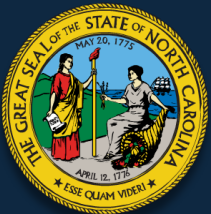


Hospice Home Care Methodology Workgroup

Meeting 4

March 10, 2026



NC DHHS

STATE HEALTH COORDINATING COUNCIL
Long-term and Behavioral Health Committee
2025 - 2026 Hospice Home Care Methodology Workgroup Meeting

- Welcome and Introductions Mr. Cooper Linton, Chair
- Review of Workgroup Charge Mr. Linton
- Background (recap of 3rd meeting) Mr. Linton
- Presentation of Model Ms. Elizabeth Brown
- Discussion of Model Workgroup
- Next Steps Workgroup
- Adjournment Mr. Linton

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 Components Decided

Service Areas: Single County

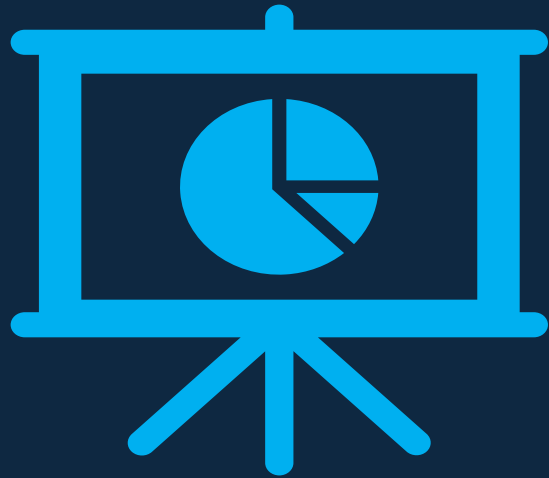
Death Rate: Three-year “rolling” death rate (2018, 2019 and 2024)

Population: Includes active-duty military

Threshold: Deficit of 150 deaths

Placeholder: Any service area with a need determination is assigned a moratorium for two SMFP cycles after the CON is issued

Model



Assumption for Need Determination

A county's deficit is 150 patients or more and the number of licensed hospice offices located in the county is **three** or fewer per **100,000** population

Table 13B: Year 2027 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M
County Service Areas	Death Rate (2018, 2019 and 2024)	2027 Population	2027 Projected Hospice Deaths	2024 Reported Hospice Deaths	2027 Projected Number Hospice Deaths Served at Two-Year Trailing Average Growth Rate	2027 Projected Number Hospice Deaths Served Limited to 60%	2027 Projected Number Hospice Deaths Served	2027 Projected Median Hospice Deaths	2027 Projected Number of Additional Deaths to be Served Surplus or (Deficit)	Number of Licensed Hospice Offices Located in County	Number of Licensed Hospice Offices in County per 100,000 Population	Hospice Office Need Determination
Source or Formula →	NC Vital Statistics	NC OSBM	Col. B * (Col. C/1,000)	2025 LRA	Col. E * 3 Years Growth at 2.7% Annually	Lower Number Deaths between Col. F and Col. G	Lower Number Deaths between Col. F and Col. G	Col. D * Projected Statewide Median Percent of Deaths Served (51.5%)	Col. H – Col. I	Table 13A: Inventory of Licensed Hospice Agencies	Col. K/(Col. C/100,000)	If (Col. L <= 3 and Col. J <= -150)
Harnett	8.15	153,161	1,248	446	483	749	483	642	-159	5	3.3	0

DISCUSSION

Recommendations to Long-Term and Behavioral Health Committee

Service Areas: Single County

Death Rate: Three-year “rolling” death rate (2018, 2019 and 2024)

Population: Includes active-duty military

Threshold: Deficit of 150 deaths

Placeholder: Any service area with a need determination is assigned a moratorium for two SMFP cycles after the CON is issued

**Assumption
for Need
Determination** A county’s deficit is 150 patients or more and the number of licensed hospice offices located in the county is three or **three** or fewer per **75,000** population