

# Hospice Home Care Methodology Workgroup

Meeting 2

January 13, 2026



**NC DHHS**

# Workgroup Charge



- **Review** the current need determination methodology for hospice home care offices or agencies and **assess its appropriateness** for determining need in all areas of the state.
  - Review petitions for hospice home care offices or agencies submitted to the SHCC for the past 10 years.
  - Gather input from stakeholders to understand the impact of the current methodology and to identify issues of concerns; and
  - Review the factors of the need determination methodology calculations (e.g., annual deaths, hospice deaths, service area configurations) and consider whether changes are warranted.



- If deemed necessary, **develop findings and recommendations** for revisions to the SMFP hospice home care methodology, and present them to the Long-term and Behavioral Health Committee of the SHCC for consideration in Spring 2026.

# Methodology Comments: Themes and Summary

# Need Determination Threshold

## Current Methodology

- Multi-factorial threshold
  - 1) a deficit of 90 or greater patient deaths, ***and***
  - 2) 3 or less hospice home care offices in the county per 100,000 population

## Revise Methodology

- Use threshold lower than 90 patient deaths

# Safety and Quality

- Adopt “60-mile [drive] from agency” standard for operational best practices for agencies
- Examine if agencies are providing “full range of services in all counties served”

# Data Integrity

Establishing...

- protocols for identifying and correcting data anomalies
- procedures for corrections
- standards for departing from methodology results
- review process before need determinations are finalized

# Service Area Definition

- County – based
  - Used in current methodology
  - County definitions are stable over time and well defined
  - Maybe be too small
- Health Service Areas (HSA) - based
  - NC has 6 HSAs (SMFP Appendix A)
  - Maybe be too large
- Hybrid - based
  - Combination of single and multi-county designations

# Configuration of Service Areas

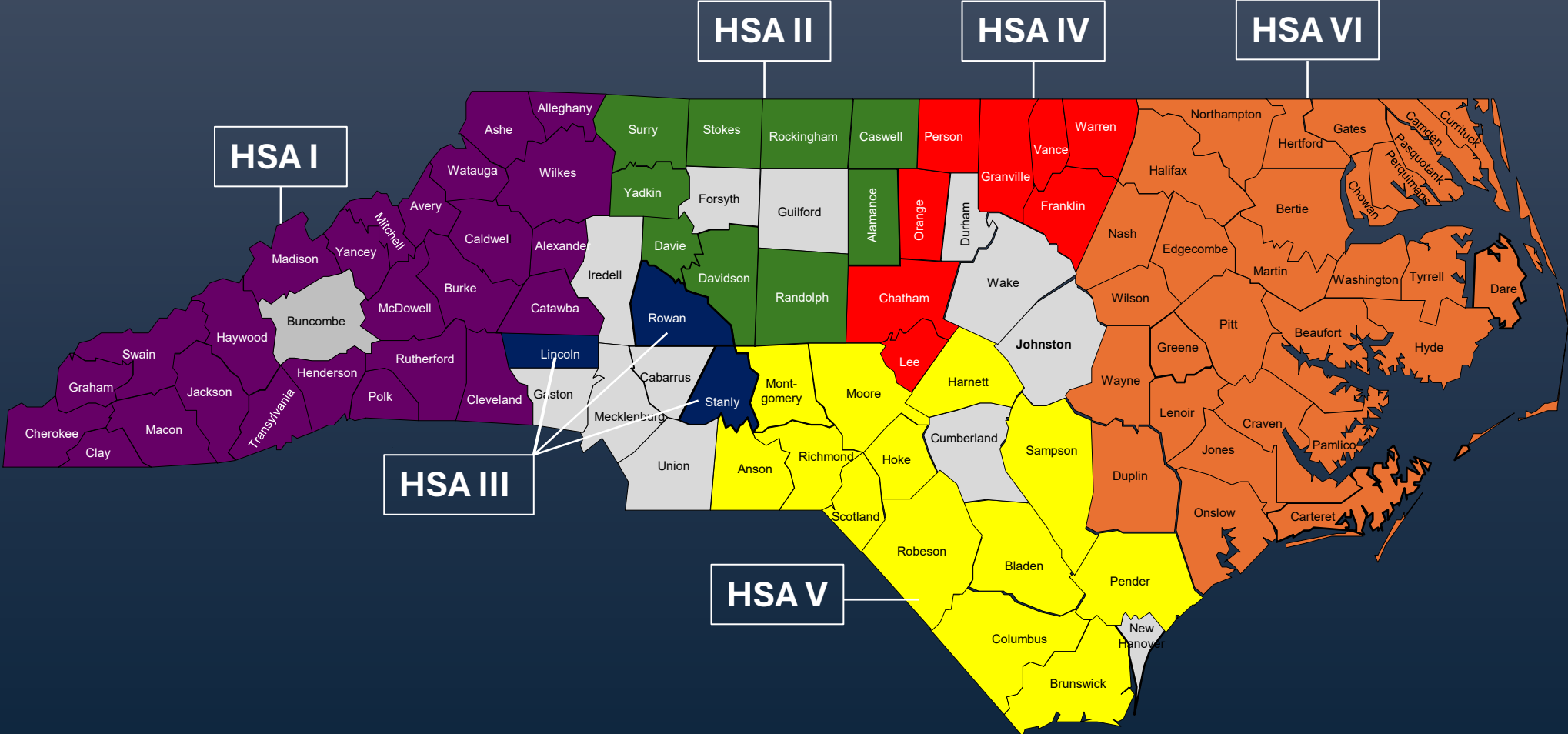
# Service Areas (SA)

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.

Hospice does not have “divided” SAs. No county is split between two or more multi-county SAs.

# Service Areas – Scenario 1

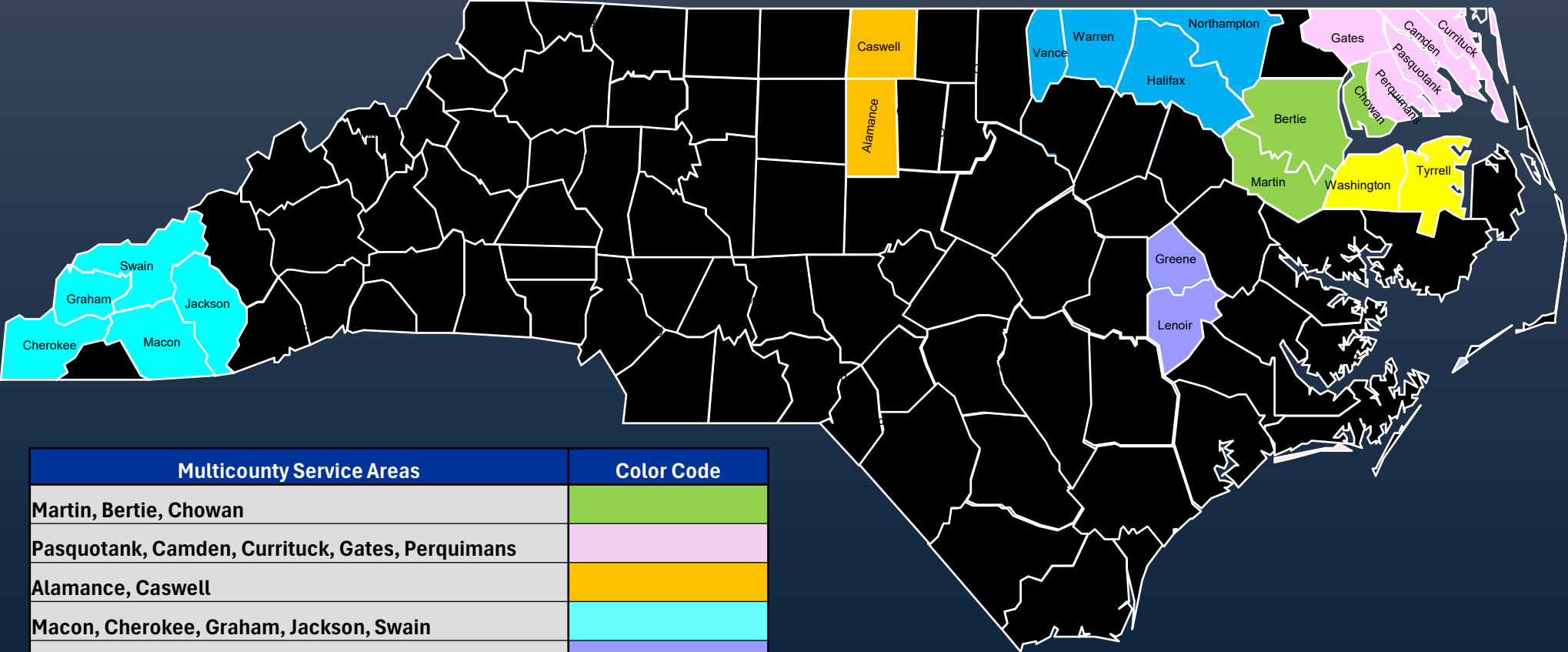
## HSAs and Single County



Counties highlighted in gray are single county service areas and have a population  $\geq 200,000$ . Scenario uses projected 2027 population figures from NC OSBM.

# Service Areas – Scenario 2 Single and Multi-county

≥ 45% of Residents Served by Agency Located Outside County

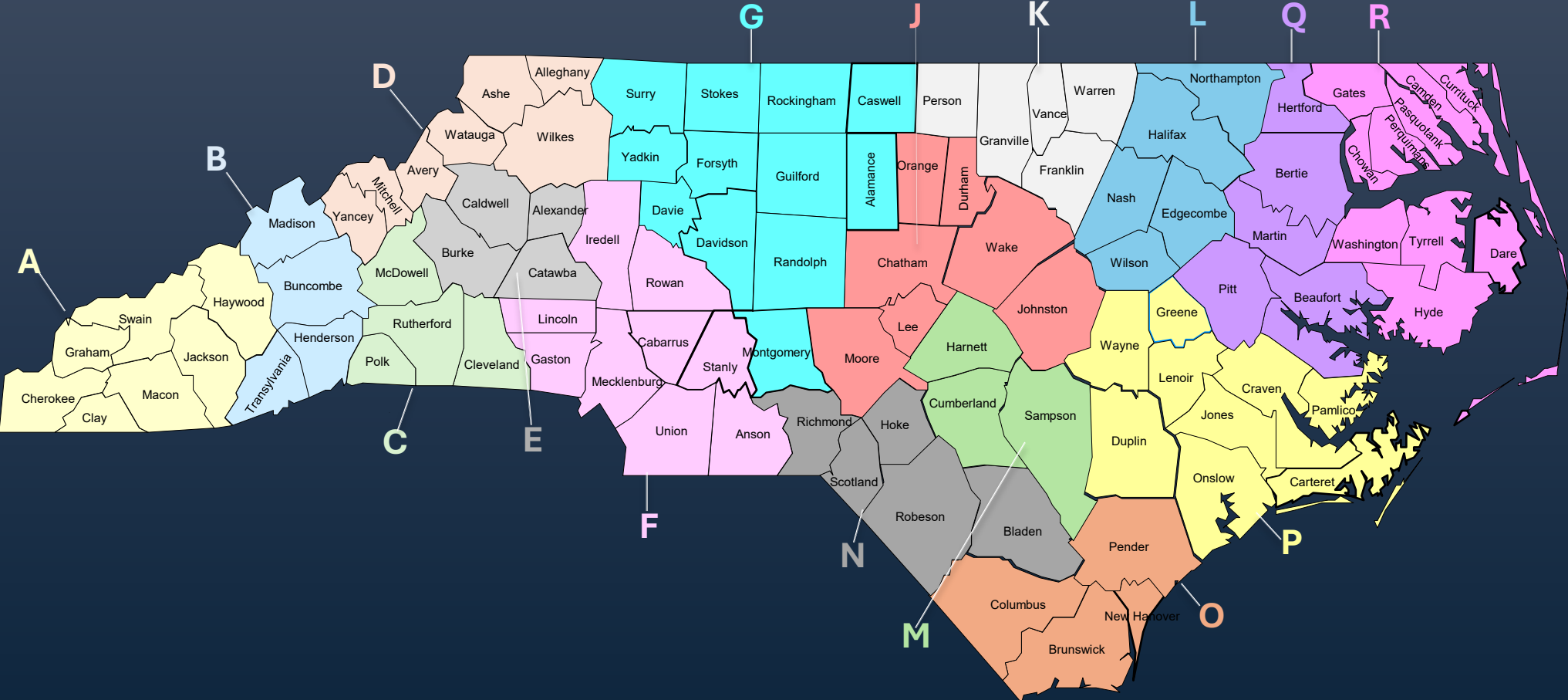


Multicounty Service Areas	Color Code
Martin, Bertie, Chowan	Light Green
Pasquotank, Camden, Currituck, Gates, Perquimans	Light Pink
Alamance, Caswell	Orange
Macon, Cherokee, Graham, Jackson, Swain	Cyan
Lenoir, Greene	Purple
Halifax, Northampton, Vance, Warren	Blue
Washington, Tyrrell	Yellow

Single county service area appear in black.

# Service Areas – Scenario 3

## County and COG Regions



# Additional Elements for Consideration

## Active-duty Military Population

- Excluded for any county with more than 500 estimated active-duty military personnel  
(Keep or Remove Exclusion)

## Death Ratio

- Five-year mortality rate per 1,000 population  
(Decrease, Remove or No Change)

## Threshold

- Deficit of 90 or more patient deaths
  - (Increase, Decrease or No Change)
- Three or fewer offices per 100,000 population
  - (Increase, Decrease or No Change)

## Placeholder

- Placeholder of 90 patient deaths (Increase, Decrease or No Change)
- Change placeholder parameters (i.e., implement moratorium for 24 months)

# DISCUSSION

# What's Next?

- For the next meeting, if workgroup members deems that revisions to the methodology are necessary, staff will present some options based on today's discussion.