



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

July 22, 2015

Jodi B. Bordelon
420 West Pinhook Road
Lafayette, LA 70503

No Review

Facility or Business: Cape Fear Valley HomeCare and Hospice, LLC
Project Description: Separately license home care services, including Medicare-certified home health services, from hospice home care services
County: Hoke
FID #: 923648

Dear Ms. Bordelon:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letters of January 23, 2015 and July 20, 2015 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if it has any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

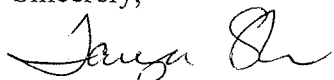
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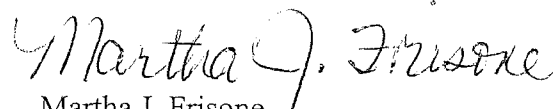
Jodi Bordelon
July 22, 2015
Page 2

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,



Tanya S. Rupp
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Assistant Chief, Healthcare Planning

Rupp, Tanya

From: Jodi Bordelon <Jodi.Bordelon@lhcgroupp.com>
Sent: Monday, July 20, 2015 4:39 PM
To: Rupp, Tanya
Subject: RE: Cape Fear Valley HomeCare and Hospice, LLC - Facility ID # 923648

Yes, the services will still be offered in one building. There will be no relocation involved. Thank you.

Jodi B. Bordelon

Licensure & Regulatory Affairs Paralegal
LHC Group, Inc.
420 West Pinhook Road
Lafayette, Louisiana 70503-2131
Phone: (337) 233-1307
Direct: (337) 769-0760
Fax: (337) 233-5764
E-Mail: jodi.bordelon@lhcgroupp.com

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From: Rupp, Tanya [<mailto:tanya.rupp@dhhs.nc.gov>]
Sent: Monday, July 20, 2015 3:34 PM
To: Jodi Bordelon
Subject: RE: Cape Fear Valley HomeCare and Hospice, LLC - Facility ID # 923648

Hi Ms. Bordelon,

Thank you for the additional information.

I have a follow-up question: In creating two licenses for Cape Fear Valley Home Care and Cape Fear Valley Hospice, will the services be offered in one building? In other words, will there now be two pieces of real estate: one which houses Cape Fear Valley Home Care and one which houses Cape Fear Valley Hospice?

Thank you; I look forward to hearing from you.

From: Jodi Bordelon [<mailto:Jodi.Bordelon@lhcgroupp.com>]
Sent: Monday, July 20, 2015 3:13 PM
To: Rupp, Tanya
Cc: Angel Stansbury; Rachel Brown
Subject: Cape Fear Valley HomeCare and Hospice, LLC - Facility ID # 923648

Dear Ms. Rupp,

In accordance with our telephone conversation of earlier today, attached is a copy of my correspondence regarding the provider referenced above.

Thanking you in advance for your assistance and with kind regards, I am

Sincerely,

Jodi B. Bordelon

Jodi B. Bordelon

Licensure & Regulatory Affairs Paralegal

LHC Group, Inc.

420 West Pinhook Road

Lafayette, Louisiana 70503-2131

Phone: (337) 233-1307

Direct: (337) 769-0760

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E-Mail: jodi.bordelon@lhcgroupp.com

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home health • hospice • long-term acute care • community-based services

July 20, 2015

ATTENTION: Tanya Rupp
Project Analyst

North Carolina Department of Health and Human Services
Acute and Home Care Licensure and Certification Section
2712 Mail Service Center
Raleigh, North Carolina 27699-2712

VIA ELECTRONIC MAIL

RE: Cape Fear Valley HomeCare and Hospice, LLC d/b/a Cape Fear Valley HomeCare and Hospice
NPI # 1336399906 Tax ID # 26-3385545 State License # HC0283 Facility ID # 923648
TRADE NAME CHANGE

Dear Ms. Rupp:

In follow up to my correspondence of January 23, 2015 and yours of April 14, 2015 (copies enclosed), please accept this letter as an appendage to my earlier request. The North Carolina Department of Health and Human Services has asked that I obtain from your office written acknowledgment approving that the home health and hospice services provided under the State License referenced above will hereinafter be licensed separately following processing of a new hospice application. The home health services will retain the State License referenced above; however, the hospice services will be removed from that license and will be issued a new State License.

There will be no changes in the staff, management, services offered and/or service area of the hospice agency as a result of the trade name change and issuance of a separate State License.

Should you have any questions or if I may be of further assistance, please do not contact me at (337) 233-1307, Ext. 210760.

Sincerely,

A handwritten signature in cursive script that reads 'Jodi B. Bordelon'.

Jodi B. Bordelon
Licensure & Regulatory Affairs Paralegal

Enclosures

420 West Pinhook Road • Lafayette, Louisiana 70503
Toll free: 1.866.LHC.GROUP • Phone: 337.233.1307
LHCgroup.com

It's all about helping people.



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

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Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

April 14, 2015

Jodi B. Bordelon
420 West Pinhook Road
Lafayette, LA 70503

No Review

Facility or Business: Cape Fear Valley HomeCare and Hospice, LLC
Project Description: Change doing business as name of facility
County: Hoke
FID #: 923648

Dear Ms. Bordelon:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your letter of January 23, 2015 regarding the above referenced proposal. Based on the CON law **in effect on the date of this response to your request**, the proposal described in your correspondence is not governed by, and therefore, does not currently require a certificate of need. However, please note that if the CON law is subsequently amended such that the above referenced proposal would require a certificate of need, this determination does not authorize you to proceed to develop the above referenced proposal when the new law becomes effective.

Moreover, you need to contact the Agency's Acute and Home Care Licensure and Certification Section to determine if it has any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented in your correspondence. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.



Healthcare Planning and Certificate of Need Section

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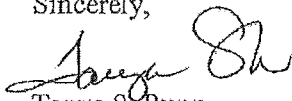
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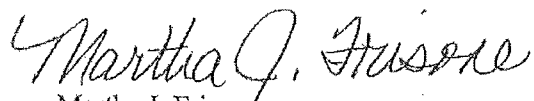
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Jodi Bordelon
April 14, 2015
Page 2

Please contact this office if you have any questions. Also, in all future correspondence you should reference the Facility ID # (FID) if the facility is licensed.

Sincerely,


Tanya S. Rupp
Project Analyst


Martha J. Frisone
Assistant Chief, Certificate of Need

cc: Acute and Home Care Licensure and Certification Section, DHSR
Assistant Chief, Healthcare Planning



home health • hospice • long-term acute care • community-based services

January 23, 2015

VIA FACSIMILE AND VIA U. S. MAIL

Lee B. Hoffman, Section Chief
Certificate of Need Section
Division of Health Service Regulation
N. C. Department of Health & Human Services
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

RE: Cape Fear Valley HomeCare and Hospice, LLC d/b/a Cape Fear Valley HomeCare and Hospice
NPI # 1336399906 Tax ID # 26-3385545 State License # HC0283 Facility ID # 923648
REQUEST FOR RULING OF NON-REVIEWABILITY - TRADE NAME CHANGE (effective 01/16/2015)

Dear Mr. Hoffman:

Cape Fear Valley HomeCare and Hospice, LLC d/b/a Cape Fear Valley HomeCare and Hospice requests a ruling of non-reviewability regarding the change of its trade name. The provider desires to offer its home health services under the following new trade:

OLD TRADE NAME: Cape Fear Valley HomeCare and Hospice
NEW TRADE NAME: Cape Fear Valley Home Health

In addition, the provider desires to offer its hospice services under the following new trade name:

OLD TRADE NAME: Cape Fear Valley HomeCare and Hospice
NEW TRADE NAME: Cape Fear Valley Hospice and Palliative Care

The trade name changes will not include the offering or developing of any new institutional health service; it will not involve an acquisition by donation, lease, transfer or comparable arrangement; any costs associated with the trade name change(s) will not exceed the minimum for capital expenditures; and there will be no change in the staff, management and/or service area of the provider as a result of the trade name change(s).

Cape Fear Valley HomeCare and Hospice, LLC d/b/a Cape Fear Valley HomeCare and Hospice requests a determination that the trade name change(s) referenced above are not subject to certificate of need review.

Should you have any questions or if I may be of further assistance, please do not contact me at (337) 233-1307, Ext. 210760.

Sincerely,

Jodi B. Bordelon (handwritten signature)

Jodi B. Bordelon
Licensure & Regulatory Affairs Paralegal

420 West Pinhook Road • Lafayette, Louisiana 70503
Toll free: 1.866.LHC.GROUP • Phone: 337.233.1307
LHCgroup.com

It's all about helping people.

EKB 1/9/2014
de 2/4/2014 EKB

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

For Official Use Only
License # HC0283
Medicare #: 347127
Computer: 923648
PC _____ Date _____

Hospice Homecare Agency
2014 Annual Data Supplement to Licensure Application
(Reporting 2013 Fiscal Year Data)

SECTION A Identification and Contact Information

License No: HC0283

Legal Identity of Applicant: Cape Fear Valley HomeCare and Hospice, LLC

Agency d/b/a: Cape Fear Valley Home Care and Hospice

Agency Site Address: Street: 1830 Owen Drive, Suite 201-203
City: Fayetteville State: NC Zip: 28304

County: Cumberland

Agency Phone #: (910)609-6740
(910)609-6740

Agency Fax #: (910)609-6573

- REPORTING PERIOD: **October 1, 2012 – September 30, 2013 (FY2013)**
 July 1, 2012 – June 30, 2013
 August 1, 2012 – July 31, 2013
 September 1, 2012 – August 31, 2013

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

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

Print Name: Rachel Brown Telephone: 337-233-1307

E-Mail: Rachel.Brown@lhcgroup.com Fax: 337-233-5764

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

Print Name: Donald D. Stetty Title: President

Signature:  Date: 11-27-13

ADDITIONAL INSTRUCTIONS AND EXAMPLES TO AID IN COMPLETING THIS FORM ARE AVAILABLE AT <http://www.ncdhhs.gov/dhsr/ahc/licensure.html>

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

SECTION B Program Demographics

1. AGENCY TYPE (Select one based on Medicare Filing Status)

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

2. CENSUS ON 9/30/2013: 44 (Only this license number) (If zero, explanation required) _____

3. MEDICARE CERTIFICATION

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

Medicare Provider Number: 34 - 1562 (Example Medicare Provider Number: 34-5113)

4. ACCREDITATION STATUS

Accredited by:

- ACHC
 CHAP
 TJC
 DNV
 Other
 Not accredited

5. TAX STATUS (Select one)

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

SECTION C Patient Volume

1. AVERAGE DAILY CENSUS AND LENGTH OF STAY: Please review the definitions carefully before completing the following questions. (NOTE: For FY2013 count multiple admissions and discharges for the same patient as discrete events).

a. Average Length of Stay (ALOS) 113.6
Divide the total days of care provided to died/discharged patients for FY2013 by the total number of patients that died/discharged in FY2013 (note: use total days of care from admission to death or other discharge, even if the admission is outside the reporting period).

b. Median Length of Stay (MLOS) 36
The midpoint for all died/discharged patients for FY2013 (same populations as for ALOS, above). Half of the patients have a LOS longer than the median and half of the patients have a LOS shorter than the median. Calculate the MLOS by arranging the LOS scores for all patients from lowest to highest (1, 2, 3, ...). Find the score that falls in the exact middle of the list. This is the median length of stay.

c. Average Daily Census (ADC) 59.9
ADC is computed as follows: Take all patient days for the reporting period and divide by the number of days in that period.

d. Total Number of Deaths 117
Must agree with the total number of deaths in sections D, E, and J.
Number of Patients Who Died in ≤ 7 days (stays of 7 days or fewer) 25
{Include the number of deaths for patients who died for the reporting period with stays of 7 days or fewer.}
Number of Patients Who Died in > 180 days (stays of 180 days or more) 16
{Include the number of deaths for all patients who died for the reporting period with stays of 180 or more consecutive days.}

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

SECTION C Patient Volume (continued)

2. LEVEL OF CARE AND PAY SOURCE:

- Include all patients who received services in FY2013. Count each patient only one time. Do not count re-admissions within the same payment source.
- Patients who change primary pay source during this time should be reported for each pay source with the number of days of care recorded for each pay source (count each day only once even if there is more than one pay source on any given day).
- The number of patients served may be higher than the actual number of patients served due to a change in pay source.

Hospice Payment Source	Number of Patients Served	(a) Days of Routine Home Care	(b) Days of Inpatient Care	(c) Days of Respite Care	(d) Days of Continuous Care	Sum of (a thru d), Total Patient Care Days
Hospice Medicare	184	17,054	0	0	0	17,054
Hospice Medicaid	14	857	0	0	0	857
Private Insurance	22	1229	0	0	0	1229
Self Pay*	2	9	0	0	0	9
Other**	2	93	0	0	0	93
Total	224	19,242	0	0	0	19,242

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

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

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

SECTION D Number Of Unduplicated Admissions And Deaths By Location

Please report the number of new admissions and deaths in each location during FY2013. For admissions, use location on the first day of care. Patients can start in one location and finish at another location.

New Unduplicated Admissions:

Only include patients admitted to your hospice for the first time during FY2013. Count each patient only one time. This means patients who were admitted multiple times during FY2013 are counted only once. Do not include patients carried over from FY2012.

Deaths:

Include all patients who died during FY2013 regardless of date of admission.

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

Location of Care	Number of New Unduplicated Admissions	Number of Deaths
(1) Home - Private residence of either the patient or the caregiver	163	99
(2) Nursing Facility - A licensed long term care facility providing nursing and supportive services	1	3
(3) Hospice Unit - An inpatient unit (one or more beds) operated by a hospice, and located in a facility operated by another entity (includes hospital, nursing home, and other).	0	0
(4) Hospital - An acute care facility not operated by the hospice (may be a floating or scattered bed contract).	1	9
(5) Free Standing Hospice Inpatient Facility or Residence - An inpatient facility and/or residence operated entirely by a hospice.	0	0
(6) Residential Care Setting - A residential care facility that is not run by the hospice (assisted living, boarding home, rest home, shelter, etc.)	2	6
Totals (Sum 1 – 6)	167	117

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

SECTION E Number Of Patients By Diagnosis

Please provide data for FY2013, regardless of payment source. Data provided should be based only on patient primary diagnosis. The examples listed in the table are not comprehensive and are provided only as a guide. Use the following definitions for the categories in the table.

ICD-9 CODES ARE AVAILABLE AT <http://www.ncdhhs.gov/dhsr/ahc/licensure.html>

New (Unduplicated) Admissions:

Only include patients admitted to your hospice for the first time during FY2013. Count each patient only one time. This means patients who were admitted multiple times in FY2013 are counted only once. Do not include patients carried over from FY2012.

Deaths:

Include all patients who died in FY2013, regardless of date of admission.

Live Discharges:

Include all live discharges that occurred during FY2013, regardless of when the admission occurred. Count multiple discharges for the same patient as discrete events. (EXAMPLE: A patient discharges alive, is later readmitted and discharges alive again. The patient is counted as 2 separate discharges.)

Patient Days:

Include the total number of days services were provided by your hospice for all patients who died or were discharged in FY2013. Count all days of service in FY2013 for each patient, including days in previous years. For patients who had multiple episodes of care, count all days in each episode.

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

Primary Diagnosis	Number of New (Unduplicated) Admissions	Number of Deaths	Number of Live Discharges	Patient Days for Patients Who Died or Were Discharged
Cancer Include all cancers	77	54	15	3013
Heart All patients with heart disease including CHF & primary sclerotic heart disease	23	15	13	3290
Dementia Include Alzheimer's, vascular dementia, etc.	20	21	10	5302
Lung COPD (emphysema) and other non-cancer lung diseases	24	13	10	5421
Kidney End stage renal disease	4	2	4	360
Liver Cirrhosis, advanced hepatitis, and other non-cancer liver disease	6	5	1	573
HIV All AIDS and HIV related conditions	2	1	2	220
Stroke/Coma	0	0	0	0
ALS	2	0	2	43
Other Motorneuron Include Parkinson's, Huntington's, MS	0	0	0	0
Debility Unspecified Include terminal debility, failure to thrive	7	5	5	2065
All Others	2	1	1	153
Totals	167	117	63	20,440

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

SECTION F Productivity and Cost of Care

Complete this section using the following definitions.

Direct Care:

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

FTE:

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

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

Calculations:

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

1. STAFFING BY DISCIPLINE - FY2013

	Staffing by Discipline	Total Home Hospice FTEs
1	Nursing – Direct Clinical Include RNs and LPNs. Include on-call and after hours care. Do not include supervisors or other clinical administrators unless a portion of their time is spent in direct care.	8.28
2	Nurse Practitioner Include nurses with an advanced degree who function and are licensed as a Nurse Practitioner.	0
3	Social Services Include medical social services staff as defined by CMS for the cost report. Do not include chaplains, bereavement staff or volunteer coordinators.	1.03
4	Hospice Aides	4.63
5	Physicians – Paid Include medical directors and other physicians providing direct care to patients and participating in clinical support. Exclude volunteer physicians.	0.20
6	Physicians – Volunteer	0
7	Chaplains	1.08
8	Other Clinical Include any paid staff in addition to those captured above who provide direct care to patients or families. Include therapists and dietitians. Do not include volunteers.	0.02
9	Clinical (add rows 1 – 8) Includes all direct care time (above 8 rows). This is the total of Nursing-Direct clinical, NP, Social Services, Aides, Physicians, Chaplains & Other Clinical.	15.24
10	Nursing – Indirect Clinical Include nurses with clinical background, but who do not provide direct care (intake staff, educators, quality improvement, managers, liaison nurses, etc).	2.58
11	Bereavement Include all paid staff providing bereavement services, including pre-death grief support. <i>Do not include volunteers.</i>	0.9
12	Non-Clinical Include all administrative and general staff.	3.11
13	Total (add rows 9-12) Include <u>all</u> staff time. This is the total of Clinical, Indirect Clinical, Bereavement and Non-Clinical.	21.83

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

2. VISITS BY DISCIPLINE

Please provide the following information for FY2013. Count all visits, regardless of setting (hospital, nursing home, residential facility, etc.). If you own/operate a hospice, inpatient or residential facility – **do not include visits to your facility here.**

Discipline	Total Visits
Nursing Include visits made by RNs and LPs. Include visits made by a Nurse Practitioner or a Clinical Nurse Specialist if the visit was a nursing visit (i.e., the NP was not serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation). Include on-call and after hours care visits.	3791
Nurse Practitioners Include visits made by Nurse Practitioners when they are serving as an attending physician or performing a visit in compliance with the face-to-face encounter regulation.	0
Social Services Include visits made by medical social services staff as defined by CMS for the cost report. <i>Do not include chaplains, bereavement staff, or volunteer coordinators.</i>	861
Hospice Aides	4987
Physicians – Paid Include visits made by medical directors and other physicians providing direct care to patient. <i>Exclude volunteer physicians.</i>	0
Physicians – Volunteer	0
Chaplains	748
Other Clinical Include any paid staff in addition to those captured above who make visits as part of direct care to patients or families. Include therapists, nurse practitioners, and dietitians. <i>Do not include volunteers or bereavement staff.</i>	149

3. CASELOADS

Caseload is the number of patients for which a staff member has responsibility or to which she/he is assigned at a time. Enter a single number for FY2013. Do not enter a range.

Discipline	Average Caseload
Primary Nurse/Nurse Case Manager - RN with primary responsibility for the patient's care.	15
Social Worker – Social Worker with medical social services duties, as defined by CMS. Include only those patients who receive visits in determining Social Worker caseloads.	50
Hospice Aide	10
Chaplain - Include only those patients who receive visits in determining chaplain caseload.	39
Volunteer Coordinator - Include only those patients who are assigned a volunteer in determining volunteer coordinator caseload.	20
Medical Director - Include only those patients whom the medical director is the attending physician in determining caseload.	6

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

SECTION G Patient Demographics for New (Unduplicated) Admissions

Only include patients admitted for the first time during FY2013. Patients who are admitted multiple times are counted only once.

<p>1. GENDER</p> <p>a. Female <u>100</u></p> <p>b. Male <u>67</u></p> <p>Total <u>167</u> (Required)</p>	<p>3. ETHNICITY—all patients should be categorized as Hispanic or non-Hispanic, and further categorized by Race below</p> <p>a. Hispanic (as defined by U.S. Census Bureau) <u>4</u></p> <p>b. Non-Hispanic <u>163</u></p> <p>Total (must equal Race total) <u>167</u> (Required)</p>
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<p>2. AGE</p> <p>Use patient's age on the first day of admission in FY2013</p> <p>a. 0-24 <u>3</u></p> <p>b. 25-34 <u>0</u></p> <p>c. 35-64 <u>41</u></p> <p>d. 65-74 <u>35</u></p> <p>e. 75-84 <u>44</u></p> <p>f. 85+ <u>44</u></p> <p>Total <u>167</u> (Required)</p>	<p>4. RACE</p> <p>a. American Indian or Alaskan Native <u>4</u></p> <p>b. Asian <u>1</u></p> <p>c. Black or African American <u>44</u></p> <p>d. Hawaiian or Other Pacific Islander <u>0</u></p> <p>e. White <u>113</u></p> <p>f. Some other race or races <u>5</u></p> <p>Total (must equal Ethnicity total) <u>167</u> (Required)</p>
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Pediatrics (per Medicaid definition)
 20 and under 3

NOTE: Number of Admissions must agree to the Number of Admissions in Sections D, E and J.

SECTION H Processes Of Care

1. DIRECT PATIENT CARE VOLUNTEERS
 Provide the following information during FY2013.

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

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

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

Volunteer Hours:

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

Volunteers	Number	Hours	Visits
(1) Direct Patient Care Volunteers – Defined as volunteers who provide services through direct contact with patients and families, such as spending time with patients or making calls to patients and families as part of a weekend “tuck-in” program (do not include phone calls as a visit).	14	413.79	261
(2) Clinical Support Volunteers - Report the number/hours for volunteers who provide patient care and clinical support. These volunteers are combined with Direct Patient Care Volunteers, to meet the Medicare Condition of Participation regarding 5% volunteer hours. <i>Medicare interpretive guidelines define administrative volunteers in this context as supporting patient care activities (e.g., clerical duties), rather than general support (e.g., fundraising).</i>	12	984.53	
(3) General Support Volunteers - Report the number and the hours for volunteers who provide general support, such as those who help with fundraising and members of the board of directors. These volunteers do not contribute to the 5% Medicare requirement.	0	0	
All Hospice Volunteers - Sum of (1-3) above.	26	1398	

2. BEREAVEMENT SERVICES

Provide the following information for FY2013.

- In calculating responses for the questions below, include all bereavement clients who received services during FY2013, both those currently on bereavement rolls and those who were discharged from bereavement services.
- Information entered under Community Members should include bereavement services provided to individuals in the community who were not associated with a family member or friend admitted to hospice.

Bereavement Services	Hospice Family Members	Community Members	Total
Total Number of Contacts by Visit Include any face-to-face one-to-one contact with individuals, regardless of setting. Do not include support group or camp services.	26	0	26
Total Number of Contacts by Phone Call	30	0	30
Total Number of Mailings to the Bereaved	53	0	53
Total Number of Individuals Who Received Bereavement Services Include all individuals enrolled for bereavement, including those served through support groups and camps.	6	2	8

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

SECTION I Nursing Facility Patients Served (in Licensed Nursing Beds)

1. Do you serve Nursing Facility Patients? Yes or No (Required)

- These patients are a subset of patients reported in the following Section (J) for FY2013.
- Data should reflect all patients served in licensed nursing facility beds during the reporting period.

County	Patients Served	Total Days of Care	County	Patients Served	Total Days of Care
Bladen	0	0			
Cumberland	5	855			
Harnett	0	0			
Hoke	0	0			
Lee	0	0			
Moore	0	0			
Robeson	0	0			
Sampson	0	0			
Totals	5	855	Totals		

SECTION J Patient Volume (Required)

PATIENTS SERVED BY COUNTY:

Please complete the following information (for FY2013) for each county in North Carolina you served.

Column

- County:** List patients by county of residence.
- Number of New (Unduplicated) Admissions:** Only include patients admitted to your hospice for the first time during FY2013. Count each patient only one time. This means patients who were admitted multiple times in FY2013 are counted only once. Do not include patients carried over from FY 2012. Total number of unduplicated admissions must equal the total admissions in **Sections D, E and G.**
- Number of Deaths:** Include all deaths that occurred during the reporting period.
- Number of Non-Death Discharges:** Live discharges that occurred in FY2013.
- Number of Patients Served:** Includes carryover patients from prior year, new admissions and re-admissions. Patients admitted multiple times in FY2013 are counted **only** once.
- Days of Care:** Totals **must** agree to the Days of Care totals in **Section C, 2.** This includes all Days of Care in FY2013 regardless of when the admission occurred.

2014 Hospice Data Supplement Reporting for:
 Cape Fear Valley Home Care and Hospice * Cumberland County
 License No: HC0283
 Facility ID: 923648
 For questions, contact the Division of Health Service Regulation - Medical Facilities Planning Branch at (919) 855-3865.

SECTION J Patient Volume (Required)

PATIENTS SERVED BY COUNTY:

Please complete the following information (for FY2013) for each county in North Carolina you served.
 Make additional copies of this sheet if additional space is needed and attach.

A County	B Number of New (Unduplicated) Admissions	C Number of Deaths	D Number of Non-Death Discharges	E Number of Patients Served	F Routine Home Care Days	G Inpatient Care Days	H Respite Care Days	I Continuous Care Days	Sum (F-I) Total Days of Care
Bladen	1	1	0	1	4	0	0	0	4
Cumberland	151	104	60	203	17,054	0	0	0	17,054
Harnett	2	2	0	2	24	0	0	0	24
Hoke	4	3	1	17	1367	0	0	0	1367
Lee	0	0	0	0	0	0	0	0	0
Moore	0	0	0	0	0	0	0	0	0
Robeson	9	7	2	10	428	0	0	0	428
Sampson	0	0	0	1	365	0	0	0	365
Out of State									
Total - NC	167	117	63	224	19,242	0	0	0	19,242

EKB 1/9/2014
de 1/21/2014 EKB

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

For Official Use Only
License # HC0283
Medicare #: 347127

Computer: 923648
PC _____ Date _____

HOME HEALTH AGENCY
2014 Annual Data Supplement to License Application
(Reporting 2013 Fiscal Year Data)

Includes Home Health and Home Care data to be reported by Medicare certified agencies.
A separate form to be completed for each site.

SECTION A Identification

License Number: HC0283

Legal Identity of Applicant: Cape Fear Valley HomeCare and Hospice, LLC

Agency d/b/a: Cape Fear Valley Home Care and Hospice

Agency Site Address: Street: 1830 Owen Drive, Suite 201 203
City: Fayetteville State: NC Zip: 28304

County: Cumberland

Agency Phone Number: (910)609-6740

Agency Fax Number: (910)609-6573

Reporting Period **October 1, 2012 – September 30, 2013 (FY2013)**
 July 1, 2012 – June 30, 2013
 August 1, 2012 – July 31, 2013
 September 1, 2012 – August 31, 2013

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

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

Print Name: Rachel Brown Telephone: 337-233-1307
E-Mail: Rachel.Brown@lhcgroupp.com Fax: 337-233-5764

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

Print Name: Donald D. Stelly Title: President
Signature: [Signature] Date: 11-27-13

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Health Services Reporting

SECTION B Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency **regardless of payer source**.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW and IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report **number of clients by county of residence** for each age category shown. Use each client's age on the first day of services during the reporting period.
- **This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.**
- **Do not use other age groups.**
- **Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.**

Number of Home Health Clients by Age by County of Residence &
 Total Visits By County

1/10/2014 *gub*

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Bladen	0	0	1	1	3	0	0	5 ✓	48
Cumberland	0	99	233	100	271	288	165	1156 ✓	22,131
Harnett	0	1	4	0	1	1	1	8 ✓	78
Hoke	0	5	8	3	9	1	0	26 ✓	442
Lee	0	0	1	1	2	2	0	6 ✓	42
Moore	0	0	1	0	0	0	0	1 ✓	1
Robeson	0	4	15	7	9	14	2	51 ✓	970

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Health Services Reporting

SECTION B Client Residence (Part-time Intermittent Home Health)

Instructions:

- Report data related to clients who are receiving Part-time Intermittent Home Health services through your Medicare certified agency **regardless of payer source**.
- These are services provided on a per visit basis (Nursing, PT, OT, ST, MSW and IN-HOME AIDE [HOME HEALTH AIDE]).
- Report any other types of services such as Medicaid CAP and PCS in-home aide or private duty nursing on the next page.
- Report **number of clients** by county of residence for each age category shown. Use each client's age on the first day of services during the reporting period.
- **This is an unduplicated count. Clients may be counted only once during the reporting period regardless of the number of times admitted.**
- **Do not use other age groups.**
- **Report number of Part-time/Intermittent Home Health visits (all payor sources) by county during the reporting period.**

Number of Home Health Clients by Age by County of Residence &
 Total Visits By County

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	Total Numbers of Clients	Total Visits by County
Sampson	0	5	1	4	8	4	3	25	388

Copy and attach additional page(s) as needed.

N/A

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

SECTION C Client Residence (Home Care)

Instructions:

- Report numbers of clients who received Home Care (Non Part-Time Intermittent Home Health) Services by **county of residence** for each age category shown.
- Use each client's age on the first day of service during the reporting period. **This is an unduplicated count.**
- Clients may be counted only once for the reporting period regardless of the number of times admitted.
- **Do not report clients reported on the previous page.**
- **Do not use other age groups.**

Number of Home Care Clients by Age by County of Residence

County of Residence	0-17	18-40	41-59	60-64	65-74	75-84	85+	All Ages

Copy and attach additional page(s) as needed.

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865

Home Health Services Reporting

SECTION D Clients/Visits by Payer Source for your Designated Reporting Period

Instructions:

- Report data related to clients who are receiving **PART-TIME INTERMITTENT HOME HEALTH *** services through your Medicare certified agency **regardless of payer source.**
- These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide (Home Health Aide). This includes patient services reimbursed by Medicare, Medicaid, private insurance, etc.
- Clients admitted twice during the reporting period and reimbursed by the same payer should be counted only once.
- Clients admitted once during the reporting period, for whom payment was obtained from two sources, should be reported twice, once for each payment source.
- **Do not provide data here related to clients on page 3 of this report.**

Examples	Mrs. Brown was admitted on four different occasions to the home health agency. Medicare was the only payer for each admission. Therefore, Mrs. Brown would be reported as one Medicare client, but the number of visits would include all visits from the four admissions.
	Mrs. Smith was admitted once to the home health agency, but received services paid for by both Medicare and Medicaid. Mrs. Smith would be reported as one Medicare client and one Medicaid client. Her visits should reflect the number of visits paid by each of the payers.
	Mr. Jones was admitted to the home health agency on six different occasions during this reporting period. Three admissions were under Medicare and three were under Medicaid. Mr. Jones would be reported as one Medicare client and one Medicaid client. His visits should reflect the number of visits paid by each of the payers.

Payment Source	Number of Clients	Number of Visits
Medicare	733	15,547
Medicare HMO	231	3820
Medicaid	144	2420
Medicaid HMO	0	0
Private Insurance	62	1015
Private Insurance HMO	0	0
Indigent Non-Pay	78	802
Other (specify):	42	496

"Other" may include Self-pay, Worker's Comp, VA/Champus, Title III, Title XX & United Way/Grants.

For questions regarding this page, call the Association for Home & Hospice Care of North Carolina at (919) 848-3450.

D. Clients/Visits by Payor Source for your Designated Reporting Period (continued)

1. The following information may either be collected off your system or requested by you from the Centers for Medicare and Medicaid Services (CMS) or Palmetto Government Benefits Administrators (PGBA). It is expected that your system data will be more up-to-date.

Please specify the 12-month reporting period, by month and year, of the following information:

From: October 2012 To: September 2013
Month/Year Month/Year

- a. Number of Medicare episodes = 877
-
- b. Average number of Medicare episodes per beneficiary = 1.19
- c. Average number of Medicare Visits per episode (all disciplines) = 21.21
- d. For Medicare – the percent of Lupas = 16%

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Health Services Reporting

SECTION E Staff - Home Health

Report data in Table E related to clients who are receiving **part-time intermittent home health services** through your Medicare certified agency regardless of payer source. These are services provided on a per visit basis: Nursing, PT, OT, ST, MSW and In-Home Aide, (Home Health Aide).

Total Staff: Means the total number of employees by discipline, including contract staff, who are involved with the agency's home health services.

FTEs (Full-Time Equivalents): Means total number of hours per week regularly worked, by discipline, divided by 40. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples

The administrator works 20 hrs./wk. in your home care program and 20 hrs./wk. in a non-home care program. FTE = $20/40 = 1/2$ FTE.
15 nurses work a combined total of 400 hours a week. FTE = $400/40 = 10$ FTE's

Total Clients: Means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related client visits under each. Do not report visits if only for the purpose of supervising other staff. Do not include homemaker, sitter or In-Home Aide Level I (Home Management). If a client is reopened to the same discipline later in the year, count the client only once.

Examples

Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing, but report all the visits she received related to nursing.
--

Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy, but report all the visit she received related to each discipline.

Total Visits: These are direct care visits provided to the client by home health staff members, or by others under contract with the home health agency for which you bill. (If you are providing contract staffing services to another home health agency, do not include these visits. These visits should be reported by the agency who is billing for the clients' services.)

Average Cost Per Visit: Means the total cost for each staff discipline divided by the total number of visits by that discipline. Use your most recent cost report as filed.

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Health Services Reporting

SECTION E Staff - Home Health (continued)

2013 Home Health Staffing Data (Table E)

Staff Discipline	Total Staff	FTE	Total Clients	Total Visits	Average Cost Per Visit
Administrator	1	1			
Nurse Director/Supervisors	3	1			
Other Administrative Staff	4	4			
Nursing (RN, LPN)	8	10	1039	13,773	100.00
Occupational Therapy	1	1	33	122	0.00
Physical Therapy	5	3	743	7709	200.00
Speech Therapy	0	0	0	0	0.00
Social Worker	.5	.5	65	114	206.00
Home Health Aide	1	1	279	2382	54.00
Nutrition	0	0	0	0	0.00
Totals			2159	24,100	

For questions regarding this page, call the Division of Health Service Regulation, Medical Facilities Planning Branch at (919) 855-3865.

Home Care (Non Part-time Intermittent Home Health) Services Reporting

SECTION F Staff - Home Care

Report data in Table F related to clients who are receiving continuous hours of services through your home care agency (Non part-time intermittent home health).

Total Staff: Means the total number of employees by discipline, including contract staff, who are involved with the agency's home care services (Non Medicare-certified/non part-time intermittent home health).

Total Clients: Means the total number of clients seen by each staff discipline during the reporting period. If the client is seen by more than one discipline, include the related clients under each discipline. Do not include homemaker, sitter or In-Home Aide Level I (Home Management).

Examples	Mrs. Brown was admitted on four different occasions to the home care agency. She received nursing services on each admission. Count Mrs. Brown as one client under nursing.
	Mrs. Smith was admitted on four different occasions to the home care agency. She received nursing on two admissions, aide services on three admissions and physical therapy on one admission. Count Mrs. Smith as one client under nursing, one client under in-home aide services and one client under physical therapy.

2013 Home Care Staffing Data (Table F)

Staff Discipline	Total Staff	Total Clients (12 Month Reporting Period)
Administrator		
Nurse/Director Supervisors		
Other Administrative Staff		
Nursing (RN, LPN)		
Occupational Therapist		
Physical Therapist		
Physical Therapy Assistant		
Speech Therapist		
Social Worker		
In-home Aide		
Respiratory Therapist		
Respiratory Practitioner		
Other (Specify)		
Total		