

**Long Term and Behavioral Health Committee
Agency Report
Adjusted Need Petition for a
Medicare-Certified Home Health Office in Union County
in the 2026 State Medical Facilities Plan**

Petitioner:

Boost Home Healthcare
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Request:

Boost Home Healthcare (BHC) requests an adjusted need determination for a Medicare-certified home health agency or office in Union County in the *North Carolina 2026 State Medical Facilities Plan (SMFP or “Plan”)*.

Background Information:

Chapter Two of the *SMFP* notes that during the summer, the Agency accepts petitions that “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.” It should be noted that any person may submit a certificate of need (CON) application for a need determination in the *Plan*. Additionally, the CON review could be competitive and there is no guarantee that the Petitioner would be the approved applicant.

According to the home health agency need determination methodology, the service area for a home health agency or office is the county in which it is located. The methodology projects future need for counties based on trends in home health use rates and patient data over the previous three years. The methodology calculates the average annual change in use rates for each Council of Governments (COG) region, and these use rates are applied to each county’s use rates to calculate changes in the number of patients projected to need home health services in each county. The methodology also uses patient origin and utilization data that are aggregated by the following four age groups: under age 18, 18-64, 65-74, and 75 and over.

The methodology utilized in the development of the *SMFP* does not project future need based on the number of home health agencies in any given county or the capacity of existing agencies.

Rather, it projects need based on the number of patients served during the reporting years from each county. A basic assumption of the current methodology is that a new agency or office is needed if the projected unmet need in a single county is 325 patients or more. Therefore, the “threshold” for a need determination is a projected unmet need of 325 patients in each county.

Based on provider data submitted to the Agency, during the 2024 data year, 5,017 Union County residents were served by 17 Medicare-certified home health agencies. As shown in the *Proposed 2026 SMFP*, Union County has a projected deficit of 139.71 patients. An additional patient deficit of 185.29 in Union County is required to trigger a need determination according to the standard need methodology.

Analysis/Implications:

The Petitioner asserts there is an unmet need for home health services in Union County, particularly for residents in ZIP codes 28079, 28104 and 28277. BHHC states that an access barrier exists for individuals in these ZIP codes because residents must travel 45-60 minutes round trip to reach existing home health agency offices. BHHC would like to establish one satellite office in each of the three ZIP codes identified, thus eliminating its perceived obstacle to home health services. The Agency notes that according to the home health agency need determination methodology, North Carolina licensed home health agency may provide services to all residents of the county where it is located regardless of residents’ ZIP codes.

Agency staff conducted an analysis using the rate of change in Union County patients served separate from patients served in the entire COG. This approach examines whether the county would need an additional home health office if the county were to be treated independently. Table 1 below is based on Table 12C in the *Proposed 2026 SMFP*. This table displays the need projection data according to the methodology. The most important difference is that Column C uses the three-year average patient figures for Union County, rather than using the figures for the COG. Under this scenario, Union has a projected deficit of 274.41 home health patients – a deficit that is 50.59 patients fewer than the threshold for a need determination. This demonstrates that using Union County data in isolation in the methodology calculations results in a larger deficit than in the *Proposed 2026 SMFP*, but it is still below the level required to trigger a need determination.

Table 1. Healthcare Planning Calculations of Union County Need Determination

A	B	C	D	E	F	G	H	I
Age Groups	Home Health Patients Served in 2024	Union County Average Annual Rate of Change in # Patients Served	Union County Projected # Patients Receiving Services in 2027	Geographic Unit's Use Rates per 1,000 in 2024	Union County Average Annual Rate of Change in Use Rate	Union County Projected Use Rate per 1,000 in 2027	Projected 2027 Population	Union County Projected Home Health Patients in 2027
Under Age 18	22	-7.5293%	17.30	0.41	-8.5226%	0.3022	56,384	16.46
18-64	990	12.3057%	1,355.48	5.83	9.6885%	7.5306	179,894	1,517.57
65-74	1,241	13.7035%	1,751.18	52.69	9.9477%	68.4081	27,437	1,637.97
75 and Over	2,764	8.5429%	3,472.38	174.18	2.5711%	187.6108	18,587	3,698.75
Totals	5,017		6,596.34				282,302	6,870.75
Adjusted Projected Total Patients Served	6,596.34	Based on 2026 SMFP Home Health Need Methodology						
Projected Utilization in 2027	6,870.75	Based on 2026 SMFP Home Health Need Methodology calculated using all Union County rates instead of COG rates.						
Projected Surplus or Deficit	-274.41	Projected Deficit for 2027						

Source: 2025 Home Health Access Database

The Petitioner provides no evidence that home health agencies in Union County are unable to adequately serve patient referrals or that the needs of Union County residents are not currently being met by the existing licensed Medicare-certified home health providers.

Agency Recommendation:

The Agency supports the standard methodology for a Medicare-certified home health agency or office as presented in the *Proposed 2026 Plan*. In consideration of the available information and comments submitted by the August 6, 2025 deadline, and factors discussed above, the Agency recommends denial of this Petition.