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**Long-Term and Behavioral Health Committee  
Recommendations to the NC State Health Coordinating Council  
June 3, 2026**

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The Long-Term and Behavioral Health (LTBH) Committee met twice this year, on April 9<sup>th</sup> and May 14<sup>th</sup>.

The topics reviewed and discussed included:

- recommendations from the Hospice Home Care Office Workgroup;
- policies and methodologies for all LTBH chapters, which were discussed at the April meeting; and
- preliminary drafts of need projections for LTBH services, based on the currently available data, which were posted on the Healthcare Planning website in advance of the May meeting

The Agency received no petitions or comments for any of the LTBH services. The following is an overview of the Committee's recommendations for LTBH Services for the *Proposed 2027 SMFP*.

### **Chapter 10: Nursing Homes**

Application of the nursing home methodology based on data and information available for the May meeting resulted in two draft need determinations for a total of 50 additional nursing home beds. The need determinations are for:

- 30 beds in Davie County; and
- 20 beds in Hoke County

### **Chapter 11: Adult Care Homes**

Application of the methodology based on data and information available for the May meeting resulted in two draft need determinations for a total of 40 additional adult care home beds in the following counties:

- 10 beds in Alleghany; and
- 30 beds in Chowan

## Chapter 12: Home Health Services

Application of the methodology based on data and information available for the May meeting resulted in no draft need determinations for additional home health agencies.

## Chapter 13: Hospice Services

Agency staff reviewed the activities and recommendations of the Hospice Home Care Offices Methodology workgroup. Workgroup members held sessions between December 2025 and March 2026 to evaluate, and, if necessary, make recommendations regarding the appropriateness of the current hospice home care office need determination methodology used in the SMFP. The Workgroup consisted of 13 hospice provider-stakeholders who were charged with reviewing the past 10 years of hospice home care office petitions and outcomes; gathering stakeholder input to understand the impact of the current methodology and to identify issues of concern; and reviewing methodology calculations to determine whether changes were warranted. As a result of these activities, the workgroup developed several recommendations. The LTBH committee voted to forward the following recommendations to the SHCC:

**Recommendation 1** is to use county mortality (death) rates for the most recent three years as the basis for hospice patient need projections instead of five years. However, to exclude years containing COVID deaths, the 2027 and 2028 SMFPs will use “rolling” death rates – that is 2018, 2019, and 2024 death rates will be used in the 2027 SMFP, and 2019, 2024 and 2025 death rates will be used in the 2028 SMFP.

**Recommendation 2** is to include all active-duty military individuals in total population counts of all service areas.

**Recommendation 3** is to adjust an assumption of the hospice home care offices need methodology as such: *A need for an additional hospice home care office exists if the service area’s deficit is 150 patients or more and the number of licensed home care offices located in the service area is three or fewer per 75,000 population.*

**Recommendation 4** is to implement a moratorium within the service area following the placement of a need determination in the SMFP for that service area. The moratorium shall remain in place for the service area for two SMFP cycles after the relevant Certificate of Need (CON) is issued.

**Recommendation 5** is to revisit the hospice home care offices need determination methodology three years after the implementation of recommendations to assess impact.

Chapter 13: Hospice Services in the Proposed 2027 SMFP – including the narrative and data tables - will be revised to align with these recommendations if they are approved by the SHCC.

Application of the revised methodology based on data and information available for the May meeting resulted in a draft need determination for one additional hospice home care agency in Gaston County. There are no draft need determinations for additional hospice inpatient beds.

#### **Chapter 14: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)**

At the May meeting, staff presented the draft table showing the inventory for these beds. There is no need determination methodology for ICF/IID beds.

#### **Committee Recommendation Regarding Long-Term and Behavioral Health Services for the *Proposed 2027 SMFP***

The Committee recommends that the State Health Coordinating Council (SHCC) approve the policies, methodologies, and draft need recommendations for Chapters 10 - 14 for the *Proposed 2027 SMFP*. Also, the Committee recommends that the SHCC authorize staff to update chapter narratives, tables, and need determinations as necessary.