



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

December 10, 2024

Hayley Eby
Hayley.eby@agapecaregroup.com

No Review

Record #: 4661
Date of Request: November 27, 2024
Facility Name: Hospice of the Carolina Foothills
FID #: 933884
Business Name: Agape Care North Carolina, LLC
Business #: 3283
Project Description: Expand only pediatric hospice services to Lee County
County: Rutherford

Dear Ms. Eby:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency) received your correspondence regarding the project described above. Based on the representation in your request and the CON law in effect on the date of this response to your request, the project as described is not governed by, and therefore, does not currently require a certificate of need. 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.

This determination is binding only for the facts represented in your correspondence. If changes are made in the project or in the facts provided in the correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by this office. As a reminder, it is unlawful to offer or develop a new institutional health service without first obtaining a certificate of need. The Department reserves the right to impose sanctions, including civil penalties and the revocation of a license, upon any entity that offers or develops a new institutional health service without first obtaining a certificate of need.

Please do not hesitate to contact this office if you have any questions.

Sincerely,

Ena Lightbourne

Ena Lightbourne
Project Analyst

Micheala Mitchell

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704
https://info.ncdhhs.gov/dhsr/ • TEL: 919-855-3873



# Agape Care Group

11/27/24

Brenda Hines  
Division of Health Service Regulation  
Acute & Home Care Licensure & Certification Section  
North Carolina Department of Health and Human Services  
[Brenda.hines@dhhs.nc.gov](mailto:Brenda.hines@dhhs.nc.gov)

**RE: Expanded Geographic Service Area for Hospice of the Carolina Foothills (HOS0400)**

To whom it concerns,

This letter serves to **request to expand the geographic service area to include Lee County**.

This request is to primarily serve pediatric patients. This request is to add the counties to the approved service areas for the license and is not a temporary request.

Unfortunately, few hospice agencies accept pediatric hospice patients. Given the current situation, there is a big need for additional support and resources for these precious patients and their families. Because of this, it is important for us to consider extending our services to those pediatric hospice patients outside of our current service area. We will always evaluate each pediatric hospice referral on an individual basis to assess the patient's needs and determine if we are able to provide the necessary care and support without the risk of any service failures before asking for permission to serve a patient in the requested county.

We have a full care team who can provide care to patients in this county.

I understand that this is a difficult decision, and we are open to discussing any concerns or questions you may have. I am confident that we can find a solution that works for everyone involved.

Thank you for your time and consideration. Any questions related to care team locations may be directed to Denise Marsh, Director of Pediatric Operations. Her phone number is 803-760-4168 and email is [denise.marsh@handsofhopese.com](mailto:denise.marsh@handsofhopese.com).

Please let me know if there is anything else needed.

Thank you,

*Hayley Eby*

Manager of External Audits and Enrollments  
[Hayley.eby@agapecaregroup.com](mailto:Hayley.eby@agapecaregroup.com) 912-506-0121

# ON-CALL/WEEKEND SERVICES

## Policy No. HR-014

### PURPOSE

To establish the process by which patients have access to Hospice services 24-hours per day.

### POLICY

Patient care needs are the highest priority therefore, weekend and evening staffing will be scheduled accordingly. Clinical personnel are expected to perform visits on an as needed basis, including weekends.

There will be on-call staff available after office hours, Monday through Friday, and 24-hours a day on weekends. Staff on-call will be:

1. Administrative call by an appropriate Management staff member
2. Clinical call by a Registered Nurse
3. Other interdisciplinary team members, as needed (e.g., Social Worker, Chaplain)

### PROCEDURE

1. On admission, the patient will be made aware of the organization's 24-hour availability.
2. The on-call schedule will be developed on a monthly basis by the Clinical Supervisor or designee and maintained in a centralized area accessible to After-Hours Clinical Supervisors.
3. The on-call Nurse will be issued a cellular phone to allow for mobility.
4. The After-Hours Clinical Supervisor should be reached by calling the Hospice number and speaking with the answering service. The answering service will relay all patient needs, requests and questions to the After-Hours Clinical Supervisor.
5. The After-Hours Clinical Supervisor will provide follow-up appropriate to the nature of the call such as:
  - A. Calling the patient/family/caregiver
  - B. Assigning a visit to the patient (by the on-call Nurse), if necessary
  - C. Obtaining Physician orders (or orders from an authorized independent practitioner), as needed
  - D. Arranging for the provision of other Hospice services, as needed
6. The After-Hours Clinical Supervisor will document each patient/family interaction in a clinical note.
7. The Electronic Health Record contains the log of patient contacts during on-call hours.
8. On-call staff will respond to a page within fifteen (15) minutes and must be able to reach a

patient within ninety (90) minutes. In the event a patient is experiencing a symptom-management crisis situation, on-site nursing services will be made available within one hour of notification. There may be rare exceptions, depending on how far away the patient is located and if the staff member is with another patient at the time of the visit assignment.

9. The on-call Nurse will report his/her evening and/or weekend patient care activities to the Clinical Supervisor. Evening and weekend patient care activities are also detailed in the Electronic Health Record.

## **GUIDELINES**

The following list may guide on-call personnel, but it is not an exhaustive list of the types of issues that may arise and may require a visit from the on-call Nurse.

- Death or suspected death\*
- Unusual, severe or uncontrolled pain
- Nausea/vomiting not resolved with present medications
- New onset seizures or suspected seizures
- IV problems
- Occluded intravenous lines
- Suspected bleeding
- Respiratory difficulty
- Report of patient falling
- No BM for four (4) days or more (if taking nourishment)
- No urine for eight to twelve (8-12) hours (if taking fluids and having discomfort)
- Increased anxiety and/or confusion\*
- Duplicate calls regarding the same problem
- Patient/family/caregiver perceives a problem and requests a visit

\*May be appropriate for a Social Worker/Chaplain depending on state and community requirements.

# PEDIATRIC CONCURRENT CARE

## Policy No. 9-031

### **PURPOSE**

To describe services provided in the Pediatric Concurrent Care program.

### **POLICY**

To comply with Section 2302 of the Patient Protection and Affordable Care Act, titled "Concurrent Care for Children". Section 2302 amended the federal Social Security Act, Section 1905(o)(1) and 2110(a)(23). Section 2302 states that a voluntary election of hospice care for a child cannot constitute a waiver of the child's right to be provided with, or to have payment made for, services that are related to the treatment of the child's condition, for which a diagnosis of terminal illness has been made. This provision affects children who are eligible for Medicaid or the Children's Health Insurance Program (CHIP).

To provide hospice services to children under age 21 who are utilizing the Medicaid hospice benefit.

State Medicaid programs are required to pay for both curative/life prolonging treatment and hospice services concurrently, for minors who meet eligibility requirements for hospice care.

This provision does not change the criteria for hospice; a physician must certify that the child is terminally ill, with a life expectancy of six months or less.

This organization provides Hospice services that are intended to meet the physical, psychosocial, practical, and spiritual needs of Hospice patients and families/caregiver(s).

### **PROCEDURE**

1. Hospice is licensed to serve in the county in which pediatric concurrent care will occur.
2. A physician will certify that the patient has a terminal illness with a prognosis of six months or less.
3. Hospice services will be provided to patients in their place of residence.
4. An interdisciplinary group of professionals and volunteers will develop with each patient and family/caregiver a plan of care, which will include, as appropriate, the following services:
  - A. Physician
  - B. Registered Nurse
  - C. Medical Social Worker
  - D. Counseling
  - E. Spiritual support
  - F. Therapists (Physical, Occupational and Speech)
  - G. Dietary counseling

- H. Hospice aide
  - I. Homemaker services
  - J. Hospice volunteers
  - K. Consultant Pharmacist
  - L. Durable medical equipment related to the patient's terminal diagnosis
  - M. Medications and medical supplies related to the patient's terminal diagnosis
  - N. Inpatient care: short-term stay for symptom control and planned respite for family/caregiver
  - O. Bereavement follow-up for up to one (1) year after death
5. Routine home visits will be provided according to the plan of care including scope and frequency.
  6. Pediatric patients utilizing the Medicaid hospice benefit will not have to forego curative/life-sustaining treatment while receiving hospice services.
  7. Transportation services required by the patient in the provision of Hospice care will be coordinated by the organization.
  8. Staff members who provide care to pediatric patients will receive additional training and education specific to the needs of this specialized population.

# COMPETENCY PROGRAM

## Policy No. HR-039

### PURPOSE

To define an objective, measurable assessment system to evaluate the competency of patient contact personnel to match job competencies level of clinical knowledge and expertise required for clinical supervision.

### POLICY

Employees will demonstrate knowledge and proficiency of skills appropriate to their assigned responsibility, including an ability to perform specified duties determined by the company. Skills will be maintained and improved through continuing education programs, based on the analysis of trends and outcomes identified through the competency program, on site supervision and established reviews.

Skill proficiency can be determined by verbal or written exam, skill demonstration in a lab setting or patient's home or by completion of a specialized training course specific to a clinical procedure (i.e. PICC certification).

### PROCEDURE

1. All employees and volunteers will have the required education/training as defined by the Federal, State and Hospice's policy/job description to fulfill their role within the Hospice.
2. All employees that provide care to patients will demonstrate competence to perform the required activity prior to performing those activities independently.
3. The method of competency assessment and validation of skills is specific to the employee's role.
4. Competency assessments will be documented and maintained in the employee's personnel file.
5. Competency assessments will be conducted during the orientation period. Annual competencies will also be conducted where required.
6. Any employee considered not competent to perform an activity will not be assigned to perform that activity until competency has been demonstrated and documented.
7. Employees will be trained and demonstrate competence to perform any significantly new activities prior to performing those activities independently.
8. **Hospice Aide Competency programs shall consist of:**
  - A. Hospice will complete a performance and competency evaluation for each Hospice Aide upon hire and at least once annually.
  - B. Hospice Aide competency evaluations will be performed by Registered Nurses who preferably have two (2) years of Nursing experience and at least one (1) year in Hospice care.

C. On hire, Hospice Aide Competency evaluations will assess:

- **Communication (reading, writing)**
- Observation of patient status and documentation
- **Vital signs**
- Infection control
- Changes in body function that must be reported
- Clean, safe, healthy environment
- Emergency preparedness
- Working with the Hospice population (as well as other key populations, like pediatrics or patients with dementia, if they make up a significant part of the person's caseload)
- **ADLs (including all forms of bathing, showering, shampooing; nails and skin care; oral hygiene; toileting)**
- **Transfer and ambulation**
- **Range of Motion and positioning**
- Nutrition and Fluid Intake
- Other items that may address our unique tasks or patient population

**Items that are bolded will be assessed on a patient; others may be assessed in a simulated lab or classroom setting.**

D. Annually, Hospice Aide Competency evaluations will assess:

- Successful relationships with patient and family
- Competency with Assigned Tasks
- Infection Control
- Recognizing and reporting patient changes in condition

E. A Hospice Aide will not be considered competent in any task in which he/she is evaluated "Unsatisfactory." The Aide must not perform that task without direct supervision. The Aide may perform the task that was evaluated as unsatisfactory after retesting in that area and receiving a satisfactory evaluation. There will be no limit on the number of times that an individual may be retested.

F. A Hospice aide will not be considered to have successfully passed a competency evaluation if he/she has an "Unsatisfactory" rating in more than one (1) of the required areas.

G. Additional training will be provided and documented when patients are receiving high technology or complex services.

# ATTENDANCE AND ABSENTEEISM

## Policy No. HR-013

### PURPOSE

To define the guidelines for employee attendance.

### DEFINITIONS

1. **Unexcused absence:** An unexcused absence is defined as time taken off without prior request five (5) business days in advance.
  - a) Although PTO may be requested and paid, the unplanned absence remains unexcused.
  - b) Possible exceptions would be unexpected, reportable communicable diseases.
  - c) Other factors or circumstances may be discussed with human resources for consideration.
2. **Occurrence:** An occurrence of absenteeism is defined as each day or consecutive days that the employee does not work the full scheduled workday for the same reason, such as personal illness, family illness, transportation issues.
3. **Patterns of Absence:** A pattern of absence is defined as taking repeated unplanned days off before or after a holiday or on specific weekdays, such as the day before or after the weekend.

### POLICY

Personnel's presence at work is of vital importance. Absenteeism may adversely affect co-workers as well as operations of the organization by creating understaffing that threatens patient care or service or increasing overtime burden on co-workers. Abuse of the Attendance and Absenteeism Policy will not be permitted.

Employees who violate the policy are subject to corrective counseling and/or termination.

### PROCEDURE

1. Work hours will be established within the specific guidelines of each position and/or patient needs.
2. Personnel will be expected to notify their Supervisor of changes in their schedule, which include absenteeism.
3. If personnel are sick or unable to report to the assignment, their Supervisor must be notified so that arrangements can be made for coverage in their absence.
  - a) Notification should occur three (3) hours before the beginning of the scheduled shift or earlier, if possible, so service can continue without interruption.
  - b) Absenteeism without notification (no call/no show) will result in an employee being placed on suspension without pay while the matter is investigated and may result in employee discipline up to and including termination.
  - c) Inconsistent attendance and excessive tardiness may lead to disciplinary action including termination.

4. Within a rolling 12-month period, an employee who has two or more unexcused absences per month, or three or more unexcused absences with a three-month period would be subject to corrective coaching. This would generally be a first coaching though circumstances may warrant a different level of progressive coaching.
5. Where exceptional circumstances are present related to an employee's absence(s), the employee's direct supervisor may request that leadership and human resources review the unexcused status of the absences(s) to determine if an exception is warranted.
6. Where the employee uses Paid Time Off for an unexcused absence, the supervisor should ensure the time off requests has the correct code to reflect that PTO is being used for an unexcused absence so that occurrence is recorded for future reference.

# **SUPERVISION OF CLINICAL SERVICES**

## **Policy No. 9-019**

### **PURPOSE**

To ensure that there is a process for the selection of a qualified individual for overseeing all clinical care and services.

To define the level of clinical knowledge and expertise required for clinical supervision.

### **POLICY**

Supervision of clinical care and services will be available 24-hours a day, seven (7) days a week. Supervisor-to-patient care personnel ratios will depend on the acuity level of the patients and case-mix and will be in compliance with applicable law or regulation.

Nursing and Hospice Aide services will be under the supervision of a Registered Nurse who has at least two (2) years of Hospice or community-based health care experience and who demonstrates clinical knowledge/expertise appropriate to their assigned responsibilities.

### **PROCEDURE**

The Clinical Supervisor will be responsible for the clinical direction of the organization and take reasonable steps to assure that:

1. Services are available.
2. Care and services provided by Hospice personnel and contracted organization personnel are coordinated and integrated.
3. Policies and procedures, which guide and support the provision of care and services, are developed and implemented.
4. Recommendations for required resources are made.

The Clinical Supervisor will be qualified and possess appropriate clinical training and experience, as verified by:

1. Education, training, and previous work experience
2. Current professional licensure
3. Interview for understanding of care and service being provided as well as population being served
4. Management experience and clinical knowledge

Function:

1. The Clinical Supervisor will oversee the day-to-day clinical operations.

2. On a daily basis, staffing will be reviewed in combination with the patient census, acuity, etc.
  - A. If staffing is problematic, the Clinical Supervisor, in coordination with the Administrator and/or Executive Vice President of Clinical Operations, will review options, which include but will not be limited to:
    - i. Use of outside contracted organization personnel
    - ii. Use of overtime by Hospice personnel
    - iii. Use of office nursing personnel (i.e., Clinical Supervisor, Intake, QAPI, etc.)
  - B. Any issue not resolved will be brought to the attention of the Administrator.
3. The Clinical Supervisor will monitor the care and service provided by Hospice personnel and contract personnel. Monitoring includes the review of Quality Assurance Performance Improvement results, incident reports, infection reports, medical record review results, etc. Any noted trends of individual performance will be used during the evaluation process.
4. The Clinical Supervisor will participate in the efforts of the following Committees as needed:
  - A. Quality Assessment Performance Improvement Committee
  - B. Infection Control Committee
  - C. Safety Committee
  - D. Emergency Preparedness Activities
5. Recommendations regarding resources (personnel and other) and services will be made to the Administrator as well as at the appropriate committee.
6. The Clinical Supervisor will have access to qualified clinical consultation for services outside his/her expertise, through the use of the Medical Director and other resources as appropriate.
7. The Clinical Supervisor will assure that the following supervision is maintained within the organization per the Standards of Practice policy.

**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] Request to add Lee County HOS0400  
**Date:** Monday, December 2, 2024 10:36:42 AM  
**Attachments:** [image003.png](#)  
[ACNC.HOCF request to add Lee county 11.24.pdf](#)

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Hey!

I hope you had a wonderful Thanksgiving.

Would you mind logging and assigning this to Ena?

Thanks,

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
2704 Mail Service Center  
Raleigh, NC 27699-2704  
Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

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**From:** Hayley Eby <[hayley.eby@agapecaregroup.com](mailto:hayley.eby@agapecaregroup.com)>  
**Sent:** Wednesday, November 27, 2024 2:52 PM  
**To:** Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>; Hines, Brenda C <[brenda.hines@dhhs.nc.gov](mailto:brenda.hines@dhhs.nc.gov)>  
**Cc:** Denise Marsh <[denise.marsh@handsofhopese.com](mailto:denise.marsh@handsofhopese.com)>  
**Subject:** [External] Request to add Lee County HOS0400

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Attached, you will find our request to add Lee County. Please let me know if you need anything else.

Thank you

**Hayley Eby**  
Manager of External Audits and Enrollments  
[hayley.eby@agapecaregroup.com](mailto:hayley.eby@agapecaregroup.com)  
Mobile: 912-506-0121



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