6.02	
Forsyth	H0229	Novant Health Medical Park Hospital	881	218.0	9,080	103.0	18,788	2.75	19,305	11.00	10	1.00	
Novant Health Total										***40.31***	***47***	***-6.69***	
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons†††/^^	0	0.0	1,672	92.2	2,569	2.75	2,640	2.01	3	-0.99	
Forsyth	H0011	North Carolina Baptist Hospital**	13,663	234.3	15,030	131.3	86,245	2.75	88,614	45.44	49	-3.56	
Wake Forest Baptist Health Total										***47.46***	***52***	***-4.54***	
Forsyth		Kimel Park Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	0.0	1,986	46.0	1,523	2.75	1,564	1.19	2	-0.81	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Forsyth		Triad Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth Total													**0**
Franklin	H0267-B	Maria Parham Franklin	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													**0**
Gaston		CaroMont ASC-Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston		CaroMont Regional Medical Center - Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston	AS0037	CaroMont Specialty Surgery	0	0.0	2,966	28.3	1,400	2.26	1,432	1.09	3	-1.91	
Gaston	H0105	CaroMont Regional Medical Center	4,801	110.0	8,208	79.0	19,609	2.26	20,053	11.43	17	-5.57	
CaroMont Health Total										***12.52***	***24***	***-11.48***	
Gaston Total													**0**
Granville	H0098	Granville Health System†/†††	567	49.5	1,725	23.8	1,151	3.95	1,196	0.80	3	-2.20	
Granville Total													**0**
Guilford		North Elam Ambultatory Surgery Center	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Guilford	H0159	Cone Health	11,559	194.0	15,833	130.0	71,679	2.21	73,263	37.57	40	-2.43	
Moses H. Cone Memorial Hospital System Total										***37.57***	***45***	***-7.43***	
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	1,142	48.8	928	2.21	949	0.72	3	-2.28	
Guilford	AS0018	Surgical Center of Greensboro†††	0	0.0	9,043	46.3	6,974	2.21	7,128	5.43	13	-7.57	
Surgical Care Affiliates Total										***6.16***	***16***	***-9.84***	
Guilford	AS0047	High Point Surgery Center	0	0.0	3,384	60.0	3,384	2.21	3,459	2.64	6	-3.36	
Guilford	AS0152	Premier Surgery Center	0	0.0	309	60.0	309	2.21	316	0.24	2	-1.76	
Guilford	H0052	High Point Regional Health^^	2,432	137.1	3,015	94.2	10,290	2.21	10,518	7.01	10	-2.99	
Wake Forest Baptist Health Total										***9.89***	***18***	***-8.11***	
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad***	0	0.0	627	0.0	0		0	0.00	0	0.00	
Guilford	AS0033	Surgical Eye Center	0	0.0	2,820	21.0	987	2.21	1,009	0.77	4	-3.23	
Guilford	AS0063	Piedmont Surgical Center^^	0	0.0	224	92.2	344	2.21	352	0.27	2	-1.73	
Guilford	H0073	Kindred Hospital - Greensboro†/†††	220	69.3	14	64.1	269	2.21	275	0.18	1	-0.82	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Guilford/Caswell Total													**0**
Halifax	H0230	Vidant North Hospital	913	79.7	1,805	64.6	3,157	-4.13	3,157	2.10	6	-3.90	
Halifax/Northampton Total													**0**
Harnett	H0224	Betsy Johnson Hospital	857	101.4	2,072	75.6	4,060	5.09	4,267	2.84	7	-4.16	
Harnett Total													**0**
Haywood	H0025	Haywood Regional Medical Center	914	129.3	3,373	70.3	5,922	2.58	6,074	4.05	7	-2.95	
Haywood Total													**0**
Henderson		Western Carolina Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Henderson	H0019	AdventHealth Hendersonville†/†††	871	104.5	4,765	57.2	6,060	4.55	6,335	4.22	5	-0.78	
Adventist Health Total										***4.22***	***6***	***-1.78***	
Henderson		Pardee Partners ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Henderson	H0161	Margaret R. Pardee Memorial Hospital†††	2,429	121.0	5,017	82.5	11,797	4.55	12,334	8.22	8	0.22	
Margaret R. Pardee Memorial Hospital Total										***8.22***	***10***	***-1.78***	
Henderson Total													**0**
Hertford	H0001	Vidant Roanoke-Chowan Hospital	448	66.0	946	46.0	1,218	-1.48	1,218	0.81	5	-4.19	
Hertford Total													**0**
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	1	0.0	454	43.0	325	2.19	333	0.22	2	-1.78	
Hoke	H0288	Cape Fear Valley Hoke Hospital†	208	123.5	1,042	90.0	1,991	2.19	2,035	1.36	2	-0.64	
Hoke Total													**0**
Iredell	H0248	Davis Regional Medical Center†††	269	94.2	1,555	76.1	2,394	4.99	2,513	1.68	4	-2.32	
Iredell	H0259	Lake Norman Regional Medical	1,423	95.0	4,694	50.4	6,196	4.99	6,505	4.34	9	-4.66	
Community Health Systems Total										***6.01***	***13***	***-6.99***	
Iredell		Iredell Mooresville Campus ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell	AS0042	Iredell Ambulatory Surgery Center†††/^^	0	0.0	286	51.0	243	4.99	255	0.19	1	-0.81	
Iredell	AS0050	Iredell Surgical Center†††	0	0.0	1,121	37.4	699	4.99	734	0.56	4	-3.44	
Iredell	H0164	Iredell Memorial Hospital†/^/^^	1,719	140.3	4,221	94.2	10,647	4.99	11,179	7.45	9	-1.55	
Iredell Health System Total										***8.21***	***15***	***-6.79***	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Iredell		Statesville Orthopedic Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell Total													**0**
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	936	96.1	3,322	66.7	5,192	2.04	5,298	3.53	6	-2.47	
Duke LifePoint Total										***3.53***	***7***	***-3.47***	
Jackson/Graham/Swain Total													**0**
Johnston	H0151	Johnston Health	1,486	108.7	5,410	65.7	8,618	10.48	9,521	6.35	8	-1.65	
Johnston Total													**0**
Lee	H0243	Central Carolina Hospital††	377	99.1	1,807	69.0	2,701	3.01	2,782	1.85	6	-4.15	
Lee Total													**0**
Lenoir	H0043	UNC Lenoir Health Care†	758	136.8	2,484	65.1	4,423	-1.09	4,423	2.95	9	-6.05	
Lenoir Total													**0**
Lincoln	H0225	Atrium Health Lincoln†/†††/^^	475	131.0	1,470	94.2	3,345	5.50	3,529	2.35	4	-1.65	
Lincoln Total													**0**
Macon	H0034	Angel Medical Center†††	46	129.0	528	64.1	663	5.62	700	0.47	3	-2.53	
Macon	H0193	Highlands-Cashiers Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mission Health Total										***0.47***	***5***	***-4.53***	
Macon Total													**0**
Martin	H0078	Martin General Hospital†/†††/^/^^	172	140.3	656	94.2	1,432	-2.74	1,432	0.95	2	-1.05	
Martin Total													**0**
McDowell	H0097	Mission Hospital McDowell†††/^^	212	119.0	1,029	94.2	2,036	0.75	2,051	1.37	3	-1.63	
McDowell Total													**0**
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg		Atrium Health Lake Norman	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0058	Carolina Center for Specialty Surgery†††	0	0.0	1,732	66.0	1,905	7.62	2,050	1.56	3	-1.44	
Mecklenburg	H0042	Atrium Health Pineville†††	3,074	201.8	3,586	126.9	17,926	7.62	19,292	10.99	13	-2.01	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	17,235	232.6	18,936	144.0	112,261	7.62	120,817	61.96	68	-6.04	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Mecklenburg	H0255	Atrium Health University City†††/^	918	140.3	3,155	82.5	6,485	7.62	6,980	4.65	6	-1.35	
Atrium Health Total										***79.17***	***93***	***-13.83***	
Mecklenburg		Novant Health Ballantyne Medical Center†††	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg		Novant Health Steele Creek Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0068	SouthPark Surgery Center	0	0.0	8,689	49.0	7,096	7.62	7,637	5.82	6	-0.18	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery^^	0	0.0	1,059	92.2	1,627	7.62	1,751	1.33	2	-0.67	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery^^	0	0.0	2,010	51.0	1,708	7.62	1,839	1.40	2	-0.60	
Mecklenburg	AS0136	Matthews Surgery Center	0	0.0	2,015	82.0	2,754	7.62	2,964	2.26	2	0.26	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,745	185.8	21,668	97.2	59,079	7.62	63,581	32.61	35	-2.39	
Mecklenburg	H0270	Novant Health Matthews Medical Center†††/^/^^	1,733	140.3	3,567	94.2	9,653	7.62	10,389	6.93	7	-0.07	
Mecklenburg	H0282	Novant Health Huntersville Medical Center†††/^/^^	1,371	140.3	3,596	94.2	8,852	7.62	9,527	6.35	7	-0.65	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center†††/^^	176	119.0	962	94.2	1,859	7.62	2,001	1.33	3	-1.67	
Novant Health Total										***58.03***	***68***	***-9.97***	
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus†††	0	0.0	3,642	77.0	4,674	7.62	5,030	3.83	6	-2.17	
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus†††	0	0.0	4,251	77.0	5,455	7.62	5,871	4.48	6	-1.52	
Surgical Care Affiliates Total										***8.31***	***12***	***-3.69***	
Mecklenburg	AS0148	Mallard Creek Surgery Center^^	0	0.0	1,831	92.2	2,813	7.62	3,028	2.31	2	0.31	
Mecklenburg		Metrolina Vascular Access Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC***	0	0.0	1,231	0.0	0		0	0.00	0	0.00	
Mecklenburg Total													**0**
Mitchell	H0169	Blue Ridge Regional Hospital	20	111.5	400	83.0	591	-1.10	591	0.39	3	-2.61	
Mitchell Total													**0**
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	151	52.1	131	0.09	131	0.09	2	-1.91	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Montgomery Total													**0**
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	0.0	5,830	20.0	1,943	6.62	2,072	1.58	3	-1.42	
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	4,912	60.0	4,912	6.62	5,237	3.99	6	-2.01	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr.	5,192	132.5	6,480	93.9	21,607	6.62	23,037	13.13	17	-3.87	
Moore Total													**0**
Nash	H0228	Nash General Hospital^	1,207	140.3	5,665	85.0	10,849	1.67	11,030	7.35	13	-5.65	
Nash Total													**0**
New Hanover		New Hanover Regional Medical Center - Scotts Hill	0	0.0	0	0.0	0		0	0.00	8	-8.00	
New Hanover	H0221	New Hanover Regional Medical Center	12,387	116.0	25,812	70.0	54,062	5.22	56,885	29.17	30	-0.83	
New Hanover Regional Medical Center System Total										***29.17***	***38***	***-8.83***	
New Hanover		Wilmington ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
New Hanover		Wilmington Eye Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
New Hanover	AS0055	Wilmington SurgCare	0	0.0	8,594	40.7	5,827	5.22	6,131	4.67	10	-5.33	
New Hanover Total													**0**
Onslow	H0048	Onslow Memorial Hospital	948	103.0	4,685	59.8	6,297	3.89	6,542	4.36	9	-4.64	
Onslow Total													**0**
Orange		North Chapel Hill Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange	H0157	University of North Carolina Hospitals	13,765	237.0	14,835	141.0	89,234	3.64	92,486	47.43	49	-1.57	
UNC Health Total										***47.43***	***51***	***-3.57***	
Orange		Duke Health Orange Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Orange Total													**0**
Pasquotank	H0054	Sentara Albemarle Medical Center†/†††	693	125.9	2,973	57.1	4,284	0.84	4,320	2.88	8	-5.12	
Pasq-Cam-Cur-Gates-Perq Total													**0**
Pender	H0115	Pender Memorial Hospital††††	0	0.0	1,788	46.1	1,373	4.91	1,441	0.96	2	-1.04	
Pender Total													**0**

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Person	H0066	Person Memorial Hospital††	58	99.2	513	41.0	446	0.95	451	0.30	4	-3.70	
Person Total													**0**
Pitt	AS0012	Vidant SurgiCenter	0	0.0	9,994	79.3	13,209	3.84	13,716	10.45	10	0.45	
Pitt	H0104	Vidant Medical Center†	11,356	150.0	8,549	130.0	46,920	3.84	48,721	24.99	28	-3.01	
Vidant Health Total										***35.44***	***38***	***-2.56***	
Pitt/Greene/Hyde/Tyrrell Total													**0**
Polk	H0079	St. Luke's Hospital††/†††	360	73.6	722	54.6	1,098	2.76	1,128	0.75	3	-2.25	
Polk Total													**0**
Randolph	H0013	Randolph Hospital	682	133.0	2,536	77.4	4,783	1.71	4,865	3.24	7	-3.76	
Randolph Total													**0**
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	168	75.0	1,650	63.0	1,943	-1.28	1,943	1.30	3	-1.71	
Richmond Total													**0**
Robeson	AS0150	The Surgery Center at Southeastern Health Park††††	0	0.0	1,224	38.6	787	-0.80	787	0.60	4	-3.40	
Robeson	H0064	Southeastern Regional Medical Center	1,619	135.0	2,248	90.0	7,015	-0.80	7,015	4.68	6	-1.32	
Southeastern Health Total										***5.28***	***10***	***-4.72***	
Robeson Total													**0**
Rockingham	H0023	Annie Penn Hospital	238	136.0	1,157	77.0	2,024	-0.36	2,024	1.35	4	-2.65	
Rockingham	H0072	UNC Rockingham Hospital†††	308	118.0	649	81.1	1,483	-0.36	1,483	0.99	5	-4.01	
Rockingham Total													**0**
Rowan	H0040	Novant Health Rowan Medical Center†††/^	1,732	140.3	5,847	83.6	12,198	0.75	12,289	8.19	11	-2.81	
Rowan Total													**0**
Rutherford	H0039	Rutherford Regional Medical Center†††	709	110.1	808	70.7	2,252	1.87	2,294	1.53	5	-3.47	
Rutherford Total													**0**
Sampson	H0067	Sampson Regional Medical Center	469	94.0	1,151	80.0	2,269	-0.19	2,269	1.51	8	-6.49	
Sampson Total													**0**
Scotland	H0107	Scotland Memorial Hospital	1,231	129.0	3,044	89.8	7,201	-0.67	7,201	4.80	5	-0.20	
Scotland Total													**0**

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Stanly	H0008	Atrium Health Stanly†/†††	317	102.1	1,342	63.9	1,968	1.71	2,002	1.33	5	-3.67	
Stanly Total													**0**
Stokes	H0165	LifeBrite Community Hospital of Stokes†††	0	0.0	200	68.6	229	-0.04	229	0.15	4	-3.85	
Stokes Total													**0**
Surry	H0049	Hugh Chatham Memorial Hospital	836	104.0	2,825	60.0	4,274	0.18	4,282	2.85	5	-2.15	
Surry	H0184	Northern Regional Hospital†/†††	632	86.9	2,097	59.4	2,991	0.18	2,997	2.00	4	-2.00	
Surry Total													**0**
Transylvania	H0111	Transylvania Regional Hospital†	161	77.4	1,341	47.3	1,265	2.96	1,303	0.87	4	-3.13	
Transylvania Total													**0**
Union	AS0132	Union West Surgery Center	0	0.0	715	30.0	358	7.13	383	0.29	3	-2.71	
Union	H0050	Atrium Health Union†/^	1,222	140.3	2,903	87.8	7,106	7.13	7,613	5.08	6	-0.92	
Atrium Health Total										***5.37***	***9***	***-3.63***	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Union Total													**0**
Vance	H0267-A	Maria Parham Health	648	109.0	1,660	79.0	3,363	-1.32	3,363	2.24	5	-2.76	
Vance/Warren Total													**0**
Wake		Duke Green Level Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Wake		Duke Health Garner Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0238	Duke Raleigh Hospital^	3,369	222.8	6,575	139.0	27,741	6.90	29,656	16.90	13	3.90	
Duke University Health System Total										***16.90***	***17***	***-0.10***	
Wake	AS0129	Rex Surgery Center of Cary	0	0.0	3,810	66.0	4,191	6.90	4,480	3.41	4	-0.59	
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	0.0	4,126	82.1	5,646	6.90	6,036	4.60	3	1.60	
Wake	AS0160	Rex Surgery Center of Wakefield†††	0	0.0	2,325	65.4	2,534	6.90	2,709	2.06	2	0.06	
Wake	AS0171	Raleigh Orthopaedic Surgery Center-West Cary	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0065	Rex Hospital	7,631	180.0	10,839	128.0	46,016	6.90	49,193	25.23	27	-1.77	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
UNC Health Total										***35.31***	***37***	***-1.69***	
Wake		WakeMed Surgery Center-Cary	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		WakeMed Surgery Center-North Raleigh	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0137	Capital City Surgery Center	0	0.0	6,055	65.9	6,650	6.90	7,110	5.42	7	-1.58	
Wake	H0199	WakeMed	7,952	182.6	11,194	124.9	47,497	6.90	50,776	26.04	22	4.04	
Wake	H0276	WakeMed Cary Hospital†/†††	2,867	124.0	3,681	61.2	9,680	6.90	10,348	6.90	10	-3.10	
WakeMed Health & Hospitals Total										***38.36***	***41***	***-2.64***	
Wake		Ortho NC ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		Orthopaedic Surgery Center of Garner	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		RAC Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0162	Surgical Center for Dental Professionals of NC LLC***	0	0.0	360	0.0	0		0	0.00	0	0.00	
Wake	AS0029	Blue Ridge Surgery Center†††	0	0.0	4,938	42.6	3,506	6.90	3,749	2.86	6	-3.14	
Wake	AS0034	Raleigh Plastic Surgery Center†††/^^	0	0.0	303	92.2	466	6.90	498	0.38	1	-0.62	
Wake		Valleygate Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0142	Triangle Orthopaedics Surgery Center^^	0	0.0	2,497	92.2	3,837	6.90	4,102	3.13	3	0.13	
Wake		Wake Spine and Specialty Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0155	Holly Springs Surgery Center	0	0.0	2,266	65.0	2,455	6.90	2,624	2.00	3	-1.00	
Wake		2021 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Wake Total													**0**
Washington	H0006	Washington Regional Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													**0**
Wayne	H0257	Wayne UNC Health Care††/††††	1,590	80.8	6,313	52.0	7,612	1.11	7,697	5.13	13	-7.87	
Wayne Total													**0**
Wilkes	H0153	Wilkes Medical Center	499	108.0	2,424	59.0	3,282	1.14	3,319	2.21	5	-2.79	
Wilkes Total													**0**
Wilson		Wilson Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	AS0005	Wilson Medical Center	0	0.0	0	0.0	0		0	0.00	0	0.00	

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Wilson	H0210	Wilson Medical Center	483	90.0	2,495	60.0	3,220	2.73	3,307	2.20	9	-6.80	
Duke LifePoint Total										***2.20***	***13***	***-10.80***	
Wilson	AS0007	Wilson OB-GYN	0	0.0	76	30.0	38	2.73	39	0.03	1	-0.97	
Wilson Total													**0**
Yadkin	H0155	Yadkin Valley Community Hospital (closed)****	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Yadkin Total													**0**

Table 6B: Projected Operating Room Need for 2024

A	*B*	*C*	*D*	*E*	*F*	*G*	*H*	*I*	*J*	*K*	*L*	*M*	*N*
Service Area	**License**	**Facility**	**Inpatient Cases**	**Final Inpatient Case Time**	**Ambulatory Cases**	**Final Ambulatory Case Time**	**Total Adjusted Estimated Surgical Hours**	**Growth Factor**	**Projected Surgical Hours for 2024**	**Projected Surgical ORs Required in 2024**	**Adjusted Planning Inventory**	**Projected OR Deficit/ Surplus (Surplus shows as a "-")**	**Service Area Need**
Grand Total			**238,834**		**605,450**								**0**

* Sentara Kitty Hawk Ambulatory Surgery Center requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility had until June 24, 2021 to reopen the hospital.

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

*** This is a dental single-specialty ambulatory surgery demonstration project that is in the inventory but is not included in need determination calculations.

**** Yadkin Valley Community Hospital has requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility has until January 18, 2022 to reopen the hospital.

^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).

^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).

† Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).

†† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).

††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).

†††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination*

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Pitt/Greene/Hyde/Tyrrell ***	1	February 15, 2022	March 1, 2022
Wake ****	2	August 15, 2022	September 1, 2022
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for one operating room in the Pitt/Greene/Hyde/Tyrrell service area.

****In response to a petition, the State Health Coordinating Council approved an adjusted need determination for two operating rooms in the Wake County service area.

Table 6D: Dental Single Specialty Ambulatory Surgical Facility Demonstration Project Sites

Region: Health Service Area (HSA)	Provider	ORs
Region 1: HSA IV	Surgical Center for Dental Professionals of NC	2
Region 2: HSA III	Carolinas Center for Ambulatory Dentistry	2
Region 3: HSAV and HSA VI	Valleygate Dental Surgery Center	2
Region 4: HSA I and HSA II	Valleygate Dental Surgery Center of the Triad	2
The North Carolina 2016 SMFP included need determinations for a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project, consisting of four facilities with two ORs each to be located throughout the state. In Region 1, a CON was awarded to the Surgical Center for Dental Professionals of Raleigh on March 1, 2017 (J-011170-16). In Region 2, a CON was awarded to Carolinas Center for Ambulatory Dentistry in Charlotte on March 1, 2017 (F-011202-16). In Region 3, a CON was awarded to Valleygate Dental Surgery Center of Fayetteville on March 6, 2017 (M-011176-16). In Region 4, a CON was awarded to Valleygate Dental Surgery Center of the Triad on March 1, 2017 (G-011203-16).		

Applicant(s) shall demonstrate in the certificate of need application that the proposal will meet each criterion set forth below.

Table 6E: Dental Single Specialty Ambulatory Surgical Facility Demonstration Project Criteria

CRITERION		BASIC PRINCIPLE AND RATIONALE
1	The application shall contain a description of the percentage ownership interest in the facility by each oral surgeon and dentist.	*Value* Implementing this innovation through a demonstration project enables the State Health Coordinating Council to monitor and evaluate the innovation's impact.
2	The proposed facility shall provide open access to non-owner and non-employee oral surgeons and dentists.	*Access* Services will be accessible to a greater number of surgical patients if the facility has an open access policy for dentists and oral surgeons.
3	The facility shall provide only dental and oral surgical procedures requiring sedation and ENT surgeries as needed to complete dental cases.	*Value* Implementing this innovation through a demonstration project enables the State Health Coordinating Council to monitor and evaluate the innovation's impact.
4	The proposed facility shall obtain a license no later than one year from the effective date of the certificate of need.	*Access* Timely project completion increases access to services.
5	The proposed facility shall be certified by the Centers for Medicare and Medicaid Services (CMS), and shall commit to continued compliance with CMS conditions of participation.	*Access* Requiring service to indigent patients promotes equitable access to the services provided by the demonstration project facilities.
6	The proposed facility shall provide care to underserved dental patients. At least 3 percent of the total number of patients served each year shall be charity care patients and at least 30 percent of the total number of patients served each year shall be Medicaid recipients.	*Access* Requiring service to indigent patients promotes equitable access to the services provided by the demonstration project facilities.
7	The proposed facility shall obtain accreditation no later than one year after licensure by the Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or The Joint Commission (TJC), and shall commit to continued compliance with their respective standards.	*Safety and Quality* Adherence to certification processes ensures that the facility is committed to meeting the generally accepted industry standards for quality and safety for their patients.

CRITERION		BASIC PRINCIPLE AND RATIONALE
8	Health care professionals affiliated with the proposed facility, if so permitted by North Carolina law and hospital by-laws, are required to establish or maintain hospital staff privileges with at least one hospital and to begin or continue meeting Emergency Department coverage responsibilities with at least one hospital.	*Safety and Quality* Encouraging health care professionals to establish or maintain hospital staff privileges and to begin or continue meeting Emergency Department coverage responsibilities helps ensure the continued viability of community-based resources for dental emergencies.
9	The proposed facility shall meet all reporting, monitoring and evaluation requirements of the demonstration project, set forth by the Agency.*	*Safety and Quality, Access, Value* Timely monitoring enables the Agency to determine whether facilities are meeting criteria and to take corrective action if facilities fail to do so. This ensures that the demonstration project facilities meet all three Basic Principles.
10	For each of the first three full federal fiscal years of operation, the applicant(s) shall provide the projected number of patients for the following payor types, broken down by age (under 21, 21 and older): (i) charity care; (ii) Medicaid; (iii) TRICARE; (iv) private insurance; (v) self-pay; and (vi) payment from other sources.	*Access* Requiring service to a wide range of patients promotes equitable access to the services provided by the demonstration project facilities.
11	The proposed facility shall demonstrate that it will perform at least 900 surgical cases per operating room during the third full federal fiscal year of operation. The performance standards in 10A NCAC 14C.2103 would not be applicable.	*Value* Performing at least a minimum number of surgical procedures helps assure that patients receive the maximum healthcare benefit per dollar expended.

* Approved facilities will be required to submit data regarding payor mix separately for dental-only and ENT-involved cases.

Inventory of Endoscopy Rooms in Licensed Facilities

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

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	4,305	5,169
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,219	1,501
		Alamance Total	**5**	**0**	**5,524**	**6,670**
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		Alexander Total	**1**	**0**	**0**	**0**
H0099	Ashe Memorial Hospital	Ashe	1	0	418	612
		Ashe Total	**1**	**0**	**418**	**612**
H0037	Cannon A. Cannon, Jr. Memorial Hospital	Avery	1	0	241	400
		Avery Total	**1**	**0**	**241**	**400**
H0188	Vidant Beaufort Hospital	Beaufort	1	0	1,706	1,950
		Beaufort Total	**1**	**0**	**1,706**	**1,950**
H0150	J. Arthur Dosher Memorial Hospital	Brunswick	2	0	588	588
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	1,863	2,700
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	1,576	1,591
		Brunswick Total	**5**	**0**	**4,027**	**4,879**
H0036	Mission Hospital	Buncombe	6	0	5,540	7,525
AS0051	The Endoscopy Center	Buncombe	5	0	14,498	14,779
		Buncombe Total	**11**	**0**	**20,038**	**22,304**
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	3,411	4,353
H0062	Carolinas HealthCare System Blue Ridge	Burke	3	-2	2,221	2,844
		Burke Total	**5**	**0**	**5,632**	**7,197**
H0031	Atrium Health Cabarrus	Cabarrus	6	0	2,396	3,390
AS0070	Gateway Surgery Center	Cabarrus	2	0	3,687	5,702
AS0104	Northeast Digestive Health Center	Cabarrus	3	0	4,931	6,394
		Cabarrus Total	**11**	**0**	**11,014**	**15,486**
H0061	Caldwell Memorial Hospital	Caldwell	2	0	595	770

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Caldwell Total	**2**	**0**	**595**	**770**
H0222	Carteret General Hospital	Carteret	2	0	618	618
AS0061	The Surgical Center of Morehead City	Carteret	1	0	1,390	1,572
		Carteret Total	**3**	**0**	**2,008**	**2,190**
H0223	Catawba Valley Medical Center	Catawba	2	0	2,782	3,313
H0053	Frye Regional Medical Center	Catawba	2	0	1,331	2,536
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	5,740	6,562
		Catawba Total	**7**	**2**	**9,853**	**12,411**
H0007	Chatham Hospital	Chatham	1	0	414	458
		Chatham Total	**1**	**0**	**414**	**458**
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	1,057	1,099
		Cherokee Total	**2**	**0**	**1,057**	**1,099**
H0063	Vidant Chowan Hospital	Chowan	1	0	630	799
		Chowan Total	**1**	**0**	**630**	**799**
H0024	Atrium Health Cleveland	Cleveland	5	0	1,758	2,340
AS0062	Cleveland Ambulatory Services	Cleveland	4	0	1,495	1,897
		Cleveland Total	**9**	**0**	**3,253**	**4,237**
H0045	Columbus Regional Healthcare System	Columbus	3	0	1,372	1,812
		Columbus Total	**3**	**0**	**1,372**	**1,812**
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,171	2,174
H0201	CarolinaEast Medical Center	Craven	2	0	2,133	3,985
AS0078	CCHC Endoscopy Center	Craven	3	0	5,043	6,848
		Craven Total	**8**	**0**	**9,347**	**13,007**
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	3,367	6,171
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	4,985	5,384
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	10,050	10,353

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	**16**	**0**	**18,402**	**21,908**
H0273	The Outer Banks Hospital	Dare	2	0	985	985
		Dare Total	**2**	**0**	**985**	**985**
AS0146	Digestive Health Specialists	Davidson	2	0	1,942	2,178
H0027	Lexington Medical Center	Davidson	2	0	1,178	1,421
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	367	382
		Davidson Total	**5**	**0**	**3,487**	**3,981**
H0171	Davie Medical Center	Davie	1	0	846	1,010
AS0139	Digestive Health Specialists	Davie	1	0	1,401	1,576
		Davie Total	**2**	**0**	**2,247**	**2,586**
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	4,419	5,727
H0015	Duke University Hospital	Durham	11	0	10,924	16,278
AS0085	Triangle Endoscopy Center	Durham	4	0	3,594	4,533
		Durham Total	**19**	**4**	**18,937**	**26,538**
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	198	198
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	888	1,033
		Edgecombe Total	**3**	**0**	**1,086**	**1,231**
	Kernersville Endoscopy Center *	Forsyth	0	2	0	0
	Triad Surgery Center *	Forsyth	0	1	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	2,810	3,084
AS0099	Digestive Health Specialists P.A.	Forsyth	2	0	5,291	5,964
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	-2	4,419	5,930
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	9,105	12,442
H0011	North Carolina Baptist Hospital	Forsyth	10	0	9,055	19,905

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,633	2,953
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	1,452	1,697
		Forsyth Total	**28**	**1**	**34,765**	**51,975**
	CaroMont Regional Medical Center - Belmont *	Gaston	0	1	0	0
AS0135	CaroMont Endoscopy Center	Gaston	2	0	2,130	2,610
H0105	CaroMont Regional Medical Center	Gaston	6	1	5,299	7,196
AS0151	Greater Gaston Endoscopy Center	Gaston	2	-2	0	0
		Gaston Total	**10**	**0**	**7,429**	**9,806**
H0098	Granville Health System	Granville	1	0	977	1,263
		Granville Total	**1**	**0**	**977**	**1,263**
AS0076	Peters Endoscopy Center	Guilford	2	0	1,969	1,969
H0159	Cone Health	Guilford	6	0	4,535	10,135
AS0075	Eagle Endoscopy Center	Guilford	4	0	5,255	5,267
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	596	635
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,112	2,704
AS0059	Wake Forest Baptist Health Outpatient Endoscopy	Guilford	3	0	5,016	7,090
H0052	High Point Regional Health	Guilford	2	0	1,838	2,959
AS0052	LeBauer Endoscopy Center	Guilford	5	0	8,723	9,896
		Guilford Total	**26**	**0**	**30,044**	**40,655**
AS0141	Halifax Gastroenterology, P.C.	Halifax	2	0	1,330	1,333
H0230	Vidant North Hospital	Halifax	1	0	563	683
		Halifax Total	**3**	**0**	**1,893**	**2,016**
H0224	Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	**2**	**0**	**0**	**0**
H0025	Haywood Regional Medical Center	Haywood	3	0	2,515	3,147
		Haywood Total	**3**	**0**	**2,515**	**3,147**

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	0	5,021	5,963
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	1,571	1,979
H0019	AdventHealth Hendersonville	Henderson	1	0	360	360
		Henderson Total	**6**	**0**	**6,952**	**8,302**
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	916	1,102
		Hertford Total	**1**	**0**	**916**	**1,102**
H0248	Davis Regional Medical Center	Iredell	2	0	915	1,041
H0164	Iredell Memorial Hospital	Iredell	3	0	2,790	3,307
H0259	Lake Norman Regional Medical Center	Iredell	2	0	2,617	3,781
AS0169	Langtree Endoscopy Center	Iredell	1	1	153	242
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	3,828	5,549
		Iredell Total	**11**	**1**	**10,303**	**13,920**
H0087	Harris Regional Hospital	Jackson	1	0	1,233	2,114
		Jackson Total	**1**	**0**	**1,233**	**2,114**
	Johnston Endoscopy Center *	Johnston	0	2	0	0
AS0153	Clayton Endoscopy Center	Johnston	2	0	2,037	2,369
H0151	Johnston Health	Johnston	3	-1	2,138	2,675
		Johnston Total	**5**	**1**	**4,175**	**5,044**
H0243	Central Carolina Hospital	Lee	1	0	422	422
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	3,089	4,472
		Lee Total	**3**	**0**	**3,511**	**4,894**
AS0156	AMG Endoscopy Center	Lenoir	2	0	3,965	3,965
AS0122	Vidant Endoscopy Center-Kinston	Lenoir	2	0	771	875
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
AS0121	Park Endoscopy Center	Lenoir	2	0	1,061	1,061
		Lenoir Total	**8**	**0**	**5,797**	**5,901**

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0225	Atrium Health Lincoln	Lincoln	2	0	2,293	2,299
		Lincoln Total	**2**	**0**	**2,293**	**2,299**
H0034	Angel Medical Center	Macon	2	-1	227	295
H0193	Highlands-Cashiers Hospital	Macon	2	0	8	10
AS0097	Western Carolina Endoscopy Center	Macon	2	0	2,514	3,139
		Macon Total	**6**	**-1**	**2,749**	**3,444**
H0078	Martin General Hospital	Martin	1	0	246	253
		Martin Total	**1**	**0**	**246**	**253**
H0097	Mission Hospital McDowell	McDowell	1	0	556	793
		McDowell Total	**1**	**0**	**556**	**793**
	Novant Health Ballantyne Medical Center *	Mecklenburg	0	1	0	0
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	6,873	8,146
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	3,675	6,037
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	3,467	5,186
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	3,522	5,293
AS0081	Carolinas Gastroenterology Center-Ballantyne	Mecklenburg	4	0	6,773	9,572
AS0080	Atrium Health Endoscopy Centr Kenilworth	Mecklenburg	2	0	3,347	4,362
H0042	Atrium Health Pineville	Mecklenburg	2	0	3,072	4,295
H0255	Atrium Health University City	Mecklenburg	1	0	1,656	1,686
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	11,763	15,806
AS0110	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	2	0	4,864	5,653
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	5,023	6,084
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	2,932	3,433
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	413	413
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	1,837	1,888
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,296	1,344

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	105	114
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	-1	2,531	2,604
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	6,352	7,594
		Mecklenburg Total	**58**	**0**	**69,501**	**89,510**
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	385	504
		Mitchell Total	**1**	**0**	**385**	**504**
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment Cntr	Moore	2	0	3,206	3,206
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	8,154	10,799
		Moore Total	**7**	**0**	**11,360**	**14,005**
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	2,980	3,981
H0228	Nash General Hospital	Nash	4	0	2,384	3,385
		Nash Total	**6**	**0**	**5,364**	**7,366**
	Wilmington ASC *	New Hanover	0	3	0	0
AS0100	Endoscopy Center NHRMC Physician Group	New Hanover	3	0	4,917	5,710
H0221	New Hanover Regional Medical Center	New Hanover	4	0	7,631	8,530
AS0091	Wilmington Gastroenterology	New Hanover	4	0	9,928	11,386
AS0045	Wilmington Health	New Hanover	3	-3	3,698	4,008
AS0055	Wilmington SurgCare	New Hanover	3	0	0	0
		New Hanover Total	**17**	**0**	**26,174**	**29,634**
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	1,350	1,350
H0048	Onslow Memorial Hospital	Onslow	3	0	1,271	1,701
		Onslow Total	**4**	**0**	**2,621**	**3,051**
H0157	University of North Carolina Hospitals	Orange	9	0	11,212	12,667
		Orange Total	**9**	**0**	**11,212**	**12,667**
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	0	0
		Pasquotank Total	**3**	**0**	**0**	**0**

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0115	Pender Memorial Hospital	Pender	1	0	70	75
		Pender Total	**1**	**0**	**70**	**75**
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	3,269	3,418
AS0118	Carolina Digestive Diseases	Pitt	2	0	3,333	3,504
AS0117	Carolinas Endoscopy Center	Pitt	3	0	7,831	7,831
AS0119	East Carolina Endoscopy Center	Pitt	2	0	1,884	2,150
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	3,701	4,256
H0104	Vidant Medical Center	Pitt	4	1	5,491	7,962
		Pitt Total	**19**	**1**	**25,509**	**29,121**
AS0054	Randolph Health Endoscopy Center	Randolph	1	0	1,031	1,204
H0013	Randolph Hospital	Randolph	2	0	1,231	1,778
		Randolph Total	**3**	**0**	**2,262**	**2,982**
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,163	1,163
		Richmond Total	**2**	**0**	**1,163**	**1,163**
AS0147	Robeson Digestive Diseases	Robeson	1	0	1,827	1,897
AS0107	Southeastern Gastroenterology Endoscopy Center, P.A.	Robeson	1	0	235	255
H0064	Southeastern Regional Medical Center	Robeson	1	0	2,227	2,951
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	808	1,174
		Robeson Total	**5**	**0**	**5,097**	**6,277**
H0023	Annie Penn Hospital	Rockingham	3	0	2,574	5,033
H0072	UNC Rockingham Hospital	Rockingham	2	0	425	462
		Rockingham Total	**5**	**0**	**2,999**	**5,495**
	Rowan Endoscopy Center *	Rowan	0	2	0	0
H0040	Novant Health Rowan Medical Center	Rowan	4	0	0	0
		Rowan Total	**4**	**2**	**0**	**0**
H0039	Rutherford Regional Medical Center	Rutherford	2	0	1,691	2,144

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Rutherford Total	**2**	**0**	**1,691**	**2,144**
H0107	Scotland Memorial Hospital	Scotland	2	0	1,541	1,716
		Scotland Total	**2**	**0**	**1,541**	**1,716**
H0008	Atrium Health Stanly	Stanly	2	0	0	0
		Stanly Total	**2**	**0**	**0**	**0**
AS0163	Digestive Health Specialists, P.A.	Stokes	1	0	1,610	1,851
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	0	0
		Stokes Total	**2**	**0**	**1,610**	**1,851**
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,486	1,903
H0184	Northern Regional Hospital	Surry	2	0	1,584	1,673
AS0154	Rockford Digestive Health Endoscopy Center	Surry	1	0	744	744
		Surry Total	**7**	**0**	**3,814**	**4,320**
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	**1**	**0**	**0**	**0**
H0111	Transylvania Regional Hospital	Transylvania	2	0	454	462
		Transylvania Total	**2**	**0**	**454**	**462**
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	4,041	4,692
H0050	Atrium Health Union	Union	2	0	1,083	1,512
		Union Total	**4**	**0**	**5,124**	**6,204**
H0267-A	Maria Parham Health **	Vance	3	0	1,264	1,525
		Vance Total	**3**	**0**	**1,264**	**1,525**
	Wake Endoscopy Center - Cary *	Wake	0	3	0	0
	Duke GI at Green Level *	Wake	0	4	0	0
	Duke Gastroenterology of Raleigh *	Wake	0	4	0	0
AS0072	Center for Digestive Diseases & Cary Endoscopy CTR, PC	Wake	3	0	1,973	1,973
AS0115	Duke GI at Brier Creek	Wake	4	0	4,528	5,590
H0238	Duke Raleigh Hospital	Wake	3	0	3,107	4,050

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,405	1,539
AS0138	Kurt Vernon, MD PA	Wake	1	0	2,105	2,305
AS0056	Raleigh Endoscopy Center	Wake	4	0	7,361	10,086
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	6,421	7,993
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	4,397	6,262
H0065	Rex Hospital	Wake	4	0	4,561	7,338
AS0093	Triangle Gastroenterology	Wake	2	0	2,713	2,743
AS0131	W. F. Endoscopy Center	Wake	2	1	3,791	4,697
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	7,980	9,167
H0199	WakeMed	Wake	6	0	4,828	6,274
H0276	WakeMed Cary Hospital	Wake	4	0	2,460	2,864
		Wake Total	**46**	**12**	**57,630**	**72,881**
AS0095	Appalachian Gastroenterology	Watauga	2	0	818	1,240
H0077	Watauga Medical Center, Inc.	Watauga	2	0	2,054	2,070
		Watauga Total	**4**	**0**	**2,872**	**3,310**
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	2,546	2,744
H0257	Wayne UNC Health Care	Wayne	3	0	1,701	2,071
		Wayne Total	**7**	**0**	**4,247**	**4,815**
H0153	Wilkes Medical Center	Wilkes	2	0	1,288	1,952
		Wilkes Total	**2**	**0**	**1,288**	**1,952**
AS0112	CGS Endoscopy Center	Wilson	2	0	1,221	1,224
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	1,022	1,188
H0210	Wilson Medical Center	Wilson	5	0	1,190	1,451
		Wilson Total	**9**	**0**	**3,433**	**3,863**
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		Yadkin Total	**1**	**0**	**0**	**0**

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2019 - 9/30/2020 as reported on 2021 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Grand Total	**480**	**23**	**487,312**	**617,331**

* Certificate of Need approved facility that was under development and not licensed as of 9/30/2020.

** Maria Parham has three licensed GI endoscopy rooms. One room that was previously located at Maria Parham's Franklin County campus is now located at the Maria Parham Health Campus in Vance County.

Chapter 7:

Other Acute Care Services

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

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CHAPTER 7
OTHER ACUTE CARE SERVICES

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

Definitions
The ***reporting year*** is October 1 through September 30. The ***current*** reporting year is October 1, 2019 through September 30, 2020.

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

Changes from the Previous Plan
This chapter contains no substantive changes from the previous SMFP. However, the chapter includes substantial technical edits.

A. BURN INTENSIVE CARE SERVICES

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

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill; and an eight-bed unit at North Carolina Baptist Hospital in Winston Salem. Each hospital received a certificate of need in 2012 to develop four new burn intensive care services beds.

Definitions
The methodology projects bed need one year beyond the current reporting year. The current ***projection year*** is 2021.

The ***planning inventory*** is the number of beds used in need determination calculations. It includes licensed beds and beds for which a certificate of need has been issued.

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

Step 1: Determine whether to calculate a need determination.

a. Sum the actual days of care reported across all facilities for each of the last two reporting years *(Table 7A-1, Columns H and I)*.

b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities *(Table 7A-1, Column D)* by 365.25.

c. Divide the result of Step 1.a. by the result of Step 1.b. for each year [days of care ÷ possible bed days] *(Table 7A-2, Columns H and I).*

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

a. Calculate the state's total four-year average annual change rate in days of care across all facilities using the five most recent reporting years *(Table 7A-1, Columns E-I).*

b. Calculate the projected days of care for the projection year by adding 1 to the four-year average annual growth rate calculated in Step 2.a. Then multiply the result by the reporting year's total days of care across all facilities.

c. Use the following formula to calculate the number of beds needed such that the utilization rate for the sum of the state's total licensed and approved burn intensive care beds is 80%. Round fractions of 0.5 or greater to the next highest whole number:

[(Projected Days ÷ 365.25) ÷ 0.8] - [Total Beds] = Additional Beds Needed

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

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

A	B	C	D	E	F	G	H	I
Facility	**Licensed Beds**	**Adjustments for CONs**	**Total Beds**	**2015-2016 Total Days of Care**	**2016-2017 Total Days of Care**	**2017-2018 Total Days of Care**	**2018-2019 Total Days of Care**	**2019-2020 Total Days of Care**
UNC Hospitals	21	4	25	7,080	7,960	7,415	8,077	6,085
North Carolina Baptist Hospital	8	4	12	1,874	1,343	1,774	1,821	1,845
TOTAL	29	8	37	8,954	9,303	9,189	9,898	7,930

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

A	B	C	D	E	F	G	H	I
Facility	**Licensed Beds**	**Adjustments for CONs**	**Total Beds**	**2015-2016 Utilization**	**2016-2017 Utilization**	**2017-2018 Utilization**	**2018-2019 Utilization**	**2019-2020 Utilization**
UNC Hospitals	21	4	25	77.4%	87.2%	81.2%	88.5%	66.6%
North Carolina Baptist Hospital	8	4	12	42.7%	30.7%	40.5%	41.5%	42.1%
TOTAL	29	8	37	66.1%	68.9%	68.0%	73.2%	58.7%

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

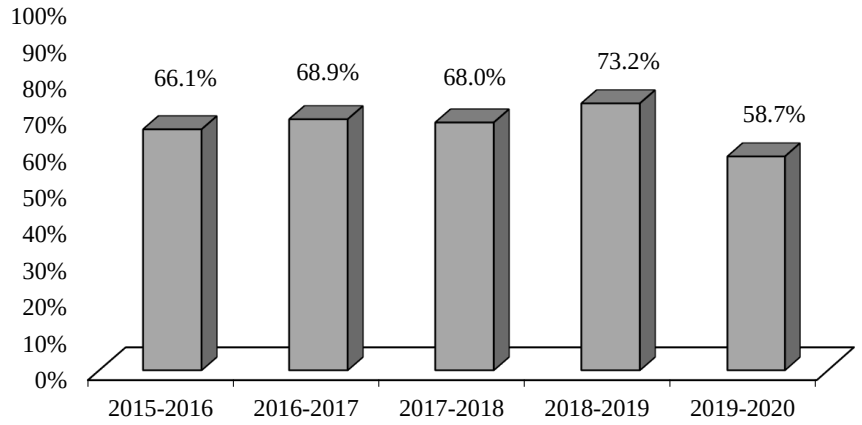


Table 7A-3: Burn Intensive Care Services Bed Need Determination

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

B. OPEN-HEART SURGERY SERVICES

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

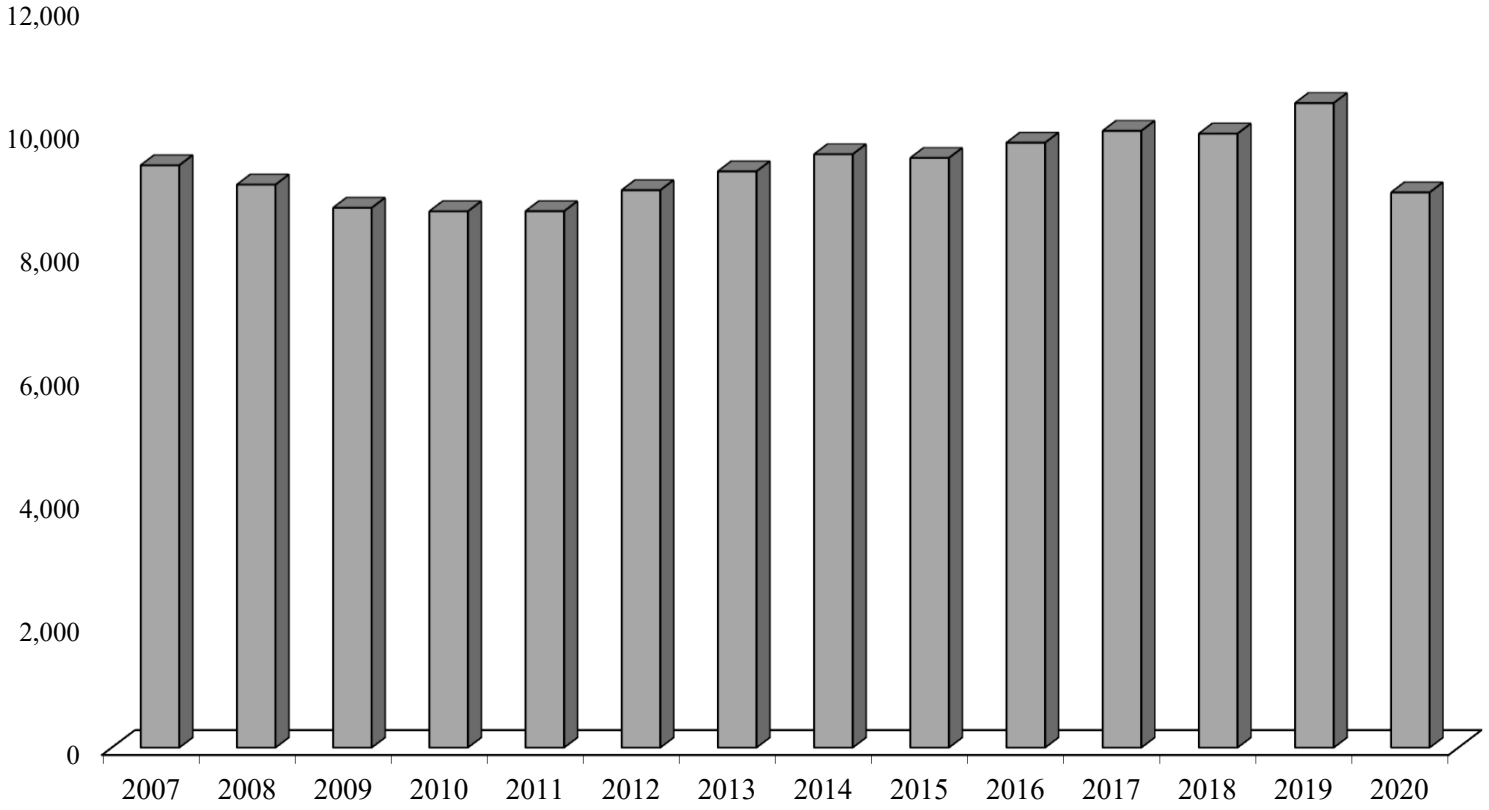
Table 7B lists the open-heart surgery procedures performed during the reporting year that used heart-lung bypass machines. This data shows a 13.8% decrease in open-heart surgeries from the previous reporting year. Table 7B and Figure 7B show reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years.

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

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

Lic #	Facility	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
H0031	Atrium Health Cabarrus	257	227	227	211	214	233	237	245	218	253	235	273	194	239
H0042	Atrium Health Pineville	92	62	59	30	0	132	201	245	186	207	252	225	234	158
H0213	Cape Fear Valley Medical Center	301	299	270	234	233	202	220	218	277	262	292	238	195	162
H0201	CarolinaEast Medical Center	219	209	244	210	227	236	202	169	208	221	248	256	331	219
H0071	Carolinas Medical Center	640	457	471	512	675	704	820	715	788	818	869	682	751	580
H0105	CaroMont Regional Medical Center	183	190	175	171	128	207	230	265	249	260	230	278	240	275
H0159	Cone Health	578	596	510	492	472	471	544	541	485	440	547	627	673	574
H0233	Duke Regional Hospital	119	87	80	55	66	60	75	82	92	124	98	148	151	107
H0015	Duke University Hospital	852	829	955	957	1,013	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175	1,090
H0100	FirstHealth Moore Regional Hospital	369	406	413	333	293	261	271	329	395	341	351	288	276	235
H0053	Frye Regional Medical Center	224	206	232	181	196	253	246	194	205	239	232	222	172	126
H0052	High Point Regional Health	194	208	178	178	184	191	150	137	111	111	129	112	123	176
H0036	Mission Hospital	1,067	992	774	866	798	813	848	988	874	950	962	939	1,198	1,051
H0221	New Hanover Regional Medical Center	529	522	508	509	464	473	538	487	486	494	482	480	466	395
H0011	North Carolina Baptist Hospital	511	496	468	520	621	612	609	692	696	678	689	758	942	789
H0209	Novant Health Forsyth Medical Center	657	634	566	611	568	514	587	691	626	652	580	635	506	380
H0010	Novant Health Presbyterian Medical Center	301	321	377	433	378	381	355	360	391	391	397	406	413	339
H0065	Rex Hospital	334	313	299	257	203	346	347	369	460	536	612	602	558	553
H0064	Southeastern Regional Medical Center	58	71	53	52	54	52	42	34	44	42	39	44	78	81
H0157	University of North Carolina Hospitals	265	238	228	108	350	391	441	390	407	384	445	430	465	332
H0104	Vidant Medical Center	805	865	858	924	814	900	842	853	601	677	654	675	767	626
H0199	WakeMed	894	908	817	861	756	553	499	557	607	554	567	512	546	524
	Total Procedures	**9,449**	**9,136**	**8,762**	**8,705**	**8,707**	**9,047**	**9,351**	**9,627**	**9,567**	**9,814**	**10,005**	**9,960**	**10,454**	**9,011**

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



C. TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Introduction

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

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

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

Application of the Methodology

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

Table 7C-1: Bone Marrow Transplantation Services

Allogeneic Bone Marrow Transplants

License	Facility	2016-2017	2017-2018	2018-2019	2019-2020
H0071	Carolinas Medical Center	47	56	55	62
H0015	Duke University Hospital	115	114	92	93
H0011	North Carolina Baptist Hospital	31	34	31	31
H0157	University of North Carolina Hospitals	64	59	58	43
H0104	Vidant Medical Center	0	0	0	0
	Total	257	263	236	229

Autologous Bone Marrow Transplants

License	Facility	2016-2017	2017-2018	2018-2019	2019-2020
H0071	Carolinas Medical Center	87	104	109	96
H0015	Duke University Hospital	237	242	182	186
H0011	North Carolina Baptist Hospital	65	69	66	72
H0157	University of North Carolina Hospitals	113	117	100	112
H0104	Vidant Medical Center	0	0	0	0
	Total	502	532	457	466

Total Bone Marrow Transplants

License	Facility	2016-2017	2017-2018	2018-2019	2019-2020
H0071	Carolinas Medical Center	134	160	164	158
H0015	Duke University Hospital	352	356	274	279
H0011	North Carolina Baptist Hospital	96	103	97	103
H0157	University of North Carolina Hospitals	177	176	158	155
H0104	Vidant Medical Center	0	0	0	0
	Total	759	795	693	695

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

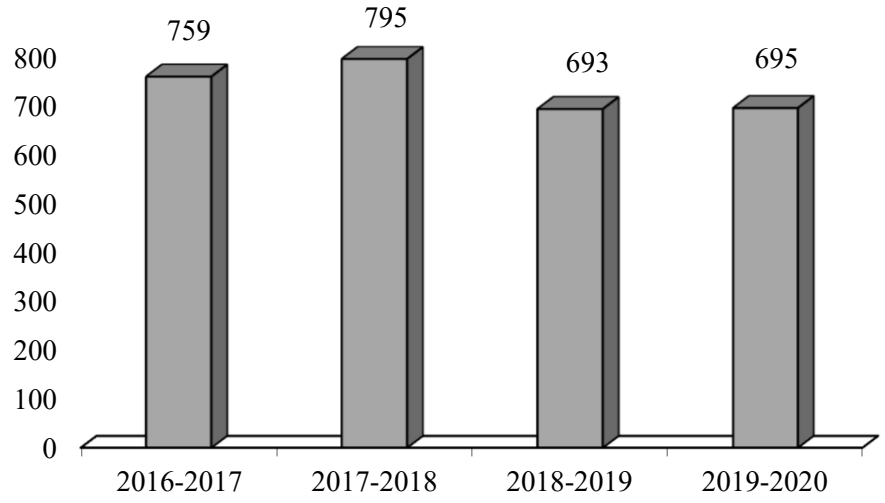


Table 7C-2: Bone Marrow Transplantation Services Need Determination

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

Solid Organ Transplantation Services

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

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

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

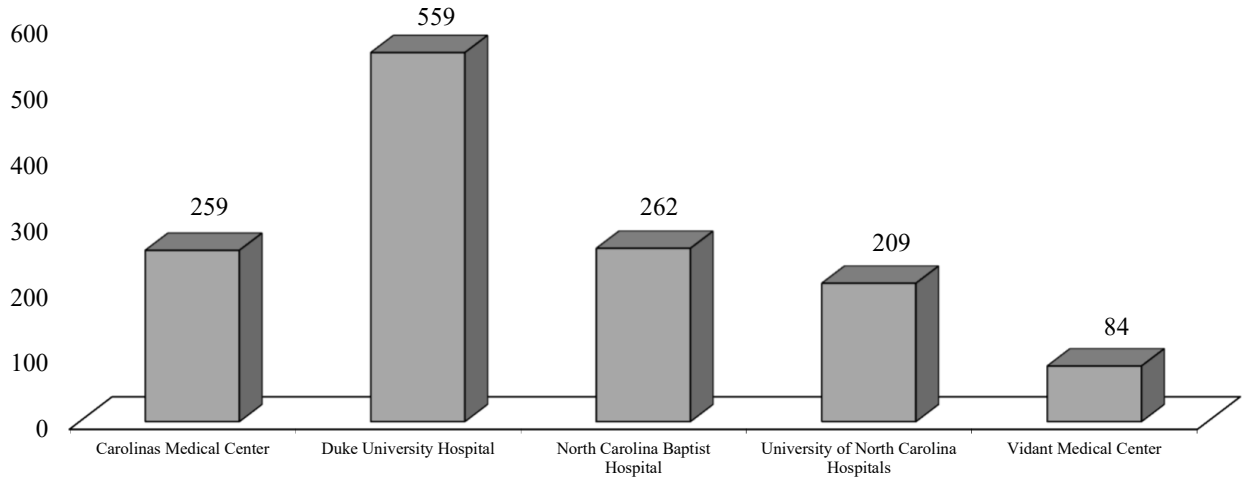
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

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

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	North Carolina Baptist Hospital	University of North Carolina Hospitals	Vidant Medical Center	Total
Heart Transplants	33	92	13	19	0	157
Heart/Lung Transplants	0	0	0	0	0	0
Kidney/Liver Transplants	2	7	0	5	0	14
Liver Transplants	79	117	0	32	0	228
Heart/Liver Transplants	0	4	0	0	0	4
Kidney Transplants	143	176	227	128	74	748
Heart/Kidney Transplants	0	7	1	1	0	9
Lung Transplants	0	147	0	19	0	166
Pancreas Transplants	0	2	0	0	0	2
Pancreas/Kidney Transplants	2	3	20	5	10	40
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	4	1	0	0	5
Total	259	559	262	209	84	1,373

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



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Chapter 8:

Inpatient Rehabilitation Services

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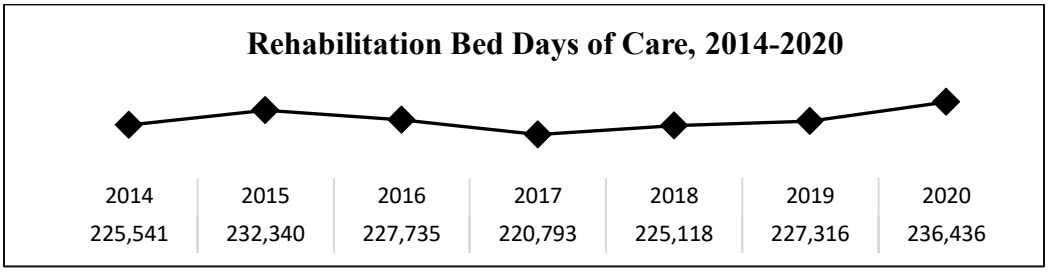
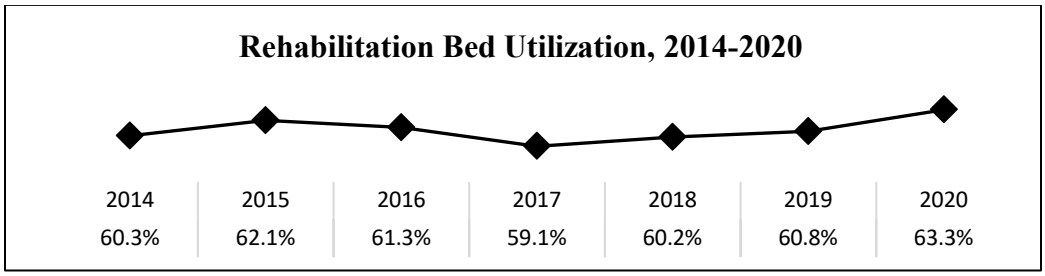
CHAPTER 8
INPATIENT REHABILITATION SERVICES

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

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





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

The ***reporting year*** is October 1 through September 30. The ***current*** reporting year is October 1, 2019 through September 30, 2020.

The methodology projects bed need for the State Medical Facilites Plan (SMFP) publication one year beyond the current reporting year. The ***projection year*** is 2021.

The ***planning inventory*** is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus any new beds approved by CON that are under development as of the last day of the reporting year, plus placeholders for any beds from previous SMFPs for which certificates have not yet been issued, minus any beds delicensed after the end of the reporting year.

Changes from Previous Plans
This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The scope of services covered is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.

2. The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.

3. Inpatient rehabilitation facility beds are located in general acute care or rehabilitation hospitals to ensure that there is available medical back-up for medical emergencies.

Basic Assumptions of the Methodology

1. The HSA is the planning area for inpatient rehabilitation beds even though many patients enter rehabilitation facilities outside the region in which they reside.

2. The bed need determination methodology is based on rehabilitation bed utilization for the last two reporting years.

Data Sources

The numbers of inpatient rehabilitation bed days of care for the last two reporting years come from the Hospital License Renewal Applications as submitted to the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.

Application of the Methodology

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

Step 1: Determine whether to calculate a need determination.

a. Sum the actual days of care reported by all facilities in each HSA for each of the last two reporting years *(Table 8A, Columns J and K)*.

b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities in each HSA by 365.25 to obtain the possible days of care. Table 8A *(Column G)* contains the planning inventory for the current reporting year. Adjust the calculation if the planning inventory for the previous reporting year is different.

c. Divide the result of Step 1.a. by the result of Step 1.b. for each year and each HSA [actual days of care ÷ possible days of care] *(Table 8A, Columns L and M).*

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

a. Calculate the projected days of care for the HSA by adding 1 to the three-year average annual change rate calculated in Step 2.a. Then multiply the result by the reporting year's days of care for the HSA.

b. Use the following formula to calculate the number of beds needed in the HSA such that the utilization rate for the sum of the HSA'a total licensed and approved beds is 0.8 (80%). Round resulting fractions greater than or equal to 0.5 to the next highest whole number:

   [(Projected Days of Care ÷ 365.25) ÷ 0.8] - [Total Beds] = Additional Beds Needed

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

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
			Inventory				Days of Care				Average Annual Utilization Rate	
Lic #	HSA	Facility	Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2017	2018	2019	2020	2019	2020
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	18,596	19,612	20,834	22,637	71.3%	77.5%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,207	1,318	1,104	1,423	15.1%	19.5%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,694	2,328	2,657	2,143	25.1%	20.2%
	I Total		**129**	**0**	**0**	**129**	**22,497**	**23,258**	**24,595**	**26,203**	**52.2%**	**55.6%**
H0159	II	Cone Health	49	0	0	49	9,298	10,592	10,919	12,152	61.0%	67.9%
H0052	II	High Point Regional Health	16	0	0	16	4,294	3,920	3,903	4,170	66.8%	71.4%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0011	II	North Carolina Baptist Hospital	39	0	0	39	10,269	9,582	7,534	7,776	52.9%	54.6%
H0209	II	Novant Health Forsyth Medical Center (Novant Health Rehabilitation Center)*	0	0	0	0	10,711	12,229	-	-	0.0%	0.0%
H0291	II	Novant Health Rehabilitation Hospital*	68	0	0	68	-	-	13,164	17,628	53.0%	71.0%
	II Total		**184**	**0**	**0**	**184**	**34,572**	**36,323**	**35,520**	**41,726**	**52.9%**	**62.1%**
H0042	III	Atrium Health Pineville	29	0	0	29	9,215	9,290	9,270	9,309	87.5%	87.9%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	4,388	3,973	4,361	3,802	91.8%	80.1%
H0071-C	III	Carolinas Rehabilitation	70	0	0	70	21,212	21,576	21,802	20,421	85.3%	79.9%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	10,870	10,517	11,230	10,941	76.9%	74.9%
H0286	III	Carolinas Rehabilitation - NorthEast	40	0	0	40	10,170	10,499	9,183	10,428	62.9%	71.4%
H0010	III	Novant Health Presbyterian Medical Center	0	10	0	10	-	-	-	-	0.0%	0.0%
H0040	III	Novant Health Rowan Medical Center	10	-2	0	8	2,049	2,246	2,617	2,945	89.6%	100.8%
	III Total		**202**	**8**	**0**	**210**	**57,904**	**58,101**	**58,463**	**57,846**	**76.2%**	**75.4%**
H0238	IV	Duke Raleigh Hospital	0	12	0	12	-	-	-	-	0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	0	0	30	6,648	7,515	7,704	8,935	70.3%	81.5%
H0267	IV	Maria Parham Health	11	0	0	11	1,907	1,617	1,901	2,133	47.3%	53.1%
H0157	IV	University of North Carolina Hospitals**	30	0	0	30	8,407	8,411	9,373	10,041	85.5%	91.6%
H0199	IV	WakeMed	98	8	0	106	28,149	27,102	27,065	27,977	69.9%	72.3%
	IV Total		**169**	**20**	**0**	**189**	**45,111**	**44,645**	**46,043**	**49,086**	**66.7%**	**71.1%**
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	3,436	3,400	3,631	3,717	66.3%	67.8%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	12,829	12,638	12,500	12,357	57.0%	56.4%
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,288	1,142	1,209	1,081	47.3%	42.3%
H0213	V	Southeastern Regional Rehabilitation Center	78	0	0	78	16,941	17,252	16,450	15,193	57.7%	53.3%
	V Total		**160**	**0**	**0**	**160**	**34,494**	**34,432**	**33,790**	**32,348**	**57.8%**	**55.4%**
H0201	VI	CarolinaEast Medical Center	20	0	0	20	2,644	2,754	2,968	3,315	40.6%	45.4%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	1,405	1,212	1,030	786	16.6%	12.7%
H0228	VI	Nash General Hospital	23	0	0	23	6,651	6,473	6,840	6,339	81.4%	75.5%
H0104	VI	Rehabilitation Center at Vidant Medical Center	75	0	0	75	14,251	16,284	17,489	18,787	63.8%	68.6%
H0258	VI	Vidant Edgecombe Hospital	16	0	0	16	1,264	1,636	578	-	9.9%	0.0%
	VI Total		**151**	**0**	**0**	**151**	**26,215**	**28,359**	**28,905**	**29,227**	**52.4%**	**53.0%**
	Grand Total		**995**	**28**	**0**	**1,023**	**220,793**	**225,118**	**227,316**	**236,436**	**60.8%**	**63.3%**

* Utilization rates are based on 68 beds in service during the 2017 and 2018 reporting period. These beds were relocated to Novant Health Rehabilitation Hospital on October 4, 2018.

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

Table 8B: Inpatient Rehabilitation Bed Need Determination

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

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Chapter 9:

End-Stage Renal Disease Dialysis Facilities

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CHAPTER 9
END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Introduction
End-stage renal disease (ESRD) dialysis facilities (also known as kidney disease treatment centers) provide dialysis services, which is defined in 10A NCAC 14C .2201(5) as "the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body." There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is the form of dialysis in which the blood is circulated outside the body through an apparatus which permits the transfer of waste through synthetic membranes. Peritoneal dialysis is the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. Peritoneal dialysis is performed in the patient's home. Hemodialysis can be performed in the patient's home (home hemodialysis) or in an ESRD facility (in-center hemodialysis).

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

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

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

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

The ***reporting date*** for ESRD utilization data is December 31 of each year. The ***current*** reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2020.

Utilization is the number of in-center patients served by the facility during the last week of December.

The ***projection date*** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2021.

The ***past five years reporting dates*** are December 31 in 2016, 2017, 2018, 2019, and 2020.

The ***data cut-off date*** is the last date on which the Agency updates data before publication of the SMFP. Data received after this date, regardless of the effective date of the data itself, will not be included in the SMFP. This date is listed on the Title Page of the SMFP.

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

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

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. However, the chapter includes technical edits to the Assumptions of Methodology and the addition of the definition of ***home training*** facility.

Basic Principles

1. New facilities must have a projected need for at least 10 stations to be cost effective and to assure quality of care.

2. As a means of making ESRD services more accessible to patients, one goal of the N.C. Department of Health and Human Services is to minimize patient travel time to and from the facility. Therefore, end-stage renal disease treatment should be available within 30 miles from the patients' homes. In areas where it is apparent that patients currently travel more than 30 miles for in-center dialysis, proposed new facilities that would serve patients who are farthest away from operational or approved facilities should receive favorable consideration.

3. The State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for: home training and backup for facility-based patients suitable for home dialysis or in a facility that is a reasonable distance from the patient's residence; ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules; and services in rural areas.

Assumptions of the Methodology

1. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.

2. In-center facilities may have been approved to use at least one dialysis station dedicated to training of home dialysis patients. If so, these stations are included in the planning inventory.

3. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.

4. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.

5. Facilities certified and in operation at least nine but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.

6. Facilities that meet both the definition of "small" under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. "Small" facilities may not apply under both Condition 1.b. and Condition 2 in the same year.

7. Once a CON application has been received to relocate stations to a home training facility, the stations to be relocated are excluded from both the county and facility need determination calculations.

Data Sources
Data on the current number of dialysis facilities and stations comes from the Healthcare Planning and Certificate of Need Section and from the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, N. C. Department of Health and Human Services. ESRD providers that operate certified dialysis facilities report data on the number of patients served to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

Application of the Methodologies
ESRD services have two methodologies: the county need methodology projects need for the county; the facility need methodology projects need for a specific facility. When a county need determination exists, any qualified applicant may apply to add stations in an existing facility or apply to develop a new facility. When a facility need determination exists, only the facility that generated the need may apply to add stations.

County Need Determination Methodology (Table 9B)

Step 1: Multiply the average annual change in the total number of dialysis patients resident in each county for the past five reporting dates *(Columns B through F)* by the county's total number of patients for the current reporting date *(Column F)*.

Step 2: Add the result of Step 1 to the county's total number of patients for the current reporting date *(Column F).* The sum is the county's projected total number of patients *(Column H)*.

Step 3: Multiply the percentage of each county's total patients who were home dialysis patients *(Column I)* on the current reporting date *(Column J)* by the county's projected total patients as of the projection date *(Column H)*. Subtract the product *(Column K)* from the county's projected total patients. The remainder is the county's projected in-center dialysis patients *(Column L)*.

Step 4: Divide the result of Step 3 by 3.2. The quotient is the projected number of in-center dialysis stations needed in the county *(Column M)*.

Step 5: Subtract from the result of Step 4 *(Column M)* the county's number of stations certified for Medicare, stations that are certificate of need-approved and awaiting certification, stations awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans for which certificate of need decisions have not been made *(Column N)*. The remainder is the county's projected station surplus or deficit *(Column O)*.

Step 6: If the result of Step 5 is 10 or greater and the SMFP shows that utilization of each dialysis facility in the county is 80% or greater, the county station need determination is the same as the projected station deficit rounded to the nearest whole number (round fractions of 0.5 or greater to the next highest whole number) *(Column P)*. If a county's projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80%, the county has no need for additional stations. When a county has a need determination, applicants may apply for any number of stations up to and including the number of stations in the need determination.

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

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

Condition 1: Pertains to new facilities and small facilities.

a. New facilities will be identified as such in Table 9A.
The facility's current reported utilization must be at least 3.0 patients per station in a given week. For purposes of Condition 1 only, "current" means in-center utilization as of a reporting date no more than 90 days before the date the certificate of need application is submitted.

b. If the facility is new or both new and small under Condition 1.a., it must use the following definitions and calculations to determine the number of stations needed. If the facility is small under Condition 1.a., it may use either the following definitions and calculations or Condition 2 to determine the number of additional stations needed:

   i. Use the current and previous reporting dates to calculate the facility's growth in utilization. For purposes of Condition 1 only, previous means in-center utilization as of a reporting date six months before the current reporting date.

   ii. Subtract the facility's number of in-center dialysis patients on the previous reporting date from the facility's number of in-center dialysis patients on the current reporting date. The difference is the net in-center change for six months.

   iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.

   iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.

   v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.

   vi. Divide the result of Condition 1.b.v by 2.8.

   vii. Subtract the sum of (a) the facility's number of stations as of the current reporting date and (b) the number of pending new stations for which a certificate of need application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.

c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.

d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 certificate of need review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

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

a. A facility may add stations if its utilization reported in the current SMFP is at least 75%, or 3.0 patients per station per week or greater [((*Column L*/*Column K*)/4) = *Column M*].

b. If the facility's utilization reported in the current SMFP meets Condition 2.a, use the following calculations to determine the number of stations needed:

   i. Subtract the facility's number of in-center dialysis patients reported in the previous SMFP from the number of in-center dialysis patients reported in the current SMFP *(Column L)*. The difference is the net in-center change for one year.

   ii. Divide the result of Condition 2.b.i by the number of in-center patients from the previous SMFP to determine the projected annual growth rate.

   iii. Multiply the result from Condition 2.b.ii by the facility's number of in-center patients reported in the current SMFP *(Column L)*.

   iv. Add the result of Condition 2.b.iii to the number of in-center patients reported in the current SMFP.

   v. Divide the result of Condition 2.b.iv by 2.8.

   vi. Subtract the sum of (a) the facility's number of stations as of the current reporting date *(Column J)* and (b) the number of pending new stations for which a certificate of need application has been approved or is under review from the result of Condition 2.b.v. The remainder is the number of stations needed *(Column N)*. Round fractions of 0.5 or greater to the next highest whole number.

c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

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

The former Table 9A, Dialysis Data by County of Patient Origin, is available on the Healthcare Planning website at:

https://info.ncdhhs.gov/dhsr/ncsmfp/index.html

or

https://info.ncdhhs.gov/dhsr/mfp/publications.html#por

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Alamance	140092	34-2709	Alamance County Dialysis	Graham	16	0	0	0	16	13	42	80.77%	0
Alamance	955786	34-2533	BMA of Burlington	Burlington	45	0	-12	0	33	45	94	52.22%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	18	5	-3	0	20	16	71	110.94%	6
Alamance	100545	34-2691	Carolina Dialysis of Mebane	Mebane	27	0	-2	0	25	24	72	75.00%	3
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	14	27	48.21%	0
Alamance	170018	34-2739	Mebane Dialysis	Mebane	16	0	0	0	16	10	35	87.50%	2
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	57	79.17%	2
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	0	0	0	13	13	49	94.23%	5
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	34	56.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	47	65.28%	0
Ashe													
Avery			(Mitchell-Avery-Yancey Planning Area)										
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	0	0	0	31	31	91	73.39%	0
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	53	66.25%	0
Bladen	160065	34-2759	Bladenboro Dialysis^	Bladenboro	14	0	0	0	14	14	9	16.07%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	19	5	0	0	24	19	68	89.47%	0
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	10	0	0	0	10	10	23	57.50%	0
Brunswick	140237	34-2716	Leland Dialysis	Leland	16	0	0	0	16	16	44	68.75%	0
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	15	0	0	0	15	15	35	58.33%	0
Brunswick	070474	34-2669	Southport Dialysis Center^^	Southport	11	0	0	0	11	11	26	59.09%	0
Buncombe	150248	34-2756	Arden Dialysis^	Arden	14	0	0	0	14	14	24	42.86%	0
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	0	0	0	52	52	167	80.29%	1
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	0	0	0	20	20	37	46.25%	0
Burke	150154	34-2563	BMA of Burke County	Morganton	36	5	0	0	41	36	121	84.03%	5
Cabarrus	180049	34-2760	Cannon Dialysis^/^^	Kannapolis	11	0	0	0	11	11	8	18.18%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	27	0	0	0	27	27	88	81.48%	6
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	28	0	0	0	28	28	77	68.75%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Cabarrus	160494	34-2747	Hickory Ridge Dialysis^^	Charlotte	10	0	0	0	10	10	27	67.50%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	45	0	0	0	45	43	131	76.16%	5
Camden													
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	21	0	0	0	21	21	55	65.48%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	11	0	0	0	11	11	30	68.18%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	15	0	2	0	17	15	38	63.33%	0
Catawba	160450	34-2729	Catawba County Dialysis	Hickory	16	5	0	0	21	16	41	64.06%	0
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	0	0	0	33	33	107	81.06%	4
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	90	90.00%	5
Catawba	160340	34-2743	Fresenius Kidney Care Newton	Newton	15	0	0	0	15	15	28	46.67%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	Pittsboro	12	-12	0	0	0	12	34	70.83%	0
Chatham	444444	Proposed new site consisting of existing stations	Carolina Dialysis Pittsboro	Pittsboro	0	13	0	0	13	0	0	0.00%	0
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	26	0	0	0	26	25	76	76.00%	7
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	0	13	13	32	61.54%	0
Chowan	955811	34-2541	Edenton Dialysis	Edenton	20	0	0	0	20	19	58	76.32%	3
Clay			(Cherokee-Clay-Graham Planning Area)										
Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	50	89.29%	5
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	41	68.33%	0
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	90	68.18%	0
Cleveland	080370	34-2661	Dialysis Clinic, Inc	Shelby	15	0	0	0	15	15	24	40.00%	0
Columbus	020281	34-2628	Chadbourn Dialysis Center	Chadbourn	17	0	0	0	17	17	37	54.41%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	24	0	0	0	24	24	66	68.75%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Craven	960995	34-2585	FMC Craven County	New Bern	28	0	0	0	28	28	85	75.89%	8
Craven	955965	34-2534	New Bern Dialysis	New Bern	37	0	0	0	37	37	120	81.08%	10
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	56	0	0	-7	49	56	167	74.55%	0
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	Fayetteville	40	10	0	4	54	40	152	95.00%	0
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	47	0	9	-6	50	47	163	86.70%	7
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	0	0	-2	38	40	173	108.13%	20
Cumberland	170235	Proposed new site consisting of existing stations	Fresenius Kidney Care Hope Mills	Hope Mills	0	0	0	20	20	0	0	0.00%	0
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish^	Fayetteville	25	0	0	0	25	25	68	68.00%	0
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	26	72.22%	0
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	49	0	0	0	49	46	124	67.39%	0
Davidson	200036	Proposed new site consisting of existing stations	North Davidson Dialysis Center of Wake Forest University	Winston-Salem	0	19	0	0	19	0	0	0.00%	0
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	35	1	0	0	36	35	109	77.86%	3
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	18	0	0	6	24	18	68	94.44%	4
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	24	0	0	0	24	24	56	58.33%	0
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	20	65	81.25%	2
Durham	180047	34-2732	Bull City Dialysis^	Durham	16	0	0	4	20	16	54	84.38%	0
Durham	160556	34-2741	Downtown Durham Dialysis^^	Durham	10	0	0	0	10	10	6	15.00%	0
Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	29	107	92.24%	13
Durham	160396	34-2734	Durham Regional Dialysis^^	Durham	10	0	0	0	10	10	21	52.50%	0
Durham	010285	34-2616	Durham West Dialysis	Durham	21	6	0	0	27	21	77	91.67%	1
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	104	89.66%	13

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	0	0	0	24	24	65	67.71%	0
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	86	82.69%	5
Durham	170324	34-2762	Fresenius Kidney Care Eno River^	Durham	14	0	0	0	14	14	1	1.79%	0
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	66	82.50%	4
Durham	180368	34-2758	Hope Valley Dialysis^/^^	Durham	10	0	0	0	10	10	1	2.50%	0
Durham	140143	34-2718	Research Triangle Park Dialysis^^	Durham	10	0	0	0	10	10	18	45.00%	0
Durham	090117	34-2683	Southpoint Dialysis	Durham	16	0	0	0	16	16	69	107.81%	5
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	-6	24	30	112	93.33%	15
Edgecombe	955841	34-2577	Dialysis Care of Edgecombe County	Tarboro	35	0	0	0	35	35	41	29.29%	0
Edgecombe	170325	34-2761	Fresenius Kidney Care Boice-Willis^	Rocky Mount	10	0	0	6	16	10	6	15.00%	0
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	14	0	0	4	18	14	47	83.93%	1
Forsyth	210744	Proposed new site consisting of existing stations	Kernersville dialysis Center of Wake Forest University	Kernersville	0	0	0	24	24	0	0	0.00%	0
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	50	0	0	0	50	48	170	88.54%	19
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	48	0	0	0	48	45	159	88.33%	11
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	64	180	70.31%	0
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	59	0	0	-24	35	51	169	82.84%	20
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	51	47.22%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	19	1	0	0	20	18	48	66.67%	0
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	22	0	0	4	26	21	63	75.00%	0
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston^^	Dallas	12	0	0	0	12	12	22	45.83%	0
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	0	0	0	19	19	70	92.11%	9
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	0	0	-4	35	39	123	78.85%	5
Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	0	0	0	28	28	74	66.07%	0

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

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Gates													
Granville	170422	34-2520	FMC Dialysis Services Neuse River	Oxford	25	0	0	0	25	25	77	77.00%	5
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	0	0	0	25	25	85	85.00%	8
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	50	59.52%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	54	0	0	-4	50	51	161	78.92%	9
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	44	0	10	0	54	44	169	96.02%	6
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	0	0	-8	25	33	109	82.58%	14
Guilford	190319	Proposed new site consisting of existing stations	Central Greensboro Dialysis	Greensboro	0	0	10	0	10	0	0	0.00%	0
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	43	8	0	0	51	43	136	79.07%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin	Greensboro	28	0	0	0	28	28	68	60.71%	0
Guilford	210743	Proposed new site consisting of existing stations	Fresenius Kidney Care Sandy Ridge	Greensboro	0	0	0	16	16	0	0	0.00%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point^^	High Point	14	0	0	-4	10	14	45	80.36%	10
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	50	0	0	0	50	48	152	79.17%	2
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	85	57.43%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	40	0	0	0	40	38	103	67.76%	0
Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	0	0	0	50	50	168	84.00%	11
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	63	82.89%	5
Harnett	944644	34-2557	Dunn Kidney Center	Dunn	32	0	3	0	35	32	102	79.69%	0
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	16	0	0	0	16	16	56	87.50%	4
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	12	32	66.67%	0
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	46	71.88%	0
Haywood	010800	34-2629	Waynesville Dialysis Center	Waynesville	27	0	0	0	27	24	64	66.67%	0
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	33	0	0	0	33	31	89	71.77%	0

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

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County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	16	9	0	0	25	16	70	109.38%	0
Hertford	170240	34-2740	Roanoke-Chowan Dialysis	Murfreesboro	10	5	0	0	15	10	29	72.50%	0
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	24	1	0	0	25	24	70	72.92%	0
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	19	0	11	0	30	19	58	76.32%	0
Hoke	110715	34-2698	Lumbee River Dialysis	Red Springs	15	0	0	0	15	15	30	50.00%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooresville	31	0	0	0	31	31	77	62.10%	0
Iredell	944568	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	78	72.22%	0
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	24	74	77.08%	2
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	0	0	0	16	16	26	40.63%	0
Johnston	170420	Proposed new site consisting of existing stations	Clayton Dialysis	Clayton	0	0	10	0	10	0	0	0.00%	0
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	20	5	0	0	25	20	60	75.00%	0
Johnston	170323	34-2757	Fresenius Kidney Care East Johnston^	Selma	10	0	0	7	17	10	14	35.00%	0
Johnston	170520	Proposed new site consisting of existing stations	Fresenius Kidney Care West Johnston	Garner	10	0	2	0	12	0	0	0.00%	0
Johnston	777777	Proposed new site consisting of existing stations	Fresenius Medical Care Stallings Station	Garner	0	20	0	10	30	0	0	0.00%	0
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	20	-20	0	0	0	24	89	92.71%	3
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	33	0	0	-7	26	33	118	89.39%	13
Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	29	72.50%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	17	0	0	3	20	17	63	92.65%	6

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

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Lee	555555	Proposed new site consisting of existing stations	Carolina Dialysis Sanford	Sanford	0	39	0	0	39	0	0	0.00%	0
Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	-39	0	0	0	39	125	80.13%	7
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	39	0	0	3	42	39	107	68.59%	0
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	27	69	63.89%	0
Lincoln	944237	34-2568	FMC Lincolnton Dialysis	Lincolnton	30	0	0	0	30	30	86	71.67%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	12	0	0	0	12	11	28	63.64%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	15	0	0	0	15	15	39	65.00%	0
Martin	170330	34-2746	Robersonville Dialysis^^	Robersonville	10	0	0	0	10	10	27	67.50%	0
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	13	-13	0	0	0	13	43	82.69%	0
McDowell	800001	Proposed new site consisting of existing stations	McDowell Dialysis Center	Marion	0	20	0	0	20	0	0	0.00%	0
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	0	0	0	43	43	109	63.37%	0
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	87	77.68%	1
Mecklenburg	800004	Proposed new site consisting of existing stations	BMA of East Charlotte	Charlotte	0	32	0	0	32	0	0	0.00%	0
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	26	-26	0	0	0	26	83	79.81%	0
Mecklenburg	190635	Proposed new site consisting of existing stations	BMA West Charlotte	Charlotte	0	29	0	0	29	0	0	0.00%	0
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	29	-29	0	0	0	29	85	73.28%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis^^	Charlotte	11	0	0	0	11	11	16	36.36%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	-10	0	0	23	33	97	73.48%	0
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	113	83.09%	10

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

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Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	77	80.21%	12
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	116	69.05%	0
Mecklenburg	955947	Proposed new site consisting of existing stations	FMC Charlotte	Charlotte	0	0	0	46	46	0	0	0.00%	0
Mecklenburg	955947	34-2503	FMC Charlotte	Charlotte	48	0	0	-48	0	48	155	80.73%	8
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	21	0	0	-5	16	21	85	101.19%	11
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	138	86.25%	7
Mecklenburg	170326	Proposed new site consisting of existing stations	Fresenius Kidney Care Mallard Creek	Charlotte	0	12	0	0	12	0	0	0.00%	0
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	17	0	0	2	19	17	59	86.76%	6
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Charlotte^^	Pineville	10	0	0	0	10	10	17	42.50%	0
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	16	48	75.00%	12
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	21	5	0	0	26	21	66	78.57%	0
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	21	6	0	0	27	21	66	78.57%	0
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	0	0	0	-2	-2	2			0
Mecklenburg	070257	34-2654	INS Huntersville (to be replaced with INS Freedom Dialysis)	Huntersville	0	-3	0	0	-3	3			0
Mecklenburg	070499	Proposed new site consisting of existing stations	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	0	0	0	7	7	0	0	0.00%	0
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	21	54	64.29%	0
Mecklenburg	180474	Proposed new site consisting of existing stations	Mountain Island Lake Dialysis	Charlotte	0	0	0	0	0	0	0	0.00%	0

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

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Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	33	-10	0	0	23	33	97	73.48%	0
Mecklenburg	955814	34-2523	South Charlotte Dialysis	Charlotte	23	-23	0	0	0	27	75	69.44%	0
Mecklenburg	170127	Proposed new site consisting of existing stations	South Charlotte Dialysis	Charlotte	0	27	0	0	27	0	0	0.00%	0
Mecklenburg	150478	34-2736	Sugar Creek Dialysis	Charlotte	11	10	0	0	21	11	38	86.36%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center^^	Spruce Pine	9	0	0	0	9	9	23	63.89%	0
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	56	70.00%	0
Moore	080621	34-2679	Carthage Dialysis	Carthage	14	0	0	0	14	12	35	72.92%	0
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	58	58.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	18	0	0	0	18	17	53	77.94%	2
Nash	020870	34-2644	FMC of Spring Hope	Spring Hope	16	0	0	0	16	16	39	60.94%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	0	0	0	19	19	68	89.47%	5
Nash	130459	34-2728	Nash County Dialysis^^	Rocky Mounty	12	0	0	0	12	12	29	60.42%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	40	0	0	0	40	40	147	91.88%	16
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	94	73.44%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	0	18	18	60	83.33%	5
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	0	0	0	32	32	98	76.56%	3
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	53	63.10%	0
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	2	0	0	27	25	89	89.00%	3
Onslow	190217	Proposed new site consisting of existing stations	Richlands Dialysis	Richlands	0	10	0	0	10	0	0	0.00%	0

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

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Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	-2	0	0	36	38	99	65.13%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	41	-2	2	0	41	41	110	67.07%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	14	0	0	0	14	14	43	76.79%	1
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	29	0	0	0	29	28	76	67.86%	0
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	17	0	0	0	17	17	49	72.06%	0
Pender	130180	34-2703	Surf City Dialysis	Hampstead	14	0	0	0	14	10	30	75.00%	0
Perquimans	140091	34-2749	Perquimans Dialysis^^	Hertford	10	0	0	0	10	10	25	62.50%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	38	0	0	0	38	37	109	73.65%	0
Pitt	011155	34-2632	FMC Care of Ayden	Ayden	16	0	0	0	16	16	50	78.13%	3
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	Greenville	41	0	0	0	41	41	135	82.32%	6
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	46	82.14%	6
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	20	41.67%	0
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	51	165	80.88%	7
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	112	62.22%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University^^	Archdale	10	0	0	0	10	10	25	62.50%	0
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	30	0	3	0	33	30	89	74.17%	0
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	16	9	0	0	25	16	56	87.50%	0
Robeson	980754	34-2607	BMA of Red Springs	Red Springs	19	0	0	0	19	19	66	86.84%	1
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	74	80.43%	3
Robeson	955445	34-2528	FMC Lumberton Dialysis Unit	Lumberton	35	-11	0	0	24	35	132	94.29%	20
Robeson	180042	Proposed new site consisting of new stations	Fresenius Kidney Care East Lumberton	Lumberton	0	20	0	0	20	0	0	0.00%	0
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	63	82.89%	4
Robeson	140334	34-2651	Maxton Dialysis Center^^	Maxton	14	-4	0	0	10	14	38	67.86%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Robeson	180470	Proposed new site consisting of existing stations	Robeson County Dialysis	Lumberton	0	10	0	0	10	0	0	0.00%	0
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	77	77.00%	0
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	27	0	-7	0	20	27	71	65.74%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	19	6	0	0	25	19	67	88.16%	0
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	25	6	0	0	31	25	87	87.00%	0
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	34	0	0	0	34	33	105	79.55%	1
Rowan	160495	34-2730	Spencer Dialysis	Spencer	14	5	0	0	19	14	39	69.64%	0
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	30	0	0	0	30	30	84	70.00%	0
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	97	67.36%	0
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	0	0	0	13	13	47	90.38%	5
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	90	75.00%	0
Stanly	955784	34-2565	BMA Albemarle	Albermarle	29	0	0	0	29	26	80	76.92%	1
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	24	59	61.46%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	49	64.47%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt Airy	27	0	5	0	32	27	88	81.48%	1
Swain	000047	34-2602	Cherokee Dialysis Center	Cherokee	20	0	0	0	20	20	60	75.00%	2
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	14	0	0	0	14	13	32	61.54%	0
Tyrrell													
Union	160339	34-2737	Fresenius Kidney Care Indian Trail^^	Indian Trail	12	0	0	0	12	12	27	56.25%	0
Union	800002	Proposed new site consisting of existing stations	Indian Trail Dialysis Center	Indian Trail	0	16	0	0	16	0	0	0.00%	0
Union	060374	34-2666	Marshville Dialysis Center	Marshville	12	-12	0	0	0	12	18	37.50%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	28	0	0	0	28	28	80	71.43%	0
Union	955953	34-2526	Union County Dialysis	Monroe	37	0	0	0	37	33	96	72.73%	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	17	46	67.65%	0
Vance	944655	34-2543	Vance County Dialysis	Henderson	42	0	0	0	42	35	131	93.57%	10
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	29	98	84.48%	11
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	-12	38	50	170	85.00%	15
Wake	180166	34-2544	Cary Kidney Center	Cary	24	5	0	0	29	24	78	81.25%	0
Wake	190643	Proposed new site consisting of existing stations	Downtown Raleigh Dialysis	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	0	0	0	15	15	27	45.00%	0
Wake	160069	34-2733	FMC Morrisville	Cary	13	0	0	0	13	13	37	71.15%	0
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	36	-6	0	0	30	36	113	78.47%	8
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	18	0	0	0	18	18	60	83.33%	9
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	50	210	105.00%	20
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs^/^^	Holly Springs	10	0	0	0	10	10	22	55.00%	0
Wake	210745	Proposed new site consisting of existing stations	Fresenius Kidney Care Knightdale	Knightdale	0	0	0	16	16	0	0	0.00%	0
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	55	68.75%	0
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	47	61.84%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	58	85.29%	2
Wake	160555	Proposed new site consisting of existing stations	Fresenius Medical Care Rock Quarry	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	20	0	0	0	20	16	61	95.31%	5
Wake	160068	34-2744	Oak City Dialysis	Raleigh	10	0	0	10	20	10	32	80.00%	0
Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	30	0	0	0	30	30	111	92.50%	10
Wake	041181	34-2675	Wake Forest Dialysis Center	Raleigh	21	2	0	0	23	21	85	101.19%	9

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	-4	26	30	86	71.67%	0
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	65	65.00%	0
Washington	001549	34-2618	FMC Dialysis Services Plymouth	Plymouth	16	0	0	0	16	16	48	75.00%	0
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	16	4	0	0	20	16	44	68.75%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	16	0	0	0	16	12	37	77.08%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	87	87.00%	3
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	25	0	0	0	25	22	65	73.86%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	0	0	0	20	20	47	58.75%	0
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	49	58.33%	0
Wayne	180046	34-2752	Rosewood Dialysis^^	Goldsboro	10	0	0	0	10	10	17	42.50%	0
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	0	0	0	24	24	59	61.46%	0
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	35	5	-5	0	35	31	108	87.10%	0
Wilson	170521	34-2753	Kenly Dialysis^/^^	Kenly	10	0	0	0	10	10	19	47.50%	0
Wilson	160066	34-2725	Sharpsburg Dialysis^^	Sharpsburg	10	0	0	0	10	10	10	25.00%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	44	0	-5	0	39	37	131	88.51%	8
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	39	75.00%	5
Yancey			(Mitchell-Avery-Yancey Planning Area)										

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**Certified**	**CON Issued/ Not Certified**	**Decision Rendered (Conditional Approval)**	**Decision Pending**	**Total**	**Certified Stations 12/31/2020**	**Number* In-Center Patients 12/31/2020**	**Utilization by Percent 12/31/2020**	**Facility Station Need Determination**
				Totals	**5,804**	**196**	**33**	**49**	**6,082**	**5,711**	**17,009**		**616**

* Number In-Center Patients 12/31/2020 includes both in-state and out-of-state patients.

** Policy ESRD-3 (Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus) is a new policy in the 2021 SMFP. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy were removed from the inventory and methodologies; these facilities are treated as though the stations were developed pursuant to this policy. The following facilities were removed from the inventory: North Carolina Baptist Hospital (34-2304) in Forsyth County; Carolinas Medical Center (34-2306) and Novant Health Presbyterian Medical Center (34-2309) both in Mecklenburg County.

^ Designated as a new facility according to Condition 1.a. of the facility need determination methodology.

^^ Designated as a small facility according to Condition 1.a. of the facility need determination methodology.

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi-County Planning Area	**12.31.16 Total Patients**	**12.31.17 Total Patients**	**12.31.18 Total Patients**	**12.31.19 Total Patients**	**12.31.20 Total Patients**	**Average Annual Change Rate for Past Five Years**	**Projected 12.31.21 Total Patients**	**12.31.20 Home Patients**	**12.31.20 Percent Home Patients**	**Projected 12.31.21 Home Patients**	**Projected 12.31.21 In-Center Patients**	**Projected 12.31.21 In-Center Station Utilization**	**Projected Total Available Stations**	**Projected Station Deficit or Surplus**	**County Station Need Determi-nation**
Alamance	340	342	346	358	354	0.010	357.6	45	12.7%	45.5	312.2	98	142	Surplus of 44	0
Alexander	37	53	47	51	53	0.111	58.9	5	9.4%	5.6	53.3	17	13	**4**	0
Alleghany	5	6	10	7	10	0.249	12.5	2	20.0%	2.5	10.0	3	0	**3**	0
Anson	90	101	101	98	95	0.015	96.5	7	7.4%	7.1	89.4	28	33	Surplus of 5	0
Ashe	19	21	26	23	18	0.003	18.0	3	16.7%	3.0	15.0	5	0	**5**	0
Beaufort	125	131	136	126	126	0.003	126.4	26	20.6%	26.1	100.3	31	31	0	0
Bertie	66	70	72	79	85	0.066	90.6	16	18.8%	17.0	73.5	23	20	**3**	0
Bladen	103	114	116	113	104	0.005	104.5	14	13.5%	14.1	90.4	28	38	Surplus of 10	0
Brunswick	136	148	156	158	154	0.032	159.0	34	22.1%	35.1	123.9	39	52	Surplus of 13	0
Buncombe	257	266	272	284	284	0.025	291.2	76	26.8%	77.9	213.3	67	86	Surplus of 19	0
Burke	124	128	127	144	150	0.050	157.5	21	14.0%	22.0	135.4	42	41	**1**	0
Cabarrus	216	248	238	252	269	0.059	284.7	41	15.2%	43.4	241.3	75	76	Surplus of 1	0
Caldwell	130	144	156	151	163	0.060	172.7	20	12.3%	21.2	151.5	47	45	**2**	0
Camden	9	10	11	11	7	-0.038	6.7	2	28.6%	1.9	4.8	2	0	**2**	0
Carteret	76	81	83	89	74	-0.001	73.9	18	24.3%	18.0	55.9	17	32	Surplus of 15	0
Caswell	56	63	63	75	69	0.059	73.1	6	8.7%	6.4	66.7	21	17	**4**	0
Catawba	248	279	292	310	311	0.059	329.4	50	16.1%	53.0	276.4	86	94	Surplus of 8	0
Chatham	109	130	119	128	133	0.056	140.4	8	6.0%	8.4	132.0	41	39	**2**	0
Cherokee	26	23	26	24	27	0.016	27.4	11	40.7%	11.2	16.3	5	13	Surplus of 8	
Clay	6	5	8	7	7	0.077	7.5	2	28.6%	2.2	5.4	2	0	**2**	
Graham	17	17	17	17	13	-0.059	12.2	5	38.5%	4.7	7.5	2	0	**2**	
Cherokee-Clay-Graham Planning Area Total														Surplus of 4	0
Chowan	39	46	50	48	55	0.093	60.1	8	14.5%	8.7	51.4	16	20	Surplus of 4	0
Cleveland	231	248	242	261	262	0.033	270.6	31	11.8%	32.0	238.6	75	77	Surplus of 2	0
Columbus	115	108	112	124	121	0.015	122.8	14	11.6%	14.2	108.6	34	41	Surplus of 7	0
Craven	184	198	193	212	238	0.068	254.2	34	14.3%	36.3	217.9	68	65	**3**	0
Cumberland	657	707	734	794	832	0.061	882.7	101	12.1%	107.2	775.6	242	236	**6**	0
Currituck	13	10	13	15	15	0.056	15.8	2	13.3%	2.1	13.7	4	0	**4**	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi-County Planning Area	**12.31.16 Total Patients**	**12.31.17 Total Patients**	**12.31.18 Total Patients**	**12.31.19 Total Patients**	**12.31.20 Total Patients**	**Average Annual Change Rate for Past Five Years**	**Projected 12.31.21 Total Patients**	**12.31.20 Home Patients**	**12.31.20 Percent Home Patients**	**Projected 12.31.21 Home Patients**	**Projected 12.31.21 In-Center Patients**	**Projected 12.31.21 In-Center Station Utilization**	**Projected Total Available Stations**	**Projected Station Deficit or Surplus**	**County Station Need Determi-nation**
Dare	25	28	24	24	22	-0.027	21.4	3	13.6%	2.9	18.5	6	9	Surplus of 3	0
Davidson	256	264	291	308	303	0.044	316.3	49	16.2%	51.2	265.2	83	104	Surplus of 21	0
Davie	60	55	62	70	73	0.054	76.9	13	17.8%	13.7	63.2	20	24	Surplus of 4	0
Duplin	142	143	153	155	143	0.003	143.5	13	9.1%	13.0	130.4	41	44	Surplus of 3	0
Durham	605	635	670	668	687	0.033	709.4	62	9.0%	64.0	645.3	202	245	Surplus of 43	0
Edgecombe	230	224	247	247	264	0.036	273.6	36	13.6%	37.3	236.3	74	93	Surplus of 19	0
Forsyth	645	672	720	747	776	0.047	812.8	102	13.1%	106.8	705.9	221	221	0	0
Franklin	115	136	142	136	155	0.081	167.6	16	10.3%	17.3	150.3	47	47	0	0
Gaston	341	358	383	392	383	0.030	394.5	51	13.3%	52.5	342.0	107	120	Surplus of 13	0
Gates	4	8	10	17	15	0.458	21.9	2	13.3%	2.9	19.0	6	0	**6**	0
Granville	164	155	151	156	166	0.004	166.7	14	8.4%	14.1	152.6	48	50	Surplus of 2	0
Greene	48	43	50	50	64	0.085	69.4	9	14.1%	9.8	59.7	19	21	Surplus of 2	0
Guilford	994	1016	1094	1116	1130	0.033	1,167.2	101	8.9%	104.3	1,062.8	332	371	Surplus of 39	0
Halifax	242	242	237	253	259	0.018	263.6	28	10.8%	28.5	235.1	73	69	**4**	0
Harnett	243	238	266	259	271	0.029	278.9	35	12.9%	36.0	242.9	76	79	Surplus of 3	0
Haywood	66	65	76	68	71	0.023	72.6	22	31.0%	22.5	50.1	16	27	Surplus of 11	0
Henderson	114	130	112	118	128	0.035	132.5	31	24.2%	32.1	100.4	31	33	Surplus of 2	0
Hertford	89	88	93	88	89	0.001	89.1	9	10.1%	9.0	80.1	25	40	Surplus of 15	0
Hoke	125	134	163	164	176	0.092	192.2	21	11.9%	22.9	169.2	53	70	Surplus of 17	0
Hyde	7	7	7	9	8	0.044	8.3	3	37.5%	3.1	5.2	2	0	**2**	0
Iredell	222	232	238	253	250	0.031	257.6	50	20.0%	51.5	206.1	64	82	Surplus of 18	0
Jackson	43	36	32	45	49	0.055	51.7	9	18.4%	9.5	42.2	13	16	Surplus of 3	0
Johnston	296	315	348	379	420	0.092	458.5	56	13.3%	61.1	397.3	124	120	**4**	0
Jones	42	39	42	36	38	-0.020	37.2	6	15.8%	5.9	31.3	10	10	0	0
Lee	144	160	151	157	152	0.016	154.4	16	10.5%	16.3	138.1	43	59	Surplus of 16	0
Lenoir	197	210	230	241	224	0.035	231.8	38	17.0%	39.3	192.4	60	69	Surplus of 9	0
Lincoln	84	78	94	104	97	0.043	101.2	10	10.3%	10.4	90.8	28	30	Surplus of 2	0
Macon	33	35	36	35	36	0.022	36.8	7	19.4%	7.2	29.7	9	12	Surplus of 3	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi-County Planning Area	**12.31.16 Total Patients**	**12.31.17 Total Patients**	**12.31.18 Total Patients**	**12.31.19 Total Patients**	**12.31.20 Total Patients**	**Average Annual Change Rate for Past Five Years**	**Projected 12.31.21 Total Patients**	**12.31.20 Home Patients**	**12.31.20 Percent Home Patients**	**Projected 12.31.21 Home Patients**	**Projected 12.31.21 In-Center Patients**	**Projected 12.31.21 In-Center Station Utilization**	**Projected Total Available Stations**	**Projected Station Deficit or Surplus**	**County Station Need Determi-nation**
Madison	18	17	18	12	8	-0.166	6.7	3	37.5%	2.5	4.2	1	0	**1**	0
Martin	96	86	89	92	77	-0.050	73.2	6	7.8%	5.7	67.5	21	25	Surplus of 4	0
McDowell	57	63	70	71	60	0.019	61.1	15	25.0%	15.3	45.9	14	20	Surplus of 6	0
Mecklenburg	1730	1710	1792	1819	1878	0.021	1,917.4	236	12.6%	240.9	1,676.4	524	572	Surplus of 48	0
Avery	6	6	7	4	9	0.247	11.2	2	22.2%	2.5	8.7	3	0	**3**	
Mitchell	11	15	15	19	19	0.158	22.0	4	21.1%	4.6	17.4	5	9	Surplus of 4	
Yancey	15	16	19	17	17	0.037	17.6	8	47.1%	8.3	9.3	3	0	**3**	
Mitchell-Avery-Yancey Planning Area Total														**2**	0
Montgomery	62	67	55	60	66	0.023	67.5	4	6.1%	4.1	63.4	20	20	0	0
Moore	161	170	172	155	162	0.003	162.6	30	18.5%	30.1	132.5	41	57	Surplus of 16	0
Nash	288	288	273	293	303	0.014	307.2	49	16.2%	49.7	257.5	80	87	Surplus of 7	0
New Hanover	267	263	281	267	262	-0.004	261.0	31	11.8%	30.9	230.1	72	82	Surplus of 10	0
Northampton	88	93	103	98	94	0.019	95.8	11	11.7%	11.2	84.6	26	21	**5**	0
Onslow	186	211	245	234	229	0.057	242.1	29	12.7%	30.7	211.5	66	73	Surplus of 7	0
Orange	152	166	156	169	179	0.044	186.8	27	15.1%	28.2	158.6	50	41	**9**	0
Pamlico	26	24	25	21	23	-0.025	22.4	5	21.7%	4.9	17.5	5	0	**5**	0
Pasquotank	101	107	108	108	115	0.033	118.8	24	20.9%	24.8	94.0	29	43	Surplus of 14	0
Pender	105	105	91	99	102	-0.004	101.6	16	15.7%	15.9	85.7	27	31	Surplus of 4	0
Perquimans	29	34	25	37	36	0.090	39.2	11	30.6%	12.0	27.3	9	10	Surplus of 1	0
Person	89	92	98	93	93	0.012	94.1	3	3.2%	3.0	91.1	28	38	Surplus of 10	0
Pitt	405	427	432	443	459	0.032	473.6	88	19.2%	90.8	382.8	120	134	Surplus of 14	0
Polk	12	11	7	18	16	0.253	20.1	9	56.3%	11.3	8.8	3	0	**3**	0
Randolph	182	184	179	185	179	-0.004	178.3	13	7.3%	13.0	165.4	52	55	Surplus of 3	0
Richmond	168	163	177	181	162	-0.007	160.9	19	11.7%	18.9	142.1	44	58	Surplus of 14	0
Robeson	414	465	429	442	438	0.017	445.3	42	9.6%	42.7	402.6	126	125	**1**	0
Rockingham	184	202	203	218	213	0.038	221.2	29	13.6%	30.1	191.1	60	70	Surplus of 10	0
Rowan	226	237	237	258	256	0.032	264.3	48	18.8%	49.6	214.7	67	84	Surplus of 17	0
Rutherford	109	107	115	114	106	-0.006	105.4	23	21.7%	22.9	82.5	26	30	Surplus of 4	0

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi-County Planning Area	**12.31.16 Total Patients**	**12.31.17 Total Patients**	**12.31.18 Total Patients**	**12.31.19 Total Patients**	**12.31.20 Total Patients**	**Average Annual Change Rate for Past Five Years**	**Projected 12.31.21 Total Patients**	**12.31.20 Home Patients**	**12.31.20 Percent Home Patients**	**Projected 12.31.21 Home Patients**	**Projected 12.31.21 In-Center Patients**	**Projected 12.31.21 In-Center Station Utilization**	**Projected Total Available Stations**	**Projected Station Deficit or Surplus**	**County Station Need Determi-nation**
Sampson	177	174	168	192	190	0.020	193.8	16	8.4%	16.3	177.5	55	49	**6**	0
Scotland	103	93	106	116	100	0.000	100.0	10	10.0%	10.0	90.0	28	30	Surplus of 2	0
Stanly	86	81	84	87	92	0.018	93.7	19	20.7%	19.3	74.3	23	29	Surplus of 6	0
Stokes	60	64	77	67	68	0.039	70.6	6	8.8%	6.2	64.4	20	24	Surplus of 4	0
Surry	109	98	113	105	112	0.012	113.3	14	12.5%	14.2	99.2	31	51	Surplus of 20	0
Swain	63	61	66	52	51	-0.045	48.7	14	27.5%	13.4	35.3	11	20	Surplus of 9	0
Transylvania	34	32	40	34	30	-0.019	29.4	8	26.7%	7.8	21.6	7	14	Surplus of 7	0
Tyrrell	5	8	10	6	8	0.196	9.6	0	0.0%	0.0	9.6	3	0	**3**	0
Union	252	277	274	282	284	0.031	292.9	37	13.0%	38.2	254.7	80	93	Surplus of 13	0
Vance	169	173	184	186	202	0.046	211.3	13	6.4%	13.6	197.7	62	59	**3**	0
Wake	1302	1322	1388	1439	1434	0.025	1,469.3	219	15.3%	224.4	1,244.9	389	443	Surplus of 54	0
Warren	51	60	73	76	83	0.132	93.9	11	13.3%	12.4	81.5	25	25	0	0
Washington	50	58	57	68	56	0.040	58.2	5	8.9%	5.2	53.0	17	16	**1**	0
Watauga	35	34	34	32	32	-0.022	31.3	6	18.8%	5.9	25.4	8	20	Surplus of 12	0
Wayne	290	309	326	315	313	0.020	319.3	30	9.6%	30.6	288.7	90	117	Surplus of 27	0
Wilkes	78	78	100	92	81	0.021	82.7	20	24.7%	20.4	62.3	19	24	Surplus of 5	0
Wilson	276	298	285	316	314	0.035	324.9	73	23.2%	75.5	249.3	78	94	Surplus of 16	0
Yadkin	50	46	38	42	58	0.058	61.4	9	15.5%	9.5	51.8	16	13	**3**	0
State Totals	**17,387**	**18,038**	**18,732**	**19,288**	**19,547**			**2,709**				**5,437**	**6,082**		**0**

Table 9C: Dialysis Station Need Determination
County Need Determination Methodology

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

Table 9D: Dialysis Station Need Determination by Facility *

A	B	C	D	E
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**Facility Station Need Determination**
Alamance	956036	34-2567	Burlington Dialysis	6
Alamance	100545	34-2691	Carolina Dialysis of Mebane	3
Alamance	170018	34-2739	Mebane Dialysis	2
Alamance	100785	34-2686	North Burlington Dialysis	2
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	5
Buncombe	955773	34-2506	Asheville Kidney Center	1
Burke	150154	34-2563	BMA of Burke County	5
Cabarrus	010799	34-2631	Copperfield Dialysis	6
Caldwell	170328	34-2509	BMA Lenoir	5
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	4
Catawba	010648	34-2635	FMC of Catawba Valley	5
Chatham	955802	34-2621	Carolina Dialysis Siler City	7
Chowan	955811	34-2541	Edenton Dialysis	3
Cleveland	070223	34-2676	DCI South	5
Craven	960995	34-2585	FMC Craven County	8
Craven	955965	34-2534	New Bern Dialysis	10
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	7
Cumberland	011019	34-2643	FMC Services of West Fayetteville	20
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	3
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	4
Duplin	060249	34-2659	Wallace Dialysis	2
Durham	955621	34-2550	Durham Dialysis	13
Durham	010285	34-2616	Durham West Dialysis	1
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	13
Durham	955622	34-2538	Freedom Lake Dialysis Center	5
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	4
Durham	090117	34-2683	Southpoint Dialysis	5
Edgecombe	970528	34-2603	BMA East Rocky Mount	15
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	1
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	19
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	11
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	20
Gaston	050039	34-2652	Fresenius Medical Care Belmont	9
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	5
Granville	170422	34-2520	FMC Dialysis Services Neuse River	5
Granville	041025	34-2647	FMC Dialysis Services of Oxford	8
Guilford	955872	34-2504	BMA of Greensboro	9
Guilford	980838	34-2537	BMA of South Greensboro	6
Guilford	980472	34-2600	BMA of Southwest Greensboro	14
Guilford	150332	34-2720	Fresenius Medical Care High Point	10
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	2
Halifax	956044	34-2542	BMA of Roanoke Rapids	11
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	5

Table 9D: Dialysis Station Need Determination by Facility *

A	B	C	D	E
County	**Facility Identification Number**	**Provider Number**	**Facility**	**Facility Station Need Determination**
Harnett	110803	34-2701	FMC Anderson Creek	4
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	2
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	3
Johnston	944566	34-2572	Johnston Dialysis Center	13
Lee	110959	34-2697	Carolina Dialysis Lee County	6
Lee	955801	34-2620	Carolina Dialysis Sanford	7
Mecklenburg	970826	34-2594	BMA Nations Ford	1
Mecklenburg	001554	34-2627	Charlotte East Dialysis	10
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	12
Mecklenburg	955947	34-2503	FMC Charlotte	8
Mecklenburg	080137	34-2681	FMC Matthews	11
Mecklenburg	955788	34-2549	FMC of North Charlotte	7
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	6
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	12
Moore	020648	34-2638	Southern Pines Dialysis Center	2
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	5
Nash	944658	34-2517	Rocky Mount Kidney Center	16
New Hanover	140333	34-2717	New Hanover Dialysis	5
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	3
Onslow	130178	34-2700	New River Dialysis	3
Pasquotank	130368	34-2708	Albemarle Dialysis	1
Pitt	011155	34-2632	FMC Care of Ayden	3
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	6
Pitt	140329	34-2706	FMC Farmville	6
Pitt	944657	34-2502	Greenville Dialysis Center	7
Robeson	980754	34-2607	BMA of Red Springs	1
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	3
Robeson	955445	34-2528	FMC Lumberton Dialysis Unit	20
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	4
Rowan	944673	34-2546	Dialysis Care of Rowan County	1
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	5
Stanly	955784	34-2565	BMA Albemarle	1
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	1
Swain	000047	34-2602	Cherokee Dialysis Center	2
Vance	944655	34-2543	Vance County Dialysis	10
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	11
Wake	956008	34-2512	BMA of Raleigh Dialysis	15
Wake	020868	34-2646	FMC New Hope Dialysis	8
Wake	130278	34-2705	FMC Northern Wake	9
Wake	956094	34-2522	FMC Wake Dialysis Clinic	20
Wake	041024	34-2653	Fresenius Medical Care Millbrook	2
Wake	160405	34-2735	Fresenius Medical Care White Oak	5
Wake	990968	34-2642	Southwest Wake County Dialysis	10

Table 9D: Dialysis Station Need Determination by Facility *

A	B	C	D	E
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**Facility Station Need Determination**
Wake	041181	34-2675	Wake Forest Dialysis Center	9
Wayne	944654	34-2531	Goldsboro Dialysis	3
Wilson	971340	34-2507	Wilson Dialysis	8
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	5
		Totals	**90 Facilities**	**616**

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

Table 9E: Inventory of Dialysis Home Training Facilities

A	B	C	D	E	F	G	H	I
County	**Facility Identifi-cation Number**	**Provider Number**	**Facility**	**City**	**CON* Total**	**Certified Home Training Stations**	**Home Hemodialysis Patients 12/31/2020**	**Peritoneal Patients 12/31/2020**
Buncombe	120484	34-2695	Biltmore Home Training**	Asheville	0	0	0	103
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	0	5	7	30
Chowan	200027	Proposed New Site	Chowan Home Dialysis**	Edenton	0	0	0	0
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	0	1	1	40
Forsyth	200885	Proposed New Site	Highland Oaks Dialysis Center of Wake Forest University**	Winston-Salem	0	0	0	0
Hertford	200030	Proposed New Site	Hertford Home Dialysis**	Ahoskie	0	0	0	0
Iredell	070519	34-2657	INS Statesville**	Statesville	0	0	0	20
Mecklenburg	070257	Proposed New Site	INS Freedom Dialysis (replacement facility for INS Huntersville)	Charlotte	5	0	0	0
Mecklenburg	070257	34-2654	INS Huntersville (to be replaced with INS Freedom Dialysis)	Huntersville	-3	3	11	40
Mecklenburg	070499	34-2655	INS Charlotte (to be replaced with INS Victory Home)	Charlotte	-2	2	31	55
Mecklenburg	070499	Proposed New Site	INS Victory Home (replacement facility for INS Charlotte)	Charlotte	7	0	0	0
Moore	180570	34-2754	Pinehurst Home Training**	Pinehurst	0	0	0	31
Orange	200890	Proposed New Site	Carolina Dialysis Orange County Home Dialysis	Hillsborough	2	0	0	0
Sampson	130060	34-2712	Sampson County Home Training**	Clinton	0	0	0	6
Wayne	200899	Proposed New Site	Wayne County Home Training**	Goldsboro	0	0	0	0
Wilson	200032	Proposed New Site	Wilson Home Dialysis**	Wilson	0	0	0	0
Totals			**14 Facilities**		**9**	**11**	**50**	**325**

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

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

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Chapter 10:

Nursing Home Facilities

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CHAPTER 10
NURSING HOME FACILITIES

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

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

The ***reporting yea***r is October 1 through September 30. The current reporting year is October 1, 2019 through September 30, 2020.

The methodology projects bed need determination five years beyond the current reporting year. The ***current projection year*** is 2025.

The ***planning inventory*** is the number of beds used in need determination calculations. It is the number of licensed beds plus any new beds approved by certificate of need that are under development, minus any exclusions (see below) and beds to be relocated out of the county.

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

Basic Principles
1. The methodology should project need determination five years beyond the current reporting year because that is the least amount of time required to bring a new or expanded facility into service.

2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible, need determinations should be for at least 90 beds. However, such allocations do not always result in new entities.

3. Counties whose deficits represent at least 10% of their total needs (deficit index) and who report an occupancy rate of licensed beds in the county of at least 90%, excluding continuing care retirement communities, should receive need determinations even though such increments may be too small to encourage establishment of new facilities.

4. A goal of the planning process is a reasonable level of parity among people in their geographic access to nursing home facilities.

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

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

Utilization data comes from the current and four immediately previous reporting years' License Renewal Applications to Operate a Nursing Home and the Nursing Care Facility/Unit Beds: Annual Data Supplement to Hospital License Applications, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. Planning inventory and need determination calculations exclude all beds and days of care for:

    a. nursing home beds converted to care for head injury or ventilator-dependent patients;

    b. nursing home beds developed pursuant to Policy NH-2; and

    c. nursing home beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5.

2. The inventory excludes beds~~,~~ and the occupancy rate calculation excludes days of care for patients from the contiguous counties served by facilities operated by religious or fraternal organizations.

3. The methodology excludes the estimated active duty military population from the county's population for any county with more than 500 active duty military personnel.

4. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county bed rate is calculated using a 5-year average annual change to project forward five years beyond the current reporting year. For any county with an average annual change rate that is at least one-half of one standard deviation above or below the statewide average annual change rate, the bed use rate calculations substitute the statewide rate.

5. The projected utilization is multiplied by three to account for future increases in utilization.

6. The methodology uses the higher of two different occupancy rate calculations to obtain the need determination with the greatest advantage. The adjusted occupancy rate for each county is calculated using the higher of: (1) the median of all facilities' occupancy rates in a county; or (2) a countywide occupancy. The calculations remove the equivalent days of care for the initial occupancy from calculations for beds that have been excluded from the inventory.

Application of the Methodology

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

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

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

b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated *(Columns F-H)*. Then adjust this result by the number of beds available from need determinations in the SMFP but for which CONs have not yet been issued *(Column I)*.

c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; beds that have been relocated from

state psychiatric hospitals to the community pursuant to Policy NH-5; and the calculated number of beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility *(Column K)*.

d. Sum each of these calculations across all facilities in a county to obtain county totals *(Column K)*.

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

a. For each of the five most recent reporting years and for each county, divide the number of patients *(Column B)* by the population *(Column C)*.

b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population *(Column D)*.

c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county *(Column E)*.

d. If the result of Step 2.c is at least 0.5 standard deviations above or below the statewide AACR, then enter the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.

e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D*, last sub-column) and then multiply by 3; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

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

Step 4: Divide the projected bed utilization for each county *(Table 10C, Column D)* by a 95% vacancy factor and enter the result in Column E of Table 10C.

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

a. Obtain the planning inventory for each county *(Column H)*. Transfer the county totals from Columns J-L in Table 10A into Columns F-H of Table 10C, respectively.

b. Subtract the projected bed utilization with vacancy factor *(Column E)* from the total inventory *(Column H)* to obtain the county's projected surplus or deficit of beds *(Column I)*. Positive numbers are surpluses and negative numbers are deficits.

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

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

b. For all counties, calculate the occupancy rate by dividing the total days of care for all facilities in the county by the possible days of care (the number of beds in the planning inventory times 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two occupancy rates and enter it into Column K.

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

a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year *(Column K)*, the need determination is 90 beds *(Column L)*.

b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year *(Column K)*, the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds *(Column L)*.

c. If any other county's deficit index *(Column J)* is 10% or more of its projected utilization and the adjusted occupancy of licensed beds in the county is 90% or greater for the current reporting year *(Column K)*, the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds.

d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four round to the next lower number divisible by 10. Numbers ending in five to nine round to the next higher number divisible by 10.

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

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Alamance	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	Compass Healthcare and Rehab Hawfields, Inc	117	0	117	0	0	0	0	117	12	105
Alamance	Edgewood Place at the Village at Brookwood	51	0	51	0	0	0	0	51	24	27
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	122	0	122	0	0	0	0	122	0	122
Alamance	Peak Resources- Alamance	142	0	142	0	0	0	0	142	0	142
Alamance	Twin Lakes Community (Transfer 8 beds from Twin Lakes Memory Care)	100	0	100	0	0	8	0	108	35	73
Alamance	Twin Lakes Community Memory Care (Transfer 8 beds to Twin Lakes Community)	16	0	16	0	0	-8	0	8	0	8
Alamance	White Oak Manor-Burlington**	160	0	160	0	0	0	0	160	0	160
	Alamance Totals	**888**	**0**	**888**	**0**	**0**	**0**	**0**	**888**	**71**	**817**
Alexander	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
	Alexander Totals	**183**	**0**	**183**	**0**	**0**	**0**	**0**	**183**	**49**	**134**
Alleghany	Alleghany Center	90	0	90	0	0	0	0	90	0	90
	Alleghany Totals	**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Anson	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
	Anson Totals	**161**	**0**	**161**	**0**	**0**	**0**	**0**	**161**	**0**	**161**
Ashe	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
	Ashe Totals	**210**	**0**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Avery	Charles A. Cannon, Jr. Memorial Hospital, Inc.**	0	10	10	0	0	0	0	10	0	10
Avery	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
	Avery Totals	**118**	**10**	**128**	**0**	**0**	**0**	**0**	**128**	**0**	**128**
Beaufort	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128
Beaufort	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
	Beaufort Totals	**268**	**0**	**268**	**0**	**0**	**0**	**0**	**268**	**0**	**268**
Bertie	Brian Center Health & Rehabilitation/Windsor	82	0	82	0	0	0	0	82	0	82
Bertie	Three Rivers Health and Rehab	60	0	60	0	0	0	0	60	0	60
	Bertie Totals	**142**	**0**	**142**	**0**	**0**	**0**	**0**	**142**	**0**	**142**
Bladen	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	Cape Fear Valley - Bladen County Hospital**	0	10	10	0	0	0	0	10	0	10
Bladen	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
	Bladen Totals	**184**	**10**	**194**	**0**	**0**	**0**	**0**	**194**	**0**	**194**
Brunswick	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100
Brunswick	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Brunswick	Liberty Commons Nursing & Rehab Center of Southport LLC	99	0	99	0	0	0	0	99	0	99
Brunswick	Liberty Commons of Brunswick County (Transfer 64 from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	Southport Nursing Center (Transfer 64 to Liberty Commons of Brunswick County)**	0	64	64	0	0	-64	0	0	0	0
Brunswick	Universal Health Care/Brunswick	90	0	90	0	0	0	0	90	0	90
	Brunswick Totals	**564**	**64**	**628**	**0**	**0**	**0**	**0**	**628**	**0**	**628**
Buncombe	Accordius Health at Asheville	77	0	77	0	0	0	0	77	0	77
Buncombe	Aston Park Health Care Center Inc	120	0	120	0	0	0	0	120	0	120
Buncombe	Black Mountain Neuro-Medical Treatment Center*	156	0	156	0	0	0	0	156	156	0
Buncombe	Brian Center Health & Rehabilitation/Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	Brooks-Howell Home	58	0	58	0	0	0	0	58	1	57
Buncombe	Carolina Pine at Asheville	120	0	120	0	0	0	0	120	0	120
Buncombe	Deerfield Episcopal Retirement Community Inc	62	0	62	0	0	0	0	62	31	31
Buncombe	Emerald Ridge Rehabilitation and Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NC State Veterans Home - Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	Pelican Health at Asheville	106	0	106	0	0	0	0	106	0	106
Buncombe	Pisgah Manor Health Care Center**	118	0	118	0	0	0	0	118	4	114
Buncombe	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	The Laurels of GreenTree Ridge	98	0	98	0	0	0	0	98	0	98
Buncombe	The Laurels of Summit Ridge	60	0	60	0	0	0	0	60	0	60
Buncombe	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe	Western North Carolina Baptist Home	100	0	100	0	0	0	0	100	18	82
	Buncombe Totals	**1,950**	**0**	**1,950**	**0**	**0**	**0**	**0**	**1,950**	**322**	**1,628**
Burke	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	Grace Heights Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Burke	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 to Western Mecklenburg Health & Rehabilitation Center, Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91

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

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					Nursing Home	Hospital	CON Bed Transfer				
Burke Totals		**556**	**0**	**556**	**0**	**0**	**-30**	**0**	**526**	**25**	**501**
Cabarrus	Accordius Health at Concord	120	0	120	0	0	0	0	120	0	120
Cabarrus	Brian Center Health & Retirement/Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	Five Oaks Manor	160	0	160	0	0	0	0	160	0	160
Cabarrus	PruittHealth-TownCenter	70	0	70	0	0	0	0	70	0	70
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus Totals		**691**	**0**	**691**	**0**	**0**	**0**	**0**	**691**	**24**	**667**
Caldwell	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals		**400**	**0**	**400**	**0**	**0**	**0**	**0**	**400**	**0**	**400**
Carteret	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	Harborview Health Care Center**	122	0	122	0	0	0	0	122	0	122
Carteret	PruittHealth - Sea Level (Replacement facility)	0	0	0	0	0	104	0	104	0	104
Carteret	PruittHealth - Sea Level (Former facility)	104	0	104	0	0	-104	0	0	0	0
Carteret	Snug Harbor on Nelson Bay (former facility)	42	0	42	0	0	-42	0	0	0	0
Carteret	The Embassy at Morehead City (Replacement facility)	0	0	0	0	0	42	0	42	0	42
Carteret Totals		**424**	**0**	**424**	**0**	**0**	**0**	**0**	**424**	**0**	**424**
Caswell	Brian Center Health & Rehabilitation/Yanceyville	157	0	157	0	0	0	0	157	0	157
Caswell Totals		**157**	**0**	**157**	**0**	**0**	**0**	**0**	**157**	**0**	**157**
Catawba	Abernethy Laurels	174	0	174	0	0	0	0	174	98	76
Catawba	Brian Center Health & Rehabilitation/Hickory East	150	0	150	0	0	0	0	150	0	150
Catawba	Brian Center Health and Rehabilitation Hickory/Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	Frye Regional Medical Center**	0	17	17	0	0	0	0	17	0	17
Catawba	Trinity Ridge	120	0	120	0	0	0	0	120	5	115
Catawba	Trinity Village	104	0	104	0	0	0	0	104	8	96
Catawba Totals		**742**	**17**	**759**	**0**	**0**	**0**	**0**	**759**	**111**	**648**
Chatham	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham	Chatham County Rehabilitation Center	0	0	0	115	0	0	0	115	0	115
Chatham	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	The Arbor	40	0	40	0	0	0	0	40	40	0

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

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County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Chatham	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals		**420**	**0**	**420**	**115**	**0**	**0**	**0**	**535**	**130**	**405**
Cherokee	Murphy Rehabilitation & Nursing (Transfer 134 to replacement facility)	134	0	134	0	0	-134	0	0	0	0
Cherokee	Murphy Rehabilitation & Nursing (Replacement facility)	0	0	0	0	0	134	0	134	0	134
Cherokee	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals		**210**	**0**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Chowan	Chowan River Nursing & Rehabilitation Center (Transfer 20 to Rowan County Health & Rehabilitation Center, Rowan County)	130	0	130	0	0	-20	0	110	0	110
Chowan Totals		**130**	**0**	**130**	**0**	**0**	**-20**	**0**	**110**	**0**	**110**
Clay	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
Clay Totals		**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Cleveland	Cleveland Pines	120	0	120	0	0	0	0	120	0	120
Cleveland	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
Cleveland Totals		**534**	**0**	**534**	**0**	**0**	**0**	**0**	**534**	**0**	**534**
Columbus	Liberty Commons Nursing and Rehab Center of Columbus Cty (Transfer 7 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	Premier Living & Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	Shoreland Health Care and Retirement Center Inc (Transfer 9 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg Co.)	89	0	89	0	0	-9	0	80	0	80
Columbus Totals		**323**	**0**	**323**	**0**	**0**	**-16**	**0**	**307**	**0**	**307**
Craven	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Craven Totals		**461**	**0**	**461**	**0**	**0**	**0**	**0**	**461**	**0**	**461**
Cumberland	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	Cumberland County Rehabilitation Center (Replacement facility)	0	0	0	0	0	58	0	58	0	58

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					Nursing Home	Hospital	CON Bed Transfer				
Cumberland	Golden Years Nursing Home (Transfer 58 to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NC State Veterans Home-Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	The Carrolton of Fayetteville**	120	0	120	0	0	0	0	120	0	120
Cumberland	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	Woodlands Nursing & Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Cumberland Totals		**1,179**	**0**	**1,179**	**0**	**0**	**0**	**0**	**1,179**	**150**	**1,029**
Currituck	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Currituck Totals		**100**	**0**	**100**	**0**	**0**	**0**	**0**	**100**	**0**	**100**
Dare	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals		**126**	**0**	**126**	**0**	**0**	**0**	**0**	**126**	**0**	**126**
Davidson	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	Accordius Health at Lexington	106	0	106	0	0	0	0	106	0	106
Davidson	Alston Brook	100	0	100	0	0	0	0	100	0	100
Davidson	Lexington Health Care Center	90	0	90	0	0	0	0	90	0	90
Davidson	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	Pelican Health Thomasville	120	0	120	0	0	0	0	120	0	120
Davidson	Piedmont Crossing	114	0	114	0	0	0	0	114	46	68
Davidson	Pine Ridge Health and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Davidson Totals		**794**	**0**	**794**	**0**	**0**	**0**	**0**	**794**	**46**	**748**
Davie	Bermuda Commons Nursing and Rehabilitation Center (Transfer 20 to Liberty Commons of Rowan in Rowan County, 2 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County, and 20 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	117	0	117	0	0	-42	0	75	0	75
Davie	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Davie Totals		**249**	**0**	**249**	**0**	**0**	**-42**	**0**	**207**	**0**	**207**
Duplin	Brian Center Health & Rehabilitation/Wallace	80	0	80	0	0	0	0	80	0	80
Duplin	Kenansville Health & Rehabilitation	92	0	92	0	0	0	0	92	0	92
Duplin	Warsaw Nursing and Rehab Center	100	0	100	0	0	0	0	100	0	100
Duplin Totals		**272**	**0**	**272**	**0**	**0**	**0**	**0**	**272**	**0**	**272**
Durham	Accordius Health at Rose Manor LLC	111	0	111	0	0	0	0	111	0	111

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					Nursing Home	Hospital	CON Bed Transfer				
Durham	Brian Center Southpoint	140	0	140	0	0	0	0	140	0	140
Durham	Carver Living Center**	232	0	232	0	0	0	0	232	0	232
Durham	Croasdaile Village	110	0	110	0	0	0	0	110	74	36
Durham	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	Hillcrest Convalescent Center Inc	120	0	120	0	0	0	0	120	0	120
Durham	Liberty Commons of Durham County (Transfer from Liberty Commons Silas Creek.)	0	0	0	0	0	49	0	49	0	49
Durham	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	PruittHealth-Carolina Point (Portions of facility in Durham and Orange Counties)**	18	0	18	0	0	0	0	18	0	18
Durham	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Durham Totals		**1,342**	**0**	**1,342**	**0**	**0**	**49**	**0**	**1,391**	**206**	**1,185**
Edgecombe	Edgecombe Health and Rehabilitation Center	159	0	159	0	0	0	0	159	0	159
Edgecombe	Prodigy Transitional Rehab**	118	0	118	0	0	0	0	118	0	118
Edgecombe	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30
Edgecombe Totals		**307**	**0**	**307**	**0**	**0**	**0**	**0**	**307**	**0**	**307**
Forsyth	Accordius Health at Clemmons	94	0	94	0	0	0	0	94	0	94
Forsyth	Accordius Health at Winston Salem	66	0	66	0	0	0	0	66	0	66
Forsyth	Arbor Acres United Methodist Retirement Community Inc	83	0	83	0	0	0	0	83	83	0
Forsyth	Brookridge Retirement Community	77	0	77	0	0	0	0	77	9	68
Forsyth	Homestead Hills	40	0	40	0	0	0	0	40	2	38
Forsyth	Liberty Commons Nsg and Rehab Center of Silas Creek (Replacement facility. Transfer 100 from Liberty Commons Nursing and Rehab of Springwood. Relocate 49 NF beds to Liberty Commons of Durham County, 18 to Summerstone Health & Rehab Center, 33 to The Oaks.)	0	0	0	0	0	0	0	0	0	0
Forsyth	Liberty Commons Nursing and Rehab of Springwood (Transfer 100 to Liberty Commons Nsg and Rehab Center of Silas Creek)**	100	0	100	0	0	-100	0	0	0	0
Forsyth	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	PruittHealth-High Point	100	0	100	0	0	0	0	100	0	100
Forsyth	Salemtowne	100	0	100	0	0	0	0	100	100	0
Forsyth	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90

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County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Forsyth	Summerstone Health and Rehab Center (Transfer 18 beds from Liberty Commons of Silas Creek)	120	0	120	0	0	18	0	138	0	138
Forsyth	The Citadel at Winston Salem	230	0	230	0	0	0	0	230	0	230
Forsyth	The Oaks** (Transfer 13 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons of Silas Creek.)	131	0	131	0	0	20	0	151	0	151
Forsyth	Trinity Elms	100	0	100	0	0	0	0	100	9	91
Forsyth	Trinity Glen	117	0	117	0	0	0	0	117	4	113
Forsyth Totals		**1,710**	**0**	**1,710**	**0**	**0**	**-62**	**0**	**1,648**	**225**	**1,423**
Franklin	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals		**258**	**0**	**258**	**0**	**0**	**0**	**0**	**258**	**0**	**258**
Gaston	Accordius Health at Gastonia	118	0	118	0	0	0	0	118	0	118
Gaston	Alexandria Place	60	0	60	0	0	0	0	60	0	60
Gaston	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	Brian Center Health and Rehabilitation/Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	Carolina Care Health and Rehabilitation**	107	0	107	0	0	0	0	107	0	107
Gaston	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	Covenant Village Inc	38	0	38	0	0	0	0	38	38	0
Gaston	Peak Resources-Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	Peak Resources-Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	Stanley Total Living Center Inc	106	0	106	12	0	0	0	118	12	106
Gaston	The Ivy at Gastonia	50	0	50	0	0	0	0	50	0	50
Gaston Totals		**972**	**0**	**972**	**12**	**0**	**0**	**0**	**984**	**50**	**934**
Gates	Accordius Health and Rehabilitation	70	0	70	0	0	0	0	70	0	70
Gates Totals		**70**	**0**	**70**	**0**	**0**	**0**	**0**	**70**	**0**	**70**
Graham	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Granville	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	Universal Health Care/Oxford (Transfer 20 to Universal Health Care- Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
Granville Totals		**160**	**80**	**240**	**0**	**0**	**-20**	**0**	**220**	**0**	**220**
Greene	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals		**115**	**0**	**115**	**0**	**0**	**0**	**0**	**115**	**0**	**115**
Guilford	Accordius Health at Greensboro	105	0	105	0	0	0	0	105	0	105
Guilford	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Guilford	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	7	127
Guilford	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	Carolina Pines at Greensboro	126	0	126	0	0	0	0	126	0	126
Guilford	Clapps Nursing Center Inc	118	0	118	0	0	0	0	118	0	118
Guilford	Countryside	60	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	Greenhaven Health & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	Heartland Living & Rehab at The Moses H Cone Mem Hosp	107	0	107	0	0	0	0	107	0	107
Guilford	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	Maple Grove Health and Rehabilitation Center	210	0	210	0	0	0	0	210	0	210
Guilford	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	32	28
Guilford	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	3	85
Guilford Totals		**2,409**	**23**	**2,432**	**0**	**0**	**0**	**0**	**2,432**	**201**	**2,231**
Halifax	Accordius Health at Scotland Manor	62	0	62	0	0	0	0	62	0	62
Halifax	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60
Halifax	Enfield Oaks Nursing and Rehabilitation Center (Transfer 3 to Wilson Pines Nursing & Rehabilitation Center in Wilson County)**	63	0	63	0	0	-3	0	60	0	60
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	Signature HealthCARE of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals		**343**	**0**	**343**	**0**	**0**	**-3**	**0**	**340**	**0**	**340**
Harnett	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
Harnett	Universal Health Care/ Lillington	129	0	129	0	0	0	0	129	0	129
Harnett Totals		**425**	**0**	**425**	**0**	**0**	**0**	**0**	**425**	**0**	**425**
Haywood	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Haywood Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90

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

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County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Haywood	Maggie Valley Nursing and Rehab	114	0	114	0	0	0	0	114	0	114
Haywood	Silver Bluff LLC	131	0	131	0	0	0	0	131	0	131
Haywood	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals		**475**	**0**	**475**	**0**	**0**	**0**	**0**	**475**	**0**	**475**
Henderson	Accordius Health at Hendersonville LLC	134	0	134	0	0	0	0	134	0	134
Henderson	Blue Ridge Health and Rehabilitation Center	150	0	150	0	0	0	0	150	0	150
Henderson	Brian Center Health & Rehabilitation/Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	Carolina Village	58	0	58	0	0	0	0	58	0	58
Henderson	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	Universal Health Care/Fletcher	90	0	90	0	0	0	0	90	0	90
Henderson Totals		**912**	**0**	**912**	**0**	**0**	**0**	**0**	**912**	**0**	**912**
Hertford	Accordius Health at Creekside Care	151	0	151	0	0	0	0	151	0	151
Hertford Totals		**151**	**0**	**151**	**0**	**0**	**0**	**0**	**151**	**0**	**151**
Hoke	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals		**132**	**0**	**132**	**0**	**0**	**0**	**0**	**132**	**0**	**132**
Hyde	Cross Creek Health Care	50	0	50	0	0	0	0	50	0	50
Hyde Totals		**50**	**0**	**50**	**0**	**0**	**0**	**0**	**50**	**0**	**50**
Iredell	Accordius Health at Mooresville	131	0	131	0	0	0	0	131	0	131
Iredell	Accordius Health at Statesville	147	0	147	0	0	0	0	147	0	147
Iredell	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	Iredell Memorial Hospital, Incorporated	0	48	48	0	0	0	0	48	0	48
Iredell	Maple Leaf Health Care	94	0	94	0	0	0	0	94	0	94
Iredell	The Citadel at Mooresville	130	0	130	0	0	0	0	130	0	130
Iredell Totals		**605**	**48**	**653**	**0**	**0**	**0**	**0**	**653**	**0**	**653**
Jackson	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
Jackson Totals		**200**	**0**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Johnston	Barbour Court Nursing & Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	Brian Center Health & Retirement/Clayton	90	0	90	0	0	0	0	90	0	90
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Johnston Totals		**615**	**0**	**615**	**0**	**0**	**0**	**0**	**615**	**0**	**615**

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Jones	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Lee	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals		**294**	**0**	**294**	**0**	**0**	**0**	**0**	**294**	**0**	**294**
Lenoir	Harmony Hall Nursing and Rehabilitation Center	175	0	175	0	0	0	0	175	0	175
Lenoir	NC State Veterans Home - Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	Signature HealthCARE of Kinston	106	0	106	0	0	0	0	106	0	106
Lenoir Totals		**381**	**0**	**381**	**0**	**0**	**0**	**0**	**381**	**100**	**281**
Lincoln	Brian Center Health & Retirement/Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln Totals		**300**	**0**	**300**	**0**	**0**	**0**	**0**	**300**	**0**	**300**
Macon	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	Macon Valley Nursing and Rehabilitation Center (Transfer 80 to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
Macon Totals		**280**	**0**	**280**	**0**	**0**	**-80**	**0**	**200**	**0**	**200**
Madison	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	Madison Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals		**180**	**0**	**180**	**0**	**0**	**0**	**0**	**180**	**0**	**180**
Martin	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
Martin Totals		**154**	**0**	**154**	**0**	**0**	**0**	**0**	**154**	**0**	**154**
McDowell	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
McDowell Totals		**250**	**0**	**250**	**0**	**0**	**0**	**0**	**250**	**0**	**250**
Mecklenburg	Accordius Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Accordius Health at Midwood	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	20	100
Mecklenburg	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	Briar Creek Health Center**	22	0	22	0	0	0	0	22	0	22
Mecklenburg	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	Carrington Place	166	0	166	0	0	0	0	166	0	166
Mecklenburg	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120

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					Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Huntersville Oaks	168	0	168	0	0	0	0	168	0	168
Mecklenburg	Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 5 from Warren Hills in Warren County, 20 from Bermuda Commons in Davie County, 22 from Mary Gran in Sampson County, 7 from Liberty Commons of Columbus in Columbus County, 9 from Shoreland in Columbus County, and 10 from Parkview Health & Rehabilitation Center in Orange County. Transfer 9 from Royal Park and 8 from Pavilion Health at Brightmore.)**	10	0	10	0	0	90	0	100	0	100
Mecklenburg	Liberty Commons of Mecklenburg Health and Rehabilitation Center (Transfer 13 from The Oaks in Forsyth County, 20 from Warren Hills in Warren County, 2 from Bermuda Commons in Davie County, 45 from Mary Gran in Sampson County)**	20	0	20	0	0	80	0	100	0	100
Mecklenburg	Mecklenburg Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	Olde Knox Commons at The Villages of Mecklenburg	114	0	114	0	0	0	0	114	0	114
Mecklenburg	Pavilion Health Center at Brightmore (Transfer 12 to CCRC The Barclay of South Park. Relocate 8 to Liberty Commons of Mint Hill.)	120	0	120	0	0	-20	0	100	0	100
Mecklenburg	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	Pelican Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Pelican Health Randolph LLC	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	Royal Park Rehabilitation & Health Center (Transfer 10 to CCRC The Barclay of South Park. Relocate 9 to Liberty Commons Mint Hill.)	169	0	169	0	0	-19	0	150	0	150
Mecklenburg	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	The Barclay at SouthPark (Transfer 12 from Pavilion Health Center and 10 from Royal Park Rehabilitation & Health Center)	0	0	0	0	0	22	0	22	0	22
Mecklenburg	The Citadel at Myers Park	133	0	133	0	0	0	0	133	0	133
Mecklenburg	The Pines at Davidson	51	0	51	0	0	0	0	51	51	0
Mecklenburg	The Stewart Health Center	56	0	56	0	0	0	0	56	56	0
Mecklenburg	University Place Nursing and Rehabilitation Center	207	0	207	0	0	0	0	207	0	207

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					Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	Western Mecklenburg Health & Rehabilitation Center (Transfer 80 from Macon Valley Nursing & Rehabilitation in Macon County, and 30 from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	WillowBrooke Court SC Ctr at Matthews Glen	90	0	90	0	0	0	0	90	90	0
Mecklenburg	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
Mecklenburg	Windsor Run, LLC**	36	0	36	0	0	0	0	36	0	36
Mecklenburg Totals		**3,484**	**16**	**3,500**	**0**	**0**	**263**	**0**	**3,763**	**353**	**3,410**
Mitchell	Brian Center Health & Rehabilitation/Spruce Pine	127	0	127	0	0	0	0	127	0	127
Mitchell Totals		**127**	**0**	**127**	**0**	**0**	**0**	**0**	**127**	**0**	**127**
Montgomery	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
Montgomery Totals		**141**	**0**	**141**	**0**	**0**	**0**	**0**	**141**	**0**	**141**
Moore	Accordius Health at Aberdeen**	90	0	90	0	0	0	0	90	0	90
Moore	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	Penick Village	50	0	50	0	0	0	0	50	32	18
Moore	Pinehurst Healthcare and Rehabilitation Center	144	0	144	0	0	0	0	144	0	144
Moore	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
Moore Totals		**730**	**0**	**730**	**0**	**0**	**0**	**0**	**730**	**57**	**673**
Nash	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	South Village (Replacement facility)	0	0	0	0	0	100	0	100	0	100
Nash	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	The Lodge at Rocky Mount (Transfer 100 to replacement facility)	100	0	100	0	0	-100	0	0	0	0
Nash	Universal Health Care/Nashville (Transfer 9 to Universal Health Care - Wake Forest in Wake County)** ****	9	0	9	0	0	-9	0	0	0	0
Nash Totals		**427**	**0**	**427**	**0**	**0**	**-9**	**0**	**418**	**0**	**418**
New Hanover	Accordius Health at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	Azalea Health & Rehab Center**	80	0	80	0	0	0	0	80	0	80
New Hanover	Bradley Creek Health Center	30	0	30	0	0	0	0	30	12	18
New Hanover	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179

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					Nursing Home	Hospital	CON Bed Transfer				
New Hanover	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NorthChase Nursing and Rehabilitation Center**	140	0	140	0	0	0	0	140	0	140
New Hanover	Peak Resources- Wilmington, Inc	110	0	110	0	0	0	0	110	0	110
New Hanover	Trinity Grove	100	0	100	0	0	0	0	100	4	96
	New Hanover Totals	**1,041**	**0**	**1,041**	**0**	**0**	**0**	**0**	**1,041**	**16**	**1,025**
Northampton	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	Rich Square Nursing & Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
	Northampton Totals	**149**	**0**	**149**	**0**	**0**	**0**	**0**	**149**	**0**	**149**
Onslow	Carolina Rivers Nursing & Rehabilitation Center**	120	0	120	0	0	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
	Onslow Totals	**359**	**0**	**359**	**0**	**0**	**-49**	**0**	**310**	**0**	**310**
Orange	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	Parkview Health and Rehabilitation Center (Transfer 10 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	108	0	108	0	0	-10	0	98	0	98
Orange	Peak Resources- Brookshire	80	0	80	0	0	0	0	80	0	80
Orange	Pruitt Health-Carolina Point (Portions of facility in Durham and Orange County)	138	0	138	0	0	0	0	138	0	138
Orange	Signature HealthCARE of Chapel Hill**	108	0	108	0	0	0	0	108	0	108
	Orange Totals	**464**	**0**	**464**	**0**	**0**	**-10**	**0**	**454**	**30**	**424**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
	Pamlico Totals	**96**	**0**	**96**	**0**	**0**	**0**	**0**	**96**	**0**	**96**
Pasquotank	Citadel Elizabeth City LLC	108	0	108	0	0	0	0	108	0	108
Pasquotank	Elizabeth City Health and Rehabilitation	170	0	170	0	0	0	0	170	19	151
	Pasquotank Totals	**278**	**0**	**278**	**0**	**0**	**0**	**0**	**278**	**19**	**259**
Pender	Pender Memorial Hospital, Inc.	0	43	43	0	0	0	0	43	0	43
Pender	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	Woodbury Wellness Center Inc	112	0	112	0	0	0	0	112	0	112
	Pender Totals	**210**	**43**	**253**	**0**	**0**	**0**	**0**	**253**	**0**	**253**
Perquimans	Brian Center Health and Rehabilitation/Hertford	78	0	78	0	0	0	0	78	0	78
	Perquimans Totals	**78**	**0**	**78**	**0**	**0**	**0**	**0**	**78**	**0**	**78**
Person	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	Roxboro Healthcare and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
	Person Totals	**140**	**60**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Pitt	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82

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					Nursing Home	Hospital	CON Bed Transfer				
Pitt	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130
Pitt	MacGregor Downs Health and Rehabilitation Center	152	0	152	0	0	0	0	152	0	152
Pitt	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt	Springshire Retirement Community (relinquished CON)	0	0	0	0	0	0	0	0	0	0
Pitt	Universal Health Care/Greenville	120	0	120	0	0	0	0	120	0	120
Pitt Totals		**570**	**0**	**570**	**0**	**0**	**0**	**0**	**570**	**30**	**540**
Polk	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	WillowBrooke Court SC Center at Tryon Estates**	52	0	52	0	0	0	0	52	52	0
Polk Totals		**221**	**0**	**221**	**0**	**0**	**0**	**0**	**221**	**52**	**169**
Randolph	Alpine Health and Rehabilitation of Asheboro	238	0	238	0	0	0	0	238	0	238
Randolph	Clapp's Convalescent Nursing Home Inc	96	0	96	0	0	0	0	96	0	96
Randolph	The Graybrier Nursing and Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	Universal Health Care/Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph	Woodland Hill Center	100	0	100	0	0	0	0	100	0	100
Randolph Totals		**720**	**0**	**720**	**0**	**0**	**0**	**0**	**720**	**0**	**720**
Richmond	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	Richmond Pines Healthcare and Rehabilitation Center (Transfer 5 to Wilson Pines Nursing & Rehabilitation in Wilson County)	105	0	105	0	0	-5	0	100	0	100
Richmond Totals		**225**	**0**	**225**	**0**	**0**	**-5**	**0**	**220**	**0**	**220**
Robeson	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	Lumberton Health and Rehabilitation Center	122	0	122	0	0	0	0	122	0	122
Robeson	Pembroke Center**	84	0	84	0	0	0	0	84	0	84
Robeson	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	The Carrolton of Lumberton**	90	0	90	0	0	0	0	90	0	90
Robeson	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	3	59
Robeson Totals		**410**	**115**	**525**	**0**	**0**	**0**	**0**	**525**	**3**	**522**
Rockingham	Brian Center Health & Rehabilitation/Eden	112	0	112	0	0	0	0	112	0	112
Rockingham	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150
Rockingham	Pelican Health Reidsville	110	0	110	0	0	0	0	110	0	110
Rockingham	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	UNC Rockingham Hospital	0	121	121	0	0	0	0	121	0	121

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Rockingham Totals		**474**	**121**	**595**	**0**	**0**	**-20**	**0**	**575**	**0**	**575**
Rowan	Accordius Health at Salisbury	185	0	185	0	0	0	0	185	0	185
Rowan	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	Brightmoor Nursing Center	58	0	58	0	0	0	0	58	0	58
Rowan	Compass Healthcare and Rehab Rowan, LLC	70	0	70	0	0	0	0	70	0	70
Rowan	Liberty Commons Nsg and Rehab Ctr of Rowan Cty (Transfer 20 from Bermuda Commons in Davie County)	90	0	90	0	0	20	0	110	0	110
Rowan	NC State Veterans Home- Salisbury*	99	0	99	0	0	0	0	99	99	0
Rowan	Rowan County Health & Rehabilitation Center (Transfer 49 from Premier Nursing & Rehabilitation Center in Onslow County, 20 from Jacob's Creek Nursing & Rehabilitation Center in Rockingham County, and 20 from Chowan River Nursing & Rehabilitation Center in Chowan County)	0	0	0	0	0	89	0	89	0	89
Rowan	The Citadel at Salisbury	160	0	160	0	0	0	0	160	0	160
Rowan	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	Trinity Oaks	115	0	115	0	0	0	0	115	62	53
Rowan Totals		**984**	**0**	**984**	**0**	**0**	**109**	**0**	**1,093**	**161**	**932**
Rutherford	Accordius Health at Rutherford**	80	0	80	0	0	0	0	80	0	80
Rutherford	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	Willow Ridge Rehabilitation and Living Center**	136	0	136	0	0	0	0	136	0	136
Rutherford Totals		**406**	**0**	**406**	**0**	**0**	**0**	**0**	**406**	**0**	**406**
Sampson	Mary Gran Nursing Center (Transfer 45 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County and 22 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	212	0	212	0	0	-67	0	145	0	145
Sampson	Sampson Regional Medical Center**	0	30	30	0	0	0	0	30	0	30
Sampson	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
Sampson Totals		**312**	**30**	**342**	**0**	**0**	**-67**	**0**	**275**	**0**	**275**
Scotland	Scotia Village	58	0	58	0	0	0	0	58	39	19
Scotland	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
Scotland Totals		**207**	**0**	**207**	**0**	**0**	**0**	**0**	**207**	**39**	**168**
Stanly	Bethany Woods Nursing and Rehabilitation Center	180	0	180	0	0	0	0	180	0	180
Stanly	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Stanly	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	Trinity Place	76	0	76	0	0	0	0	76	1	75
Stanly Totals		**406**	**0**	**406**	**0**	**0**	**0**	**0**	**406**	**1**	**405**
Stokes	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	Universal Health Care/King	96	0	96	0	0	0	0	96	0	96
Stokes	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Stokes Totals		**282**	**40**	**322**	**0**	**0**	**0**	**0**	**322**	**0**	**322**
Surry	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	Northern Regional Hospital	0	33	33	0	0	0	0	33	0	33
Surry	PruittHealth - Elkin	100	0	100	0	0	0	0	100	0	100
Surry	Surry Community Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Surry Totals		**439**	**33**	**472**	**0**	**0**	**0**	**0**	**472**	**0**	**472**
Swain	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
Swain Totals		**120**	**0**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Transylvania	Accordius Health at Brevard	147	0	147	0	0	0	0	147	0	147
Transylvania	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	Transylvania Regional Hospital	0	10	10	0	0	0	0	10	0	10
Transylvania Totals		**257**	**10**	**267**	**0**	**0**	**0**	**0**	**267**	**0**	**267**
Union	Accordius Health at Monroe	60	0	60	0	0	0	0	60	0	60
Union	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	Jesse Helms Nursing Center	0	70	70	0	0	0	0	70	0	70
Union	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	PruittHealth-Union Pointe**	90	0	90	0	0	0	0	90	0	90
Union	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals		**627**	**70**	**697**	**0**	**0**	**0**	**0**	**697**	**0**	**697**
Vance	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	Pelican Health at Henderson	78	0	78	0	0	0	0	78	0	78
Vance	Senior Citizen's Home Inc	60	0	60	0	0	0	0	60	0	60
Vance Totals		**230**	**0**	**230**	**0**	**0**	**0**	**0**	**230**	**0**	**230**
Wake	BellaRose Nursing & Rehab	100	0	100	0	0	0	0	100	0	100
Wake	Brightmore Healthcare Center of Cary	0	0	0	28	0	0	0	28	3	25
Wake	Brittany Place	25	0	25	0	0	0	0	25	25	0

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Wake	Britthaven of Holly Springs (Transfer 90 from Tower Nursing)	0	0	0	0	0	90	0	90	0	90
Wake	Capital Nursing & Rehabilitation Center	125	0	125	0	0	0	0	125	0	125
Wake	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	Dan E & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	Litchford Falls Healthcare and Rehabilitation Center (Transfer 90 to Universal Health Care-Wake Forest.)	90	0	90	0	0	-90	0	0	0	0
Wake	PruittHealth-Raleigh***	150	0	150	0	0	18	0	168	0	168
Wake	Raleigh Rehabilitation Center**	157	0	157	0	0	0	0	157	0	157
Wake	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	Swift Creek Health Center	28	0	28	0	0	0	0	28	0	28
Wake	The Cardinal at North Hills	15	0	15	0	0	0	0	15	15	0
Wake	The Laurels of Forest Glen	120	0	120	0	0	0	0	120	0	120
Wake	The Oaks at Whitaker Glen-Mayview**	139	0	139	0	0	0	0	139	0	139
Wake	The Rosewood Health Center	57	0	57	0	0	0	0	57	57	0
Wake	Tower Nursing and Rehabilitation Center (Transfer 90 to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	Universal Health Care- Wake Forest (Transfer 90 from Litchford Falls, 9 from Universal Health Care/Nashville in Nash County, 20 from Universal Healthcare/Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake	Universal Health Care/Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	Universal Health Care/North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake	Wake County Health and Rehabilitation Center	0	0	0	95	0	0	0	95	0	95
Wake	WakeMed** ***	0	13	13	0	0	0	0	13	0	13
Wake	WakeMed Cary Hospital** ***	0	24	24	0	0	0	0	24	0	24
Wake	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
	Wake Totals	**2,433**	**157**	**2,590**	**123**	**0**	**47**	**0**	**2,760**	**369**	**2,391**

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Warren	Warren Hills Nursing Center (Transfer 20 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County and 5 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	140	0	140	0	0	-25	0	115	0	115
Warren Totals		**140**	**0**	**140**	**0**	**0**	**-25**	**0**	**115**	**0**	**115**
Washington	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
Washington Totals		**114**	**0**	**114**	**0**	**0**	**0**	**0**	**114**	**0**	**114**
Watauga	Glenbridge Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Watauga	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92
Watauga Totals		**226**	**0**	**226**	**0**	**0**	**0**	**0**	**226**	**0**	**226**
Wayne	Brian Center Health and Rehabilitation/Goldsboro	130	0	130	0	0	0	0	130	0	130
Wayne	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne	O'Berry Center*	96	0	96	0	0	0	0	96	96	0
Wayne	Willow Creek Nursing & Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Wayne Totals		**576**	**0**	**576**	**0**	**0**	**0**	**0**	**576**	**96**	**480**
Wilkes	Accordius Health at Wilkesboro	120	0	120	0	0	0	0	120	0	120
Wilkes	Westwood Hills Nursing & Rehabilitation Center (Transfer 5 to Wilson Pines Nursing & Rehabilitation Center in Wilson County)	176	0	176	0	0	-5	0	171	0	171
Wilkes	Wilkes Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	Wilkesboro Health and Rehabilitation	111	0	111	0	0	0	0	111	0	111
Wilkes Totals		**407**	**10**	**417**	**0**	**0**	**-5**	**0**	**412**	**0**	**412**
Wilson	Accordius Health at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson	Brian Center Health & Rehabilitation/Wilson	99	0	99	0	0	0	0	99	0	99
Wilson	Longleaf Neuro-Medical Treatment Center*	231	0	231	0	0	0	0	231	231	0
Wilson	Wilson Pines Nursing and Rehabilitation Center (Transfer 5 from Richmond Pines Nursing & Rehabilitation Center in Richmond County, 5 from Westwood Hills Nursing & Rehabilitation Center in Wilkes County, and 3 from Enfield Oaks Nursing & Rehabilitation Center in Halifax County)	95	0	95	0	0	13	0	108	0	108
Wilson	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals		**625**	**0**	**625**	**0**	**0**	**13**	**0**	**638**	**231**	**407**
Yadkin	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals		**223**	**0**	**223**	**0**	**0**	**0**	**0**	**223**	**0**	**223**
Yancey	Smoky Ridge Health & Rehabilitation	140	0	140	0	0	0	0	140	0	140

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

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Yancey Totals		**140**	**0**	**140**	**0**	**0**	**0**	**0**	**140**	**0**	**140**
Grand Totals		**45,364**	**957**	**46,321**	**250**	**0**	**18**	**0**	**46,589**	**3,167**	**43,422**

Note: Methodology Inventory Identifiers

* State or federal facility
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement, and/or a decision not to delicense beds. These beds are counted in the planning inventory.

Note: Methodology Planning Inventory Exclusion Reminders

* State and federal facilities excluded from planning inventory
-- Head injury beds, ventilator beds, bed transfers from state psychiatric hospitals, and out-of-area placements in non-profit religious/fraternal facilities are excluded from the planning inventory.
- Continuing Care Retirement Communities (CCRCs) developed under policy NH-2 have 100% of their nursing home beds excluded from the planning inventory and occupancy calculation.

Note: Methodology Occupancy Reminders

* State and federal facilities are not counted in occupancy calculations.
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement and/or a decision not to decertify beds, are counted in occupancy calculations.
*** Pursuant to policy AC-4, a total of 37 beds from two WakeMed nursing home facilities were approved for re-conversion to acute care beds at WakeMed Raleigh - 24 beds from WakeMed Cary Hospital's Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility. In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities - 12 beds from WakeMed Cary/Fuquay-Varina and 6 beds from WakeMed Zebulon/Wendell. After these re-conversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities.
**** 51 of 60 beds have been transferred. 31 were transferred to Universal Healthcare/Fuquay-Varina and 20 beds were transferred to Universal Healthcare/North Raleigh.

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Alamance	774	762	761	742	600	159,371	161,076	165,749	170,483	170,698	4.8566	4.7307	4.5913	4.3523	3.5150	-0.0750	-0.0487	3.0016
Alexander	115	109	104	99	84	38,054	38,452	38,390	38,530	38,524	3.0220	2.8347	2.7090	2.5694	2.1805	-0.0773	-0.0487	1.8620
Alleghany	83	75	67	62	73	11,255	11,233	11,466	11,466	11,558	7.3745	6.6768	5.8434	5.4073	6.3160	-0.0315	-0.0315	5.7190
Anson	145	152	149	151	131	26,155	25,626	25,460	25,290	23,889	5.5439	5.9315	5.8523	5.9707	5.4837	-0.0012	-0.0487	4.6828
Ashe	118	112	117	125	94	27,318	27,218	27,551	27,861	28,020	4.3195	4.1149	4.2467	4.4866	3.3547	-0.0528	-0.0528	2.8236
Avery	85	84	79	74	73	17,837	18,072	17,913	18,022	18,182	4.7654	4.6481	4.4102	4.1061	4.0150	-0.0417	-0.0417	3.5123
Beaufort	254	244	245	252	157	47,827	47,547	47,438	47,480	47,400	5.3108	5.1318	5.1646	5.3075	3.3122	-0.0939	-0.0487	2.8285
Bertie	115	114	105	100	104	20,413	19,881	19,732	19,636	19,496	5.6337	5.7341	5.3213	5.0927	5.3344	-0.0124	-0.0487	4.5553
Bladen	161	134	146	143	123	35,011	34,393	34,298	34,497	34,421	4.5986	3.8961	4.2568	4.1453	3.5734	-0.0561	-0.0561	2.9722
Brunswick	430	435	386	446	378	125,712	131,726	136,126	142,088	147,644	3.4205	3.3023	2.8356	3.1389	2.5602	-0.0633	-0.0487	2.1863
Buncombe	1,513	1,521	1,443	1,527	1,407	257,931	261,532	262,483	264,056	264,408	5.8659	5.8157	5.4975	5.7829	5.3213	-0.0228	-0.0487	4.5441
Burke	432	422	406	413	378	89,274	90,246	91,555	91,810	91,708	4.8390	4.6761	4.4345	4.4984	4.1218	-0.0387	-0.0387	3.6437
Cabarrus	582	572	591	636	510	200,595	205,473	209,303	212,917	216,841	2.9014	2.7838	2.8237	2.9871	2.3520	-0.0452	-0.0452	2.0328
Caldwell	318	327	341	337	341	82,691	83,303	83,597	83,417	84,230	3.8456	3.9254	4.0791	4.0399	4.0484	0.0131	-0.0487	3.4572
Camden *	0	0	0	0	0	10,223	10,359	10,414	10,611	10,575	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-0.0487	0.0000
Carteret	310	330	259	244	192	70,115	70,190	70,619	71,163	71,352	4.4213	4.7015	3.6676	3.4287	2.6909	-0.1092	-0.0487	2.2979
Caswell	134	113	113	114	122	23,615	23,699	23,309	23,664	23,462	5.6744	4.7681	4.8479	4.8174	5.1999	-0.0175	-0.0487	4.4405
Catawba	681	647	647	650	601	156,106	156,949	157,978	159,494	160,732	4.3624	4.1224	4.0955	4.0754	3.7391	-0.0372	-0.0372	3.3214
Chatham	360	338	339	347	318	73,176	74,835	74,491	75,994	77,061	4.9196	4.5166	4.5509	4.5661	4.1266	-0.0418	-0.0418	3.6090
Cherokee	161	170	158	150	111	27,878	29,216	29,288	29,630	29,610	5.7752	5.8187	5.3947	5.0624	3.7487	-0.0966	-0.0487	3.2012
Chowan	92	84	91	89	86	14,418	14,292	14,123	14,114	14,114	6.3809	5.8774	6.4434	6.3058	6.0932	-0.0094	-0.0487	5.2033
Clay	80	77	86	77	76	11,089	11,488	11,646	11,860	11,759	7.2144	6.7026	7.3845	6.4924	6.4631	-0.0236	-0.0487	5.5192
Cleveland	457	453	457	443	324	97,997	98,580	98,717	99,776	100,814	4.6634	4.5953	4.6294	4.4399	3.2138	-0.0811	-0.0487	2.7445
Columbus	263	255	256	179	177	57,095	56,941	56,505	56,290	56,002	4.6064	4.4783	4.5306	3.1800	3.1606	-0.0801	-0.0487	2.6990
Craven	383	392	401	390	337	103,256	103,735	103,569	103,779	103,016	3.7092	3.7789	3.8718	3.7580	3.2713	-0.0289	-0.0289	2.9879
Cumberland	990	973	984	921	791	327,820	329,604	329,079	332,455	333,531	3.0199	2.9520	2.9902	2.7703	2.3716	-0.0568	-0.0568	1.9678
Currituck	79	73	59	51	55	26,194	26,604	27,321	27,526	28,048	3.0160	2.7439	2.1595	1.8528	1.9609	-0.0967	-0.0487	1.6745
Dare	70	68	91	86	68	36,411	36,792	37,197	37,290	38,027	1.9225	1.8482	2.4464	2.3062	1.7882	0.0008	-0.0487	1.5270
Davidson	678	667	689	667	606	165,953	167,105	167,762	169,468	170,370	4.0855	3.9915	4.1070	3.9358	3.5570	-0.0330	-0.0330	3.2048
Davie	157	166	158	195	203	41,989	42,727	43,193	43,430	43,746	3.7391	3.8851	3.6580	4.4900	4.6404	0.0604	-0.0487	3.9627
Duplin	252	225	232	192	201	59,868	59,513	59,629	59,736	60,177	4.2093	3.7807	3.8907	3.2141	3.3401	-0.0519	-0.0519	2.8206
Durham	1,064	1,100	1,107	1,104	918	302,332	306,184	311,649	315,741	321,261	3.5193	3.5926	3.5521	3.4965	2.8575	-0.0472	-0.0472	2.4527
Edgecombe	257	277	277	262	192	54,248	52,856	53,001	52,586	52,024	4.7375	5.2407	5.2263	4.9823	3.6906	-0.0506	-0.0506	3.1302
Forsyth	1,336	1,255	1,329	1,344	1,134	369,688	372,651	377,523	379,693	380,964	3.6139	3.3678	3.5203	3.5397	2.9767	-0.0441	-0.0441	2.5829
Franklin	162	165	187	205	167	64,925	66,514	67,723	69,112	71,196	2.4952	2.4807	2.7612	2.9662	2.3456	-0.0069	-0.0487	2.0031

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Gaston	833	843	826	810	751	214,664	218,527	221,607	222,744	224,168	3.8805	3.8576	3.7273	3.6365	3.3502	-0.0357	-0.0357	2.9914
Gates	48	51	51	58	52	11,701	11,960	12,079	12,132	11,908	4.1022	4.2642	4.2222	4.7807	4.3668	0.0188	-0.0487	3.7290
Graham	70	68	66	70	43	8,722	8,837	8,775	8,687	8,642	8.0257	7.6949	7.5214	8.0580	4.9757	-0.0937	-0.0487	4.2490
Granville	202	197	194	197	152	58,919	59,975	61,241	61,406	61,628	3.4284	3.2847	3.1678	3.2082	2.4664	-0.0740	-0.0487	2.1062
Greene	102	104	83	97	97	21,073	21,522	21,301	21,050	20,951	4.8403	4.8323	3.8965	4.6081	4.6299	-0.0020	-0.0487	3.9537
Guilford	2,044	1,937	1,985	2,007	1,867	521,368	523,962	533,213	539,666	538,431	3.9205	3.6968	3.7227	3.7190	3.4675	-0.0297	-0.0297	3.1589
Halifax	276	214	257	181	212	52,062	51,815	51,704	51,194	50,898	5.3014	4.1301	4.9706	3.5356	4.1652	-0.0320	-0.0320	3.7652
Harnett	358	364	388	391	351	128,597	130,847	133,869	135,239	136,705	2.7839	2.7819	2.8984	2.8912	2.5676	-0.0183	-0.0487	2.1926
Haywood	405	385	392	416	341	61,126	62,277	62,959	63,328	63,481	6.6257	6.1821	6.2263	6.5690	5.3717	-0.0468	-0.0468	4.6182
Henderson	779	765	714	669	599	113,806	116,173	117,312	118,312	118,563	6.8450	6.5850	6.0863	5.6545	5.0522	-0.0728	-0.0487	4.3143
Hertford	133	142	131	133	83	24,402	23,947	24,031	24,037	23,720	5.4504	5.9298	5.4513	5.5331	3.4992	-0.0863	-0.0487	2.9881
Hoke	117	119	108	112	92	52,833	53,343	54,923	54,842	54,682	2.2145	2.2308	1.9664	2.0422	1.6825	-0.0622	-0.0487	1.4367
Hyde	46	41	40	37	32	5,678	5,644	5,449	5,181	5,119	8.1014	7.2644	7.3408	7.1415	6.2512	-0.0612	-0.0487	5.3382
Iredell	522	518	481	486	413	173,206	176,563	179,330	181,380	183,309	3.0138	2.9338	2.6822	2.6795	2.2530	-0.0681	-0.0487	1.9240
Jackson	156	141	163	168	178	41,909	43,116	44,272	44,335	44,354	3.7224	3.2702	3.6818	3.7893	4.0132	0.0232	-0.0487	3.4270
Johnston	494	522	527	525	506	188,761	194,705	199,768	205,951	211,626	2.6171	2.6810	2.6381	2.5492	2.3910	-0.0218	-0.0487	2.0418
Jones	59	55	52	56	39	10,424	10,356	10,100	10,196	10,067	5.6600	5.3109	5.1485	5.4923	3.8740	-0.0800	-0.0487	3.3082
Lee	268	241	244	251	227	58,907	59,337	60,097	61,690	61,663	4.5495	4.0615	4.0601	4.0687	3.6813	-0.0502	-0.0502	3.1271
Lenoir	300	292	305	318	286	58,273	57,477	57,232	56,372	56,876	5.1482	5.0803	5.3292	5.6411	5.0285	-0.0036	-0.0487	4.2941
Lincoln	268	261	268	249	236	82,475	83,251	84,608	86,453	88,699	3.2495	3.1351	3.1675	2.8802	2.6607	-0.0479	-0.0479	2.2780
Macon	142	144	147	137	126	35,091	35,413	36,117	36,498	37,014	4.0466	4.0663	4.0701	3.7536	3.4041	-0.0413	-0.0413	2.9827
Madison	175	171	163	173	171	21,818	22,240	22,523	22,602	22,500	8.0209	7.6888	7.2370	7.6542	7.6000	-0.0124	-0.0487	6.4900
Martin	103	99	102	105	100	23,649	23,510	23,290	23,150	22,904	4.3554	4.2110	4.3796	4.5356	4.3660	0.0013	-0.0487	3.7284
McDowell	212	196	193	213	173	45,485	45,716	46,358	46,684	46,530	4.6609	4.2873	4.1633	4.5626	3.7180	-0.0496	-0.0496	3.1651
Mecklenburg	2,831	2,743	2,765	2,816	2,278	1,055,826	1,077,301	1,093,708	1,108,107	1,118,775	2.6813	2.5462	2.5281	2.5413	2.0362	-0.0628	-0.0487	1.7388
Mitchell	97	90	88	97	86	15,328	15,237	15,234	15,239	15,112	6.3283	5.9067	5.7766	6.3652	5.6908	-0.0232	-0.0487	4.8597
Montgomery	101	95	96	99	80	27,894	27,865	27,926	27,666	27,753	3.6209	3.4093	3.4377	3.5784	2.8826	-0.0509	-0.0509	2.4424
Moore	615	569	559	550	512	95,789	97,597	99,310	101,180	102,814	6.4204	5.8301	5.6288	5.4359	4.9799	-0.0612	-0.0487	4.2526
Nash	394	388	381	388	335	94,280	94,365	95,072	95,647	96,669	4.1790	4.1117	4.0075	4.0566	3.4654	-0.0437	-0.0437	3.0108
New Hanover	892	900	937	901	825	223,152	227,261	233,595	235,560	235,231	3.9973	3.9602	4.0112	3.8249	3.5072	-0.0315	-0.0315	3.1760
Northampton	115	120	104	136	130	21,037	20,709	20,711	20,527	20,054	5.4666	5.7946	5.0215	6.6254	6.4825	0.0561	-0.0487	5.5357
Onslow	235	239	227	235	204	196,830	195,621	198,783	201,548	210,056	1.1939	1.2218	1.1419	1.1660	0.9712	-0.0470	-0.0470	0.8342
Orange	309	293	299	348	319	141,704	142,365	144,372	147,093	147,907	2.1806	2.0581	2.0710	2.3659	2.1568	0.0010	-0.0487	1.8418
Pamlico	75	69	74	79	68	13,177	13,268	13,273	13,266	13,277	5.6917	5.2005	5.5752	5.9551	5.1216	-0.0215	-0.0487	4.3736
Pasquotank	220	214	227	202	203	39,959	40,598	39,826	39,731	39,952	5.5056	5.2712	5.6998	5.0842	5.0811	-0.0175	-0.0487	4.3390

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Pender	233	225	217	234	218	59,105	60,999	62,359	63,406	63,949	3.9421	3.6886	3.4799	3.6905	3.4090	-0.0342	-0.0342	3.0596
Perquimans	63	51	49	52	54	13,699	13,546	13,729	13,639	13,807	4.5989	3.7649	3.5691	3.8126	3.9111	-0.0348	-0.0348	3.5024
Person	185	171	163	162	147	39,712	39,868	40,014	40,370	40,450	4.6585	4.2892	4.0736	4.0129	3.6341	-0.0597	-0.0487	3.1034
Pitt	466	503	473	471	417	176,311	176,424	179,388	179,731	183,285	2.6431	2.8511	2.6367	2.6206	2.2751	-0.0336	-0.0336	2.0458
Polk	173	180	173	168	147	20,927	21,154	21,468	21,696	21,923	8.2668	8.5090	8.0585	7.7434	6.7053	-0.0492	-0.0492	5.7155
Randolph	624	612	570	534	475	143,091	144,672	143,907	144,914	145,246	4.3609	4.2303	3.9609	3.6849	3.2703	-0.0690	-0.0487	2.7927
Richmond	189	161	159	170	168	45,301	44,892	45,032	45,079	45,014	4.1721	3.5864	3.5308	3.7712	3.7322	-0.0245	-0.0487	3.1871
Robeson	480	459	446	388	345	133,117	132,020	131,303	131,056	131,238	3.6059	3.4767	3.3967	2.9606	2.6288	-0.0748	-0.0487	2.2449
Rockingham	528	517	524	534	409	91,981	91,790	91,273	91,788	91,915	5.7403	5.6324	5.7410	5.8178	4.4498	-0.0553	-0.0553	3.7112
Rowan	840	794	807	810	690	140,963	141,917	142,342	142,643	143,274	5.9590	5.5948	5.6694	5.6785	4.8159	-0.0495	-0.0495	4.1005
Rutherford	376	362	347	369	321	67,665	67,796	68,772	68,908	69,049	5.5568	5.3395	5.0457	5.3550	4.6489	-0.0412	-0.0412	4.0747
Sampson	227	218	198	205	156	63,993	63,143	64,019	64,284	64,053	3.5473	3.4525	3.0928	3.1890	2.4355	-0.0840	-0.0487	2.0798
Scotland	184	177	172	182	147	35,626	35,686	35,802	35,732	35,724	5.1648	4.9599	4.8042	5.0935	4.1149	-0.0507	-0.0507	3.4885
Stanly	340	350	334	341	229	61,447	62,443	63,465	63,727	64,691	5.5332	5.6051	5.2627	5.3510	3.5399	-0.0924	-0.0487	3.0229
Stokes	303	292	290	292	294	46,735	46,728	46,604	46,420	46,684	6.4834	6.2489	6.2226	6.2904	6.2977	-0.0071	-0.0487	5.3779
Surry	417	404	424	416	351	73,195	72,843	73,117	73,232	73,548	5.6971	5.5462	5.7989	5.6806	4.7724	-0.0403	-0.0403	4.1954
Swain	96	95	96	90	72	15,106	14,999	14,862	14,275	14,489	6.3551	6.3338	6.4594	6.3047	4.9693	-0.0548	-0.0548	4.1520
Transylvania	202	183	166	148	123	34,056	34,464	35,034	35,484	35,511	5.9314	5.3099	4.7383	4.1709	3.4637	-0.1254	-0.0487	2.9578
Tyrrell *	0	0	0	0	0	4,215	4,138	4,309	4,259	3,767	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	-0.0487	0.0000
Union	572	583	559	501	545	224,030	228,171	232,814	237,287	238,740	2.5532	2.5551	2.4011	2.1114	2.2828	-0.0248	-0.0487	1.9494
Vance	212	214	218	211	161	45,113	44,862	45,157	45,969	45,435	4.6993	4.7702	4.8276	4.5900	3.5435	-0.0625	-0.0487	3.0260
Wake	2,002	2,009	2,002	2,017	1,741	1,029,789	1,048,771	1,073,993	1,089,579	1,102,782	1.9441	1.9156	1.8641	1.8512	1.5787	-0.0489	-0.0489	1.3471
Warren	111	114	105	96	75	20,469	20,133	20,174	20,022	19,767	5.4228	5.6623	5.2047	4.7947	3.7942	-0.0810	-0.0487	3.2401
Washington	98	92	103	104	89	12,508	12,349	12,239	12,071	12,039	7.8350	7.4500	8.4157	8.6157	7.3926	-0.0094	-0.0487	6.3129
Watauga	168	175	171	161	129	54,340	56,170	57,646	57,899	57,011	3.0916	3.1155	2.9664	2.7807	2.2627	-0.0723	-0.0487	1.9323
Wayne	415	411	382	399	310	124,900	124,945	124,658	125,825	126,339	3.3227	3.2894	3.0644	3.1711	2.4537	-0.0675	-0.0487	2.0954
Wilkes	365	311	339	315	294	69,663	70,536	69,907	70,200	70,263	5.2395	4.4091	4.8493	4.4872	4.1843	-0.0502	-0.0502	3.5540
Wilson	361	343	333	315	264	82,152	82,035	81,968	82,282	83,495	4.3943	4.1811	4.0626	3.8283	3.1619	-0.0772	-0.0487	2.7001
Yadkin	189	172	175	176	165	37,521	37,687	38,477	38,196	38,145	5.0372	4.5639	4.5482	4.6078	4.3256	-0.0364	-0.0364	3.8534
Yancey	86	81	81	92	81	17,980	18,199	18,363	18,623	18,909	4.7831	4.4508	4.4110	4.9401	4.2837	-0.0228	-0.0487	3.6580
State Total	37,592	36,740	36,573	36,480	31,916	10,158,475	10,272,692	10,401,960	10,508,254	10,587,440	3.7006	3.5765	3.5160	3.4716	3.0145	-0.0487		

* Camden and Tyrrell counties have no Nursing Home Beds.

Table 10C: Nursing Care Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	3.0016	178,981	537	566	888	71	817	251		81.8	0
Alexander	1.8620	39,324	73	77	183	49	134	57		50.4	0
Alleghany	5.7190	11,911	68	72	90	0	90	18		77.7	0
Anson	4.6828	23,527	110	116	161	0	161	45		90.9	0
Ashe	2.8236	29,104	82	87	210	0	210	123		53.8	0
Avery	3.5123	18,445	65	68	128	0	128	60		58.3	0
Beaufort	2.8285	47,128	133	140	268	0	268	128		89.5	0
Bertie	4.5553	18,930	86	91	142	0	142	51		73.0	0
Bladen	2.9722	34,034	101	106	194	0	194	88		65.7	0
Brunswick	2.1863	164,483	360	379	628	0	628	249		67.1	0
Buncombe	4.5441	273,348	1,242	1,308	1,950	322	1,628	320		81.7	0
Burke	3.6437	92,465	337	355	526	25	501	146		78.3	0
Cabarrus	2.0328	237,030	482	507	691	24	667	160		80.0	0
Caldwell	3.4572	86,200	298	314	400	0	400	86		84.3	0
Carteret	2.2979	72,878	167	176	424	0	424	248		78.1	0
Caswell	4.4405	23,347	104	109	157	0	157	48		74.7	0
Catawba	3.3214	166,352	553	582	759	111	648	66		85.8	0
Chatham	3.6090	84,330	304	320	535	130	405	85		81.0	0
Cherokee	3.2012	30,803	99	104	210	0	210	106		69.2	0
Chowan	5.2033	13,905	72	76	110	0	110	34		69.5	0
Clay	5.5192	12,324	68	72	90	0	90	18		86.6	0
Cleveland	2.7445	102,959	283	297	534	0	534	237		82.7	0
Columbus	2.6990	54,597	147	155	307	0	307	152		61.2	0
Craven	2.9879	95,938	287	302	461	0	461	159		84.9	0
Cumberland	1.9678	305,314	601	632	1,179	150	1,029	397		81.8	0
Currituck	1.6745	29,980	50	53	100	0	100	47		49.5	0
Dare	1.5270	39,864	61	64	126	0	126	62		62.6	0
Davidson	3.2048	176,235	565	595	794	46	748	153		86.1	0

Table 10C: Nursing Care Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Davie	3.9627	46,453	184	194	207	0	207	13		93.0	0
Duplin	2.8206	60,720	171	180	272	0	272	92		76.3	0
Durham	2.4527	342,889	841	885	1,391	206	1,185	300		71.8	0
Edgecombe	3.1302	49,798	156	164	307	0	307	143		78.2	0
Forsyth	2.5829	394,665	1,019	1,073	1,648	225	1,423	350		78.0	0
Franklin	2.0031	76,685	154	162	258	0	258	96		71.1	0
Gaston	2.9914	231,109	691	728	984	50	934	206		83.3	0
Gates	3.7290	11,751	44	46	70	0	70	24		73.6	0
Graham	4.2490	8,496	36	38	80	0	80	42		74.3	0
Granville	2.1062	64,730	136	144	220	0	220	76		78.0	0
Greene	3.9537	20,844	82	87	115	0	115	28		83.3	0
Guilford	3.1589	555,743	1,756	1,848	2,432	201	2,231	383		86.7	0
Halifax	3.7652	48,859	184	194	340	0	340	146		79.5	0
Harnett	2.1926	141,111	309	326	425	0	425	99		89.2	0
Haywood	4.6182	65,587	303	319	475	0	475	156		84.0	0
Henderson	4.3143	125,351	541	569	912	0	912	343		76.7	0
Hertford	2.9881	23,349	70	73	151	0	151	78		81.5	0
Hoke	1.4367	53,696	77	81	132	0	132	51		82.3	0
Hyde	5.3382	4,975	27	28	50	0	50	22		66.0	0
Iredell	1.9240	194,916	375	395	653	0	653	258		75.4	0
Jackson	3.4270	46,172	158	167	200	0	200	33		85.4	0
Johnston	2.0418	239,055	488	514	615	0	615	101		83.5	0
Jones	3.3082	10,012	33	35	80	0	80	45		69.7	0
Lee	3.1271	64,083	200	211	294	0	294	83		81.1	0
Lenoir	4.2941	56,175	241	254	381	100	281	27		79.4	0
Lincoln	2.2780	94,437	215	226	300	0	300	74		89.1	0
Macon	2.9827	39,642	118	124	200	0	200	76		56.1	0
Madison	6.4900	23,130	150	158	180	0	180	22		91.8	0

Table 10C: Nursing Care Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Martin	3.7284	22,148	83	87	154	0	154	67		69.6	0
McDowell	3.1651	47,021	149	157	250	0	250	93		82.1	0
Mecklenburg	1.7388	1,223,734	2,128	2,240	3,763	353	3,410	1,170		75.1	0
Mitchell	4.8597	14,924	73	76	127	0	127	51		68.5	0
Montgomery	2.4424	27,814	68	72	141	0	141	69		65.5	0
Moore	4.2526	108,771	463	487	730	57	673	186		75.8	0
Nash	3.0108	98,652	297	313	418	0	418	105		87.7	0
New Hanover	3.1760	250,142	794	836	1,041	16	1,025	189		86.7	0
Northampton	5.5357	18,529	103	108	149	0	149	41		85.1	0
Onslow	0.8342	183,642	153	161	310	0	310	149		65.7	0
Orange	1.8418	154,796	285	300	454	30	424	124		44.4	0
Pamlico	4.3736	13,302	58	61	96	0	96	35		79.6	0
Pasquotank	4.3390	39,079	170	178	278	19	259	81		74.8	0
Pender	3.0596	67,936	208	219	253	0	253	34		90.9	0
Perquimans	3.5024	14,258	50	53	78	0	78	25		58.9	0
Person	3.1034	40,964	127	134	200	0	200	66		78.5	0
Pitt	2.0458	194,033	397	418	570	30	540	122		87.1	0
Polk	5.7155	22,700	130	137	221	52	169	32		77.8	0
Randolph	2.7927	148,513	415	437	720	0	720	283		78.5	0
Richmond	3.1871	44,352	141	149	220	0	220	71		76.2	0
Robeson	2.2449	130,094	292	307	525	3	522	215		81.6	0
Rockingham	3.7112	91,585	340	358	575	0	575	217		84.4	0
Rowan	4.1005	145,376	596	627	1,093	161	932	305		87.3	0
Rutherford	4.0747	70,734	288	303	406	0	406	103		73.1	0
Sampson	2.0798	63,967	133	140	275	0	275	135		51.3	0
Scotland	3.4885	35,471	124	130	207	39	168	38		85.7	0
Stanly	3.0229	66,127	200	210	406	1	405	195		78.9	0
Stokes	5.3779	46,700	251	264	322	0	322	58		90.1	0

Table 10C: Nursing Care Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J	K	L
County	**Bed Rate per 1,000**	**2025 Population (Civilian)**	**Projected Bed Utilization**	**Projected Bed Utilization with Vacancy Factor***	**Licensed Plus Previous Allocations**	**Exclusions****	**Total Inventory**	**Surplus/ - Deficit**	**Deficit Index**	**Occupancy Rate*****	**Bed Need**
Surry	4.1954	73,801	310	326	472	0	472	146		84.7	0
Swain	4.1520	14,616	61	64	120	0	120	56		71.5	0
Transylvania	2.9578	36,862	109	115	267	0	267	152		53.5	0
Union	1.9494	260,936	509	535	697	0	697	162		81.7	0
Vance	3.0260	45,373	137	145	230	0	230	85		81.8	0
Wake	1.3471	1,198,867	1,615	1,700	2,760	369	2,391	691		78.2	0
Warren	3.2401	18,820	61	64	115	0	115	51		64.0	0
Washington	6.3129	11,584	73	77	114	0	114	37		85.3	0
Watauga	1.9323	60,968	118	124	226	0	226	102		49.8	0
Wayne	2.0954	125,304	263	276	576	96	480	204		76.3	0
Wilkes	3.5540	71,341	254	267	412	0	412	145		69.0	0
Wilson	2.7001	86,366	233	245	638	231	407	162		75.7	0
Yadkin	3.8534	38,049	147	154	223	0	223	69		80.8	0
Yancey	3.6580	20,114	74	77	140	0	140	63		61.5	0
State Total		11,006,534	28,572	30,076	46,589	3,167	43,422				0

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

** NH-2 beds are 100% excluded.

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

Table 10D: Nursing Home Bed Need Determination*

Service Area	HSA	Nursing Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cabarrus***	III	36	July 15, 2022	August 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, The State Health Coordinating Council approved an adjusted need determination for 36 nursing home beds in Cabarrus County.

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Chapter 11:

Adult Care Homes

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CHAPTER 11
ADULT CARE HOMES

Introduction
G.S. 131E-176(1) defines an ***adult care home*** as "a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes that provides residential care for aged or disabled persons whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental."

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

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

The ***reporting year*** is August 1 through July 31. The ***current*** reporting year is August 1, 2019 through July 31, 2020.

The methodology projects bed need determination five years beyond the current reporting year. The current ***projection year*** is 2025.

The ***planning inventory*** is the number of beds used in need determination calculations. It is the number of licensed beds, plus any new beds approved by certificate of need that are under development, minus any exclusions (see below) and beds to be relocated out of the county.

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

Basic Principles
1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.

2. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to adult care home facilities.

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

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

The methodology combines utilization data for the current and four immediately previous reporting years, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation from: License Renewal Applications to Operate a Nursing Home; Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications; and License Renewal Applications for Adult Care Homes.

Assumptions of the Methodology

1. The inventory excludes 100% of the beds developed as part of a qualified continuing care retirement community *(Table 11E)*, including those developed before enactment of Policy LTC-1; the occupancy rate calculation excludes their associated days of care.

2. The methodology excludes the estimated active duty military population under the age of 35 from the county's population for any county with more than 500 active duty military personnel.

3. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county's bed use rate is calculated using a five-year average annual change rate to project forward five years beyond the reporting year. Any county with an average annual change rate that is at least one-half of one standard deviation above the statewide rate will receive a rate equal to the average plus one half of one standard deviation above the statewide rate.

4. The projected utilization is multiplied by three to account for future increases in utilization.

5. The methodology uses the highest of four occupancy rate calculations such that the need determination in each service area reflects the highest of the average or the median of all facilities' occupancy rates based on a 1-day census in a county, or the average or median of all the facilities' occupancy rates based on annual days of care in a county.

Application of the Methodology

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

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

a. Add the number of licensed beds in each nursing home facility *(Column D),* hospital *(Column E)* and adult care home *(Column F)* to calculate the total number of licensed beds *(Column G)*.

b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be transferred *(Columns H and I).* Then adjust this result by the number of beds available from need determinations in the SMFP but for which CONs have not yet been issued *(Column J)* to calculate the total planning inventory *(Column K).*

c. Sum each of these calculations across all facilities in a county to obtain county totals *(Column K)*.

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

a. For each of the five most recent reporting years and for each county, divide the number of patients *(Column B)* by the population *(Column C).*

b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population *(Column D)*.

c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county *(Column E).*

d. If the result of Step 2.c is at least 0.5 standard deviations above the statewide AACR, then enter 0.5 standard deviations above the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.

e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D, last sub-column*) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

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

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

Step 5: For each county, calculate the planning inventory *(Table 11A, Column K)* by adjusting the number of licensed beds *(Table 11A, Column G)* for: license pending beds *(total of Table 11A, Columns H and I)*; and beds available in prior SMFPs that have not been CON approved *(Table 11A, Column J).*

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

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

a. compute the average occupancy rate using the one-day census for all facilities in the service area;

b. compute the median occupancy rate using the one-day census for all facilities in the service area;

c. compute the average occupancy rate using the annual days of care for all facilities in the service area; and

d. compute the median occupancy rate using the annual days of care for all facilities in the service area.

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

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

b. If any county's deficit index *(Column H)* is from 10% up to, but not including, 50%, and the adjusted occupancy of licensed beds in the county (*Column I*) is 80% or greater, the need determination is the amount of the deficit rounded to the nearest 10 *(Column J)*.

c. If any county's deficit index is 50% or more, the need determination is the amount of the deficit rounded to the nearest 10 *(Column J)*.

d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four, round to the next lower number divisible by 10, and numbers ending in five to nine, round to the next higher number divisible by 10.

For reference, Table 11E lists adult care beds developed as part of a qualified continuing care retirement community. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds.

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

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	A Vision Come True	HAL-001-103	0	0	12	12	0	0	0	12
Alamance	Alamance House	HAL-001-148	0	0	94	94	0	0	0	94
Alamance	Blakey Hall Assisted Living	HAL-001-023	0	0	72	72	0	0	0	72
Alamance	Brookdale Burlington	HAL-001-028	0	0	52	52	0	0	0	52
Alamance	Brookdale Burlington AL (NC)	HAL-001-024	0	0	84	84	0	0	0	84
Alamance	Burlington Care Center	HAL-001-002	0	0	12	12	0	0	0	12
Alamance	Elon Village Home	HAL-001-128	0	0	12	12	0	0	0	12
Alamance	Golden Years Assisted Living	HAL-001-026	0	0	12	12	0	0	0	12
Alamance	Golden Years Assisted Living II	HAL-001-099	0	0	12	12	0	0	0	12
Alamance	Homeplace of Burlington	HAL-001-141	0	0	67	67	0	0	0	67
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	NH0588	48	0	0	48	0	0	0	48
Alamance	Mebane Ridge Assisted Living	HAL-001-159	0	0	100	100	0	0	0	100
Alamance	Pleasant Grove Retirement Home	HAL-001-008	0	0	12	12	0	0	0	12
Alamance	Springview - Brock Building	HAL-001-161	0	0	12	12	0	0	0	12
Alamance	Springview - Crouse Building	HAL-001-162	0	0	12	12	0	0	0	12
Alamance	Springview - Ross Building	HAL-001-164	0	0	12	12	0	0	0	12
Alamance	Springview - Stewart Building	HAL-001-163	0	0	12	12	0	0	0	12
Alamance	The Oaks of Alamance	HAL-001-134	0	0	69	69	0	0	0	69
		Alamance Totals	**48**	**0**	**658**	**706**	**0**	**0**	**0**	**706**
Alexander	A New Outlook of Taylorsville	HAL-002-007	0	0	34	34	0	0	0	34
Alexander	Faith Assisted Living Facility	HAL-002-008	0	0	32	32	0	0	0	32
Alexander	Taylorsville House	HAL-002-003	0	0	60	60	0	0	0	60
		Alexander Totals	**0**	**0**	**126**	**126**	**0**	**0**	**0**	**126**
Alleghany	Alleghany House		0	0	0	0	40	0	0	40
		Alleghany Totals	**0**	**0**	**0**	**0**	**40**	**0**	**0**	**40**
Anson	Meadowview Terrace of Wadesboro	HAL-004-003	0	0	60	60	0	0	0	60
		Anson Totals	**0**	**0**	**60**	**60**	**0**	**0**	**0**	**60**
Ashe	Forest Ridge	HAL-005-015	0	0	60	60	0	0	0	60
Ashe	Generations Assisted Living & Memory Care	HAL-005-013	0	0	55	55	0	0	0	55
		Ashe Totals	**0**	**0**	**115**	**115**	**0**	**0**	**0**	**115**
Avery	Cranberry House	HAL-006-007	0	0	60	60	0	0	0	60
Avery	The Heritage of Sugar Mountain	HAL-006-005	0	0	40	40	0	0	0	40
		Avery Totals	**0**	**0**	**100**	**100**	**0**	**0**	**0**	**100**
Beaufort	AG Dunston Manor		0	0	0	0	50	0	0	50
Beaufort	Autumnfield of Belhaven	HAL-007-001	0	0	64	64	0	0	0	64
Beaufort	Clara Manor	HAL-007-014	0	0	20	20	0	0	0	20
Beaufort	Pantego Rest Home	HAL-007-015	0	0	30	30	0	0	0	30

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	River Trace Nursing and Rehabilitation Center	NH0345	10	0	0	10	0	0	0	10
Beaufort	Washington Manor	HAL-007-019	0	0	9	9	0	0	0	9
Beaufort	Willow Manor	HAL-007-023	0	0	34	34	0	0	0	34
		Beaufort Totals	**10**	**0**	**157**	**167**	**50**	**0**	**0**	**217**
Bertie	Three Rivers Health and Rehab	NH0522	20	0	0	20	0	0	0	20
Bertie	Windsor House	HAL-008-034	0	0	60	60	0	0	0	60
Bertie	Winston Gardens	HAL-008-041	0	0	25	25	0	0	0	25
		Bertie Totals	**20**	**0**	**85**	**105**	**0**	**0**	**0**	**105**
Bladen	Bladen East Health and Rehab	NH0420	30	0	0	30	0	0	0	30
Bladen	Bladen Manor Assisted Living	HAL-009-029	0	0	60	60	0	0	0	60
Bladen	West Bladen Assisted Living	HAL-009-025	0	0	60	60	0	0	0	60
		Bladen Totals	**30**	**0**	**120**	**150**	**0**	**0**	**0**	**150**
Brunswick	Autumn Care of Shallotte	NH0456	10	0	0	10	0	0	0	10
Brunswick	Brunswick Cove Nursing Center	NH0478	40	0	0	40	0	0	0	40
Brunswick	Calabash Manor		0	0	0	0	80	0	0	80
Brunswick	Coastal Pointe	HAL-010-012	0	0	110	110	0	0	0	110
Brunswick	Elmcroft of Southport	HAL-010-010	0	0	96	96	0	0	0	96
Brunswick	Leland House	HAL-010-007	0	0	78	78	0	0	0	78
Brunswick	Liberty Commons Assisted Living of Brunswick County		0	0	0	0	110	0	0	110
Brunswick	Liberty Commons Nursing & Rehab Center of Southport LLC	NH0322	17	0	0	17	0	0	0	17
Brunswick	Liberty Commons of Brunswick County (Transfer 32 from The Commons at Brightmore in New Hanover County)		0	0	0	0	0	32	0	32
Brunswick	Ocean Isle Operations	HAL-010-011	0	0	40	40	0	0	0	40
Brunswick	Shallotte Assisted Living	HAL-010-008	0	0	80	80	0	0	0	80
Brunswick	The Brunswick Community		0	0	0	0	110	0	0	110
Brunswick	The Landings of Oak Island	HAL-010-013	0	0	80	80	0	0	0	80
		Brunswick Totals	**67**	**0**	**484**	**551**	**300**	**32**	**0**	**883**
Buncombe	Arbor Ridge at Asheville (Transfer 14 ACH from The Oaks at Sweeten Creek and 14 ACH from Emerald Ridge Rehabilitation and Care Center)		0	0	0	0	0	28	0	28
Buncombe	Arbor Terrace of Asheville	HAL-011-338	0	0	70	70	0	0	0	70
Buncombe	Aston Park Health Care Center Inc	NH0262	19	0	0	19	0	0	0	19
Buncombe	Becky's Rest Home #1	HAL-011-002	0	0	15	15	0	0	0	15
Buncombe	Becky's Rest Home #2	HAL-011-003	0	0	15	15	0	0	0	15
Buncombe	Brian Center Health & Rehabilitation/Weaverville	NH0532	10	0	0	10	0	0	0	10
Buncombe	Brookdale Asheville Overlook	HAL-011-036	0	0	79	79	0	0	0	79
Buncombe	Brookdale Asheville Walden Ridge	HAL-011-035	0	0	38	38	0	0	0	38

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe	Buncombe Senior Living (Replacement facility. Transfer 24 from Nana's Assisted Living and 36 from The Laurels of Summit Ridge.)		0	0	0	0	0	60	0	60
Buncombe	Candler Living Center	HAL-011-369	0	0	29	29	0	0	0	29
Buncombe	Chase Samaritan Assisted Living	HAL-011-133	0	0	54	54	0	0	0	54
Buncombe	Chunn's Cove Assisted Living	HAL-011-262	0	0	67	67	0	0	0	67
Buncombe	Flesher's Fairview Health Care Center Inc	NH0517	14	0	0	14	0	0	0	14
Buncombe	Flesher's Fairview Rest Home	HAL-011-005	0	0	64	64	0	0	0	64
Buncombe	Harmony at Reynolds Mountain	HAL-011-361	0	0	99	99	0	0	0	99
Buncombe	Hominy Valley Retirement Center	HAL-011-370	0	0	30	30	0	0	0	30
Buncombe	Marjorie McCune Memorial Center	HAL-011-011	0	0	64	64	0	0	0	64
Buncombe	Nana's Assisted Living Facility (Closed 12/01/2018. Transfer 24 to Buncombe Senior Living)	HAL-011-331	0	0	0	0	0	-24	0	-24
Buncombe	Richard A. Wood, Jr. Assisted Living Center	HAL-011-130	0	0	56	56	0	0	0	56
Buncombe	Richmond Hill Rest Home #1	HAL-011-376	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #2	HAL-011-375	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #3	HAL-011-374	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #4	HAL-011-373	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #5	HAL-011-372	0	0	12	12	0	0	0	12
Buncombe	The Laurels of Summit Ridge (Transfer 36 to Buncombe Senior Living)	NH0540	52	0	0	52	0	-36	0	16
Buncombe	Trinity View	HAL-011-022	0	0	24	24	0	0	0	24
Buncombe	Western North Carolina Baptist Home	NH0541	50	0	0	50	0	0	0	50
Buncombe	Windwood Assisted Living	HAL-011-296	0	0	12	12	0	0	0	12
		Buncombe Totals	**145**	**0**	**776**	**921**	**0**	**28**	**0**	**949**
Burke	Autumn Care of Drexel	NH0347	20	0	0	20	0	0	0	20
Burke	Burke Long Term Care	HAL-012-042	0	0	24	24	0	0	0	24
Burke	Cambridge House	HAL-012-010	0	0	60	60	0	0	0	60
Burke	Jonas Ridge Adult Care	HAL-012-040	0	0	57	57	0	0	0	57
Burke	McAlpine Adult Care	HAL-012-041	0	0	60	60	0	0	0	60
Burke	Morganton Long Term Care, Southview Facility	HAL-012-007	0	0	64	64	0	0	0	64
Burke	The Berkeley (Previously Burkeview Manor)	HAL-012-043	0	0	63	63	0	0	0	63
		Burke Totals	**20**	**0**	**328**	**348**	**0**	**0**	**0**	**348**
Cabarrus	Brookdale Concord Parkway	HAL-013-019	0	0	112	112	0	0	0	112
Cabarrus	Cabarrus Manor (Transfer 25 from St. Andrews Center, 48 from Concord House, and 60 from Kannapolis Village. Transfer 66 to Cabarrus Senior Living)		0	0	0	0	0	67	0	67
Cabarrus	Cabarrus Senior Living (66 beds originally for Cabarrus Manor were relocated to Cabarrus Senior Living)		0	0	0	0	0	66	0	66

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cabarrus	Caremoor Retirement Center	HAL-013-007	0	0	30	30	0	0	0	30
Cabarrus	Concord House (Transfer 48 beds to Cabarrus Manor. Closed.)	HAL-013-038	0	0	48	48	0	-48	0	0
Cabarrus	Concord Place	HAL-013-045	0	0	60	60	0	0	0	60
Cabarrus	Elmcroft of Harrisburg	HAL-013-048	0	0	96	96	0	0	0	96
Cabarrus	Five Oaks Manor	NH0027	24	0	0	24	0	0	0	24
Cabarrus	Kannapolis Village (Transfer 60 to Cabarrus Manor. Closed.)	HAL-013-037	0	0	60	60	0	-60	0	0
Cabarrus	Morningside of Concord	HAL-013-047	0	0	105	105	0	0	0	105
Cabarrus	Mt. Pleasant House	HAL-013-041	0	0	74	74	0	0	0	74
Cabarrus	St. Andrews Center (Closed. Transfer 25 to Cabarrus Manor)	HAL-013-032	0	0	25	25	0	-25	0	0
Cabarrus	St. Andrews Living Center	HAL-013-006	0	0	56	56	0	0	0	56
Cabarrus	The Country Home	HAL-013-042	0	0	40	40	0	0	0	40
Cabarrus	The Landings of Cabarrus	HAL-013-046	0	0	67	67	0	0	0	67
Cabarrus	The Living Center of Concord	HAL-013-044	0	0	180	180	0	0	0	180
		Cabarrus Totals	**24**	**0**	**953**	**977**	**0**	**0**	**0**	**977**
Caldwell	Brockford Inn	HAL-014-014	0	0	67	67	0	0	0	67
Caldwell	Brookdale Lenoir	HAL-014-010	0	0	82	82	0	0	0	82
Caldwell	Grace Village Assisted Living (Transfer 18 beds from Gateway Rehabilitation and Healthcare)	HAL-014-016	0	0	60	60	0	18	0	78
Caldwell	Grace Village Assisted Living & Memory Care	HAL-014-017	0	0	78	78	0	0	0	78
Caldwell	Grandview Villa Assisted Living	HAL-014-015	0	0	40	40	0	0	0	40
Caldwell	The Shaire Center	HAL-014-004	0	0	82	82	0	0	0	82
		Caldwell Totals	**0**	**0**	**409**	**409**	**0**	**18**	**0**	**427**
Camden	Needham Adult Care Home	HAL-015-002	0	0	24	24	0	0	0	24
		Camden Totals	**0**	**0**	**24**	**24**	**0**	**0**	**0**	**24**
Carteret	Brookdale Morehead City	HAL-016-006	0	0	72	72	0	0	0	72
Carteret	Carteret House	HAL-016-018	0	0	64	64	0	0	0	64
Carteret	Carteret Landing	HAL-016-022	0	0	110	110	0	0	0	110
Carteret	Snug Harbor on Nelson Bay	NH0202	50	0	0	50	0	-50	0	0
Carteret	The Embassy at Morehead City (Replacement facility)		0	0	0	0	0	50	0	50
		Carteret Totals	**50**	**0**	**246**	**296**	**0**	**0**	**0**	**296**
Caswell	Caswell House	HAL-017-054	0	0	100	100	0	0	0	100
Caswell	Dan River Manor (Replacement facility. Transfer 40 from Dogwood - Blackwell Rest Home, 12 from Dogwood Forest #2, and 12 from Dogwood Ronald David Home.)		0	0	0	0	0	64	0	64
Caswell	Dogwood - Blackwell Rest Home (Closed 02/21/2020. Transfer 40 to Dan River Manor)		0	0	40	40	0	-40	0	0
Caswell	Dogwood - Forest #2 (Closed. Transfer 12 to Dan River		0	0	12	12	0	-12	0	0
Caswell	Dogwood - Ronald David Home (Closed. Transfer 12 to Dan River Manor)		0	0	12	12	0	-12	0	0

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Caswell	G. Anthony Rucker Rest Home	HAL-017-040	0	0	12	12	0	0	0	12
Caswell	Jefferson Care Home	HAL-017-058	0	0	12	12	0	0	0	12
Caswell	Poole's Rest Home (Closed)	HAL-017-006	0	0	19	19	0	0	0	19
		Caswell Totals	**0**	**0**	**207**	**207**	**0**	**0**	**0**	**207**
Catawba	Austin Adult Care	HAL-018-023	0	0	29	29	0	0	0	29
Catawba	Brian Center Health & Rehabilitation/Hickory East	NH0337	20	0	0	20	0	0	0	20
Catawba	Brookdale Falling Creek	HAL-018-011	0	0	60	60	0	0	0	60
Catawba	Brookdale Hickory Northeast	HAL-018-016	0	0	88	88	0	0	0	88
Catawba	Catawba Valley Living At Rock Barn	HAL-018-024	0	0	80	80	0	0	0	80
Catawba	Elmcroft of Newton	HAL-018-036	0	0	96	96	0	0	0	96
Catawba	Heritage Care of Conover	HAL-018-018	0	0	60	60	0	0	0	60
Catawba	Heritage Place II	HAL-018-038	0	0	21	21	0	0	0	21
Catawba	Hickory Village	HAL-018-015	0	0	56	56	0	0	0	56
Catawba	Piedmont Village at Newton	HAL-018-037	0	0	40	40	0	0	0	40
Catawba	Springs of Catawba	HAL-018-032	0	0	66	66	0	0	0	66
Catawba	Trinity Village	NH0068	90	0	0	90	0	0	0	90
		Catawba Totals	**110**	**0**	**596**	**706**	**0**	**0**	**0**	**706**
Chatham	Cambridge Hills of Pittsboro	HAL-019-019	0	0	90	90	0	0	0	90
Chatham	Carolina Meadows Fairways	HAL-019-020	0	0	95	95	0	0	0	95
Chatham	Chatham County Rehabilitation Center (Transfer 16 from Liberty Commons Nursing and Rehabilitation Center in Halifax County and 20 from Liberty Commons Nursing and Rehabilitation Center in Columbus County)		0	0	0	0	0	36	0	36
Chatham	Chatham Ridge Assisted Living	HAL-019-021	0	0	91	91	0	0	0	91
Chatham	Coventry House Of Siler City	HAL-019-022	0	0	86	86	0	0	0	86
		Chatham Totals	**0**	**0**	**362**	**362**	**0**	**36**	**0**	**398**
Cherokee	Carolina Care Home #1	HAL-020-001	0	0	12	12	0	0	0	12
Cherokee	Carolina Care Home #2	HAL-020-002	0	0	12	12	0	0	0	12
Cherokee	Peachtree Manor		0	0	0	0	80	0	0	80
		Cherokee Totals	**0**	**0**	**24**	**24**	**80**	**0**	**0**	**104**
Chowan	Edenton House	HAL-021-009	0	0	60	60	0	0	0	60
Chowan	Edenton Prime Time Retirement Village	HAL-021-008	0	0	60	60	0	0	0	60
		Chowan Totals	**0**	**0**	**120**	**120**	**0**	**0**	**0**	**120**
Clay	Clay County Care Center	NH0542	10	0	0	10	0	0	0	10
Clay	Hayesville House	HAL-022-005	0	0	60	60	0	0	0	60
		Clay Totals	**10**	**0**	**60**	**70**	**0**	**0**	**0**	**70**
Cleveland	Brookdale Shelby	HAL-023-011	0	0	60	60	0	0	0	60
Cleveland	Cleveland House	HAL-023-045	0	0	72	72	0	0	0	72

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cleveland	Elmcroft of Shelby	HAL-023-048	0	0	96	96	0	0	0	96
Cleveland	Golden Years Rest Home	HAL-023-041	0	0	12	12	0	0	0	12
Cleveland	Kings Mountain Care Center	HAL-023-031	0	0	20	20	0	0	0	20
Cleveland	Openview Retirement Center	HAL-023-047	0	0	24	24	0	0	0	24
Cleveland	Shelby Manor	HAL-023-046	0	0	74	74	0	0	0	74
Cleveland	Summit Place of Kings Mountain	HAL-023-042	0	0	65	65	0	0	0	65
		Cleveland Totals	**0**	**0**	**423**	**423**	**0**	**0**	**0**	**423**
Columbus	Lake Pointe Assisted Living (License revoked 1/2/2019)	HAL-024-011	0	0	0	0	0	0	0	0
Columbus	Liberty Commons Nursing and Rehab Center of Columbus Cty (Transfer 20 to Chatham County Rehabilitation Center in Chatham County)	NH0283	40	0	0	40	0	-20	0	20
Columbus	Premier Living & Rehab Center	NH0246	15	0	0	15	0	0	0	15
Columbus	Shoreland Health Care and Retirement Center Inc	NH0510	10	0	0	10	0	0	0	10
Columbus	Tabor Commons	HAL-024-015	0	0	80	80	0	0	0	80
		Columbus Totals	**65**	**0**	**80**	**145**	**0**	**-20**	**0**	**125**
Craven	Bayview Nursing & Rehabilitation Center	NH0567	12	0	0	12	0	0	0	12
Craven	Brookdale New Bern	HAL-025-012	0	0	60	60	0	0	0	60
Craven	Croatan Village	HAL-025-037	0	0	72	72	0	0	0	72
Craven	Good Shepherd Home for the Aged	HAL-025-023	0	0	0	0	0	0	0	0
Craven	Homeplace of New Bern	HAL-025-039	0	0	60	60	0	0	0	60
Craven	Riverpoint Crest Nursing and Rehabilitation Center	NH0344	18	0	0	18	0	0	0	18
Craven	Riverstone	HAL-025-026	0	0	64	64	0	0	0	64
Craven	Southern Living for Seniors of New Bern (License expired 12/31/2020)	HAL-025-038	0	0	0	0	0	0	0	0
Craven	The Gardens of Trent	HAL-025-035	0	0	60	60	0	0	0	60
Craven	The Oaks of New Bern (Closed. 12/31/2020)	HAL-025-042	0	0	83	83	0	0	0	83
Craven	Truewood by Merrill, New Bern	HAL-025-041	0	0	55	55	0	0	0	55
Craven	Truewood by Merrill, New Bern Memory Care	HAL-025-040	0	0	25	25	0	0	0	25
		Craven Totals	**30**	**0**	**479**	**509**	**0**	**0**	**0**	**509**
Cumberland	Arc of Hope Mills	HAL-026-067	0	0	29	29	0	0	0	29
Cumberland	Carolina Inn at Village Green	HAL-026-017	0	0	100	100	0	0	0	100
Cumberland	Cumberland County Rehabilitation Center (Replacement facility. Transfer 36 from Mann Street Residential Care)		0	0	0	0	0	36	0	36
Cumberland	Cumberland Village Assisted Living	HAL-026-062	0	0	163	163	0	0	0	163
Cumberland	Fayetteville Manor	HAL-026-054	0	0	60	60	0	0	0	60
Cumberland	Harmony at Hope Mills (Previously Crossings at Fayetteville)	HAL-026-065	0	0	100	100	0	0	0	100
Cumberland	Haymount Rehabilitation & Nursing Center Inc	NH0454	14	0	0	14	0	0	0	14
Cumberland	Heritage Suites	HAL-026-064	0	0	62	62	0	0	0	62
Cumberland	Highland House Rehabilitation and Healthcare	NH0117	53	0	0	53	0	0	0	53

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cumberland	Hope Mills Retirement Center	HAL-026-008	0	0	64	64	0	0	0	64
Cumberland	Mann Street Residential Care Facility (Closed. Transfer 36 to Cumberland County Rehabilitation Center.)	HAL-026-053	0	0	36	36	0	-36	0	0
Cumberland	Morning Star Special Care Unit	HAL-026-066	0	0	44	44	0	0	0	44
Cumberland	Pine Valley Adult Care Home	HAL-026-048	0	0	40	40	0	0	0	40
Cumberland	The Addison of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	HAL-026-068	0	0	96	96	0	0	0	96
Cumberland	Valley Pines Adult Care	HAL-026-052	0	0	23	23	0	0	0	23
Cumberland	Woodlands Nursing & Rehabilitation Center	NH0577	20	0	0	20	0	0	0	20
		Cumberland Totals	**87**	**0**	**817**	**904**	**0**	**0**	**0**	**904**
Currituck	Currituck House	HAL-027-003	0	0	90	90	0	0	0	90
		Currituck Totals	**0**	**0**	**90**	**90**	**0**	**0**	**0**	**90**
Dare	Spring Arbor of the Outer Banks	HAL-028-001	0	0	102	102	0	0	0	102
		Dare Totals	**0**	**0**	**102**	**102**	**0**	**0**	**0**	**102**
Davidson	Brookdale Lexington	HAL-029-006	0	0	76	76	0	0	0	76
Davidson	Brookstone Retirement Center	HAL-029-001	0	0	115	115	0	0	0	115
Davidson	Grayson Creek of Welcome	HAL-029-010	0	0	75	75	0	0	0	75
Davidson	Hilltop Living Center	HAL-029-002	0	0	65	65	0	0	0	65
Davidson	Lexington Health Care Center	NH0527	10	0	0	10	0	0	0	10
Davidson	Mallard Ridge Assisted Living	HAL-029-007	0	0	100	100	0	0	0	100
Davidson	Mountain Vista Health Park	NH0259	60	0	0	60	0	0	0	60
Davidson	Pine Ridge Health and Rehabilitation Center	NH0187	14	0	0	14	0	0	0	14
Davidson	Spring Arbor of Thomasville	HAL-029-004	0	0	62	62	0	0	0	62
		Davidson Totals	**84**	**0**	**493**	**577**	**0**	**0**	**0**	**577**
Davie	Bermuda Commons Nursing and Rehabilitation Center	NH0560	10	0	0	10	0	0	0	10
Davie	Bermuda Village Retirement Center	NH0519	21	0	0	21	0	0	0	21
Davie	Davie Nursing and Rehabilitation Center	NH0221	12	0	0	12	0	0	0	12
Davie	Mocksville Senior Living and Memory Care	HAL-030-009	0	0	69	69	0	0	0	69
Davie	PS Senior Living of Mocksville	HAL-030-010	0	0	40	40	0	0	0	40
Davie	Somerset Court of Mocksville	HAL-030-008	0	0	60	60	0	0	0	60
		Davie Totals	**43**	**0**	**169**	**212**	**0**	**0**	**0**	**212**
Duplin	Autumn Village	HAL-031-018	0	0	88	88	0	0	0	88
Duplin	DaySpring of Wallace	HAL-031-017	0	0	80	80	0	0	0	80
Duplin	Golden Care Rest Facilities	HAL-031-003	0	0	30	30	0	0	0	30
Duplin	The Gardens of Rose Hill	HAL-031-019	0	0	45	45	0	0	0	45
Duplin	Wallace Gardens	HAL-031-016	0	0	64	64	0	0	0	64
Duplin	Wellington Park	HAL-031-020	0	0	80	80	0	0	0	80
		Duplin Totals	**0**	**0**	**387**	**387**	**0**	**0**	**0**	**387**

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Durham	Atria Southpoint Walk	HAL-032-131	0	0	20	20	0	0	0	20
Durham	Brookdale Chapel Hill AL (NC)	HAL-032-016	0	0	70	70	0	0	0	70
Durham	Brookdale Chapel Hill	HAL-032-019	0	0	38	38	0	0	0	38
Durham	Brookdale Durham	HAL-032-065	0	0	119	119	0	0	0	119
Durham	Calyx Living of Durham	HAL-032-134	0	0	84	84	0	0	0	84
Durham	Camellia Gardens	HAL-032-071	0	0	81	81	0	0	0	81
Durham	Carolina Reserve of Durham	HAL-032-132	0	0	60	60	0	0	0	60
Durham	Durham Ridge Assisted Living	HAL-032-091	0	0	142	142	0	0	0	142
Durham	Eden Spring Living Center	HAL-032-073	0	0	19	19	0	0	0	19
Durham	Ellison's Rest Home #1 (Closed. Transfer 29 to Liberty Assisted Living of Durham.)	HAL-032-002	0	0	29	29	0	-29	0	0
Durham	Eno Pointe Assisted Living	HAL-032-001	0	0	147	147	0	0	0	147
Durham	Hillcrest Convalescent Center Inc	NH0038	34	0	0	34	0	0	0	34
Durham	Liberty Assisted Living of Durham (Transfer 29 from Ellison's Rest Home and 20 from Carver Living Center.)		0	0	0	0	0	49	0	49
Durham	Seasons at Southpoint	HAL-032-109	0	0	51	51	0	0	0	51
Durham	The Addison of Durham (Beds awarded per settlement agreement from 2000 & 2007)	HAL-032-133	0	0	96	96	0	0	0	96
		Durham Totals	**34**	**0**	**956**	**990**	**0**	**20**	**0**	**1,010**
Edgecombe	Heritage Care of Rocky Mount	HAL-033-005	0	0	126	126	0	0	0	126
Edgecombe	Tarboro Senior Living (Transfer 66 to The Landings of Tarboro)	HAL-033-006	0	0	130	130	0	-66	0	64
Edgecombe	The Fountains at The Albemarle	NH0352	56	0	0	56	0	0	0	56
Edgecombe	The Landings of Tarboro (Transfer 66 from Tarboro Senior Living.)		0	0	0	0	0	66	0	66
		Edgecombe Totals	**56**	**0**	**256**	**312**	**0**	**0**	**0**	**312**
Forsyth	Accordius Health at Winston Salem	NH0266	14	0	0	14	0	0	0	14
Forsyth	Brighton Gardens of Winston-Salem	HAL-034-026	0	0	115	115	0	0	0	115
Forsyth	Brookdale Reynolda Road	HAL-034-035	0	0	72	72	0	0	0	72
Forsyth	Brookdale Winston-Salem	HAL-034-027	0	0	38	38	0	0	0	38
Forsyth	Brookstone of Clemmons	HAL-034-102	0	0	40	40	0	0	0	40
Forsyth	C.R.T. - Golden Lamb Rest Home	HAL-034-019	0	0	40	40	0	0	0	40
Forsyth	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	HAL-034-106	0	0	96	96	0	0	0	96
Forsyth	Clemmons Village I	HAL-034-090	0	0	60	60	0	0	0	60
Forsyth	Clemmons Village II	HAL-034-062	0	0	66	66	0	0	0	66
Forsyth	Creekside Manor	HAL-034-060	0	0	60	60	0	0	0	60
Forsyth	Danby House	HAL-034-093	0	0	100	100	0	0	0	100
Forsyth	Forest Heights Senior Living Community	HAL-034-087	0	0	125	125	0	0	0	125

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Forsyth	Homestead Hills Assisted Living	HAL-034-023	0	0	66	66	0	0	0	66
Forsyth	Integrity Assisted Living (Transfer 121 to The Crossings at Winston-Salem. License suspended 6/2/2015)	HAL-034-101	0	0	121	121	0	-121	0	0
Forsyth	Kerner Ridge Assisted Living	HAL-034-058	0	0	66	66	0	0	0	66
Forsyth	Magnolia Creek Assisted Living	HAL-034-097	0	0	117	117	0	0	0	117
Forsyth	Memory Care of the Triad	HAL-034-068	0	0	42	42	0	0	0	42
Forsyth	Salem Terrace	HAL-034-098	0	0	142	142	0	0	0	142
Forsyth	Shuler Health Care/Crane Villa	HAL-034-111	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Phillips Villa	HAL-034-110	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Pierce Villa	HAL-034-109	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Record Villa	HAL-034-108	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Storey Villa	HAL-034-107	0	0	12	12	0	0	0	12
Forsyth	Somerset Court at University Place	HAL-034-100	0	0	60	60	0	0	0	60
Forsyth	Southfork	HAL-034-028	0	0	78	78	0	0	0	78
Forsyth	The Bradford Village of Kernersville - West	HAL-034-069	0	0	62	62	0	0	0	62
Forsyth	The Crossings at Winston-Salem (Transfer 121 from Integrity Assisted Living)		0	0	0	0	0	121	0	121
Forsyth	The Ivy at Clemmons	HAL-034-105	0	0	90	90	0	0	0	90
Forsyth	Tranquility Care	HAL-034-104	0	0	60	60	0	0	0	60
Forsyth	Trinity Elms	HAL-034-085	0	0	104	104	0	0	0	104
Forsyth	Verra Spring at Heritage Woods	HAL-034-003	0	0	29	29	0	0	0	29
Forsyth	Vienna Village	HAL-034-016	0	0	90	90	0	0	0	90
		Forsyth Totals	**14**	**0**	**1,999**	**2,013**	**0**	**0**	**0**	**2,013**
Franklin	Franklin Manor Assisted Living Center	HAL-035-024	0	0	54	54	0	0	0	54
Franklin	Franklin Oaks Nursing and Rehabilitation Center	NH0486	10	0	0	10	0	0	0	10
Franklin	Liberty Commons Assisted Living of Franklin County	HAL-035-032	0	0	60	60	0	0	0	60
Franklin	Southern Living for Seniors of Louisburg, NC	HAL-035-031	0	0	60	60	0	0	0	60
		Franklin Totals	**10**	**0**	**174**	**184**	**0**	**0**	**0**	**184**
Gaston	Alexandria Place	NH0547	40	0	0	40	0	0	0	40
Gaston	Belaire Health Care Center (Closed. Transfer 20 to Country Time Inn.)		0	0	20	20	0	-20	0	0
Gaston	Brookdale New Hope	HAL-036-013	0	0	86	86	0	0	0	86
Gaston	Brookdale Robinwood	HAL-036-015	0	0	89	89	0	0	0	89
Gaston	Brookdale Union	HAL-036-012	0	0	78	78	0	0	0	78
Gaston	Carolina Care Health and Rehabilitation**	NH0287	12	0	0	12	0	0	0	12
Gaston	Country Time Inn (Transfer 20 from Belaire Health Care Center)	HAL-036-018	0	0	59	59	0	20	0	79
Gaston	Courtland Terrace	NH0494	19	0	0	19	0	0	0	19
Gaston	Elmcroft of Cramerton	HAL-036-039	0	0	128	128	0	0	0	128

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Gaston	Heritage Oaks Assisted Living	HAL-036-036	0	0	86	86	0	0	0	86
Gaston	Morningside of Gastonia	HAL-036-037	0	0	105	105	0	0	0	105
Gaston	Peak Resources-Cherryville	NH0403	57	0	0	57	0	0	0	57
Gaston	Rosewood Assisted Living	HAL-036-004	0	0	48	48	0	0	0	48
Gaston	Somerset Court of Cherryville	HAL-036-034	0	0	60	60	0	0	0	60
Gaston	Terrace Ridge Assisted Living	HAL-036-023	0	0	74	74	0	0	0	74
Gaston	Wellington House	HAL-036-031	0	0	48	48	0	0	0	48
Gaston	Woodlawn Haven	HAL-036-006	0	0	80	80	0	0	0	80
		Gaston Totals	**128**	**0**	**961**	**1,089**	**0**	**0**	**0**	**1,089**
Gates	Accordius Health and Rehabilitation	NH0513	10	0	0	10	0	0	0	10
Gates	Gates House	HAL-037-001	0	0	70	70	0	0	0	70
		Gates Totals	**10**	**0**	**70**	**80**	**0**	**0**	**0**	**80**
Graham	Graham Healthcare and Rehabilitation Center	NH0495	23	0	0	23	0	0	0	23
		Graham Totals	**23**	**0**	**0**	**23**	**0**	**0**	**0**	**23**
Granville	Granville House	HAL-039-016	0	0	60	60	0	0	0	60
Granville	Heritage Meadows Long Term Care	HAL-039-015	0	0	80	80	0	0	0	80
Granville	Toney Rest Home	HAL-039-017	0	0	60	60	0	0	0	60
Granville	Tre' More Manor ALF	HAL-039-018	0	0	31	31	0	0	0	31
Granville	Universal Health Care/Oxford	NH0447	20	0	0	20	0	0	0	20
		Granville Totals	**20**	**0**	**231**	**251**	**0**	**0**	**0**	**251**
Greene	Greendale Forest Nursing and Rehabilitation Center	NH0373	17	0	0	17	0	0	0	17
Greene	Snow Hill Assisted Living	HAL-040-009	0	0	40	40	0	0	0	40
		Greene Totals	**17**	**0**	**40**	**57**	**0**	**0**	**0**	**57**
Guilford	Abbotswood at Irving Park Assisted Living	HAL-041-060	0	0	28	28	0	0	0	28
Guilford	Alpha Concord of Greensboro	HAL-041-082	0	0	64	64	0	0	0	64
Guilford	Arbor Care Assisted Living (Closed. Transfer 92 to The Crossings at Greensboro)	HAL-041-075	0	0	92	92	0	-92	0	0
Guilford	Blumenthal Nursing & Rehabilitation Center	NH0135	20	0	0	20	0	0	0	20
Guilford	Brighton Gardens of Greensboro	HAL-041-087	0	0	125	125	0	0	0	125
Guilford	Brookdale High Point	HAL-041-030	0	0	82	82	0	0	0	82
Guilford	Brookdale High Point North	HAL-041-033	0	0	65	65	0	0	0	65
Guilford	Brookdale High Point North AL (NC)	HAL-041-039	0	0	102	102	0	0	0	102
Guilford	Brookdale Lawndale Park	HAL-041-062	0	0	118	118	0	0	0	118
Guilford	Brookdale Northwest Greensboro	HAL-041-031	0	0	81	81	0	0	0	81
Guilford	Brookdale Skeet Club	HAL-041-029	0	0	79	79	0	0	0	79
Guilford	Carriage House Senior Living Community	HAL-041-065	0	0	108	108	0	0	0	108
Guilford	Clapp's Assisted Living	HAL-041-054	0	0	30	30	0	0	0	30
Guilford	Countryside	NH0226	16	0	0	16	0	0	0	16

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Guilford	Guilford House	HAL-041-077	0	0	60	60	0	0	0	60
Guilford	Harmony at Greensboro	HAL-041-086	0	0	92	92	0	0	0	92
Guilford	Heartland Living & Rehab at The Moses H Cone Mem Hosp	NH0601	37	0	0	37	0	0	0	37
Guilford	Holden Heights	HAL-041-080	0	0	96	96	0	0	0	96
Guilford	Lawson's Adult Enrichment Center	HAL-041-015	0	0	18	18	0	0	0	18
Guilford	Long's Rest Home for the Aged (Closed 12/31/2020)	HAL-041-006	0	0	12	12	0	0	0	12
Guilford	Maple Grove Health and Rehabilitation Center	NH0552	40	0	0	40	0	0	0	40
Guilford	Morningview at Irving Park	HAL-041-052	0	0	105	105	0	0	0	105
Guilford	Piedmont Christian Home	HAL-041-010	0	0	93	93	0	0	0	93
Guilford	Richland Place	HAL-041-081	0	0	70	70	0	0	0	70
Guilford	Spring Arbor of Greensboro	HAL-041-074	0	0	100	100	0	0	0	100
Guilford	St. Gales Estates	HAL-041-023	0	0	60	60	0	0	0	60
Guilford	The Arboretum at Heritage Greens	HAL-041-078	0	0	66	66	0	0	0	66
Guilford	The Elms at Abbotswood	HAL-041-085	0	0	48	48	0	0	0	48
Guilford	Verra Springs at Heritage Greens	HAL-041-079	0	0	45	45	0	0	0	45
Guilford	Wellington Oaks	HAL-041-072	0	0	85	85	0	0	0	85
Guilford	Westchester Harbour	HAL-041-073	0	0	90	90	0	0	0	90
		Guilford Totals	**113**	**0**	**2,014**	**2,127**	**0**	**-92**	**0**	**2,035**
Halifax	Bryan Health and Rehab	NH0656	20	0	0	20	0	0	0	20
Halifax	Carolina Rest Home	HAL-042-005	0	0	40	40	0	0	0	40
Halifax	Lakeview Village (Replacement facility. Transfer 60 from Woodhaven Rest Home #2)		0	0	0	0	0	60	0	60
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County (Transfer 16 to Chatham County Rehabilitation Center in Chatham County)	NH0469	25	0	0	25	0	-16	0	9
Halifax	Scotland House	HAL-042-006	0	0	60	60	0	0	0	60
Halifax	The Landings of Lake Gaston	HAL-042-007	0	0	60	60	0	0	0	60
Halifax	Woodhaven Rest Home #1 (Closed. Transfer 60 to replacement facility)	HAL-042-002	0	0	60	60	0	-60	0	0
Halifax	Woodhaven Rest Home #1 (Replacement facility.)		0	0	0	0	0	60	0	60
		Halifax Totals	**45**	**0**	**220**	**265**	**0**	**44**	**0**	**309**
Harnett	Absolute Care Assisted Living	HAL-043-029	0	0	12	12	0	0	0	12
Harnett	Absolute Care Assisted Living II	HAL-043-031	0	0	12	12	0	0	0	12
Harnett	Arc of Dunn	HAL-043-033	0	0	36	36	0	0	0	36
Harnett	Green Leaf Care Center	HAL-043-027	0	0	105	105	0	0	0	105
Harnett	Johnson Better Care Facility	HAL-043-003	0	0	50	50	0	0	0	50
Harnett	Oak Hill Living Center	HAL-043-015	0	0	122	122	0	0	0	122
Harnett	Pinecrest Gardens	HAL-043-022	0	0	60	60	0	0	0	60
Harnett	Senior Citizens Village	HAL-043-006	0	0	65	65	0	0	0	65

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Harnett	Senter's Rest Home	HAL-043-024	0	0	50	50	0	0	0	50
Harnett	Stage Coach Manor (Closed 12/31/2020)	HAL-043-032	0	0	40	40	0	0	0	40
Harnett	The Carrolton of Dunn	NH0482	8	0	0	8	0	0	0	8
Harnett	Universal Health Care/ Lillington	NH0444	106	0	0	106	0	0	0	106
		Harnett Totals	**114**	**0**	**552**	**666**	**0**	**0**	**0**	**666**
Haywood	Autumn Care of Waynesville	NH0366	10	0	0	10	0	0	0	10
Haywood	Chestnut Park Rest Home #1 (Closed 12/31/2020.Transfer 1 to Haywood Lodge and Retirement Center. Relocate 9 to Spicewood Cottages Meadows.)	HAL-044-002	0	0	10	10	0	-10	0	0
Haywood	Chestnut Park Retirement Center	HAL-044-022	0	0	20	20	0	0	0	20
Haywood	Creekside Villas	HAL-044-044	0	0	20	20	0	0	0	20
Haywood	Haywood House	HAL-044-042	0	0	60	60	0	0	0	60
Haywood	Haywood Lodge and Retirement Center (Transfer 3 from Spicewood Cottages Elms, 1 from Chestnut Park Rest Home #1)	HAL-044-009	0	0	68	68	0	4	0	72
Haywood	McCracken Rest Home	HAL-044-046	0	0	22	22	0	0	0	22
Haywood	Pigeon Valley Rest Home	HAL-044-012	0	0	29	29	0	0	0	29
Haywood	Richland Community Care #2	HAL-044-045	0	0	11	11	0	0	0	11
Haywood	Silver Bluff LLC	NH0458	13	0	0	13	0	0	0	13
Haywood	Spicewood Cottage Meadows (Relocate 9 from Chestnut Park Rest Home #1.)		0	0	0	0	0	9	0	9
Haywood	Spicewood Cottages Elms (Transfer 3 to Haywood Lodge and Retirement Center)	HAL-044-039	0	0	20	20	0	-3	0	17
Haywood	Spicewood Cottages Oaks	HAL-044-040	0	0	20	20	0	0	0	20
Haywood	Spicewood Cottages Willows	HAL-044-041	0	0	20	20	0	0	0	20
		Haywood Totals	**23**	**0**	**300**	**323**	**0**	**0**	**0**	**323**
Henderson	Carolina Reserve of Hendersonville	HAL-045-125	0	0	61	61	0	0	0	61
Henderson	Carolina Reserve of Laurel Park	HAL-045-126	0	0	48	48	0	0	0	48
Henderson	Cherry Springs Village	HAL-045-115	0	0	60	60	0	0	0	60
Henderson	Country Meadow Rest Home (Closed. Transfer 15 to The Landings of Hendersonville)	HAL-045-012	0	0	15	15	0	-15	0	0
Henderson	Elmcroft of Hendersonville	HAL-045-130	0	0	96	96	0	0	0	96
Henderson	Henderson's Assisted Living	HAL-045-113	0	0	26	26	0	0	0	26
Henderson	Heritage Hills A Pacifica Senior Living Community	HAL-045-123	0	0	24	24	0	0	0	24
Henderson	McCullough's Rest Home	HAL-045-005	0	0	13	13	0	0	0	13
Henderson	Mountain View Assisted Living	HAL-045-112	0	0	27	27	0	0	0	27
Henderson	The Gardens of Hendersonville	HAL-045-129	0	0	60	60	0	0	0	60
Henderson	The Gardens of the Blue Ridge (Transfer 43 to The Landings of Hendersonville)	HAL-045-128	0	0	43	43	0	-43	0	0

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Henderson	The Landings of Hendersonville (Transfer 15 from Country Meadows Rest Home and 43 from The Gardens of the Blue Ridge)		0	0	0	0	0	58	0	58
Henderson	The Landings of Mills River	HAL-045-127	0	0	65	65	0	0	0	65
Henderson	The Laurels of Hendersonville	NH0480	20	0	0	20	0	0	0	20
		Henderson Totals	**20**	**0**	**538**	**558**	**0**	**0**	**0**	**558**
Hertford	Ahoskie Assisted Living	HAL-046-020	0	0	92	92	0	0	0	92
Hertford	Ahoskie House	HAL-046-004	0	0	60	60	0	0	0	60
Hertford	Twin Oaks and Twins Adult Home (Closed 3/24/2020)	HAL-046-018	0	0	21	21	0	0	0	21
		Hertford Totals	**0**	**0**	**173**	**173**	**0**	**0**	**0**	**173**
Hoke	Autumn Care of Raeford	NH0438	8	0	0	8	0	0	0	8
Hoke	Open Arms Retirement Center	HAL-047-014	0	0	90	90	0	0	0	90
Hoke	Wickshire Creeks Crossing	HAL-047-015	0	0	75	75	0	0	0	75
		Hoke Totals	**8**	**0**	**165**	**173**	**0**	**0**	**0**	**173**
Hyde	Cross Creek Health Care	NH0515	30	0	0	30	0	0	0	30
		Hyde Totals	**30**	**0**	**0**	**30**	**0**	**0**	**0**	**30**
Iredell	Autumn Care of Statesville	NH0599	10	0	0	10	0	0	0	10
Iredell	Brookdale East Broad	HAL-049-019	0	0	58	58	0	0	0	58
Iredell	Brookdale Peachtree AL	HAL-049-020	0	0	87	87	0	0	0	87
Iredell	Brookdale Peachtree MC	HAL-049-021	0	0	40	40	0	0	0	40
Iredell	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	HAL-049-034	0	0	96	96	0	0	0	96
Iredell	Crown Colony	HAL-049-010	0	0	60	60	0	0	0	60
Iredell	Heritage Place Adult Living Center	HAL-049-003	0	0	40	40	0	0	0	40
Iredell	Jurney's Assisted Living	HAL-049-015	0	0	60	60	0	0	0	60
Iredell	Maple Leaf Health Care	NH0488	8	0	0	8	0	0	0	8
Iredell	Mill Creek Manor	HAL-049-033	0	0	80	80	0	0	0	80
Iredell	Olin Village	HAL-049-016	0	0	64	64	0	0	0	64
Iredell	Rosewood Assisted Living	HAL-049-004	0	0	54	54	0	0	0	54
Iredell	Summit Place of Mooresville	HAL-049-030	0	0	60	60	0	0	0	60
Iredell	Terrabella Lake Norman	HAL-049-032	0	0	120	120	0	0	0	120
Iredell	The Citadel at Mooresville	NH0435	30	0	0	30	0	0	0	30
Iredell	The Gardens of Statesville	HAL-049-023	0	0	67	67	0	0	0	67
		Iredell Totals	**48**	**0**	**886**	**934**	**0**	**0**	**0**	**934**
Jackson	Morningstar Assisted Living	HAL-050-016	0	0	55	55	0	0	0	55
Jackson	The Hermitage	HAL-050-017	0	0	90	90	0	0	0	90
		Jackson Totals	**0**	**0**	**145**	**145**	**0**	**0**	**0**	**145**
Johnston	A1A - Assisted Living at The ARC of Benson	HAL-051-066	0	0	12	12	0	0	0	12

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

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Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Johnston	Autumn Home Care of Johnston County I	HAL-051-002	0	0	12	12	0	0	0	12
Johnston	Autumn Home Care of Johnston County II	HAL-051-003	0	0	12	12	0	0	0	12
Johnston	Autumn Home Care of Johnston County III	HAL-051-001	0	0	12	12	0	0	0	12
Johnston	Brookdale Smithfield	HAL-051-024	0	0	74	74	0	0	0	74
Johnston	Cardinal Care Assisted Living Village #1 (Closed. Transfer 12 to Johnston Manor)	HAL-051-033	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #2 (Closed. Transfer 12 to Johnston Manor)	HAL-051-032	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #3 (Closed. Transfer 12 to Johnston Manor)	HAL-051-030	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #4 (Closed. Transfer 12 to Johnston Manor)	HAL-051-035	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #5 (Closed. Transfer 12 to Johnston Manor)	HAL-051-031	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #6 (Closed. Transfer 12 to Johnston Manor)	HAL-051-034	0	0	12	12	0	-12	0	0
Johnston	Classic Care Homes #1	HAL-051-062	0	0	12	12	0	0	0	12
Johnston	Classic Care Homes #2	HAL-051-064	0	0	12	12	0	0	0	12
Johnston	Classic Care Homes #3	HAL-051-063	0	0	12	12	0	0	0	12
Johnston	Clayton House	HAL-051-041	0	0	60	60	0	0	0	60
Johnston	Four Oaks Senior Living	HAL-051-060	0	0	96	96	0	0	0	96
Johnston	Gabriel Manor Assisted Living Center	HAL-051-048	0	0	77	77	0	0	0	77
Johnston	Johnston Manor (Replacement facility; of the 132 beds originally relocated to Johnston Manor, 66 were relocated to Johnston Senior Living)		0	0	0	0	0	66	0	66
Johnston	Johnston Senior Living		0	0	0	0	0	66	0	66
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	NH0606	60	0	0	60	0	0	0	60
Johnston	Meadowview Assisted Living Center	HAL-051-047	0	0	60	60	0	0	0	60
Johnston	Progressive Care of Princeton LLC	HAL-051-052	0	0	12	12	0	0	0	12
Johnston	Providence Assisted Living	HAL-051-061	0	0	20	20	0	0	0	20
Johnston	Smithfield House West (Closed. Transfer 60 to Johnston Manor.)	HAL-051-042	0	0	60	60	0	-60	0	0
Johnston	Smithfield Manor Nursing and Rehab	NH0182	20	0	0	20	0	0	0	20
Johnston	The ARC of Benson	HAL-051-067	0	0	12	12	0	0	0	12
Johnston	The Landings of Smithfield	HAL-051-065	0	0	66	66	0	0	0	66
		Johnston Totals	**80**	**0**	**693**	**773**	**0**	**0**	**0**	**773**
Jones	Brook Stone Living Center	NH0508	20	0	0	20	0	0	0	20
		Jones Totals	**20**	**0**	**0**	**20**	**0**	**0**	**0**	**20**
Lee	A Step from Home Residential Care Facility (Closed. Transfer 20 to Westfield Rehabilitation and Health Center)	HAL-053-023	0	0	20	20	0	-20	0	0

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

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Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Lee	Oakhaven Home	HAL-053-001	0	0	40	40	0	0	0	40
Lee	Oakhaven II	HAL-053-002	0	0	12	12	0	0	0	12
Lee	Parkview Retirement Center	HAL-053-004	0	0	116	116	0	0	0	116
Lee	Sanford Manor	HAL-053-030	0	0	85	85	0	0	0	85
Lee	Sanford Senior Living	HAL-053-031	0	0	50	50	0	0	0	50
Lee	Westfield Rehabilitation and Health Center (Transfer 20 from A Step from Home Residential Care Facility)	NH0285	0	0	0	0	0	20	0	20
		Lee Totals	**0**	**0**	**323**	**323**	**0**	**0**	**0**	**323**
Lenoir	Legacy Memory Care at Kinston	HAL-054-070	0	0	24	24	0	0	0	24
Lenoir	Lenoir Assisted Living	HAL-054-068	0	0	94	94	0	0	0	94
Lenoir	Rose Vista Assisted Living	HAL-054-069	0	0	60	60	0	0	0	60
Lenoir	Spring Arbor of Kinston	HAL-054-006	0	0	86	86	0	0	0	86
Lenoir	The Village of Kinston	HAL-054-067	0	0	63	63	0	0	0	63
		Lenoir Totals	**0**	**0**	**327**	**327**	**0**	**0**	**0**	**327**
Lincoln	Amazing Grace Rest Home	HAL-055-001	0	0	10	10	0	0	0	10
Lincoln	Boger City Rest Home	HAL-055-002	0	0	52	52	0	0	0	52
Lincoln	Brian Center Health & Retirement/Lincolnton	NH0385	11	0	0	11	0	0	0	11
Lincoln	Heath House	HAL-055-007	0	0	60	60	0	0	0	60
Lincoln	Lakewood Care Center	HAL-055-003	0	0	60	60	0	0	0	60
Lincoln	North Brook Rest Home	HAL-055-004	0	0	12	12	0	0	0	12
Lincoln	The Addison of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	HAL-055-009	0	0	96	96	0	0	0	96
Lincoln	Wexford House	HAL-055-008	0	0	80	80	0	0	0	80
		Lincoln Totals	**11**	**0**	**370**	**381**	**0**	**0**	**0**	**381**
Macon	Chestnut Hill of Highlands	HAL-056-005	0	0	26	26	0	0	0	26
Macon	Franklin House	Hal-056-006	0	0	70	70	0	0	0	70
Macon	Grandview Manor Care Center	HAL-056-001	0	0	82	82	0	0	0	82
		Macon Totals	**0**	**0**	**178**	**178**	**0**	**0**	**0**	**178**
Madison	Elderberry Health Care	NH0479	20	0	0	20	0	0	0	20
Madison	Mars Hill Retirement Community	HAL-057-010	0	0	69	69	0	0	0	69
		Madison Totals	**20**	**0**	**69**	**89**	**0**	**0**	**0**	**89**
Martin	Vintage Inn Retirement Community	HAL-058-010	0	0	122	122	0	0	0	122
Martin	Williamston House	HAL-058-011	0	0	60	60	0	0	0	60
		Martin Totals	**0**	**0**	**182**	**182**	**0**	**0**	**0**	**182**
McDowell	Autumn Care of Marion	NH0346	15	0	0	15	0	0	0	15
McDowell	Cedarbrook Residential Center	HAL-059-021	0	0	80	80	0	0	0	80
McDowell	Houston House	HAL-059-033	0	0	29	29	0	0	0	29
McDowell	Lake James Lodge Assisted Living	HAL-059-032	0	0	60	60	0	0	0	60

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
McDowell	McDowell Assisted Living	HAL-059-017	0	0	54	54	0	0	0	54
McDowell	McDowell House	HAL-059-034	0	0	25	25	0	0	0	25
McDowell	Rose Hill Retirement Community	HAL-059-027	0	0	87	87	0	0	0	87
		McDowell Totals	**15**	**0**	**335**	**350**	**0**	**0**	**0**	**350**
Mecklenburg	Arbor Ridge at Huntersville		0	0	0	0	40	0	0	40
Mecklenburg	Briar Creek Health Center	NH0659	108	0	0	108	0	0	0	108
Mecklenburg	Brighton Gardens of Charlotte	HAL-060-019	0	0	125	125	0	0	0	125
Mecklenburg	Brookdale Carriage Club Providence II	HAL-060-049	0	0	34	34	0	0	0	34
Mecklenburg	Brookdale Charlotte East	HAL-060-060	0	0	50	50	0	0	0	50
Mecklenburg	Brookdale South Charlotte	HAL-060-101	0	0	82	82	0	0	0	82
Mecklenburg	Brookdale South Park	HAL-060-085	0	0	56	56	0	0	0	56
Mecklenburg	Brookdale Weddington Park	HAL-060-042	0	0	83	83	0	0	0	83
Mecklenburg	Cadence Huntersville	HAL-060-160	0	0	96	96	0	0	0	96
Mecklenburg	Cadence Senior Living of Mint Hill	HAL-060-159	0	0	84	84	0	0	0	84
Mecklenburg	Carrington Place	NH0060	10	0	0	10	0	0	0	10
Mecklenburg	Charlotte Square	HAL-060-087	0	0	125	125	0	0	0	125
Mecklenburg	East Towne	HAL-060-149	0	0	120	120	0	0	0	120
Mecklenburg	Elmcroft of Little Avenue	HAL-060-156	0	0	62	62	0	0	0	62
Mecklenburg	Hunter Village	HAL-060-014	0	0	68	68	0	0	0	68
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center (Transfer 10 to CCRC Windsor Point in Wake County)	NH0503	10	0	0	10	0	-10	0	0
Mecklenburg	Legacy Heights Senior Living Community	HAL-060-152	0	0	122	122	0	0	0	122
Mecklenburg	Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 12 from Radbourne Manor Village)		0	0	0	0	0	12	0	12
Mecklenburg	MerryWood on Park	HAL-060-155	0	0	20	20	0	0	0	20
Mecklenburg	Mint Hill Senior Living	HAL-060-136	0	0	82	82	0	0	0	82
Mecklenburg	Northlake House	HAL-060-150	0	0	48	48	0	0	0	48
Mecklenburg	Oakbridge Terrace @ Matthews Glen	HAL-060-167	0	0	60	60	0	0	0	60
Mecklenburg	Parker Terrace	HAL-060-054	0	0	53	53	0	0	0	53
Mecklenburg	Pineville Rehabilitation and Living Center	NH0521	10	0	0	10	0	0	0	10
Mecklenburg	Preston House	HAL-060-154	0	0	40	40	0	0	0	40
Mecklenburg	Queen City Assisted Living	HAL-060-126	0	0	120	120	0	0	0	120
Mecklenburg	Radbourne Manor Village (Transfer 12 to Liberty Commons Nursing & Rehabilitation Center of Mint Hill. Transfer 4 ACH beds to The Terrace at Brightmore of South Charlotte. Transfer 8 ACH beds to CCRC The Barclay at South Park.)		0	0	0	0	0	-24	0	-24
Mecklenburg	Ranson Ridge at the Villages of Mecklenburg	HAL-060-147	0	0	100	100	0	0	0	100
Mecklenburg	Saturn Nursing and Rehabilitation Center	NH0557	20	0	0	20	0	0	0	20
Mecklenburg	Summit Place of Southpark	HAL-060-116	0	0	120	120	0	0	0	120

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	Sunrise on Providence	HAL-060-165	0	0	95	95	0	0	0	95
Mecklenburg	The Charlotte Assisted Living	HAL-060-158	0	0	119	119	0	0	0	119
Mecklenburg	The Haven in Highland Creek	HAL-060-162	0	0	60	60	0	0	0	60
Mecklenburg	The Haven in the Village at Carolina Place	HAL-060-163	0	0	60	60	0	0	0	60
Mecklenburg	The Laurels in Highland Creek	HAL-060-161	0	0	105	105	0	0	0	105
Mecklenburg	The Laurels in the Village at Carolina Place	HAL-060-164	0	0	104	104	0	0	0	104
Mecklenburg	The Little Flower Assisted Living	HAL-060-109	0	0	49	49	0	0	0	49
Mecklenburg	The Parc at Sharon Amity	HAL-060-125	0	0	64	64	0	0	0	64
Mecklenburg	The Social at Cotswold	HAL-060-132	0	0	104	104	0	0	0	104
Mecklenburg	The Terrace at Brightmore of South Charlotte	HAL-060-157	0	0	34	34	0	4	0	38
Mecklenburg	University Place Nursing and Rehabilitation Center	NH0016	10	0	0	10	0	0	0	10
Mecklenburg	Waltonwood at Providence	HAL-060-138	0	0	80	80	0	0	0	80
Mecklenburg	Waltonwood Cotswold (85 beds added per settlement agreement.)	HAL-060-148	0	0	125	125	0	0	0	125
Mecklenburg	Wickshire Steele Creek	HAL-060-166	0	0	90	90	0	0	0	90
Mecklenburg	Willow Ridge Assisted Living	HAL-060-111	0	0	52	52	0	0	0	52
Mecklenburg	Wilora Lake Healthcare Center (Transfer 20 to CCRC The Barclay of SouthPark)	NH0572	20	0	0	20	0	-20	0	0
		Mecklenburg Totals	**188**	**0**	**2,891**	**3,079**	**40**	**-38**	**0**	**3,081**
Mitchell	Mitchell House	HAL-061-011	0	0	80	80	0	0	0	80
		Mitchell Totals	**0**	**0**	**80**	**80**	**0**	**0**	**0**	**80**
Montgomery	Autumn Care of Biscoe	NH0411	10	0	0	10	0	0	0	10
Montgomery	Montgomery Senior Living	HAL-062-016	0	0	54	54	0	0	0	54
Montgomery	Poplar Springs Assisted Living	HAL-062-015	0	0	12	12	0	0	0	12
Montgomery	Sandy Ridge Assisted Living	HAL-062-009	0	0	120	120	0	0	0	120
		Montgomery Totals	**10**	**0**	**186**	**196**	**0**	**0**	**0**	**196**
Moore	Accordius Health at Aberdeen**	NH0597	10	0	0	10	0	0	0	10
Moore	Brookdale Pinehurst	HAL-063-024	0	0	76	76	0	0	0	76
Moore	Elmcroft of Southern Pines	HAL-063-025	0	0	94	94	0	0	0	94
Moore	Fox Hollow Senior Living Community	HAL-063-022	0	0	85	85	0	0	0	85
Moore	Magnolia Gardens	HAL-063-007	0	0	110	110	0	0	0	110
Moore	Peak Resources - Pinelake	NH0539	20	0	0	20	0	0	0	20
Moore	Seven Lakes Assisted Living	HAL-063-023	0	0	60	60	0	0	0	60
Moore	Tara Plantation of Carthage	HAL-063-011	0	0	80	80	0	0	0	80
		Moore Totals	**30**	**0**	**505**	**535**	**0**	**0**	**0**	**535**
Nash	Autumn Care of Nash	NH0602	20	0	0	20	0	0	0	20
Nash	Brekenridge Retirement Center	HAL-064-004	0	0	64	64	0	0	0	64
Nash	Brookdale Rocky Mount	HAL-064-008	0	0	60	60	0	0	0	60

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Nash	Hunter Hill Senior Living	HAL-064-032	0	0	64	64	0	0	0	64
Nash	Somerset Court of Rocky Mount	HAL-064-029	0	0	60	60	0	0	0	60
Nash	South Village (Replacement facility)		0	0	0	0	0	15	0	15
Nash	Spring Arbor of Rocky Mount	HAL-064-005	0	0	84	84	0	0	0	84
Nash	The Carrolton of Nash	NH0437	9	0	0	9	0	0	0	9
Nash	The Gardens of Nashville (Transfer 60 to The Landings of Rocky Mount)	HAL-064-031	0	0	122	122	0	-60	0	62
Nash	The Landings of Rocky Mount (Transfer 60 from the Gardens of Nashville)		0	0	0	0	0	60	0	60
Nash	The Lodge at Rocky Mount	NH0122	15	0	0	15	0	-15	0	0
Nash	Trinity Retirement Villas #1	HAL-064-014	0	0	12	12	0	0	0	12
Nash	Trinity Retirement Villas #2	HAL-064-013	0	0	12	12	0	0	0	12
		Nash Totals	**44**	**0**	**478**	**522**	**0**	**0**	**0**	**522**
New Hanover	Autumn Care of Myrtle Grove	NH0595	20	0	0	20	0	0	0	20
New Hanover	Brookdale Wilmington	HAL-065-019	0	0	38	38	0	0	0	38
New Hanover	Castle Creek Memory Care	HAL-065-034	0	0	84	84	0	0	0	84
New Hanover	Cedar Cove Assisted Living	HAL-065-035	0	0	64	64	0	0	0	64
New Hanover	Champions Assisted Living	HAL-065-020	0	0	148	148	0	0	0	148
New Hanover	Fannie Norwood Memorial Home (Closed. Transfer 16 to Tidewater at Carolina Bay)	HAL-065-004	0	0	16	16	0	-16	0	0
New Hanover	Liberty Commons Rehabilitation Center (72 beds originally to be relocated to this facility from Port South Village are now to be relocated to Tidewater at Carolina Bay)	NH0569	40	0	0	40	0	0	0	40
New Hanover	Morningside of Wilmington	HAL-065-045	0	0	101	101	0	0	0	101
New Hanover	New Hanover House (Transfer 40 from Sherwood Manor)	HAL-065-036	0	0	61	61	0	40	0	101
New Hanover	Port South Village/Carmen D. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-031	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Catherine S. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-043	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Crystal L. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-042	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Lorraine B. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-027	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Tara L. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-025	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Teresa C. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-040	0	0	12	12	0	-12	0	0
New Hanover	Sherwood Manor Rest Home (Transfer 40 to New Hanover House)	HAL-065-011	0	0	40	40	0	-40	0	0
New Hanover	Spring Arbor of Wilmington	HAL-065-014	0	0	66	66	0	0	0	66

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
New Hanover	The Commons at Brightmore (Transfer 32 ACH beds to The Commons of Brunswick County in Brunswick County)	HAL-065-002	0	0	201	201	0	-32	0	169
New Hanover	The Kempton at Brightmore	HAL-065-023	0	0	84	84	0	0	0	84
New Hanover	Tidewater at Carolina Bay (Transferred 16 from Fannie Norwood Memorial Home and 72 originally relocated to Liberty Commons Rehabilitation Center)		0	0	0	0	0	88	0	88
		New Hanover Totals	**60**	**0**	**975**	**1,035**	**0**	**-32**	**0**	**1,003**
Northampton	Hampton Manor (Transfer 33 from The Oaks at Pleasant Hill)	HAL-066-012	0	0	82	82	0	33	0	115
Northampton	Pine Forest Rest Home	HAL-066-001	0	0	24	24	0	0	0	24
Northampton	Rich Square Manor	HAL-066-011	0	0	32	32	0	0	0	32
Northampton	Rich Square Villa (Transfer 33 from The Oaks at Pleasant	HAL-066-010	0	0	38	38	0	33	0	71
Northampton	The Oaks at Pleasant Hill (Transfer 33 to Hampton Manor and 33 to Rich Square Villa)	HAL-066-018	0	0	66	66	0	-66	0	0
		Northampton Totals	**0**	**0**	**242**	**242**	**0**	**0**	**0**	**242**
Onslow	Liberty Commons Assisted Living	HAL-067-008	0	0	79	79	0	0	0	79
Onslow	Lighthouse Village	HAL-067-013	0	0	80	80	0	0	0	80
Onslow	Onslow House	HAL-067-023	0	0	120	120	0	0	0	120
Onslow	Premier Nursing and Rehabilitation Center	NH0229	7	0	0	7	0	0	0	7
Onslow	The Arc Community	HAL-067-004	0	0	32	32	0	0	0	32
Onslow	The Heritage of Richlands	HAL-067-016	0	0	40	40	0	0	0	40
Onslow	The Landings of Swansboro	HAL-067-025	0	0	80	80	0	0	0	80
		Onslow Totals	**7**	**0**	**431**	**438**	**0**	**0**	**0**	**438**
Orange	Adorable Senior Living	HAL-068-034	0	0	17	17	0	0	0	17
Orange	Brookdale Meadowmont	HAL-068-008	0	0	64	64	0	0	0	64
Orange	Crescent Green of Carrboro	HAL-068-024	0	0	120	120	0	0	0	120
Orange	Elmcroft of Hillsborough	HAL-068-035	0	0	96	96	0	0	0	96
Orange	Parkview Health and Rehabilitation Center	NH0239	7	0	0	7	0	0	0	7
Orange	Peak Resources- Brookshire	NH0545	20	0	0	20	0	0	0	20
Orange	The Stratford	HAL-068-025	0	0	77	77	0	0	0	77
		Orange Totals	**27**	**0**	**374**	**401**	**0**	**0**	**0**	**401**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	NH0450	8	0	0	8	0	0	0	8
Pamlico	The Gardens of Pamlico	HAL-069-002	0	0	70	70	0	0	0	70
		Pamlico Totals	**8**	**0**	**70**	**78**	**0**	**0**	**0**	**78**
Pasquotank	Brookdale Elizabeth City	HAL-070-005	0	0	76	76	0	0	0	76
Pasquotank	Elizabeth City Health and Rehabilitation	NH0040	24	0	0	24	0	0	0	24
Pasquotank	Heritage Care of Elizabeth City	HAL-070-006	0	0	60	60	0	0	0	60
Pasquotank	Waterbrooke of Elizabeth City	HAL-070-008	0	0	130	130	0	0	0	130
		Pasquotank Totals	**24**	**0**	**266**	**290**	**0**	**0**	**0**	**290**

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Pender	Arbor Landing at Hampstead	HAL-071-016	0	0	19	19	0	0	0	19
Pender	Ashe Gardens	HAL-071-017	0	0	60	60	0	0	0	60
Pender	Woodbury Wellness Center Inc	NH0300	100	0	0	100	0	0	0	100
		Pender Totals	**100**	**0**	**79**	**179**	**0**	**0**	**0**	**179**
Perquimans	Hertford House		0	0	0	0	50	0	0	50
Perquimans	Hertford Manor	HAL-072-013	0	0	24	24	0	0	0	24
Perquimans	The Landings of Albemarle	HAL-072-014	0	0	50	50	0	0	0	50
		Perquimans Totals	**0**	**0**	**74**	**74**	**50**	**0**	**0**	**124**
Person	Cambridge Hills Assisted Living	HAL-073-003	0	0	120	120	0	0	0	120
Person	Maple Heights Assisted Living	HAL-073-010	0	0	34	34	0	0	0	34
Person	The Canterbury House	HAL-073-018	0	0	60	60	0	0	0	60
		Person Totals	**0**	**0**	**214**	**214**	**0**	**0**	**0**	**214**
Pitt	Brookdale Dickinson Avenue	HAL-074-011	0	0	76	76	0	0	0	76
Pitt	Brookdale W. Arlington Boulevard	HAL-074-012	0	0	60	60	0	0	0	60
Pitt	Care One Assisted Living of Greenville	HAL-074-044	0	0	120	120	0	0	0	120
Pitt	East Carolina Rehab and Wellness	NH0505	20	0	0	20	0	0	0	20
Pitt	Oak Haven Assisted Living	HAL-074-036	0	0	54	54	0	0	0	54
Pitt	Red Oak Assisted Living	HAL-074-037	0	0	62	62	0	0	0	62
Pitt	River Oak Assisted Living	HAL-074-043	0	0	80	80	0	0	0	80
Pitt	Spring Arbor-Greenville	HAL-074-010	0	0	66	66	0	0	0	66
Pitt	Winterville Manor	HAL-074-026	0	0	29	29	0	0	0	29
		Pitt Totals	**20**	**0**	**547**	**567**	**0**	**0**	**0**	**567**
Polk	Laurelwoods	HAL-075-010	0	0	60	60	0	0	0	60
Polk	Ridge Rest Assisted Living	HAL-075-011	0	0	12	12	0	0	0	12
Polk	The Gardens of Columbus		0	0	0	0	50	0	0	50
		Polk Totals	**0**	**0**	**72**	**72**	**50**	**0**	**0**	**122**
Randolph	Brookdale Asheboro	HAL-076-007	0	0	76	76	0	0	0	76
Randolph	Brookstone Haven	HAL-076-034	0	0	120	120	0	0	0	120
Randolph	Cross Road Retirement Community	HAL-076-003	0	0	152	152	0	0	0	152
Randolph	Elmcroft of Asheboro	HAL-076-035	0	0	96	96	0	0	0	96
Randolph	North Pointe	HAL-076-027	0	0	67	67	0	0	0	67
Randolph	North Pointe Assisted Living of Archdale	HAL-076-032	0	0	56	56	0	0	0	56
		Randolph Totals	**0**	**0**	**567**	**567**	**0**	**0**	**0**	**567**
Richmond	Hamlet House	HAL-077-010	0	0	60	60	0	0	0	60
Richmond	Hermitage Retirement Center	HAL-077-012	0	0	114	114	0	0	0	114
Richmond	Richmond Pines Healthcare and Rehabilitation Center	NH0455	10	0	0	10	0	0	0	10
		Richmond Totals	**10**	**0**	**174**	**184**	**0**	**0**	**0**	**184**

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Robeson	Covenant Care	HAL-078-038	0	0	30	30	0	0	0	30
Robeson	Cromartie Spring Village Rest Home	HAL-078-082	0	0	11	11	0	0	0	11
Robeson	GlenFlora	NH0533	20	0	0	20	0	0	0	20
Robeson	Greenbrier of Fairmont	HAL-078-068	0	0	100	100	0	0	0	100
Robeson	Hope Springs	HAL-078-100	0	0	63	63	0	0	0	63
Robeson	Morning Star AL # 2	HAL-078-064	0	0	12	12	0	0	0	12
Robeson	Morning Star AL # 3	HAL-078-065	0	0	12	12	0	0	0	12
Robeson	Morning Star AL # 4	HAL-078-067	0	0	12	12	0	0	0	12
Robeson	Red Springs Assisted Living	HAL-078-083	0	0	81	81	0	0	0	81
Robeson	Rivers Edge of Lumberton	HAL-078-111	0	0	104	104	0	0	0	104
		Robeson Totals	**20**	**0**	**425**	**445**	**0**	**0**	**0**	**445**
Rockingham	Brookdale Eden	HAL-079-009	0	0	82	82	0	0	0	82
Rockingham	Brookdale Reidsville	HAL-079-007	0	0	76	76	0	0	0	76
Rockingham	Highgrove Long Term Care Center	HAL-079-002	0	0	62	62	0	0	0	62
Rockingham	Moyer's Agape Assisted Living	HAL-079-105	0	0	18	18	0	0	0	18
Rockingham	North Pointe of Mayodan	HAL-079-053	0	0	70	70	0	0	0	70
Rockingham	Penn Nursing Center	NH0614	10	0	0	10	0	0	0	10
Rockingham	Pine Forrest Home for the Aged	HAL-079-079	0	0	58	58	0	0	0	58
Rockingham	Reidsville House (Replacement facility)		0	0	0	0	0	43	0	43
Rockingham	Reidsville House (Closed)	HAL-079-082	0	0	43	43	0	-43	0	0
		Rockingham Totals	**10**	**0**	**409**	**419**	**0**	**0**	**0**	**419**
Rowan	Alpha Concord Plantation	HAL-080-027	0	0	29	29	0	0	0	29
Rowan	Angels at Heart Assisted Living	HAL-080-029	0	0	28	28	0	0	0	28
Rowan	Best Of Care Assisted Living	HAL-080-019	0	0	25	25	0	0	0	25
Rowan	Bethamy Retirement Center	HAL-080-006	0	0	43	43	0	0	0	43
Rowan	Big Elm Retirement and Nursing Centers	NH0471	96	0	0	96	0	0	0	96
Rowan	Brightmoor Nursing Center	NH0050	43	0	0	43	0	0	0	43
Rowan	Brookdale Salisbury	HAL-080-014	0	0	88	88	0	0	0	88
Rowan	Compass Assisted Living Rowan	HAL-080-028	0	0	89	89	0	0	0	89
Rowan	Deal Care Inn	HAL-080-031	0	0	21	21	0	0	0	21
Rowan	Elmcroft of Salisbury	HAL-080-030	0	0	128	128	0	0	0	128
Rowan	Kannon Creek Assisted Living (Transfer 106 to The Landings of Salisbury. Closed 11/15/2018)	HAL-080-003	0	0	106	106	0	-106	0	0
Rowan	The Citadel at Salisbury	NH0441	20	0	0	20	0	0	0	20
Rowan	The Landings of Salisbury (Replacement facility. Transfer 106 from Kannon Creek Assisted Living)		0	0	0	0	0	106	0	106
Rowan	The Laurels of Salisbury	NH0538	20	0	0	20	0	0	0	20
Rowan	The Meadows of Rockwell Retirement Center	HAL-080-026	0	0	120	120	0	0	0	120

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
		Rowan Totals	**179**	**0**	**677**	**856**	**0**	**0**	**0**	**856**
Rutherford	Brookdale Forest City	HAL-081-014	0	0	76	76	0	0	0	76
Rutherford	Cedar Creek Living LLC (Previously Nana's Assisted Living #2)	HAL-081-051	0	0	44	44	0	0	0	44
Rutherford	Colonial Manor Rest Home	HAL-081-001	0	0	34	34	0	0	0	34
Rutherford	Fair Haven Home	NH0531	37	0	0	37	0	0	0	37
Rutherford	Fair Haven of Forest City	NH0474	28	0	0	28	0	0	0	28
Rutherford	Haven-N-Hills Living Center (Closed. Transfer 46 to Lake Lure)	HAL-081-050	0	0	46	46	0	-46	0	0
Rutherford	Henderson Care Center	HAL-081-010	0	0	86	86	0	0	0	86
Rutherford	Holly Springs Senior Citizens Home	HAL-081-005	0	0	32	32	0	0	0	32
Rutherford	Lake Lure (Transfer 16 from Oak Grove Healthcare Center and 46 from Haven-N-Hills Living Center)		0	0	0	0	0	62	0	62
Rutherford	Oak Grove Healthcare Center (Transfer 16 to Lake Lure Assisted Living)	NH0566	16	0	0	16	0	-16	0	0
Rutherford	Oakland Living Center	HAL-081-013	0	0	40	40	0	0	0	40
Rutherford	Restwell Home	HAL-081-007	0	0	20	20	0	0	0	20
Rutherford	Southern Manor Rest Home	HAL-081-008	0	0	25	25	0	0	0	25
Rutherford	Sunnyside Retirement Home	HAL-081-042	0	0	34	34	0	0	0	34
		Rutherford Totals	**81**	**0**	**437**	**518**	**0**	**0**	**0**	**518**
Sampson	Clinton Village Senior Center	HAL-082-029	0	0	60	60	0	0	0	60
Sampson	Mary Gran Nursing Center	NH0089	30	0	0	30	0	0	0	30
Sampson	Rolling Ridge Assisted Living	HAL-082-027	0	0	61	61	0	0	0	61
Sampson	The Gardens of Roseboro	HAL-082-028	0	0	40	40	0	0	0	40
Sampson	The Magnolia	HAL-082-022	0	0	91	91	0	0	0	91
		Sampson Totals	**30**	**0**	**252**	**282**	**0**	**0**	**0**	**282**
Scotland	Prestwick Village	HAL-083-018	0	0	100	100	0	0	0	100
Scotland	Willow Place Assisted Living & Memory Care (Closed 12/31/2019)	HAL-083-020	0	0	0	0	0	0	0	0
		Scotland Totals	**0**	**0**	**100**	**100**	**0**	**0**	**0**	**100**
Stanly	Bethany Woods Nursing and Rehabilitation Center	NH0462	10	0	0	10	0	0	0	10
Stanly	Spring Arbor of Albemarle	HAL-084-004	0	0	78	78	0	0	0	78
Stanly	Stanly Manor	NH0464	10	0	0	10	0	0	0	10
Stanly	The Taylor House	HAL-084-001	0	0	30	30	0	0	0	30
Stanly	Trinity Place (Transfer 17 from Forrest Oakes Healthcare)	NH0140	27	0	0	27	0	17	0	44
Stanly	Woodhaven Court	HAL-084-009	0	0	76	76	0	0	0	76
		Stanly Totals	**47**	**0**	**184**	**231**	**0**	**17**	**0**	**248**
Stokes	Graceland Living Center I	HAL-085-001	0	0	12	12	0	0	0	12
Stokes	Graceland Living Center II	HAL-085-002	0	0	11	11	0	0	0	11

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Stokes	Mountain Valley Living Center	HAL-085-003	0	0	26	26	0	0	0	26
Stokes	Priddy Manor Assisted Living	HAL-085-009	0	0	79	79	0	0	0	79
Stokes	Rose Tara Senior Living	HAL-085-008	0	0	65	65	0	0	0	65
Stokes	Universal Health Care/King	NH0555	24	0	0	24	0	0	0	24
Stokes	Village Care of King	NH0507	20	0	0	20	0	0	0	20
Stokes	Walnut Cove Health and Rehabilitation Center	NH0316	9	0	0	9	0	-9	0	0
Stokes	Walnut Ridge Assisted Living	HAL-085-005	0	0	63	63	0	0	0	63
		Stokes Totals	**53**	**0**	**256**	**309**	**0**	**-9**	**0**	**300**
Surry	Central Care	HAL-086-001	0	0	53	53	0	0	0	53
Surry	Chatham Nursing & Rehabilitation	NH0640	28	0	0	28	0	0	0	28
Surry	Colonial Long Term Care Facility	HAL-086-002	0	0	54	54	0	0	0	54
Surry	Dunmore Plantation	HAL-086-006	0	0	60	60	0	0	0	60
Surry	Ridge Crest Retirement	HAL-086-010	0	0	28	28	0	0	0	28
Surry	Riverwood Assisted Living Facility	HAL-086-014	0	0	65	65	0	0	0	65
Surry	Twelve Oaks	HAL-086-008	0	0	112	112	0	0	0	112
Surry	Yadkin Valley Senior Living	HAL-086-015	0	0	60	60	0	0	0	60
		Surry Totals	**28**	**0**	**432**	**460**	**0**	**0**	**0**	**460**
Swain	Bryson Senior Living	HAL-087-009	0	0	50	50	0	0	0	50
		Swain Totals	**0**	**0**	**50**	**50**	**0**	**0**	**0**	**50**
Transylvania	Cedar Mountain House	HAL-088-014	0	0	64	64	0	0	0	64
Transylvania	Kingsbridge House	HAL-088-015	0	0	60	60	0	0	0	60
Transylvania	The Oaks-Brevard	NH0563	10	0	0	10	0	0	0	10
		Transylvania Totals	**10**	**0**	**124**	**134**	**0**	**0**	**0**	**134**
Tyrrell	Tyrrell House	HAL-089-002	0	0	50	50	0	0	0	50
		Tyrrell Totals	**0**	**0**	**50**	**50**	**0**	**0**	**0**	**50**
Union	Accordius Health at Monroe	NH0493	12	0	0	12	0	0	0	12
Union	Autumn Care of Marshville	NH0421	10	0	0	10	0	0	0	10
Union	Brookdale Monroe Square 1	HAL-090-024	0	0	102	102	0	0	0	102
Union	Brookdale Monroe Square 2	HAL-090-022	0	0	65	65	0	0	0	65
Union	Brookdale Union Park	HAL-090-007	0	0	87	87	0	0	0	87
Union	Elizabethan Gardens	HAL-090-001	0	0	100	100	0	0	0	100
Union	Hillcrest Church Rest Home	HAL-090-004	0	0	20	20	0	0	0	20
Union	Monroe Manor Assisted Living Building I	HAL-090-034	0	0	12	12	0	0	0	12
Union	Monroe Manor Assisted Living Building II	HAL-090-033	0	0	12	12	0	0	0	12
Union	The Addison of Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	HAL-090-035	0	0	96	96	0	0	0	96
Union	Woodridge Assisted Living Facility	HAL-090-025	0	0	80	80	0	0	0	80

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
		Union Totals	**22**	**0**	**574**	**596**	**0**	**0**	**0**	**596**
Vance	Green-Bullock Assisted Living Center (Closed 9/22/2021)	HAL-091-011	0	0	129	129	0	0	0	129
Vance	Kerr Lake Nursing and Rehabilitation Center	NH0353	23	0	0	23	0	0	0	23
Vance	Senior Citizen's Home Inc	NH0477	54	0	0	54	0	0	0	54
Vance	Woodlawn Retirement Home (Closed 3/13/2020)	HAL-091-003	0	0	12	12	0	0	0	12
		Vance Totals	**77**	**0**	**141**	**218**	**0**	**0**	**0**	**218**
Wake	Brighton Gardens of Raleigh	HAL-092-024	0	0	115	115	0	0	0	115
Wake	Brookdale Cary	HAL-092-023	0	0	50	50	0	0	0	50
Wake	Brookdale MacArthur Park	HAL-092-027	0	0	80	80	0	0	0	80
Wake	Brookdale Wake Forest	HAL-092-032	0	0	70	70	0	0	0	70
Wake	Brookridge Assisted Living (Transfer 55 Mayview Assisted Living Center)	HAL-092-146	0	0	55	55	0	-55	0	0
Wake	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-215	0	0	84	84	0	0	0	84
Wake	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-214	0	0	96	96	0	0	0	96
Wake	Cadence Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-213	0	0	96	96	0	0	0	96
Wake	Cary Health and Rehabilitation Center (Transfer 30 ACH beds to CCRC Brightmore Healthcare Center of Cary)	NH0511	30	0	0	30	0	-30	0	0
Wake	Chatham Commons	HAL-092-203	0	0	80	80	0	0	0	80
Wake	Coventry House Of Zebulon	HAL-092-212	0	0	60	60	0	0	0	60
Wake	Elmcroft of Northridge	HAL-092-207	0	0	161	161	0	0	0	161
Wake	Falls River Court Memory Care Community	HAL-092-141	0	0	38	38	0	0	0	38
Wake	Falls River Village Assisted Living Community	HAL-092-142	0	0	60	60	0	0	0	60
Wake	HeartFields at Cary	HAL-092-216	0	0	97	97	0	0	0	97
Wake	Hillside Nursing Center of Wake Forest	NH0525	20	0	0	20	0	0	0	20
Wake	Lawndale Manor	HAL-092-017	0	0	62	62	0	0	0	62
Wake	Lee's Long Term Care Facility (Transferred 65 to Waltonwood Silverton)	HAL-092-009	0	0	65	65	0	-65	0	0
Wake	Litchford Falls Healthcare and Rehabilitation Center (Transfer 31 from Universal Health Care-Fuquay Varina and 20 from Universal Health Care-North Raleigh)	NH0558	24	0	0	24	0	51	0	75
Wake	Magnolia Glen (Transfer 10 to The Cardinal at North Hills CCRC)	HAL-092-180	0	0	66	66	0	-10	0	56
Wake	Mayview Assisted Living Center (Transfer 20 from Wellington Rehabilitation and 55 from Brookridge Assisted Living)		0	0	0	0	0	75	0	75
Wake	Morningside of Raleigh	HAL-092-217	0	0	110	110	0	0	0	110
Wake	North Pointe Assisted Living of Garner	HAL-092-186	0	0	126	126	0	0	0	126
Wake	Oliver House	HAL-092-182	0	0	100	100	0	0	0	100

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wake	Phoenix Assisted Care	HAL-092-131	0	0	120	120	0	0	0	120
Wake	Spring Arbor of Apex	HAL-092-037	0	0	76	76	0	0	0	76
Wake	Spring Arbor of Cary	HAL-092-204	0	0	80	80	0	0	0	80
Wake	Spring Arbor of Raleigh	HAL-092-079	0	0	80	80	0	0	0	80
Wake	Sunrise at North Hills	HAL-092-218	0	0	160	160	0	0	0	160
Wake	Sunrise of Cary	HAL-092-209	0	0	85	85	0	0	0	85
Wake	Sunrise of Raleigh	HAL-092-211	0	0	100	100	0	0	0	100
Wake	The Addison of Fuquay Varina (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-219	0	0	96	96	0	0	0	96
Wake	The Addison of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-220	0	0	96	96	0	0	0	96
Wake	The Covington	HAL-092-181	0	0	120	120	0	0	0	120
Wake	The Laurels of Forest Glen	NH0506	20	0	0	20	0	0	0	20
Wake	The Reserve at Mill Farm	HAL-092-221	0	0	35	35	0	0	0	35
Wake	Universal Health Care/Fuquay-Varina (Transfer 31 to Litchford Falls)	NH0637	31	0	0	31	0	-31	0	0
Wake	Universal Health Care/North Raleigh (Transfer 20 to Litchford Falls)	NH0611	20	0	0	20	0	-20	0	0
Wake	Wake Assisted Living	HAL-092-144	0	0	60	60	0	0	0	60
Wake	Waltonwood Cary Parkway (Transfer 9 to Waltonwood Silverton)	HAL-092-161	0	0	85	85	0	-9	0	76
Wake	Waltonwood Lake Boone	HAL-092-210	0	0	68	68	0	0	0	68
Wake	Waltonwood Silverton (Transfer 65 from Lee's Long Term Care Facility and 9 from Waltonwood Cary Parkway)		0	0	0	0	0	74	0	74
Wake	Wellington Rehabilitation and Healthcare (Transfer 20 ACH beds to Mayview Assisted Living)	NH0544	20	0	0	20	0	-20	0	0
Wake	Woodland Terrace	HAL-092-206	0	0	84	84	0	0	0	84
Wake	Zebulon House	HAL-092-143	0	0	60	60	0	0	0	60
		Wake Totals	**165**	**0**	**3,076**	**3,241**	**0**	**-40**	**0**	**3,201**
Warren	Alpha Magnolia Garden	HAL-093-010	0	0	86	86	0	0	0	86
Warren	Boyd's Rest Home #2	HAL-093-001	0	0	10	10	0	0	0	10
Warren	Warren Hills Nursing Center	NH0360	20	0	0	20	0	0	0	20
		Warren Totals	**20**	**0**	**96**	**116**	**0**	**0**	**0**	**116**
Washington	Cypress Manor	HAL-094-007	0	0	40	40	0	0	0	40
Washington	The Carrolton of Plymouth	NH0419	9	0	0	9	0	0	0	9
		Washington Totals	**9**	**0**	**40**	**49**	**0**	**0**	**0**	**49**
Watauga	Deerfield Ridge Assisted Living	HAL-095-008	0	0	96	96	0	0	0	96
Watauga	Mountain Care Facilities	HAL-095-002	0	0	60	60	0	0	0	60
Watauga	The Foley Center at Chestnut Ridge	NH0638	20	0	0	20	0	0	0	20

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
		Watauga Totals	**20**	**0**	**156**	**176**	**0**	**0**	**0**	**176**
Wayne	Brookdale Berkeley Boulevard	HAL-096-014	0	0	60	60	0	0	0	60
Wayne	Brookdale Country Day Road	HAL-096-026	0	0	104	104	0	0	0	104
Wayne	Countryside Village	HAL-096-049	0	0	40	40	0	0	0	40
Wayne	Eagle's Pointe	HAL-096-051	0	0	104	104	0	0	0	104
Wayne	Fremont Rest Center	HAL-096-024	0	0	50	50	0	0	0	50
Wayne	Goldsboro Assisted Living & Alzheimer's Care	HAL-096-031	0	0	56	56	0	0	0	56
Wayne	LaGrange Gardens Assisted Living	HAL-096-001	0	0	37	37	0	0	0	37
Wayne	Renu Life Extended	HAL-096-022	0	0	37	37	0	0	0	37
Wayne	Somerset Court of Goldsboro	HAL-096-047	0	0	60	60	0	0	0	60
Wayne	Sutton's Retirement Center	HAL-096-029	0	0	40	40	0	0	0	40
Wayne	Wayne County Rest Villa No. 1	HAL-096-003	0	0	12	12	0	0	0	12
Wayne	Wayne County Rest Villa No. 2	HAL-096-004	0	0	12	12	0	0	0	12
Wayne	Woodard Care	HAL-096-008	0	0	73	73	0	0	0	73
Wayne	Woodard's Retirement Village (Closed 11/3/2020)	HAL-096-009	0	0	60	60	0	0	0	60
		Wayne Totals	**0**	**0**	**745**	**745**	**0**	**0**	**0**	**745**
Wilkes	Rose Glen Manor	HAL-097-015	0	0	60	60	0	0	0	60
Wilkes	The Gardens of Wilkesboro (Replacement facility.)		0	0	0	0	0	99	0	99
Wilkes	Westwood Hills Nursing & Rehabilitation Center	NH0295	10	0	0	10	0	0	0	10
Wilkes	Wilkes County Adult Care (Transfer 99 beds to replacement facility The Gardens of Wilkesboro)	HAL-097-014	0	0	99	99	0	-99	0	0
Wilkes	Wilkesboro Assisted Living Center	HAL-097-016	0	0	102	102	0	0	0	102
Wilkes	Wilkesboro Health and Rehabilitation	NH0509	19	0	0	19	0	0	0	19
		Wilkes Totals	**29**	**0**	**261**	**290**	**0**	**0**	**0**	**290**
Wilson	Morning Star Assisted Living #5	HAL-098-031	0	0	58	58	0	0	0	58
Wilson	Parkwood Village	HAL-098-030	0	0	70	70	0	0	0	70
Wilson	Spring Arbor of Wilson	HAL-098-006	0	0	72	72	0	0	0	72
Wilson	Wilson Assisted Living	HAL-098-027	0	0	88	88	0	0	0	88
Wilson	Wilson House	HAL-098-023	0	0	136	136	0	0	0	136
Wilson	Wilson Pines Nursing and Rehabilitation Center	NH0218	30	0	0	30	0	0	0	30
		Wilson Totals	**30**	**0**	**424**	**454**	**0**	**0**	**0**	**454**
Yadkin	Patriot Living of Yadkinville	HAL-099-018	0	0	50	50	0	0	0	50
Yadkin	Pinebrook Residential Center I	HAL-099-017	0	0	54	54	0	0	0	54
Yadkin	Pinebrook Residential Center II	HAL-099-016	0	0	65	65	0	0	0	65
Yadkin	The Magnolias Over Yadkin (Closed 06/15/2020. 20 beds relicensed to Yadkin Nursing Care Center)	HAL-099-011	0	0	0	0	0	0	0	0
Yadkin	Yadkin Nursing Care Center	NH0224	20	0	0	20	0	0	0	20
		Yadkin Totals	**20**	**0**	**169**	**189**	**0**	**0**	**0**	**189**

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

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Yancey	Southern Living for Seniors of Burnsville, NC	HAL-100-006	0	0	29	29	0	0	0	29
Yancey	Yancey House	HAL-100-005	0	0	70	70	0	0	0	70
		Yancey Totals	**0**	**0**	**99**	**99**	**0**	**0**	**0**	**99**
		Grand Totals	**3,080**	**0**	**38,609**	**41,689**	**610**	**-36**	**0**	**42,263**

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Alamance	570	574	559	595	514	159,371	161,076	165,749	170,483	170,698	3.5766	3.5635	3.3726	3.4901	3.0112	-0.0399	-0.0399	2.6507
Alexander	92	68	82	83	52	38,054	38,452	38,390	38,530	38,524	2.4176	1.7684	2.1360	2.1542	1.3498	-0.1064	-0.1064	0.9190
Alleghany	0	0	0	0	0	11,255	11,233	11,466	11,466	11,558	2.9388	2.8739	2.8239	2.6395	2.5021	-0.0392	-0.0392	0.0000
Anson	49	41	55	59	55	26,155	25,626	25,460	25,290	23,889	1.8734	1.5999	2.1603	2.3329	2.3023	0.0678	0.0383	2.5668
Ashe	103	103	99	97	99	27,318	27,218	27,551	27,861	28,020	3.7704	3.7843	3.5933	3.4816	3.5332	-0.0158	-0.0158	3.3661
Avery	90	89	81	92	90	17,837	18,072	17,913	18,022	18,182	5.0457	4.9247	4.5219	5.1049	4.9500	-0.0018	-0.0018	4.9232
Beaufort	112	114	91	91	84	47,827	47,547	47,438	47,480	47,400	2.3418	2.3976	1.9183	1.9166	1.7722	-0.0631	-0.0631	1.4368
Bertie	89	84	86	85	73	20,413	19,881	19,732	19,636	19,496	4.3600	4.2251	4.3584	4.3288	3.7444	-0.0353	-0.0353	3.3479
Bladen	72	77	73	74	69	35,011	34,393	34,298	34,497	34,421	2.0565	2.2388	2.1284	2.1451	2.0046	-0.0046	-0.0046	1.9770
Brunswick	151	211	251	225	127	125,712	131,726	136,126	142,088	147,644	1.2012	1.6018	1.8439	1.5835	0.8602	-0.0283	-0.0283	0.7871
Buncombe	735	841	813	826	728	257,931	261,532	262,483	264,056	264,408	2.8496	3.2157	3.0973	3.1281	2.7533	-0.0046	-0.0046	2.7157
Burke	282	284	268	310	294	89,274	90,246	91,555	91,810	91,708	3.1588	3.1470	2.9272	3.3765	3.2058	0.0073	0.0073	3.2764
Cabarrus	540	565	620	456	532	200,595	205,473	209,303	212,917	216,841	2.6920	2.7498	2.9622	2.1417	2.4534	-0.0082	-0.0082	2.3932
Caldwell	249	198	180	188	101	82,691	83,303	83,597	83,417	84,230	3.0112	2.3769	2.1532	2.2537	1.1991	-0.1815	-0.1815	0.5462
Camden	10	10	11	11	12	10,223	10,359	10,414	10,611	10,575	0.9782	0.9653	1.0563	1.0367	1.1348	0.0393	0.0383	1.2651
Carteret	145	164	191	149	157	70,115	70,190	70,619	71,163	71,352	2.0680	2.3365	2.7047	2.0938	2.2004	0.0281	0.0281	2.3859
Caswell	101	124	113	87	85	23,615	23,699	23,309	23,664	23,462	4.2769	5.2323	4.8479	3.6765	3.6229	-0.0266	-0.0266	3.3340
Catawba	526	518	521	499	501	156,106	156,949	157,978	159,494	160,732	3.3695	3.3004	3.2979	3.1286	3.1170	-0.0191	-0.0191	2.9386
Chatham	322	326	310	353	245	73,176	74,835	74,491	75,994	77,061	4.4003	4.3563	4.1616	4.6451	3.1793	-0.0635	-0.0635	2.5735
Cherokee	21	22	19	19	17	27,878	29,216	29,288	29,630	29,610	0.7533	0.7530	0.6487	0.6412	0.5741	-0.0638	-0.0638	0.4643
Chowan	106	100	106	94	85	14,418	14,292	14,123	14,114	14,114	7.3519	6.9969	7.5055	6.6601	6.0224	-0.0460	-0.0460	5.1913
Clay	50	46	50	50	48	11,089	11,488	11,646	11,860	11,759	4.5090	4.0042	4.2933	4.2159	4.0820	-0.0224	-0.0224	3.8078
Cleveland	315	319	301	293	315	97,997	98,580	98,717	99,776	100,814	3.2144	3.2360	3.0491	2.9366	3.1246	-0.0060	-0.0060	3.0685
Columbus	135	119	72	84	73	57,095	56,941	56,505	56,290	56,002	2.3645	2.0899	1.2742	1.4923	1.3035	-0.1154	-0.1154	0.8521
Craven	404	352	383	320	345	103,256	103,735	103,569	103,779	103,016	3.9126	3.3933	3.6980	3.0835	3.3490	-0.0307	-0.0307	3.0401
Cumberland	554	543	534	492	573	327,820	329,604	329,079	332,455	333,531	1.6900	1.6474	1.6227	1.4799	1.7180	0.0082	0.0082	1.7601
Currituck	61	63	66	72	53	26,194	26,604	27,321	27,526	28,048	2.3288	2.3681	2.4157	2.6157	1.8896	-0.0395	-0.0395	1.6660
Dare	72	68	73	68	67	36,411	36,792	37,197	37,290	38,027	1.9774	1.8482	1.9625	1.8235	1.7619	-0.0270	-0.0270	1.6190
Davidson	515	493	484	415	432	165,953	167,105	167,762	169,468	170,370	3.1033	2.9502	2.8850	2.4488	2.5357	-0.0468	-0.0468	2.1797
Davie	128	136	146	142	114	41,989	42,727	43,193	43,430	43,746	3.0484	3.1830	3.3802	3.2696	2.6060	-0.0324	-0.0324	2.3527
Duplin	312	287	296	315	278	59,868	59,513	59,629	59,736	60,177	5.2115	4.8225	4.9640	5.2732	4.6197	-0.0267	-0.0267	4.2492
Durham	771	702	751	760	663	302,332	306,184	311,649	315,741	321,261	2.5502	2.2927	2.4098	2.4070	2.0637	-0.0484	-0.0484	1.7640
Edgecombe	250	258	148	144	129	54,248	52,856	53,001	52,586	52,024	4.6085	4.8812	2.7924	2.7384	2.4796	-0.1206	-0.1206	1.5822
Forsyth	1,686	1,602	1,692	1,527	1,354	369,688	372,651	377,523	379,693	380,964	4.5606	4.2989	4.4818	4.0217	3.5541	-0.0584	-0.0584	2.9310
Franklin	90	101	124	153	112	64,925	66,514	67,723	69,112	71,196	1.3862	1.5185	1.8310	2.2138	1.5731	0.0552	0.0383	1.7539
Gaston	921	887	784	706	768	214,664	218,527	221,607	222,744	224,168	4.2904	4.0590	3.5378	3.1696	3.4260	-0.0514	-0.0514	2.8979
Gates	51	42	58	68	2	11,701	11,960	12,079	12,132	11,908	4.3586	3.5117	4.8017	5.6050	0.1680	-0.1574	-0.1574	0.0886

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Graham	7	7	8	7	0	8,722	8,837	8,775	8,687	8,642	0.8026	0.7921	0.9117	0.8058	2.5021	0.5317	0.0383	0.0000
Granville	156	66	113	74	105	58,919	59,975	61,241	61,406	61,628	2.6477	1.1005	1.8452	1.2051	1.7038	0.0398	0.0383	1.8995
Greene	53	41	49	41	40	21,073	21,522	21,301	21,050	20,951	2.5151	1.9050	2.3004	1.9477	1.9092	-0.0520	-0.0520	1.6112
Guilford	1,625	1,614	1,551	1,587	1,375	521,368	523,962	533,213	539,666	538,431	3.1168	3.0804	2.9088	2.9407	2.5537	-0.0470	-0.0470	2.1936
Halifax	50	45	63	111	91	52,062	51,815	51,704	51,194	50,898	0.9604	0.8685	1.2185	2.1682	1.7879	0.2278	0.0383	1.9933
Harnett	470	515	482	452	448	128,597	130,847	133,869	135,239	136,705	3.6548	3.9359	3.6005	3.3422	3.2771	-0.0249	-0.0249	3.0325
Haywood	268	256	234	221	209	61,126	62,277	62,959	63,328	63,481	4.3844	4.1107	3.7167	3.4898	3.2923	-0.0690	-0.0690	2.6110
Henderson	422	342	328	404	385	113,806	116,173	117,312	118,312	118,563	3.7081	2.9439	2.7960	3.4147	3.2472	-0.0210	-0.0210	3.0424
Hertford	135	132	129	134	116	24,402	23,947	24,031	24,037	23,720	5.5323	5.5122	5.3681	5.5747	4.8904	-0.0285	-0.0285	4.4721
Hoke	124	128	74	144	125	52,833	53,343	54,923	54,842	54,682	2.3470	2.3996	1.3473	2.6257	2.2859	0.1008	0.0383	2.5486
Hyde*	0	24	0	0	0	5,678	5,644	5,449	5,181	5,119	2.9388	4.2523	2.8239	2.6395	2.5021	-0.0016	-0.0016	0.0000
Iredell	747	701	672	643	674	173,206	176,563	179,330	181,380	183,309	4.3128	3.9703	3.7473	3.5450	3.6769	-0.0381	-0.0381	3.2567
Jackson	108	108	101	107	97	41,909	43,116	44,272	44,335	44,354	2.5770	2.5049	2.2814	2.4134	2.1870	-0.0383	-0.0383	1.9357
Johnston	428	396	411	378	323	188,761	194,705	199,768	205,951	211,626	2.2674	2.0338	2.0574	1.8354	1.5263	-0.0919	-0.0919	1.1053
Jones	13	15	13	11	11	10,424	10,356	10,100	10,196	10,067	1.2471	1.4484	1.2871	1.0789	1.0927	-0.0247	-0.0247	1.0116
Lee	174	196	183	171	163	58,907	59,337	60,097	61,690	61,663	2.9538	3.3032	3.0451	2.7719	2.6434	-0.0240	-0.0240	2.4532
Lenoir	245	257	224	251	214	58,273	57,477	57,232	56,372	56,876	4.2043	4.4714	3.9139	4.4526	3.7626	-0.0196	-0.0196	3.5410
Lincoln	291	278	282	280	262	82,475	83,251	84,608	86,453	88,699	3.5283	3.3393	3.3330	3.2388	2.9538	-0.0429	-0.0429	2.5734
Macon	145	148	150	152	140	35,091	35,413	36,117	36,498	37,014	4.1321	4.1793	4.1532	4.1646	3.7824	-0.0210	-0.0210	3.5444
Madison	62	64	66	66	59	21,818	22,240	22,523	22,602	22,500	2.8417	2.8777	2.9303	2.9201	2.6222	-0.0186	-0.0186	2.4756
Martin	145	147	139	64	109	23,649	23,510	23,290	23,150	22,904	6.1313	6.2527	5.9682	2.7646	4.7590	0.0397	0.0383	5.3058
McDowell	273	300	296	292	261	45,485	45,716	46,358	46,684	46,530	6.0020	6.5623	6.3851	6.2548	5.6093	-0.0143	-0.0143	5.3684
Mecklenburg	2,216	2,390	2,370	1,892	2,208	1,055,826	1,077,301	1,093,708	1,108,107	1,118,775	2.0988	2.2185	2.1669	1.7074	1.9736	-0.0056	-0.0056	1.9404
Mitchell	61	64	73	78	70	15,328	15,237	15,234	15,239	15,112	3.9796	4.2003	4.7919	5.1184	4.6321	0.0424	0.0383	5.1643
Montgomery	147	149	140	138	135	27,894	27,865	27,926	27,666	27,753	5.2700	5.3472	5.0132	4.9881	4.8643	-0.0194	-0.0194	4.5812
Moore	496	509	502	499	423	95,789	97,597	99,310	101,180	102,814	5.1780	5.2153	5.0549	4.9318	4.1142	-0.0534	-0.0534	3.4549
Nash	321	302	303	303	274	94,280	94,365	95,072	95,647	96,669	3.4048	3.2003	3.1871	3.1679	2.8344	-0.0439	-0.0439	2.4614
New Hanover	692	707	681	684	641	223,152	227,261	233,595	235,560	235,231	3.1010	3.1110	2.9153	2.9037	2.7250	-0.0313	-0.0313	2.4691
Northampton	158	163	159	159	137	21,037	20,709	20,711	20,527	20,054	7.5106	7.8710	7.6771	7.7459	6.8316	-0.0214	-0.0214	6.3923
Onslow	254	257	264	164	161	196,830	195,621	198,783	201,548	210,056	1.2905	1.3138	1.3281	0.8137	0.7665	-0.1041	-0.1041	0.5271
Orange	347	366	361	362	322	141,704	142,365	144,372	147,093	147,907	2.4488	2.5709	2.5005	2.4610	2.1770	-0.0272	-0.0272	1.9996
Pamlico	38	40	52	67	42	13,177	13,268	13,273	13,266	13,277	2.8838	3.0148	3.9177	5.0505	3.1634	0.0651	0.0383	3.5268
Pasquotank	183	182	181	187	169	39,959	40,598	39,826	39,731	39,952	4.5797	4.4830	4.5448	4.7067	4.2301	-0.0182	-0.0182	3.9986
Pender	163	102	122	117	103	59,105	60,999	62,359	63,406	63,949	2.7578	1.6722	1.9564	1.8453	1.6107	-0.1019	-0.1019	1.1183
Perquimans	20	20	24	22	22	13,699	13,546	13,729	13,639	13,807	1.4600	1.4765	1.7481	1.6130	1.5934	0.0265	0.0265	1.7199
Person	160	161	156	151	153	39,712	39,868	40,014	40,370	40,450	4.0290	4.0383	3.8986	3.7404	3.7824	-0.0154	-0.0154	3.6076
Pitt	463	437	469	453	418	176,311	176,424	179,388	179,731	183,285	2.6260	2.4770	2.6144	2.5204	2.2806	-0.0331	-0.0331	2.0542

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

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Annual Change Rate	Selected Change Rate (County or Adjusted County)	Bed Rate per 1,000
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020			
Polk	122	117	104	103	109	20,927	21,154	21,468	21,696	21,923	5.8298	5.5309	4.8444	4.7474	4.9719	-0.0370	-0.0370	4.4196
Randolph	433	396	400	341	352	143,091	144,672	143,907	144,914	145,246	3.0260	2.7372	2.7796	2.3531	2.4235	-0.0509	-0.0509	2.0536
Richmond	137	134	146	146	136	45,301	44,892	45,032	45,079	45,014	3.0242	2.9849	3.2421	3.2388	3.0213	0.0012	0.0012	3.0326
Robeson	417	328	385	363	349	133,117	132,020	131,303	131,056	131,238	3.1326	2.4845	2.9321	2.7698	2.6593	-0.0305	-0.0305	2.4160
Rockingham	287	283	278	252	247	91,981	91,790	91,273	91,788	91,915	3.1202	3.0831	3.0458	2.7455	2.6873	-0.0359	-0.0359	2.3975
Rowan	562	521	443	442	412	140,963	141,917	142,342	142,643	143,274	3.9869	3.6712	3.1122	3.0986	2.8756	-0.0769	-0.0769	2.2118
Rutherford	312	300	320	322	293	67,665	67,796	68,772	68,908	69,049	4.6110	4.4250	4.6531	4.6729	4.2434	-0.0191	-0.0191	4.0001
Sampson	186	187	186	190	161	63,993	63,143	64,019	64,284	64,053	2.9066	2.9615	2.9054	2.9556	2.5135	-0.0331	-0.0331	2.2641
Scotland	88	145	95	101	75	35,626	35,686	35,802	35,732	35,724	2.4701	4.0632	2.6535	2.8266	2.0994	0.0265	0.0265	2.2663
Stanly	177	182	173	182	150	61,447	62,443	63,465	63,727	64,691	2.8805	2.9147	2.7259	2.8559	2.3187	-0.0483	-0.0483	1.9825
Stokes	229	221	220	221	207	46,735	46,728	46,604	46,420	46,684	4.9000	4.7295	4.7206	4.7609	4.4341	-0.0242	-0.0242	4.1122
Surry	364	355	387	336	348	73,195	72,843	73,117	73,232	73,548	4.9730	4.8735	5.2929	4.5882	4.7316	-0.0090	-0.0090	4.6044
Swain	0	0	21	43	47	15,106	14,999	14,862	14,275	14,489	2.9388	2.8739	1.4130	3.0123	3.2438	0.1696	0.0383	3.6165
Transylvania	76	79	98	96	81	34,056	34,464	35,034	35,484	35,511	2.2316	2.2922	2.7973	2.7054	2.2810	0.0144	0.0144	2.3798
Tyrrell**	0	18	49	42	40	4,215	4,138	4,309	4,259	3,767	2.9388	4.3499	11.3715	9.8615	10.6185	0.5096	0.0383	11.8385
Union	435	425	416	400	363	224,030	228,171	232,814	237,287	238,740	1.9417	1.8626	1.7868	1.6857	1.5205	-0.0590	-0.0590	1.2513
Vance	50	49	45	42	37	45,113	44,862	45,157	45,969	45,435	1.1083	1.0922	0.9965	0.9137	0.8144	-0.0735	-0.0735	0.6348
Wake	2,290	2,199	2,219	1,823	2,114	1,029,789	1,048,771	1,073,993	1,089,579	1,102,782	2.2238	2.0967	2.0661	1.6731	1.9170	-0.0290	-0.0290	1.7499
Warren	80	78	73	78	66	20,469	20,133	20,174	20,022	19,767	3.9083	3.8742	3.6185	3.8957	3.3389	-0.0353	-0.0353	2.9857
Washington	42	42	41	45	41	12,508	12,349	12,239	12,071	12,039	3.3579	3.4011	3.3499	3.7279	3.4056	0.0061	0.0061	3.4674
Watauga	83	104	105	101	87	54,340	56,170	57,646	57,899	57,011	1.5274	1.8515	1.8215	1.7444	1.5260	0.0071	0.0071	1.5586
Wayne	490	497	511	529	460	124,900	124,945	124,658	125,825	126,339	3.9231	3.9778	4.0992	4.2043	3.6410	-0.0160	-0.0160	3.4665
Wilkes	140	166	179	183	153	69,663	70,536	69,907	70,200	70,263	2.0097	2.3534	2.5605	2.6068	2.1775	0.0281	0.0281	2.3612
Wilson	383	375	374	293	236	82,152	82,035	81,968	82,282	83,495	4.6621	4.5712	4.5628	3.5609	2.8265	-0.1118	-0.1118	1.8786
Yadkin	53	82	113	115	108	37,521	37,687	38,477	38,196	38,145	1.4125	2.1758	2.9368	3.0108	2.8313	0.2139	0.0383	3.1566
Yancey	78	80	77	80	88	17,980	18,199	18,363	18,623	18,909	4.3382	4.3958	4.1932	4.2958	4.6539	0.0188	0.0188	4.9157
State Total	29,854	29,523	29,374	27,737	26,491	10,158,475	10,272,692	10,401,960	10,508,254	10,587,440	2.9388	2.8739	2.8239	2.6395	2.5021	-0.0392		

* The 2017 patient data point for Hyde County is hypothetical and based on the proportion of the Hyde/Tyrrell service area 2017 population that was located in Hyde County (57.7%) of the total number of ACH patients served by Tyrrell House according to the 2017 facility census data (42). Therefore, the methodology assumes that 57.7% of the 42 patients in Tyrrell House were from Hyde County.

** The 2017 patient data point for Tyrrell County is hypothetical and based on the proportion of the Hyde/Tyrrell service area 2017 population that was located in Tyrrell County (42.3%) of the total number of ACH patients served by Tyrrell House according to the 2017 facility census data (42). Therefore, the methodology assumes that 42.3% of the 42 patients in Tyrrell House were from Tyrrell County.

Table 11C: Adult Care Home Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Alamance	2.6507	178,981	474	499	706	207		77.96%	0
Alexander	0.9190	39,324	36	38	126	88		81.10%	0
Alleghany	0.0000	11,911	0	0	40	40		0.00%	0
Anson	2.5668	23,527	60	64	60	-4	-5.61%	98.67%	0
Ashe	3.3661	29,104	98	103	115	12		87.14%	0
Avery	4.9232	18,445	91	96	100	4		91.25%	0
Beaufort	1.4368	47,128	68	71	217	146		78.52%	0
Bertie	3.3479	18,930	63	67	105	38		79.77%	0
Bladen	1.9770	34,034	67	71	150	79		76.11%	0
Brunswick	0.7871	164,483	129	136	883	747		23.05%	0
Buncombe	2.7157	273,348	742	781	949	168		80.08%	0
Burke	3.2764	92,465	303	319	348	29		84.50%	0
Cabarrus	2.3932	237,030	567	597	977	380		63.81%	0
Caldwell	0.5462	86,200	47	50	427	377		57.76%	0
Camden	1.2651	10,585	13	14	24	10		50.00%	0
Carteret	2.3859	73,594	176	185	296	111		61.73%	0
Caswell	3.3340	23,347	78	82	207	125		80.50%	0
Catawba	2.9386	166,352	489	515	706	191		73.13%	0
Chatham	2.5735	84,330	217	228	398	170		66.00%	0
Cherokee	0.4643	30,803	14	15	104	89		70.83%	0
Chowan	5.1913	13,905	72	76	120	44		75.66%	0
Clay	3.8078	12,324	47	49	70	21		74.62%	0
Cleveland	3.0685	102,959	316	333	423	90		89.36%	0
Columbus	0.8521	54,597	47	49	125	76		57.08%	0
Craven	3.0401	96,626	294	309	509	200		80.70%	0
Cumberland	1.7601	310,222	546	575	904	329		81.87%	0
Currituck	1.6660	29,980	50	53	90	37		74.05%	0

Table 11C: Adult Care Home Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Dare	1.6190	39,864	65	68	102	34		65.69%	0
Davidson	2.1797	176,235	384	404	577	173		80.23%	0
Davie	2.3527	46,453	109	115	212	97		53.77%	0
Duplin	4.2492	60,720	258	272	387	115		81.52%	0
Durham	1.7640	342,889	605	637	1,010	373		79.03%	0
Edgecombe	1.5822	49,798	79	83	312	229		72.45%	0
Forsyth	2.9310	394,665	1,157	1,218	2,013	795		81.88%	0
Franklin	1.7539	76,685	134	142	184	42		61.30%	0
Gaston	2.8979	231,109	670	705	1,089	384		70.00%	0
Gates	0.0886	11,751	1	1	80	79		10.00%	0
Graham	0.0000	8,496	0	0	23	23		23.47%	0
Granville	1.8995	64,730	123	129	251	122		69.80%	0
Greene	1.6112	20,844	34	35	57	22		78.25%	0
Guilford	2.1936	555,743	1,219	1,283	2,035	752		66.67%	0
Halifax	1.9933	48,859	97	103	309	206		36.55%	0
Harnett	3.0325	142,981	434	456	666	210		68.01%	0
Haywood	2.6110	65,587	171	180	323	143		70.00%	0
Henderson	3.0424	125,351	381	401	558	157		79.27%	0
Hertford	4.4721	23,349	104	110	173	63		75.00%	0
Hoke	2.5486	54,475	139	146	173	27		78.67%	0
Hyde	0.0000	4,975	0	0	30	30		0.00%	0
Iredell	3.2567	194,916	635	668	934	266		76.32%	0
Jackson	1.9357	46,172	89	94	145	51		75.74%	0
Johnston	1.1053	239,055	264	278	773	495		47.66%	0
Jones	1.0116	10,012	10	11	20	9		64.35%	0
Lee	2.4532	64,083	157	165	323	158		50.46%	0
Lenoir	3.5410	56,175	199	209	327	118		70.00%	0

Table 11C: Adult Care Home Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2025 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Lincoln	2.5734	94,437	243	256	381	125		86.78%	0
Macon	3.5444	39,642	141	148	178	30		83.26%	0
Madison	2.4756	23,130	57	60	89	29		71.31%	0
Martin	5.3058	22,148	118	124	182	58		67.18%	0
McDowell	5.3684	47,021	252	266	350	84		83.69%	0
Mecklenburg	1.9404	1,223,734	2,375	2,500	3,081	581		70.77%	0
Mitchell	5.1643	14,924	77	81	80	-1	-1.39%	90.64%	0
Montgomery	4.5812	27,814	127	134	196	62		71.55%	0
Moore	3.4549	109,896	380	400	535	135		74.91%	0
Nash	2.4614	98,652	243	256	522	266		72.53%	0
New Hanover	2.4691	250,814	619	652	1,003	351		59.08%	0
Northampton	6.3923	18,529	118	125	242	117		82.50%	0
Onslow	0.5271	187,015	99	104	438	334		57.32%	0
Orange	1.9996	154,796	310	326	401	75		74.40%	0
Pamlico	3.5268	13,302	47	49	78	29		64.16%	0
Pasquotank	3.9986	39,734	159	167	290	123		63.09%	0
Pender	1.1183	67,936	76	80	179	99		62.96%	0
Perquimans	1.7199	14,258	25	26	124	98		45.93%	0
Person	3.6076	40,964	148	156	214	58		76.47%	0
Pitt	2.0542	194,033	399	420	567	147		83.00%	0
Polk	4.4196	22,700	100	106	122	16		90.00%	0
Randolph	2.0536	148,513	305	321	567	246		68.44%	0
Richmond	3.0326	44,352	135	142	184	42		78.67%	0
Robeson	2.4160	130,094	314	331	445	114		81.96%	0
Rockingham	2.3975	91,585	220	231	419	188		59.23%	0
Rowan	2.2118	145,376	322	338	856	518		44.13%	0
Rutherford	4.0001	70,734	283	298	518	220		67.06%	0

Table 11C: Adult Care Home Bed Need Projections for 2025

A	B	C	D	E	F	G	H	I	J
County	**Bed Rate per 1,000**	**2025 Population (Civilian)**	**Projected Bed Utilization**	**Projected Bed Utilization with Vacancy Factor***	**Licensed Plus Previous Allocations (Total Planning Inventory)**	**Surplus/ Deficit "-"**	**Deficit Index**	**Adjusted Occupancy Rate****	**Bed Need**
Sampson	2.2641	63,967	145	152	282	130		87.60%	0
Scotland	2.2663	35,471	80	85	100	15		86.44%	0
Stanly	1.9825	66,127	131	138	248	110		74.27%	0
Stokes	4.1122	46,700	192	202	300	98		75.02%	0
Surry	4.6044	73,801	340	358	460	102		79.73%	0
Swain	3.6165	14,616	53	56	50	-6	-10.14%	96.52%	10
Transylvania	2.3798	36,862	88	92	134	42		64.04%	0
Tyrrell	11.8385	3,727	44	46	50	4		80.00%	0
Union	1.2513	260,936	327	344	596	252		84.62%	0
Vance	0.6348	45,373	29	30	218	188		17.15%	0
Wake	1.7499	1,199,232	2,099	2,209	3,201	992		67.01%	0
Warren	2.9857	18,820	56	59	116	57		65.37%	0
Washington	3.4674	11,584	40	42	49	7		83.67%	0
Watauga	1.5586	60,968	95	100	176	76		63.38%	0
Wayne	3.4665	125,765	436	459	745	286		72.60%	0
Wilkes	2.3612	71,341	168	177	290	113		57.22%	0
Wilson	1.8786	86,366	162	171	454	283		64.54%	0
Yadkin	3.1566	38,049	120	126	189	63		78.65%	0
Yancey	4.9157	20,114	99	104	99	-5	-4.88%	90.12%	0
State Total		11,036,458	25,017	26,334	42,263				10

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

** Adjusted Occupancy Rate is calculated using highest of the median or weighted mean of the one-day census or the total days of care of facilities in the service area.

Table 11D: Adult Care Home Bed Need Determination*

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Swain	I	10	July 15, 2022	August 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

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

County	License Number	Name	Adult Care Home Beds
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Alamance	NH0621	Twin Lakes Community Memory Care	16
Alamance	NH0351	Twin Lakes Community	4
Buncombe	HAL-011-371	Heather Glen at Ardenwoods	60
Buncombe	NH0147	Givens Highland Farms	30
Buncombe	NH0484	Givens Health Center	14
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	NH0619	The Arbor	51
Chatham	HAL-019-006	Pittsboro Christian Village	40
Davidson	NH0390	Piedmont Crossing	20
Durham	NH0536	The Forest at Duke	34
Durham	HAL-032-020	Croasdaile Village	64
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	106
Forsyth	NH0154	Salemtowne	20
Forsyth	HAL-034-103	Salemtowne	46
Gaston	NH0332	Covenant Village Inc	42
Gaston	NH0386	Stanley Total Living Center Inc	40
Guilford	NH0612	River Landing at Sandy Ridge	58
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	12
Guilford	NH0190	Friends Homes at Guilford	60
Guilford	NH0546	Well-Spring	72
Guilford	NH0554	Friends Homes West	40
Guilford	NH0005	Maryfield Nursing Home	26
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg		St. Margaret's of Trevi Village	0

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

County	License Number	Name	Adult Care Home Beds
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg	NH0660	Windsor Run, LLC	10
Mecklenburg		The Barclay at SouthPark	0
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg	NH0584	The Stewart Health Center	4
Mecklenburg	NH0466	WillowBrooke Court SC Ctr at Matthews Glen	60
Mecklenburg	NH0121	Sharon Towers	40
Mecklenburg	NH0414	Southminster	25
Moore	NH0127	Penick Village	42
Moore	HAL-063-016	The Coventry	60
New Hanover	NH0649	Bradley Creek Health Center	78
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	HAL-068-020	The Carol Woods Retirement Community- Building 6	12
Orange	NH0258	Carol Woods	65
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Pitt	NH0473	Cypress Glen Retirement Community	30
Polk	NH0399	White Oak Manor-Tryon	18
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Rowan	NH0197	Trinity Oaks	12
Scotland	NH0457	Scotia Village	32
Wake	NH0549	Glenaire	9
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	18
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0636	Brittany Place	14
Wake		Brightmore Healthcare Center of Cary	0
Wake	NH0658	Swift Creek Health Center	82

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

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

Chapter 12:

Home Health Services

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CHAPTER 12
HOME HEALTH SERVICES

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

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

A Medicare-certified home health agency or office's service area is the county in which the agency or office is located. Each of the 100 counties in the state is a separate service area.

The ***reporting year*** for a home health agency or office is either October 1 through September 30 or July 1 through June 30; facilities may choose their reporting period. The "current" reporting year is either October 1, 2019 through September 30, 2020, or July 1, 2019 through June 30, 2020.

The methodology projects need one year beyond the publication year of the current State Medical Facilities Plan (SMFP). The current projection year is 2023.

Changes from the Previous Plan
This chapter contains no substantive changes from the previous SMFP.

Basic Principles
The North Carolina State Health Coordinating Council encourages home health applicants to:

1. provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide services);

2. provide the widest range of treatments within a given service;

3. offer services seven days per week as required to meet patient needs; and

4. address special needs populations.

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

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

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

Assumptions of the Methodology

1. The projection year is one year beyond the Plan year to allow time for completion of the certificate of need review cycles and for staffing of new agencies or offices.

2. Data aggregation and projections use four age groups (under 18, 18-64, 65-74, and 75 and over) to allow a more definitive examination of trends in services to children and to senior adults.

3. The methodology uses current age-specific use rates as the basis for projection of future need.

4. The methodology excludes the estimated active duty military population in the 18-64 age group for any county with more than 500 active duty military personnel.

5. The methodology calculates the average annual change in use rates per 1,000 population over the previous three reporting years for each age group in each Councils of Governments (COG) region. The calculations apply this result to the current use rates per 1,000 population for each county within each COG region to calculate changes in the number of patients projected to need home health services by the projection year.

6. A county needs a new home health agency or office if the projected unmet need in a single county is 325 patients or more.

7. When the methodology or policy determines a need for additional agencies or offices, the three annual Plans following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office.

Application of the Methodology

Step 1: For each COG region and each age group, calculate the Average Annual Change Rate in Number of Patients *(Table 12B, Columns B, E, and H)* over the three previous reporting years *(Table 12B, Column K)*.

Step 2: For each COG region and each age group, calculate the Average Annual Change Rate in Use Rates per 1,000 Population *(Table 12B, Columns D, G, and J)* over the three previous reporting years *(Table 12B, Column L)*. The use rates for the current reporting year are:

Age Group	2020 Use Rate
Under Age 18	0.81
Ages 18 – 64	9.60
Ages 65 – 74	60.34
Ages 75 & Over	159.75

Step 3: For each county, for each age group, total the number of home health patients served during the reporting year *(Table 12C, Column B)*.

Step 4: For each county, multiply the COG's Average Annual Change Rate in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 *(Table 12C, Column C)*.

Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year *(Table 12C, Column D)*.

Step 6: For each county and age group, divide the number of patients served during the reporting year *(Table 12C, Column B)* by the county population in thousands for each age group to obtain county use rates per 1,000 population *(Table 12C, Column E).*

Step 7: Multiply the COG's Average Annual Rate of Change in Use Rate per 1,000 Population *(Table 12C, Column F)* for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 *(Table 12C, Column E)*.

Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group *(Table 12C, Column G)*.

Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population *(Table 12C, Column G)* by the projected population *(Table 12C, Column H)*. The result is the projected number of patients during the projection year *(Table 12C, Column I)*.

Step 10: In counties that have a need determination for additional agencies or offices, the three annual Plans following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office. *(Table 12D, Column B)*.

Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year *(Table 12D, Column C)*.

Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year *(Table 12D, Column D)*.

Step 13: For each county, subtract the Projected Utilization in the projection *(Table 12D, Column D)* from the Adjusted Total Projected Patients *(Table 12D, Column C)*. The remainder is the projected additional number of patients who will need home health services in the projection year *(Table 12D, Column E)*. A deficit (unmet need) shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.

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

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

The former Table 12A, Home Health Data by County of Patient Origin, is available on the Healthcare Planning website at:

https://info.ncdhhs.gov/dhsr/ncsmfp/index.html

or

https://info.ncdhhs.gov/dhsr/mfp/publications.html#por

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

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Alamance	HC0134	Amedisys Home Health	729	658	1387
Alamance	HC0249	Advanced Home Health	1317	428	1745
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	6	4	10
Alexander	HC0476	Medi Home Health Agency	267	1389	1656
Alleghany	HC0478	Medi Home Health and Hospice	223	236	459
Anson	HC0264	Liberty Home Care	50	360	410
Ashe	HC0479	Medi Home Health and Hospice	650	0	650
Avery	HC0317	PruittHealth @ Home - Avery	32	6	38
Beaufort	HC0329	Kindred at Home	791	1528	2319
Beaufort	HC1634	Vidant Home Health and Hospice	539	175	714
Bertie	HC0480	Albemarle Home Care and Hospice	104	0	104
Bertie	HC1052	Vidant Home Health and Hospice	255	254	509
Bladen	HC0309	Liberty Home Care	164	27	191
Bladen	HC0481	Advanced Home Health	49	367	416
Brunswick	HC0288	Liberty Home Care	875	8	883
Brunswick	HC1500	AssistedCare Home Health	679	1667	2346
Brunswick	HC4816	PruittHealth @ Home - Brunswick	21	51	72
Buncombe	HC0114	CarePartners Home Health Services	3935	1707	5642
Buncombe	HC2114	Kindred at Home	1725	2946	4671
Burke	HC0105	Atrium Health At Home Blue Ridge	1052	738	1790
Cabarrus	HC0281	Advanced Home Health	665	967	1632
Cabarrus	HC0486	BAYADA Home Health Care, Inc.	518	288	806
Caldwell	HC0487	Advanced Home Health	453	359	812
Camden	HC0473	Albemarle Home Care and Hospice	112	0	112
Carteret	HC0073	Kindred at Home	535	172	707
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	778	0	778
Carteret	HC1353	Liberty Home Care	197	58	255
Caswell	HC0489	Caswell County Home Health Agency	175	18	193
Catawba	HC0057	Guardian Home Health	380	590	970
Catawba	HC0227	Kindred at Home	1644	408	2052
Catawba	HC0272	Kindred at Home	812	1883	2695
Catawba	HC0490	Kindred at Home	29	0	29
Catawba	HC1902	Interim Healthcare of the Triad, Inc.	130	86	216
Chatham	HC0528	Liberty Home Care	184	64	248
Chatham	HC2803	UNC Home Health	548	5	553
Cherokee	HC0275	Mountain Home Health**	0	0	0
Chowan	HC0474	Albemarle Home Care and Hospice	150	0	150
Clay	HC0104	Mountain Home Health Services	317	1026	1343
Clay	HC0318	Mountain Home Health	0	5	5
Cleveland	HC0042	Atrium Health At Home Cleveland	904	453	1357
Cleveland	HC0221	Kindred at Home	1915	937	2852
Columbus	HC0320	Liberty Home Care	624	29	653
Columbus	HC0492	Kindred at Home	179	683	862

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

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Craven	HC0165	CarolinaEast Home Care	625	117	742
Craven	HC0493	PruittHealth @ Home - New Bern	408	227	635
Cumberland	HC0274	Liberty Home Care	2	1	3
Cumberland	HC0283	Cape Fear Valley Home Health	1404	361	1765
Cumberland	HC0292	Amedisys Home Health of Fayetteville	842	227	1069
Cumberland	HC0359	HealthKeeperz	541	754	1295
Cumberland	HC3421	Five Points Home Health	509	202	711
Currituck	HC0475	Albemarle Home Care and Hospice	346	346	692
Dare	HC0494	Dare Home Health & Dare Hospice	406	0	406
Davidson	HC0124	Liberty Home Care	17	237	254
Davidson	HC0358	BAYADA Home Health Care, Inc.	596	235	831
Davidson	HC0495	Amedisys Home Health Care	298	552	850
Davidson	HC0521	Medi Home Health & Hospice	581	1105	1686
Davidson	HC1104	Encompass Health Home Health	317	1033	1350
Davie	HC0496	Well Care Home Health, Inc.	515	2898	3413
Duplin	HC0053	Vidant Home Health and Hospice	436	277	713
Durham	HC0145	Amedisys Home Health	639	508	1147
Durham	HC0327	Brookdale Home Health Raleigh	299	1226	1525
Durham	HC0360	Duke Home Health	2055	2117	4172
Durham	HC1176	Liberty Home Care	0	101	101
Durham	HC2111	Kindred at Home	34	9	43
Forsyth	HC0005	BAYADA Home Health Care, Inc.	951	604	1555
Forsyth	HC0231	Kindred at Home	695	65	760
Forsyth	HC0409	Wake Forest Baptist Health Care at Home, LLC	862	576	1438
Forsyth	HC0499	Advanced Home Health	2759	1952	4711
Forsyth	HC0567	Kindred at Home	911	452	1363
Forsyth	HC1131	Kindred at Home	20	11	31
Forsyth	HC1210	Kindred at Home	25	3	28
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	528	211	739
Forsyth	HC1886	Interim HealthCare of the Triad, Inc.	282	110	392
Forsyth	HC4901	PruittHealth @ Home - Forsyth	117	58	175
Franklin	HC0078	Amedisys Home Health	159	1023	1182
Franklin	HC0215	Kindred at Home	282	585	867
Franklin	HC0500	Franklin County Home Health Agency	178	22	200
Gaston	HC0268	Kindred at Home	1574	10	1584
Gaston	HC0353	Amedisys Home Health Care	519	656	1175
Gaston	HC0356	BAYADA Home Health Care, Inc.	343	507	850
Gaston	HC0906	Advanced Home Health	2765	748	3513
Gaston	HC1903	Interim HealthCare of the Triad, Inc.	604	170	774
Greene	HC0168	AssistedCare of the Carolinas	152	1468	1620
Guilford	HC0297	Advanced Home Health	3017	660	3677
Guilford	HC0303	Encompass Health Home Health	950	824	1774
Guilford	HC0374	Hospice and Palliative Care of Greensboro**	0	0	0

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

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Guilford	HC0395	Brookdale Home Health Winston	957	894	1851
Guilford	HC0952	Kindred at Home	2323	1575	3898
Guilford	HC1177	Liberty Home Care**	0	0	0
Guilford	HC1286	BAYADA Home Health Care, Inc.	1087	403	1490
Guilford	HC1885	Interim HealthCare of the Triad, Inc.	432	93	525
Halifax	HC0765	Liberty Home Care VI, LLC	139	38	177
Harnett	HC0125	Liberty Home Care	483	922	1405
Harnett	HC0503	Kindred at Home	249	250	499
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	729	13	742
Haywood	HC0279	CarePartners Home Health Services	821	440	1261
Henderson	HC0201	Pardee Home Care	917	77	994
Henderson	HC0440	CarePartners Home Health Services	721	550	1271
Henderson	HC0911	AdventHealth Home Care Western North Carolina	745	539	1284
Hertford	HC0504	Liberty Home Care VII, LLC	24	74	98
Hoke	HC0277	Liberty Home Care	12	3	15
Hyde	HC0379	Liberty Home Care VII, LLC	75	25	100
Iredell	HC0159	Kindred at Home	1560	188	1748
Iredell	HC0515	Iredell Home Health	1291	261	1552
Iredell	HC1325	Lake Norman Home Health	417	180	597
Jackson	HC0157	Harris Home Health	461	542	1003
Johnston	HC0383	Johnston Health Home Care and Hospice	1028	77	1105
Johnston	HC0507	3HC	630	231	861
Jones	HC0431	Kindred at Home	126	1426	1552
Jones	HC0506	3HC	72	692	764
Lee	HC0426	Liberty Home Care	370	67	437
Lenoir	HC0195	3HC	618	133	751
Lenoir	HC0428	Kindred at Home	935	228	1163
Lenoir	HC1565	Kindred at Home	113	544	657
Lincoln	HC0135	Atrium Health At Home Lincoln	418	326	744
Lincoln	HC0391	Kindred at Home	1014	112	1126
Macon	HC0324	CarePartners Home Care & Hospice	801	66	867
Madison	HC0419	Madison Home Care & Hospice	196	56	252
Martin	HC0525	Roanoke Home Care & Hospice	189	4	193
McDowell	HC0435	Encompass Health Home Health	305	901	1206
Mecklenburg	HC0097	Kindred at Home	3247	4	3251
Mecklenburg	HC0138	Kindred at Home	29	0	29
Mecklenburg	HC0171	Advanced Home Health	2490	571	3061
Mecklenburg	HC0355	BAYADA Home Health Care, Inc.	1718	713	2431
Mecklenburg	HC0369	Brookdale Home Health Charlotte	1032	1027	2059
Mecklenburg	HC0787	Kindred at Home	364	418	782
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2630	78	2708
Mecklenburg	HC1152	Maxim Healthcare Services	53	70	123
Mecklenburg	HC1901	Interim HealthCare of the Triad, Inc.	2164	620	2784

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

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Mecklenburg	HC3694	Liberty Home Care and Hospice	69	17	86
Mecklenburg	HC3966	PHC Home Health	612	330	942
Mecklenburg	HC4677	Atrium Health At Home University City	659	1305	1964
Mecklenburg	HC5130	Well Care Home Health of the Piedmont, Inc.	38	34	72
Mitchell	HC0319	PruittHealth @ Home - Mitchell	107	13	120
Moore	HC0002	Liberty Home Care	366	358	724
Moore	HC0332	FirstHealth Home Care	1311	388	1699
Nash	HC0497	Kindred at Home	785	1485	2270
Nash	HC0520	HealthView Home Health & Hospice	303	348	651
New Hanover	HC0196	Liberty Home Care	455	8	463
New Hanover	HC1231	Well Care Home Health	2274	6979	9253
Northampton	HC0530	Northampton County Home Health Agency	330	18	348
Onslow	HC0316	Liberty Home Care	242	83	325
Onslow	HC0531	Lower Cape Fear Lifecare	288	29	317
Onslow	HC1209	Continuum Home Care and Hospice	105	7	112
Orange	HC0030	UNC Home Health	954	683	1637
Orange	HC0166	Amedisys Home Health of Chapel Hill	273	940	1213
Pasquotank	HC0471	Albemarle Home Care and Hospice	529	0	529
Pasquotank	HC1071	Sentara Home Care Services	495	643	1138
Pender	HC0532	NHRMC Home Care	596	3304	3900
Pender	HC1241	Liberty Home Care	34	11	45
Perquimans	HC0472	Albemarle Home Care and Hospice	206	202	408
Person	HC0354	BAYADA Home Health Care, Inc.	287	367	654
Person	HC0533	Medi Home Health Agency	159	97	256
Pitt	HC0328	Kindred at Home	1657	651	2308
Pitt	HC0509	3HC	526	105	631
Pitt	HC1443	Vidant Home Health and Hospice	1144	354	1498
Polk	HC0436	Encompass Health Home Health	305	241	546
Randolph	HC0397	HealthKeeperz**	0	0	0
Randolph	HC0522	Home Health of Randolph Hospital	1260	162	1422
Randolph	HC0929	Encompass Health Home Health	240	701	941
Richmond	HC0423	FirstHealth Home Care-Richmond	594	307	901
Robeson	HC0235	Southeastern Home Health**	0	0	0
Robeson	HC0352	Liberty Home Care	784	159	943
Robeson	HC0526	Robeson County Home Health Agency	562	12	574
Robeson	HC1178	Liberty Home Care**	0	0	0
Robeson	HC1185	Kindred at Home	282	938	1220
Rockingham	HC0217	Advanced Home Health	1564	836	2400
Rowan	HC0265	Kindred at Home	1279	13	1292
Rowan	HC0270	Kindred at Home	207	1990	2197
Rowan	HC0357	BAYADA Home Health Care, Inc.	398	833	1231
Rowan	HC0399	Advanced Home Health	1421	301	1722
Rutherford	HC0186	Carolina Home Care	912	170	1082

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

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Rutherford	HC0445	Encompass Health Home Health	358	182	540
Sampson	HC0255	3HC	447	1148	1595
Sampson	HC0257	Sampson Home Health	457	0	457
Scotland	HC0403	Healthkeeperz	482	898	1380
Stanly	HC0308	Atrium Health At Home Stanly	663	249	912
Stanly	HC0514	Advance Home Health	49	0	49
Stokes	HC0517	Kindred at Home	41	3	44
Stokes	HC1699	Kindred at Home	623	918	1541
Surry	HC0296	PruittHealth @ Home - Pilot Mountain	105	85	190
Surry	HC0420	Liberty Home Care V, LLC	212	46	258
Transylvania	HC0067	CarePartners Home Care & Hospice	953	68	1021
Tyrrell	HC0524	Roanoke Home Care & Hospice	81	2	83
Union	HC1238	Atrium Health at Home - Union	902	464	1366
Union	HC2057	Kindred at Home	1236	302	1538
Vance	HC0501	3HC	226	645	871
Vance	HC0823	Maria Parham Regional Home Health	230	118	348
Wake	HC0031	Transitions LifeCare	424	176	600
Wake	HC0074	Well Care Home Health, Inc.	2569	6126	8695
Wake	HC0299	Kindred at Home	1615	575	2190
Wake	HC0339	Intrepid USA Healthcare Services	409	221	630
Wake	HC0422	UNC Home Health Services	2703	57	2760
Wake	HC0828	Aveanna Healthcare	59	18	77
Wake	HC1028	Maxim Healthcare Services**	0	0	0
Wake	HC1293	WakeMed Home Health	3457	461	3918
Wake	HC1437	North Carolina Home Health	121	166	287
Wake	HC2112	Medi Home Health Agency	1032	466	1498
Wake	HC2562	Liberty Home Care	292	57	349
Wake	HC3820	BAYADA Home Health Care, Inc.	1770	743	2513
Wake	HC4331	Personal Home Care of North Carolina, LLC***	0	0	0
Wake	HC4538	PruittHealth @ Home - Wake	265	160	425
Wake	HC5229	Well Care Home Health of the Southern Triangle***	0	0	0
Warren	HC0341	Warren County Home Health Agency**	0	0	0
Washington	HC0523	Roanoke Home Care	126	5	131
Watauga	HC0477	Medi Home Health and Hospice	421	406	827
Watauga	HC1544	Kindred at Home	455	733	1188
Wayne	HC0228	3HC	1212	19	1231
Wayne	HC1299	Kindred at Home	980	243	1223
Wilkes	HC0252	Kindred at Home	36	26	62
Wilkes	HC0430	Wake Forest Baptist Health Care at Home, LLC	1142	171	1313
Wilson	HC0343	Home Health of Wilson	655	167	822
Wilson	HC0508	3HC	442	636	1078
Yadkin	HC0346	Yadkin Valley Home Health	646	2292	2938
Yancey	HC0323	PruittHealth @ Home - Yancey	197	43	240

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

A	B	C	D	E	F
County	**License Number**	**Name**	**In-County Patients**	**Out-of-County Patients**	**Total Patients**
Totals*		**215 Agencies or Offices**	**139,965**	**103,776**	**243,741**

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

** Agency reported zero patients on their 2021 LRA.

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

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

Under Age 18											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Cherokee	4	4,970	0.80	1	4,888	0.20	0	4,943	0.00	-87.5000%	-87.2903%
Clay	1	2,002	0.50	0	2,037	0.00	0	1,973	0.00	-50.0000%	-50.0000%
Graham	0	1,774	0.00	0	1,725	0.00	0	1,714	0.00	0.0000%	0.0000%
Haywood	75	11,375	6.59	41	11,331	3.62	65	11,211	5.80	6.6016%	7.5562%
Jackson	22	7,488	2.94	10	7,453	1.34	15	7,404	2.03	-2.2727%	-1.6696%
Macon	15	6,605	2.27	5	6,665	0.75	2	6,657	0.30	-63.3333%	-63.4593%
Swain	6	3,436	1.75	4	3,271	1.22	3	3,346	0.90	-29.1667%	-28.3258%
Region A Totals	123	37,650	3.27	61	37,370	1.63	85	37,248	2.28	-5.5311%	-5.1171%
Buncombe	189	49,764	3.80	132	49,433	2.67	178	49,116	3.62	2.3449%	3.0139%
Henderson	53	22,064	2.40	45	21,945	2.05	64	21,666	2.95	13.5639%	14.7099%
Madison	19	3,999	4.75	12	3,974	3.02	10	3,872	2.58	-26.7544%	-25.4581%
Transylvania	25	5,613	4.45	36	5,621	6.40	22	5,575	3.95	2.5556%	2.7052%
Region B Totals	286	81,440	3.51	225	80,973	2.78	274	80,229	3.42	0.2246%	1.0161%
Cleveland	2	21,006	0.10	2	21,069	0.09	1	21,158	0.05	-25.0000%	-25.2547%
McDowell	34	9,150	3.72	32	9,060	3.53	28	8,931	3.14	-9.1912%	-8.0918%
Polk	6	3,402	1.76	5	3,380	1.48	0	3,380	0.00	-58.3333%	-58.0621%
Rutherford	27	13,888	1.94	12	13,654	0.88	0	13,574	0.00	-77.7778%	-77.3969%
Region C Totals	69	47,446	1.45	51	47,163	1.08	29	47,043	0.62	-34.6121%	-34.3178%
Alleghany	0	1,986	0.00	0	1,936	0.00	0	1,920	0.00	0.0000%	0.0000%
Ashe	0	4,918	0.00	0	4,890	0.00	0	4,850	0.00	0.0000%	0.0000%
Avery	0	2,704	0.00	0	2,705	0.00	0	2,688	0.00	0.0000%	0.0000%
Mitchell	14	2,745	5.10	14	2,752	5.09	13	2,691	4.83	-3.5714%	-2.6462%
Watauga	0	6,964	0.00	0	6,936	0.00	0	6,809	0.00	0.0000%	0.0000%
Wilkes	1	14,027	0.07	1	13,873	0.07	2	13,692	0.15	50.0000%	51.8770%
Yancey	13	3,319	3.92	11	3,333	3.30	9	3,364	2.68	-16.7832%	-17.3379%
Region D Totals	28	36,663	0.76	26	36,425	0.71	24	36,014	0.67	-7.4176%	-6.5875%
Alexander	5	7,644	0.65	3	7,557	0.40	1	7,447	0.13	-53.3333%	-52.7418%
Burke	11	18,254	0.60	3	17,966	0.17	1	17,806	0.06	-69.6970%	-69.3286%
Caldwell	3	16,497	0.18	1	16,178	0.06	0	16,256	0.00	-83.3333%	-83.0047%
Catawba	15	34,534	0.43	5	34,478	0.15	6	34,275	0.18	-23.3333%	-22.9509%
Region E Totals	34	76,929	0.44	12	76,179	0.16	8	75,784	0.11	-49.0196%	-48.6721%
Anson	0	5,124	0.00	0	5,049	0.00	0	4,842	0.00	0.0000%	0.0000%
Cabarrus	75	51,524	1.46	76	51,395	1.48	85	51,470	1.65	6.5877%	6.6334%
Gaston	52	49,665	1.05	125	49,449	2.53	113	49,457	2.28	65.3923%	65.9100%
Iredell	18	39,261	0.46	11	38,842	0.28	14	38,501	0.36	-5.8081%	-4.9148%
Lincoln	17	17,254	0.99	12	17,337	0.69	15	17,539	0.86	-2.2059%	-3.0947%
Mecklenburg	379	260,786	1.45	391	260,961	1.50	444	262,456	1.69	8.3606%	8.0026%
Rowan	14	31,794	0.44	7	31,515	0.22	8	31,404	0.25	-17.8571%	-17.4338%
Stanly	150	13,321	11.26	137	13,235	10.35	32	13,264	2.41	-42.6545%	-42.3833%
Union	34	57,389	0.59	38	57,803	0.66	37	54,824	0.67	4.5666%	6.8117%
Region F Totals	739	526,118	1.40	797	525,586	1.52	748	523,757	1.43	0.8502%	1.0686%
Alamance	16	36,306	0.44	26	36,891	0.70	18	36,656	0.49	15.8654%	14.7989%
Caswell	1	4,183	0.24	1	4,170	0.24	2	4,115	0.49	50.0000%	51.4924%
Davidson	4	35,843	0.11	13	35,714	0.36	12	35,572	0.34	108.6538%	109.4250%
Guilford	84	116,306	0.72	115	116,240	0.99	92	115,226	0.80	8.4524%	8.8433%
Montgomery	5	6,046	0.83	5	5,865	0.85	0	5,788	0.00	-50.0000%	-48.4569%
Randolph	103	31,612	3.26	59	31,385	1.88	8	31,091	0.26	-64.5796%	-64.3083%
Rockingham	6	18,271	0.33	4	18,118	0.22	6	17,915	0.33	8.3333%	9.4647%
Region G Totals	219	248,567	0.88	223	248,383	0.90	138	246,363	0.56	-18.1451%	-17.8536%

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

Under Age 18											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Davie	3	8,529	0.35	1	8,435	0.12	3	8,349	0.36	66.6667%	68.3975%
Forsyth	17	87,374	0.19	31	86,806	0.36	30	86,698	0.35	39.5636%	40.2204%
Stokes	1	8,546	0.12	4	8,379	0.48	0	8,312	0.00	100.0000%	103.9862%
Surry	3	15,188	0.20	3	15,060	0.20	2	15,080	0.13	-16.6667%	-16.2859%
Yadkin	3	7,875	0.38	0	7,675	0.00	2	7,632	0.26	-50.0000%	-50.0000%
Region I Totals	27	127,512	0.21	39	126,355	0.31	37	126,071	0.29	19.6581%	20.4263%
Chatham	10	14,029	0.71	4	13,946	0.29	0	13,866	0.00	-80.0000%	-79.8810%
Durham	38	73,284	0.52	33	74,042	0.45	16	75,401	0.21	-32.3365%	-33.2180%
Johnston	18	49,339	0.36	23	49,760	0.46	20	50,400	0.40	7.3671%	6.2745%
Lee	0	14,870	0.00	0	15,116	0.00	0	15,117	0.00	0.0000%	0.0000%
Moore *	6	20,381	0.29	1	20,710	0.05	3	20,865	0.14	58.3333%	57.0866%
Orange	7	26,283	0.27	13	26,440	0.49	7	25,990	0.27	19.7802%	19.6950%
Wake *	57	255,257	0.22	51	254,074	0.20	85	253,221	0.34	28.0702%	28.5592%
Region J Totals	136	453,443	0.30	125	454,088	0.28	131	454,860	0.29	-1.6441%	-1.7983%
Franklin	9	14,733	0.61	6	14,766	0.41	11	15,039	0.73	25.0000%	23.2615%
Granville	6	12,026	0.50	4	11,907	0.34	3	11,764	0.26	-29.1667%	-28.3777%
Person	3	8,288	0.36	4	8,273	0.48	3	8,181	0.37	4.1667%	4.7093%
Vance	5	10,583	0.47	2	10,579	0.19	2	10,388	0.19	-30.0000%	-29.0731%
Warren	2	3,694	0.54	1	3,619	0.28	0	3,534	0.00	-75.0000%	-74.4819%
Region K Totals	25	49,324	0.51	17	49,144	0.35	19	48,906	0.39	-10.1176%	-9.7212%
Edgecombe	2	12,151	0.16	2	11,948	0.17	2	11,746	0.17	0.0000%	1.7094%
Halifax	4	10,984	0.36	0	10,758	0.00	0	10,583	0.00	-50.0000%	-50.0000%
Nash	8	20,131	0.40	11	19,997	0.55	9	20,055	0.45	9.6591%	10.0015%
Northampton	0	3,800	0.00	0	3,714	0.00	0	3,621	0.00	0.0000%	0.0000%
Wilson	10	18,658	0.54	10	18,539	0.54	6	18,714	0.32	-20.0000%	-19.9596%
Region L Totals	24	65,724	0.37	23	64,956	0.35	17	64,719	0.26	-15.1268%	-14.4249%
Cumberland *	28	87,712	0.32	20	89,007	0.22	12	89,574	0.13	-34.2857%	-34.9952%
Harnett *	0	36,149	0.00	0	36,179	0.00	1	36,343	0.03	0.0000%	0.0000%
Sampson	13	15,571	0.83	12	15,442	0.78	7	15,331	0.46	-24.6795%	-24.0828%
Region M Totals	41	139,432	0.29	32	140,628	0.23	20	141,248	0.14	-29.7256%	-30.1947%
Bladen	8	7,076	1.13	6	7,084	0.85	11	6,981	1.58	29.1667%	30.4768%
Hoke *	5	16,803	0.30	3	16,702	0.18	1	16,725	0.06	-53.3333%	-53.1748%
Richmond	3	10,216	0.29	2	10,138	0.20	1	10,111	0.10	-41.6667%	-41.3434%
Robeson	36	31,345	1.15	83	30,835	2.69	89	30,719	2.90	68.8922%	71.0013%
Scotland	3	8,313	0.36	5	8,306	0.60	1	8,285	0.12	-6.6667%	-6.5711%
Region N Totals	55	73,753	0.75	99	73,065	1.35	103	72,821	1.41	42.0202%	43.0420%
Brunswick	44	22,460	1.96	32	22,779	1.40	19	23,124	0.82	-33.9489%	-34.9010%
Columbus	21	11,889	1.77	5	11,593	0.43	5	11,414	0.44	-38.0952%	-37.0072%
New Hanover *	48	43,238	1.11	63	43,170	1.46	60	42,803	1.40	13.2440%	13.7557%
Pender	19	12,863	1.48	26	12,860	2.02	33	12,798	2.58	31.8826%	32.2060%
Region O Totals	132	90,450	1.46	126	90,402	1.39	117	90,139	1.30	-5.8442%	-5.6833%
Carteret *	6	12,108	0.50	3	11,946	0.25	2	11,844	0.17	-41.6667%	-41.0406%
Craven *	2	26,447	0.08	3	26,592	0.11	14	26,439	0.53	208.3333%	209.2747%
Duplin	7	14,168	0.49	19	13,942	1.36	15	13,985	1.07	75.1880%	77.2665%
Greene	2	4,452	0.45	1	4,335	0.23	0	4,278	0.00	-75.0000%	-74.3253%
Jones	0	1,970	0.00	0	1,965	0.00	0	1,938	0.00	0.0000%	0.0000%
Lenoir	4	12,562	0.32	4	12,251	0.33	4	12,248	0.33	0.0000%	1.2815%
Onslow *	40	59,711	0.67	72	61,453	1.17	61	64,223	0.95	32.3611%	27.9828%
Pamlico	1	1,996	0.50	0	1,983	0.00	0	1,934	0.00	-50.0000%	-50.0000%
Wayne *	10	30,433	0.33	9	30,405	0.30	6	30,509	0.20	-21.6667%	-21.7389%
Region P Totals	72	163,847	0.44	111	164,872	0.67	102	167,398	0.61	23.0293%	21.8567%

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

Under Age 18											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Beaufort	0	9,553	0.00	1	9,338	0.11	0	9,156	0.00	-50.0000%	-50.0000%
Bertie	0	3,727	0.00	1	3,679	0.27	0	3,607	0.00	-50.0000%	-50.0000%
Hertford	0	4,683	0.00	0	4,620	0.00	0	4,535	0.00	0.0000%	0.0000%
Martin	0	4,691	0.00	1	4,625	0.22	1	4,518	0.22	0.0000%	1.1842%
Pitt	7	38,967	0.18	1	38,807	0.03	2	39,207	0.05	7.1429%	6.1521%
Region Q Totals	7	61,621	0.11	4	61,069	0.07	3	61,023	0.05	-33.9286%	-33.6420%
Camden	0	2,073	0.00	0	2,064	0.00	0	2,038	0.00	0.0000%	0.0000%
Chowan	0	2,858	0.00	0	2,834	0.00	0	2,780	0.00	0.0000%	0.0000%
Currituck	0	5,561	0.00	0	5,328	0.00	0	5,514	0.00	0.0000%	0.0000%
Dare	2	6,937	0.29	1	6,810	0.15	4	6,899	0.58	125.0000%	122.8861%
Gates	0	2,342	0.00	0	2,258	0.00	0	2,195	0.00	0.0000%	0.0000%
Hyde	0	927	0.00	0	860	0.00	0	840	0.00	0.0000%	0.0000%
Pasquotank *	0	9,165	0.00	0	8,986	0.00	0	9,151	0.00	0.0000%	0.0000%
Perquimans	0	2,533	0.00	0	2,469	0.00	0	2,490	0.00	0.0000%	0.0000%
Tyrrell	0	801	0.00	0	792	0.00	0	689	0.00	0.0000%	0.0000%
Washington	2	2,614	0.77	0	2,561	0.00	0	2,547	0.00	-50.0000%	-50.0000%
Region R Totals	4	35,811	0.11	1	34,962	0.03	4	35,143	0.11	112.5000%	111.7735%
Grand Totals	**2,021**	**2,315,730**	**0.87**	**1,972**	**2,311,620**	**0.85**	**1,859**	**2,308,766**	**0.81**	**-4.0774%**	**-3.9324%**

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

Ages 18-64											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Cherokee	155	15,734	9.85	127	15,849	8.01	121	15,618	7.75	-11.3945%	-10.9871%
Clay	42	6,157	6.82	107	6,233	17.17	42	6,159	6.82	47.0071%	45.6898%
Graham	49	4,881	10.04	25	4,809	5.20	48	4,739	10.13	21.5102%	23.3102%
Haywood	392	35,697	10.98	374	35,746	10.46	457	35,759	12.78	8.8003%	8.7127%
Jackson	132	28,286	4.67	111	28,163	3.94	142	28,010	5.07	6.0094%	6.5424%
Macon	169	19,194	8.80	139	19,263	7.22	230	19,527	11.78	23.8581%	22.5922%
Swain	60	8,484	7.07	67	8,093	8.28	82	8,165	10.04	17.0274%	19.1852%
Region A Totals	999	118,433	8.44	950	118,156	8.04	1,122	117,977	9.51	6.6002%	6.8012%
Buncombe	1,766	160,667	10.99	1,810	160,998	11.24	1,879	160,245	11.73	3.1518%	3.2904%
Henderson	921	64,070	14.37	950	64,403	14.75	796	64,329	12.37	-6.5309%	-6.7494%
Madison	158	13,490	11.71	151	13,434	11.24	147	13,311	11.04	-3.5397%	-2.8907%
Transylvania	207	18,481	11.20	216	18,576	11.63	256	18,436	13.89	11.4332%	11.6164%
Region B Totals	3,052	256,708	11.89	3,127	257,411	12.15	3,078	256,321	12.01	0.4452%	0.5146%
Cleveland	1,045	59,543	17.55	1,113	59,974	18.56	1,005	60,378	16.65	-1.5982%	-2.2830%
McDowell	544	27,674	19.66	548	27,786	19.72	583	27,574	21.14	3.5611%	3.7670%
Polk	131	11,760	11.14	104	11,820	8.80	135	11,893	11.35	4.5985%	3.9986%
Rutherford	667	40,496	16.47	689	40,472	17.02	732	40,369	18.13	4.7696%	4.9358%
Region C Totals	2,387	139,473	17.11	2,454	140,052	17.52	2,455	140,214	17.51	1.4238%	1.1535%
Alleghany	85	6,590	12.90	62	6,580	9.42	88	6,617	13.30	7.4383%	7.0969%
Ashe	128	15,730	8.14	172	15,831	10.86	180	15,878	11.34	19.5131%	18.9295%
Avery	110	11,319	9.72	90	11,329	7.94	125	11,436	10.93	10.3535%	9.6677%
Mitchell	156	8,883	17.56	116	8,860	13.09	124	8,764	14.15	-9.3722%	-8.6903%
Watauga	127	41,482	3.06	174	41,454	4.20	187	40,486	4.62	22.2396%	23.5706%
Wilkes	465	41,115	11.31	529	41,125	12.86	514	41,029	12.53	5.4640%	5.5638%
Yancey	117	10,483	11.16	109	10,598	10.28	134	10,774	12.44	8.0491%	6.5395%
Region D Totals	1,188	135,602	8.76	1,252	135,777	9.22	1,352	134,984	10.02	6.6872%	6.9365%
Alexander	242	23,153	10.45	191	23,181	8.24	213	23,092	9.22	-4.7780%	-4.6108%
Burke	677	55,061	12.30	654	55,065	11.88	706	54,746	12.90	2.2769%	2.5879%
Caldwell	658	50,996	12.90	578	50,722	11.40	633	50,995	12.41	-1.3212%	-1.3771%
Catawba	1,175	95,766	12.27	1,173	96,405	12.17	1,173	96,900	12.11	-0.0851%	-0.6714%
Region E Totals	2,752	224,976	12.23	2,596	225,373	11.52	2,725	225,733	12.07	-0.3497%	-0.5165%
Anson	187	15,898	11.76	202	15,694	12.87	185	14,579	12.69	-0.1972%	4.0070%
Cabarrus	1,389	129,935	10.69	1,687	132,603	12.72	1,298	135,302	9.59	-0.8022%	-2.7915%
Gaston	1,931	136,465	14.15	1,901	136,917	13.88	2,018	137,405	14.69	2.3005%	1.9495%
Iredell	1,106	111,916	9.88	1,050	113,398	9.26	1,019	114,636	8.89	-4.0078%	-5.1522%
Lincoln	732	52,598	13.92	766	53,653	14.28	653	54,918	11.89	-5.0536%	-7.0642%
Mecklenburg	4,676	709,129	6.59	4,255	717,551	5.93	4,279	721,678	5.93	-4.2197%	-5.0413%
Rowan	1,101	86,051	12.79	1,133	86,019	13.17	1,080	86,192	12.53	-0.8857%	-0.9622%
Stanly	466	38,139	12.22	465	38,152	12.19	398	38,574	10.32	-7.3116%	-7.7968%
Union	814	145,868	5.58	843	148,642	5.67	881	151,800	5.80	4.0352%	1.9818%
Region F Totals	12,402	1,425,999	8.70	12,302	1,442,629	8.53	11,811	1,455,084	8.12	-2.3988%	-3.3814%
Alamance	1,074	101,186	10.61	1,178	103,805	11.35	1,204	103,718	11.61	5.9453%	4.6045%
Caswell	193	14,302	13.49	191	14,459	13.21	200	14,196	14.09	1.8379%	2.2706%
Davidson	1,107	102,343	10.82	1,022	103,333	9.89	988	103,632	9.53	-5.5026%	-6.0843%
Guilford	3,437	336,195	10.22	3,146	339,782	9.26	3,099	337,592	9.18	-4.9803%	-5.1440%
Montgomery	158	16,199	9.75	167	16,011	10.43	152	16,057	9.47	-1.6429%	-1.1528%
Randolph	929	87,233	10.65	872	87,765	9.94	807	87,803	9.19	-6.7949%	-7.0994%
Rockingham	762	54,865	13.89	768	54,988	13.97	759	54,876	13.83	-0.1922%	-0.2041%
Region G Totals	7,660	712,323	10.75	7,344	720,143	10.20	7,209	717,874	10.04	-2.9818%	-3.3472%

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

Ages 18-64											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Davie	321	25,953	12.37	292	26,012	11.23	303	26,128	11.60	-2.6336%	-2.9671%
Forsyth	2,364	231,096	10.23	2,370	232,111	10.21	2,158	231,955	9.30	-4.3457%	-4.5343%
Stokes	374	28,678	13.04	372	28,460	13.07	334	28,410	11.76	-5.3749%	-4.9150%
Surry	586	43,617	13.44	584	43,627	13.39	619	43,706	14.16	2.8259%	2.7187%
Yadkin	320	23,102	13.85	310	22,912	13.53	306	22,788	13.43	-2.2077%	-1.5374%
Region I Totals	3,965	352,446	11.25	3,928	353,122	11.12	3,720	352,987	10.54	-3.1142%	-3.1910%
Chatham	263	41,634	6.32	255	42,232	6.04	267	42,554	6.27	0.8320%	-0.2506%
Durham	1,543	199,434	7.74	1,395	200,971	6.94	1,423	203,344	7.00	-3.7923%	-4.7332%
Johnston	1,084	123,896	8.75	1,053	128,228	8.21	1,064	132,006	8.06	-0.9076%	-3.9944%
Lee	387	35,414	10.93	350	36,292	9.64	256	36,067	7.10	-18.2089%	-19.0748%
Moore *	488	51,037	9.56	468	51,528	9.08	392	51,614	7.59	-10.1688%	-10.6955%
Orange	614	97,786	6.28	527	99,185	5.31	555	99,403	5.58	-4.4281%	-5.1489%
Wake *	4,200	694,551	6.05	4,181	705,007	5.93	4,123	712,624	5.79	-0.9198%	-2.1850%
Region J Totals	8,579	1,243,752	6.90	8,229	1,263,443	6.51	8,080	1,277,612	6.32	-2.9452%	-4.2371%
Franklin	421	41,638	10.11	399	42,370	9.42	475	43,450	10.93	6.9110%	4.6128%
Granville	286	39,152	7.30	296	39,091	7.57	358	39,086	9.16	12.2212%	12.3097%
Person	269	24,061	11.18	234	24,159	9.69	218	24,163	9.02	-9.9244%	-10.1085%
Vance	348	26,511	13.13	328	26,985	12.15	371	26,508	14.00	3.6813%	3.8712%
Warren	145	11,670	12.43	141	11,516	12.24	91	11,300	8.05	-19.1098%	-17.8428%
Region K Totals	1,469	143,032	10.27	1,398	144,121	9.70	1,513	144,507	10.47	1.6964%	1.1923%
Edgecombe	428	30,505	14.03	425	30,000	14.17	451	29,425	15.33	2.7084%	4.5810%
Halifax	331	30,268	10.94	206	29,768	6.92	272	29,475	9.23	-2.8628%	-1.6838%
Nash	590	57,376	10.28	677	57,506	11.77	630	57,795	10.90	3.9017%	3.5393%
Northampton	103	12,108	8.51	127	11,940	10.64	114	11,592	9.83	6.5324%	8.7472%
Wilson	559	48,796	11.46	722	48,793	14.80	650	49,321	13.18	9.5935%	9.1155%
Region L Totals	2,011	179,053	11.23	2,157	178,007	12.12	2,117	177,608	11.92	2.7028%	3.1282%
Cumberland *	1,861	170,158	10.94	1,871	171,872	10.89	1,826	170,491	10.71	-0.9339%	-1.0399%
Harnett *	696	76,152	9.14	590	77,155	7.65	498	77,815	6.40	-15.4116%	-16.3205%
Sampson	498	37,331	13.34	481	37,394	12.86	472	37,083	12.73	-2.6424%	-2.3123%
Region M Totals	3,055	283,641	10.77	2,942	286,421	10.27	2,796	285,389	9.80	-4.3307%	-4.6262%
Bladen	299	20,291	14.74	262	20,236	12.95	317	20,145	15.74	4.3089%	4.7012%
Hoke *	236	30,059	7.85	224	29,973	7.47	238	29,794	7.99	0.5826%	1.0380%
Richmond	288	26,875	10.72	355	26,847	13.22	318	26,721	11.90	6.4207%	6.6962%
Robeson	1,212	80,372	15.08	1,103	80,110	13.77	1,168	79,921	14.61	-1.5502%	-1.2762%
Scotland	305	21,044	14.49	261	20,821	12.54	295	20,661	14.28	-0.6997%	0.1962%
Region N Totals	2,340	178,641	13.10	2,205	177,987	12.39	2,336	177,242	13.18	0.0859%	0.4817%
Brunswick	891	73,230	12.17	734	76,227	9.63	721	78,912	9.14	-9.6959%	-12.9865%
Columbus	691	33,935	20.36	629	33,837	18.59	607	33,569	18.08	-6.2351%	-5.7180%
New Hanover *	1,335	149,794	8.91	1,103	150,314	7.34	1,872	149,199	12.55	26.1703%	26.6616%
Pender	420	38,252	10.98	407	38,844	10.48	466	39,046	11.93	5.7005%	4.6659%
Region O Totals	3,337	295,211	11.30	2,873	299,222	9.60	3,666	300,726	12.19	6.8486%	5.9524%
Carteret *	360	40,250	8.94	315	40,566	7.77	356	40,482	8.79	0.2579%	0.0344%
Craven *	546	52,259	10.45	601	52,593	11.43	566	52,105	10.86	2.1248%	2.2163%
Duplin	486	34,975	13.90	616	34,971	17.61	530	35,066	15.11	6.3940%	6.2847%
Greene	130	13,431	9.68	138	13,192	10.46	121	13,053	9.27	-3.0825%	-1.6540%
Jones	73	6,021	12.12	62	6,044	10.26	73	5,867	12.44	1.3367%	2.9512%
Lenoir	646	33,541	19.26	661	32,801	20.15	561	32,961	17.02	-6.4033%	-5.4551%
Onslow *	1,247	82,288	15.15	1,069	83,441	12.81	1,060	88,501	11.98	-7.5581%	-10.9850%
Pamlico	50	7,503	6.66	43	7,436	5.78	40	7,410	5.40	-10.4884%	-9.9377%
Wayne *	922	71,201	12.95	853	72,198	11.81	849	71,850	11.82	-3.9763%	-4.3741%
Region P Totals	4,460	341,469	13.06	4,358	343,242	12.70	4,156	347,295	11.97	-3.4611%	-4.2699%

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

Ages 18-64											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Beaufort	353	26,343	13.40	447	26,286	17.01	374	26,149	14.30	5.1489%	5.5054%
Bertie	186	12,058	15.43	278	11,947	23.27	237	11,800	20.08	17.3571%	18.5824%
Hertford	140	14,842	9.43	157	14,749	10.64	148	14,437	10.25	3.2052%	4.5774%
Martin	183	13,383	13.67	230	13,174	17.46	214	12,937	16.54	9.3633%	11.2125%
Pitt	1,111	117,279	9.47	1,362	116,936	11.65	1,168	119,006	9.81	4.1743%	3.6082%
Region Q Totals	1,973	183,905	10.73	2,474	183,092	13.51	2,141	184,329	11.62	5.9664%	5.9544%
Camden	41	6,644	6.17	62	6,777	9.15	60	6,715	8.94	23.9969%	22.9598%
Chowan	91	7,862	11.57	110	7,824	14.06	100	7,811	12.80	5.8941%	6.2633%
Currituck	126	17,355	7.26	146	17,606	8.29	154	17,731	8.69	10.6762%	9.4785%
Dare	199	22,419	8.88	192	22,355	8.59	216	22,637	9.54	4.4912%	3.9286%
Gates	45	7,420	6.06	87	7,475	11.64	87	7,249	12.00	46.6667%	47.5142%
Hyde	28	3,443	8.13	30	3,230	9.29	19	3,158	6.02	-14.7619%	-10.5072%
Pasquotank *	186	23,837	7.80	301	23,817	12.64	313	23,701	13.21	32.9073%	33.2298%
Perquimans	59	7,519	7.85	94	7,415	12.68	100	7,451	13.42	32.8525%	33.7128%
Tyrrell	21	2,652	7.92	20	2,603	7.68	17	2,259	7.53	-9.8810%	-2.5127%
Washington	106	6,736	15.74	118	6,539	18.05	94	6,459	14.55	-4.5091%	-2.3389%
Region R Totals	902	105,887	8.52	1,160	105,641	10.98	1,160	105,171	11.03	14.3016%	14.6747%
Grand Totals	**62,531**	**6,320,551**	**9.89**	**61,749**	**6,373,839**	**9.69**	**61,437**	**6,401,053**	**9.60**	**-0.8779%**	**-1.5022%**

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

Ages 65-74											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Cherokee	233	4,876	47.79	120	4,986	24.07	208	4,960	41.94	12.4177%	12.3039%
Clay	84	2,013	41.73	103	2,049	50.27	101	2,023	49.93	10.3387%	9.8916%
Graham	45	1,118	40.25	43	1,113	38.63	50	1,132	44.17	5.9173%	5.1561%
Haywood	458	8,744	52.38	501	8,858	56.56	517	8,925	57.93	6.2911%	5.1999%
Jackson	214	4,986	42.92	171	5,030	34.00	181	5,092	35.55	-7.1228%	-8.1166%
Macon	217	5,576	38.92	264	5,622	46.96	266	5,707	46.61	11.2083%	9.9602%
Swain	89	1,706	52.17	79	1,651	47.85	100	1,671	59.84	7.6732%	8.3941%
Region A Totals	1,340	29,019	46.18	1,281	29,309	43.71	1,423	29,510	48.22	3.3411%	2.4898%
Buncombe	1,699	30,341	56.00	1,808	31,232	57.89	1,944	32,070	60.62	6.9688%	4.0461%
Henderson	970	16,515	58.73	1,004	16,752	59.93	1,132	16,926	66.88	8.1271%	6.8154%
Madison	162	2,996	54.07	168	3,083	54.49	187	3,147	59.42	7.5066%	4.9116%
Transylvania	288	5,478	52.57	321	5,567	57.66	316	5,574	56.69	4.9504%	3.9976%
Region B Totals	3,119	55,330	56.37	3,301	56,634	58.29	3,579	57,717	62.01	7.1284%	4.8928%
Cleveland	970	10,943	88.64	1,060	11,263	94.11	963	11,629	82.81	0.0637%	-2.9183%
McDowell	414	5,545	74.66	504	5,706	88.33	459	5,787	79.32	6.4053%	4.0504%
Polk	150	3,294	45.54	194	3,402	57.03	185	3,500	52.86	12.3471%	8.9591%
Rutherford	601	8,245	72.89	661	8,469	78.05	682	8,664	78.72	6.5802%	3.9646%
Region C Totals	2,135	28,027	76.18	2,419	28,840	83.88	2,289	29,580	77.38	3.9640%	1.1834%
Alleghany	85	1,559	54.52	77	1,578	48.80	109	1,608	67.79	16.0733%	14.2075%
Ashe	197	3,861	51.02	227	3,986	56.95	228	4,047	56.34	7.8345%	5.2707%
Avery	138	2,143	64.40	202	2,211	91.36	211	2,264	93.20	25.4161%	21.9426%
Mitchell	183	1,951	93.80	136	1,940	70.10	144	1,929	74.65	-9.9004%	-9.3878%
Watauga	165	5,351	30.84	251	5,472	45.87	236	5,526	42.71	23.0726%	20.9313%
Wilkes	518	8,427	61.47	595	8,611	69.10	577	8,738	66.03	5.9198%	3.9879%
Yancey	145	2,513	57.70	186	2,588	71.87	177	2,596	68.18	11.7186%	9.7132%
Region D Totals	1,431	25,805	55.45	1,674	26,386	63.44	1,682	26,708	62.98	8.7295%	6.8359%
Alexander	245	4,456	54.98	218	4,528	48.14	230	4,598	50.02	-2.7579%	-4.2684%
Burke	613	10,458	58.62	646	10,678	60.50	690	10,891	63.36	6.0973%	3.9672%
Caldwell	671	9,465	70.89	679	9,672	70.20	757	9,945	76.12	6.3399%	3.7268%
Catawba	1,091	16,613	65.67	1,188	17,116	69.41	1,269	17,765	71.43	7.8546%	4.3034%
Region E Totals	2,620	40,992	63.91	2,731	41,994	65.03	2,946	43,199	68.20	6.0546%	3.3065%
Anson	205	2,613	78.45	190	2,661	71.40	165	2,584	63.85	-10.2375%	-9.7795%
Cabarrus	1,321	16,877	78.27	1,260	17,433	72.28	1,271	18,165	69.97	-1.8723%	-5.4258%
Gaston	1,621	21,621	74.97	1,755	22,132	79.30	1,833	22,785	80.45	6.3555%	3.6090%
Iredell	1,052	16,987	61.93	1,233	17,521	70.37	1,176	18,168	64.73	6.2912%	2.8069%
Lincoln	652	9,184	70.99	702	9,583	73.25	635	10,103	62.85	-0.9377%	-5.5071%
Mecklenburg	4,456	76,681	58.11	4,189	80,405	52.10	4,192	84,215	49.78	-2.9602%	-7.4009%
Rowan	1,094	14,537	75.26	1,109	14,911	74.37	1,066	15,336	69.51	-1.2531%	-3.8563%
Stanly	513	7,096	72.29	480	7,257	66.14	443	7,602	58.27	-7.0705%	-10.2027%
Union	947	18,480	51.24	907	19,101	47.48	922	19,794	46.58	-1.2850%	-4.6214%
Region F Totals	11,861	184,076	64.44	11,825	191,004	61.91	11,703	198,752	58.88	-0.6676%	-4.4047%
Alamance	1,144	15,914	71.89	1,205	16,813	71.67	1,258	17,187	73.19	4.8653%	0.9133%
Caswell	137	2,915	47.00	157	3,027	51.87	154	3,065	50.24	6.3439%	3.6157%
Davidson	1,043	17,637	59.14	1,109	18,083	61.33	1,098	18,498	59.36	2.6680%	0.2462%
Guilford	3,335	47,738	69.86	3,289	49,510	66.43	3,387	50,972	66.45	0.8002%	-2.4415%
Montgomery	212	3,307	64.11	182	3,337	54.54	200	3,429	58.33	-2.1304%	-3.9905%
Randolph	876	14,833	59.06	906	15,146	59.82	866	15,439	56.09	-0.4952%	-2.4708%
Rockingham	696	10,433	66.71	705	10,775	65.43	748	11,087	67.47	3.6962%	0.5958%
Region G Totals	7,443	112,777	66.00	7,553	116,691	64.73	7,711	119,677	64.43	1.7849%	-1.1906%

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

Ages 65-74											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Davie	286	5,028	56.88	303	5,168	58.63	349	5,312	65.70	10.5628%	7.5666%
Forsyth	2,537	34,734	73.04	2,623	35,864	73.14	2,602	36,993	70.34	1.2946%	-1.8479%
Stokes	410	5,446	75.28	419	5,521	75.89	408	5,745	71.02	-0.2151%	-2.8076%
Surry	628	8,131	77.24	639	8,272	77.25	736	8,483	86.76	8.4658%	6.1661%
Yadkin	323	4,265	75.73	329	4,307	76.39	325	4,376	74.27	0.3209%	-0.9546%
Region I Totals	4,184	57,604	72.63	4,313	59,132	72.94	4,420	60,909	72.57	2.7820%	-0.0448%
Chatham	355	10,631	33.39	348	11,095	31.37	318	11,444	27.79	-5.2963%	-8.7394%
Durham	1,372	24,201	56.69	1,390	25,478	54.56	1,413	26,694	52.93	1.4833%	-3.3710%
Johnston	1,062	16,899	62.84	1,116	17,731	62.94	1,053	18,474	57.00	-0.2802%	-4.6431%
Lee	384	5,583	68.78	353	5,887	59.96	349	6,015	58.02	-4.6030%	-8.0285%
Moore *	537	13,597	39.49	591	13,920	42.46	527	14,318	36.81	-0.3866%	-2.9028%
Orange	587	13,014	45.11	579	13,739	42.14	587	14,371	40.85	0.0094%	-4.8224%
Wake *	4,256	77,553	54.88	4,487	81,578	55.00	4,268	85,812	49.74	0.2734%	-4.6740%
Region J Totals	8,553	161,478	52.97	8,864	169,428	52.32	8,515	177,128	48.07	-0.1506%	-4.6700%
Franklin	444	6,919	64.17	454	7,293	62.25	400	7,778	51.43	-4.8210%	-10.1898%
Granville	311	6,211	50.07	246	6,402	38.43	347	6,618	52.43	10.0783%	6.5964%
Person	261	4,531	57.60	247	4,705	52.50	289	4,791	60.32	5.8200%	3.0200%
Vance	269	4,725	56.93	297	4,927	60.28	368	4,998	73.63	17.1573%	14.0139%
Warren	150	2,602	57.65	141	2,619	53.84	94	2,594	36.24	-19.6667%	-19.6505%
Region K Totals	1,435	24,988	57.43	1,385	25,946	53.38	1,498	26,779	55.94	2.3373%	-1.1268%
Edgecombe	415	6,226	66.66	447	6,408	69.76	456	6,552	69.60	4.8621%	2.2115%
Halifax	298	6,007	49.61	250	6,170	40.52	335	6,326	52.96	8.9463%	6.1859%
Nash	633	10,785	58.69	739	11,111	66.51	795	11,570	68.71	12.1617%	8.3152%
Northampton	135	2,549	52.96	183	2,545	71.91	162	2,464	65.75	12.0401%	13.6017%
Wilson	454	8,527	53.24	653	8,806	74.15	622	9,190	67.68	19.5426%	15.2741%
Region L Totals	1,935	34,094	56.75	2,272	35,040	64.84	2,370	36,102	65.65	10.8647%	7.7454%
Cumberland *	1,474	25,172	58.56	1,507	26,215	57.49	1,649	27,205	60.61	5.8308%	1.8059%
Harnett *	626	10,248	61.09	613	10,572	57.98	534	10,914	48.93	-7.4821%	-10.3475%
Sampson	450	6,427	70.02	471	6,602	71.34	481	6,736	71.41	3.3949%	0.9919%
Region M Totals	2,550	41,847	60.94	2,591	43,389	59.72	2,664	44,855	59.39	2.2126%	-1.2731%
Bladen	293	4,095	71.55	267	4,222	63.24	307	4,254	72.17	3.0538%	1.2507%
Hoke *	136	3,391	40.11	210	3,552	59.12	172	3,686	46.66	18.1583%	13.1700%
Richmond	320	4,851	65.97	371	4,960	74.80	324	5,014	64.62	1.6345%	-0.1097%
Robeson	983	12,222	80.43	846	12,554	67.39	845	12,811	65.96	-7.0276%	-9.1674%
Scotland	245	3,997	61.30	225	4,051	55.54	235	4,123	57.00	-1.8594%	-3.3835%
Region N Totals	1,977	28,556	69.23	1,919	29,339	65.41	1,883	29,888	63.00	-2.4049%	-4.6013%
Brunswick	1,329	25,945	51.22	1,293	27,203	47.53	1,315	28,386	46.33	-0.5037%	-4.8725%
Columbus	589	6,294	93.58	554	6,336	87.44	598	6,366	93.94	1.0000%	0.4339%
New Hanover *	1,383	23,649	58.48	1,338	24,309	55.04	1,359	24,778	54.85	-0.8421%	-3.1168%
Pender	458	6,894	66.43	395	7,122	55.46	478	7,313	65.36	3.6286%	0.6678%
Region O Totals	3,759	62,782	59.87	3,580	64,970	55.10	3,750	66,843	56.10	-0.0067%	-3.0779%
Carteret *	489	10,276	47.59	454	10,498	43.25	502	10,573	47.48	1.7076%	0.3338%
Craven *	603	9,521	63.33	736	9,524	77.28	751	9,516	78.92	12.0472%	12.0709%
Duplin	436	5,922	73.62	500	6,087	82.14	525	6,234	84.22	9.8394%	7.0472%
Greene	150	2,081	72.08	117	2,149	54.44	137	2,212	61.93	-2.4530%	-5.3545%
Jones	69	1,228	56.19	89	1,288	69.10	86	1,341	64.13	12.8074%	7.8935%
Lenoir	574	6,463	88.81	644	6,654	96.78	522	6,851	76.19	-3.3745%	-6.1501%
Onslow *	866	11,235	77.08	861	11,609	74.17	954	12,440	76.69	5.1120%	-0.1903%
Pamlico	58	2,087	27.79	91	2,103	43.27	84	2,154	39.00	24.6021%	22.9125%
Wayne *	847	11,523	73.51	863	11,828	72.96	848	12,162	69.73	0.0754%	-2.5875%
Region P Totals	4,092	60,336	67.82	4,355	61,740	70.54	4,409	63,483	69.45	3.8336%	1.2336%

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

Ages 65-74											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Beaufort	417	6,828	61.07	463	6,934	66.77	383	6,987	54.82	-3.1237%	-4.2861%
Bertie	149	2,175	68.51	160	2,227	71.85	197	2,305	85.47	15.2538%	11.9169%
Hertford	132	2,619	50.40	192	2,726	70.43	135	2,791	48.37	7.8835%	4.2101%
Martin	236	3,087	76.45	273	3,158	86.45	258	3,210	80.37	5.0917%	3.0259%
Pitt	1,023	14,126	72.42	1,054	14,663	71.88	1,102	15,375	71.67	3.7922%	-0.5153%
Region Q Totals	1,957	28,835	67.87	2,142	29,708	72.10	2,075	30,668	67.66	3.1627%	0.0383%
Camden	28	987	28.37	59	1,025	57.56	47	1,062	44.26	45.1877%	39.8940%
Chowan	75	1,838	40.81	119	1,860	63.98	122	1,900	64.21	30.5938%	28.5763%
Currituck	103	2,777	37.09	131	2,880	45.49	175	3,015	58.04	30.3861%	25.1210%
Dare	194	4,865	39.88	224	5,006	44.75	243	5,223	46.52	11.9730%	8.0934%
Gates	47	1,306	35.99	76	1,351	56.25	85	1,399	60.76	36.7721%	32.1604%
Hyde	19	655	29.01	28	665	42.11	30	684	43.86	27.2556%	24.6595%
Pasquotank *	146	3,608	40.47	253	3,692	68.53	291	3,775	77.09	44.1537%	40.9179%
Perquimans	47	1,952	24.08	93	1,949	47.72	108	1,995	54.14	57.0007%	55.8141%
Tyrrell	39	428	91.12	33	437	75.51	21	408	51.47	-25.8741%	-24.4839%
Washington	108	1,631	66.22	111	1,672	66.39	101	1,723	58.62	-3.1156%	-5.7224%
Region R Totals	806	20,047	40.21	1,127	20,537	54.88	1,223	21,184	57.73	24.1722%	20.8470%
Grand Totals	**61,197**	**996,593**	**61.41**	**63,332**	**1,030,087**	**61.48**	**64,140**	**1,062,982**	**60.34**	**2.3823%**	**-0.8673%**

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

Ages 75 and Over											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Cherokee	495	3,708	133.50	354	3,907	90.61	427	4,089	104.43	-3.9317%	-8.4374%
Clay	133	1,474	90.23	244	1,541	158.34	174	1,604	108.48	27.3851%	21.9964%
Graham	228	1,002	227.54	219	1,040	210.58	103	1,057	97.45	-28.4577%	-30.5907%
Haywood	949	7,143	132.86	1,058	7,393	143.11	1,016	7,586	133.93	3.7580%	0.6514%
Jackson	280	3,512	79.73	297	3,689	80.51	296	3,848	76.92	2.8674%	-1.7364%
Macon	433	4,742	91.31	619	4,948	125.10	616	5,123	120.24	21.2357%	16.5602%
Swain	106	1,236	85.76	127	1,260	100.79	126	1,307	96.40	9.5120%	6.5870%
Region A Totals	2,624	22,817	115.00	2,918	23,778	122.72	2,758	24,614	112.05	2.8605%	-0.9918%
Buncombe	3,235	21,711	149.00	3,596	22,393	160.59	3,559	22,977	154.89	5.0651%	2.1146%
Henderson	2,100	14,663	143.22	2,377	15,212	156.26	2,078	15,642	132.85	0.3058%	-2.9383%
Madison	282	2,038	138.37	328	2,111	155.38	302	2,170	139.17	4.1926%	0.9298%
Transylvania	671	5,462	122.85	741	5,720	129.55	725	5,926	122.34	4.1365%	-0.0546%
Region B Totals	6,288	43,874	143.32	7,042	45,436	154.99	6,664	46,715	142.65	3.3117%	0.0912%
Cleveland	1,782	7,225	246.64	2,054	7,470	274.97	1,690	7,649	220.94	-1.2289%	-4.0818%
McDowell	669	3,989	167.71	737	4,132	178.36	767	4,238	180.98	7.1175%	3.9097%
Polk	342	3,012	113.55	451	3,094	145.77	459	3,150	145.71	16.8226%	14.1704%
Rutherford	942	6,143	153.35	1,119	6,313	177.25	1,035	6,442	160.66	5.6416%	3.1161%
Region C Totals	3,735	20,369	183.37	4,361	21,009	207.58	3,951	21,479	183.95	3.6794%	0.9098%
Alleghany	167	1,331	125.47	210	1,372	153.06	228	1,413	161.36	17.1600%	13.7059%
Ashe	406	3,042	133.46	557	3,154	176.60	496	3,245	152.85	13.1203%	9.4358%
Avery	298	1,747	170.58	375	1,777	211.03	327	1,794	182.27	6.5195%	5.0441%
Mitchell	294	1,655	177.64	284	1,687	168.35	299	1,728	173.03	0.9402%	-1.2250%
Watauga	447	3,849	116.13	536	4,037	132.77	487	4,190	116.23	5.3844%	0.9334%
Wilkes	857	6,338	135.22	1,152	6,591	174.78	1,011	6,804	148.59	11.0914%	7.1378%
Yancey	274	2,048	133.79	288	2,104	136.88	341	2,175	156.78	11.7561%	8.4248%
Region D Totals	2,743	20,010	137.08	3,402	20,722	164.17	3,189	21,349	149.37	8.8819%	5.3746%
Alexander	373	3,137	118.90	395	3,264	121.02	432	3,387	127.55	7.6326%	3.5865%
Burke	1,096	7,782	140.84	1,215	8,101	149.98	1,165	8,265	140.96	3.3712%	0.2372%
Caldwell	1,204	6,639	181.35	1,203	6,845	175.75	1,249	7,034	177.57	1.8704%	-1.0280%
Catawba	2,169	11,065	196.02	2,587	11,495	225.05	2,354	11,792	199.63	5.1325%	1.7558%
Region E Totals	4,842	28,623	169.16	5,400	29,705	181.79	5,200	30,478	170.61	3.9102%	0.6579%
Anson	261	1,825	143.01	300	1,886	159.07	265	1,884	140.66	1.6379%	-0.1740%
Cabarrus	2,380	10,967	217.01	2,327	11,486	202.59	2,274	11,904	191.03	-2.2523%	-6.1769%
Gaston	2,750	13,856	198.47	2,945	14,246	206.72	2,977	14,521	205.01	4.0887%	1.6657%
Iredell	2,079	11,166	186.19	2,519	11,619	216.80	2,339	12,004	194.85	7.0092%	3.1582%
Lincoln	1,061	5,572	190.42	1,230	5,880	209.18	1,125	6,139	183.25	3.6959%	-1.2697%
Mecklenburg	8,491	46,439	182.84	8,833	48,603	181.74	8,063	50,426	159.90	-2.3448%	-6.3106%
Rowan	1,837	9,960	184.44	1,905	10,198	186.80	1,736	10,342	167.86	-2.5849%	-4.4294%
Stanly	878	4,909	178.86	906	5,083	178.24	805	5,251	153.30	-3.9794%	-7.1670%
Union	1,769	11,077	159.70	1,995	11,741	169.92	1,897	12,322	153.95	3.9316%	-1.4991%
Region F Totals	21,506	115,771	185.76	22,960	120,742	190.16	21,481	124,793	172.13	0.1596%	-3.5566%
Alamance	2,409	12,343	195.17	2,444	12,974	188.38	2,525	13,137	192.21	2.3836%	-0.7245%
Caswell	282	1,909	147.72	270	2,008	134.46	299	2,086	143.34	3.2427%	-1.1879%
Davidson	1,805	11,939	151.19	1,860	12,338	150.75	1,887	12,668	148.96	2.2494%	-0.7383%
Guilford	6,346	32,974	192.45	6,537	34,134	191.51	6,234	34,641	179.96	-0.8127%	-3.2609%
Montgomery	361	2,374	152.06	298	2,453	121.48	331	2,479	133.52	-3.1888%	-5.1006%
Randolph	1,661	10,229	162.38	1,663	10,618	156.62	1,526	10,913	139.83	-4.0589%	-7.1331%
Rockingham	1,308	7,704	169.78	1,375	7,907	173.90	1,420	8,037	176.68	4.1975%	2.0129%
Region G Totals	14,172	79,472	178.33	14,447	82,432	175.26	14,222	83,961	169.39	0.1915%	-2.5351%

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

Ages 75 and Over											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Davie	721	3,683	195.76	680	3,815	178.24	736	3,957	186.00	1.2744%	-2.2993%
Forsyth	5,216	24,319	214.48	5,434	24,912	218.13	5,290	25,318	208.94	0.7647%	-1.2558%
Stokes	734	3,934	186.58	831	4,060	204.68	776	4,217	184.02	3.2984%	-0.1967%
Surry	1,295	6,181	209.51	1,471	6,273	234.50	1,413	6,279	225.04	4.8239%	3.9451%
Yadkin	576	3,235	178.05	632	3,302	191.40	620	3,349	185.13	3.9117%	2.1102%
Region I Totals	8,542	41,352	206.57	9,048	42,362	213.59	8,835	43,120	204.89	1.7848%	-0.3362%
Chatham	655	8,197	79.91	648	8,721	74.30	671	9,197	72.96	1.2403%	-4.4114%
Durham	2,618	14,730	177.73	2,424	15,250	158.95	2,459	15,822	155.42	-2.9832%	-6.3955%
Johnston	1,762	9,634	182.89	1,834	10,232	179.24	1,674	10,746	155.78	-2.3189%	-7.5435%
Lee	583	4,230	137.83	609	4,395	138.57	623	4,464	139.56	3.3793%	0.6278%
Moore *	1,218	12,425	98.03	1,462	12,948	112.91	1,327	13,393	99.08	5.3995%	1.4673%
Orange	1,204	7,289	165.18	1,210	7,729	156.55	1,208	8,143	148.35	0.1665%	-5.2319%
Wake *	9,149	45,670	200.33	9,775	48,100	203.22	9,199	50,257	183.04	0.4748%	-4.2435%
Region J Totals	17,189	102,175	168.23	17,962	107,375	167.28	17,161	112,022	153.19	0.0188%	-4.4931%
Franklin	629	4,433	141.89	672	4,683	143.50	655	4,929	132.89	2.1532%	-3.1308%
Granville	538	3,852	139.67	556	4,006	138.79	627	4,160	150.72	8.0578%	3.9840%
Person	473	3,134	150.93	473	3,233	146.30	458	3,315	138.16	-1.5856%	-4.3143%
Vance	433	3,338	129.72	417	3,478	119.90	481	3,541	135.84	5.8263%	2.8619%
Warren	253	2,208	114.58	263	2,268	115.96	177	2,339	75.67	-14.3735%	-16.7700%
Region K Totals	2,326	16,965	137.11	2,381	17,668	134.76	2,398	18,284	131.15	1.5393%	-2.1938%
Edgecombe	605	4,119	146.88	608	4,230	143.74	565	4,301	131.36	-3.2883%	-5.3738%
Halifax	560	4,445	125.98	565	4,498	125.61	577	4,514	127.82	1.5084%	0.7330%
Nash	1,163	6,780	171.53	1,318	7,033	187.40	1,212	7,249	167.20	2.6426%	-0.7659%
Northampton	232	2,254	102.93	289	2,328	124.14	284	2,377	119.48	11.4194%	8.4267%
Wilson	773	5,987	129.11	1,199	6,144	195.15	1,049	6,270	167.30	21.2998%	18.4389%
Region L Totals	3,333	23,585	141.32	3,979	24,233	164.20	3,687	24,711	149.20	6.0217%	3.5293%
Cumberland *	2,582	16,339	158.03	2,566	16,952	151.37	2,581	17,368	148.61	-0.0176%	-3.0190%
Harnett *	1,009	6,710	150.37	1,072	6,983	153.52	955	7,208	132.49	-2.3352%	-5.8024%
Sampson	759	4,690	161.83	889	4,846	183.45	895	4,903	182.54	8.9014%	6.4309%
Region M Totals	4,350	27,739	156.82	4,527	28,781	157.29	4,431	29,479	150.31	0.9742%	-2.0685%
Bladen	477	2,836	168.19	447	2,955	151.27	485	3,041	159.49	1.1059%	-2.3152%
Hoke *	304	1,872	162.39	292	1,907	153.12	270	1,937	139.39	-5.7408%	-7.3383%
Richmond	361	3,090	116.83	446	3,134	142.31	379	3,168	119.63	4.2616%	2.9384%
Robeson	1,212	7,364	164.58	1,166	7,557	154.29	1,244	7,787	159.75	1.4471%	-1.3570%
Scotland	313	2,448	127.86	312	2,554	122.16	354	2,655	133.33	6.5710%	2.3444%
Region N Totals	2,667	17,610	151.45	2,663	18,107	147.07	2,732	18,588	146.98	1.2205%	-1.4772%
Brunswick	1,937	14,491	133.67	2,165	15,879	136.34	2,202	17,222	127.86	6.7399%	-2.1108%
Columbus	915	4,387	208.57	850	4,524	187.89	981	4,653	210.83	4.1540%	1.1475%
New Hanover *	2,915	16,405	177.69	2,835	17,210	164.73	3,094	17,779	174.03	3.1957%	-0.8253%
Pender	759	4,350	174.48	796	4,580	173.80	770	4,792	160.68	0.8043%	-3.9688%
Region O Totals	6,526	39,633	164.66	6,646	42,193	157.51	7,047	44,446	158.55	3.9363%	-1.8407%
Carteret *	979	7,127	137.36	1,032	7,464	138.26	954	7,737	123.30	-1.0722%	-5.0828%
Craven *	1,016	8,197	123.95	1,221	8,400	145.36	1,198	8,460	141.61	9.1467%	7.3467%
Duplin	773	4,564	169.37	848	4,736	179.05	954	4,892	195.01	11.1012%	7.3154%
Greene	183	1,337	136.87	186	1,374	135.37	182	1,408	129.26	-0.2556%	-2.8055%
Jones	127	881	144.15	129	899	143.49	127	921	137.89	0.0122%	-2.1805%
Lenoir	996	4,666	213.46	1,077	4,666	230.82	884	4,816	183.55	-4.8938%	-6.1720%
Onslow *	1,451	7,622	190.37	1,368	7,819	174.96	1,449	8,083	179.27	0.1004%	-2.8170%
Pamlico	116	1,687	68.76	167	1,744	95.76	151	1,779	84.88	17.1923%	13.9502%
Wayne *	1,552	8,535	181.84	1,617	8,811	183.52	1,514	8,883	170.44	-1.0908%	-3.1021%
Region P Totals	7,193	44,616	161.22	7,645	45,913	166.51	7,413	46,979	157.79	1.6246%	-0.9767%

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

Ages 75 and Over											
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**
County	**Home Health Patients in 2018**	**Estimated 2018 Population**	**Use Rate for 2018**	**Home Health Patients in 2019**	**Estimated 2019 Population**	**Use Rate for 2019**	**Home Health Patients in 2020**	**Estimated 2020 Population**	**Use Rate for 2020**	**Average Annual Rate of Change in Number of Patients**	**Average Annual Rate of Change in Use Rates per 1000**
Beaufort	664	4,714	140.86	734	4,922	149.13	651	5,108	127.45	-0.3829%	-4.3334%
Bertie	276	1,772	155.76	337	1,783	189.01	279	1,784	156.39	2.4454%	2.0455%
Hertford	213	1,887	112.88	252	1,942	129.76	227	1,957	115.99	4.1946%	2.1740%
Martin	425	2,129	199.62	472	2,193	215.23	373	2,239	166.59	-4.9579%	-7.3902%
Pitt	1,545	9,016	171.36	1,754	9,325	188.10	1,611	9,697	166.13	2.6874%	-0.9553%
Region Q Totals	3,123	19,518	160.01	3,549	20,165	176.00	3,141	20,785	151.12	1.0723%	-2.0708%
Camden	47	710	66.20	85	745	114.09	101	760	132.89	49.8373%	44.4165%
Chowan	156	1,565	99.68	204	1,596	127.82	198	1,623	122.00	13.9140%	11.8367%
Currituck	134	1,628	82.31	205	1,712	119.74	202	1,788	112.98	25.7608%	19.9135%
Dare	265	2,976	89.05	358	3,119	114.78	367	3,268	112.30	18.8042%	13.3703%
Gates	72	1,011	71.22	137	1,048	130.73	145	1,065	136.15	48.0586%	43.8550%
Hyde	35	424	82.55	40	426	93.90	28	437	64.07	-7.8571%	-9.0064%
Pasquotank *	202	2,560	78.91	424	2,611	162.39	420	2,670	157.30	54.4788%	51.3344%
Perquimans	94	1,725	54.49	178	1,806	98.56	170	1,871	90.86	42.4337%	36.5282%
Tyrrell	47	428	109.81	42	427	98.36	44	411	107.06	-2.9382%	-0.7944%
Washington	158	1,258	125.60	185	1,299	142.42	152	1,310	116.03	-0.3746%	-2.5674%
Region R Totals	1,210	14,285	84.70	1,858	14,789	125.63	1,827	15,203	120.17	25.9426%	21.9873%
Grand Totals	**112,369**	**678,414**	**165.63**	**120,788**	**705,410**	**171.23**	**116,137**	**727,006**	**159.75**	**1.8209%**	**-1.6641%**

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

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Cherokee	0	-5.5311%	0.00	0.0000	-5.1171%	0.0000	5,004	0.00
Clay	0	-5.5311%	0.00	0.0000	-5.1171%	0.0000	1,967	0.00
Graham	0	-5.5311%	0.00	0.0000	-5.1171%	0.0000	1,638	0.00
Haywood	65	-5.5311%	54.21	5.7979	-5.1171%	4.9078	11,277	55.35
Jackson	15	-5.5311%	12.51	2.0259	-5.1171%	1.7149	7,389	12.67
Macon	2	-5.5311%	1.67	0.3004	-5.1171%	0.2543	6,855	1.74
Swain	3	-5.5311%	2.50	0.8966	-5.1171%	0.7590	3,331	2.53
Region A Totals	85	-5.5311%	70.90	2.2820	-5.1171%	1.9317	37,461	72.29
Buncombe	178	0.2246%	179.20	3.6241	1.0161%	3.7345	48,256	180.21
Henderson	64	0.2246%	64.43	2.9539	1.0161%	3.0440	21,495	65.43
Madison	10	0.2246%	10.07	2.5826	1.0161%	2.6614	3,835	10.21
Transylvania	22	0.2246%	22.15	3.9462	1.0161%	4.0665	5,608	22.80
Region B Totals	274	0.2246%	275.85	3.4152	1.0161%	3.5193	79,194	278.66
Cleveland	1	-34.6121%	-0.04	0.0473	-34.3178%	-0.0014	21,000	-0.03
McDowell	28	-34.6121%	-1.07	3.1351	-34.3178%	-0.0926	8,754	-0.81
Polk	0	-34.6121%	0.00	0.0000	-34.3178%	0.0000	3,336	0.00
Rutherford	0	-34.6121%	0.00	0.0000	-34.3178%	0.0000	13,557	0.00
Region C Totals	29	-34.6121%	-1.11	0.6165	-34.3178%	-0.0182	46,647	-0.84
Alleghany	0	-7.4176%	0.00	0.0000	-6.5875%	0.0000	1,929	0.00
Ashe	0	-7.4176%	0.00	0.0000	-6.5875%	0.0000	4,783	0.00
Avery	0	-7.4176%	0.00	0.0000	-6.5875%	0.0000	2,674	0.00
Mitchell	13	-7.4176%	10.11	4.8309	-6.5875%	3.8762	2,679	10.38
Watauga	0	-7.4176%	0.00	0.0000	-6.5875%	0.0000	6,906	0.00
Wilkes	2	-7.4176%	1.55	0.1461	-6.5875%	0.1172	13,509	1.58
Yancey	9	-7.4176%	7.00	2.6754	-6.5875%	2.1467	3,419	7.34
Region D Totals	24	-7.4176%	18.66	0.6664	-6.5875%	0.5347	35,899	19.31
Alexander	1	-49.0196%	-0.47	0.1343	-48.6721%	-0.0618	7,309	-0.45
Burke	1	-49.0196%	-0.47	0.0562	-48.6721%	-0.0258	17,465	-0.45
Caldwell	0	-49.0196%	0.00	0.0000	-48.6721%	0.0000	16,107	0.00
Catawba	6	-49.0196%	-2.82	0.1751	-48.6721%	-0.0806	33,895	-2.73
Region E Totals	8	-49.0196%	-3.76	0.1056	-48.6721%	-0.0486	74,776	-3.63
Anson	0	0.8502%	0.00	0.0000	1.0686%	0.0000	4,639	0.00
Cabarrus	85	0.8502%	87.17	1.6514	1.0686%	1.7044	51,761	88.22
Gaston	113	0.8502%	115.88	2.2848	1.0686%	2.3581	49,050	115.66
Iredell	14	0.8502%	14.36	0.3636	1.0686%	0.3753	38,301	14.37
Lincoln	15	0.8502%	15.38	0.8552	1.0686%	0.8827	17,511	15.46
Mecklenburg	444	0.8502%	455.32	1.6917	1.0686%	1.7459	268,073	468.04
Rowan	8	0.8502%	8.20	0.2547	1.0686%	0.2629	30,484	8.01
Stanly	32	0.8502%	32.82	2.4125	1.0686%	2.4899	13,108	32.64
Union	37	0.8502%	37.94	0.6749	1.0686%	0.6965	53,767	37.45
Region F Totals	748	0.8502%	767.08	1.4281	1.0686%	1.4739	526,694	779.86
Alamance	18	-18.1451%	8.20	0.4911	-17.8536%	0.2280	36,603	8.35
Caswell	2	-18.1451%	0.91	0.4860	-17.8536%	0.2257	3,975	0.90
Davidson	12	-18.1451%	5.47	0.3373	-17.8536%	0.1567	35,236	5.52
Guilford	92	-18.1451%	41.92	0.7984	-17.8536%	0.3708	114,185	42.34
Montgomery	0	-18.1451%	0.00	0.0000	-17.8536%	0.0000	5,588	0.00
Randolph	8	-18.1451%	3.65	0.2573	-17.8536%	0.1195	30,543	3.65
Rockingham	6	-18.1451%	2.73	0.3349	-17.8536%	0.1555	17,536	2.73
Region G Totals	138	-18.1451%	62.88	0.5601	-17.8536%	0.2601	243,666	63.48

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Davie	3	19.6581%	4.77	0.3593	20.4263%	0.5795	8,420	4.88
Forsyth	30	19.6581%	47.69	0.3460	20.4263%	0.5581	85,972	47.98
Stokes	0	19.6581%	0.00	0.0000	20.4263%	0.0000	8,116	0.00
Surry	2	19.6581%	3.18	0.1326	20.4263%	0.2139	14,740	3.15
Yadkin	2	19.6581%	3.18	0.2621	20.4263%	0.4226	7,426	3.14
Region I Totals	37	19.6581%	58.82	0.2935	20.4263%	0.4733	124,674	59.15
Chatham	0	-1.6441%	0.00	0.0000	-1.7983%	0.0000	13,637	0.00
Durham	16	-1.6441%	15.21	0.2122	-1.7983%	0.2008	78,019	15.66
Johnston	20	-1.6441%	19.01	0.3968	-1.7983%	0.3754	51,911	19.49
Lee	0	-1.6441%	0.00	0.0000	-1.7983%	0.0000	15,144	0.00
Moore *	3	-1.6441%	2.85	0.1438	-1.7983%	0.1360	21,643	2.94
Orange	7	-1.6441%	6.65	0.2693	-1.7983%	0.2548	25,122	6.40
Wake *	85	-1.6441%	80.81	0.3357	-1.7983%	0.3176	252,155	80.08
Region J Totals	131	-1.6441%	124.54	0.2880	-1.7983%	0.2725	457,631	124.57
Franklin	11	-10.1176%	7.66	0.7314	-9.7212%	0.5181	15,140	7.84
Granville	3	-10.1176%	2.09	0.2550	-9.7212%	0.1806	11,655	2.11
Person	3	-10.1176%	2.09	0.3667	-9.7212%	0.2598	8,131	2.11
Vance	2	-10.1176%	1.39	0.1925	-9.7212%	0.1364	10,229	1.40
Warren	0	-10.1176%	0.00	0.0000	-9.7212%	0.0000	3,367	0.00
Region K Totals	19	-10.1176%	13.23	0.3885	-9.7212%	0.2752	48,522	13.46
Edgecombe	2	-15.1268%	1.09	0.1703	-14.4249%	0.0966	11,115	1.07
Halifax	0	-15.1268%	0.00	0.0000	-14.4249%	0.0000	10,218	0.00
Nash	9	-15.1268%	4.92	0.4488	-14.4249%	0.2546	20,014	5.09
Northampton	0	-15.1268%	0.00	0.0000	-14.4249%	0.0000	3,413	0.00
Wilson	6	-15.1268%	3.28	0.3206	-14.4249%	0.1819	18,592	3.38
Region L Totals	17	-15.1268%	9.29	0.2627	-14.4249%	0.1490	63,352	9.55
Cumberland *	12	-29.7256%	1.30	0.1340	-30.1947%	0.0126	89,649	1.13
Harnett *	1	-29.7256%	0.11	0.0275	-30.1947%	0.0026	36,651	0.09
Sampson	7	-29.7256%	0.76	0.4566	-30.1947%	0.0430	15,057	0.65
Region M Totals	20	-29.7256%	2.16	0.1416	-30.1947%	0.0133	141,357	1.87
Bladen	11	42.0202%	24.87	1.5757	43.0420%	3.6103	6,742	24.34
Hoke *	1	42.0202%	2.26	0.0598	43.0420%	0.1370	16,544	2.27
Richmond	1	42.0202%	2.26	0.0989	43.0420%	0.2266	9,915	2.25
Robeson	89	42.0202%	201.19	2.8972	43.0420%	6.6383	29,736	197.40
Scotland	1	42.0202%	2.26	0.1207	43.0420%	0.2766	8,258	2.28
Region N Totals	103	42.0202%	232.84	1.4144	43.0420%	3.2408	71,195	228.53
Brunswick	19	-5.8442%	15.67	0.8217	-5.6833%	0.6816	23,424	15.96
Columbus	5	-5.8442%	4.12	0.4381	-5.6833%	0.3634	10,882	3.95
New Hanover *	60	-5.8442%	49.48	1.4018	-5.6833%	1.1628	42,912	49.90
Pender	33	-5.8442%	27.21	2.5785	-5.6833%	2.1389	12,961	27.72
Region O Totals	117	-5.8442%	96.49	1.2980	-5.6833%	1.0767	90,179	97.54

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Carteret *	2	23.0293%	3.38	0.1689	21.8567%	0.2796	11,640	3.25
Craven *	14	23.0293%	23.67	0.5295	21.8567%	0.8767	26,432	23.17
Duplin	15	23.0293%	25.36	1.0726	21.8567%	1.7759	13,548	24.06
Greene	0	23.0293%	0.00	0.0000	21.8567%	0.0000	4,115	0.00
Jones	0	23.0293%	0.00	0.0000	21.8567%	0.0000	1,906	0.00
Lenoir	4	23.0293%	6.76	0.3266	21.8567%	0.5407	11,937	6.45
Onslow *	61	23.0293%	103.14	0.9498	21.8567%	1.5726	68,276	107.37
Pamlico	0	23.0293%	0.00	0.0000	21.8567%	0.0000	1,867	0.00
Wayne *	6	23.0293%	10.15	0.1967	21.8567%	0.3256	30,161	9.82
Region P Totals	102	23.0293%	172.47	0.6093	21.8567%	1.0089	169,882	174.13
Beaufort	0	-33.9286%	0.00	0.0000	-33.6420%	0.0000	8,767	0.00
Bertie	0	-33.9286%	0.00	0.0000	-33.6420%	0.0000	3,506	0.00
Hertford	0	-33.9286%	0.00	0.0000	-33.6420%	0.0000	4,320	0.00
Martin	1	-33.9286%	-0.02	0.2213	-33.6420%	-0.0020	4,416	-0.01
Pitt	2	-33.9286%	-0.04	0.0510	-33.6420%	-0.0005	39,567	-0.02
Region Q Totals	3	-33.9286%	-0.05	0.0492	-33.6420%	-0.0005	60,576	-0.03
Camden	0	112.5000%	0.00	0.0000	111.7735%	0.0000	1,908	0.00
Chowan	0	112.5000%	0.00	0.0000	111.7735%	0.0000	2,708	0.00
Currituck	0	112.5000%	0.00	0.0000	111.7735%	0.0000	5,522	0.00
Dare	4	112.5000%	17.50	0.5798	111.7735%	2.5240	6,833	17.25
Gates	0	112.5000%	0.00	0.0000	111.7735%	0.0000	2,084	0.00
Hyde	0	112.5000%	0.00	0.0000	111.7735%	0.0000	799	0.00
Pasquotank *	0	112.5000%	0.00	0.0000	111.7735%	0.0000	9,032	0.00
Perquimans	0	112.5000%	0.00	0.0000	111.7735%	0.0000	2,475	0.00
Tyrrell	0	112.5000%	0.00	0.0000	111.7735%	0.0000	675	0.00
Washington	0	112.5000%	0.00	0.0000	111.7735%	0.0000	2,496	0.00
Region R Totals	4	112.5000%	17.50	0.1138	111.7735%	0.4955	34,532	17.25
Grand Totals	**1,859**	**-4.0774%**	**1,917.77**	**0.8052**	**-3.9324%**	**0.7102**	**2,306,237**	**1,935.14**

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 18-64								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Cherokee	121	6.6002%	144.96	7.7475	6.8012%	9.3282	15,685	146.31
Clay	42	6.6002%	50.32	6.8193	6.8012%	8.2107	6,260	51.40
Graham	48	6.6002%	57.50	10.1287	6.8012%	12.1954	4,675	57.01
Haywood	457	6.6002%	547.49	12.7800	6.8012%	15.3876	35,986	553.74
Jackson	142	6.6002%	170.12	5.0696	6.8012%	6.1040	28,488	173.89
Macon	230	6.6002%	275.54	11.7786	6.8012%	14.1818	20,231	286.91
Swain	82	6.6002%	98.24	10.0429	6.8012%	12.0920	8,133	98.34
Region A Totals	1,122	6.6002%	1,344.16	9.5103	6.8012%	11.4508	119,458	1,367.61
Buncombe	1,879	0.4452%	1,904.10	11.7258	0.5146%	11.9068	161,643	1,924.65
Henderson	796	0.4452%	806.63	12.3739	0.5146%	12.5649	65,976	828.98
Madison	147	0.4452%	148.96	11.0435	0.5146%	11.2140	13,304	149.19
Transylvania	256	0.4452%	259.42	13.8859	0.5146%	14.1002	18,490	260.71
Region B Totals	3,078	0.4452%	3,119.11	12.0084	0.5146%	12.1938	259,413	3,163.54
Cleveland	1,005	1.4238%	1,047.93	16.6451	1.1535%	17.2211	60,617	1,043.89
McDowell	583	1.4238%	607.90	21.1431	1.1535%	21.8748	27,315	597.51
Polk	135	1.4238%	140.77	11.3512	1.1535%	11.7440	11,932	140.13
Rutherford	732	1.4238%	763.27	18.1327	1.1535%	18.7602	40,384	757.61
Region C Totals	2,455	1.4238%	2,559.86	17.5090	1.1535%	18.1149	140,248	2,539.15
Alleghany	88	6.6872%	105.65	13.2991	6.9365%	16.0665	6,682	107.36
Ashe	180	6.6872%	216.11	11.3364	6.9365%	13.6955	16,073	220.13
Avery	125	6.6872%	150.08	10.9304	6.9365%	13.2050	11,357	149.97
Mitchell	124	6.6872%	148.88	14.1488	6.9365%	17.0931	8,570	146.49
Watauga	187	6.6872%	224.52	4.6189	6.9365%	5.5800	40,932	228.40
Wilkes	514	6.6872%	617.12	12.5277	6.9365%	15.1347	40,810	617.65
Yancey	134	6.6872%	160.88	12.4373	6.9365%	15.0255	11,206	168.38
Region D Totals	1,352	6.6872%	1,623.23	10.0160	6.9365%	12.1003	135,630	1,638.37
Alexander	213	-0.3497%	210.77	9.2240	-0.5165%	9.0810	23,054	209.35
Burke	706	-0.3497%	698.59	12.8959	-0.5165%	12.6961	54,219	688.37
Caldwell	633	-0.3497%	626.36	12.4130	-0.5165%	12.2206	51,279	626.66
Catawba	1,173	-0.3497%	1,160.69	12.1053	-0.5165%	11.9177	97,730	1,164.72
Region E Totals	2,725	-0.3497%	2,696.41	12.0718	-0.5165%	11.8847	226,282	2,689.10
Anson	185	-2.3988%	171.69	12.6895	-3.3814%	11.4022	14,329	163.38
Cabarrus	1,298	-2.3988%	1,204.59	9.5934	-3.3814%	8.6202	142,632	1,229.51
Gaston	2,018	-2.3988%	1,872.78	14.6865	-3.3814%	13.1967	138,433	1,826.86
Iredell	1,019	-2.3988%	945.67	8.8890	-3.3814%	7.9873	118,137	943.59
Lincoln	653	-2.3988%	606.01	11.8905	-3.3814%	10.6843	56,924	608.19
Mecklenburg	4,279	-2.3988%	3,971.07	5.9292	-3.3814%	5.3278	761,072	4,054.81
Rowan	1,080	-2.3988%	1,002.28	12.5302	-3.3814%	11.2591	85,659	964.44
Stanly	398	-2.3988%	369.36	10.3178	-3.3814%	9.2712	38,681	358.62
Union	881	-2.3988%	817.60	5.8037	-3.3814%	5.2150	160,015	834.47
Region F Totals	11,811	-2.3988%	10,961.04	8.1171	-3.3814%	7.2936	1,515,882	10,983.88
Alamance	1,204	-2.9818%	1,096.30	11.6084	-3.3472%	10.4427	105,664	1,103.42
Caswell	200	-2.9818%	182.11	14.0885	-3.3472%	12.6738	13,851	175.54
Davidson	988	-2.9818%	899.62	9.5337	-3.3472%	8.5764	104,716	898.09
Guilford	3,099	-2.9818%	2,821.78	9.1797	-3.3472%	8.2579	339,136	2,800.56
Montgomery	152	-2.9818%	138.40	9.4663	-3.3472%	8.5157	15,895	135.36
Randolph	807	-2.9818%	734.81	9.1910	-3.3472%	8.2681	88,056	728.06
Rockingham	759	-2.9818%	691.10	13.8312	-3.3472%	12.4423	53,875	670.33
Region G Totals	7,209	-2.9818%	6,564.13	10.0422	-3.3472%	9.0338	721,193	6,511.35

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 18-64								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Davie	303	-3.1142%	274.69	11.5968	-3.1910%	10.4866	26,698	279.97
Forsyth	2,158	-3.1142%	1,956.38	9.3035	-3.1910%	8.4129	234,505	1,972.87
Stokes	334	-3.1142%	302.80	11.7564	-3.1910%	10.6310	27,825	295.81
Surry	619	-3.1142%	561.17	14.1628	-3.1910%	12.8070	43,386	555.65
Yadkin	306	-3.1142%	277.41	13.4281	-3.1910%	12.1427	22,531	273.59
Region I Totals	3,720	-3.1142%	3,372.45	10.5386	-3.1910%	9.5298	354,945	3,377.88
Chatham	267	-2.9452%	243.41	6.2744	-4.2371%	5.4768	44,357	242.94
Durham	1,423	-2.9452%	1,297.27	6.9980	-4.2371%	6.1084	207,645	1,268.39
Johnston	1,064	-2.9452%	969.99	8.0602	-4.2371%	7.0357	143,009	1,006.16
Lee	256	-2.9452%	233.38	7.0979	-4.2371%	6.1957	36,583	226.66
Moore *	392	-2.9452%	357.36	7.5948	-4.2371%	6.6294	53,646	355.64
Orange	555	-2.9452%	505.96	5.5833	-4.2371%	4.8736	100,976	492.12
Wake *	4,123	-2.9452%	3,758.71	5.7857	-4.2371%	5.0502	745,936	3,767.14
Region J Totals	8,080	-2.9452%	7,366.08	6.3243	-4.2371%	5.5204	1,332,152	7,359.05
Franklin	475	1.6964%	499.17	10.9321	1.1923%	11.3231	44,927	508.71
Granville	358	1.6964%	376.22	9.1593	1.1923%	9.4869	39,619	375.86
Person	218	1.6964%	229.09	9.0221	1.1923%	9.3448	23,727	221.72
Vance	371	1.6964%	389.88	13.9958	1.1923%	14.4964	26,142	378.96
Warren	91	1.6964%	95.63	8.0531	1.1923%	8.3412	10,821	90.26
Region K Totals	1,513	1.6964%	1,590.00	10.4701	1.1923%	10.8446	145,236	1,575.52
Edgecombe	451	2.7028%	487.57	15.3271	3.1282%	16.7655	28,042	470.14
Halifax	272	2.7028%	294.06	9.2282	3.1282%	10.0942	28,100	283.65
Nash	630	2.7028%	681.08	10.9006	3.1282%	11.9236	57,500	685.61
Northampton	114	2.7028%	123.24	9.8344	3.1282%	10.7573	10,907	117.33
Wilson	650	2.7028%	702.71	13.1790	3.1282%	14.4158	49,777	717.57
Region L Totals	2,117	2.7028%	2,288.66	11.9195	3.1282%	13.0381	174,326	2,274.29
Cumberland *	1,826	-4.3307%	1,588.76	10.7102	-4.6262%	9.2238	166,248	1,533.44
Harnett *	498	-4.3307%	433.30	6.3998	-4.6262%	5.5116	80,819	445.44
Sampson	472	-4.3307%	410.68	12.7282	-4.6262%	10.9617	36,529	400.42
Region M Totals	2,796	-4.3307%	2,432.74	9.7972	-4.6262%	8.4374	283,596	2,379.30
Bladen	317	0.0859%	317.82	15.7359	0.4817%	15.9633	19,813	316.28
Hoke *	238	0.0859%	238.61	7.9882	0.4817%	8.1036	30,087	243.81
Richmond	318	0.0859%	318.82	11.9008	0.4817%	12.0727	26,107	315.18
Robeson	1,168	0.0859%	1,171.01	14.6144	0.4817%	14.8256	78,828	1,168.67
Scotland	295	0.0859%	295.76	14.2781	0.4817%	14.4844	20,135	291.64
Region N Totals	2,336	0.0859%	2,342.02	13.1797	0.4817%	13.3702	174,970	2,335.59
Brunswick	721	6.8486%	869.13	9.1368	5.9524%	10.7683	83,136	895.24
Columbus	607	6.8486%	731.71	18.0822	5.9524%	21.3111	32,777	698.52
New Hanover *	1,872	6.8486%	2,256.61	12.5470	5.9524%	14.7876	154,305	2,281.79
Pender	466	6.8486%	561.74	11.9346	5.9524%	14.0658	39,968	562.18
Region O Totals	3,666	6.8486%	4,419.20	12.1905	5.9524%	14.3674	310,186	4,437.73

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 18-64								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Carteret *	356	-3.4611%	319.04	8.7940	-4.2699%	7.6675	40,560	311.00
Craven *	566	-3.4611%	507.23	10.8627	-4.2699%	9.4712	51,074	483.73
Duplin	530	-3.4611%	474.97	15.1144	-4.2699%	13.1783	35,130	462.95
Greene	121	-3.4611%	108.44	9.2699	-4.2699%	8.0825	12,801	103.46
Jones	73	-3.4611%	65.42	12.4425	-4.2699%	10.8486	5,703	61.87
Lenoir	561	-3.4611%	502.75	17.0201	-4.2699%	14.8399	32,156	477.19
Onslow *	1,060	-3.4611%	949.94	11.9773	-4.2699%	10.4430	88,348	922.62
Pamlico	40	-3.4611%	35.85	5.3981	-4.2699%	4.7066	7,310	34.41
Wayne *	849	-3.4611%	760.85	11.8163	-4.2699%	10.3027	71,603	737.70
Region P Totals	4,156	-3.4611%	3,724.47	11.9668	-4.2699%	10.4339	344,685	3,594.93
Beaufort	374	5.9664%	440.94	14.3027	5.9544%	16.8576	25,695	433.16
Bertie	237	5.9664%	279.42	20.0847	5.9544%	23.6725	11,322	268.02
Hertford	148	5.9664%	174.49	10.2514	5.9544%	12.0827	14,141	170.86
Martin	214	5.9664%	252.30	16.5417	5.9544%	19.4966	12,257	238.97
Pitt	1,168	5.9664%	1,377.06	9.8146	5.9544%	11.5678	121,873	1,409.81
Region Q Totals	2,141	5.9664%	2,524.22	11.6151	5.9544%	13.6899	185,288	2,520.81
Camden	60	14.3016%	85.74	8.9352	14.6747%	12.8689	6,626	85.27
Chowan	100	14.3016%	142.90	12.8025	14.6747%	18.4386	7,710	142.16
Currituck	154	14.3016%	220.07	8.6854	14.6747%	12.5090	18,110	226.54
Dare	216	14.3016%	308.67	9.5419	14.6747%	13.7426	22,901	314.72
Gates	87	14.3016%	124.33	12.0017	14.6747%	17.2853	7,068	122.17
Hyde	19	14.3016%	27.15	6.0165	14.6747%	8.6652	3,047	26.40
Pasquotank *	313	14.3016%	447.29	13.2062	14.6747%	19.0201	23,181	440.91
Perquimans	100	14.3016%	142.90	13.4210	14.6747%	19.3295	7,489	144.76
Tyrrell	17	14.3016%	24.29	7.5255	14.6747%	10.8385	2,201	23.86
Washington	94	14.3016%	134.33	14.5533	14.6747%	20.9603	6,122	128.32
Region R Totals	1,160	14.3016%	1,657.69	11.0297	14.6747%	15.8854	104,455	1,655.10
Grand Totals	**61,437**	**-0.8779%**	**60,585.50**	**9.5980**	**-1.5022%**	**9.1654**	**6,527,945**	**60,403.21**

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 65-74								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Cherokee	208	3.3411%	228.85	41.9355	2.4898%	45.0678	4,966	223.81
Clay	101	3.3411%	111.12	49.9259	2.4898%	53.6550	1,982	106.34
Graham	50	3.3411%	55.01	44.1696	2.4898%	47.4688	1,080	51.27
Haywood	517	3.3411%	568.82	57.9272	2.4898%	62.2540	9,061	564.08
Jackson	181	3.3411%	199.14	35.5460	2.4898%	38.2010	5,047	192.80
Macon	266	3.3411%	292.66	46.6094	2.4898%	50.0909	5,807	290.88
Swain	100	3.3411%	110.02	59.8444	2.4898%	64.3144	1,655	106.44
Region A Totals	1,423	3.3411%	1,565.63	48.2209	2.4898%	51.8227	29,598	1,535.62
Buncombe	1,944	7.1284%	2,359.73	60.6174	4.8928%	69.5151	33,292	2,314.30
Henderson	1,132	7.1284%	1,374.08	66.8794	4.8928%	76.6962	17,451	1,338.43
Madison	187	7.1284%	226.99	59.4217	4.8928%	68.1438	3,232	220.24
Transylvania	316	7.1284%	383.58	56.6918	4.8928%	65.0132	5,592	363.55
Region B Totals	3,579	7.1284%	4,344.38	62.0095	4.8928%	71.1115	59,567	4,236.52
Cleveland	963	3.9640%	1,077.52	82.8102	1.1834%	85.7501	12,032	1,031.75
McDowell	459	3.9640%	513.58	79.3157	1.1834%	82.1315	6,012	493.77
Polk	185	3.9640%	207.00	52.8571	1.1834%	54.7336	3,558	194.74
Rutherford	682	3.9640%	763.10	78.7165	1.1834%	81.5111	8,828	719.58
Region C Totals	2,289	3.9640%	2,561.21	77.3834	1.1834%	80.1306	30,430	2,439.84
Alleghany	109	8.7295%	137.55	67.7861	6.8359%	81.6874	1,577	128.82
Ashe	228	8.7295%	287.71	56.3380	6.8359%	67.8917	4,134	280.66
Avery	211	8.7295%	266.26	93.1979	6.8359%	112.3106	2,292	257.42
Mitchell	144	8.7295%	181.71	74.6501	6.8359%	89.9591	1,942	174.70
Watauga	236	8.7295%	297.80	42.7072	6.8359%	51.4655	5,653	290.93
Wilkes	577	8.7295%	728.11	66.0334	6.8359%	79.5754	9,003	716.42
Yancey	177	8.7295%	223.35	68.1818	6.8359%	82.1643	2,588	212.64
Region D Totals	1,682	8.7295%	2,122.49	62.9774	6.8359%	75.8926	27,189	2,061.59
Alexander	230	6.0546%	271.78	50.0217	3.3065%	54.9837	4,709	258.92
Burke	690	6.0546%	815.33	63.3551	3.3065%	69.6396	11,260	784.14
Caldwell	757	6.0546%	894.50	76.1187	3.3065%	83.6693	10,278	859.95
Catawba	1,269	6.0546%	1,499.50	71.4326	3.3065%	78.5184	18,624	1,462.33
Region E Totals	2,946	6.0546%	3,481.11	68.1960	3.3065%	74.9608	44,871	3,365.34
Anson	165	-0.6676%	161.70	63.8545	-4.4047%	55.4166	2,685	148.79
Cabarrus	1,271	-0.6676%	1,245.54	69.9697	-4.4047%	60.7238	19,967	1,212.47
Gaston	1,833	-0.6676%	1,796.29	80.4477	-4.4047%	69.8171	23,653	1,651.38
Iredell	1,176	-0.6676%	1,152.45	64.7292	-4.4047%	56.1757	19,570	1,099.36
Lincoln	635	-0.6676%	622.28	62.8526	-4.4047%	54.5471	10,896	594.35
Mecklenburg	4,192	-0.6676%	4,108.04	49.7774	-4.4047%	43.1997	94,016	4,061.46
Rowan	1,066	-0.6676%	1,044.65	69.5097	-4.4047%	60.3245	15,981	964.05
Stanly	443	-0.6676%	434.13	58.2741	-4.4047%	50.5737	7,782	393.56
Union	922	-0.6676%	903.53	46.5798	-4.4047%	40.4246	21,914	885.87
Region F Totals	11,703	-0.6676%	11,468.61	58.8824	-4.4047%	51.1016	216,464	11,011.29
Alamance	1,258	1.7849%	1,325.36	73.1949	-1.1906%	70.5805	18,273	1,289.72
Caswell	154	1.7849%	162.25	50.2447	-1.1906%	48.4501	3,207	155.38
Davidson	1,098	1.7849%	1,156.79	59.3578	-1.1906%	57.2376	19,376	1,109.04
Guilford	3,387	1.7849%	3,568.36	66.4482	-1.1906%	64.0749	53,769	3,445.24
Montgomery	200	1.7849%	210.71	58.3260	-1.1906%	56.2428	3,446	193.81
Randolph	866	1.7849%	912.37	56.0917	-1.1906%	54.0882	16,144	873.20
Rockingham	748	1.7849%	788.05	67.4664	-1.1906%	65.0566	11,530	750.10
Region G Totals	7,711	1.7849%	8,123.90	64.4318	-1.1906%	62.1304	125,745	7,816.49

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 65-74								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Davie	349	2.7820%	378.13	65.7003	-0.0448%	65.6121	5,680	372.68
Forsyth	2,602	2.7820%	2,819.16	70.3376	-0.0448%	70.2432	39,120	2,747.91
Stokes	408	2.7820%	442.05	71.0183	-0.0448%	70.9229	5,987	424.62
Surry	736	2.7820%	797.43	86.7618	-0.0448%	86.6453	8,588	744.11
Yadkin	325	2.7820%	352.12	74.2687	-0.0448%	74.1690	4,439	329.24
Region I Totals	4,420	2.7820%	4,788.90	72.5673	-0.0448%	72.4698	63,814	4,618.55
Chatham	318	-0.1506%	316.56	27.7875	-4.6700%	23.8945	12,185	291.15
Durham	1,413	-0.1506%	1,406.62	52.9332	-4.6700%	45.5173	29,205	1,329.33
Johnston	1,053	-0.1506%	1,048.24	56.9990	-4.6700%	49.0135	20,413	1,000.51
Lee	349	-0.1506%	347.42	58.0216	-4.6700%	49.8928	6,349	316.77
Moore *	527	-0.1506%	524.62	36.8068	-4.6700%	31.6502	14,890	471.27
Orange	587	-0.1506%	584.35	40.8461	-4.6700%	35.1236	15,588	547.51
Wake *	4,268	-0.1506%	4,248.72	49.7366	-4.6700%	42.7685	96,499	4,127.12
Region J Totals	8,515	-0.1506%	8,476.54	48.0726	-4.6700%	41.3376	195,129	8,083.67
Franklin	400	2.3373%	428.05	51.4271	-1.1268%	49.6887	8,535	424.09
Granville	347	2.3373%	371.33	52.4328	-1.1268%	50.6604	7,309	370.28
Person	289	2.3373%	309.26	60.3214	-1.1268%	58.2824	5,133	299.16
Vance	368	2.3373%	393.80	73.6295	-1.1268%	71.1405	5,101	362.89
Warren	94	2.3373%	100.59	36.2375	-1.1268%	35.0125	2,474	86.62
Region K Totals	1,498	2.3373%	1,603.04	55.9394	-1.1268%	54.0484	28,552	1,543.04
Edgecombe	456	10.8647%	604.63	69.5971	7.7454%	85.7689	6,722	576.54
Halifax	335	10.8647%	444.19	52.9561	7.7454%	65.2611	6,488	423.41
Nash	795	10.8647%	1,054.12	68.7122	7.7454%	84.6784	12,011	1,017.07
Northampton	162	10.8647%	214.80	65.7468	7.7454%	81.0239	2,297	186.11
Wilson	622	10.8647%	824.74	67.6823	7.7454%	83.4091	9,688	808.07
Region L Totals	2,370	10.8647%	3,142.48	65.6473	7.7454%	80.9014	37,206	3,011.20
Cumberland *	1,649	2.2126%	1,758.46	60.6139	-1.2731%	58.2989	29,523	1,721.16
Harnett *	534	2.2126%	569.45	48.9280	-1.2731%	47.0593	11,656	548.52
Sampson	481	2.2126%	512.93	71.4074	-1.2731%	68.6802	7,012	481.59
Region M Totals	2,664	2.2126%	2,840.83	59.3914	-1.2731%	57.1231	48,191	2,751.27
Bladen	307	-2.4049%	284.85	72.1674	-4.6013%	62.2054	4,261	265.06
Hoke *	172	-2.4049%	159.59	46.6630	-4.6013%	40.2217	4,080	164.10
Richmond	324	-2.4049%	300.62	64.6191	-4.6013%	55.6991	5,035	280.44
Robeson	845	-2.4049%	784.04	65.9589	-4.6013%	56.8540	13,027	740.64
Scotland	235	-2.4049%	218.05	56.9973	-4.6013%	49.1295	4,158	204.28
Region N Totals	1,883	-2.4049%	1,747.15	63.0019	-4.6013%	54.3051	30,561	1,654.52
Brunswick	1,315	-0.0067%	1,314.74	46.3257	-3.0779%	42.0481	29,428	1,237.39
Columbus	598	-0.0067%	597.88	93.9365	-3.0779%	85.2627	6,334	540.05
New Hanover *	1,359	-0.0067%	1,358.73	54.8470	-3.0779%	49.7826	25,724	1,280.61
Pender	478	-0.0067%	477.90	65.3631	-3.0779%	59.3276	7,755	460.09
Region O Totals	3,750	-0.0067%	3,749.25	56.1016	-3.0779%	50.9214	69,241	3,518.14

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 65-74								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Carteret *	502	3.8336%	559.73	47.4794	1.2336%	49.2366	10,849	534.17
Craven *	751	3.8336%	837.37	78.9197	1.2336%	81.8404	9,686	792.71
Duplin	525	3.8336%	585.38	84.2156	1.2336%	87.3323	6,284	548.80
Greene	137	3.8336%	152.76	61.9349	1.2336%	64.2270	2,353	151.13
Jones	86	3.8336%	95.89	64.1312	1.2336%	66.5047	1,382	91.91
Lenoir	522	3.8336%	582.03	76.1933	1.2336%	79.0131	7,055	557.44
Onslow *	954	3.8336%	1,063.72	76.6881	1.2336%	79.5262	13,603	1,081.80
Pamlico	84	3.8336%	93.66	38.9972	1.2336%	40.4405	2,074	83.87
Wayne *	848	3.8336%	945.53	69.7254	1.2336%	72.3058	12,979	938.46
Region P Totals	4,409	3.8336%	4,916.07	69.4517	1.2336%	72.0220	66,265	4,780.27
Beaufort	383	3.1627%	419.34	54.8161	0.0383%	54.8790	6,883	377.73
Bertie	197	3.1627%	215.69	85.4664	0.0383%	85.5645	2,423	207.32
Hertford	135	3.1627%	147.81	48.3698	0.0383%	48.4253	2,921	141.45
Martin	258	3.1627%	282.48	80.3738	0.0383%	80.4661	3,274	263.45
Pitt	1,102	3.1627%	1,206.56	71.6748	0.0383%	71.7571	16,682	1,197.05
Region Q Totals	2,075	3.1627%	2,271.88	67.6601	0.0383%	67.7378	32,183	2,187.00
Camden	47	24.1722%	81.08	44.2561	20.8470%	71.9343	1,172	84.31
Chowan	122	24.1722%	210.47	64.2105	20.8470%	104.3684	1,826	190.58
Currituck	175	24.1722%	301.90	58.0431	20.8470%	94.3438	3,393	320.11
Dare	243	24.1722%	419.22	46.5250	20.8470%	75.6222	5,535	418.57
Gates	85	24.1722%	146.64	60.7577	20.8470%	98.7561	1,451	143.30
Hyde	30	24.1722%	51.76	43.8596	20.8470%	71.2899	707	50.40
Pasquotank *	291	24.1722%	502.02	77.0861	20.8470%	125.2965	3,978	498.43
Perquimans	108	24.1722%	186.32	54.1353	20.8470%	87.9921	2,019	177.66
Tyrrell	21	24.1722%	36.23	51.4706	20.8470%	83.6608	423	35.39
Washington	101	24.1722%	174.24	58.6187	20.8470%	95.2794	1,716	163.50
Region R Totals	1,223	24.1722%	2,109.88	57.7323	20.8470%	93.8386	22,220	2,082.23
Grand Totals	**64,140**	**2.3823%**	**69,313.33**	**60.3397**	**-0.8673%**	**58.7698**	**1,127,226**	**66,696.59**

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Cherokee	427	2.8605%	463.64	104.4265	-0.9918%	101.3195	4,629	469.01
Clay	174	2.8605%	188.93	108.4788	-0.9918%	105.2512	1,880	197.87
Graham	103	2.8605%	111.84	97.4456	-0.9918%	94.5463	1,137	107.50
Haywood	1,016	2.8605%	1,103.19	133.9309	-0.9918%	129.9461	8,325	1,081.80
Jackson	296	2.8605%	321.40	76.9231	-0.9918%	74.6344	4,451	332.20
Macon	616	2.8605%	668.86	120.2420	-0.9918%	116.6645	5,652	659.39
Swain	126	2.8605%	136.81	96.4040	-0.9918%	93.5357	1,411	131.98
Region A Totals	2,758	2.8605%	2,994.68	112.0501	-0.9918%	108.7162	27,485	2,979.75
Buncombe	3,559	3.3117%	3,912.58	154.8940	0.0912%	155.3177	26,152	4,061.87
Henderson	2,078	3.3117%	2,284.45	132.8475	0.0912%	133.2108	17,424	2,321.07
Madison	302	3.3117%	332.00	139.1705	0.0912%	139.5512	2,470	344.69
Transylvania	725	3.3117%	797.03	122.3422	0.0912%	122.6769	6,577	806.85
Region B Totals	6,664	3.3117%	7,326.07	142.6523	0.0912%	143.0424	52,623	7,534.47
Cleveland	1,690	3.6794%	1,876.55	220.9439	0.9098%	226.9741	8,565	1,944.03
McDowell	767	3.6794%	851.66	180.9816	0.9098%	185.9211	4,664	867.14
Polk	459	3.6794%	509.67	145.7143	0.9098%	149.6912	3,532	528.71
Rutherford	1,035	3.6794%	1,149.25	160.6644	0.9098%	165.0494	7,173	1,183.90
Region C Totals	3,951	3.6794%	4,387.12	183.9471	0.9098%	188.9675	23,934	4,523.78
Alleghany	228	8.8819%	288.75	161.3588	5.3746%	187.3762	1,565	293.24
Ashe	496	8.8819%	628.16	152.8505	5.3746%	177.4961	3,636	645.38
Avery	327	8.8819%	414.13	182.2742	5.3746%	211.6640	1,987	420.58
Mitchell	299	8.8819%	378.67	173.0324	5.3746%	200.9321	1,779	357.46
Watauga	487	8.8819%	616.76	116.2291	5.3746%	134.9698	4,894	660.54
Wilkes	1,011	8.8819%	1,280.39	148.5891	5.3746%	172.5475	7,466	1,288.24
Yancey	341	8.8819%	431.86	156.7816	5.3746%	182.0610	2,393	435.67
Region D Totals	3,189	8.8819%	4,038.73	149.3747	5.3746%	173.4598	23,720	4,101.11
Alexander	432	3.9102%	482.68	127.5465	0.6579%	130.0641	3,869	503.22
Burke	1,165	3.9102%	1,301.66	140.9558	0.6579%	143.7381	9,001	1,293.79
Caldwell	1,249	3.9102%	1,395.52	177.5661	0.6579%	181.0710	7,802	1,412.72
Catawba	2,354	3.9102%	2,630.14	199.6269	0.6579%	203.5672	13,589	2,766.27
Region E Totals	5,200	3.9102%	5,810.00	170.6149	0.6579%	173.9825	34,261	5,975.99
Anson	265	0.1596%	266.27	140.6582	-3.5566%	125.6502	1,971	247.66
Cabarrus	2,274	0.1596%	2,284.89	191.0282	-3.5566%	170.6459	13,927	2,376.59
Gaston	2,977	0.1596%	2,991.26	205.0134	-3.5566%	183.1389	16,387	3,001.10
Iredell	2,339	0.1596%	2,350.20	194.8517	-3.5566%	174.0614	13,986	2,434.42
Lincoln	1,125	0.1596%	1,130.39	183.2546	-3.5566%	163.7017	7,357	1,204.35
Mecklenburg	8,063	0.1596%	8,101.61	159.8977	-3.5566%	142.8369	61,485	8,782.33
Rowan	1,736	0.1596%	1,744.31	167.8592	-3.5566%	149.9490	11,325	1,698.17
Stanly	805	0.1596%	808.86	153.3041	-3.5566%	136.9469	5,903	808.40
Union	1,897	0.1596%	1,906.08	153.9523	-3.5566%	137.5259	15,033	2,067.43
Region F Totals	21,481	0.1596%	21,583.87	172.1331	-3.5566%	153.7668	147,374	22,620.44
Alamance	2,525	0.1915%	2,539.51	192.2052	-2.5351%	177.5874	14,570	2,587.45
Caswell	299	0.1915%	300.72	143.3365	-2.5351%	132.4353	2,316	306.72
Davidson	1,887	0.1915%	1,897.84	148.9580	-2.5351%	137.6293	14,279	1,965.21
Guilford	6,234	0.1915%	6,269.82	179.9602	-2.5351%	166.2736	39,443	6,558.33
Montgomery	331	0.1915%	332.90	133.5216	-2.5351%	123.3668	2,810	346.66
Randolph	1,526	0.1915%	1,534.77	139.8332	-2.5351%	129.1985	12,209	1,577.38
Rockingham	1,420	0.1915%	1,428.16	176.6828	-2.5351%	163.2456	8,638	1,410.12
Region G Totals	14,222	0.1915%	14,303.71	169.3882	-2.5351%	156.5057	94,265	14,751.87

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Davie	736	1.7848%	775.41	185.9995	-0.3362%	184.1235	4,532	834.45
Forsyth	5,290	1.7848%	5,573.24	208.9423	-0.3362%	206.8349	28,657	5,927.27
Stokes	776	1.7848%	817.55	184.0171	-0.3362%	182.1611	4,703	856.70
Surry	1,413	1.7848%	1,488.66	225.0358	-0.3362%	222.7662	6,853	1,526.62
Yadkin	620	1.7848%	653.20	185.1299	-0.3362%	183.2627	3,634	665.98
Region I Totals	8,835	1.7848%	9,308.06	204.8933	-0.3362%	202.8268	48,379	9,811.01
Chatham	671	0.0188%	671.38	72.9586	-4.4931%	63.1242	11,156	704.21
Durham	2,459	0.0188%	2,460.39	155.4165	-4.4931%	134.4673	18,836	2,532.83
Johnston	1,674	0.0188%	1,674.95	155.7789	-4.4931%	134.7808	13,107	1,766.57
Lee	623	0.0188%	623.35	139.5609	-4.4931%	120.7489	4,883	589.62
Moore *	1,327	0.0188%	1,327.75	99.0816	-4.4931%	85.7260	15,035	1,288.89
Orange	1,208	0.0188%	1,208.68	148.3483	-4.4931%	128.3518	10,110	1,297.64
Wake *	9,199	0.0188%	9,204.19	183.0392	-4.4931%	158.3666	62,833	9,950.65
Region J Totals	17,161	0.0188%	17,170.69	153.1931	-4.4931%	132.5436	135,960	18,130.40
Franklin	655	1.5393%	685.25	132.8870	-2.1938%	124.1412	5,788	718.53
Granville	627	1.5393%	655.95	150.7212	-2.1938%	140.8016	4,812	677.54
Person	458	1.5393%	479.15	138.1599	-2.1938%	129.0670	3,709	478.71
Vance	481	1.5393%	503.21	135.8373	-2.1938%	126.8974	3,854	489.06
Warren	177	1.5393%	185.17	75.6734	-2.1938%	70.6930	2,497	176.52
Region K Totals	2,398	1.5393%	2,508.74	131.1529	-2.1938%	122.5212	20,660	2,540.36
Edgecombe	565	6.0217%	667.07	131.3648	3.5293%	145.2737	4,696	682.21
Halifax	577	6.0217%	681.24	127.8245	3.5293%	141.3586	4,758	672.58
Nash	1,212	6.0217%	1,430.95	167.1955	3.5293%	184.8982	8,345	1,542.98
Northampton	284	6.0217%	335.30	119.4783	3.5293%	132.1287	2,474	326.89
Wilson	1,049	6.0217%	1,238.50	167.3046	3.5293%	185.0189	7,113	1,316.04
Region L Totals	3,687	6.0217%	4,353.06	149.2048	3.5293%	165.0026	27,386	4,540.69
Cumberland *	2,581	0.9742%	2,656.43	148.6066	-2.0685%	139.3849	19,331	2,694.45
Harnett *	955	0.9742%	982.91	132.4917	-2.0685%	124.2699	8,227	1,022.37
Sampson	895	0.9742%	921.16	182.5413	-2.0685%	171.2138	5,300	907.43
Region M Totals	4,431	0.9742%	4,560.50	150.3104	-2.0685%	140.9829	32,858	4,624.25
Bladen	485	1.2205%	502.76	159.4870	-1.4772%	152.4193	3,307	504.05
Hoke *	270	1.2205%	279.89	139.3908	-1.4772%	133.2137	2,270	302.40
Richmond	379	1.2205%	392.88	119.6338	-1.4772%	114.3323	3,469	396.62
Robeson	1,244	1.2205%	1,289.55	159.7534	-1.4772%	152.6740	8,686	1,326.13
Scotland	354	1.2205%	366.96	133.3333	-1.4772%	127.4247	2,953	376.29
Region N Totals	2,732	1.2205%	2,832.04	146.9765	-1.4772%	140.4633	20,685	2,905.48
Brunswick	2,202	3.9363%	2,462.03	127.8597	-1.8407%	120.7993	21,973	2,654.32
Columbus	981	3.9363%	1,096.84	210.8317	-1.8407%	199.1896	5,057	1,007.30
New Hanover *	3,094	3.9363%	3,459.36	174.0255	-1.8407%	164.4158	20,593	3,385.81
Pender	770	3.9363%	860.93	160.6845	-1.8407%	151.8114	5,567	845.13
Region O Totals	7,047	3.9363%	7,879.16	158.5520	-1.8407%	149.7967	53,190	7,892.57

Table 12C: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
County	**Home Health Patients in 2020**	**COG's Average Annual Rate of Change in # Patients Served**	**Projected # of Patients Receiving Services in 2023**	**Geographic Unit's Use Rate per 1000 in 2020**	**COG's Average Annual Rate of Change in Use Rate**	**Projected Use Rate per 1000 in 2023**	**Projected 2023 Population**	**Projected Home Health Patients in 2023**
Carteret *	954	1.6246%	1,000.50	123.3036	-0.9767%	119.6906	8,806	1,054.00
Craven *	1,198	1.6246%	1,256.39	141.6076	-0.9767%	137.4582	8,760	1,204.13
Duplin	954	1.6246%	1,000.50	195.0123	-0.9767%	189.2981	5,447	1,031.11
Greene	182	1.6246%	190.87	129.2614	-0.9767%	125.4738	1,574	197.50
Jones	127	1.6246%	133.19	137.8936	-0.9767%	133.8531	1,029	137.73
Lenoir	884	1.6246%	927.08	183.5548	-0.9767%	178.1764	5,197	925.98
Onslow *	1,449	1.6246%	1,519.62	179.2651	-0.9767%	174.0124	8,973	1,561.41
Pamlico	151	1.6246%	158.36	84.8791	-0.9767%	82.3921	2,020	166.43
Wayne *	1,514	1.6246%	1,587.79	170.4379	-0.9767%	165.4438	9,561	1,581.81
Region P Totals	7,413	1.6246%	7,774.30	157.7939	-0.9767%	153.1703	51,367	7,860.10
Beaufort	651	1.0723%	671.94	127.4471	-2.0708%	119.5295	5,804	693.75
Bertie	279	1.0723%	287.97	156.3901	-2.0708%	146.6744	1,850	271.35
Hertford	227	1.0723%	234.30	115.9939	-2.0708%	108.7878	2,020	219.75
Martin	373	1.0723%	385.00	166.5922	-2.0708%	156.2427	2,455	383.58
Pitt	1,611	1.0723%	1,662.82	166.1339	-2.0708%	155.8128	11,305	1,761.46
Region Q Totals	3,141	1.0723%	3,242.04	151.1186	-2.0708%	141.7304	23,434	3,329.89
Camden	101	25.9426%	179.61	132.8947	21.9873%	220.5545	859	189.46
Chowan	198	25.9426%	352.10	121.9963	21.9873%	202.4673	1,720	348.24
Currituck	202	25.9426%	359.21	112.9754	21.9873%	187.4960	2,140	401.24
Dare	367	25.9426%	652.63	112.3011	21.9873%	186.3769	3,883	723.70
Gates	145	25.9426%	257.85	136.1502	21.9873%	225.9574	1,170	264.37
Hyde	28	25.9426%	49.79	64.0732	21.9873%	106.3371	470	49.98
Pasquotank *	420	25.9426%	746.88	157.3034	21.9873%	261.0635	2,891	754.73
Perquimans	170	25.9426%	302.31	90.8605	21.9873%	150.7937	2,059	310.48
Tyrrell	44	25.9426%	78.24	107.0560	21.9873%	177.6720	436	77.46
Washington	152	25.9426%	270.30	116.0305	21.9873%	192.5664	1,404	270.36
Region R Totals	1,827	25.9426%	3,248.92	120.1736	21.9873%	199.4423	17,032	3,390.04
Grand Totals	**116,137**	**1.8209%**	**123,321.67**	**159.7470**	**-1.6641%**	**151.7720**	**834,613**	**127,512.20**

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

Table 12D: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	**Placeholder Adjustments for Agencies under Development**	**Adjusted Projected Total Patients to be Served 2023**	**Projected Utilization in 2023**	**Surplus or Deficit ("-" = Deficit)**	**Need for New Agencies or Offices**
Cherokee	0	837.45	839.13	-1.68	0
Clay	0	350.37	355.62	-5.24	0
Graham	0	224.35	215.78	8.58	0
Haywood	0	2,273.71	2,254.97	18.74	0
Jackson	0	703.17	711.56	-8.39	0
Macon	0	1,238.73	1,238.92	-0.19	0
Swain	0	347.57	339.29	8.28	0
Region A Totals	0	5,975.37	5,955.26	20.10	
Buncombe	0	8,355.61	8,481.03	-125.42	0
Henderson	0	4,529.59	4,553.90	-24.31	0
Madison	0	718.02	724.33	-6.30	0
Transylvania	0	1,462.17	1,453.92	8.26	0
Region B Totals	0	15,065.40	15,213.18	-147.78	
Cleveland	0	4,001.96	4,019.64	-17.69	0
McDowell	0	1,972.08	1,957.61	14.47	0
Polk	0	857.43	863.58	-6.15	0
Rutherford	0	2,675.62	2,661.09	14.53	0
Region C Totals	0	9,507.08	9,501.92	5.16	
Alleghany	0	531.95	529.42	2.53	0
Ashe	0	1,131.98	1,146.17	-14.18	0
Avery	0	830.47	827.96	2.51	0
Mitchell	0	719.37	689.03	30.33	0
Watauga	0	1,139.08	1,179.88	-40.79	0
Wilkes	0	2,627.17	2,623.89	3.28	0
Yancey	0	823.10	824.03	-0.93	0
Region D Totals	0	7,803.11	7,820.37	-17.26	
Alexander	0	964.75	971.04	-6.29	0
Burke	0	2,815.12	2,765.85	49.27	0
Caldwell	0	2,916.38	2,899.33	17.04	0
Catawba	0	5,287.51	5,390.59	-103.08	0
Region E Totals	0	11,983.75	12,026.80	-43.06	
Anson	0	599.65	559.83	39.82	0
Cabarrus	0	4,822.19	4,906.79	-84.60	0
Gaston	0	6,776.21	6,595.00	181.20	0
Iredell	0	4,462.67	4,491.75	-29.08	0
Lincoln	0	2,374.06	2,422.35	-48.29	0
Mecklenburg	650	17,286.05	17,366.64	-80.59	0
Rowan	0	3,799.45	3,634.67	164.77	0
Stanly	0	1,645.16	1,593.22	51.94	0
Union	0	3,665.16	3,825.21	-160.05	0
Region F Totals	650	45,430.60	45,395.47	35.13	

Table 12D: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	**Placeholder Adjustments for Agencies under Development**	**Adjusted Projected Total Patients to be Served 2023**	**Projected Utilization in 2023**	**Surplus or Deficit ("-" = Deficit)**	**Need for New Agencies or Offices**
Alamance	0	4,969.37	4,988.93	-19.56	0
Caswell	0	645.98	638.54	7.44	0
Davidson	0	3,959.72	3,977.85	-18.13	0
Guilford	0	12,701.88	12,846.47	-144.59	0
Montgomery	0	682.01	675.83	6.18	0
Randolph	0	3,185.60	3,182.29	3.30	0
Rockingham	0	2,910.05	2,833.28	76.78	0
Region G Totals	0	29,054.62	29,143.19	-88.57	
Davie	0	1,433.00	1,491.98	-58.98	0
Forsyth	0	10,396.49	10,696.03	-299.54	0
Stokes	0	1,562.40	1,577.13	-14.73	0
Surry	0	2,850.43	2,829.52	20.91	0
Yadkin	0	1,285.91	1,271.94	13.97	0
Region I Totals	0	17,528.22	17,866.59	-338.37	
Chatham	0	1,231.35	1,238.30	-6.95	0
Durham	0	5,179.49	5,146.21	33.28	0
Johnston	0	3,712.19	3,792.74	-80.54	0
Lee	0	1,204.16	1,133.04	71.11	0
Moore	0	2,212.59	2,118.75	93.84	0
Orange	0	2,305.65	2,343.66	-38.01	0
Wake	650	17,942.43	17,924.98	17.45	0
Region J Totals	650	33,787.85	33,697.69	90.17	
Franklin	0	1,620.13	1,659.18	-39.05	0
Granville	0	1,405.59	1,425.78	-20.19	0
Person	0	1,019.60	1,001.71	17.89	0
Vance	0	1,288.29	1,232.31	55.98	0
Warren	0	381.40	353.40	27.99	0
Region K Totals	0	5,715.01	5,672.38	42.62	
Edgecombe	0	1,760.36	1,729.96	30.40	0
Halifax	0	1,419.48	1,379.65	39.84	0
Nash	0	3,171.07	3,250.75	-79.68	0
Northampton	0	673.35	630.33	43.02	0
Wilson	0	2,769.22	2,845.06	-75.84	0
Region L Totals	0	9,793.48	9,835.74	-42.26	
Cumberland	0	6,004.95	5,950.18	54.78	0
Harnett	0	1,985.76	2,016.43	-30.66	0
Sampson	0	1,845.52	1,790.09	55.43	0
Region M Totals	0	9,836.23	9,756.69	79.55	
Bladen	0	1,130.29	1,109.73	20.56	0
Hoke	0	680.35	712.58	-32.23	0
Richmond	0	1,014.58	994.49	20.09	0
Robeson	0	3,445.79	3,432.83	12.96	0
Scotland	0	883.03	874.49	8.54	0
Region N Totals	0	7,154.05	7,124.13	29.92	

Table 12D: 2023 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	**Placeholder Adjustments for Agencies under Development**	**Adjusted Projected Total Patients to be Served 2023**	**Projected Utilization in 2023**	**Surplus or Deficit ("-" = Deficit)**	**Need for New Agencies or Offices**
Brunswick	0	4,661.57	4,802.92	-141.35	0
Columbus	0	2,430.56	2,249.83	180.73	0
New Hanover	0	7,124.19	6,998.11	126.07	0
Pender	0	1,927.79	1,895.13	32.66	0
Region O Totals	0	16,144.11	15,945.98	198.13	
Carteret	0	1,882.65	1,902.41	-19.77	0
Craven	0	2,624.66	2,503.75	120.92	0
Duplin	0	2,086.21	2,066.91	19.29	0
Greene	0	452.06	452.09	-0.02	0
Jones	0	294.50	291.51	2.99	0
Lenoir	0	2,018.63	1,967.07	51.57	0
Onslow	0	3,636.42	3,673.20	-36.78	0
Pamlico	0	287.87	284.71	3.16	0
Wayne	0	3,304.31	3,267.79	36.52	0
Region P Totals	0	16,587.31	16,409.44	177.87	
Beaufort	0	1,532.22	1,504.64	27.59	0
Bertie	0	783.09	746.69	36.40	0
Hertford	0	556.60	532.06	24.54	0
Martin	0	919.76	885.98	33.78	0
Pitt	0	4,246.41	4,368.31	-121.90	0
Region Q Totals	0	8,038.08	8,037.68	0.41	
Camden	0	346.43	359.03	-12.60	0
Chowan	0	705.47	680.98	24.49	0
Currituck	0	881.19	947.89	-66.70	0
Dare	0	1,398.02	1,474.24	-76.22	0
Gates	0	528.82	529.84	-1.02	0
Hyde	0	128.70	126.78	1.92	0
Pasquotank	0	1,696.19	1,694.07	2.12	0
Perquimans	0	631.53	632.90	-1.37	0
Tyrrell	0	138.77	136.71	2.06	0
Washington	0	578.87	562.18	16.69	0
Region R Totals	0	7,033.99	7,144.62	-110.63	
Grand Totals	**1,300**	**256,438.27**	**256,547.15**	**-108.88**	**0**

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

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

Chapter 13:

Hospice Services

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CHAPTER 13
HOSPICE SERVICES

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

Definitions
A hospice office service area is the county in which the hospice office is located. Each of the 100 counties in the state is a separate hospice office service area.

A hospice inpatient facility bed service area is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The ***reporting year*** for hospice facilities and offices is either October 1 through September 30 or July 1 through June 30; facilities may choose their reporting period. The ***current*** reporting year is either October 1, 2019 through September 30, 2020, or July 1, 2019 through June 30, 2020.

The hospice home care office methodology projects need one year beyond the publication year of the current State Medical Facilities Plan (SMFP). The ***projection year*** for hospice home care offices is 2023.

The hospice inpatient bed methodology projects need three years beyond the publication year of the current SMFP. The ***projection year*** for hospice inpatient beds is 2025.

The SMFP uses county death rates for the most recent five calendar years available. The current SMFP uses data from 2015-2019.

The methodology bases many calculations on the ***three most recent years*** of deaths served. For the current SMFP, these years are 2018, 2019 and 2020.

Changes from the Previous Plan
This chapter contains no substantive changes from the previous SMFP. However, the chapter includes a technical edit to Step 10 d. 2) of the hospice home care methodology and the elimination of former Table 13G (Inventory of Hospice Residential Beds). The number of licensed hospice residential beds appears in Table 13F.

Data Sources
Patient origin and utilization data for the current reporting year come from the License Renewal Application for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population estimates and projections.

Estimates of the active duty military population come from the category of "Employment Status-Armed Forces" in the most recent American Community Survey 5-year Estimates.

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Assumptions of the Methodologies

1. The methodologies exclude the active duty military population for any county with more than 500 estimated active duty military personnel.

2. Hospice Home Care Offices
   a. The methodology uses county mortality (death) rates for the most recent five years as the basis for hospice patient need projection. The five-year death rate is an indicator of deaths from all sites in each county.

   b. Because previous years' data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.

   c. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.

   d. A need for an additional hospice home care office exists if: the county's deficit is 90 patients or more and the number of licensed hospice home care offices located in the county is three or fewer per 100,000 population.

3. Hospice Inpatient Beds
   a. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.

   b. Choose the lower of the statewide median average length of stay per admission or each county's average length of stay per admission to form the basis for projecting inpatient days for each county.

   c. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.

4. Hospice Residential Beds
   This category of beds does not have a methodology to project need. A certificate of need (CON) is required.

Application of the Methodologies

Hospice Home Care Offices:

Step 1: Enter the five-year mortality rate per 1,000 population for each county *(Table 13B, Column B).*

Step 2: Enter the estimated population of each county for the projection year, with adjustments for the counties with more than 500 active duty military personnel *(Table 13B, Column C).*

Step 3: Calculate the projected deaths for the projection year for each county by multiplying the county death rate (Step 1) by the estimated population in the projection year (Step 2) divided by 1,000 *(Table 13B, Column D)*.

Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year *(Table 13B, Column E)*.

Step 5: Calculate the Two-Year Trailing Average Growth Rate in the statewide number of deaths served for the three most recent reporting years.

Year	Statewide Number Deaths Served	Growth
2018	42,352	
2019	44,556	5.2%
2020	46,982	5.4%
Two-Year Trailing Average Growth Rate		**5.3%**

Step 6: Determine the number of hospice deaths served for the projection year:

a. Calculate the projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the number of reported hospice deaths (Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) *(Table 13B, Column F)*.

b. Calculate the allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county (Step 2) by 60% *(Table 13B, Column G).*

c. Enter the number of hospice deaths served for the projection year *(Table 13B, Column H)*. This number is the lower of:

   1) the number of hospice deaths served for the projection year using the two-year trailing average growth rate (Step 6a), or;

   2) the number of hospice deaths served for the projection year, limited to 60% (Step 6b).

Step 7: Calculate the Two-Year Trailing Average Growth Rate in Statewide Median Percentage of Deaths Served over the most recent three years.

Year	Median Percent of Deaths Served	Growth
2018	42.69%	
2019	39.72%	-7.0%
2020	43.30%	9.0%
Two Year Trailing Average Growth Rate		**1.0%**

Step 8: Calculate the projected median statewide percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for median percentage of deaths served (Step 7) for the three most recent reporting years.

Step 9: Calculate the median hospice deaths for the projection year by multiplying deaths for the projection year (Step 3) by the statewide median percentage of deaths served for the projection year (Step 8) *(Table 13B, Column I)*.

Step 10: In counties with a need determination in a previous SMFP for at least one additional hospice home care office:

a. Before a CON is issued, enter a placeholder of 90 for the county.

b. When the CON is issued to a new office, reassign the placeholder to that office.

c. If a new office reports more than 90 hospice patient deaths in the county, do not adjust the office's reported number of hospice patient deaths.

d. If a new office reported 90 or fewer hospice patient deaths, include an adjustment placeholder equal to the difference between the reported number of hospice patient deaths and 90. Include the placeholder through the third annual Plan following either:

1) issuance of the CON if the approved applicant had a hospice home care office in the county before issuance of the certificate; or

2) licensing of the new office that received the CON if the approved applicant did not have an existing hospice home care office in the county before issuance of the certificate.

Step 11: Calculate the deficit or surplus of patients by subtracting the median projected hospice deaths for the projection year (Step 9) for each county from the projected number of hospice deaths served for the projection year (Step 6c) plus any adjustment (Step 10) *(Table 13B, Column K)*.

Step 12: Enter the number of licensed hospice home care offices located in each county *(Table 13B, Column L)*.

Step 13: Calculate the number of licensed hospice home care offices per 100,000 population for each county by dividing the number of licensed hospice offices (Step 12) by the estimated population for the projection year (Step 2). Then multiply the result by 100,000 *(Table 13B, Column M)*.

Step 14: The county has a need determination if both of the following are true *(Table 13B, Column N)*:

a. the county's deficit (Step 11) is 90 or more, and;

b. the county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or fewer.

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

Hospice Inpatient Beds:

Step 1: Enter the total number of reported hospice admissions by county of patient residence *(Table 13C, Column B).*

Step 2: Enter the total number of days of care by county of patient residence *(Table 13C, Column C).*

Step 3: Calculate the average length of stay (ALOS) per admission by dividing total days of care (Step 2) by total admissions (Step 1) *(Table 13C, Column D).*

Step 4: Calculate the two-year trailing average growth rate in the statewide number of admissions over the previous three reporting years:

Year	Statewide Hospice Admissions	Growth
2018	47,646	
2019	51,241	7.5%
2020	53,981	5.3%
Two-Year Trailing Average Growth Rate		**6.4%**

Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years [total admissions x (1 + two-year trailing average growth rate)^5] *(Table 13C, Column E)*.

Step 6:

a. Calculate the total county days of care at the county ALOS for the projection year by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3) *(Table 13C, Column F)*.

b. Calculate the total county days of care at the state ALOS for the projection year by multiplying the total admissions (Step 5) by the statewide median ALOS per admission *(Table 13C, Column G)*.

c. The projected days of care for inpatient hospice beds for the projection year is the lower of *(Table 13C, Column H)*:

1) days of care for the projection year, based on the county ALOS (Step 6a), or;

2) days of care for the projection year, based on the statewide ALOS (Step 6b).

Step 7: Calculate the projected inpatient days for each county for the projection year by multiplying the days of care for the projection year for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate *(Table 13C, Column I)*.

Year	General Inpatient Days of Care	Statewide Total Days of Care	Two Year Trailing Average Statewide Inpatient Utilization Rate
2019	125,148	3,877,880	
2020	101,051	4,180,410	
Totals	226,199	8,058,290	**2.81%**

Step 8: Calculate the projected inpatient hospice beds by dividing inpatient days for the projection year (Step 7) by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy *(Table 13C, Column J)*.

Step 9: Adjust the projected hospice inpatient beds (Step 8) for the projection year by the number of licensed hospice beds in each county *(Table 13C, Column K)*, and by the CON approved/licensure pending beds and beds available in previous Plans *(Table 13C, Column L)*.

Step 10: Calculate occupancy rates of existing hospice inpatient facilities for the reporting year *(Table 13C, Column N)*.

Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85% occupancy. For such counties, enter either zero or the deficit indicated in Step 9, whichever is greater.

Step 12: A need exists for single counties with a projected deficit of six or more hospice inpatient beds. The single county deficit is the number of beds needed.

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

The former Table 13A, Hospice Data by County of Patient Origin - 2020 Data, is available on the Healthcare Planning website at:

https://info.ncdhhs.gov/dhsr/ncsmfp/index.html

or

https://info.ncdhhs.gov/dhsr/mfp/publications.html#por

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	**License Number**	**Name**	**Admissions**	**Days of Care**	**Deaths**
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	1,007	78,042	930
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	33	2,816	26
Alamance	HOS3063	Community Home Care and Hospice	62	7,404	44
Alamance	HOS3823	Amedisys Hospice	385	36,712	210
Alexander	HOS5039	Alexander Hospice	46	5,201	33
Alleghany	HOS1123	Medi Home Health and Hospice	130	14,032	87
Anson	HC1869	Anson Community Hospice, Inc.	30	2,623	24
Anson	HOS1898	Hospice of Anson County	40	4,420	41
Anson	HOS3064	Liberty Home Care and Hospice	100	11,466	78
Ashe	HOS1124	Medi Home Health and Hospice	147	14,997	102
Avery	HOS0363	Medi Home Hospice	135	32,037	101
Beaufort	HOS2516	Community Home Care & Hospice	166	18,157	137
Beaufort	HOS3258	Continuum Home Care & Hospice of Beaufort County^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear and LifeCare Center	83	7,204	81
Bladen	HOS1945	Community Home Care and Hospice^^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	5	826	5
Brunswick	HOS0414	Lower Cape Fear LifeCare Center	672	42,731	673
Brunswick	HOS2006	Liberty Home Care and Hospice	122	11,141	91
Brunswick	HOS3010	Community Home Care and Hospice	68	10,378	62
Brunswick	HOS4018	Amedisys Hospice Care	152	21,157	66
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	1,469	94,246	1,140
Burke	HOS0364	Burke Hospice and Pallative Care, Inc.	469	36,198	438
Burke	HOS1670	Burke Palliative Care Center^	0	0	0
Cabarrus	HOS0365	Hospice and Palliative Care of Cabarrus County	470	56,577	552
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	343	7,165	403
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	812	86,411	741
Caldwell	HOS4155	Caldwell Hospice & Palliative Care^	0	0	0
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	84	4,644	75
Carteret	HOS2998	Community Home Care and Hospice^^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice***	0	0	0
Carteret	HOS3239	Continuum Home Care & Hospice of Carteret County^^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	253	3,408	250
Catawba	HOS0367	Carolina Caring, Inc.	1,298	130,482	1,172
Catawba	HOS3144	Catawba Valley Hospice House^	0	0	0
Catawba	HOS4445	Sherrills Ford Hospice House^	0	0	0
Chatham	HOS0370	UNC Hospice	405	28,046	275
Chatham	HOS3135	Transitions LifeCare	61	3,645	49
Chatham	HOS3149	Liberty Home Care and Hospice	69	4,949	61
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	275	2,343	246
Cherokee	HOS5092	Good Shepherd Hospice	71	6,449	63
Chowan	HOS3319	Continuum Home Care & Hospice of Chowan County^^^	0	0	0
Clay	HOS5091	Good Shepherd Hospice	36	4,424	26

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	**License Number**	**Name**	**Admissions**	**Days of Care**	**Deaths**
Cleveland	HOS0371	Hospice Cleveland County	762	54,801	712
Cleveland	HOS1413	Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^^	0	0	0
Columbus	HOS0417	Lower Cape Fear Hospice and Life CareCenter	254	16,848	242
Columbus	HOS2007	Liberty Home Care and Hospice	148	15,402	111
Columbus	HOS3011	Community Home Care and Hospice	111	26,422	76
Craven	HOS2302	Community Hospice, LLC	164	20,755	144
Craven	HOS3238	Continuum Home Care & Hospice of Craven County	38	3,467	35
Craven	HOS3347	PruittHealth Hospice - New Bern	103	7,321	79
Craven	HOS4682	Craven County Hospice	209	14,879	173
Cumberland	HC0359	HealthKeeperz	133	20,644	153
Cumberland	HC1331	Community Home Care and Hospice	207	20,505	188
Cumberland	HOS2004	Liberty Home Care and Hospice	118	9,613	91
Cumberland	HOS3272	Continuum Home Care & Hospice of Cumberland County^^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	173	16,091	134
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	325	13,252	281
Cumberland	HOS5147	3HC	55	4,227	24
Cumberland	HOS5285	BAYADA Hospice	8	233	7
Dare	HC0494	Dare Home Health & Dare Hospice	100	5,565	74
Davidson	HOS0372	Hospice of Davidson County, Inc.	661	59,309	656
Davidson	HOS3051	Liberty Home Care and Hospice	109	7,932	78
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	121	1,760	199
Davie	HOS3084	Trellis Supportive Care	337	28,693	313
Davie	HOS4966	Well Care Hospice, Inc.	58	3,610	43
Duplin	HC0053	Vidant Home Health and Hospice	147	8,505	119
Duplin	HOS3303	Liberty Home Care and Hospice	6	132	5
Durham	HOS0021	Duke Hospice	584	38,885	428
Durham	HOS2958	Community Home Care and Hospice^^^	0	0	0
Durham	HOS3126	Transitions LifeCare	153	15,428	150
Durham	HOS3304	Liberty Home Care and Hospice	102	9,552	84
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	490	3,770	496
Durham	HOS4029	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^^	0	0	0
Edgecombe	HOS4887	Kindred Hospice	167	19,846	149
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	485	6,355	674
Forsyth	HOS4614	Trellis Supportive Care	986	79,829	873
Franklin	HOS3005	Community Home Care and Hospice^^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	87	7,182	82
Franklin	HOS3250	Continuum Home Care & Hospice of Franklin County^^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	1,446	38,092	700
Gaston	HC0812	Hospice of Gaston County, Inc.	860	48,607	787
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	181	2,780	257

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	**License Number**	**Name**	**Admissions**	**Days of Care**	**Deaths**
Graham	HOS3325	Continuum Home Care & Hospice of Graham County^^^	0	0	0
Granville	HOS3133	Transitions LifeCare	11	570	8
Granville	HOS4791	Kindred Hospice	203	30,924	162
Greene	HOS3310	Continuum Home Care & Hospice of Green County^^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	1,029	68,287	959
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont, Inc.	906	55,264	875
Guilford	HOS3148	Hospice & Palliative Care of Greensboro	405	67,810	347
Guilford	HOS3522	Hospice Home at High Point^	0	0	0
Halifax	HOS3009	Community Home Care and Hospice	261	18,513	214
Halifax	HOS3256	Continuum Home Care & Hospice of Halifax County^^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI, LLC	57	2,590	43
Harnett	HC4032	Community Home Care and Hospice^^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	63	5,686	60
Harnett	HOS2048	Community Home Care and Hospice	139	17,407	115
Harnett	HOS3067	Liberty Home Care and Hospice	139	14,532	106
Harnett	HOS3306	Continuum Home Care & Hospice of Harnett County^^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	204	8,424	180
Henderson	HOS0386	Four Seasons Compassion for Life	1,322	111,849	1,010
Henderson	HOS2143	Four Seasons Compassion for Life	248	3,327	404
Hertford	HOS0425	Vidant Home Health and Hospice	91	4,932	83
Hoke	HOS2290	Liberty Home Care and Hospice	69	8,596	59
Iredell	HOS0387	Hospice of Iredell County, Inc.	455	53,460	274
Iredell	HOS1338	Hospice of Iredell County, Inc.	222	22,013	149
Iredell	HOS3181	Gordon Hospice House	292	4,374	463
Iredell	HOS3273	Community Home Care and Hospice	141	18,401	91
Jackson	HOS4650	Harris Palliative Care and Hospice	88	3,507	66
Johnston	HC0383	Johnston Health Home Care and Hospice	69	2,118	60
Johnston	HC0507	3HC	128	11,802	100
Johnston	HOS2135	Community Home Care & Hospice	96	9,283	74
Johnston	HOS3069	Liberty Home Care and Hospice	56	6,363	48
Johnston	HOS3124	Transitions LifeCare	113	7,966	104
Johnston	HOS3252	Continuum Home Care & Hospice of Johnston County	43	2,975	36
Johnston	HOS4088	SECU Hospice House of Johnston Health	354	5,277	279
Jones	HC0506	3HC	182	16,771	136
Lee	HOS2034	Community Home Care and Hospice	123	16,676	96
Lee	HOS3086	Liberty Home Care and Hospice	124	7,459	110
Lenoir	HC0195	3HC	80	7,280	70
Lenoir	HOS2984	Community Home Care & Hospice	156	20,778	150
Lenoir	HOS3261	Continuum Home Care & Hospice of Lenoir County	51	3,947	48
Lincoln	HOS0389	Hospice & Palliative Care Lincoln County	617	62,589	551
Macon	HC0324	CarePartners Home Care & Hospice	121	5,354	93
Macon	HOS0390	Four Seasons Compassion for Life	510	38,954	442

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Macon	HOS3312	Continuum Home Care & Hospice of Macon County^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	40	2,456	30
Martin	HOS3008	Community Home Care & Hospice	173	14,087	156
Martin	HOS3317	Continuum Home Care & Hospice of Martin County^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	239	23,243	175
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	443	2,014	369
Mecklenburg	H0270	Novant Health Matthews Medical Center	175	919	143
Mecklenburg	HOS1445	Novant Health Hospice	1,564	54,973	1,304
Mecklenburg	HOS1702	Hospice & Palliative Care Lake Norman	443	42,518	397
Mecklenburg	HOS3132	Hospice & Palliative Care Charlotte Region	1,926	190,601	1,756
Mecklenburg	HOS3727	Levine & Dickson Hospice House^	0	0	0
Mecklenburg	HOS4436	Hospice & Palliative Care Charlotte Region	325	4,818	326
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster^	0	0	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice & Palliative Care of the Blue Ridge, Inc.	239	41,793	179
Montgomery	HOS3199	Community Home Care and Hospice	194	17,070	153
Moore	HC0427	FirstHealth Hospice & Palliative Care	557	68,563	393
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	106	11,627	80
Moore	HOS4477	FirstHealth Hospice House	320	2,365	391
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	267	13,794	210
Nash	HOS2424	Community Home Care & Hospice	153	11,147	119
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	154	17,125	138
Nash	HOS3309	Continuum Home Care & Hospice of Nash County^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear and LifeCare Center	1,092	56,327	1,040
New Hanover	HOS1557	Lower Cape Fear Hospice and Life Care Center^	0	0	0
New Hanover	HOS2008	Liberty Home Care and Hospice	117	12,146	96
New Hanover	HOS3322	Continuum Home Care & Hospice of New Hanover County^^^	0	0	0
Northampton	HOS3259	Continuum Home Care & Hospice of N. Hampton County^^^	0	0	0
Onslow	HC0531	Lower Cape Fear Lifecare	34	1,592	32
Onslow	HC1209	Continuum Home Care and Hospice	97	6,469	86
Onslow	HOS2005	Liberty Home Care and Hospice***	0	0	0
Onslow	HOS3006	Community Home Care and Hospice	257	28,751	198
Orange	HOS1388	Duke Hospice at the Meadowlands***	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill^^	0	0	0
Pamlico	HOS0394	Hospice of Pamlico County, Inc.	43	1,166	34
Pamlico	HOS3308	Continuum Home Care & Hospice of Pamlico County^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	374	20,042	358
Pasquotank	HOS3301	Community Home Care and Hospice	210	16,244	195
Pender	HOS3052	Lower Cape Fear and LifeCare Center	509	24,752	448
Pender	HOS3059	Liberty Home Care and Hospice	20	2,927	11
Pender	HOS3242	Continuum Home Care & Hospice of Pender County^^^	0	0	0

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Person	HOS5439	Medi Home Health & Hospice	96	6,551	60
Pitt	HC0509	3HC	92	7,754	79
Pitt	HOS0331	AseraCare Hospice	415	12,797	157
Pitt	HOS1711	Vidant Home Health and Hospice	362	9,978	331
Pitt	HOS2996	Community Home Care and Hospice	241	20,895	203
Pitt	HOS3249	Continuum Home Care & Hospice of Pitt County^^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	59	6,864	51
Pitt	HOS3749	Vidant Home Health and Hospice	262	1,280	254
Pitt	HOS4010	Community Home Care and Hospice^^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	112	18,784	87
Randolph	HOS3075	Community Home Care and Hospice	127	17,207	103
Randolph	HOS4307	The Randolph Hospice House^	0	0	0
Randolph	HOS4736	Hospice of Randolph County	654	48,150	632
Richmond	HC0424	Richmond County Hospice, Inc.	201	20,066	95
Richmond	HOS2138	Hospice Haven of Richmond County	211	1,669	137
Richmond	HOS3007	Community Home Care and Hospice	93	25,571	76
Richmond	HOS3324	Continuum Home Care & Hospice of Richmond County^^^	0	0	0
Robeson	H0064	Southeastern Regional Medical Center	151	872	136
Robeson	HC4027	Amedisys Hospice Care	240	33,486	133
Robeson	HOS1599	Southeastern Hospice	121	4,955	116
Robeson	HOS2060	Community Home Care and Hospice	167	37,218	144
Robeson	HOS2861	Medi Home Hospice	84	17,384	61
Robeson	HOS3066	Liberty Home Care and Hospice	104	8,827	77
Robeson	HOS3270	Continuum Home Care & Hospice of Robeson County^^^	0	0	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	522	28,335	468
Rowan	HOS2425	Trellis Supportive Care	208	18,319	186
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^^	0	0	0
Rowan	HOS3918	Novant Health Hospice^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	554	20,533	474
Rutherford	HOS0400	Hospice of the Carolina Foothills	599	77,156	563
Rutherford	HOS2891	Hospice of the Carolina Foothills^	0	0	0
Sampson	HC0255	3HC	126	12,451	95
Sampson	HC1844	Community Home Care and Hospice	106	12,969	95
Sampson	HC4030	Community Home Care and Hospice^^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	99	8,146	80
Scotland	HOS3031	Scotland Regional Hospice	310	22,662	300
Stanly	HOS0402	Hospice of Stanly County, Inc.	185	16,074	189
Stanly	HOS3311	Continuum Home Care & Hospice of Stanly County^^^	0	0	0
Stokes	HOS3295	Trellis Supportive Care	327	28,741	293
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	286	36,949	266
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	254	17,063	217
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	214	19,446	203
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	290	4,705	275

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	**License Number**	**Name**	**Admissions**	**Days of Care**	**Deaths**
Transylvania	HC0067	CarePartners Home Care & Hospice	155	12,414	139
Union	HOS0405	Hospice of Union County	502	41,098	606
Union	HOS3116	Community Home Care and Hospice	310	41,472	202
Union	HOS3321	Continuum Home Care & Hospice of Union County^^^	0	0	0
Vance	HOS2561	Community Home Care & Hospice	182	12,333	163
Vance	HOS3314	Continuum Home Care & Hospice of Vance County^^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,473	194,324	2,414
Wake	HOS2125	Duke Hospice	114	7,634	93
Wake	HOS2223	Community Home Care & Hospice	44	9,553	32
Wake	HOS2281	Heartland Home Health Care and Hospice	994	168,818	758
Wake	HOS3058	Liberty Home Care and Hospice	89	11,851	65
Wake	HOS3147	Amedisys Hospice	511	13,579	251
Wake	HOS3305	Continuum Home Care & Hospice of Wake County^^^	0	0	0
Washington	HOS3260	Continuum Home Care & Hospice of Washington County^^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	181	27,687	115
Watauga	HOS1122	Medi Home Health and Hospice	140	32,349	117
Wayne	HC0228	3HC	716	20,511	697
Wayne	HC2361	Community Home Care and Hospice	228	32,328	195
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Continuum Home Care & Hospice of Wayne County^^^	0	0	0
Wilkes	HOS0407	Wake Forest Baptist Health Care at Home, Hospice-Wilkes	188	17,131	170
Wilkes	HOS3257	Continuum Home Care & Hospice of Wilkes County^^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	146	16,242	121
Wilson	HC0508	3HC	131	10,209	114
Wilson	HOS0408	Hospice of Wilson Medical Center	142	4,922	124
Wilson	HOS2241	Community Home Care & Hospice	160	14,868	148
Wilson	HOS3271	Continuum Home Care & Hospice of Wilson County^^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	186	15,749	174
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	72	1,304	72
Yancey	HOS1027	Compassionate Care Western North Carolina	136	17,280	124
Grand Totals*		**245 Agencies**	**54,297**	**4,203,723**	**47,311**

* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients. Tables 13B and 13C do not include out-of-state patients.

** Agency underwent a change of ownership and utilization data was not reported.

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

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Legacy agency, maintains license for future development; currently serves no patients.

Table13B: Year 2023 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**2015-2019 Death Rate/1000 Population**	**2023 Population (excluding military)**	**Projected 2023 Deaths**	**2020 Reported Number of Hospice Patient Deaths**	**2023 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate**	**2023 Number of Hospice Deaths Served Limited to 60%**	**Projected 2023 Number of Hospice Deaths Served**	**Median Projected 2023 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)	2021 License Renewal Applications	Col. E x 3 Years Growth at 5.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (44.6%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Alamance	10.5	175,110	1,839	961	1,123	1,103	1,103	820	0	283	5	2.9	0
Alexander	10.9	38,941	424	139	162	255	162	189	0	-27	1	2.6	0
Alleghany	13.2	11,753	155	61	71	93	71	69	0	2	1	8.5	0
Anson	12.8	23,624	302	101	118	181	118	135	0	-17	3	12.7	0
Ashe	12.7	28,626	364	139	162	218	162	162	0	0	1	3.5	0
Avery	12.1	18,310	222	150	175	133	133	99	0	34	1	5.5	0
Beaufort	13.0	47,149	613	253	296	368	296	274	0	22	2	4.2	0
Bertie	12.8	19,101	244	87	102	147	102	109	0	-7	0	0.0	0
Bladen	12.6	34,123	430	170	199	258	199	192	0	7	3	8.8	0
Brunswick	11.2	157,961	1,769	832	972	1,061	972	789	0	183	4	2.5	0
Buncombe	10.4	269,343	2,801	1,374	1,605	1,681	1,605	1,250	0	355	1	0.4	0
Burke	11.6	91,945	1,067	479	560	640	560	476	0	84	2	2.2	0
Cabarrus	7.7	228,287	1,758	1,019	1,191	1,055	1,055	784	0	270	2	0.9	0
Caldwell	12.0	85,466	1,026	539	630	615	615	458	0	158	2	2.3	0
Camden	8.5	10,565	90	33	39	54	39	40	0	-2	0	0.0	0
Carteret *	12.2	71,855	877	471	550	526	526	391	0	135	5	7.0	0
Caswell	12.3	23,349	287	110	129	172	129	128	0	0	0	0.0	0
Catawba	10.8	163,838	1,769	1,041	1,216	1,062	1,062	790	0	272	3	1.8	0
Chatham	9.9	81,335	805	326	381	483	381	359	0	22	4	4.9	0
Cherokee	13.8	30,284	418	136	159	251	159	186	0	-28	1	3.3	0
Chowan	14.1	13,964	197	52	61	118	61	88	0	-27	1	7.2	0
Clay	14.3	12,089	173	46	54	104	54	77	0	-23	1	8.3	0
Cleveland	12.7	102,214	1,298	674	787	779	779	579	0	200	3	2.9	0
Columbus	12.7	55,050	699	348	407	419	407	312	0	95	4	7.3	0
Craven *	10.9	95,952	1,046	427	499	628	499	467	0	32	4	4.2	0
Cumberland *	7.8	304,751	2,377	795	929	1,426	929	1,061	149	17	8	2.6	0

Table13B: Year 2023 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**2015-2019 Death Rate/1000 Population**	**2023 Population (excluding military)**	**Projected 2023 Deaths**	**2020 Reported Number of Hospice Patient Deaths**	**2023 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate**	**2023 Number of Hospice Deaths Served Limited to 60%**	**Projected 2023 Number of Hospice Deaths Served**	**Median Projected 2023 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)	2021 License Renewal Applications	Col. E x 3 Years Growth at 5.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (44.6%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Currituck	8.6	29,165	251	116	136	150	136	112	0	24	0	0.0	0
Dare	9.8	39,152	384	120	140	230	140	171	0	-31	1	2.6	0
Davidson	11.1	173,607	1,927	1,082	1,264	1,156	1,156	860	0	296	3	1.7	0
Davie	11.4	45,330	517	283	331	310	310	231	0	79	2	4.4	0
Duplin	9.3	60,409	562	264	308	337	308	251	0	58	2	3.3	0
Durham	6.6	333,705	2,202	1,243	1,452	1,321	1,321	983	0	339	6	1.8	0
Edgecombe	13.0	50,575	657	231	270	394	270	293	0	-23	2	4.0	0
Forsyth	9.2	388,254	3,572	1,903	2,223	2,143	2,143	1,594	0	549	2	0.5	0
Franklin	9.2	74,390	684	182	213	411	213	305	0	-93	4	5.4	0
Gaston	10.8	227,523	2,457	1,398	1,633	1,474	1,474	1,097	0	378	2	0.9	0
Gates	11.6	11,773	137	46	54	82	54	61	0	-7	0	0.0	0
Graham	12.4	8,530	106	41	48	63	48	47	0	1	1	11.7	0
Granville	9.4	63,395	596	174	203	358	203	266	0	-63	2	3.2	0
Greene	9.8	20,843	204	85	99	123	99	91	0	8	1	4.8	0
Guilford	8.6	546,533	4,700	2,167	2,532	2,820	2,532	2,097	0	434	5	0.9	0
Halifax	13.1	49,564	649	236	276	390	276	290	0	-14	3	6.1	0
Harnett *	7.7	137,353	1,058	378	442	635	442	472	0	-30	5	3.6	0
Haywood	13.3	64,649	860	344	402	516	402	384	0	18	1	1.5	0
Henderson	12.4	122,346	1,517	797	931	910	910	677	0	233	2	1.6	0
Hertford	11.3	23,402	264	99	116	159	116	118	0	-2	1	4.3	0
Hoke *	6.5	52,981	344	130	152	207	152	154	0	-2	1	1.9	0
Hyde	12.7	5,023	64	6	7	38	7	28	0	-21	0	0.0	0
Iredell	9.0	189,994	1,710	924	1,080	1,026	1,026	763	0	263	4	2.1	0
Jackson	9.3	45,375	422	176	206	253	206	188	0	17	1	2.2	0
Johnston	7.7	228,440	1,759	709	828	1,055	828	785	0	43	7	3.1	0
Jones	12.6	10,020	126	49	57	76	57	56	0	1	1	10.0	0

Table13B: Year 2023 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**2015-2019 Death Rate/1000 Population**	**2023 Population (excluding military)**	**Projected 2023 Deaths**	**2020 Reported Number of Hospice Patient Deaths**	**2023 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate**	**2023 Number of Hospice Deaths Served Limited to 60%**	**Projected 2023 Number of Hospice Deaths Served**	**Median Projected 2023 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)	2021 License Renewal Applications	Col. E x 3 Years Growth at 5.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (44.6%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Lee	10.0	62,959	630	348	407	378	378	281	0	97	2	3.2	0
Lenoir	13.0	56,345	732	238	278	439	278	327	0	-49	3	5.3	0
Lincoln	10.0	92,688	927	383	447	556	447	414	0	34	1	1.1	0
Macon	13.6	38,545	524	245	286	315	286	234	0	52	3	7.8	0
Madison	12.1	22,841	276	114	133	166	133	123	0	10	1	4.4	0
Martin	13.8	22,402	309	87	102	185	102	138	0	-36	2	8.9	0
Mcdowell	11.7	46,745	547	226	264	328	264	244	0	20	1	2.1	0
Mecklenburg	5.8	1,184,646	6,871	3,815	4,457	4,123	4,123	3,066	0	1,056	9	0.8	0
Mitchell	15.5	14,970	232	132	154	139	139	104	0	36	1	6.7	0
Montgomery	11.4	27,739	316	128	150	190	150	141	0	8	1	3.6	0
Moore *	11.8	105,214	1,242	702	820	745	745	554	0	191	4	3.8	0
Nash	11.6	97,870	1,135	375	438	681	438	507	0	-68	4	4.1	0
New Hanover *	8.8	243,534	2,143	1,169	1,366	1,286	1,286	956	0	330	4	1.6	0
Northampton	13.5	19,091	258	103	120	155	120	115	0	5	1	5.2	0
Onslow *	6.2	179,200	1,111	446	521	667	521	496	0	25	4	2.2	0
Orange	5.7	151,796	865	479	560	519	519	386	0	133	3	2.0	0
Pamlico	13.8	13,271	183	55	64	110	64	82	0	-17	2	15.1	0
Pasquotank *	11.0	39,082	430	240	280	258	258	192	0	66	2	5.1	0
Pender	9.8	66,251	649	263	307	390	307	290	0	18	3	4.5	0
Perquimans	12.4	14,042	174	69	81	104	81	78	0	3	0	0.0	0
Person	11.5	40,700	468	149	174	281	174	209	0	-35	1	2.5	0
Pitt	7.3	189,427	1,383	732	855	830	830	617	0	213	8	4.2	0
Polk	14.8	22,358	331	130	152	199	152	148	0	4	1	4.5	0
Randolph	11.0	146,952	1,616	779	910	970	910	721	0	189	3	2.0	0
Richmond	12.8	44,526	570	274	320	342	320	254	0	66	4	9.0	0
Robeson	10.7	130,277	1,394	622	727	836	727	622	0	105	7	5.4	0

Table13B: Year 2023 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	**2015-2019 Death Rate/1000 Population**	**2023 Population (excluding military)**	**Projected 2023 Deaths**	**2020 Reported Number of Hospice Patient Deaths**	**2023 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate**	**2023 Number of Hospice Deaths Served Limited to 60%**	**Projected 2023 Number of Hospice Deaths Served**	**Median Projected 2023 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)	2021 License Renewal Applications	Col. E x 3 Years Growth at 5.3% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (44.6%)		Col. H + Col. J - Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Rockingham	12.9	91,579	1,181	540	631	709	631	527	0	104	1	1.1	0
Rowan	11.7	143,449	1,678	762	890	1,007	890	749	90	231	4	2.8	0
Rutherford	13.0	69,942	909	505	590	546	546	406	0	140	2	2.9	0
Sampson	11.1	63,898	709	256	299	426	299	317	0	-17	4	6.3	0
Scotland	11.5	35,504	408	233	272	245	245	182	0	63	1	2.8	0
Stanly	11.8	65,474	773	365	426	464	426	345	0	82	2	3.1	0
Stokes	12.5	46,631	583	326	381	350	350	260	0	90	1	2.1	0
Surry	13.3	73,567	978	560	654	587	587	437	0	150	4	5.4	0
Swain	14.0	14,530	203	95	111	122	111	91	0	20	0	0.0	0
Transylvania	12.7	36,267	461	193	225	276	225	206	0	20	1	2.8	0
Tyrrell	11.2	3,735	42	12	14	25	14	19	0	-5	0	0.0	0
Union	6.4	250,729	1,605	964	1,126	963	963	716	0	247	3	1.2	0
Vance	12.0	45,326	544	156	182	326	182	243	0	-60	2	4.4	0
Wake *	5.3	1,157,423	6,134	3,463	4,046	3,681	3,681	2,737	0	943	7	0.6	0
Warren	13.0	19,159	249	72	84	149	84	111	0	-27	0	0.0	0
Washington	13.7	11,738	161	44	51	96	51	72	0	-20	2	17.0	0
Watauga	6.5	58,385	380	245	286	228	228	169	0	58	1	1.7	0
Wayne *	10.3	124,304	1,280	799	934	768	768	571	0	197	4	3.2	0
Wilkes	12.3	70,788	871	376	439	522	439	389	0	51	3	4.2	0
Wilson	10.9	85,170	928	436	509	557	509	414	0	95	4	4.7	0
Yadkin	11.9	38,030	453	209	244	272	244	202	0	42	2	5.3	0
Yancey	13.0	19,606	255	122	143	153	143	114	0	29	1	5.1	0
Grand Totals	**9.0**	**10,796,021**	**97,164**	**46,982**	**54,893**	**58,299**	**54,893**	**43,359**	**239**	**11,773**	**245**	**2.3**	**0**

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

Table 13C: Year 2025 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	**Total Admissions (2020 Data)**	**Total Days of Care (2020 Data)**	**ALOS per Admission**	**Total 2025 Admissions**	**2025 Days of Care at County ALOS**	**2025 Days of Care at Statewide ALOS**	**Projected 2025 Days of Care for Inpatient Estimates**	**Projected Inpatient Days**	**Projected Total Inpatient Beds**	**Currently Licensed Beds**	**CON Approved/ License Pending/ Previous Need Determination**	**Surplus (-) Deficit (+)**	**Occupancy Rate**	**Inpatient Bed Need**
Source or Formula =>	2021 License Renewal Applications	2021 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 6.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (76.9)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.81%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2021 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,177	86,796	73.74	1,609	118,618	123,749	118,618	3,330	11	14	0	-3.28	28.90%	0
Alexander	187	20,061	107.28	256	27,416	19,661	19,661	552	2		0	1.78		0
Alleghany	84	8,250	98.21	115	11,275	8,832	8,832	248	1		0	0.80		0
Anson	121	13,349	110.32	165	18,243	12,722	12,722	357	1		0	1.15		0
Ashe	187	19,779	105.77	256	27,031	19,661	19,661	552	2		0	1.78		0
Avery	178	38,210	214.66	243	52,219	18,715	18,715	525	2		0	1.69		0
Beaufort	330	21,855	66.23	451	29,868	34,696	29,868	838	3		0	2.70		0
Bertie	94	9,043	96.20	128	12,358	9,883	9,883	277	1		0	0.89		0
Bladen	213	23,579	110.70	291	32,224	22,395	22,395	629	2		0	2.02		0
Brunswick	905	67,603	74.70	1,237	92,388	95,151	92,388	2,593	8	7	0	1.35	68.03%	0
Buncombe	1,713	138,035	80.58	2,341	188,643	180,104	180,104	5,056	16	25	0	-8.72	51.11%	0
Burke	516	41,424	80.28	705	56,611	54,252	54,252	1,523	5	11	0	-6.09	20.79%	0
Cabarrus	937	73,757	78.72	1,281	100,799	98,516	98,516	2,765	9	14	0	-5.09	35.62%	0
Caldwell	585	64,969	111.06	799	88,789	61,507	61,507	1,727	6	12	0	-6.44	63.23%	0
Camden	37	1,626	43.95	51	2,222	3,890	2,222	62	0		0	0.20		0
Carteret	534	28,683	53.71	730	39,199	56,145	39,199	1,100	4	6	0	-2.46	80.51%	0
Caswell	158	7,601	48.11	216	10,388	16,612	10,388	292	1		0	0.94		0
Catawba	1,119	97,338	86.99	1,529	133,025	117,651	117,651	3,303	11	17	0	-6.36	57.18%	0
Chatham	414	30,223	73.00	566	41,304	43,528	41,304	1,159	4	6	0	-2.27	68.76%	0
Cherokee	153	12,918	84.43	209	17,654	16,086	16,086	452	1		0	1.45		0
Chowan	67	5,998	89.52	92	8,197	7,044	7,044	198	1		0	0.64		0
Clay	54	6,763	125.24	74	9,243	5,678	5,678	159	1		0	0.51		0
Cleveland	701	50,465	71.99	958	68,967	73,703	68,967	1,936	6	10	0	-3.76	36.17%	0
Columbus	406	44,844	110.45	555	61,285	42,687	42,687	1,198	4	6	0	-2.14	49.32%	0
Craven	520	45,926	88.32	711	62,764	54,673	54,673	1,535	5		0	4.94		0
Cumberland	1,022	85,071	83.24	1,397	116,261	107,453	107,453	3,016	10	0	0	**9.72**		**10**

Table 13C: Year 2025 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	**Total Admissions (2020 Data)**	**Total Days of Care (2020 Data)**	**ALOS per Admission**	**Total 2025 Admissions**	**2025 Days of Care at County ALOS**	**2025 Days of Care at Statewide ALOS**	**Projected 2025 Days of Care for Inpatient Estimates**	**Projected Inpatient Days**	**Projected Total Inpatient Beds**	**Currently Licensed Beds**	**CON Approved/ License Pending/ Previous Need Determination**	**Surplus (-) Deficit (+)**	**Occupancy Rate**	**Inpatient Bed Need**
Source or Formula =>	2021 License Renewal Applications	2021 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 6.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (76.9)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.81%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2021 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Currituck	119	9,487	79.72	163	12,965	12,512	12,512	351	1		0	1.13		0
Dare	152	8,581	56.45	208	11,727	15,981	11,727	329	1		0	1.06		0
Davidson	1,079	79,422	73.61	1,475	108,541	113,446	108,541	3,047	10	8	0	1.81	54.71%	0
Davie	311	21,406	68.83	425	29,254	32,698	29,254	821	3		0	2.65		0
Duplin	306	23,792	77.75	418	32,515	32,173	32,173	903	3		0	2.91		0
Durham	1,481	85,538	57.76	2,024	116,899	155,712	116,899	3,281	11	12	0	-1.43	103.57%	0
Edgecombe	295	22,629	76.71	403	30,926	31,016	30,926	868	3		0	2.80		0
Forsyth	1,999	146,020	73.05	2,732	199,556	210,174	199,556	5,602	18	30	0	-11.96	41.86%	0
Franklin	239	25,668	107.40	327	35,079	25,128	25,128	705	2		0	2.27		0
Gaston	1,458	96,183	65.97	1,993	131,447	153,293	131,447	3,690	12	13	0	-1.12	18.98%	0
Gates	54	3,294	61.00	74	4,502	5,678	4,502	126	0		0	0.41		0
Graham	40	2,835	70.88	55	3,874	4,206	3,874	109	0		0	0.35		0
Granville	258	17,275	66.96	353	23,609	27,126	23,609	663	2		0	2.13		0
Greene	92	10,493	114.05	126	14,340	9,673	9,673	272	1		0	0.87		0
Guilford	2,453	201,656	82.21	3,352	275,590	257,907	257,907	7,240	23	26	0	-2.68	41.94%	0
Halifax	280	16,497	58.92	383	22,545	29,439	22,545	633	2		0	2.04		0
Harnett	503	47,841	95.11	687	65,381	52,885	52,885	1,485	5		0	4.78		0
Haywood	396	24,560	62.02	541	33,565	41,635	33,565	942	3		0	3.03		0
Henderson	945	48,734	51.57	1,291	66,601	99,357	66,601	1,870	6	19	0	-12.98	39.46%	0
Hertford	107	7,227	67.54	146	9,877	11,250	9,877	277	1		0	0.89		0
Hoke	157	15,824	100.79	215	21,626	16,507	16,507	463	1		0	1.49		0
Hyde	10	2,616	261.60	14	3,575	1,051	1,051	30	0		0	0.10		0
Iredell	1,014	83,544	82.39	1,386	114,174	106,612	106,612	2,993	10	15	0	-5.36	48.72%	0
Jackson	189	11,514	60.92	258	15,735	19,871	15,735	442	1		0	1.42		0
Johnston	897	51,922	57.88	1,226	70,958	94,310	70,958	1,992	6	12	0	-5.58	12.59%	0
Jones	54	3,509	64.98	74	4,796	5,678	4,796	135	0		0	0.43		0

Table 13C: Year 2025 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	**Total Admissions (2020 Data)**	**Total Days of Care (2020 Data)**	**ALOS per Admission**	**Total 2025 Admissions**	**2025 Days of Care at County ALOS**	**2025 Days of Care at Statewide ALOS**	**Projected 2025 Days of Care for Inpatient Estimates**	**Projected Inpatient Days**	**Projected Total Inpatient Beds**	**Currently Licensed Beds**	**CON Approved/ License Pending/ Previous Need Determination**	**Surplus (-) Deficit (+)**	**Occupancy Rate**	**Inpatient Bed Need**
Source or Formula =>	2021 License Renewal Applications	2021 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 6.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (76.9)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.81%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2021 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Lee	483	23,955	49.60	660	32,738	50,782	32,738	919	3		0	2.96		0
Lenoir	277	21,720	78.41	379	29,683	29,124	29,124	818	3		0	2.63		0
Lincoln	436	35,776	82.06	596	48,893	45,841	45,841	1,287	4		0	4.14		0
Macon	307	17,456	56.86	420	23,856	32,278	23,856	670	2	0	6	-3.84		0
Madison	164	11,124	67.83	224	15,202	17,243	15,202	427	1		0	1.37		0
Martin	113	9,845	87.12	154	13,455	11,881	11,881	333	1		0	1.07		0
Mcdowell	274	28,203	102.93	374	38,543	28,808	28,808	809	3		0	2.60		0
Mecklenburg	4,312	301,285	69.87	5,893	411,746	453,362	411,746	11,558	37	49	0	-11.77	36.86%	0
Mitchell	172	25,954	150.90	235	35,470	18,084	18,084	508	2		0	1.64		0
Montgomery	142	13,341	93.95	194	18,232	14,930	14,930	419	1		0	1.35		0
Moore	794	75,452	95.03	1,085	103,115	83,481	83,481	2,343	8	11	0	-3.45	48.34%	0
Nash	481	32,030	66.59	657	43,773	50,572	43,773	1,229	4		0	3.96		0
New Hanover	1,258	77,870	61.90	1,719	106,420	132,266	106,420	2,987	10	18	0	-8.38	61.38%	0
Northampton	122	9,279	76.06	167	12,681	12,827	12,681	356	1		0	1.15		0
Onslow	541	39,435	72.89	739	53,893	56,881	53,893	1,513	5		0	4.87		0
Orange	682	45,747	67.08	932	62,519	71,705	62,519	1,755	6	6	0	-0.35	0.00%	0
Pamlico	63	4,396	69.78	86	6,008	6,624	6,008	169	1		0	0.54		0
Pasquotank	268	17,698	66.04	366	24,187	28,177	24,187	679	2		0	2.19		0
Pender	322	19,992	62.09	440	27,322	33,855	27,322	767	2		0	2.47		0
Perquimans	74	3,796	51.30	101	5,188	7,780	5,188	146	0		0	0.47		0
Person	231	10,019	43.37	316	13,692	24,287	13,692	384	1		0	1.24		0
Pitt	895	47,963	53.59	1,223	65,548	94,100	65,548	1,840	6	8	0	-2.07	39.45%	0
Polk	154	20,527	133.29	210	28,053	16,191	16,191	455	1		0	1.46		0
Randolph	835	64,427	77.16	1,141	88,048	87,792	87,792	2,464	8	12	0	-4.06	36.16%	0
Richmond	471	39,664	84.21	644	54,206	49,521	49,521	1,390	4	6	0	-1.52	51.91%	0
Robeson	737	71,589	97.14	1,007	97,836	77,488	77,488	2,175	7	12	0	-4.99	19.85%	0

Table 13C: Year 2025 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	**Total Admissions (2020 Data)**	**Total Days of Care (2020 Data)**	**ALOS per Admission**	**Total 2025 Admissions**	**2025 Days of Care at County ALOS**	**2025 Days of Care at Statewide ALOS**	**Projected 2025 Days of Care for Inpatient Estimates**	**Projected Inpatient Days**	**Projected Total Inpatient Beds**	**Currently Licensed Beds**	**CON Approved/ License Pending/ Previous Need Determination**	**Surplus (-) Deficit (+)**	**Occupancy Rate**	**Inpatient Bed Need**
Source or Formula =>	2021 License Renewal Applications	2021 License Renewal Applications	Col. C / Col. B	Col. B x 5 Years Growth at 6.4% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (76.9)	Lower # of Days of Care between Col. F and Col. G	Col. H x 2.81%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2021 License Renewal Applications	If Col. M >= 6 and Col. N >= 85 or blank
Rockingham	642	37,260	58.04	877	50,921	67,500	50,921	1,429	5	5	0	-0.40	38.69%	0
Rowan	871	48,419	55.59	1,190	66,171	91,577	66,171	1,857	6	7	0	-1.02	56.21%	0
Rutherford	546	68,460	125.38	746	93,560	57,406	57,406	1,611	5	10	0	-4.81	40.11%	0
Sampson	299	24,945	83.43	409	34,091	31,437	31,437	882	3		0	2.84		0
Scotland	242	20,881	86.29	331	28,537	25,444	25,444	714	2	6	0	-3.70	47.27%	0
Stanly	375	30,309	80.82	512	41,421	39,427	39,427	1,107	4		0	3.56		0
Stokes	338	28,261	83.61	462	38,622	35,537	35,537	998	3		0	3.21		0
Surry	590	54,653	92.63	806	74,691	62,032	62,032	1,741	6	16	0	-10.39	49.80%	0
Swain	105	6,826	65.01	143	9,329	11,040	9,329	262	1		0	0.84		0
Transylvania	205	18,487	90.18	280	25,265	21,554	21,554	605	2		0	1.95		0
Tyrrell	18	2,536	140.89	25	3,466	1,893	1,893	53	0		0	0.17		0
Union	1,011	74,931	74.12	1,382	102,403	106,296	102,403	2,874	9	6	0	3.26	45.77%	0
Vance	195	10,818	55.48	266	14,784	20,502	14,784	415	1		0	1.34		0
Wake	3,992	368,223	92.24	5,456	503,226	419,717	419,717	11,782	38	30	0	**7.95**	48.35%	0
Warren	89	6,640	74.61	122	9,074	9,357	9,074	255	1		0	0.82		0
Washington	61	5,719	93.75	83	7,816	6,414	6,414	180	1		0	0.58		0
Watauga	286	46,204	161.55	391	63,144	30,070	30,070	844	3	0	6	-3.28		0
Wayne	873	51,891	59.44	1,193	70,916	91,787	70,916	1,991	6	12	0	-5.59	74.95%	0
Wilkes	415	29,053	70.01	567	39,705	43,633	39,705	1,115	4		0	3.59		0
Wilson	562	31,967	56.88	768	43,687	59,088	43,687	1,226	4		0	3.95		0
Yadkin	217	12,238	56.40	297	16,725	22,815	16,725	469	2	4	0	-2.49	56.49%	0
Yancey	141	20,913	148.32	193	28,580	14,825	14,825	416	1		0	1.34		0
Grand Totals	**53,981**	**4,180,410**		**73,772**	**5,713,087**	**5,675,539**	**5,196,714**	**145,874**	**470**	**481**	**12**			**10**

Patients originating from out of state were not included in the calculation of the two-year trailing average statewide hospice inpatient utilization rate (2.81%).

Table 13D: Hospice Inpatient Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare Center	7	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	25	0
Burke	HOS1670	Burke Palliative Care Center	11	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	14	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	8	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Catawba Valley Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Wendover Hospice House	6	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear Hospice and Life CareCenter	6	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	15	-6
Iredell		Mooresville Inpatient Unit	0	6
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Levine & Dickson Hospice House	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster	10	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear Hospice and Life Care Center	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	Vidant Home Health and Hospice	8	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Hospice of Union County	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Watauga		Caldwell Hospice Patient Care Unit	0	6
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
		Grand Totals	**481**	**12**

Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2020

County	Facility	Number of Licensed Beds 10/1/2019	Number of Beds Added during FY2020	Number of Licensed Beds 9/30/2020	Days of Care per 2021 License Renewal Applications	Occupancy Rate for Reporting Period
Alamance	Hospice and Palliative Care of Alamance Caswell	14	0	14	1,481	28.90%
Brunswick	Lower Cape Fear LifeCare Center	7	0	7	1,743	68.03%
Buncombe	CarePartners Hospice & Palliative Care Services	25	0	25	4,677	51.11%
Burke	Burke Palliative Care Center	11	0	11	837	20.79%
Cabarrus	Hospice & Palliative Care of Cabarrus County	14	0	14	1,825	35.62%
Caldwell	Caldwell Hospice & Palliative Care	8	0	8	2,056	70.22%
Caldwell	Caldwell Hospice and Palliative Care, Inc.	4	0	4	721	49.25%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,768	80.51%
Catawba	Catawba Valley Hospice House	11	0	11	2,705	67.19%
Catawba	Sherrills Ford Hospice House	6	0	6	853	38.84%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0	6	1,510	68.76%
Cleveland	Wendover Hospice House	6	0	6	887	40.39%
Cleveland	Testa Family Hospice House	4	0	4	437	29.85%
Columbus	Lower Cape Fear Hospice and Life CareCenter	6	0	6	1,083	49.32%
Davidson	Hospice of Davidson County/Hinkle Hospice House	8	0	8	1,602	54.71%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	4,549	103.57%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,596	41.86%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	903	18.98%
Guilford	Hospice Home at High Point	15	0	15	2,794	50.89%
Guilford	Hospice and Palliative Care of Greensboro-Beacon Place	11	0	11	1,197	29.73%
Henderson	Four Seasons Compassion for Life	19	0	19	2,744	39.46%
Iredell	Gordon Hospice House	15	0	15	2,675	48.72%
Johnston	SECU Hospice House of Johnston Health	12	0	12	553	12.59%
Mecklenburg	Levine & Dickson Hospice House	16	0	16	2,220	37.91%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	2,014	39.31%
Mecklenburg	Levine & Dickson Hospice House at Southminster*	10	0	10	0	0.00%
Mecklenburg	East Mecklenburg Inpatient Unit at Aldersgate	6	0	6	1,457	66.35%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	919	83.70%
Moore	FirstHealth Hospice House	11	0	11	1,946	48.34%
New Hanover	Lower Cape Fear Hospice and Life Care Center	18	0	18	4,044	61.38%
Orange	Duke Hospice at the Meadowlands**	6	0	6	0	0.00%
Pitt	Vidant Home Health and Hospice	8	0	8	1,155	39.45%
Randolph	The Randolph Hospice House	12	0	12	1,588	36.16%
Richmond	Hospice Haven of Richmond County	6	0	6	1,140	51.91%
Robeson	Southeastern Regional Medical Center	12	0	12	872	19.85%
Rockingham	Hospice of Rockingham County, Inc.	5	0	5	708	38.69%
Rowan	Novant Health Hospice	7	0	7	1,440	56.21%
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,468	40.11%
Scotland	Scotland Regional Hospice	6	0	6	1,038	47.27%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	2,916	49.80%
Union	Hospice of Union County	6	0	6	1,005	45.77%
Wake	Transitions LifeCare	30	0	30	5,309	48.35%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	3,292	74.95%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	827	56.49%

Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2020

County	Facility	Number of Licensed Beds 10/1/2019	Number of Beds Added during FY2020	Number of Licensed Beds 9/30/2020	Days of Care per 2021 License Renewal Applications	Occupancy Rate for Reporting Period
	Grand Totals	**481**	**0**	**481**	**79,554**	

* Closed May 31, 2018 for extensive renovations.

** No patients seen at this location during the reporting period.

Table 13F: Hospice Residential Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	8	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	2	0
Burke	HOS1670	Burke Palliative Care Center	3	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	10	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	4	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Catawba Valley Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Wendover Hospice House	10	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	3	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Iredell		Mooresville Inpatient Unit	0	4
Iredell	HOS3181	Gordon Hospice House	0	6
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Hospice of Union County	20	0
Watauga		Caldwell Hospice Patient Care Unit	0	1
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
		Grand Totals	**159**	**11**

Table 13G: Hospice Home Care Office Need Determination

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

Table 13H: Hospice Inpatient Bed Need Determination*

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cumberland	10	July 15, 2022	August 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Chapter 14:

Psychiatric Inpatient Services

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CHAPTER 14
PSYCHIATRIC INPATIENT SERVICES

Introduction
Psychiatric facilities, acute care (community) hospitals, and state-operated psychiatric facilities provide psychiatric inpatient services. Entities may develop psychiatric inpatient beds in three ways. First, an entity may obtain a certificate of need (CON). Second, acute care hospitals may convert acute care beds to psychiatric beds pursuant to G.S. 131E-184 by executing a contract with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services or one or more of the local management entities-managed care organizations (LME-MCOs), which exempts the hospital from Certificate of Need review. Finally, pursuant to Policy PSY-1 in the State Medical Facilities Plan (SMFP), facilities may obtain a required CON to transfer beds from state-operated psychiatric facilities. However, with the opening of the new Broughton Hospital in 2019, the Division of State Operated Healthcare Facilities identified a final group of facilities that may apply for a CON to relocate the final group of beds under PSY-1. No additional beds may be transferred pursuant to Policy PSY-1.

Changes from the Previous Plan
Changes to the chapter reflect the SHCC's decision to eliminate the need determination methodology. Consequently, the need methodology tables and need determination tables have been removed. Rather, the chapter contains a table that displays psychiatric bed inventory and bed utilization.

Data Sources
Bed inventory data comes from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; and Certificate of Need.

Days of care come from two sources. The first source is the Hospital Industry Data Institute (HIDI), a collector of hospital patient discharge information. All acute care hospitals and several private psychiatric hospitals provide data to HIDI. Major Diagnostic Category (MDC) code 19 (Mental Diseases and Disorders) was used to select discharge records. HIDI provides this data to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center compiles the information and provides data to the Agency on days of care by facility and age group. Second, where days of care data from HIDI is not available, the Agency obtains this data from the Mental Health/Substance Abuse Hospital License Renewal Application for the current reporting year.

Table 14A: Inventory and Utilization of Psychiatric Beds, Excluding State Hospitals

County	Hospital	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care*	% Utilization of Total Beds	% Utilization of Licensed Beds Only
				Child/ Adolescent	Adult			
Alamance	Alamance Regional Medical Center	**44**	44	0	0	4,898	30.5	30.5
Alexander	Alexander Hospital ****	**25**	0	0	25	0	0.0	0.0
Avery	Charles A. Cannon Memorial Hospital (Appalachian Behavioral Healthcare) ^^	**10**	10	0	0	2,737	74.9	74.9
Beaufort	Vidant Beaufort Hospital	**22**	22	0	0	54	0.7	0.7
Brunswick	Carolina Dunes Behavioral Health	**40**	40	0	0	10,030	68.7	68.7
Buncombe	Mission Hospital/Copestone Center ^^^	**82**	82	0	0	24,480	81.7	81.7
Burke	Carolinas HealthCare System Blue Ridge	**22**	22	0	0	6,132	76.3	76.3
Cabarrus	Atrium Health Cabarrus	**10**	10	0	0	2,224	60.9	60.9
Caldwell	Caldwell Memorial Hospital ^^^^	**27**	27	0	0	299	3.0	3.0
Catawba	Frye Regional Medical Center	**84**	84	0	0	16,509	53.8	53.8
Catawba	Catawba Valley Medical Center	**38**	38	0	0	7,310	52.7	52.7
Cleveland	Atrium Health Cleveland	**14**	14	0	0	5,981	117.0	117.0
Craven	CarolinaEast Medical Center	**23**	23	0	0	3,899	46.4	46.4
Cumberland	Cape Fear Valley Medical Center	**28**	28	0	0	8,773	85.8	85.8
Davidson	Novant Health Thomasville Medical Center	**45**	45	0	0	9,314	56.7	56.7
Duplin	Vidant Duplin Hospital	**25**	25	0	0	5,648	61.9	61.9
Durham	Duke Regional Hospital †	**42**	42	0	0	5,404	35.2	64.3
Durham	Duke University Hospital ††	**0**	0	0	0	6,641	0.0	95.7
Forsyth	Old Vineyard Youth Services	**156**	156	0	0	45,797	80.4	80.4
Forsyth	Novant Health Forsyth Medical Center	**80**	80	0	0	10,421	35.7	35.7
Forsyth	North Carolina Baptist Hospital	**44**	44	0	0	9,918	61.7	61.7
Franklin	Maria Parham Franklin ***	**33**	33	0	0	3,998	33.2	33.2
Gaston	CaroMont Regional Medical Center	**63**	63	0	0	7,245	31.5	31.5
Guilford	Cone Health (Behavioral Health Center)	**80**	80	0	0	14,781	50.6	50.6
Guilford	High Point Regional Health System	**24**	24	0	0	2,727	31.1	31.1
Halifax	Vidant North Hospital	**20**	20	0	0	4,929	67.5	67.5
Harnett	Good Hope Hospital	**16**	16	0	0	5,073	86.8	86.8
Haywood	Haywood Regional Medical Center	**33**	33	0	0	4,484	37.2	37.2
Henderson	AdventHealth Hendersonville	**41**	41	0	0	3,790	25.3	25.3
Henderson	Margaret R. Pardee Memorial Hospital	**21**	21	0	0	4,208	54.9	54.9
Hertford	Vidant Roanoke-Chowan Hospital	**28**	28	0	0	6,861	67.1	67.1
Iredell	Davis Regional Medical Center	**42**	42	0	0	7,100	46.3	46.3
Johnston	Johnston Health **	**26**	20	0	6	6,817	71.8	93.3
Lee	Central Carolina Hospital	**10**	10	0	0	38	1.0	1.0
Mecklenburg	Carolinas Medical Center (Behavioral Health)	**132**	132	0	0	44,303	91.9	91.9
Mecklenburg	Novant Health Presbyterian Medical Center	**75**	75	0	0	18,987	69.3	69.3

Table 14A: Inventory and Utilization of Psychiatric Beds, Excluding State Hospitals

County	Hospital	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care*	% Utilization of Total Beds	% Utilization of Licensed Beds Only
				Child/ Adolescent	Adult			
Moore	FirstHealth Moore Reg. Hospital and Pinehurst Treatment	**36**	36	0	0	4,561	34.7	34.7
Nash	Nash General Hospital	**44**	44	0	0	5,728	35.6	35.6
New Hanover	New Hanover Regional Medical Center	**62**	62	0	0	16,962	74.9	74.9
Onslow	Brynn Marr Behavioral Health System	**72**	72	0	0	23,984	91.2	91.2
Orange	University of North Carolina Hospitals	**76**	76	0	0	18,669	67.3	67.3
Pitt	Vidant Medical Center	**52**	52	0	0	12,511	65.9	65.9
Polk	St. Luke's Hospital	**10**	10	0	0	556	15.2	15.2
Robeson	Southeastern Regional Medical Center ^	**33**	33	0	0	7,422	61.6	61.6
Rowan	Novant Health Rowan Medical Center (Lifeworks Behavioral Health Unit)	**40**	40	0	0	7,802	53.4	53.4
Rutherford	Rutherford Regional Medical Center	**14**	14	0	0	2,720	53.2	53.2
Stanly	Atrium Health Stanly	**12**	12	0	0	4,017	91.6	91.6
Stokes	LifeBrite Community Hospital of Stokes	**6**	6	0	0	6	0.3	0.3
Surry	Northern Regional Hospital ****	**17**	0	0	17	46	0.7	0.0
Wake	Holly Hill Hospital	**268**	268	0	0	75,605	77.2	77.2
Wake	Strategic Behavioral Center-Garner	**56**	56	0	0	14,538	71.1	71.1
Wake	Triangle Springs	**43**	43	0	0	16,059	102.2	102.2
Wake	UNC Hospitals at WakeBrook	**28**	28	0	0	8,023	78.4	78.4
Wayne	Wayne UNC Healthcare	**61**	61	0	0	178	0.8	0.8
Wilson	Wilson Medical Center	**24**	24	0	0	3,614	41.2	41.2
Alleghany	Alleghany Memorial Hospital	**0**	0			70		
Ashe	Ashe Memorial Hospital	**0**	0			25		
Bladen	Cape Fear Valley Bladen Healthcare	**0**	0			4		
Brunswick	Dosher Memorial Hospital	**0**	0			5		
Brunswick	Novant Health Brunswick Medical Center	**0**	0			17		
Carteret	Carteret Health Care	**0**	0			25		
Chatham	Chatham Hospital UNC Health Care	**0**	0			8		
Cherokee	Erlanger Murphy Medical Center	**0**	0			14		
Columbus	Columbus Regional Healthcare System	**0**	0			120		
Dare	The Outer Banks Hospital	**0**	0			1		
Davidson	Lexington Medical Center	**0**	0			91		
Davie	Davie Medical Center	**0**	0			158		
Durham	North Carolina Specialty Hospital	**0**	0			35		
Edgecombe	Vidant Edgecombe Hospital	**0**	0			2		
Gaston	Carolinas Rehabilitation-Mount Holly	**0**	0			10		
Granville	Granville Health System	**0**	0			17		

Table 14A: Inventory and Utilization of Psychiatric Beds, Excluding State Hospitals

County	Hospital	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care*	% Utilization of Total Beds	% Utilization of Licensed Beds Only
				Child/ Adolescent	Adult			
Guilford	Kindred Hospital Greensboro	**0**	0			25		
Harnett	Betsy Johnson Hospital	**0**	0			104		
Hoke	Cape Fear Valley Hoke Hospital	**0**	0			64		
Iredell	Lake Norman Regional Medical Center	**0**	0			7		
Iredell	Iredell Health System	**0**	0			141		
Jackson	Harris Regional Hospital	**0**	0			4		
Lenoir	UNC Lenoir Health Care	**0**	0			33		
Lincoln	Atrium Health Lincoln	**0**	0			142		
Macon	Angel Medical Center	**0**	0			8		
Macon	Highlands-Cashiers Hospital	**0**	0			8		
Martin	Martin General Hospital	**0**	0			13		
McDowell	Mission Hospital McDowell	**0**	0			8		
Mecklenburg	Carolinas Rehabilitation	**0**	0			20		
Mecklenburg	Novant Health Mint Hill Medical Center	**0**	0			25		
Mecklenburg	Atrium Health University City	**0**	0			35		
Mecklenburg	Novant Health Huntersville Medical Center	**0**	0			49		
Mecklenburg	Novant Health Matthews Medical Center	**0**	0			85		
Mecklenburg	Atrium Health Pineville	**0**	0			218		
Mitchell	Blue Ridge Regional Hospital	**0**	0			27		
Onslow	Onslow Memorial Hospital	**0**	0			34		
Pasquotank	Sentara Albemarle Medical Center	**0**	0			44		
Pender	Pender Memorial Hospital	**0**	0			17		
Person	Person Memorial Hospital	**0**	0			2		
Randolph	Randolph Health	**0**	0			20		
Richmond	FirstHealth Moore Regional Hospital - Richmond	**0**	0			185		
Rockingham	Annie Penn Hospital	**0**	0			8		
Rockingham	UNC Rockingham Health Care	**0**	0			19		
Sampson	Sampson Regional Medical Center	**0**	0			27		
Scotland	Scotland Health Care System	**0**	0			14		
Surry	Hugh Chatham Memorial Hospital	**0**	0			13		
Swain	Swain Community Hospital	**0**	0			25		
Transylvania	Transylvania Regional Hospital	**0**	0			24		
Union	Atrium Health Union	**0**	0			149		
Wake	WakeMed Cary Hospital	**0**	0			92		
Wake	Duke Raleigh Hospital	**0**	0			672		
Wake	WakeMed Raleigh Campus	**0**	0			900		
Wake	UNC REX Healthcare	**0**	0			979		

Table 14A: Inventory and Utilization of Psychiatric Beds, Excluding State Hospitals

County	Hospital	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care*	% Utilization of Total Beds	% Utilization of Licensed Beds Only
				Child/ Adolescent	Adult			
Watauga	Watauga Medical Center	**0**	0			12		
Wilkes	Wilkes Medical Center	**0**	0			53		
	State Totals	**2,459**	**2,411**	**0**	**48**	**549,718**	**60.7**	**62.4**

* Days of care provided to NC and out-of-state residents

** CON-approved projects that are Policy PSY-1 bed transfers from State Psychiatric Hospitals

*** Consolidation of Duke Life Point Maria Parham Medical Center with the closed Franklin Medical Center was effective October 23, 2017. Franklin Medical Center has been reopened as Maria Parham Franklin. The licensee received a grant from the Dorothea Dix Hospital Property Fund to develop 20 new psychiatric beds at Maria Parham Franklin. The remaining 13 psychiatric beds were new beds developed pursuant to CON #K-8674-11.

**** Adult beds are to be converted from acute care beds to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

^ Southeastern Regional Medical Center received a grant from the Dorothea Dix Hospital Property Fund to develop 10 adult psychiatric inpatient beds. Development of these beds does not require a certificate of need, and they are not yet accounted for in Table 14A.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. Development of these beds does not require a certificate of need, and they are not yet accounted for in Table 14A.

^^^ Beds were added pursuant to Session law 2017-57 using allocations from the Dorothea Dix Hospital Property Fund.

^^^^ Caldwell Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to develop 27 adult psychiatric beds. In past SMFPs, the hospital had a CON to develop the beds. They relinquished the CON on 5/18/2020, based on the receipt of the grant. Development of these beds does not require a certificate of need, and they are not yet accounted for in Table 14A.

† Percent utilization of licensed beds is based on 23 beds in service during the 2020 reporting period. Duke Regional Hospital licensed an additional 19 beds that were relocated from Duke University Hospital on April 13, 2021.

†† Percent utilization of licensed beds is based on 19 beds in service during the 2020 reporting period. These beds were relocated to Duke Regional Hospital on April 13, 2021.

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Chapter 15:

Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)

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CHAPTER 15
SUBSTANCE USE DISORDER INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)

Introduction

G.S. 131E-176 (5a) defines a chemical dependency treatment facility as "a public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or substance abuse." The facility may be a unit within or attached to a general hospital or psychiatric hospital. It may also be a freestanding facility "specializing in treatment of people who are substance abusers or chemically dependent" that is licensed under Article 1 or Article 1A of G.S. 122. The statute specifically excludes facilities that provide social setting or medical detoxification only. In addition, Session Law 2003-390, House Bill 815 resulted in changing the existing medical detoxification beds on acute care hospital licenses to licensed chemical dependency/substance use disorder beds (Appendix H).

Changes from the Previous Plan

Changes to the chapter reflect the State Health Coordinating Council's (SHCC) decision to eliminate the need determination methodology. Consequently, the need methodology tables and need determination tables have been removed. Rather, the chapter contains a table that displays substance use disorder inventory and bed utilization.

Data Sources

Bed inventory data comes from the North Carolina Department of Health and Human Services, Division of Health Service Regulation: Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; and Certificate of Need.

Substance use disorder days of care come from two sources. The first source is the Hospital Industry Data Institute (HIDI), a collector of hospital discharge information. All acute care (general) hospitals and several private psychiatric hospitals provide data to HIDI. Major Diagnostic Category (MDC) code 20 (Alcohol/Drug Use or Induced Mental Disorders) was used to identify discharges relevant to this chapter. HIDI provides this data to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center compiles the information and provides data on days of care by facility and age group. Second, where days of care data from HIDI is not available, the Agency obtains this data from the following license renewal documents submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation: Mental Health/Substance Abuse Hospital License Renewal Application; or the Substance Abuse Residential Treatment Data Collection Form, as attached to the License Renewal Application for MH/DD/SAS Facilities.

Table 15A: Inventory and Utilization of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities

County	Facility Name	Type*	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care**	% Utilization of Total Beds	% Utilization of Licensed Beds Only
					Child/Adolescent	Adult			
Alamance	Alamance Regional Medical Center	H	**12**	12	0	0	417	9.5	9.5
Buncombe	Robert Swain Recovery Center	R	**22**	22	0	0	3,975	49.5	49.5
Catawba	Frye Regional Medical Center	H	**16**	16	0	0	1,213	20.8	20.8
Cumberland	Cape Fear Valley Medical Center	H	**4**	4	0	0	1,201	82.2	82.2
Davidson	Path of Hope, Men	R	**12**	12	0	0	3,334	76.1	76.1
Davidson	Path of Hope, Women	R	**6**	6	0	0	1,551	70.8	70.8
Forsyth	Addiction Recovery Care Association	R	**68**	36	0	32	10,686	43.0	81.3
Forsyth	Old Vineyard Youth Services	H	**8**	8	0	0	4,479	153.3	153.3
Gaston	Phoenix Counseling Center	R	**6**	6	0	0	0	0.0	0.0
Guilford	Fellowship Hall	H	**60**	60	0	0	12,635	57.7	57.7
Guilford	Daymark Guilford Residential Treatment Facility	R	**40**	40	0	0	7,615	52.1	52.1
Guilford	Mose Kiser, Jr. Lodge (of Fellowship Hall)	R	**20**	20	0	0	6,506	89.1	89.1
Guilford	Lodge II (of Fellowship Hall)	R	**15**	15	0	0	2,471	45.1	45.1
Guilford	High Point Regional Health	H	**4**	4	0	0	2,675	183.1	183.1
Mecklenburg	Anuvia Prevention and Recovery Center	R	**32**	32	0	0	11,794	100.9	100.9
Mecklenburg	McLeod Addictive Disease Center	R	**30**	30	0	0	6,531	59.6	59.6
Mecklenburg	Carolinas Medical Ctr./Ctr. For Mental Health	H	**11**	11	0	0	5,700	141.9	141.9
Moore	FirstHealth Moore Regional Hospital	H	**14**	14	0	0	2,033	39.8	39.8
Nash	Nash General Hospital	H	**16**	16	0	0	1,620	27.7	27.7
New Hanover	The Wilmington Treatment Center	H	**44**	44	0	0	13,433	83.6	83.6
Onslow	Brynn Marr Behavioral Health System	H	**12**	12	0	0	209	4.8	4.8
Pitt	Haven at Blue Creek	R	**70**	0	0	70	0	0.0	0.0
Polk	Pavillon International	R	**46**	46	0	0	11,794	70.2	70.2
Richmond	Samaritan Women's Recovery Center	R	**14**	0	0	14	0	0.0	0.0
Richmond	Samaritan Colony	R	**12**	12	0	0	3,437	78.4	78.4
Robeson	Community Outreach Youth Services	R	**8**	8	0	0	138	4.7	4.7
Rowan	Novant Health Rowan Medical Center	H	**15**	15	0	0	480	8.8	8.8
Surry	Hope Valley, Men	R	**22**	22	0	0	4,424	55.1	55.1
Surry	Hope Valley, Women	R	**8**	8	0	0	1,507	51.6	51.6
Transylvania	Transylvania Regional Hospital	H	**40**	40	0	0	262	1.8	1.8
Wake	Triangle Springs	H	**34**	34	0	0	5,904	47.5	47.5
Wake	Holly Hill Hospital	H	**28**	28	0	0	2,940	28.7	28.7
Alleghany	Alleghany Memorial Hospital	H	**0**	0			1		
Anson	Atrium Health Anson	H	**0**	0			4		
Ashe	Ashe Memorial Hospital	H	**0**	0			87		
Avery	Charles A. Cannon Jr. Memorial Hospital	H	**0**	0			91		
Beaufort	Vidant Beaufort Hospital	H	**0**	0			85		
Bertie	Vidant Bertie Hospital	H	**0**	0			2		
Bladen	Cape Fear Valley Bladen Healthcare	H	**0**	0			15		
Brunswick	Dosher Memorial Hospital	H	**0**	0			2		
Brunswick	Novant Health Brunswick Medical Center	H	**0**	0			88		

Table 15A: Inventory and Utilization of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities

County	Facility Name	Type*	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care**	% Utilization of Total Beds	% Utilization of Licensed Beds Only
					Child/Adolescent	Adult			
Buncombe	Mission Hospital	H	**0**	0			3,568		
Burke	Carolinas HealthCare System Blue Ridge	H	**0**	0			1,529		
Cabarrus	Atrium Health Cabarrus	H	**0**	0			508		
Caldwell	Caldwell UNC Health Care	H	**0**	0			114		
Carteret	Carteret Health Care	H	**0**	0			386		
Catawba	Catawba Valley Medical Center	H	**0**	0			3,567		
Chatham	Chatham Hospital UNC Health Care	H	**0**	0			44		
Cherokee	Erlanger Western Carolina Hospital	H	**0**	0			33		
Chowan	Vidant Chowan Hospital	H	**0**	0			38		
Cleveland	Atrium Health Cleveland	H	**0**	0			856		
Columbus	Columbus Regional Healthcare System	H	**0**	0			27		
Craven	CarolinaEast Health System	H	**0**	0			206		
Davidson	Novant Health Thomasville Medical Center	H	**0**	0			93		
Davidson	Lexington Medical Center	H	**0**	0			190		
Davie	Davie Medical Center	H	**0**	0			31		
Duplin	Vidant Duplin Hospital	H	**0**	0			175		
Durham	Duke Regional Hospital	H	**0**	0			591		
Durham	Duke University Hospital	H	**0**	0			1,218		
Edgecombe	Vidant Edgecombe Hospital	H	**0**	0			80		
Forsyth	Wake Forest Baptist Medical Center	H	**0**	0			661		
Forsyth	Novant Health Forsyth Medical Center	H	**0**	0			3,138		
Gaston	CaroMont Health	H	**0**	0			1,272		
Guilford	Cone Health	H	**0**	0			1,502		
Halifax	Vidant North Hospital	H	**0**	0			128		
Harnett	Betsy Johnson Hospital	H	**0**	0			142		
Haywood	Haywood Regional Medical Center	H	**0**	0			352		
Henderson	AdventHealth Hendersonville	H	**0**	0			137		
Henderson	Margaret R. Pardee Memorial Hospital	H	**0**	0			2,512		
Hertford	Vidant Roanoke-Chowan Hospital	H	**0**	0			254		
Hoke	FirstHealth Moore Regional Hospital - Hoke	H	**0**	0			2		
Hoke	Cape Fear Valley Hoke Hospital	H	**0**	0			27		
Iredell	Lake Norman Regional Medical Center	H	**0**	0			49		
Iredell	Iredell Health System	H	**0**	0			169		
Iredell	Davis Regional Medical Center	H	**0**	0			684		
Jackson	Harris Regional Hospital	H	**0**	0			67		
Johnston	Johnston UNC Healthcare	H	**0**	0			616		
Lee	Central Carolina Hospital	H	**0**	0			42		
Lenoir	UNC Lenoir Health Care	H	**0**	0			135		
Lincoln	Atrium Health Lincoln	H	**0**	0			191		
Macon	Highlands-Cashiers Hospital	H	**0**	0			15		
Macon	Angel Medical Center	H	**0**	0			50		

Table 15A: Inventory and Utilization of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities

County	Facility Name	Type*	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care**	% Utilization of Total Beds	% Utilization of Licensed Beds Only
					Child/Adolescent	Adult			
Martin	Martin General Hospital	H	**0**	0			19		
McDowell	Mission Hospital McDowell	H	**0**	0			68		
Mecklenburg	Novant Health Mint Hill Medical Center	H	**0**	0			36		
Mecklenburg	Atrium Health University City	H	**0**	0			81		
Mecklenburg	Novant Health Huntersville Medical Center	H	**0**	0			172		
Mecklenburg	Atrium Health Pineville	H	**0**	0			300		
Mecklenburg	Novant Health Matthews Medical Center	H	**0**	0			363		
Mecklenburg	Novant Health Presbyterian Medical Center	H	**0**	0			2,203		
Mitchell	Blue Ridge Regional Hospital	H	**0**	0			50		
New Hanover	New Hanover Regional Medical Center	H	**0**	0			1,358		
Onslow	Onslow Memorial Hospital	H	**0**	0			207		
Orange	UNC Hospitals	H	**0**	0			3,249		
Pasquotank	Sentara Albemarle Medical Center	H	**0**	0			163		
Person	Person Memorial Hospital	H	**0**	0			103		
Pitt	Vidant Medical Center	H	**0**	0			660		
Polk	St. Luke's Hospital	H	**0**	0			46		
Randolph	Randolph Health	H	**0**	0			115		
Richmond	FirstHealth Moore Regional Hospital - Richmond	H	**0**	0			144		
Robeson	Southeastern Health	H	**0**	0			1,583		
Rockingham	UNC Rockingham Health Care	H	**0**	0			56		
Rockingham	Annie Penn Hospital	H	**0**	0			65		
Rutherford	Rutherford Regional Health System	H	**0**	0			99		
Sampson	Sampson Regional Medical Center	H	**0**	0			45		
Scotland	Scotland Health Care System	H	**0**	0			109		
Stanly	Atrium Health Stanly	H	**0**	0			120		
Stokes	LifeBrite Community Hospital of Stokes	H	**0**	0			8		
Surry	Hugh Chatham Memorial Hospital	H	**0**	0			47		
Surry	Northern Regional Hospital	H	**0**	0			64		
Swain	Swain Community Hospital	H	**0**	0			4		
Union	Atrium Health Union	H	**0**	0			154		
Vance	Maria Parham Health	H	**0**	0			63		
Wake	Duke Raleigh Hospital	H	**0**	0			270		
Wake	UNC Hospitals at WakeBrook	H	**0**	0			446		
Wake	WakeMed Cary Hospital	H	**0**	0			610		
Wake	UNC REX Healthcare	H	**0**	0			733		
Wake	WakeMed Raleigh Campus	H	**0**	0			1,609		
Watauga	Watauga Medical Center	H	**0**	0			203		
Wayne	Wayne UNC Health Care	H	**0**	0			85		
Wilkes	Wilkes Medical Center	H	**0**	0			128		
Wilson	Wilson Medical Center	H	**0**	0			192		
Pender	Pender Memorial Hospital	H	**0**	0			2		

Table 15A: Inventory and Utilization of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities

County	Facility Name	Type*	Total Beds	Licensed Beds	Not Yet Licensed Beds		Total Days of Care**	% Utilization of Total Beds	% Utilization of Licensed Beds Only
					Child/Adolescent	Adult			
		State Totals	**749**	**633**	**0**	**116**	**172,770**	**47.9**	**56.6**

* H = Hospital. R = Residential facility.

** Days of care provided to NC and out-of-state residents

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Chapter 16:

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

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CHAPTER 16
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information
Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCO) – have a responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual and developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers.

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

Definitions
The ***service area*** is the LME-MCO in which the bed is located.

The ***current reporting time point*** reflects the inventory of ICF/IID beds as of January 2021.

Changes from the Previous Plan
In Table 16A, facilities with ICF/IID beds are no longer organized by LME-MCO, but rather by county.

Basic Principles
1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.

2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.

3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities *(Table 16B)*.

Data on certificates of need comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. A need determination is not required to transfer beds from state developmental centers. However, it is necessary to obtain a certificate of need pursuant to Policy ICF/IID-5 in Chapter 4 of the SMFP to transfer beds from a state developmental center.

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Alamance	Poplar Street Group Home	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc.	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Rosemont Street	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Veterans Drive	0	0		6	6
Alamance	Ralph Scott Lifeservices, Inc./Laramie Drive Group Home	0	0		6	6
Alexander	Ellendale Group Home	0	0		6	6
Alexander	Little River Group Home	0	0		6	6
Alexander	VOCA-Second Avenue Group Home	0	0		6	6
Alleghany	New River Cottage, Inc.	0	0		5	5
Anson	Ansonville Group Home	0	0		6	6
Ashe	Ridgecrest I	0	0		6	6
Ashe	Ridgecrest II	0	0		6	6
Ashe	Thomas Street Home	0	0		6	6
Beaufort	LIFE, Inc./Beaufort Heights Group Home	0	0		6	6
Beaufort	LIFE, Inc./Dixon Road Group Home	0	0		6	6
Beaufort	LIFE, Inc./Edgewood Group Home	0	0		6	6
Beaufort	LIFE, Inc./Minute Man Group Home	0	0		6	6
Beaufort	LIFE, Inc./Slatestone Road Group Home	0	0		6	6
Bladen	Midlake Residential	0	0		6	6
Bladen	Northridge Residential	0	0		6	6
Brunswick	LIFE, Inc./Folly Street Group Home	0	0		6	6
Brunswick	LIFE, Inc./Lockwood Street Group Home	0	0		6	6
Buncombe	BlueWest Opportunities-Montford House	0	0		5	5
Buncombe	BlueWest Opportunities-Kenmore House	0	0		6	6
Buncombe	BlueWest Opportunities-New Stock House	0	0		6	6
Buncombe	BlueWest Opportunities-Ora House	0	0		6	6
Buncombe	BlueWest Opportunities-Pisgah House	0	0		6	6
Buncombe	Chiles Avenue Group Home	0	0		6	6
Buncombe	Emory Road Home	0	0		6	6
Buncombe	Irene Wortham Residential Center-Azalea	0	0		6	6
Buncombe	IWRC-Dogwood	0	0		6	6
Buncombe	IWC-Rose Street Home	0	0		12	12
Buncombe	BlueWest Opportunities-Swannanoa Residential	0	0		32	32

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Burke	SCI-Burke ICF/MR Group Home	0	0		5	5
Burke	Chesterfield Group Home	0	0		6	6
Burke	Hartland Group Home	0	0		6	6
Cabarrus	Christy Woods Group Home	0	0		5	5
Cabarrus	Michigan Street Home	0	0		5	5
Cabarrus	Wilhelm Place Home	0	0		5	5
Cabarrus	Bost Children's Center	0	0		10	10
Cabarrus	Clear Creek	0	0		120	120
Caldwell	Creekside Group Home	0	0		6	6
Caldwell	Lower Creek Group Home	0	0		6	6
Caldwell	Playmore Group Home	0	0		6	6
Caldwell	VOCA-Laurel Group Home	0	0		6	6
Carteret	LIFE, Inc./Grey Fox Run Group Home	0	0		6	6
Carteret	LIFE, Inc./Nine Foot Road Group Home	0	0		6	6
Catawba	23rd Street Home	0	0		6	6
Catawba	Penny Lane #1	0	0		6	6
Catawba	Penny Lane II	0	0		6	6
Catawba	Shannonbrook Home	0	0		6	6
Catawba	Wendover Home	0	0		6	6
Chatham	CLLC(Carolina Living & Learning Center)	0	0		15	15
Chowan	LIFE, Inc./Albemarle Group Home	0	0		6	6
Chowan	LIFE, Inc./Chowan Group Home	0	0		6	6
Chowan	LIFE, Inc./Coke Avenue Group Home	0	0		6	6
Chowan	Luke Street	0	0		6	6
Cleveland	VOCA-Young Group Home	0	0		6	6
Cleveland	Wooding Place Group Home	0	0		6	6
Columbus	Riverside Residential	0	0		6	6
Columbus	Strawberry House	0	0		6	6
Craven	Dogwood House	0	0		5	5
Craven	Brices Creek Road Home	0	0		6	6
Craven	Kimberly Road	0	0		6	6
Craven	LIFE, Inc./Cherry Lane	0	0		6	6
Craven	LIFE, Inc./Lavenham Group Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Craven	LIFE, Inc./Oakdale Home	0	0		6	6
Craven	Riverbend	0	0		125	125
Cumberland	No Place Like Home	0	0		5	5
Cumberland	Extra Special Care	0	0		6	6
Cumberland	Holliday's Place Group Home	0	0		6	6
Cumberland	Hope Mills Home	0	0		6	6
Cumberland	My Place	0	0		6	6
Cumberland	Northside Group Home	0	0		6	6
Cumberland	Southern Avenue Home	0	0		6	6
Cumberland	The Carter Clinic Residential Home	0	0		6	6
Cumberland	Thomas S. Decatur Home	0	0		6	6
Cumberland	Wilmington Road Group Home	0	0		6	6
Cumberland	Strickland Bridge Homes A & B	0	0		12	12
Davidson	Scotthurst I & II	0	0		12	12
Davie	Boxwood Acres	0	0		6	6
Davie	Pleasant Acres	0	0		6	6
Davie	Twinbrooks	0	0		6	6
Duplin	SCI-Duplin House	0	0		6	6
Duplin	Skill Creations of Kenansville	0	0		15	15
Durham	Seven Oaks Road-Durham	0	0		5	5
Durham	Chandler Road	0	0		6	6
Durham	Holloway Street Home	0	0		6	6
Durham	Kenwood Drive Home	0	0		6	6
Durham	Keywest Center	0	0		6	6
Durham	Lynn Road	0	0		6	6
Durham	Mineral Springs I	0	0		6	6
Durham	Mineral Springs II	0	0		6	6
Durham	SCI-Triangle House I	0	0		6	6
Durham	SCI-Triangle House II	0	0		6	6
Durham	VOCA-Gentry	0	0		6	6
Durham	VOCA-Obie	0	0		6	6
Durham	Voca-Otis Street Home	0	0		6	6
Edgecombe	Skill Creations of Tarboro	0	0		15	15

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Forsyth	Pineview	0	0		5	5
Forsyth	Forsyth Group Home #1	0	0		6	6
Forsyth	Forsyth Group Home #2	0	0		6	6
Forsyth	Konnoak Group Home	0	0		6	6
Forsyth	Wilson Smith Cottage	0	0		6	6
Forsyth	The Arches-Horizons Residential Care Center	0	0		10	10
Forsyth	The Atrium/The Respite Center	0	0		30	30
Gaston	Belmont Group Home	0	0		5	5
Gaston	Cherryville Group Home	0	0		5	5
Gaston	Franklin Group Home	0	0		5	5
Gaston	Springdale Lane Group Home	0	0		5	5
Gaston	Meek Road Group Home	0	0		6	6
Gaston	Mountain Ridge Group Home	0	0		6	6
Gaston	Holy Angels Services-McAuley Residences	0	0		48	48
Granville	Granville ICF/MR Group Home	0	0		5	5
Granville	Dove Road Home	0	0		6	6
Granville	Park Avenue Home	0	0		6	6
Granville	Stem Road Home	0	0		6	6
Guilford	Northbay Group Home	0	0		5	5
Guilford	Southridge Road	0	0		5	5
Guilford	Friendway Group Home	0	0		6	6
Guilford	Guilford #1	0	0		6	6
Guilford	Guilford #2	0	0		6	6
Guilford	Guilford #3	0	0		6	6
Guilford	Guilford IV	0	0		6	6
Guilford	Holden Group Home	0	0		6	6
Guilford	Ridgely Oak	0	0		6	6
Guilford	Rollingwood	0	0		6	6
Guilford	Summerlyn	0	0		6	6
Guilford	VOCA-Meadowood Drive Group Home	0	0		6	6
Guilford	Watson's Group Home	0	0		6	6
Guilford	West Friendly	0	0		6	6
Guilford	Westminister	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Guilford	Westridge	0	0		6	6
Guilford	Gatewood	0	0		15	15
Halifax	Idlewood Group Home	0	0		6	6
Halifax	LIFE, Inc./King Street Group Home	0	0		6	6
Halifax	LIFE, Inc./ Lakeview	0	0		6	6
Halifax	McFarland Road	0	0		6	6
Halifax	SCI-Roanoke House	0	0		12	12
Harnett	Erwin #2 Group Home	0	0		6	6
Harnett	Erwin Avenue Home	0	0		6	6
Harnett	Lillington Group Home	0	0		6	6
Haywood	Haywood County Group Home #3	0	0		5	5
Henderson	Rayside A	0	0		4	4
Henderson	Rayside B	0	0		4	4
Henderson	Country Cove Group Home	0	0		6	6
Henderson	Pinebrook Group Home	0	0		6	6
Hertford	Roanoke Place	0	0		6	6
Hoke	Ashley Heights Home	0	0		6	6
Hoke	Old Farm Road	0	0		6	6
Iredell	Bonnie Lane Group Home	0	0		6	6
Iredell	Dal-Wan Heights Group Home	0	0		6	6
Iredell	Fanjoy Home #1	0	0		6	6
Iredell	Fanjoy Home #2	0	0		6	6
Iredell	Hollingswood Group Home	0	0		6	6
Iredell	Oakdale Group Home	0	0		6	6
Iredell	Pinewood Group Home	0	0		6	6
Jackson	Smoky ICF/MR Group Home	0	0		6	6
Jackson	Webster Group Home	0	0		6	6
Johnston	Canterbury Road Home	0	0		6	6
Johnston	Country Manor Group Home	0	0		6	6
Johnston	Heath Avenue Home	0	0		6	6
Johnston	VOCA-Greenwood Group Home	0	0		6	6
Johnston	VOCA-Laurelwood	0	0		6	6
Lee	Hickory II Group Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Lee	Pine Ridge Group Home	0	0		6	6
Lee	VOCA-Sixth Street Group Home	0	0		6	6
Lee	T.L.C. Home, Inc.	0	0		10	10
Lee	Skill Creations of Sanford	0	0		15	15
Lenoir	Roseanne Group Home	0	0		5	5
Lenoir	Fox Run Group Home	0	0		6	6
Lenoir	LaGrange Home	0	0		6	6
Lenoir	Robin's Nest Group Home	0	0		6	6
Lenoir	Washington Street East Group Home	0	0		6	6
Lenoir	Skill Creations of Kinston	0	0		15	15
Lenoir	Bear Creek	0	0		113	113
Lincoln	Brookwood Home	0	0		6	6
Lincoln	Linoak Group Home	0	0		6	6
Lincoln	Ridgefield Home	0	0		6	6
Lincoln	Riverview Home	0	0		6	6
Lincoln	Sunny Hill Group Home #1	0	0		6	6
Lincoln	Sunny Hill II	0	0		6	6
Macon	Iotla Street Group Home	0	0		6	6
Macon	Macon County Group Home	0	0		6	6
Madison	BlueWest Opportunities-Mars Hills Residential Services	0	0		32	32
Martin	LIFE, Inc./Twin Acres Group Home	0	0		6	6
Mcdowell	Laurelwood Group Home	0	0		6	6
Mecklenburg	Bon Rea Drive Group Home	0	0		6	6
Mecklenburg	Browne Group Home	0	0		6	6
Mecklenburg	Burtonwood Circle Home	0	0		6	6
Mecklenburg	Dalmoor Drive Group Home	0	0		6	6
Mecklenburg	Enoch Drive	0	0		6	6
Mecklenburg	Flowe Drive Group Home	0	0		6	6
Mecklenburg	Gail B. Hanks Group Home	0	0		6	6
Mecklenburg	Heathcroft	0	0		6	6
Mecklenburg	Lakeview	0	0		6	6
Mecklenburg	Leaves	0	0		6	6
Mecklenburg	Mantle Court Group Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Mecklenburg	Monroe Road	0	0		6	6
Mecklenburg	Oak Street Group Home-St. Mark	0	0		6	6
Mecklenburg	Ravendale Drive Group Home	0	0		6	6
Mecklenburg	Shelburne Place	0	0		6	6
Mecklenburg	Starnes Group Home	0	0		6	6
Mecklenburg	Tuckaseegee Group Home	0	0		6	6
Mecklenburg	VOCA-Denbur Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Freedom Group Home	0	0		6	6
Mecklenburg	VOCA-Harrisburg Road Group Home	0	0		6	6
Mecklenburg	VOCA-Mallard Drive	0	0		6	6
Mecklenburg	VOCA-Norwich Road Group Home	0	0		6	6
Mecklenburg	VOCA-Oak Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Oakhaven Drive Group Home	0	0		6	6
Mecklenburg	VOCA-Purser Group Home	0	0		6	6
Mecklenburg	VOCA-Sandburg Group Home	0	0		6	6
Mecklenburg	VOCA-Simpson Group Home	0	0		6	6
Mecklenburg	VOCA-St. John's Church Road Group Home	0	0		6	6
Mecklenburg	VOCA-Toddville Road Group Home	0	0		6	6
Mecklenburg	VOCA-Wilson Avenue Group Home	0	0		6	6
Mecklenburg	VOCA-Woodbridge Road Group Home	0	0		6	6
Montgomery	Mt. Gilead Children's Home	0	0		6	6
Montgomery	Myrtlewood Group Home	0	0		6	6
Moore	Crest Road Group Home	0	0		6	6
Moore	Magnolia Group Home	0	0		6	6
Moore	Moore County Home For Autistic Adults	0	0		6	6
Moore	Sherwood Park Home	0	0		15	15
Nash	LIFE, Inc./ Green Tee Lane	0	0		6	6
Nash	SCI-Nash House I	0	0		6	6
Nash	SCI-Nash House II	0	0		6	6
New Hanover	Greenville Loop Group Home	0	0		6	6
New Hanover	LIFE, Inc./Cherokee Trail Group Home	0	0		6	6
New Hanover	Lifetime Resources, Inc. Echo Farms Group Home	0	0		6	6
New Hanover	Myrtle Grove Group Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
New Hanover	Robin Hood Group Home	0	0		6	6
New Hanover	The Pine Valley Home	0	0		6	6
New Hanover	SCI-Coastal House I and II	0	0		12	12
Onslow	Countryview Residential	0	0		6	6
Onslow	Queen's Pond	0	0		14	14
Onslow	Sandridge	0	0		24	24
Orange	Christopher Road	0	0		6	6
Orange	Quail Roost Group Home (ICF/MR)	0	0		6	6
Orange	Shadylawn	0	0		6	6
Orange	Silo Drive Facility-Chapel Hill	0	0		6	6
Orange	West Main Street Facility-Carrboro	0	0		6	6
Orange	Residential Services, Inc. Retirement Center	0	0		15	15
Person	Cates Street ICF/MR	0	0		6	6
Person	Frank Street ICF/MR	0	0		6	6
Pitt	Curry House	0	0		6	6
Pitt	Forest Hills Group Home	0	0		6	6
Pitt	King George Group Home	0	0		6	6
Pitt	Pitt County Group Home #1	0	0		6	6
Pitt	Pitt County Group Home #2	0	0		6	6
Pitt	Pitt County Group Home #3	0	0		6	6
Pitt	SCI-East	0	0		12	12
Pitt	Skill Creations of Greenville	0	0		15	15
Pitt	Tar River	0	0		30	30
Randolph	Brookwood	0	0		6	6
Randolph	Timberlea Group Home	0	0		6	6
Richmond	Mallard Lane Center	0	0		5	5
Richmond	Hoffman Group Home	0	0		6	6
Richmond	Pence Place	0	0		9	9
Robeson	Corbel Residential	0	0		6	6
Robeson	Eastbrook	0	0		6	6
Robeson	Westside Residential	0	0		6	6
Robeson	Wakulla I & II	0	0		12	12
Rockingham	Rouse's Group Home #6	0	0		5	5

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Rockingham	Rouse's Group Homes	0	0		30	30
Rowan	Laura Springs Road Home	0	0		6	6
Rowan	Myron Place	0	0		6	6
Rowan	Smith Street Home	0	0		6	6
Rowan	Stoneridge	0	0		6	6
Rowan	Rockwell 1 & 2	0	0		12	12
Rutherford	VOCA-Rollins Group Home	0	0		6	6
Rutherford	VOCA-Woodland	0	0		6	6
Sampson	Skill Creations of Clinton	0	0		15	15
Scotland	College Park	0	0		6	6
Scotland	Lee Forest Home	0	0		6	6
Scotland	Scotland Forest Home	0	0		6	6
Stanly	Moss I Group Home	0	0		5	5
Stanly	A. Jack Wall Group Home	0	0		6	6
Stanly	Carolina Farms Group Home #1	0	0		6	6
Stanly	Carolina Farms Group Home #2	0	0		6	6
Stanly	Carolina Farms Group Home #3	0	0		6	6
Stanly	Marie G. Smith Group Home	0	0		6	6
Stanly	Moss II Group Home	0	0		6	6
Stanly	Robert W. Thompson Group Home	0	0		6	6
Stanly	Morrow Valley Farmstead	0	10	F-11267-16	0	10
Stokes	Pilotview	0	0		5	5
Surry	Park Drive Group Home	0	0		6	6
Surry	Sydnor Street Group Home	0	0		6	6
Transylvania	Forest Bend Group Home	0	0		6	6
Union	Karen Lane Home	0	0		6	6
Union	Meadowview Home	0	0		6	6
Wake	Avent Ferry Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wake	Bass Lake	0	0		6	6
Wake	Blanche Drive	0	0		6	6
Wake	Country Lane	0	0		6	6
Wake	Dartmouth Road Group Home	0	0		6	6
Wake	Dickens Drive Home	0	0		6	6
Wake	Forest Creek Group Home	0	0		6	6
Wake	Georgia Court	0	0		6	6
Wake	Helmsdale Group Home	0	0		6	6
Wake	Hickory Avenue Home	0	0		6	6
Wake	Huntleigh	0	0		6	6
Wake	Jade Tree	0	0		6	6
Wake	Lockley Road	0	0		6	6
Wake	Mason Street	0	0		6	6
Wake	Rockwood	0	0		6	6
Wake	Rolling Meadows	0	0		6	6
Wake	Stonegate	0	0		6	6
Wake	Trotters Bluff	0	0		6	6
Wake	VOCA Olive Home	0	0		6	6
Wake	VOCA-Creekway	0	0		6	6
Wake	Hilltop Home	0	0		22	22
Wake	Tammy Lynn Center for Developmental Disabilities	0	0		30	30
Washington	LIFE, Inc./Old Roper Road Group Home	0	0		6	6
Washington	LIFE, Inc./ Wilson Street Group Home	0	0		6	6
Watauga	Wildcat Group Home	0	0		15	15
Wayne	Airport Road Group Home	0	0		6	6
Wayne	Daughtry Field Road Group Home	0	0		6	6
Wayne	Highway 117 Group Home	0	0		6	6
Wayne	Holly Street Home	0	0		6	6
Wayne	LIFE, Inc./Walnut Street Group Home	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

County	Provider Name	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
		Child Beds	Adult Beds			
Wayne	LIFE, Inc./William Street Home	0	0		6	6
Wayne	North Drive Group Home	0	0		6	6
Wayne	Norwood Avenue Home	0	0		6	6
Wayne	Skill Creations	0	0		15	15
Wayne	Walnut Creek	0	0		37	37
Wilkes	Lakewood	0	0		6	6
Wilkes	VOCA-Apple Valley	0	0		6	6
Wilkes	VOCA-Blairfield	0	0		6	6
Wilkes	VOCA-College Street	0	0		6	6
Wilkes	VOCA-Kimsey	0	0		6	6
Wilkes	VOCA-Welborn Ave.	0	0		6	6
Wilkes	Lewis Fork Homes I & II	0	0		12	12
Wilson	LIFE, Inc./Raven Ridge Group Home	0	0		6	6
Wilson	McKeel Loop Road Home	0	0		6	6
Wilson	Skill Creations of Wilson	0	0		15	15
Yadkin	Yadkin I	0	0		6	6
Yadkin	Yadkin II & III	0	0		12	12
	Totals	**0**	**10**		**2,790**	**2,800**

Table 16B: State Facility Beds Excluded from ICF/IID Inventory by Local Management Entity-Managed Care Organization (LME-MCO)

Local Management Entity – Managed Care Organization (LME-MCO)	Facility Name	Number of Certified ICF/IID Beds
Cardinal Innovations Healthcare Solutions	Murdoch Developmental Center	640
Eastpointe	Caswell Developmental Center	807
Eastpointe	O'Berry Neuro-Medical Treatment Center*	338
Partners Behavioral Health Management	J. Iverson Riddle Developmental Center	481
	Total	**2,266**

* This facility operates nursing home beds in addition to the 338 ICF/IID beds.

Chapter 17:

Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotriptors
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

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CHAPTER 17
TECHNOLOGY AND EQUIPMENT

Introduction
This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators, lithotriptors, magnetic resonance imaging scanners, and positron emission tomography scanners.

Definitions
The reporting year for all types of equipment is October 1 through September 30. The ***current*** reporting year is October 1, 2019 through September 30, 2020.

The ***inventory*** is the number of units of equipment in operation, as reported at the end of the reporting year. The ***planning inventory*** is the inventory and any adjustments for certificates of need and prior need determinations.

Changes from the Previous Plan
No substantive changes have been incorporated into this chapter.

Data Sources
Inventory and utilization data come from the Hospital License Renewal Application for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

A. CARDIAC CATHETERIZATION EQUIPMENT

Introduction

G.S. 131E-176(2f) defines ***cardiac catheterization equipment*** as "equipment used to provide cardiac catheterization services." G.S. 131E-176(2g) defines ***cardiac catheterization services*** as "those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart." Tables 17A-1 and 17A-2 show the number of cardiac catheterization procedures performed during the reporting year.

Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.

2. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.

3. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital's license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

Application of the Methodology

Fixed Equipment

Methodology 1 ***(Table 17A-3)***

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

Step 1: Determine the planning inventory *(Column F)* for each facility with fixed cardiac catheterization equipment, to include the total of: existing equipment in operation *(Column C),* approved equipment for which a certificate of need was issued but is under development (Column D), and need determinations for which no certificate of need has yet been issued *(Columns E)*.

Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year *(Table 17A-1)*. If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.

Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.0, interventional procedures by 1.75, and pediatric procedures performed on patients age 14 or younger by 2.00 *(Column H)*.

Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200

procedures (i.e., 80% of the 1,500-procedure capacity). Round the result to the nearest hundredth *(Column I)*.

Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same service area as calculated in Step 4 *(Column I)*. Round to the nearest whole number *(Column J)*.

Step 6: In each service area, subtract the total planning inventory *(Column F)* from the number of units of fixed cardiac catheterization equipment required *(Column I)*. The difference is the number of additional units of fixed cardiac catheterization equipment needed *(Column J)*.

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

Methodology 2 ***(Table 17A-2)***

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

1. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 (300 procedures x 80%) procedures per year for each eight hours per week the mobile equipment is operated at that site during the current reporting year *(Table 17A-2)*; and

2. No other fixed or mobile cardiac catheterization service is provided in the same service area.

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

Mobile Equipment

The State Medical Facilities Plan (SMFP) does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile cardiac catheterization equipment.

Table 17A-1: Cardiac Catheterization Procedures by Facility and Type, 2020

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Alamance	Alamance Regional Medical Center	606	-	-	-	177	-	-	-	783
Buncombe	Mission Hospital	3,555	-	-	-	1,216	-	-	-	4,771
Burke	Carolinas HealthCare System Blue Ridge	386	-	-	-	136	-	-	-	522
Cabarrus	Atrium Health Cabarrus	1,711	-	-	-	958	-	-	-	2,669
Caldwell	Caldwell Memorial Hospital	310	-	-	-	277	-	-	-	587
Carteret	Carteret General Hospital	498	-	-	-	160	-	-	-	658
Catawba	Catawba Valley Medical Center	450	-	-	-	232	-	-	-	682
Catawba	Frye Regional Medical Center	1,955	-	-	-	1,047	-	-	-	3,002
Cleveland	Atrium Health Cleveland	13	-	-	-	-	-	-	-	13
Craven	CarolinaEast Medical Center	933	-	-	-	685	-	-	-	1,618
Cumberland	Cape Fear Valley Medical Center	984	-	-	-	1,615	-	-	-	2,599
Durham	Duke Regional Hospital	879	-	-	-	328	-	-	-	1,207
Durham	Duke University Hospital	4,081	-	216	-	1,445	-	164	-	5,906
Forsyth	North Carolina Baptist Hospital	2,156	-	18	-	1,202	-	34	-	3,410
Forsyth	Novant Health Forsyth Medical Center	2,299	-	-	-	1,256	-	-	-	3,555
Gaston	Caromont Regional Medical Center	1,741	-	-	-	566	-	-	-	2,307
Guilford	Cone Health	2,705	-	-	-	1,120	-	-	-	3,825
Guilford	High Point Regional Medical Center	2,897	-	-	-	-	-	-	-	2,897
Halifax	Vidant North Hospital	105	-	-	-	39	-	-	-	144
Harnett	Betsy Johnson Hospital	144	-	-	-	19	-	-	-	163
Haywood	Haywood Regional Hospital	595	-	-	-	201	-	-	-	796
Henderson	Margaret R. Pardee Memorial Hospital	241	-	-	-	30	-	-	-	271
Iredell	Davis Regional Medical Center	130	-	-	-	-	-	-	-	130
Iredell	Iredell Memorial Hospital	507	-	-	-	120	-	-	-	627
Iredell	Lake Norman Regional Medical Center	201	-	-	-	67	-	-	-	268
Johnston	Johnston Health	763	-	-	-	401	-	-	-	1,164
Lee	Central Carolina Hospital	269	-	-	-	35	-	-	-	304

Table 17A-1: Cardiac Catheterization Procedures by Facility and Type, 2020

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Lenoir	UNC Lenoir Health Care	360	-	-	-	-	-	-	-	360
Mecklenburg	Atrium Health Pineville	930	-	-	-	734	-	-	-	1,664
Mecklenburg	Carolinas Medical Center	2,137	-	118	-	902	-	191	-	3,348
Mecklenburg	Novant Health Huntersville Medical Center	486	-	-	-	187	-	-	-	673
Mecklenburg	Novant Health Matthews Medical Center	925	-	-	-	519	-	-	-	1,444
Mecklenburg	Novant Health Presbyterian Medical Center	933	-	-	-	738	-	-	-	1,671
Moore	First Health Moore Regional Hospital	2,628	-	-	-	1,076	-	-	-	3,704
Nash	Nash General Hospital	770	-	-	-	535	-	-	-	1,305
New Hanover	New Hanover Regional Medical Center*	2,201	522	-	-	2,004	-	-	-	4,727
Onslow	Onslow Memorial Hospital	10	-	-	-	2	-	-	-	12
Orange	UNC Hospitals	1,831	-	92	-	1,012	-	45		2,980
Pasquotank	Sentrara Albermarle Medical Center	877	-	-	-	5	-	-	-	882
Pitt	Vidant Medical Center	2,846	-	7	-	947	-	14	-	3,814
Randolph	Randolph Hospital	-	-	-	-	-	-	-	-	-
Robeson	Southeastern Regional Medical Center	713	-	-	-	489	-	-	-	1,202
Rowan	Novant Health Rowan Medical Center	396	-	-	-	230	-	-	-	626
Rutherford	Rutherford Regional Medical Center	94	-	-	-	-	-	-	-	94
Scotland	Scotland Memorial Hospital	291	-	-	-	92	-	-	-	383
Stanly	Atrium Health Stanly	-	-	-	-	-	-	-	-	-
Union	Atrium Health Union	332	-	-	-	123	-	-	-	455
Vance	Maria Parham Medical Center	101	-	-	-	29	-	-	-	130
Wake	Duke Raleigh Hospital	514	-	-	-	160	-	-	-	674
Wake	Rex Hospital	3,600	-	-	-	2,732	-	-	-	6,332
Wake	WakeMed	2,258	-	-	-	1,385	-	-	-	3,643
Wake	WakeMed Cary Hospital	404	-	-	-	98	-	-	-	502
Watauga	Watauga Medical Center	369	-	-	-	112	-	-	-	481
Wayne	Wayne UNC Health Care	1,064	-	-	-	303	-	-	-	1,367

Table 17A-1: Cardiac Catheterization Procedures by Facility and Type, 2020

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Wilkes	Wilkes Regional Medical Center	-	-	-	-	-	-	-	-	-
Wilson	Wilson Medical Center	121	-	-	-	19	-	-	-	140
Total		**58,305**	**522**	**451**	**-**	**27,765**	**-**	**448**	**-**	**87,491**

* Mobile unit was used only during the period that the cardiac catherization lab was being replaced.

Table 17A-2: Mobile Cardiac Catheterization Capacity and Volume

County	Service Site	Days/Week On Site	Procedure Capacity	Procedures Reported in 2020
Columbus	Columbus Regional Healthcare System	1.00	300	4
Davidson	Novant Health Thomasville Medical Center	1.00	300	108
Vance	Maria Parham Health	1.00	300	0
Brunswick	Novant Health Brunswick Medical Center	1.00	300	32
Total		**4.00**	**1,200**	**144**

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	**Facility**	**Current Inventory**	**CON Issued/ Pending Development**	**Pending Review or Appeal**	**Total Planning Inventory**	**Footnote**	**2020 Procedures (Weighted Totals)**	**Machines Required Based on 80% Utilization**	**Number of Additional Machines Required by Facility**	**Number of Additional Machines Needed by Service Area**
Alamance	Alamance Regional Medical Center	1			1	b	916	0.76	0	
	TOTAL				**1**			**1**		**0**
Buncombe/Graham/ Madison/Yancey	Mission Hospital	5			5	a	5,683	4.74	0	
	TOTAL				**5**			**5**		**0**
Burke	Carolinas HealthCare System Blue Ridge	1			1	c	624	0.52	0	
	TOTAL				**1**			**1**		**0**
Cabarrus	Atrium Health Cabarrus	2			2	b	3,388	2.82	1	
	2021 SMFP Need Determination	1			1					
	TOTAL				**3**			**3**		**0**
Caldwell	Caldwell Memorial Hospital [DLP Healthcare]	1			1	c, d	795	0.66	0	
	TOTAL				**1**			**1**		**0**
Carteret	Carteret General Hospital	1			1	c	778	0.65	0	
	TOTAL				**1**			**1**		**0**
Catawba	Catawba Valley Medical Center	1			1	b	856	0.71	0	
	Frye Regional Medical Center	4			4	b	3,787	3.16	0	
	TOTAL				**5**			**4**		**0**
Cleveland	Atrium Health Cleveland [DLP Healthcare]	1			1	c	13	0.01	0	
	TOTAL				**1**			**0**		**0**
Craven/Jones/ Pamlico	CarolinaEast Medical Center	2	1		3	b	2,132	1.78	0	
	TOTAL				**3**			**2**		**0**
Cumberland	Cape Fear Valley Medical Center	4			4	b	3,810	3.18	0	
	TOTAL				**4**			**3**		**0**
Durham/ Caswell	Duke Regional Hospital	2			2	b	1,453	1.21	0	
	Duke University Hospital	7			7	a	7,370	6.14	0	
	TOTAL				**9**			**7**		**0**
Forsyth	North Carolina Baptist Hospital	5			5	a	4,364	3.64	0	
	Novant Health Forsyth Medical Center	8			8	b	4,497	3.75	0	
	TOTAL				**13**			**7**		**0**
Gaston	CaroMont Regional Medical Center	3			3	b	2,732	2.28	0	
	TOTAL				**3**			**2**		**0**
Guilford	Cone Health	7			7	b	4,665	3.89	0	
	High Point Regional Medical Center	4			4	b	2,897	2.41	0	
	TOTAL				**11**			**6**		**0**
Halifax/ Northampton	Vidant North Hospital	1			1	c	173	0.14	0	
	TOTAL				**1**			**0**		**0**
Harnett	Betsy Johnson Hospital	1			1	c	177	0.15	0	
	TOTAL				**1**			**0**		**0**
Haywood	Haywood Regional Hospital	1			1	c	947	0.79	0	
	TOTAL				**1**			**1**		**0**
Henderson	Margaret R. Pardee Memorial Hospital [DLP Healthcare]	1	1		2	c	294	0.24	0	
	TOTAL				**2**			**0**		**0**

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	**Facility**	**Current Inventory**	**CON Issued/ Pending Development**	**Pending Review or Appeal**	**Total Planning Inventory**	**Footnote**	**2020 Procedures (Weighted Totals)**	**Machines Required Based on 80% Utilization**	**Number of Additional Machines Required by Facility**	**Number of Additional Machines Needed by Service Area**
Iredell	Davis Regional Medical Center	1			1	c	130	0.11	0	
	Iredell Memorial Hospital	1			1	c	717	0.60	0	
	Lake Norman Regional Medical Center	1			1	c	318	0.27	0	
	TOTAL				**3**			**1**		**0**
Johnston	Johnston Health	1			1	c	1,465	1.22	0	
	TOTAL				**1**			**1**		**0**
Lee	Central Carolina Hospital	1			1	c	330	0.28	0	
	TOTAL				**1**			**0**		**0**
Lenoir	UNC Lenoir Health Care	1			1	c	360	0.30	0	
	TOTAL				**1**			**0**		**0**
Mecklenburg	Atrium Health Pineville	3			3	a	2,215	1.85	0	
	Carolinas Medical Center	9			9	a	4,334	3.61	0	
	Novant Health Huntersville Medical Center	1			1	b	813	0.68	0	
	Novant Health Matthews Medical Center	1			1	c	1,833	1.53	1	
	Novant Health Presbyterian Medical Center	2			2	b	2,225	1.85	0	
	TOTAL				**16**			**10**		**0**
Moore	FirstHealth Moore Regional Hospital	6			6	b	4,511	3.76	0	
	TOTAL				**6**			**4**		**0**
Nash	Nash General Hospital	2			2	c	1,706	1.42	0	
	TOTAL				**2**			**1**		**0**
New Hanover	New Hanover Regional Medical Center	5			5	b	5,708	4.76	0	
	2021 Need Determination	1			1					
	TOTAL				**6**			**5**		**0**
Onslow	Onslow Memorial Hospital	1			1	c	14	0.01	0	
	TOTAL				**1**			**0**		**0**
Orange	UNC Hospitals	4			4	a	3,876	3.23	0	
	TOTAL				**4**			**3**		**0**
Pasquotank/ Camden/ Currituck/ Perquimans	Sentara Albemarle Medical Center	1			1	c	886	0.74	0	
	TOTAL				**1**			**1**		**0**
Pitt/Greene/ Hyde/Tyrell	Vidant Medical Center	7			7	a	4,545	3.79	0	
	TOTAL				**7**			**4**		**0**
Randolph	Randolph Hospital	1			1	c	0	0.00	0	
	TOTAL				**1**			**0**		**0**
Robeson	Southeastern Regional Medical Center	2			2	b	1,569	1.31	0	
	TOTAL				**2**			**1**		**0**
Rowan	Novant Health Rowan Medical Center	1			1	c	799	0.67	0	
	TOTAL				**1**			**1**		**0**

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	**Facility**	**Current Inventory**	**CON Issued/ Pending Development**	**Pending Review or Appeal**	**Total Planning Inventory**	**Footnote**	**2020 Procedures (Weighted Totals)**	**Machines Required Based on 80% Utilization**	**Number of Additional Machines Required by Facility**	**Number of Additional Machines Needed by Service Area**
Rutherford	Rutherford Regional Medical Center	1			1	c	94	0.08	0	
	TOTAL				**1**			**0**		**0**
Scotland	Scotland Memorial Hospital	1			1	c	452	0.38	0	
	TOTAL				**1**			**0**		**0**
Stanly	Atrium Health Stanly	1			1		0	0.00	0	
	TOTAL				**1**			**0**		**0**
Union	Atruim Health Union	1			1	c	547	0.46	0	
	TOTAL				**1**			**0**		**0**
Vance/Warren	Maria Parham Medical Center	1			1	c	152	0.13	0	
	TOTAL				**1**			**0**		**0**
Wake	Duke Raleigh Hospital [DLP Healthcare]	3			3	c	794	0.66	0	
	Rex Hospital	6			6	b	8,381	6.98	1	
	WakeMed	9			9	b	4,682	3.90	0	
	WakeMed Cary Hospital	1			1	c	576	0.48	0	
	TOTAL				**19**			**12**		**0**
Watauga	Watauga Medical Center	1			1	c	565	0.47	0	
	TOTAL				**1**			**0**		**0**
Wayne	Wayne UNC Health Care	1			1	c	1,594	1.33	0	
	TOTAL				**1**			**1**		**0**
Wilkes	Wilkes Regional Medical Center	1			1	c	0	0.00	0	
	TOTAL				**1**			**0**		**0**
Wilson	Wilson Medical Center	1			1	c	154	0.13	0	
	TOTAL				**1**			**0**		**0**
NORTH CAROLINA TOTALS		**145**	**2**	**0**	**147**		**108,692**	**89**		**0**

[a] Adult procedures plus angioplasty x 1.75 plus pediatric procedures x 2

[b] Adult procedures plus angioplasty x 1.75

[c] Adult procedures

[d] Procedures performed on mobile machine

Table 17A-4: Fixed Cardiac Catheterization Equipment Need Determination*

Service Area	Fixed Cardiac Catheterization Equipment Need Determination**	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
Mecklenburg***	1	August 15, 2022	September 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, The State Health Coordinating Council approved an adjusted need determination for one additional unit of Fixed Cardiac Catherization Equipment in Mecklenburg County.

Table 17A-5: Shared Fixed Cardiac Catheterization Equipment Need Determination*

Service Area	Shared Cardiac Catheterization Equipment Need Determination**	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
Iredell ***	1	February 15, 2022	March 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, The State Health Coordinating Council approved an adjusted need determination for one additional unit of Shared Fixed Cardiac Catherization Equipment designated for Iredell Memorial Hospital.

B. GAMMA KNIVES

Introduction

Gamma knife, as defined in G.S.131E-176(7c), means "equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery." Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. The gamma knife at North Carolina Baptist Hospital in Forsyth County (HSA II) serves the western region. This facility performed 456 procedures during the reporting year. The gamma knife at Vidant Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 212 procedures during the reporting year. Pursuant to the 2020 adjusted need determination, Carolinas Medical Center received a certificate of need (F-011898-20) to acquire a gamma knife in Mecklenburg County (HSA III).

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the State Medical Facilities Plan (SMFP). If the need determination is approved, any person may apply for a certificate of need to acquire the gamma knife.

C. LINEAR ACCELERATORS

Introduction
G.S. 131E-176 (14g) defines a ***linear accelerator*** as "a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients."

Table 17C-1 lists the facilities that have linear accelerators. Table 17C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped linear accelerators.

Data Sources
In addition to the data sources listed in the Introduction to this chapter, this methodology also obtains the July 1 estimated county population for 2021 provided by the North Carolina Office of State Budget and Management.

Definition
A linear acclerator's ***service area*** is one of the 28 multicounty groupings described in the Assumptions of the Methodology.

Assumptions of the Methodology

1. The methodology incorporates: (a) a geographic accessibility criterion, which is a population base of 120,000 as suggested by the Inter-Society Council for Radiation Oncology; (b) a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit [ESTV] procedures divided by 6,750 minus the number of present linear accelerators equals ≥ 0.25); and (c) a patient origin criterion (when a service area has 45% or more of the patients coming from outside the service area). A need determination exists when two of the three criteria are met within a service area.

2. The American College of Radiology recommends use of ESTVs because radiation treatments vary in complexity. In addition, when developing the original methodology ESTVs were recommended as part of the comments received during public hearings. Providers report procedures by Current Procedural Terminology (CPT) codes, which are converted to ESTVs *(Table 17C-3).*

3. Patient origin data from the current reporting year forms the basis for defining service areas (*Table 17C-4*). Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator. In these cases, two exceptions apply:

    a. Where patient origin data indicates a county's residents primarily use a linear accelerator that is outside their home county, the county is aligned with the county where at least 45% of its residents go for linear accelerator services.

    b. When a county with a linear accelerator has a population less than 120,000, that county is combined with an adjacent county to which the largest percentage of patients go for linear accelerator services, based on patient origin data.

4. Three principal questions must be addressed when determining whether a service area needs an additional linear accelerator:

a. Do the linear accelerators in the service area perform more than 6,750 procedures (ESTVs) per accelerator per year?

b. Is the population of the service area greater than 120,000 per accelerator?

c. Does the patient origin data show that more than 45% of the patients come from outside the service area?

Application of the Methodology
The standard methodology for determining need for linear accelerators is calculated as follows:

Criterion 1:
Step 1: Sum the 2021 population estimates for the counties that comprise each linear accelerator service area to determine the population for the service areas *(Table 17C-4)*.

Step 2: For each linear accelerator service area, sum the number of existing linear accelerators, the number of approved linear accelerators not yet operational but for which a certificate of need has been awarded, and the linear accelerator need determinations from previous years *(Table 17C-1)*.

Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied *(Table 17C-5)*.

Criterion 2:
Step 4: For each service area, use current patient origin data for the reporting year to count the number of patients served on linear accelerators located in the service area, and who reside in a county outside the service area.

Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45% of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied *(Table 17C-5)*.

Criterion 3:
Step 6: For each linear accelerator service area, sum the number of reported ESTV procedures performed on the linear accelerators located in the service area.

Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.

Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.

Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied *(Table 17C-5)*.

If any two of the above three criteria are satisfied in a linear accelerator service area, the service area has a need determination for one additional linear accelerator *(Table 17C-5)*.

Criterion 4:
Regardless of the results of Steps 1-9 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator in that county. As a result, the county becomes a separate, new linear accelerator service area.

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

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2019-9/30/2020	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	2,282	2,282
North Carolina Radiation Therapy Management Services - Franklin	1	Macon	1	2,043	2,043
Mission Hospital - Mission Cancer Center	2	Buncombe	3	17,429	5,810
North Carolina Radiation Therapy Management Services - Asheville	2	Buncombe	2	6,571	3,286
North Carolina Radiation Therapy Management Services -Weaverville	2	Buncombe	1	2,823	2,823
North Carolina Radiation Therapy Management Services - Clyde	2	Haywood	1	5,256	5,256
North Carolina Radiation Therapy Management Services - Marion	2	McDowell	1	4,241	4,241
Watauga Medical Center	3	Watauga	1	3,339	3,339
Margaret R. Pardee Memorial Hospital	4	Henderson	1	5,102	5,102
North Carolina Radiation Therapy Management Services - Hendersonville	4	Henderson	1	2,836	2,836
North Carolina Radiation Therapy Management - Brevard	4	Transylvania	1	2,325	2,325
Carolinas Healthcare System Blue Ridge	5	Burke	2	6,916	3,458
Caldwell Memorial Hospital	5	Caldwell	1	3,207	3,207
Catawba Valley Medical Center	5	Catawba	2	11,758	5,879
Frye Regional Medical Center	5	Catawba	1	2,742	2,742
Atrium Health Cleveland	6	Cleveland	1	7,253	7,253
CaroMont Regional Medical Center*	6	Gaston	3	19,678	6,559
North Carolina Radiation Therapy Management Services - Forest City	6	Rutherford	1	3,939	3,939
Atrium Health Pineville	7	Mecklenburg	1	11,170	11,170
Atrium Health University City	7	Mecklenburg	1	8,166	8,166
Carolinas Medical Center	7	Mecklenburg	3	19,170	6,390
Matthews Radiation Oncology Center	7	Mecklenburg	2	10,249	5,124
Novant Health Huntersville Medical Center	7	Mecklenburg	1	8,227	8,227
Novant Health Presbyterian Medical Center	7	Mecklenburg	2	11,457	5,729
Atrium Health Union	7	Union	1	7,811	7,811
Iredell Memorial Hospital	8	Iredell	2	6,245	3,123
Lake Norman Radiation Oncology	8	Iredell	1	6,937	6,937
Novant Health Rowan Medical Center	8	Rowan	1	6,139	6,139
Atrium Health Cabarrus	9	Cabarrus	3	13,540	4,513
Atrium Health Stanly	9	Stanly	1	2,917	2,917
North Carolina Baptist Hospital	10	Forsyth	4	22,760	5,690
Novant Health Forsyth Medical Center	10	Forsyth	5	27,021	5,404
Hugh Chatham Memorial Hospital	10	Surry	1	4,508	4,508
Lexington Medical Center	11	Davidson	1	3,820	3,820
Cone Health	12	Guilford	4	27,711	6,928

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2019-9/30/2020	Average Number of Procedures per Unit
High Point Regional Health	12	Guilford	2	10,360	5,180
UNC Rockingham Health Care	12	Rockingham	1	6,254	6,254
Randolph Hospital	13	Randolph	1	3,270	3,270
University of North Carolina Hospitals	14	Orange	6	40,380	6,730
Alamance Regional Medical Center	15	Alamance	2	9,556	4,778
Duke Regional Hospital	16	Durham	1	4,266	4,266
Duke University Hospital	16	Durham	8	36,819	4,602
Maria Parham Medical Center	16	Vance	1	3,943	3,943
FirstHealth Moore Regional Hospital	17	Moore	2	15,885	7,942
Scotland Memorial Hospital	17	Scotland	1	3,599	3,599
Cape Fear Valley Medical Center	18	Cumberland	5	17,916	3,583
Southeastern Regional Medical Center***	18	Robeson	2	8,475	4,237
North Carolina Radiation Therapy Management Services - Clinton	18	Sampson	1	3,303	3,303
2021 Need Determination	19	New Hanover	1	0	0
New Hanover Regional Medical Center**	19	New Hanover	4	32,530	8,132
Franklin County Cancer Center	20	Franklin	1	0	0
Duke Raleigh Hospital	20	Wake	4	19,985	4,996
Rex Hospital	20	Wake	4	22,858	5,714
UNC Hospital Radiation Oncology -Holly Springs	20	Wake	1	0	0
UNC Rex Cancer Care of East Raleigh	20	Wake	1	3,443	3,443
Central Harnett Hospital	21	Harnett	1	0	0
Johnston Radiation Oncology	22	Johnston	1	6,708	6,708
Smithfield Radiation Oncology	22	Johnston	1	3,561	3,561
UNC Lenoir HealthCare	23	Lenoir	1	6,353	6,353
North Carolina Radiation Therapy Management Services - Goldsboro	23	Wayne	1	4,860	4,860
Carteret General Hospital	24	Carteret	1	6,870	6,870
CarolinaEast Medical Center	24	Craven	2	9,650	4,825
Onslow Radiation Oncology, LLC	25	Onslow	1	5,195	5,195
North Carolina Radiation Therapy Management Services - Roanoke Rapids	26	Halifax	1	2,373	2,373
Nash General Hospital	26	Nash	2	9,094	4,547
Wilson Medical Center	26	Wilson	1	1,721	1,721
Vidant Beaufort Hospital	27	Beaufort	1	4,089	4,089
Vidant Roanoke-Chowan Hospital	27	Hertford	1	2,297	2,297
North Carolina Radiation Therapy Management Services - Greenville	27	Pitt	4	22,576	5,644
The Outer Banks Hospital, Inc.	28	Dare	1	2,561	2,561
Sentara Albemarle Medical Center	28	Pasquotank	1	4,964	4,964

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2019-9/30/2020	Average Number of Procedures per Unit
Totals (71 Facilities)			**129**	**643,289**	**4,987**

* CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County.

** New Hanover Regional Medical Center has three linear accelerators in New Hanover County and one linear accelerator in Brunswick County.

*** Southeastern Regional Medical Center received conditional approval for second linear accelerator. N-011697-19

Table 17C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	192
Buncombe	Mission Health	728
Buncombe	North Carolina Radiation Therapy Management Services - Asheville	123
Buncombe	North Carolina Radiation Therapy Management Services - Weaverville	29
Cabarrus	Atrium Cabarrus	386
Carteret	Carteret General Hospital	211
Catawba	Catawba Valley Medical Center	319
Catawba	Frye Regional Medical Center	117
Cumberland	Cape Fear Valley Medical Center	255
Craven	CarolinaEast Health System	204
Durham	Duke Regional Hospital	42
Durham	Duke University Hospital	2,029
Forsyth	North Carolina Baptist Hospital	500
Forsyth	Novant Health Forsyth Medical Center	273
Franklin	North Carolina Radiation Therapy Management Services-Franklin	-
Gaston	CaroMont Regional Medical Center	193
Guilford	Cone Health	656
Guilford	High Point Regional Health	169
Haywood	North Carolina Radiation Therapy Management Services - Clyde	37
Henderson	North Carolina Radiation Therapy Management Services - Hendersonville	-
Henderson	Margaret R. Pardee Memorial Hospital	38
Iredell	Iredell Memorial Hospital	65
Lenoir	UNC Lenoir Health Care	117
McDowell	North Carolina Radiation Therapy Management Services - Marion	55
Mecklenburg	Atrium Health University City	78
Mecklenburg	Carolinas Medical Center	757
Mecklenburg	Novant Health Huntersville Medical Center	188
Mecklenburg	Novant Health Presbyterian Medical Center	517
Moore	FirstHealth Moore Regional Hospital	454
New Hanover	New Hanover Regional Medical Center	901
Orange	University of North Carolina Hospitals	1,444
Pitt	North Carolina Radiation Therapy Management Services - Greenville	802
Robeson	Southeastern Regional Medical Center	40
Rutherford	North Carolina Radiation Therapy Management Services - Forest City	39
Scotland	Scotland Memorial Hospital	37
Transylvania	North Carolina Radiation Therapy Management Services - Brevard	-
Union	Atrium Health Union	-
Wake	Duke Raleigh Hospital	464
Wake	Rex Hospital	433
Wayne	North Carolina Radiation Therapy Management Services - Goldsboro	-
Wilson	Wilson Medical Center	30
Total		**12,922**

Table 17C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
Simple Treatment Delivery		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
Other CPT Codes		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 17C-4: Linear Accelerator Service Areas

Area	County	2021 Total Population
1	Cherokee	29,739
1	Clay	11,834
1	Graham	8,585
1	Jackson	44,572
1	Macon	37,393
1	Swain	14,468
	Total	**146,591**
2	Buncombe	265,351
2	Haywood	63,687
2	Madison	22,556
2	McDowell	46,496
2	Mitchell	15,031
2	Yancey	19,077
	Total	**432,198**
3	Ashe	28,125
3	Avery	18,175
3	Watauga	56,776
	Total	**103,076**
4	Henderson	119,315
4	Polk	21,999
4	Transylvania	35,649
	Total	**176,963**
5	Alexander	38,569
5	Burke	91,538
5	Caldwell	84,512
5	Catawba	161,351
	Total	**375,970**
6	Cleveland	101,133
6	Gaston	224,738
6	Lincoln	90,046
6	Rutherford	69,168
	Total	**485,085**
7	Anson	23,755
7	Mecklenburg	1,138,138
7	Union	241,576
	Total	**1,403,469**
8	Iredell	185,011
8	Rowan	142,902
	Total	**327,913**
9	Cabarrus	219,830
9	Stanly	64,841
	Total	**284,671**
10	Alleghany	11,587
10	Davie	44,160
10	Forsyth	382,388
10	Stokes	46,573
10	Surry	73,394
10	Wilkes	70,272
10	Yadkin	38,039
	Total	**666,413**

Table 17C-4: Linear Accelerator Service Areas

Area	County	2021 Total Population
11	Davidson	171,014
	Total	**171,014**
12	Guilford	539,491
12	Rockingham	91,634
	Total	**631,125**
13	Randolph	145,480
	Total	**145,480**
14	Chatham	78,199
14	Orange	148,828
	Total	**227,027**
15	Alamance	171,649
15	Caswell	23,371
	Total	**195,020**
16	Durham	324,586
16	Granville	62,040
16	Person	40,450
16	Vance	45,323
16	Warren	19,542
	Total	**491,941**
17	Hoke	54,876
17	Lee	61,880
17	Montgomery	27,693
17	Moore	104,130
17	Richmond	44,777
17	Scotland	35,604
	Total	**328,960**
18	Bladen	34,255
18	Cumberland	333,323
18	Robeson	130,713
18	Sampson	63,904
	Total	**562,195**
19	Brunswick	150,889
19	Columbus	55,600
19	New Hanover	237,448
19	Pender	64,524
	Total	**508,461**
20	Franklin	72,032
20	Wake	1,117,556
	Total	**1,189,588**
21	Harnett	138,043
	Total	**138,043**
22	Johnston	216,670
	Total	**216,670**
23	Duplin	60,146
23	Lenoir	56,602
23	Wayne	126,396
	Total	**243,144**

Table 17C-4: Linear Accelerator Service Areas

Area	County	2021 Total Population
24	Carteret	71,536
24	Craven	102,663
24	Jones	10,031
24	Pamlico	13,239
	Total	**197,469**
25	Onslow	211,881
	Total	**211,881**
26	Edgecombe	51,475
26	Halifax	50,387
26	Nash	96,907
26	Northampton	19,716
26	Wilson	83,893
	Total	**302,378**
27	Beaufort	47,213
27	Bertie	19,315
27	Greene	20,874
27	Hertford	23,544
27	Hyde	5,079
27	Martin	22,704
27	Pitt	184,842
27	Washington	11,923
	Total	**335,494**
28	Camden	10,553
28	Chowan	14,034
28	Currituck	28,336
28	Dare	38,321
28	Gates	11,834
28	Pasquotank	39,814
28	Perquimans	13,839
28	Tyrrell	3,747
	Total	**160,478**

Table 17C-5: Linear Accelerator Service Areas and Calculations

Service Area	2021 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2019-2020 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	146,591	2	73,296	6.78%	4,325	2,163	-1.36	
Area 2	432,198	8	54,025	22.77%	36,320	4,540	-2.62	
Area 3	103,076	1	103,076	15.25%	3,339	3,339	-0.51	
Area 4	176,963	3	58,988	17.00%	10,263	3,421	-1.48	
Area 5	375,970	6	62,662	6.84%	24,622	4,104	-2.35	
Area 6	485,085	5	97,017	8.19%	30,869	6,174	-0.43	
Area 7*	1,403,469	11	127,588	21.31%	76,249	6,932	0.30	1
Area 8	327,913	4	81,978	23.76%	19,320	4,830	-1.14	
Area 9	284,671	4	71,168	26.06%	16,457	4,114	-1.56	
Area 10	666,413	10	66,641	27.81%	54,288	5,429	-1.96	
Area 11*	171,014	1	171,014	10.71%	3,820	3,820	-0.43	
Area 12	631,125	7	90,161	22.16%	44,324	6,332	-0.43	
Area 13*	145,480	1	145,480	5.44%	3,270	3,270	-0.52	
Area 14**	227,027	6	37,838	71.62%	40,380	6,730	-0.02	
Area 15	195,020	2	97,510	15.71%	9,556	4,778	-0.58	
Area 16**	491,941	10	49,194	63.65%	45,027	4,503	-3.33	
Area 17	328,960	3	109,653	25.11%	19,483	6,494	-0.11	
Area 18	562,195	8	70,274	17.64%	29,694	3,712	-3.60	
Area 19	508,461	5	101,692	12.51%	32,530	6,506	-0.18	
Area 20	1,189,588	11	108,144	14.79%	46,285	4,208	-4.14	
Area 21*	138,043	1	138,043	0	0	0	-1	
Area 22	216,670	2	108,335	40.24%	10,269	5,135	-0.48	
Area 23*	243,144	2	121,572	11.13%	11,213	5,606	-0.34	
Area 24	197,469	3	65,823	15.13%	16,520	5,507	-0.55	
Area 25*	211,881	1	211,881	9.83%	5,195	5,195	-0.23	
Area 26	302,378	4	75,595	5.18%	13,188	3,297	-2.05	
Area 27	335,494	6	55,916	33.03%	28,962	4,827	-1.71	
Area 28	160,478	2	80,239	4.32%	7,525	3,763	-0.89	
Totals	**10,658,717**	**129**	**82,626**		**643,289**	**4,987**	**-34.70**	**1**

* Service Area has at least 120,000 base population per accelerator.

** Area has more than 45% of its patients coming from outside the service areas.

Table 17C-6: Linear Accelerators Need Determination*

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Service Area 7	1	August 15, 2022	September 1, 2022
Service Area 24***	1	April 18, 2022	May 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, The State Health Coordinating Council approved an adjusted need determination for one Linear Accelerator in Service Area 24, designated for Carteret County.

D. LITHOTRIPTORS

Introduction
A ***lithotriptor***, according to G.S. 131E-176(14i), means "extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones." Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

Data Sources
In addition to the standard data sources listed in the Introduction to this chapter, this methodology also obtains the July 1 estimated population data from the North Carolina Office of State Budget and Management. The data is for the current SMFP publication year, which is two years beyond the current reporting year.

Definition
A lithotriptor's service area is statewide. A ***statewide*** service area is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated[1]. Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.

2. The annual treatment capacity of a lithotriptor is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

Application of the Methodology

Step 1: Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.

Step 2: Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.

Step 3: Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotriptor. A remainder of 0.50 or greater rounds to the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number.

[1] Pahiri, J.J. & Razack, A.A. (2001) "Chapter 9: Nephrolithiasis." In *Clinical Manual of Urology*, 3rd edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

Step 4: Sum the number of existing lithotriptors in the state *(Table 17D-1)*, lithotriptors not yet operational but for which a certificate of need has been issued, and lithotriptor need determinations from previous years for which a certificate of need has yet to be issued.

Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotriptors needed in the state *(Table 17D-2)*.

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

Table 17D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Carolina Lithotripsy	2	Eastern NC	Carolina East Medical Center	New Bern	NC	53
			Carteret General Hospital	Morehead City	NC	29
			FirstHealth Moore Regional Hospital	Pinehurst	NC	223
			Halifax Regional Medical Center	Roanoke Rapids	NC	33
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	55
			Johnston Medical Center	Smithfield	NC	42
			Lenoir Memorial Hospital	Kinston	NC	30
			New Hanover Regional Med Center	Wilmington	NC	111
			Novant Brunswick Medical Center	Bolivia	NC	53
			Rex Surgery Center of Cary	Cary	NC	68
			Scotland Memorial Hospital	Laurinburg	NC	93
			Southeastern Regional Med Center	Lumberton	NC	3
			Vidant Beaufort Hospital	Washington	NC	9
			Vidant Pitt Medical Center	Greenville	NC	169
			WakeMed (Raleigh Campus)	Raleigh	NC	81
			Wayne Memorial Hospital	Goldsboro	NC	20
			Wilson Medical Center	Wilson	NC	12
Total Procedures						**1,084**
Average Procedures per Lithotriptor						**542**
Catawba Valley Medical Center	1	Western and Central NC	Catawba Valley Medical Center	Hickory	NC	281
Total Procedures						**281**
Average Procedures per Lithotriptor						**281**

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Fayetteville Lithotriptors - SC II	1	Western NC	Advent Healthcare (Park Ridge Hospital)	Hendersonville	NC	53
			Charles George VA Medical Center	Asheville	NC	4
			Frye Regional Medical Center	Hickory	NC	13
			Harris Regional Medical Center	Sylva	NC	57
			Haywood Regional Medical Center	Clyde	NC	96
			Margaret Pardee Hospital	Hendersonville	NC	56
			Rutherford Regional Medical Center	Rutherfordton	NC	28
			St Luke's Hospital	Columbus	NC	24
			Transylvania Community Hospital	Brevard	NC	28
Total Procedures						**359**
Average Procedures per Lithotriptor						**359**
Fayetteville Lithotriptors - VA I	1	Eastern NC	Sentara Albermarle Hospital	Elizabeth City	NC	2
			Vidant Chowan Hospital	Edenton	NC	21
		Other Locations	Bon Secours Mercy Petersburg	Petersburg	VA	73
			Mary Immaculate Hospital	Newport News	VA	59
			Mary Washington Hospital	Fredericksburg	VA	225
			Riverside Doctors Surgical	Williamsburg	VA	37
			Southside Community Hospital	Farmville	VA	18
			Spotsylvania Regional Medical Center	Fredericksburg	VA	9
			Strafford Regional Hospital	Stafford	VA	30
Total Procedures						**474**
Average Procedures per Lithotriptor						**474**

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Piedmont Stone Center	5	Western and Central NC	Alamance Regional Medical Center	Burlington	NC	156
			Appalachain Regional Healthcare System (Watauga Medical Center)	Boone	NC	134
			Blue Ridge Healthcare Hospital-Valdese	Valdese	NC	76
			Caldwell UNC Health Care	Lenoir	NC	61
			Carolinas Healthcare Blue Ridge-Morganton	Morganton	NC	90
			Cone Health Wesley Long Hospital	Greensboro	NC	367
			Northern Regional Hospital	Mount Airy	NC	45
			Novant Health Rowan Medical Center	Salisbury	NC	110
			Novant Health Thomasville Medical Center	Thomasville	NC	34
			Piedmont Stone Center, PLLC	Winston-Salem	NC	596
			Randolph Hospital	Asheboro	NC	126
			Wake Forest Baptist Health (Wilkes Regional Medical Center)	North Wilkesboro	NC	75
			Wake Forest Baptist Health (High Point Medical Center)	High Point	NC	453
			Wake Forest Baptist Medical Center	Winston-Salem	NC	21
		Other Locations	Carilion New River Valley Medical Center	Christiansburg	VA	64
Total Procedures						**2,408**
Average Procedures per Lithotriptor						**482**

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Stone Institute of the Carolinas	2	Western and Central NC	Atrium Health Cabarrus	Concord	NC	126
			Atrium Health Mercy	Charlotte	NC	82
			Atrium Health Pineville	Charlotte	NC	345
			Atrium Health Union	Monroe	NC	161
			Atrium Health University Center	Charlotte	NC	207
			Cleveland Regional Medical Center	Shelby	NC	143
			Gaston Memorial Hospital	Gastonia	NC	265
			Lake Norman Regional Medical Center	Mooresville	NC	138
			Novant Health Matthews Medical Center	Matthews	NC	102
			Novant Health Presbyterian Medical Center	Charlotte	NC	193
Total Procedures						**1,762**
Average Procedures per Lithotriptor						**881**

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Triangle Lithotripsy Corporation	1	East Central NC	Durham Ambulatory Surgery Center	Durham	NC	72
			North Carolina Specialty Hospital	Durham	NC	63
			Nash Day	Rocky Mount	NC	77
			Rex Hospital	Raleigh	NC	222
			Rex Surgery Center	Cary	NC	92
			Wake Medical	Raleigh	NC	187
			Wayne Memorial Hospital	Goldsboro	NC	39
Total Procedures						**752**
Average Procedures per Lithotriptor						**752**

FIXED LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Mission Hospital	1		Mission Hospital	Asheville	NC	148
Total Procedures						**148**
Average Procedures per Lithotriptor						**148**

Table 17D-2: Mobile and Fixed Lithotripsy

Total Procedures Reported	Units Reported	Average Procedures Per Unit
7,268	14	519

Table 17D-3: Lithotriptor Need Determination

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

E. MAGNETIC RESONANCE IMAGING SCANNERS

Introduction

G.S. 131E-176 (14m) defines a ***magnetic resonance imaging (MRI) scanner*** as "medical imaging equipment that uses nuclear magnetic resonance." The methodology designates MRI scanners as either fixed or mobile. A ***mobile*** MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A ***fixed*** MRI scanner means an MRI scanner that is not a mobile MRI scanner.

Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable CPT code associated with the MRI procedure. For example, an MRI brain scan with and without contrast is a single procedure with a single CPT code.

2. A fixed MRI scanner's ***service area*** is the same as an Acute Care Bed Service Area as defined in Chapter 5 and shown in Figure 5.1.

3. A placeholder of one MRI scanner appears in the inventory in Table 17E-1 for each new fixed MRI scanner for which a certificate of need has been issued.

4. The inventory shall exclude; MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project *(Table 17E-2*).

5. Intraoperative Magnetic Resonance Imaging Scanners (iMRI), approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Hospitals shall report intraoperative procedures and inpatient procedures performed on an iMRI separately (*Table 17E-2*). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or sedation. The methodology for determining need is based on fixed and mobile procedures performed at hospitals, fixed procedures performed at freestanding facilities, and procedures performed on mobile MRI scanners at mobile sites.

   The tiers are based on the assumption that the time necessary to complete one MRI procedure (an outpatient procedure without contrast or sedation) is 30 minutes, or an average throughput of two procedures per hour on an MRI scanner. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,864 procedures annually, at 30 minutes per procedure (66 x 52 x 2 = 6,864). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed one MRI scanner per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.

8. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant's ownership and control. It is consistent with the purposes of the Certificate of Need law and the SMFP for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility's own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

Application of the Methodology

Use the following table to obtain the appropriate planning threshold, based on the number of fixed scanners in the service area. Multiply 6,864 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed scanners in the service area (e.g., for facilities with four or more MRIs, multiply 6,864 by 70% to obtain the Inpatient and Contrast Adjusted Threshold of 4,805).

Number of Fixed Scanners in Service Area	Planning Threshold	Inpatient and Contrast Adjusted Thresholds
4 and over	70.0%	4,805
3	65.0%	4,462
2	60.0%	4,118
1	55.0%	3,775
0	25.0%	1,716

The following shows the weighting values to be assigned based on the complexity of the procedure type. Weights of 0.4 add 12 minutes to the standard 30-minute procedure time.

Procedure Type	Base Weight	Inpatient Weight	Contrast Weight	Procedure Time in Minutes
Outpatient - No Contrast/Sedation	1.0	0.0	0.0	30
Outpatient - with Contrast/Sedation	1.0	0.0	0.4	42
Inpatient - No Contrast/Sedation	1.0	0.4	0.0	42
Inpatient - with Contrast/Sedation	1.0	0.4	0.4	54

The standard methodology used to determine need for fixed MRI scanners is as follows, with results presented in Table 17E-1:

Step 1: List the number of clinical fixed and mobile MRI scanners in each MRI service area by site to include: existing fixed or mobile MRI scanners in operation, approved fixed or mobile MRI scanners for which a certificate of need was issued but is pending development, and prior need determinations for which no certificate of need has yet been issued. The total is the number of fixed magnets in each service area *(Column E)*.

Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows *(Column F)*:

a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;

b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table

17E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.

c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one; and

Step 3: Sum the number of fixed equivalent magnets for each MRI service area *(Column F)*.

Step 4: Determine the total number of MRI procedures performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally between the service areas *(Column G)*.

Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., inpatient, outpatient, with contrast or sedation, without contrast or sedation; *Columns H-K)*.

Step 6: For each site, multiply the number of inpatient procedures by 0.40 to calculate the inpatient adjustment.

Step 7: For each site, multiply the number of contrast or sedation procedures by 0.40 to calculate the contrast adjustment.

Step 8: For each site, sum the total number of procedures performed (Step 4), the inpatient adjustment (Step 6), and the contrast adjustment (Step 7) to calculate the total number of adjusted MRI procedures for each site *(Column L)*.

Step 9: For each service area, sum the number of adjusted total procedures for all sites in the service area *(Column L)*.

Step 10: Calculate the average number of adjusted total procedures per MRI scanner in the service area by dividing the adjusted total procedures for the service area (Step 9) by the sum of fixed equivalent magnets in the service area (Step 3; *Column M)*. If the number of fixed equivalent scanners *(Column F)* is less than one, then no calculation is performed. The adjusted total number of procedures *(Column L)* is carried over for the calculation in Column M.

Step 11: Apply the MRI Tiered Planning Threshold (see Assumptions of the Methodology) for the service area based on the number of existing, approved and pending fixed MRI scanners in the service area as identified in Step 1 *(Column N).*

Step 12: In each service area, compare the average procedures per fixed equivalent magnet (Step 10) with the threshold for the service area (Step 11). If the average procedure per magnet is greater than or equal to the service area threshold, the service area has a need determination for one additional fixed MRI scanner *(Column O)*.

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

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile MRI scanner.

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	7,366	3,887	1,885	1,145	449	8,937			
Alamance	Freestanding Fixed	G-011999-20	DRI Burlington (Diagnostic Radiology & Imaging, LLC)	1	1.00	0	0	0	0	0	0			
Alamance	Mobile		Alamance Regional Outpatient Imaging Center	0	0.05	202	141	61	0	0	226			
Alamance	Mobile	J-008453-09	EmergeOrtho	0	0.17	742	727	15	0	0	748			
Alamance	Mobile		MedCenter - Mebane	0	0.14	612	427	185	0	0	686			
Alamance	Mobile	G-007038-04 for first 2 weeks then Legacy unit when it was exchanged with ESP66	UNC Burlington (Alliance HealthCare Services)	0	0.00	5	5	0	0	0	5			
Alamance	Mobile	Legacy	UNC Burlington (Alliance HealthCare Services)	0	0.02	90	56	34	0	0	104			
Alamance				**3**	**3.38**	**9,017**					**10,706**	**3,168**	**4,462**	**0**
			No Service Site											
Alexander													**1,716**	**0**
			No Service Site											
Alleghany													**1,716**	**0**
Anson	Mobile	F-007040-04	Atrium Health-Anson (Carolinas Imaging Services, LLC)	0	0.06	95	74	19	2	0	103			
Anson				**0**	**0.06**	**95**					**103**	**103**	**1,716**	**0**
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital, Inc.	1	1.00	602	516	30	55	1	637			
Ashe				**1**	**1.00**	**602**					**637**	**637**	**3,775**	**0**
			No Service Site											
Avery													**1,716**	**0**
Beaufort	Hospital Fixed	Q-005992-99	Vidant Beaufort Hospital	1	1.00	1,898	1,064	488	207	139	2,287			
Beaufort				**1**	**1.00**	**1,898**					**2,287**	**2,287**	**3,775**	**0**
			No Service Site											
Bertie													**1,716**	**0**
Bladen	Mobile	M-006605-02	Bladen Healthcare, LLC (Mobile Imaging of North Carolina, LLC)	0	0.17	290	234	56	0	0	312			
Bladen	Mobile		Cape Fear Valley-Bladen County Hospital	0	0.16	278	228	35	15	0	298			
Bladen				**0**	**0.33**	**568**					**610**	**610**	**1,716**	**0**
Brunswick	Hospital Fixed	O-011125-16	J. Arthur Dosher Memorial Hospital	1	1.00	1,435	1,010	404	11	10	1,609			
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center	1	1.00	3,842	2,111	1,330	241	160	4,598			
Brunswick	Mobile	Legacy	EmergeOrtho Shallotte (Insight Imaging)	0	0.28	1,143	1,191	48	0	0	1,258			
Brunswick	Mobile	O-007001-04	New Hanover Regional-Brunswick (Alliance HealthCare Services)	0	0.08	310	308	302	0	0	731			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Brunswick	Mobile	O-006434-01	Novant Health Imaging South Brunswick (Cape Fear Diagnostic Imaging, LLC)	0	0.08	310	310	0	0	0	310			
Brunswick				**2**	**2.44**	**7,040**					**8,506**	**3,486**	**4,118**	**0**
Buncombe	Hospital Fixed		Mission Childrens	1	1.00	1,285	638	647	0	0	1,544			
Buncombe	Hospital Fixed		Mission Hospital - Carolina Spine & Neurosurgery	1	1.00	2,222	1,034	1,188	0	0	2,697			
Buncombe	Hospital Fixed	B-006869-03; B-008459-10	Mission Hospital - Main	2	2.00	7,102	1,138	1,279	2,307	2,378	10,439			
Buncombe	Hospital Fixed	B-006215-00	Mission Hospital - St. Joseph Campus	1	1.00	233	18	171	20	24	329			
Buncombe	Hospital Fixed	B-0012035-21	Mission Imaging Services Asheville	1	1.00	0	0	0	0	0	0			
Buncombe	Freestanding Fixed	Legacy	EmergeOrtho-Blue Ridge Division (Insight Imaging)	1	1.00	2,863	0	0	2,808	55	4,030			
Buncombe	Freestanding Fixed	B-004178-90	Mission Imaging Services (MH Mission Imaging, LLLP)	1	1.00	5,532	2,636	2,896	0	0	6,690			
Buncombe	Freestanding Fixed	B-006646-01	Mission Imaging Services (MH Mission Imaging, LLLP)	1	1.00	4,846	1,894	2,952	0	0	6,027			
Buncombe	Freestanding Fixed	B-006440-01	Open MRI of Asheville (Asheville Open MRI, LLC)	1	1.00	4,944	3,344	1,600	0	0	5,584			
Buncombe	Freestanding Fixed	B-005492-96	Open MRI of Asheville (Asheville Open MRI, LLC)	1	1.00	5,320	4,162	1,158	0	0	5,783			
Buncombe	Mobile	Legacy	Margaret Pardee Hospital (Alliance HealthCare Services)	0	0.04	211	211	0	0	0	211			
Buncombe	Mobile	Legacy	Pardee Hospital (Alliance HealthCare Services)	0	0.03	165	165	0	0	0	165			
Buncombe	Mobile	G-007038-04 for first 2 weeks then Legacy unit when it was exchanged with ESP66	Pardee Hospital Ortho (Alliance HealthCare Services)	0	0.00	18	18	0	0	0	18			
Buncombe/Graham/Madison/Yancey				**11**	**11.07**	**34,741**					**43,517**	**3,931**	**4,805**	**0**
Burke	Hospital Fixed	E-006961-03; E-007203-05	Carolinas Healthcare System Blue Ridge - Main	1	1.00	3,191	1,369	794	782	246	4,018			
Burke	Hospital Fixed		Carolinas Healthcare System Blue Ridge - Valdese	1	1.00	1,050	689	361	0	0	1,194			
Burke	Mobile	E-007066-04	Blue Ridge Radiology- Hickory (Blue Ridge Radiology)	0	0.46	1,895	1,416	479	0	0	2,087			
Burke	Mobile	E-008230-80	EmergeOrtho-Morganton (EmergeOrtho, PA)	0	0.37	1,537	1,457	80	0	0	1,569			
Burke				**2**	**2.83**	**7,673**					**8,868**	**3,134**	**4,118**	**0**
Cabarrus	Hospital Fixed		Atrium Health Cabarrus	1	1.00	729	484	245	0	0	827			
Cabarrus	Hospital Fixed		Atrium Health Cabarrus - Copperfield Imaging Center	2	2.00	6,167	3,467	2,700	0	0	7,247			
Cabarrus	Hospital Fixed	F-005933-98; F-006629-02; F-007086-04	Atrium Health Cabarrus-Main	2	2.00	8,752	1,916	1,846	3,331	1,659	12,150			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Cabarrus	Freestanding Fixed	F-007859	Carolinas HealthCare System Imaging-Kannapolis (Union Medical Services, LLC)	1	1.00	1,512	1,204	308	0	0	1,635			
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus (Novant Health Imaging Cabarrus formerly Cabarrus Diagnostic Imaging, LLC)	1	1.00	1,700	1,345	355	0	0	1,842			
Cabarrus	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services)	0	0.23	1,089	959	130	0	0	1,141			
Cabarrus	Mobile	Legacy	OrthoCarolina, PA (Alliance Healthcare Services)	0	0.40	1,924	1,790	134	0	0	1,978			
Cabarrus				**7**	**7.63**	**21,873**					**26,820**	**3,515**	**4,805**	**0**
Caldwell	Hospital Fixed		Caldwell Memorial Hospital	1	1.00	2,049	1,186	452	315	96	2,433			
Caldwell	Mobile	E-008230-80	EmergeOrtho-Lenoir (EmergeOrtho, PA)	0	0.36	1,377	1,279	98	0	0	1,416			
Caldwell				**1**	**1.36**	**3,426**					**3,849**	**2,830**	**3,775**	**0**
Carteret	Hospital Fixed	P-005282-95	Carteret General Hospital	1	1.00	3,208	1,529	1,142	322	215	3,966			
Carteret	Freestanding Fixed	P-008049-03	Seashore Imaging, LLC	1	1.00	2,115	1,670	445	0	0	2,293			
Carteret	Mobile	O-006434-01	Carolina Center for Surgery (Cape Fear Diagnostic Imaging, LLC)	0	0.19	795	795	0	0	0	795			
Carteret	Mobile	O-006434-01	Moore Orthopedics & Sports Medicine (Cape Fear Diagnostic Imaging, LLC)	0	0.07	299	299	0	0	0	299			
Carteret				**2**	**2.26**	**6,417**					**7,353**	**3,253**	**4,118**	**0**
Catawba	Hospital Fixed		Catawba Valley Medical Center - Imaging Center	1	1.00	2,745	1,437	1,308	0	0	3,268			
Catawba	Hospital Fixed		Catawba Valley Medical Center - Main	1	1.00	3,011	981	892	716	422	3,992			
Catawba	Hospital Fixed		Frye Regional Medical Center - Tate Campus	1	1.00	2,078	1,487	591	0	0	2,314			
Catawba	Hospital Fixed		Frye Regional Medical Center- Main	1	1.00	2,462	791	620	614	437	3,305			
Catawba	Mobile	E-008230-80	EmergeOrtho-Hickory (EmergeOrtho, PA)	0	0.38	1,818	1,574	244	0	0	1,916			
Catawba	Mobile	E-008230-80	EmergeOrtho-Newton (EmergeOrtho, PA)	0	0.07	326	284	42	0	0	343			
Catawba	Mobile		Frye Regional Medical Center - Tate Campus	0	0.32	1,516	839	677	0	0	1,787			
Catawba	Mobile	G-007065-04	Novant Health Hickory (Forsyth Medical Hospital)	0	0.01	67	33	34	0	0	81			
Catawba	Mobile	G-006271-00	OrthoCarolina Hickory Orthopaedic Center (Alliance HealthCare Services)	0	0.58	2,810	2,535	275	0	0	2,920			
Catawba				**4**	**5.36**	**16,833**					**19,925**	**3,717**	**4,805**	**0**
Chatham	Mobile	Legacy	Chatham Hospital (Alliance HealthCare Services)	0	0.13	220	131	80	4	5	258			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Chatham	Mobile	G-007038-04	Chatham Hospital (Alliance HealthCare Sevices)	0	0.25	423	244	161	6	12	499			
Chatham				**0**	**0.38**	**643**					**757**	**757**	**1,716**	**0**
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	1,941	1,313	566	47	15	2,198			
Cherokee/Clay				**1**	**1.00**	**1,941**					**2,198**	**2,198**	**3,775**	**0**
Chowan	Hospital Fixed	R-008168-08	Vidant Chowan Hospital	1	1.00	1,826	1,217	498	55	56	2,092			
Chowan				**1**	**1.00**	**1,826**					**2,092**	**2,092**	**3,775**	**0**
Cleveland	Hospital Fixed	C-005725-97	Atrium Health Cleveland	1	1.00	4,622	1,917	1,240	996	469	5,892			
Cleveland	Hospital Fixed		Cleveland Advanced Imaging Center	1	1.00	1,346	611	588	102	45	1,658			
Cleveland	Mobile	Legacy	OrthoCarolina-(Miller Orthopedic-Shelby) (Alliance Healthcare Services)	0	0.19	803	803	0	0	0	803			
Cleveland				**2**	**2.19**	**6,771**					**8,353**	**3,814**	**4,118**	**0**
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,103	1,224	431	278	170	2,523			
Columbus				**1**	**1.00**	**2,103**					**2,523**	**2,523**	**3,775**	**0**
Craven	Hospital Fixed		CarolinaEast Medical Center	2	2.00	6,454	3,059	1,854	1,169	372	7,961			
Craven	Freestanding Fixed	P-006764-03	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	2,970	2,405	565	0	0	3,196			
Craven	Freestanding Fixed	P-008108-08	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	3,659	2,519	1,140	0	0	4,115			
Craven/Jones/Pamlico				**4**	**4.00**	**13,083**					**15,272**	**3,818**	**4,805**	**0**
Cumberland	Hospital Fixed	M-006603-02	Cape Fear Valley Medical Center	3	3.00	8,697	2,513	1,583	3,285	1,316	11,697			
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	4,298	3,521	777	0	0	4,609			
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	4,395	3,315	1,080	0	0	4,827			
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	4,442	3,680	762	0	0	4,747			
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	5,535	4,433	1,102	0	0	5,976			
Cumberland				**7**	**7.00**	**27,367**					**31,855**	**4,551**	**4,805**	**0**
Dare	Hospital Fixed	R-007329-05	The Outer Banks Hospital, Inc.	1	1.00	2,086	1,219	745	70	52	2,454			
Dare				**1**	**1.00**	**2,086**					**2,454**	**2,454**	**3,775**	**0**
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	2,744	1,769	844	98	33	3,147			
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	2,775	1,875	453	301	146	3,193			
Davidson				**2**	**2.00**	**5,519**					**6,341**	**3,170**	**4,118**	**0**

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Davie	Hospital Fixed		Davie Medical Center	1	1.00	0	0	0	0	0	0			
Davie	Mobile	Legacy	Davie County Hospital (Alliance HealthCare Services)	0	0.58	2,171	1,236	715	146	74	2,575			
Davie				**1**	**1.58**	**2,171**					**2,575**	**1,629**	**3,775**	**0**
Duplin	Mobile	Legacy	Duplin General Hospital (Alliance HealthCare Services)	0	0.00	4	4	1	0	0	5			
Duplin	Mobile	Q-006884-03	Duplin General Hospital (Alliance HealthCare Services)	0	0.69	1,189	579	278	153	179	1,505			
Duplin				**0**	**0.69**	**1,193**					**1,510**	**1,510**	**1,716**	**0**
Durham	Hospital Fixed	Legacy; J-006207-00	Duke Regional Hospital	2	2.00	8,471	3,650	2,517	1,444	860	10,743			
Durham	Hospital Fixed	J-005589-97; J-006109-99; J-008030-07; J-008275-08; J-008466-10; J-008663-11; J-001112-	Duke University Hospital - Main	9	9.00	40,759	11,894	20,053	3,588	5,224	54,395			
Durham	Hospital Fixed		Duke University Hospital - Southpoint Clinic	1	1.00	1,471	1,161	310	0	0	1,595			
Durham	Freestanding Fixed	J-011913-20	Duke Health Arringdon (Duke Health)	1	1.00	0	0	0	0	0	0			
Durham	Freestanding Fixed	J-006760-03	Durham-Independence Park (Durham Diagnostic Imaging, LLC (Independence Park))	1	1.00	1,642	1,059	583	0	0	1,875			
Durham	Freestanding Fixed	J-007031-04	EmergeOrtho	1	1.00	4,506	4,140	366	0	0	4,652			
Durham	Freestanding Fixed	J-008107-08	EmergeOrtho Southpoint (EmergeOrtho)	1	1.00	2,073	1,985	88	0	0	2,108			
Durham	Mobile	Legacy	Duke Regional Hospital (Alliance HealthCare Services)	0	0.04	114	83	0	0	0	83			
Durham	Mobile		Duke University Hospital - Page Road	0	0.14	674	674	0	0	0	674			
Durham	Mobile	J-006665-02	Durham Diagnostic Imaging-Durham SouthPoint (Cape Fear Mobile Imaging)	0	0.08	379	285	94	0	0	417			
Durham	Mobile	M-006605-02	Durham Diagnostic-SouthPark-Triangle (Mobile Imaging of North Carolina, LLC)	0	0.09	442	348	94	0	0	480			
Durham	Mobile	Legacy	Raleigh Neurology Imaging (Alliance HealthCare Services)	0	0.07	337	128	209	0	0	421			
Durham/Caswell				**16**	**16.42**	**60,868**					**77,443**	**4,716**	**4,805**	**0**
Edgecombe	Hospital Fixed	L-008327-09	Vidant Edgecombe Hospital	1	1.00	1,770	960	460	156	104	2,010			
Edgecombe				**1**	**1.00**	**1,770**					**2,010**	**2,010**	**3,775**	**0**
Forsyth	Hospital Fixed	G-007083-04; G-008372-09	North Carolina Baptist Hospital	6	6.00	22,214	5,259	10,291	2,767	3,897	30,555			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center	3	3.00	10,768	3,101	1,251	4,301	2,115	14,681			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Clemmons	1	1.00	1,451	1,079	326	31	15	1,606			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Kernersville	1	1.00	1,294	697	322	180	95	1,571			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Novant Health Imaging Kernersville	1	1.00	1,895	1,326	569	0	0	2,123			
Forsyth	Hospital Fixed	Legacy; G-007387-05	Novant Health Forsyth Medical Center-Novant Health Imaging Maplewood	2	2.00	7,662	4,074	3,588	0	0	9,097			
Forsyth	Freestanding Fixed	G-007601-06	Novant Health Breast Clinic	1	1.00	0	0	0	0	0	0			
Forsyth	Freestanding Fixed	Legacy	Piedmont Imaging, LLC	1	1.00	5,059	3,873	1,186	0	0	5,533			
Forsyth	Freestanding Fixed	G-006893-03	Piedmont Imaging, LLC	1	1.00	4,701	3,596	1,105	0	0	5,143			
Forsyth	Freestanding Fixed	G-007780-07	Wake Forest Baptist Imaging (Wake Forest Baptist Imaging, LLC)	1	1.00	8,870	6,182	2,668	0	0	9,917			
Forsyth	Freestanding Fixed	F-011760-19	Wake Forest Baptist Imaging - Kernersville	1	1.00	0	0	0	0	0	0			
Forsyth	Mobile	G-007723-06	OrthoCarolina Kernersville (OrthoCarolina, PA)	0	0.08	377	362	15	0	0	383			
Forsyth	Mobile	G-007723-06	OrthoCarolina Winston (OrthoCarolina, PA)	0	0.86	4,117	3,888	229	0	0	4,209			
Forsyth	Mobile	G-007065-04	Piedmont Imaging (Forsyth Medical Hospital)	0	0.07	358	278	80	0	0	390			
Forsyth	Mobile	Legacy	Wake Forest Baptist Health Outpatient Imaging (Alliance HealthCare Services)	0	0.24	1,135	870	265	0	0	1,241			
Forsyth	Mobile	Legacy	Wake Forest Baptist Health Outpatient Imaging (Alliance HealthCare Services)	0	0.24	1,135	870	265	0	0	1,241			
Forsyth				**19**	**20.49**	**71,036**					**87,689**	**4,280**	**4,805**	**0**
Franklin	Hospital Fixed		Maria Parham Health Franklin	1	1.00	35	24	10	0	1	40			
Franklin				**1**	**1.00**	**35**					**40**	**40**	**3,775**	**0**
Gaston	Hospital Fixed		CaroMont Regional Hospital - The Diagnostic Center	1	1.00	0	0	0	0	0	0			
Gaston	Hospital Fixed		CaroMont Regional Medical Center	1	1.00	6,433	1,783	1,225	1,843	1,582	8,926			
Gaston	Hospital Fixed	F-006622-02	CaroMont Regional Medical Center (CIS Belmont)	1	1.00	2,365	1,214	1,151	0	0	2,825			
Gaston	Hospital Fixed		CaroMont Regional Medical Center-CaroMont Imaging Services Summit	1	1.00	2,043	997	1,046	0	0	2,461			
Gaston	Freestanding Fixed	F-008793-12	Novant Health Imaging Gastonia (Meckelenburg Diagnostic Imaging, LLC)	1	1.00	1,532	1,195	337	0	0	1,667			
Gaston	Mobile	F-005723-97	Carolina Ortho & Sports Medicine (Insight Imaging)	0	0.44	2,131	0	0	1,935	196	3,062			
Gaston	Mobile	F-008000-07	MRI Specialists (MRI Specialists of the Carolinas)	0	0.02	114	58	56	0	0	136			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Gaston	Mobile	F-008000-07	MRI Specialists (MRI Specialists of the Carolinas)	0	0.38	1,847	1,157	690	0	0	2,123			
Gaston	Mobile	Legacy	OrthoCarolina (Alliance Healthcare Services)	0	0.25	1,223	1,000	223	0	0	1,312			
Gaston	Mobile	Legacy	OrthoCarolina, P. A. (Alliance Healthcare Services)	0	0.05	234	224	10	0	0	238			
Gaston				**5**	**6.14**	**17,922**					**22,751**	**3,705**	**4,805**	**0**
Granville	Hospital Fixed	K-010064-12	Granville Health System	1	1.00	1,106	763	183	122	38	1,258			
Granville	Mobile	J-008453-09	EmergeOrtho	0	0.18	688	681	7	0	0	691			
Granville				**1**	**1.18**	**1,794**					**1,949**	**1,652**	**3,775**	**0**
Guilford	Hospital Fixed		Cone Health-Moses H. Cone Memorial Hospital	3	3.00	9,938	3,271	1,523	1,710	1,432	10,375			
Guilford	Hospital Fixed		Cone Health-Wesley Long Hospital	1	1.00	3,387	1,091	1,326	612	358	4,449			
Guilford	Hospital Fixed	G-005924-98	High Point Regional Health	2	2.00	4,464	1,723	1,116	1,084	541	5,777			
Guilford	Freestanding Fixed	G-008347-09	EmergeOrtho-Triad Region (EmergeOrtho, P.A)	1	1.00	5,453	5,183	270	0	0	5,561			
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	4,485	2,410	2,075	0	0	5,315			
Guilford	Freestanding Fixed	G-006952-03	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	4,254	2,598	1,656	0	0	4,916			
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	4,433	2,495	1,938	0	0	5,208			
Guilford	Freestanding Fixed	G-011986-20	Southeastern Orthopaedic Specialist	1	1.00	0	0	0	0	0	0			
Guilford	Freestanding Fixed	Legacy	Triad Imaging (Novant Health Imaging Triad (Triad Imaging, LLC))	1	1.00	3,058	2,549	509	0	0	3,262			
Guilford	Freestanding Fixed	G-007269-05	WFHN Imaging (Wake Forest Baptist Hospital)	1	1.00	5,623	5,093	530	0	0	5,835			
Guilford	Mobile	Legacy	Carolina Neurosurgery & Spine Assoc. (Alliance HealthCare Services)	0	0.31	1,495	1,009	486	0	0	1,689			
Guilford	Mobile		Cone Health-MedCenter High Point	0	0.06	284	185	99	0	0	324			
Guilford	Mobile	Legacy	Guilford Neurologic Associates (GNA) (Kings Medical Group)	0	0.15	734	277	457	0	0	917			
Guilford	Mobile	G-007064-04	Premier Imaging (High Point Regional Health System)	0	0.19	920	665	225	0	0	980			
Guilford	Mobile	G-007064-04	Premier Imaging (High Point Regional Health System)	0	0.07	322	280	42	0	0	339			
Guilford	Mobile	Legacy	SE Orthopaedic Specialists, PA (Alliance HealthCare Services)	0	0.02	81	70	11	0	0	85			
Guilford	Mobile	Legacy	Southeastern Orthopaedic Specialists PA (Alliance HealthCare Services)	0	0.88	4,234	3,809	425	0	0	4,404			
Guilford				**13**	**14.68**	**53,165**					**59,435**	**4,049**	**4,805**	**0**
Halifax	Hospital Fixed	L-007257-05	Vidant North Hospital	1	1.00	1,749	1,184	232	318	15	1,981			

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Halifax/Northampton				**1**	**1.00**	**1,749**					**1,981**	**1,981**	**3,775**	**0**
Harnett	Hospital Fixed	M-006712-02; M-008287-09	Central Harnett Hospital	2	2.00	2,303	1,314	527	282	180	2,771			
Harnett	Mobile	M-006605-02	Carolina Regional Radiology-Angier (Mobile Imaging of North Carolina, LLC)	0	0.21	855	663	192	0	0	932			
Harnett				**2**	**2.21**	**3,158**					**3,702**	**1,675**	**4,118**	**0**
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,003	2,556	1,055	276	116	4,628			
Haywood				**2**	**2.00**	**4,003**					**4,628**	**2,314**	**4,118**	**0**
Henderson	Hospital Fixed		Advent Health Hendersonville	1	1.00	2,180	1,227	408	327	218	2,648			
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	5,618	3,351	1,800	217	250	6,625			
Henderson				**3**	**3.00**	**7,798**					**9,273**	**3,091**	**4,462**	**0**
Hertford	Hospital Fixed	Q-007213-05	Vidant Roanoke-Chowan Hospital	1	1.00	1,677	971	319	221	166	2,026			
Hertford/Gates				**1**	**1.00**	**1,677**					**2,026**	**2,026**	**3,775**	**0**
Hoke	Hospital Fixed		Cape Fear Valley Hoke Hospital	1	1.00	0	0	0	0	0	0			
Hoke	Hospital Fixed	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus	1	1.00	0	0	0	0	0	0			
Hoke	Mobile	J-007008-04	First Health Hoke Community Hospital (Foundation Health Mobile Imaging, LLC)	0	0.17	719	609	110	0	0	763			
Hoke	Mobile	O-006434-01	First Health Moore Regional Hospital-Hoke (Cape Fear Diagnostic Imaging, LLC)	0	0.10	432	349	83	0	0	465			
Hoke				**2**	**2.27**	**1,151**					**1,228**	**541**	**4,118**	**0**
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	1,033	650	142	184	57	1,209			
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	3,650	1,520	1,150	444	536	4,716			
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	2,437	1,030	716	539	152	3,061			
Iredell	Freestanding Fixed	F-006957-03	Piedmont HealthCare, PA (Alliance Healthcare Services)	1	1.00	3,297	2,203	1,094	0	0	3,735			
Iredell	Mobile	F-007164-04	Mooresville Diagnostic Imaging (Presbyterian Mobile Imaging)	0	0.26	1,273	1,018	255	0	0	1,375			
Iredell	Mobile	F-006626-02	Novant Health Imaging - Mooresville (Jacksonville Diagnostic Imaging)	0	0.07	353	237	116	0	0	399			
Iredell	Mobile	G-007065-04	Novant Health Imaging Mooresville (Forsyth Medical Hospital)	0	0.22	1,075	748	327	0	0	1,206			
Iredell	Mobile	Legacy	Ortho Carolina-Mooresville (Alliance Healthcare Services)	0	0.10	458	458	0	0	0	458			
Iredell	Mobile	G-006271-00	OrthoCarolina-Mooresville (Alliance HealthCare Services)	0	0.15	710	710	0	0	0	710			

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Iredell	Mobile	Legacy	OrthoCarolina-Mooresville (Alliance Healthcare Services)	0	0.05	221	221	0	0	0	221			
Iredell	Mobile	Legacy	Piedmont Healthcare (Alliance HealthCare Services)	0	0.40	1,922	1,187	734	0	0	2,215			
Iredell				**5**	**6.25**	**16,429**					**19,304**	**3,089**	**4,805**	**0**
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,848	1,906	593	212	137	3,280			
Jackson				**2**	**2.00**	**2,848**					**3,280**	**1,640**	**4,118**	**0**
Johnston	Hospital Fixed	J-007900-07	Johnston Health-Clayton	1	1.00	1,898	949	622	217	110	2,322			
Johnston	Hospital Fixed		Johnston Health-Smithfield	1	1.00	2,892	1,368	863	420	241	3,598			
Johnston	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Clayton (Pinnacle Health Service of North carolina, LLC)	0	0.87	3,564	2,787	777	0	0	3,875			
Johnston	Mobile	J-008453-09	EmergeOrtho	0	0.18	743	671	72	0	0	772			
Johnston				**2**	**3.05**	**9,097**					**10,566**	**3,464**	**4,118**	**0**
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,628	861	417	239	111	1,979			
Lee	Mobile	J-007008-04	First Health Lee Campus (Foundation Health Mobile Imaging, LLC)	0	0.02	91	71	21	0	0	100			
Lee				**1**	**1.02**	**1,719**					**2,080**	**2,039**	**3,775**	**0**
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	2,670	1,186	791	334	359	3,407			
Lenoir				**1**	**1.00**	**2,670**					**3,407**	**3,407**	**3,775**	**0**
Lincoln	Hospital Fixed	F-008081-08; F011440-17	Atrium Health Lincoln	2	2.00	4,788	2,345	1,227	915	301	5,886			
Lincoln	Hospital Fixed	F-012064-21	Carolinas Imaging Services – Denver (Carolinas Imaging Services, LLC)	1	1.00	0	0	0	0	0	0			
Lincoln				**3**	**3.00**	**4,788**					**5,886**	**1,962**	**4,462**	**0**
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	1,647	1,053	497	75	22	1,893			
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	363	263	89	8	3	404			
Macon	Mobile	Legacy	Harris Regional Hospital at Franklin (Alliance HealthCare Services)	0	0.02	65	65	0	0	0	65			
Macon	Mobile	G-007038-04 for first 2 weeks then Legacy unit when it was exchanged with ESP66	Harris Regional Hospital at Franklin (Alliance HealthCare Services)	0	0.00	9	9	0	0	0	9			
Macon				**2**	**2.02**	**2,084**					**2,372**	**1,174**	**4,118**	**0**
Martin	Mobile	Legacy	Martin General Hospital (Alliance HealthCare Services)	0	0.00	7	6	0	1	0	7			
Martin	Mobile	Legacy	Martin General Hospital (Alliance HealthCare Services)	0	0.22	367	303	35	22	7	395			
Martin				**0**	**0.22**	**374**					**403**	**403**	**1,716**	**0**

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
McDowell	Hospital Fixed	C-007304-05	Mission Hospital McDowell	1	1.00	1,734	932	567	141	94	2,092			
McDowell	Mobile	E-007066-04	Blue Ridge Radiology- Marion (Blue Ridge Radiology)	0	0.15	574	477	97	0	0	613			
McDowell				**1**	**1.15**	**2,308**					**2,705**	**2,352**	**3,775**	**0**
Mecklenburg	Hospital Fixed	F-006830-03; F-011425-17	Atrium Health Pineville	2	2.00	7,605	2,870	2,232	1,645	858	9,842			
Mecklenburg	Hospital Fixed	F-005919-98	Atrium Health University City	1	1.00	5,800	2,534	1,752	1,007	507	7,309			
Mecklenburg	Hospital Fixed		Carolinas Medical Center - Main	4	4.00	16,816	3,527	6,543	3,509	3,237	23,426			
Mecklenburg	Hospital Fixed		Carolinas Medical Center - Mercy	1	1.00	5,136	2,020	913	1,607	596	6,621			
Mecklenburg	Hospital Fixed	F-005580-97; F-008237-08/F-001184-16	Novant Health Huntersville Medical Center	2	2.00	7,735	3,968	2,781	631	355	9,384			
Mecklenburg	Hospital Fixed	F-006379-01; F-008688-11	Novant Health Matthews Medical Center	1	1.00	6,151	2,840	2,230	721	360	7,619			
Mecklenburg	Hospital Fixed		Novant Health Mint Hill Medical Center	1	1.00	2,990	1,676	1,026	201	87	3,550			
Mecklenburg	Hospital Fixed		Novant Health Presbyterian Medical Center-Charlotte Orthopedic Hospital	1	1.00	2,818	1,760	965	44	49	3,261			
Mecklenburg	Hospital Fixed	F-002332-85	Novant Health Presbyterian Medical Center-Main	2	2.00	11,372	3,217	4,217	2,276	1,662	15,299			
Mecklenburg	Hospital Fixed		Novant Health Presbyterian Medical Center-Novant Health Imaging Museum	1	1.00	2,472	1,559	913	0	0	2,837			
Mecklenburg	Freestanding Fixed	F-011760-19	Atrium Health Kenilworth Diagnostic Center #1	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-008106-08	Carolina Neurosurgery & Spine Associates-Charlotte (Carolina Neurosugery & Spine Associates)	1	1.00	3,834	3,348	486	0	0	4,028			
Mecklenburg	Freestanding Fixed	F-050755-18	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services, LLC)	1	1.00	4,230	2,701	1,529	0	0	4,842			
Mecklenburg	Freestanding Fixed	F-011182-16	Carolinas Imaging Services-Huntersville (Carolinas Imaging Services, LLC)	1	1.00	3,737	2,466	1,271	0	0	4,245			
Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services, LLC)	1	1.00	3,461	1,876	1,585	0	0	4,095			
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne (Presbyterian Ambulatory Holdings, LLC)	1	1.00	2,855	1,990	865	0	0	3,201			
Mecklenburg	Freestanding Fixed	F-011946-20	Novant Health Imaging Southpark (Novant Health)	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging- SouthPark (Mecklenburg Diagnostic Imaging, LLC NHI South Park)	1	1.00	4,185	3,250	935	0	0	4,559			
Mecklenburg	Freestanding Fixed	F-010287-14	OrthoCarolina Ballantyne (OrthoCarolina, PA)	1	1.00	7,863	7,319	544	0	0	8,081			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Mecklenburg	Freestanding Fixed	J-006698-02	OrthoCarolina Spine Center (OrthoCarolina, PA)	1	1.00	5,716	4,698	1,018	0	0	6,123			
Mecklenburg	Mobile	F-006734-03	Ballantyne (Carolina Neurosurgery & Spine Associates)	0	0.30	1,460	1,218	242	0	0	1,557			
Mecklenburg	Mobile	Legacy	Carolina Neurosurgery & Spine (Alliance HealthCare Services)	0	0.26	1,254	1,089	169	0	0	1,326			
Mecklenburg	Mobile	F-006734-03	Carolina Neurosurgery & Spine Associates-Charlotte (Carolina Neurosurgery & Spine Associates)	0	1.00	5,728	4,490	1,238	0	0	6,223			
Mecklenburg	Mobile	Legacy	Charlotte Eye, Ear, Nose & Throat (Alliance HealthCare Services)	0	0.04	357	44	313	0	0	482			
Mecklenburg	Mobile	Legacy	Charlotte Eye, Ear, Nose & Throat (Alliance HealthCare Services)	0	0.11	517	79	438	0	0	692			
Mecklenburg	Mobile	Legacy	Novant Health Ballantyne (Kings Medical Group)	0	0.02	111	111	0	0	0	111			
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging - Ballantyne (Presbyterian Mobile Imaging)	0	0.04	213	104	109	0	0	257			
Mecklenburg	Mobile	F-006626-02	Novant Health Imaging - University (Jacksonville Diagnostic Imaging)	0	0.03	158	95	63	0	0	183			
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging - University (Presbyterian Mobile Imaging)	0	0.07	336	210	126	0	0	386			
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Kings Medical Group)	0	0.00	875	633	242	0	0	972			
Mecklenburg	Mobile	Legacy	Novant Health Imaging Steele Creek (Kings Medical Group)	0	0.12	575	401	174	0	0	645			
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Kings Medical Group)	0	0.15	735	519	216	0	0	821			
Mecklenburg	Mobile	Legacy	Novant Health Imaging University (Kings Medical Group)	0	0.14	688	479	209	0	0	772			
Mecklenburg	Mobile	G-007065-04	Novant Health Matthews Medical Center (Forsyth Medical Hospital)	0	0.05	230	140	90	0	0	266			
Mecklenburg	Mobile		Novant Health Mint Hill Medical Center	0	0.06	299	197	78	18	6	342			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Huntersville (OrthoCarolina, PA)	0	0.30	1,427	1,227	200	0	0	1,507			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Matthews (OrthoCarolina, PA)	0	0.47	2,260	2,260	0	0	0	2,260			
Mecklenburg	Mobile	Legacy	OrthoCarolina Randolph Spine Center (Alliance Healthcare Services)	0	0.12	590	495	95	0	0	628			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Spine Center (OrthoCarolina, PA)	0	0.28	1,354	1,253	101	0	0	1,394			
Mecklenburg	Mobile	Legacy	OrthoCarolina, P. A. (Alliance Healthcare Services)	0	0.21	990	990	0	0	0	990			
Mecklenburg	Mobile	Legacy	OrthoCarolina, PA (Alliance Healthcare Services)	0	0.00	15	15	0	0	0	15			
Mecklenburg	Mobile		Presbyterian Mobile MRI	0	0.46	2,204	1,634	570	0	0	2,432			
Mecklenburg			2021 Need Determination	1	1.00	0	0	0	0	0	0			
Mecklenburg				**27**	**31.23**	**127,152**					**152,584**	**4,886**	**4,805**	**1**
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	1,354	845	391	66	52	1,578			
Mitchell				**1**	**1.00**	**1,354**					**1,578**	**1,578**	**3,775**	**0**

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Montgomery	Mobile	J-007008-04	First Health Montgomery (Troy) Memorial Hospital (Foundation Health Mobile Imaging, LLC)	0	0.20	351	303	48	0	0	370			
Montgomery				**0**	**0.20**	**351**					**370**	**370**	**1,716**	**0**
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	12,655	9,422	1,494	1,480	259	14,052			
Moore	Freestanding Fixed	H-008365-09	First Health Southern Pines (Triad Imaging, LLC)	1	1.00	1,677	1,196	481	0	0	1,869			
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic PA	1	1.00	5,903	5,113	790	0	0	6,219			
Moore				**5**	**5.00**	**20,235**					**22,140**	**4,428**	**4,805**	**0**
Nash	Hospital Fixed	L-005908-98	Nash General Hospital	2	2.00	4,531	2,549	832	996	154	5,385			
Nash	Mobile	Legacy	Boice Willis Clinic (Insight Imaging)	0	0.18	728	0	0	429	299	1,139			
Nash	Mobile	Legacy	Carolina Regional Orthopaedics (Alliance HealthCare Services)	0	0.02	94	94	0	0	0	94			
Nash				**2**	**2.20**	**5,353**					**6,618**	**3,008**	**4,118**	**0**
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Main Campus	2	2.00	8,187	1,625	1,727	2,945	1,890	11,568			
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Medical Mall	1	1.00	3,001	1,619	1,382	0	0	3,554			
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Orthopedic Hospital	1	1.00	5,232	2,409	2,746	53	24	6,371			
New Hanover	Freestanding Fixed	O-007259-05	EmergeOrtho PA	1	1.00	3,383	3,085	298	0	0	3,502			
New Hanover	Freestanding Fixed	O-011063-15	Wilmington Health (Wilmington Health, PLLC)	1	1.00	3,079	2,021	1,058	0	0	3,502			
New Hanover	Mobile	Legacy	Delaney Radiologists (Insight Imaging)	0	0.51	2,445	1,712	733	0	0	2,738			
New Hanover	Mobile	O-007254-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.69	1,375	1,375	1,946	0	0	4,099			
New Hanover	Mobile	O-007254-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.12	562	562	0	0	0	562			
New Hanover	Mobile	Legacy	EmergeOrtho Porters Neck (Insight Imaging)	0	0.00	286	266	20	0	0	294			
New Hanover	Mobile	Legacy	New Hanover Reg. Med-Health & Diagnostic (Alliance HealthCare Services)	0	0.00	9	5	4	0	0	11			
New Hanover	Mobile	O-007001-04	New Hanover Reg. Med-Health & Diagnostic (Alliance HealthCare Services)	0	0.15	729	325	404	0	0	891			
New Hanover	Mobile	Legacy	New Hanover Reg. Med-Health & Diagnostic (Alliance HealthCare Services)	0	0.05	262	117	145	0	0	320			
New Hanover	Mobile	O-007001-04	New Hanover Regional Medical (Alliance HealthCare Services)	0	0.04	186	155	31	0	0	198			
New Hanover	Mobile	Legacy	New Hanover Regional Medical Center (Alliance HealthCare Services)	0	0.05	240	133	107	0	0	283			

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
New Hanover	Mobile	O-006212-00	New Hanover Regional Medical Center-Brunswick Forest	0	0.19	927	434	493	0	0	1,124			
New Hanover			2021 Need Determination	1	1.00	0	0	0	0	0	0			
New Hanover				**7**	**8.80**	**29,903**					**39,017**	**4,434**	**4,805**	**0**
Onslow	Hospital Fixed		Onslow Memorial Hospital	1	1.00	2,897	1,747	813	256	81	3,389			
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, LLC)	1	1.00	2,238	1,785	453	0	0	2,419			
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, LLC)	1	1.00	2,966	2,354	612	0	0	3,211			
Onslow	Mobile	Legacy	Diagnostic Imaging Partners (Insight Imaging)	0	0.12	550	375	175	0	0	620			
Onslow				**3**	**3.12**	**8,651**					**9,639**	**3,090**	**4,462**	**0**
Orange	Hospital Fixed		University of North Carolina Hospitals- Hillsborough	1	1.00	4,267	1,595	2,372	84	216	5,422			
Orange	Hospital Fixed		University of North Carolina Hospitals- Medical Center	6	6.00	19,967	4,359	8,807	2,540	4,261	27,915			
Orange	Hospital Fixed		University of North Carolina Hospitals-Imaging Center	2	2.00	8,234	2,918	5,316	0	0	10,360			
Orange	Freestanding Fixed	Legacy	Wake Radiology (Chapel Hill Diagnostic Imaging, LLC)	1	1.00	1,778	911	867	0	0	2,125			
Orange	Mobile	G-007038-04	UNC Hospital Imaging & Spine Center (Alliance HealthCare Sevices)	0	0.18	863	309	554	0	0	1,085			
Orange	Mobile		University of North Carolina Hospitals- Hillsborough	0	0.39	1,859	799	1,060	0	0	2,283			
Orange	Mobile		University of North Carolina Hospitals-Imaging Center	0	0.18	883	321	562	0	0	1,108			
Orange			2021 Need Determination	1	1.00	0	0	0	0	0	0			
Orange				**11**	**11.75**	**37,851**					**50,297**	**4,281**	**4,805**	**0**
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	3,634	2,298	759	437	140	4,224			
Pasquotank	Mobile	R-007623-06	Sentara Albemarle Medical Center	0	0.31	1,167	881	253	19	14	1,287			
Pasquotank/Camden/Currituck/Perquimans				**1**	**1.31**	**4,801**					**5,511**	**4,207**	**3,775**	**1**
Pender	Mobile	Legacy	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.25	425	207	213	3	2	513			
Pender	Mobile	Legacy	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.01	9	3	6	0	0	11			
Pender				**0**	**0.26**	**434**					**524**	**524**	**1,716**	**0**
Person	Hospital Fixed		Person Memorial Hospital	1	1.00	336	235	22	69	10	380			
Person				**1**	**1.00**	**336**					**380**	**380**	**3,775**	**0**
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	Vidant Medical Center	4	4.00	13,847	2,423	3,029	4,251	4,144	20,074			
Pitt	Freestanding Fixed		ECU Physicians MRI (Brody School of Medicine at East Carolina University)	1	1.00	3,880	2,323	1,557	0	0	4,503			

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Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Pitt	Freestanding Fixed		Greenville MRI LLC (Greenville MRI, LLC)	1	1.00	5,278	3,192	2,086	0	0	6,112			
Pitt	Freestanding Fixed		Greenville MRI LLC (Greenville MRI, LLC)	1	1.00	3,685	2,294	1,391	0	0	4,241			
Pitt	Freestanding Fixed	Legacy	Physicians East P.A. (King's Medical Group)	1	1.00	3,684	2,836	848	0	0	4,023			
Pitt	Mobile	Legacy	Orthopaedics East, Inc. (Alliance Healthcare Services)	0	0.47	2,236	2,163	73	0	0	2,265			
Pitt/Greene/Hyde/Tyrrell				**8**	**8.47**	**32,610**					**41,219**	**4,866**	**4,805**	**1**
Polk	Mobile	F-007040-04	St. Luke's Hospital (Carolinas Imaging Services, LLC)	0	0.38	654	509	130	12	3	713			
Polk				**0**	**0.38**	**654**					**713**	**713**	**1,716**	**0**
Randolph	Hospital Fixed	G-006817-03; G-008342-09	Randolph Hospital	1	1.00	711	252	78	269	112	939			
Randolph	Freestanding Fixed	G-010355-14	MRI Asheboro (MRI of Asheboro, LLC)	1	1.00	3,268	2,399	869	0	0	3,616			
Randolph				**2**	**2.00**	**3,979**					**4,555**	**2,278**	**4,118**	**0**
Richmond	Hospital Fixed	H-011629-18 - relocate MRI from FirstHealthMoore Regional Hospital-Hamlet (closed)	FirstHealth Moore Regional Hospital - Richmond	1	1.00	0	0	0	0	0	0			
Richmond	Mobile	H-061004-99	FirstHealth Moore Regional Hospital-Richmond (First Health of The Carolinas, Inc)	0	0.58	2,208	1,661	296	182	69	2,454			
Richmond				**1**	**1.58**	**2,208**					**2,454**	**1,553**	**3,775**	**0**
Robeson	Hospital Fixed	N-005496-96; N-006606-02	Southeastern Regional Medical Center	2	2.00	5,439	3,486	757	865	331	6,353			
Robeson				**2**	**2.00**	**5,439**					**6,353**	**3,176**	**4,118**	**0**
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	2,789	1,561	609	495	124	3,330			
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Health Care	1	1.00	1,570	1,087	259	116	109	1,808			
Rockingham				**2**	**2.00**	**4,359**					**5,138**	**2,569**	**4,118**	**0**
Rowan	Hospital Fixed	F-005829-98; F-006919-03; F-008314-09	Novant Health Rowan Medical Center	2	2.00	5,823	3,424	1,186	893	320	6,911			
Rowan	Hospital Fixed		Novant Health Rowan Medical Center-Novant Health Imaging	2	2.00	3,322	2,679	638	5	0	3,579			
Rowan				**4**	**4.00**	**9,145**					**10,490**	**2,622**	**4,805**	**0**
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	1,804	921	530	169	184	2,231			
Rutherford				**1**	**1.00**	**1,804**					**2,231**	**2,231**	**3,775**	**0**
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,318	987	282	43	6	1,453			
Sampson				**1**	**1.00**	**1,318**					**1,453**	**1,453**	**3,775**	**0**
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	2,884	1,816	673	332	63	3,336			

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Scotland	Mobile	Legacy	OrthoCarolina PA (Alliance Healthcare Services)	0	0.22	834	834	0	0	0	834			
Scotland				**1**	**1.22**	**3,718**					**4,170**	**3,418**	**3,775**	**0**
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	3,331	1,721	948	427	235	4,069			
Stanly	Mobile	F-007040-04	Atrium Health – West Stanly Imaging (Carolinas Imaging Services, LLC)	0	0.03	330	253	77	0	0	361			
Stanly				**1**	**1.03**	**3,661**					**4,430**	**4,301**	**3,775**	**1**
			No Service Site											
Stokes													**1,716**	**0**
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	2,714	1,773	546	312	83	3,124			
Surry	Hospital Fixed	G-006569-02; G-008115-08	Northern Hospital of Surry County	1	1.00	2,715	1,647	496	478	94	3,180			
Surry				**2**	**2.00**	**5,429**					**6,303**	**3,152**	**4,118**	**0**
			No Service Site											
Swain													**1,716**	**0**
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	1,444	942	361	96	45	1,663			
Transylvania				**1**	**1.00**	**1,444**					**1,663**	**1,663**	**3,775**	**0**
Union	Hospital Fixed	F-005920-98; F-011536-18	Atrium Health Union	2	2.00	5,517	2,167	1,411	1,346	593	7,094			
Union	Freestanding Fixed	F-006972-03	Carolinas Healthcare Imaging Services – Indian Trail (Union Medical Services, LLC)	1	1.00	1,364	1,123	241	0	0	1,460			
Union	Mobile	F-006626-02	Novant Health Imaging - Monroe (Jacksonville Diagnostic Imaging)	0	0.19	843	593	250	0	0	943			
Union	Mobile	F-007164-04	Novant Health Imaging - Monroe (Presbyterian Mobile Imaging)	0	0.09	382	302	80	0	0	414			
Union	Mobile	Legacy	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.13	570	528	42	0	0	587			
Union	Mobile	Legacy	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.19	828	803	25	0	0	838			
Union				**3**	**3.60**	**9,504**					**11,336**	**3,149**	**4,462**	**0**
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Medical Center	2	2.00	1,784	676	461	447	200	2,307			
Vance	Mobile	J-006665-02	Henderson (Cape Fear Mobile Imaging)	0	0.04	156	156	0	0	0	156			
Vance/Warren				**2**	**2.04**	**1,940**					**2,463**	**1,207**	**4,118**	**0**
Wake	Hospital Fixed	Legacy; J-008529-10	Duke Raleigh Hospital	2	2.00	10,199	4,376	3,688	1,136	999	12,928			
Wake	Hospital Fixed		Rex Hospital-Main	2	2.00	6,860	1,733	1,965	1,600	1,562	9,536			
Wake	Hospital Fixed		Rex Hospital-UNC Rex Health Care of Cary	1	1.00	0	0	0	0	0	0			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Hospital Fixed	J-006368-01	WakeMed	2	2.00	9,246	3,379	2,137	2,194	1,536	12,207			
Wake	Hospital Fixed		WakeMed Cary Hospital	1	1.00	3,630	1,725	816	600	489	4,588			
Wake	Freestanding Fixed	J-007289-05	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Services)	1	1.00	1,913	1,398	515	0	0	2,119			
Wake	Freestanding Fixed	J-011167-16	Duke Imaging Holly Springs (Duke University Health Systems, Inc.)	1	1.00	239	124	115	0	0	285			
Wake	Freestanding Fixed		Raleigh Neurology Associates, P.A.	1	1.00	4,848	2,668	2,180	0	0	5,720			
Wake	Freestanding Fixed	Legacy	Raleigh Neurology Imaging, PLLC (Alliance Healthcare Services)	1	1.00	4,973	2,766	2,207	0	0	5,856			
Wake	Freestanding Fixed	Legacy	Raleigh Radiology (Alliance Healthcare Services)	1	1.00	5,199	3,318	1,881	0	0	5,951			
Wake	Freestanding Fixed	Legacy	Raleigh Radiology (Alliance Healthcare Services)	1	1.00	5,653	3,785	1,868	0	0	6,400			
Wake	Freestanding Fixed	F-011760-19	Raleigh Radiology - Cary	1	1.00	0	0	0	0	0	0			
Wake	Freestanding Fixed	J-007605-06	The Bone and Joint Surgery Clinic	1	1.00	2,203	2,203	0	0	0	2,203			
Wake	Freestanding Fixed	Legacy	Wake Radiology (Alliance Healthcare Services)	1	1.00	3,272	1,823	1,449	0	0	3,852			
Wake	Freestanding Fixed	Legacy	Wake Radiology Diagnostic Imaging (Alliance Healthcare Services)	1	1.00	3,953	2,190	1,763	0	0	4,658			
Wake	Freestanding Fixed	Legacy	Wake Radiology MRI (WR Imaging, LLC (formerly Raleigh MRI Center)	1	1.00	3,306	1,421	1,885	0	0	4,060			
Wake	Freestanding Fixed	J-005783-97	Wake Radiology MRI (WR Imaging, LLC (formerly Raleigh MRI Center))	1	1.00	3,513	1,418	2,095	0	0	4,351			
Wake	Mobile	Legacy	Cardinal Points Imaging - Wake Forest (Foundations Health Mobile Imaging)	0	0.02	100	77	23	0	0	109			
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas Midtown (Pinnacle Health Service of North carolina, LLC)	0	0.21	1,025	718	307	0	0	1,148			
Wake	Mobile	J-082608-08	Cardinal Points Imaging of the Carolinas- Wake Forest (Pinnacle Health Service of North carolina, LLC)	0	0.45	2,171	1,706	454	0	0	2,342			
Wake	Mobile	J-006665-02	Cary Ortho (Cape Fear Mobile Imaging)	0	0.24	1,162	1,149	13	0	0	1,167			
Wake	Mobile	Legacy	Cary Orthopaedics (Foundations Health Mobile Imaging)	0	0.10	500	490	10	0	0	504			
Wake	Mobile	Legacy	Duke Imaging Cary Parkway (Alliance HealthCare Services)	0	0.35	1,703	1,034	679	0	0	1,985			
Wake	Mobile	G-007038-04	Duke Imaging Heritage (Alliance HealthCare Sevices)	0	0.05	258	144	114	0	0	304			
Wake	Mobile	Legacy	Duke Raleigh Hospital (Alliance HealthCare Services)	0	0.66	3,156	2,010	1,146	0	0	3,614			
Wake	Mobile	J-008453-09	EmergeOrtho	0	0.07	333	333	0	0	0	333			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Mobile	Legacy	EmergeOrtho, P.A. Triangle Division (Alliance Healthcare Services)	0	0.01	51	48	3	0	0	52			
Wake	Mobile	Legacy	EmergeOrtho, P.A. Triangle Division (Alliance Healthcare Services)	0	0.12	557	548	9	0	0	561			
Wake	Mobile	J-008453-09	EmergeOrtho-Apex (EmergeOrtho)	0	0.07	333	333	0	0	0	333			
Wake	Mobile	J-008453-09	EmergeOrtho-Duraleigh (EmergeOrtho)	0	0.50	2,385	2,151	234	0	0	2,479			
Wake	Mobile	J-006665-02	Orthopaedic Specialists of NC (Cape Fear Mobile Imaging)	0	0.33	1,598	1,560	38	0	0	1,613			
Wake	Mobile	G-007038-04	Orthopedic Specialists of North Carolina (Alliance HealthCare Sevices)	0	0.03	155	154	1	0	0	155			
Wake	Mobile	J-007008-04	Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging, LLC)	0	0.05	234	126	108	0	0	277			
Wake	Mobile	Legacy	Raleigh Neurosurgical Clinic (Foundations Health Mobile Imaging)	0	0.09	410	211	199	0	0	490			
Wake	Mobile	Legacy	Raleigh Orthopaedic Clinic (Alliance HealthCare Services)	0	0.01	30	30	0	0	0	30			
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.21	989	989	0	0	0	989			
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.06	286	286	0	0	0	286			
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.07	313	313	0	0	0	313			
Wake	Mobile	J-007756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.45	2,174	2,174	0	0	0	2,174			
Wake	Mobile	Legacy	Raleigh Orthopedic (Alliance Healthcare Services)	0	0.01	64	64	0	0	0	64			
Wake	Mobile	Legacy	Raleigh Orthopedic (Alliance Healthcare Services)	0	0.16	745	743	2	0	0	746			
Wake	Mobile	Legacy	Raleigh Radiology (Alliance HealthCare Services)	0	0.09	453	357	96	0	0	491			
Wake	Mobile	Legacy	Raleigh Radiology - Brier Creek (Foundations Health Mobile Imaging)	0	0.36	1,714	1,181	533	0	0	1,927			
Wake	Mobile	Legacy	Raleigh Radiology-Fuquay Varina (Alliance Healthcare Services)	0	0.29	1,377	1,010	367	0	0	1,524			
Wake	Mobile	J-007012-04	Wake Radiology Cary (Wake Radiology)	0	0.10	488	303	185	0	0	562			
Wake	Mobile	J-007012-04	Wake Radiology Fuquay Varina (Wake Radiology)	0	0.08	393	256	137	0	0	448			
Wake	Mobile	J-011291-17	Wake Radiology Rex Holly Springs (Wake Radiology)	0	0.06	298	298	0	0	0	298			
Wake	Mobile	J-011291-17	Wake Radiology Rex Wakefield (Wake Radiology)	0	0.24	1,146	709	737	0	0	1,741			
Wake	Mobile	J-007012-04	Wake Radiology Wake Forest (Wake Radiology)	0	0.31	1,509	934	575	0	0	1,739			
Wake	Mobile		WakeMed Apex Healthplex	0	0.06	270	163	107	0	0	313			
Wake	Mobile		WakeMed Brier Creek Healthplex	0	0.05	236	141	95	0	0	274			
Wake	Mobile		WakeMed Cary Hospital	0	0.06	270	163	107	0	0	313			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	**Service Type**	**CON #**	**Service Site (Provider/Owner)**	**Fixed Magnet**	**Fixed Equiv**	**Total MRI Scans**	**Outpt No Contrast**	**Outpt Contrast**	**Inpt No Contrast**	**Inpt Contrast**	**Adjusted Total**	**Area Avg Procs**	**Threshold**	**MRI Need**
Wake	Mobile	Legacy	WakeMed Garner Healthplex (Alliance HealthCare Services)	0	0.05	223	125	98	0	0	262			
Wake	Mobile		WakeMed North	0	0.16	776	452	270	29	25	916			
Wake	Mobile	Legacy	WakeMed-Apex Healthplex (Alliance HealthCare Services)	0	0.05	231	137	94	0	0	269			
Wake	Mobile	Legacy	WakeMed-Raleigh Medical Park (Alliance HealthCare Services)	0	0.08	406	267	139	0	0	462			
Wake			2021 Need Determination	1	1.00	0	0	0	0	0	0			
Wake				**21**	**27.36**	**99,529**					**118,318**	**4,324**	**4,805**	**0**
			No Service Site											
Washington													**1,716**	**0**
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	3,869	2,224	1,041	445	159	4,591			
Watauga	Mobile	Legacy	Watauga Medical Center (Alliance HealthCare Services)	0	0.01	40	14	26	0	0	50			
Watauga	Mobile	G-007038-04 for first 2 weeks then Legacy unit when it was exchanged with ESP66	Watauga Medical Center (Alliance HealthCare Services)	0	0.00	19	12	7	0	0	22			
Watauga			AppMedical Services	1	1.00	0	0	0	0	0	0			
Watauga				**2**	**2.01**	**3,928**					**4,663**	**2,320**	**4,118**	**0**
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne Memorial Hospital, Inc.	2	2.00	6,481	4,566	1,299	372	244	7,345			
Wayne				**2**	**2.00**	**6,481**					**7,345**	**3,672**	**4,118**	**0**
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	2,651	1,768	606	169	108	3,047			
Wilkes				**1**	**1.00**	**2,651**					**3,047**	**3,047**	**3,775**	**0**
Wilson	Hospital Fixed		Wilson Medical Center	2	2.00	3,130	1,288	1,180	189	473	4,056			
Wilson	Freestanding Fixed		EmergeOrtho	1	1.00	2,650	851	112	1,626	61	3,394			
Wilson	Mobile	Q-006884-03	Vidant Health Plex (Alliance HealthCare Services)	0	0.04	164	115	49	0	0	184			
Wilson	Mobile	Legacy	Vidant Medical Center (Alliance HealthCare Services)	0	0.00	1	1	0	0	0	1			
Wilson				**3**	**3.04**	**5,945**					**7,635**	**2,511**	**4,462**	**0**
			No Service Site											
Yadkin													**1,716**	**0**

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
			Total	256	287.26	885,496							Total of Need Determinations	4

Threshold
4+ Fixed Scanners = 4,805
3 Fixed Scanners = 4,462
2 Fixed Scanners = 4,118
1 Fixed Scanner = 3,775
0 Fixed Scanners = 1,716

Table 17E-2: Existing and Approved Specialized MRI Scanners, Excluded from Inventory

Scanner Use	County	Provider	CON Project ID	Number of Scanners
Cardiovascular Clinical Use (Policy AC-3)	Durham	Duke University Hospital	J-006511-01	3
Dedicated Breast Scanning	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Pediatric Use	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Radiation Oncology	Durham	Duke University Hospital	J-006295-00	1
Radiation Oncology	Forsyth	North Carolina Baptist Hospital	G-006816-03	1
Use in Operating Room Suite (Policy AC-3)	Durham	Duke University Hospital	J-008030-07	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1

Note: These scanners shall be used only for the purposes indicated above. They shall not be used for general clinical purposes.

In response to a petition, The State Health Coordinating Council approved movement of the Dedicated Breast Scanner located in Forsyth County to the MRI inventory (*Table E-1*).

Table 17E-3: Fixed MRI Scanner Need Determination*

Service Area	Fixed MRI Scanner Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Mecklenburg	1	October 17, 2022	November 1, 2022
Pasquotank/Camden/Currituck/Perquimans	1	September 15, 2022	October 1, 2022
Pitt/Greene/Hyde/Tyrell	1	October 17, 2022	November 1, 2022
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

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

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

Introduction
A ***positron emission tomography (PET) scanner,*** as defined in G.S. 131E-176(19a), means "equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures."

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners also include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All of these machines are PET scanners as defined in G.S. 131E-176 (19a), but they vary widely in their capabilities.

Dedicated PET scanners can be fixed or mobile. ***Mobile*** PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A ***fixed*** PET scanner is one that is not mobile. A dedicated fixed PET scanner's service area is the HSA in which the scanner is located. Appendix A identifies the multicounty groupings that comprise the HSAs.

Definition
A fixed PET scanner's ***service area*** is the HSA in which it is located (*Table 17F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner's service area is statewide. A ***statewide service area*** is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology
1. The methodology concerns dedicated fixed PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.

2. There is a need for one additional dedicated fixed PET scanner when each existing dedicated fixed PET scanner was utilized at or above 80% of capacity during the current reporting year. For the purpose of need determination calculations, the annual capacity of a dedicated fixed PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.

Application of the Methodology
Part 1 *(Table 17F-1)*:
Determine the planning inventory of all fixed PET scanners in the state to include existing fixed PET scanners in operation, approved fixed PET scanners for which a certificate of need was issued but is pending development, and need determinations in prior SMFPs for which a certificate of need has not yet been issued (*Column C*).

Step 1: For each facility that operates a PET scanner, determine the total number of procedures performed on all fixed PET scanners located at the facility for the current reporting year (*Column D*).

Step 2: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.

Step 3: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 1, by the capacity calculated in Step 2. Multiply the results by 100 to convert the numbers to a utilization percentage (*Column E*).

Step 4: A service area has a need determination for an additional fixed PET scanner if the utilization percentage is 80% or greater at a facility, except as provided in Step 7 for both parts of the methodology combined.

Part 2:

Step 5: Identify each major cancer treatment facility, program or provider in the state, defined as providers that operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 17C-5*).

Step 6: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a dedicated fixed PET scanner, except as provided in Step 7 for both parts of the methodology combined.

Step 7: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 17F-1, Column F*).

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

The SMFP does not have a methodology to project need for additional mobile PET scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile PET scanner.

Table 17F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F
HSA	**Facility**	**Planning Inventory**	**2019-2020 Procedures**	**Utilization Rate**	**Need Determination**
I	Catawba Valley Medical Center / Frye Regional Medical Center	1	0	0.00%	0
	Mission Hospital	1	2,695	89.83%	1
	2021 SMFP Need Determination	1	0	0.00%	-1
II	Alamance Regional Medical Center	1	692	23.07%	0
	High Point Regional Health	1	991	33.03%	0
	Cone Health	1	1,766	58.87%	0
	North Carolina Baptist Hospital	2	3,111	51.85%	0
	Novant Health Forsyth Medical Center	1	2,397	79.90%	0
III	Atrium Health Cabarrus	1	1,135	37.83%	0
	Atrium Health Union	1	589	19.63%	0
	Carolinas Medical Center	2	4,287	71.45%	0
	CaroMont Regional Medical Center	1	843	28.10%	0
	Iredell Memorial Hospital	1	534	17.80%	0
	Novant Health Presbyterian Medical Center	1	2,039	67.97%	0
IV	Duke Raleigh Hospital	1	0	0.00%	0
	Duke University Hospital	2	4,670	77.83%	0
	Rex Hospital	2	3,317	55.28%	0
	UNC Hospitals	2	3,712	61.87%	0
	Wake PET Services, Wake Radiology Oncology, Wake Radiology	1	626	20.87%	0
	2021 SMFP Need Determination	1	0	0.00%	-1
V	Cape Fear Valley Medical Center	1	1,155	38.50%	0
	First Imaging of the Carolinas	1	0	0.00%	0
	New Hanover Regional Medical Center	1	2,796	93.20%	1
	Southeastern Regional Medical Center*	1	0	0.00%	0
	2021 SMFP Need Determination	1	0	0.00%	-1
VI	CarolinaEast Medical Center	1	848	28.27%	0
	Nash General Hospital	1	471	15.70%	0
	Vidant Medical Center	1	2,656	88.53%	1
	2021 SMFP Need Determination	1	0	0.00%	-1
	TOTAL	**34**	**41,330**	**40.52%**	**-1**

* CON issued for new PET June 27, 2020. *CON Project ID: N-011866-20*

Table 17F-2: PET Scanner Provider of Mobile Dedicated Scanners

Mobile Provider	Procedures	Utilization Rate
		Year 2019-2020 Procedures, 2,600 as Capacity
Alliance Imaging I	3,959	152%
Alliance Imaging II	3,299	127%
Insight Health Corp.	0	0%
Novant Health Forsyth Medical Center (NHFMC)	1,984	76%
TOTAL	**9,242**	

Table 17F-3: PET Scanner Sites and Utilization of Existing Mobile Dedicated Scanners

Mobile Site	Mobile Provider	Number of Sites	Procedures
			2019-2020
Caldwell Memorial Hospital	Alliance I	1	183
Annie Penn Hospital	Alliance I	1	183
Carolinas HealthCare System Blue Ridge	Alliance I	2	274
Atrium Health Lincoln	Alliance I	1	272
Cleveland Regional Medical Center	Alliance I	1	806
Columbus Regional Healthcare System	Alliance II	1	106
Carteret General Hospital	Alliance II	1	413
Haywood Regional Medical Center	Alliance I	1	188
Johnston Health	Alliance II	1	265
Lake Norman Regional Medical Center	Alliance I	1	145
UNC Lenoir Healthcare	Alliance II	1	196
Margaret R. Pardee Memorial Hospital	Alliance I	1	504
Maria Parham Medical Center	Alliance II	1	124
Northern Regional Hospital	Alliance I	1	132
Novant Health Huntersville Medical Center	NHFMC	1	634
Novant Health Kernersville Medical Center	NHFMC	1	361
Novant Health Matthews Medical Center	NHFMC	1	387
Novant Health Rowan Medical Center-Julian Road	NHFMC	1	348
Novant Health Thomasville Medical Center	NHFMC	1	64
Novant Health Mint Hill Medical Center	NHFMC	1	190
Onslow Memorial Hospital	Alliance II	1	338
AdventHealth Hendersonville	Alliance I	1	244
Randolph Hospital	Alliance I	1	126
Rutherford Regional Medical Center	Alliance I	1	174
Sentara Albemarle Medical Center	Alliance II	1	393
Scotland Memorial Hospital	Alliance II	1	168
Stanley Regional Medical Center	Alliance I	1	265
Southeastern Regional Medical Center	Alliance II	1	332
The Outer Banks Hospital	Alliance II	1	130
Vidant Chowan Hospital	Alliance II	1	82
Watauga Medical Center	Alliance I	1	196
Wayne Memorial Hospital	Alliance II	1	284
Wilson Medical Center	Alliance II	1	431
Lexington Medical Center	Alliance I	1	10
Wilkes Regional Medical Center	Alliance I	1	6
WestCare Health System	Alliance I	1	251
Vidant Duplin Hospital	Alliance II	1	37
TOTAL		**38**	**9,242**

Table 17F-4: Dedicated Fixed PET Scanner Need Determination

Service Area	Dedicated Fixed PET Scanner Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 17F-5: Mobile PET Scanner Need Determination

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

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Appendix A:
North Carolina Health Service Areas

Appendix B:
List of Contiguous Counties

Appendix C:
Executive Orders 46 and 187

Appendix D:
North Carolina Certificate of Need Statute

Appendix E:
Certificate of Need Regulations

Appendix F:
Academic Medical Center Teaching Hospitals

Appendix G:
Critical Access Hospitals

Appendix H:
Regulation of Detoxification Services Provided in Hospitals Licensed under Articles 5, Chapter 131E, of the General Statutes

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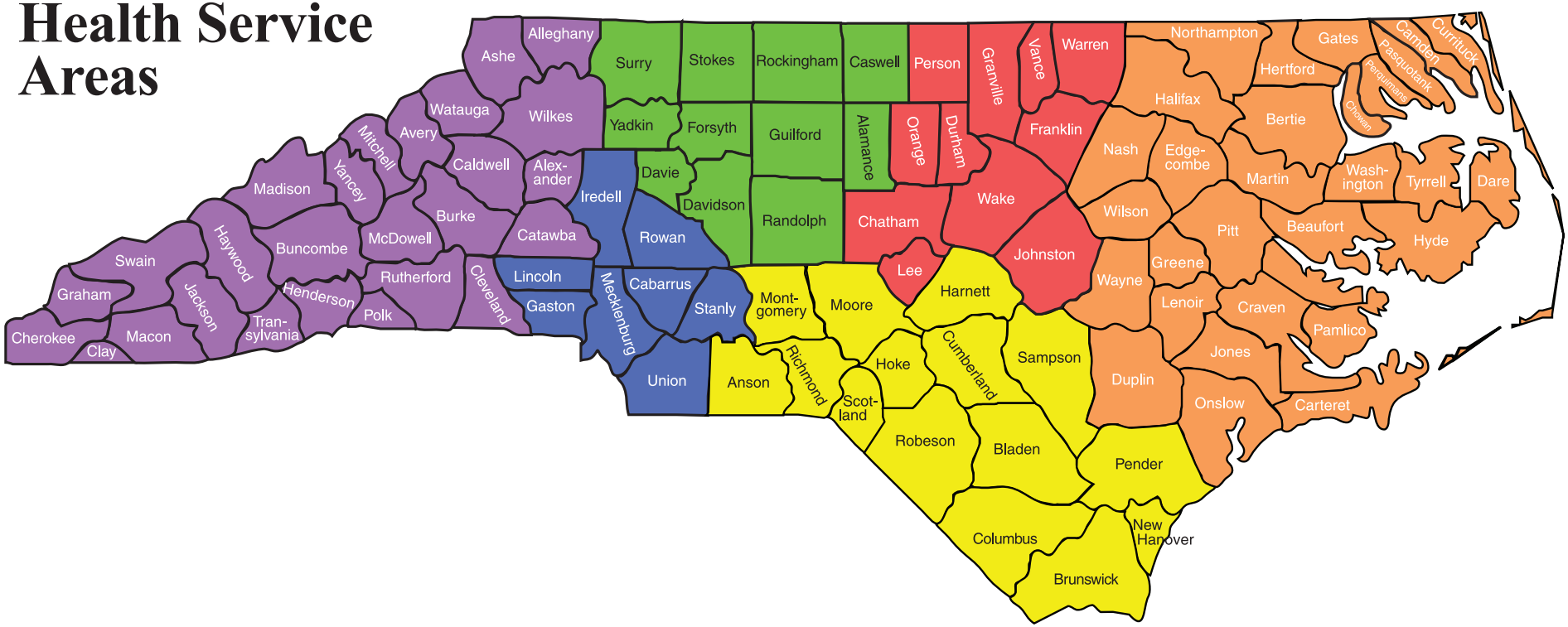
Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
HSA I	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
HSA II	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
HSA III	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
HSA IV	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
HSA V	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
HSA VI	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

APPENDIX B
LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	McDOWELL	MACON	MADISON	MARTIN	MECKLENBURG
Burke	Avery	Cherokee	Buncombe	Beaufort	Cabarrus
Catawba	Buncombe	Clay	Haywood	Bertie	Gaston
Cleveland	Burke	Graham	Yancey	Edgecombe	Lincoln
Gaston	Mitchell	Jackson		Halifax	Iredell
Iredell	Rutherford	Swain		Pitt	Union
Mecklenburg	Yancey			Washington	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONSLOW	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			

APPENDIX C

State of North Carolina

PAT McCRORY
GOVERNOR

March 4, 2014

EXECUTIVE ORDER NO. 46

REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

Section 2. Membership

The NCSHCC shall have the following duties and functions:

a) Serve as a forum for hearing regional concerns and recommendations related to health planning;

b) Compile a list of state health needs and advise the Department of Health and Human Services;

c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;

e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;

f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

a) One member from an academic medical center;

b) Two members from business and industry (at least one individual representing small business and one representing large business);

c) One member from the health insurance industry;

d) Two members from county government (one representing a rural county and one representing an urban county);

e) One member representing nursing homes;

f) One members representing hospitals;

g) One member representing home care facilities;

h) One member representing hospice;

i) One local health director;

j) One licensed physician;

k) One member from the North Carolina House of Representatives;

l) One member from the North Carolina Senate;

m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.

2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:

    a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.

    b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.

    c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.

    d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.

    e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.

    f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.

3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.

4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4th day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.

Pat McCrory
Governor

ATTEST:

Elaine F. Marshall
Secretary of State

State of North Carolina

ROY COOPER
GOVERNOR

December 31, 2020

EXECUTIVE ORDER NO. 187

EXTENDING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council ("NCSHCC") is a public body reestablished by Executive Order No. 46 entitled *Reauthorizing The State Health Coordinating Council* on March 4, 2014; and

WHEREAS, Executive Order No. 122 entitled *Extending The State Health Coordinating Council*, on December 29, 2016 extended the State Health Coordinating Council; and

WHEREAS, the Executive Order extending the State Health Coordinating Council expires on December 31, 2020; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

WHEREAS, it is appropriate to update the schedule for meetings of the State Health Coordinating Council.

NOW THEREFORE, by the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 8. Meetings in Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby amended and restated to read:

> The NCSHCC shall meet at least three (3) times each calendar year and at other times at the call of the Chairperson or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Executive Order No. 122, *Extending The State Health Coordinating Council*, signed on December 29, 2016, reestablished pursuant to Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby extended except as amended above to December 31, 2024 pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 31st day of December in the year of our Lord two thousand and twenty.

Roy Cooper
Governor

ATTEST:

Elaine F. Marshall
Secretary of State

APPENDIX D
NORTH CAROLINA CERTIFICATE OF NEED STATUTE

Article 9
Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

(1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.

(2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.

(3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.

(3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.

(4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.

(5) Repealed.

(6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.

(7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.

(8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.

(9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.

(10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

(11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.

(12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

The following definitions apply in this Article:

(1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.

(1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.

(1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.

(1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.

(2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

(2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.

(2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.

(2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.

(2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.

(2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.

(2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.

(2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.

(3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.

(4) Repealed by Session Laws 1993, c. 7, s. 2.

(5) Change in bed capacity. – Any of the following:

a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.

b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.

c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

(5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:

a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.

b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.

c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.

(5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.

(6) Department. – The North Carolina Department of Health and Human Services.

(7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

(7a) Diagnostic center. – A freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars ($10,000) or more exceeds one million five hundred thousand dollars ($1,500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than one million five hundred thousand dollars ($1,500,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

(7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:

a. The review is not competitive.
b. The proposed capital expenditure is less than five million dollars ($5,000,000).
c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
d. The agency has not determined that a public hearing is in the public interest.

(7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.

(7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.

(8),(9) Repealed by Session Laws 1987, c. 511, s. 1.

(9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.

(9b) Health service facility. – A hospital; long-term care hospital; psychiatric facility; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; chemical dependency treatment facility; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.

(9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (ii) psychiatric beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vi) chemical dependency treatment beds; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.

(10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:

a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.

b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided.

c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.

(10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.

(11) Repealed by Session Laws 1991, c. 692, s. 1.

(12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.

(12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:

a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.

b. Physical, occupational, or speech therapy.

c. Medical social services, home health aid [sic] services, and other therapeutic services.

d. Medical supplies, other than drugs and biologicals and the use of medical appliances.

e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.

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

(13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.

(13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.

(13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological,

social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.

(14) Repealed by Session Laws 1987, c. 511, s. 1.

(14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.

(14b) Repealed by Session Laws 1991, c. 692, s. 1.

(14c) Reserved for future codification.

(14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.

(14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.

(14f) "Legacy Medical Care Facility" means a facility that meets all of the following requirements:

a. Is not presently operating.

b. Has not continuously operated for at least the past six months.

c. Within the last 24 months:

1. Was operated by a person holding a license under G.S. 131E-77; and

2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

(14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.

(14h) Reserved for future codification.

(14i) Lithotriptor. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.

(14j) Reserved for future codification.

(14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.

(14l) Reserved for future codification.

(14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.

(14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:

a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.

b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

(14o) Major medical equipment. – A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than two million dollars ($2,000,000). In determining whether the major medical equipment costs more than two million dollars ($2,000,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment. Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of

the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

(15) Repealed by Session Laws 1987, c. 511, s. 1.

(15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.

(15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.

(16) New institutional health services. – Any of the following:

a. The construction, development, or other establishment of a new health service facility.

b. Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding four million dollars ($4,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds four million dollars ($4,000,000). Beginning September 30, 2022, and on September 30 each year thereafter, the cost threshold amount in this subdivision shall be adjusted using the Medical Care Index component of the Consumer Price Index published by the U.S. Department of Labor for the 12-month period preceding the previous September 1.

c. Any change in bed capacity.

d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.

e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.

f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:

1. Bone marrow transplantation services.
2. Burn intensive care services.
2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
3. Neonatal intensive care services.
4. Open-heart surgery services.
5. Solid organ transplantation services.

f1. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:

1. Air ambulance.[1]
2. Repealed.
3. Cardiac catheterization equipment.
4. Gamma knife.
5. Heart-lung bypass machine.
5a. Linear accelerator.
6. Lithotriptor.
7. Magnetic resonance imaging scanner.
8. Positron emission tomography scanner.
9. Simulator.

g.to k. Repealed.

l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.

m. Any conversion of nonhealth service facility beds to health service facility beds.

n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.

o. The opening of an additional office by an existing home health agency **or** hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.

p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.

q. The relocation of a health service facility from one service area to another.

r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.

s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision f1. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.

t. Repealed.

u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.

v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.

(17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.

(17a) Nursing care. – Any of the following:

a. Skilled nursing care and related services for residents who require medical or nursing care.

[1] Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.

c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.

These are services which are not primarily for the care and treatment of mental diseases.

(17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.

(18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.

(18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.

(18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.

(18c) Operating room. – A room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.

(19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.

(19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.

(20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.

(21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.

(22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.

(22a) Replacement equipment. – Equipment that costs less than two million dollars ($2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than two million dollars ($2,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.

(23) Repealed by Session Laws 1991, c. 692, s. 1.

(24) Repealed by Session Laws 1993, c. 7, s. 2.

(24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.

(24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
(24c) Reserved for future codification.
(24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
(24e) Reserved for future codification.
(24f) Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
(25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.
(26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.
(27) Repealed by Session Laws 1987, c. 511, s.1.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

(1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
(2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
(3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
(4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
(5) Implement, by rule, criteria for project review;
(6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
(7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
(8) Repealed.
(9) Collect fees for submitting applications for certificates of need.

(10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

(a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:

(1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;

(2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;

(3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and

(4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

(b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.

(c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:

(1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;

(2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or

(3) In the case of donated property, the date on which the gift is completed.

(d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a

licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:

(1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.

(2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.

(e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

(a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:

(1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;

(2) Substantially change the bed capacity of the facility; or

(3) Substantially change the medical or other patient care services of the facility.

(b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.

(c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180. Repealed. 8-26-05

§ 131E-181. Nature of certificate of need.

(a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).

(b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need.

The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:

(1) Any increase in the consumer price index;

(2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and

(3) Any increase in cost due to professional fees or the purchase of services and supplies.

(c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.

(d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

(a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.

(b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.

(c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars ($5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars ($1,000,000). In no event may the fee exceed fifty thousand dollars ($50,000).

§ 131E-183. Review criteria.

(a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

(1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility,

health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

(2) Repealed.

(3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

(3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.

(4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

(5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

(6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

(7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

(8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

(9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

(10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:

a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and

b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:

1. Would be available under a contract of at least five years' duration;
2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
3. Would cost no more than if the services were provided by the HMO; and
4. Would be available in a manner which is administratively feasible to the HMO.

(11) Repealed

(12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

(13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;

b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;

c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

(14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

(15) through (18) Repealed.

(18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

(19) Repealed.

(20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

(21) Repealed.

(b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

(c) Repealed.

§ 131E-184. Exemptions from review.

(a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

(1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

(1a) To comply with State licensure standards.

(1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.

(2) Repealed.

(3) To provide data processing equipment.

(4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.

(5) To replace or repair facilities destroyed or damaged by accident or natural disaster.

(6) To provide any nonhealth service facility or service.

(7) To provide replacement equipment.

(8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.

(9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.

(b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).

(c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided all of the following are true:

(1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, one or more of the area mental health, developmental disabilities, and substance abuse authorities, or a combination thereof to provide psychiatric beds to patients referred by the contracting agency or agencies.

(2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.

(d) In accordance with, and subject to the limitations of G.S. 148-19.1, the Department shall exempt from certificate of need review the construction and operation of a new chemical dependency or substance abuse facility for the purpose of providing inpatient chemical dependency or substance abuse services solely to inmates of the Department of Correction. If an inpatient chemical dependency or substance abuse facility provides services both to inmates of the Department of Correction and to members of the general public, only the portion of the facility that serves inmates shall be exempt from certificate of need review.

(e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(l6)b. if all of the following conditions are met:

(1) The proposed capital expenditure would meet all of the following requirements:

a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
    1. Nursing home facility.
    2. Adult care home facility.
    3. Intermediate care facility for individuals with intellectual disabilities.
b. Not result in a change in bed capacity, as defined in G.S. l3lE-l76(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(l6)b.

(2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
a. Conversion of semiprivate resident rooms to private rooms.
b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.

(f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
(1) The equipment being replaced is located on the main campus.
(2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
(3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
(1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
(2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
(3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
(1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision, "service area" means the service area identified in the North Carolina State Medical

Facilities Plan in effect at the time the written notice required by this section is given to the Department.

(2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department

(i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent,

(ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and

(iii) of its intention that the facility will be operational within 36 months of the notice of extension.

§ 131E-185. Review process.

(a) Repealed.

(a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

(1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:

a. Facts relating to the service area proposed in the application;

b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;

c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.

(2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars ($5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:

a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;

b. An opportunity for any person, except one of the proponents, to comment on the applications under review;

c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may

submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

(3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.

(4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.

(5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.

(a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.

(b) Repealed.

(c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

(a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.

(b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

(a) Deleted. See Session Law 2009-373; SB 804.

(b) Deleted. See Session Law 2009-373; SB 804.

(c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:

(1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.

(2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
(3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
(4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
(5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

(a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.
A contested case shall be conducted in accordance with the following timetable:
(1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
(2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
(3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
(4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.
The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

(a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars ($5,000) and may not exceed fifty thousand dollars ($50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.
The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

(b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.

(b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

(1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars ($5,000) and may not exceed fifty thousand dollars ($50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars ($300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

(2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.

(c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

(a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet

the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.

(b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.

(c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.

(d) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility on or after October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:

(1) For a project that costs over fifty million dollars ($50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within four years after the date the Department's decision to approve the certificate of need for that project becomes final.

(2) For a project that costs fifty million dollars ($50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need within two years after the date the Department's decision to approve the certificate of need for that project becomes final.

(e) Notwithstanding subsections (a), (b), or (c) of this section, a certificate of need issued by the Department for the construction of a health service facility prior to October 1, 2021, expires if the holder of the certificate of need fails to execute or commit to a contract for design services for the project authorized by the certificate of need within the following time frames:

(1) For a project that costs over fifty million dollars ($50,000,000), the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2025.

(2) For a project that costs fifty million dollars ($50,000,000) or less, the holder of the certificate of need shall execute or commit to a contract for design services for the project authorized by the certificate of need by October 1, 2023.

(f) Notwithstanding subsections (d) and (e) of this section, certificates of need that (i) are issued for the construction of a health service facility prior to October 1, 2021, and (ii) have a specific deadline to execute or commit to a contract for design services for the project authorized by the certificate of need will not expire unless the holder fails to execute or commit to a contract for design services by the deadline specified in the certificate of need.

(g) In the event the holder of a certificate of need is unable to execute or commit to a contract for design services for the project due to developments beyond the control of the holder of the certificate of need or for other good cause, the time for performance shall be extended by a period equal to the period during which performance of the obligation has been delayed or failed to be performed.

§ 131E-190. Enforcement and sanctions.

(a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.

(b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.

(c) Repealed.

(d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.

(e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.

(f) The Department may assess a civil penalty of not more than twenty thousand dollars ($20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article. The clear proceeds of penalties provided for in this subsection shall be remitted to the Civil Penalty and Forfeiture Fund in accordance with G.S. 115C-457.2.

(g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.

(h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.

(i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

APPENDIX E
CERTIFICATE OF NEED REGULATIONS

Changes from the Previous Plan
The following rules were repealed or readopted with substantive changes, effective January 1, 2022:

10A NCAC 14C .1601 DEFINITIONS (CARDIAC CATH)
10A NCAC 14C .1603 PERFORMANCE STANDARDS (CARDIAC CATH)
10A NCAC 14C .1701 DEFINITIONS (OPEN HEART SURGERY AND HEART-LUNG BYPASS)
10A NCAC 14C .1901 DEFINITIONS (LINAC)
10A NCAC 14C .1903 PERFORMANCE STANDARDS (LINAC)
10A NCAC 14C .2301 DEFINITIONS (CT)
10A NCAC 14C .2303 DEFINITIONS (CT)
10A NCAC 14C .2401 DEFINITIONS (ICF/IID)
10A NCAC 14C .2403 PERFORMANCE STANDRDS (ICF/IID)
10A NCAC 14C .2501 DEFINITIONS (SUD TREATMENT BEDS)
10A NCAC 14C .2503 PERFORMANCE STANDARDS (SUD TREATMENT BEDS)
10A NCAC 14C .2601 DEFINITIONS (PSYCH BEDS)
10A NCAC 14C .2603 PERFORMANCE STANDARDS (PSYCH BEDS)
10A NCAC 14C .2701 DEFINITIONS (MRI)
10A NCAC 14C .2703 PERFORMANCE STANDARDS (MRI)
10A NCAC 14C .3701 DEFINITIONS (PET)
10A NCAC 14C .3703 PERFORMANCE STANDARDS (PET)

It is anticipated that the following rule will be readopted with substantive changes, effective February 1, 2022:

10A NCAC 14C .1703 DEFINITIONS (OPEN HEART SURGERY AND HEART -LUNG BYPASS)

10A NCAC 14C .0102 LOCATION OF THE AGENCY
As used in this Subchapter, the agency is the Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

10A NCAC 14C .0202 DEFINITIONS
The following definitions shall apply throughout this Subchapter:

(1) "Applicant" means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
(2) "Application deadline" means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby

incorporated by reference including subsequent amendments, the application deadline is the next business day.

(3) "Competitive review" means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.

(4) "CON Section" means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.

(5) "Full fiscal year" means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.

(6) "Health service" shall have the same meaning as defined in G.S. 131E-176(9a).

(7) "New institutional health service" shall have same meaning as defined in G.S. 131E-176(16).

(8) "Person" shall have the same meaning as defined in G.S. 131E-176(19).

(9) "Proposal" means a new institutional health service that requires a certificate of need.

(10) "Related entity" means a person that:

(a) shares the same parent corporation or holding company with the applicant;

(b) is a subsidiary of the same parent corporation or holding company as the applicant; or

(c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.

(11) "Review category" means the categories described in Chapter 3 of the annual State Medical Facilities Plan.

(12) "Review period" means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.

(13) "State Medical Facilities Plan" shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at https://info.ncdhhs.gov/dhsr/ncsmfp/index.html.

(14) "USB flash drive" means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

10A NCAC 14C .0203 FILING APPLICATIONS

(a) "Application form" refers to one of the following:

(1) the Certificate of Need Application form; or

(2) the Dialysis or End Stage Renal Disease Services Application form.

(b) An application form may be obtained from the CON Section by:

(1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or

(2) calling (919) 855-3873.

(c) An email request for an application form shall:

(1) describe the proposal;

(2) identify the city or county where the proposal would be located; and

(3) include the estimated capital cost for the proposal.

(d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:

(1) review category; and

(2) review period.

(e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
    (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
    (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
    (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
    (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.

(f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.

(g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.

(h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
    (1) a signed certification page; or
    (2) the copy of the application.

(i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.

(j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

(a) If the review is not expedited, the review may be extended for the following reasons:
    (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
    (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
    (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.

(b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

(a) This Rule defines the terms used in the definition of "replacement equipment" set forth in G.S. 131E-176(22a).

(b) "Currently in use" means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.

(c) Replacement equipment is not "comparable" if:

(1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or

(2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1102 PERFORMANCE STANDARDS

(a) An applicant proposing to add nursing facility beds to an existing facility, except an applicant proposing to transfer existing certified nursing facility beds from a State Psychiatric Hospital to a community facility, shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed nursing facility beds within the facility in which the new beds are to be operated was at least 90 percent.

(b) An applicant proposing to establish a new nursing facility or add nursing facility beds to an existing facility, except an applicant proposing to transfer existing certified nursing facility beds from a State Psychiatric Hospital to a community facility, shall not be approved unless occupancy is projected to be at least 90 percent for the total number of nursing facility beds proposed to be operated, no later than two years following the completion of the proposed project. All assumptions, including the specific methodologies by which occupancies are projected, shall be clearly stated.

(c) An applicant proposing to add adult care home beds to an existing facility shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed adult care home beds within the facility in which the new beds are to be operated was at least 85 percent.

(d) An applicant proposing to establish a new adult care home facility or add adult care home beds to an existing facility shall not be approved unless occupancy is projected to be at least 85 percent for the total number of adult care home beds proposed to be operated, no later than two years following the completion of the proposed project. All assumptions, including the specific methodologies by which occupancies are projected, shall be stated.

SECTION .1400 – CRITERIA AND STANDARDS FOR NEONATAL SERVICES

10A NCAC 14C .1401 DEFINITIONS

The definitions in this Rule shall apply to all rules in this Section:

(1) "Approved neonatal service" means a neonatal service that was not operational prior to the beginning of the review period.

(2) "Existing neonatal service" means a neonatal service in operation prior to the beginning of the review period.

(3) "High-risk obstetric patients" means those patients requiring specialized services provided by an acute care hospital to the mother and fetus during pregnancy, labor, delivery and to

the mother after delivery. The services are characterized by specialized facilities and staff for the intensive care and management of high-risk maternal and fetal patients before, during, and after delivery.

(4) "Level I neonatal services" means services provided by an acute care hospital to full term and pre-term neonates that are stable, without complications, and may include neonates that are small for gestational age or large for gestational age.

(5) "Level II neonatal service" means services provided by an acute care hospital in a licensed acute care bed to neonates and infants that are stable without complications but require special care and frequent feedings; infants of any weight who no longer require Level III or Level IV neonatal services, but still require more nursing hours than normal infants; and infants who require close observation in a licensed acute care bed.

(6) "Level III neonatal service" means services provided by an acute care hospital in a licensed acute care bed to neonates or infants that are high-risk, small (approximately 32 and less than 36 completed weeks of gestational age) but otherwise healthy, or sick with a moderate degree of illness that are admitted from within the hospital or transferred from another facility requiring intermediate care services for sick infants, but not intensive care. Level III neonates or infants require less constant nursing care than Level IV services, but care does not exclude respiratory support.

(7) "Level IV neonatal service" means neonatal intensive care services provided by an acute care hospital in a licensed acute care bed to high-risk medically unstable or critically ill neonates (approximately under 32 weeks of gestational age) or infants requiring constant nursing care or supervision not limited to continuous cardiopulmonary or respiratory support, complicated surgical procedures, or other intensive supportive interventions.

(8) "Neonatal bed" means a licensed acute care bed used to provide Level II, III or IV neonatal services.

(9) "Neonatal intensive care services" shall have the same meaning as defined in G.S. 131E-176(15b).

(10) "Neonatal service area" means a geographic area defined by the applicant from which the patients to be admitted to the service will originate.

(11) "Neonatal services" means any of the Level I, Level II, Level III or Level IV services defined in this Rule.

(12) "Obstetric services" means any normal or high-risk services provided by an acute care hospital to the mother and fetus during pregnancy, labor, delivery and to the mother after delivery.

(13) "Perinatal services" means services provided during the period shortly before and after birth.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

(a) An applicant shall demonstrate that the proposed project is capable of meeting the following standards:

(1) if an applicant is proposing to increase the total number of neonatal beds (i.e., the sum of Level II, Level III and Level IV beds), the overall average annual occupancy of the combined number of existing Level II, Level III and Level IV beds in the facility is at least 75 percent, over the 12 months immediately preceding the submittal of the proposal;

(2) if an applicant is proposing to increase the total number of neonatal beds (i.e., the sum of Level II, Level III and Level IV beds), the projected overall average annual occupancy of the combined number of Level II, Level III and Level IV beds proposed to be operated during the third year of operation of the proposed project shall be at least 75 percent; and

(3) The applicant shall document the assumptions and provide data supporting the methodology used for each projection in this rule.

(b) If an applicant proposes to develop a new Level III or Level IV service, the applicant shall document that an unmet need exists in the applicant's defined neonatal service area, unless the State Medical Facilities Plan includes a need determination for neonatal beds in the service area. The need for Level III and Level IV beds shall be computed for the applicant's neonatal service area by:

(1) identifying the annual number of live births occurring at all hospitals within the proposed neonatal service area, using the latest available data compiled by the State Center for Health Statistics;

(2) identifying the low birth weight rate (percent of live births below 2,500 grams) for the births identified in (1) of this Paragraph, using the latest available data compiled by the State Center for Health Statistics;

(3) dividing the low birth weight rate identified in (2) of this Paragraph by .08 and subsequently multiplying the resulting quotient by four; and

(4) determining the need for Level III and Level IV beds in the proposed neonatal service area as the product of:

(A) the product derived in (3) of this Paragraph, and

(B) the quotient resulting from the division of the number of live births in the initial year of the determination identified in (1) of this Paragraph by the number 1000.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT AND CARDIAC ANGIOPLASTY EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

(1) "Angiography procedures" means procedures performed using cardiac catheterization equipment that are not cardiac catheterization services.

(2) "Approved cardiac catheterization equipment" means cardiac catheterization equipment that was issued a certificate of need but is not being used to provide cardiac catheterization services as of the application deadline for the review period.

(3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).

(4) "Cardiac catheterization services" shall have the same meaning as defined in G.S. 131E-176(2g).

(5) "Diagnostic-equivalent cardiac catheterization procedures" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(6) "Existing cardiac catheterization equipment" means cardiac catheterization equipment that is being used to offer cardiac catheterization services as of the application deadline for the review period.

(7) "Fixed cardiac catheterization equipment" means cardiac catheterization equipment that is not mobile or shared fixed cardiac catheterization equipment.

(8) "Fixed cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(9) "Host site" means the location where the mobile cardiac catheterization equipment provides cardiac catheterization services.

(10) "Mobile cardiac catherization equipment" means cardiac catheterization equipment that is moved weekly to provide cardiac catheterization services at two or more host sites.

(11) "Mobile cardiac catheterization equipment service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(12) "Proposed cardiac catheterization equipment" means the cardiac catheterization equipment proposed in the certificate of need application.

(13) "Shared fixed cardiac catheterization equipment" means fixed cardiac catheterization equipment that is used to perform cardiac catheterization procedures and angiography procedures.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) identify the existing fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;

(2) identify the approved fixed cardiac catheterization equipment owned or operated by the applicant or a related entity and located in the proposed fixed cardiac catheterization equipment service area;

(3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;

(4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and

(5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed cardiac catheterization equipment shall perform 900 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire shared fixed cardiac catheterization equipment pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) provide projected utilization of the proposed shared fixed cardiac catheterization equipment during each of the first three full fiscal years of operation following completion of the project;

(2) provide the assumptions and methodology used to project the utilization required by Subparagraph (1) of this Paragraph; and

(3) project that the proposed shared fixed cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization and angiography procedures during the third full fiscal year of operation following completion of the project.

(c) An applicant proposing to acquire mobile cardiac catheterization equipment pursuant to a need determination in the State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) identify the existing mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that provides cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;

(2) identify the approved mobile cardiac catheterization equipment owned or operated by the applicant or a related entity that will provide cardiac catheterization services at host sites located in the proposed mobile cardiac catheterization equipment service area;

(3) provide projected utilization of the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac

catheterization equipment during each of the first three full fiscal years of operation following completion of the project;

(4) provide the assumptions and methodology used to project the utilization required by Subparagraph (3) of this Paragraph; and

(5) project that the cardiac catheterization equipment identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile cardiac catheterization equipment shall perform 225 or more diagnostic-equivalent cardiac catheterization procedures per unit of cardiac catheterization equipment during the third full fiscal year of operation following completion of the project.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions apply to all rules in this Section:

(1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was issued a certificate of need but is not being used as of the application deadline for the review period.

(2) "Existing heart-lung bypass machine" means a heart-lung bypass machine that is being used as of the application deadline for the review period.

(3) "Health service facility" shall have the same meaning as defined in G.S. 131E-176(9b).

(4) "Heart-lung bypass machine" shall have the same meaning as defined in G.S. 131E-176(10a).

(5) "Open-heart surgical procedure" means one visit by a patient to an operating room for open heart surgery services.

(6) "Open-heart surgery services" shall have the same meaning as defined in G.S. 131E-176(18b).

(7) "Proposed heart-lung bypass machine" means the heart-lung bypass machine proposed in the application under review.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

(a) A health service facility that proposes to develop a new open-heart surgery service shall:

(1) provide the projected number of open-heart surgical procedures to be performed during each of the first three full fiscal years of operation following completion of the project;

(2) provide the assumptions and methodology used to project the utilization required by Subparagraph (a)(1) of this Paragraph; and

(3) project to perform 150 or more open-heart surgical procedures in the third full fiscal year of operation following completion of the project.

(b) A health service facility that proposes to acquire a heart-lung bypass machine, excluding a heart-lung bypass machine proposed to be acquired pursuant to Policy AC-6 in the annual State Medical Facilities Plan in effect as of the first day of the review period, shall:

(1) provide the number of existing heart-lung bypass machines owned or operated by the health service facility;

(2) provide the number of approved heart-lung bypass machines that will be owned or operated by the health service facility;

(3) provide projected utilization of the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung

bypass machine during each of the first three full fiscal years of operation following completion of the project;

(4) provide the assumptions and methodology used to project the utilization required by Subparagraph (b)(3) of this Paragraph; and

(5) project that the existing and approved heart-lung bypass machines identified in Subparagraphs (b)(1) and (b)(2) of this Paragraph and the proposed heart-lung bypass machine will be used during the third full fiscal year of operation following completion of the project:

(A) to perform 200 or more open-heart surgical procedures per heart-lung bypass machine; or

(B) for 900 hours or more per heart-lung bypass machine, including time in use and time spent on standby, for all types of procedures.

SECTION .1900 – CRITERIA AND STANDARDS FOR RADIATION THERAPY EQUIPMENT

10A NCAC 14C .1901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

(1) "Approved LINAC" means a linear accelerator (LINAC) that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.

(2) "Equivalent Simple Treatment Visit (ESTV)" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(3) "Existing LINAC" means a LINAC that is being used to provide services as of the application deadline for the review period.

(4) "LINAC service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(5) "Linear accelerator (LINAC)" shall have the same meaning as defined in G.S. 131E-176(14g).

(6) "Proposed LINAC" means the LINAC proposed in the application under review.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

An applicant proposing to acquire a LINAC pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) identify the existing LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;

(2) identify the approved LINACs owned or operated by the applicant or a related entity and located in the proposed LINAC service area;

(3) provide projected utilization of the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC during each of the first three full fiscal years of operation following completion of the project;

(4) provide the assumptions and methodology used for the projected utilization required by Item (3) of this Rule;

(5) project that the LINACs identified in Items (1) and (2) of this Rule and the proposed LINAC shall perform during the third full fiscal year of operation following completion of the project either:

(a) 6,750 or more ESTVs per LINAC; or

(b) serve 250 or more patients per LINAC.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions in this Rule shall apply to all rules in this Section:

(1) "Home Health Agency" shall have the same meaning as defined in G.S. 131E-176(12).

(2) "Home Health Services" shall have the same meaning as defined in G.S. 131E-176(12).

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant shall project, in the third year of operation, an annual unduplicated patient caseload for the county in which the facility will be located that meets or exceeds the minimum need used in the applicable State Medical Facilities Plan to justify the establishment of a new home health agency office in that county. An applicant shall not be required to meet this performance standard if the home health agency office need determination in the applicable State Medical Facilities Plan was not based on application of the standard methodology for a Medicare-certified home health agency office.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

(1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.

(2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.

(3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.

(4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.

(5) "Operating room" means a room as defined in G.S. 131E-176(18c).

(6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.

(7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

(a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.

(b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

(1) "Dialysis" means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.

(2) "Dialysis facility" means a kidney disease treatment center as defined in G.S. 131E-176(14e).

(3) "Dialysis station" means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.

(4) "Hemodialysis" means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.

(5) "Home hemodialysis" means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.

(6) "In-center hemodialysis" means hemodialysis performed in a dialysis facility.

(7) "Peritoneal dialysis" means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

(a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.

(b) An applicant proposing to increase the number of in-center dialysis stations in:

(1) an existing dialysis facility; or

(2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of need

shall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.

(c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.

(d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.

(e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2300 – CRITERIA AND STANDARDS FOR COMPUTED TOMOGRAPHY EQUIPMENT

10A NCAC 14C .2301 DEFINITIONS
Repealed Eff. January 1, 2022.

10A NCAC 14C .2303 PERFORMANCE STANDARDS
Repealed Eff. January 1, 2022.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS
The following definitions shall apply to all rules in this Section:

(1) "Catchment area" means as defined in G.S. 122C-3(4).

(2) "Intermediate care facility for individuals with intellectual disabilities" means as defined in G.S. 131E-176(14a).

10A NCAC 14C .2403 PERFORMANCE STANDARDS
(a) An applicant proposing to add intermediate care facility for individuals with intellectual disabilities (ICF/IID) beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/IID beds within the facility in which the new beds are to be operated was at least 90 percent.

(b) An applicant proposing to establish new ICF/IID beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/IID beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.

(c) An applicant proposing to establish new ICF/IID beds shall comply with one of the following models:

(1) a residential community based freestanding facility with six beds or less, i.e., group home model; or

(2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served.

(d) No more than three ICF/IID facilities housing a combined total of 18 persons shall be developed on contiguous pieces of property.

SECTION .2500 – CRITERIA AND STANDARDS FOR SUBSTANCE USE DISORDER (CHEMICAL DEPENDENCY TREATMENT) BEDS

10A NCAC 14C .2501 DEFINITIONS
Repealed Eff. January 1, 2022.

10A NCAC 14C .2503 PERFORMANCE STANDARDS
Repealed Eff. January 1, 2022.

SECTION .2600 – CRITERIA AND STANDARDS FOR PSYCHIATRIC BEDS

10A NCAC 14C .2601 DEFINITIONS
Repealed Eff. January 1, 2022.

10A NCAC 14C .2603 PERFORMANCE STANDARDS
Repealed Eff. January 1, 2022.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS
The following definitions shall apply to all rules in this Section:

(1) "Adjusted MRI procedure" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(2) "Approved MRI scanner" means a magnetic resonance imaging (MRI) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.

(3) "Existing MRI scanner" means an MRI scanner that is being used to provide services as of the application deadline for the review period.

(4) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.

(5) "Fixed MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(6) "Host site" means the location where the mobile MRI scanner provides services.

(7) "Magnetic resonance imaging (MRI) scanner" shall have the same meaning as defined in G.S. 131E-176(14m).

(8) "Mobile MRI scanner" means an MRI scanner that is moved weekly to provide services at two or more host sites.

(9) "Mobile MRI scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.

(10) "Proposed MRI scanner" means the MRI scanner proposed in the application under review.

10A NCAC 14C .2703 PERFORMANCE STANDARDS
(a) An applicant proposing to acquire a fixed MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;

(2) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity and located in the proposed fixed MRI scanner service area;

(3) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed fixed MRI scanner service area during the 12 months before the application deadline for the review period;

(4) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed fixed MRI scanner service area;

(5) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed MRI scanner during each of the first three full fiscal years of operation following completion of the project;

(6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph;

(7) project that the fixed MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed fixed MRI scanner shall perform during the third full fiscal year of operation following completion of the project as follows:

(A) 3,364 or more adjusted MRI procedures per fixed MRI scanner if there are four or more fixed MRI scanners in the fixed MRI scanner service area;

(B) 3,123 or more adjusted MRI procedures per fixed MRI scanner if there are three fixed MRI scanners in the fixed MRI scanner service area;

(C) 2,883 or more adjusted MRI procedures per fixed MRI scanner if there are two fixed MRI scanners in the fixed MRI scanner service area;

(D) 2,643 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or

(E) 1,201 or more adjusted MRI procedures per MRI scanner if there are no existing fixed MRI scanners in the fixed MRI scanner service area; and

(8) project that the mobile MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform 3,328 or more adjusted MRI procedures per mobile MRI scanner during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire a mobile MRI scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:

(1) identify the existing mobile MRI scanners owned or operated by the applicant or a related entity that provided mobile MRI services at host sites located in the proposed mobile MRI scanner service area during the 12 months before the application deadline for the review period;

(2) identify the approved mobile MRI scanners owned or operated by the applicant or a related entity that will provide mobile MRI services at host sites located in the proposed mobile MRI scanner service area;

(3) identify the existing fixed MRI scanners owned or operated by the applicant or a related entity that are located in the proposed mobile MRI scanner service area;

(4) identify the approved fixed MRI scanners owned or operated by the applicant or a related entity that will be located in the proposed mobile MRI scanner service area;

(5) identify the existing and proposed host sites for each mobile MRI scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner;

(6) provide projected utilization of the MRI scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile MRI scanner during each of the first three full fiscal years of operation following completion of the project;

(7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph;

(8) project that the mobile MRI scanners identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile MRI scanner shall perform 3,328 or more adjusted MRI procedures per MRI scanner during the third full fiscal year of operation following completion of the project; and

(9) project that the fixed MRI scanners identified in Subparagraphs (3) and (4) of this Paragraph shall perform during the third full fiscal year of operation following completion of the project as follows:

(A) 3,364 or more adjusted MRI procedures per fixed MRI scanner if there are four or more fixed MRI scanners in the fixed MRI scanner service area;

(B) 3,123 or more adjusted MRI procedures per fixed MRI scanner if there are three fixed MRI scanners in the fixed MRI scanner service area;

(C) 2,883 or more adjusted MRI procedures per fixed MRI scanner if there are two fixed MRI scanners in the fixed MRI scanner service area;

(D) 2,643 or more adjusted MRI procedures per fixed MRI scanner if there is one fixed MRI scanner in the fixed MRI scanner service area; or

(E) 1,201 or more adjusted MRI procedures per MRI scanner if there are no fixed MRI scanners in the fixed MRI scanner service area.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The definitions in this Rule will apply to all rules in this Section.

(1) "Rehabilitation Facility" means a facility as defined in G.S. 131E-176.

(2) "Rehabilitation" means the process to maintain, restore or increase the function of disabled individuals so that an individual can live in the least restrictive environment, consistent with his or her objective.

(3) "Outpatient Rehabilitation Clinic" is defined as a program of coordinated and integrated outpatient services, evaluation, or treatment with emphasis on improving the functional level of the person in coordination with the patient's family.

(4) "Rehabilitation Beds" means inpatient beds for which a need determination is set forth in the current State Medical Facilities Plan and which are located in a hospital licensed pursuant to G.S. 131E-77.

(5) "Traumatic Brain Injury" is defined as an insult to the brain that may produce a diminished or altered state of consciousness which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychological maladjustment.

(6) "Stroke" (cerebral infarction, hemorrhage) is defined as the sudden onset of a focal neurologic deficit due to a local disturbance in the blood supply to the brain.

(7) "Spinal Cord Injury" is defined as an injury to the spinal cord that results in the loss of motor or sensory function.

(8) "Pediatric Rehabilitation" is defined as inpatient rehabilitation services provided to persons 14 years of age or younger.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

(a) An applicant proposing to establish new rehabilitation beds shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed rehabilitation beds within the facility in which the new beds are to be operated was at least 80 percent.

(b) An applicant proposing to establish new rehabilitation beds shall not be approved unless occupancy is projected to be 80 percent for the total number of rehabilitation beds to be operated in the facility no later than two years following completion of the proposed project.

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

(1) "Approved PET scanner" means a positron emission tomography (PET) scanner that was issued a certificate of need but is not being used to provide services as of the application deadline for the review period.

(2) "Existing PET scanner" means a PET scanner that is being used to provide services as of the application deadline for the review period.
(3) "Fixed PET scanner" means a PET scanner that is not mobile.
(4) "Fixed PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
(5) "Host site" means the location where the mobile PET scanner provides services.
(6) "Mobile PET scanner" means a PET scanner that is moved weekly to provide services at two or more host sites.
(7) "Mobile PET scanner service area" shall have the same meaning as defined in the annual State Medical Facilities Plan in effect as of the first day of the review period.
(8) "Positron emission tomography scanner" shall have the same meaning as defined in G.S. 131E-176(19a).
(9) "Proposed PET scanner" means the PET scanner proposed in the application under review.

10A NCAC 14C .3703 PERFORMANCE STANDARDS

(a) An applicant proposing to acquire a fixed PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
(1) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
(2) identify the approved fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed fixed PET scanner service area;
(3) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed fixed PET scanner service area during the 12 months before the application deadline for the review period;
(4) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed fixed PET scanner service area;
(5) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner during each of the first three full fiscal years of operation following completion of the project;
(6) provide the assumptions and methodology used to project the utilization required by Subparagraph (5) of this Paragraph; and
(7) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed fixed PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

(b) An applicant proposing to acquire a mobile PET scanner pursuant to a need determination in the annual State Medical Facilities Plan in effect as of the first day of the review period shall:
(1) identify the existing mobile PET scanners owned or operated by the applicant or a related entity that provided services at host sites located in the proposed mobile PET scanner service area during the 12 months before the application deadline for the review period;
(2) identify the approved mobile PET scanners owned or operated by the applicant or a related entity that will provide services at host sites located in the proposed mobile PET scanner service area during the first three full fiscal years following completion of the project;
(3) identify the existing fixed PET scanners owned or operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
(4) identify the approved fixed PET scanners owned and operated by the applicant or a related entity and located in the proposed mobile PET scanner service area;
(5) identify the existing and proposed host sites for each mobile PET scanner identified in Subparagraphs (1) and (2) of this Paragraph and the proposed mobile PET scanner;

(6) provide projected utilization of the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner during each of the first three full fiscal years of operation following completion of the project;
(7) provide the assumptions and methodology used to project the utilization required by Subparagraph (6) of this Paragraph; and
(8) project that the PET scanners identified in Subparagraphs (1) through (4) of this Paragraph and the proposed mobile PET scanner shall perform 2,080 or more procedures per PET scanner during the third full fiscal year of operation following completion of the project.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to all Rules in this Section:

(1) "Acute care beds" means acute care beds licensed by the Division of Health Service Regulation in accordance with standards in 10A NCAC 13B .6200, and located in hospitals licensed pursuant to G.S. 131E-79.
(2) "Average daily census" means the number of days of inpatient acute care provided in licensed acute care beds in a given year divided by 365 days.
(3) "Campus" shall have the same meaning as defined in G.S. 131E-176(2c).
(4) "Service Area" means the single or multi-county area as used in the development of the acute care bed need determination in the applicable State Medical Facilities Plan.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

(a) An applicant proposing to develop new acute care beds shall demonstrate that the projected average daily census (ADC) of the total number of licensed acute care beds proposed to be licensed within the service area, under common ownership with the applicant, divided by the total number of those licensed acute care beds is reasonably projected to be at least 66.7 percent when the projected ADC is less than 100 patients, 71.4 percent when the projected ADC is 100 to 200 patients, and 75.2 percent when the projected ADC is greater than 200 patients, in the third operating year following completion of the proposed project or in the year for which the need determination is identified in the State Medical Facilities Plan, whichever is later.
(b) An applicant proposing to develop new acute care beds shall provide all assumptions and data used to develop the projections required in this rule and demonstrate that they support the projected inpatient utilization and average daily census.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILTIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

(1) “Approved gastrointestinal (GI) endoscopy rooms” means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
(2) “Existing GI endoscopy rooms” means GI endoscopy rooms that were licensed prior to the beginning of the review period.
(3) “GI endoscopy procedure” means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
(4) “Licensed health service facility” means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).

(5) “New GI endoscopy room” means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
(6) “Service area” means the county where the proposed GI endoscopy room will be developed.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

(1) identify the proposed service area;
(2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
(3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
(4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
(5) provide the assumptions and methodology used to project the utilization required by this Rule.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to all rules in this Section:

(1) "Bereavement counseling" means counseling provided to a hospice patient's family or significant others to assist them in dealing with issues of grief and loss.
(2) "Caregiver" means the person whom the patient designates to provide the patient with emotional support, physical care, or both.
(3) "Care plan" means a plan as defined in 10A NCAC 13K .0102 of the Hospice Licensing Rules.
(4) "Home-like" means furnishings of a hospice inpatient facility or a hospice residential care facility as defined in 10A NCAC 13K .1110 or .1204 of the Hospice Licensing Rules.
(5) "Hospice" means any coordinated program of home care as defined in G.S. 131E-176(13a).
(6) "Hospice inpatient facility" means a facility as defined in G.S. 131E-176(13b).
(7) "Hospice residential care facility" means a facility as defined in G.S. 131E-176(13c).
(8) "Hospice service area" means for residential care facilities, the county in which the hospice residential care facility will be located and the contiguous counties for which the hospice residential care facility will provide services.
(9) "Hospice services" means services as defined in G.S. 131E-201(5b).
(10) "Hospice staff" means personnel as defined in 10A NCAC 13K .0102 of the Hospice Licensing Rules.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

(a) An applicant proposing to develop hospice inpatient facility beds or hospice residential care facility beds shall demonstrate that:
(1) the average occupancy rate of the licensed hospice beds, for each level of care, in the facility is projected to be at least 50 percent for the last six months of the first operating year following completion of the project;

(2) the average occupancy rate for the licensed hospice beds, for each level of care, in the facility is projected to be at least 65 percent for the second operating year following completion of the project; and

(3) if the application is submitted to address the need for hospice residential care beds, each existing hospice residential care facility which is located in the hospice service area operated at an occupancy rate of at least 65 percent for the 12 month period reported on that facility's most recent Licensure Renewal Application Form.

(b) An applicant proposing to add hospice inpatient facility beds to an existing hospice inpatient facility shall document that the average occupancy of the licensed hospice inpatient facility beds in its existing facility was at least 65 percent for the nine months immediately preceding the submittal of the proposal.

(c) An applicant proposing to add residential care beds to an existing hospice residential care facility shall document that the average occupancy of the licensed hospice residential care beds in its existing facility was at least 65 percent for the nine months immediately preceding the submittal of the proposal.

APPENDIX F
ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
North Carolina Baptist Hospital Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

APPENDIX G
CRITICAL ACCESS HOSPITALS

County	Facility Name, Address and Telephone Number
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	Vidant Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Dosher Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

County	Facility Name, Address and Telephone Number
Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	Vidant Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Mitchell	Blue Ridge Regional Hospital 125 Hospital Drive Spruce Pine, North Carolina 28777 (828) 765-4201
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

County	Facility Name, Address and Telephone Number
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington County Hospital 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055

North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section
2704 Mail Service Center ▪ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom., Secretary

http://facility-services.state.nc.us

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

DFS ADVISORY

Title: Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes

Date: October 22, 2003

Purpose

The purpose of this Advisory is to provide The Agency's interpretation of the certificate of need requirements for acute care hospitals to develop new or expanded detoxification services and interpretation of hospital licensing requirements for beds used for detoxification services.

Background

House Bill 815, which revised Article 9, Chapter 131E, the Certificate of Need Law, was approved August 7, 2003, and excludes "social setting detoxification" and "medical detoxification" facilities from the definition of chemical treatment facilities licensed under Chapter 122C. Consequently, the Certificate of Need Law no longer regulates the development of facilities licensed as "non-hospital medical detoxification for individuals who are substance abusers" or "social setting detoxification for substance abuse."

Policy

The change in the law did not revise the definition of a "chemical treatment facility" for detoxification units in an acute care hospital licensed under Article 5, Chapter 131E. Pursuant to enactment of House Bill 815, the Agency recently reviewed the licensure regulations for acute care hospitals and determined there is no licensure category for medical detoxification services that is separate from the licensure categories for psychiatric, substance abuse or acute care beds. In other words, medical detoxification services may be a component of licensed psychiatric, substance abuse and acute care services in acute care hospitals. Therefore, acute care hospitals may provide medical detoxification services in existing licensed psychiatric, substance abuse/chemical dependency treatment or acute care beds without a certificate of need. As a result of this interpretation, the Agency will revise current licenses for acute care hospitals to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds given that, to date, detoxification beds have been recognized by the Agency as one type of substance abuse bed.

In summary, if an acute care hospital wants to develop new or expanded detoxification services at this time, it may do so without a certificate of need, as long as the services are provided in an existing licensed acute care, psychiatric or substance abuse bed. However, if an acute care hospital wants to increase the bed capacity in its facility to develop or expand detoxification services, it must first obtain a certificate of need to add either licensed acute care, psychiatric or substance abuse beds for that purpose.

Robert J. Fitzgerald
Director

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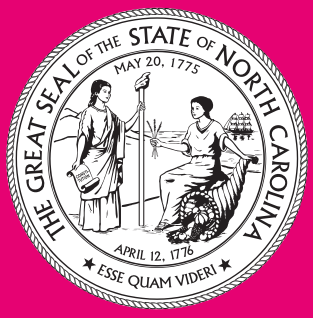

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health
Service Regulation

State Medical Facilities Plan