

March 21, 2018

North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

Attn: NC State Health Coordinating Council

Dear Dr. Ullrich and Members of the Council;

Thank you for the opportunity to comment on petitions submitted to the State Health Coordinating Council regarding the provision of healthcare services in the State of North Carolina. I am submitting these comments in opposition to the "Petition for Change in the North Carolina State Medical Facilities Plan – Policies Applicable to Home Health Services" submitted by LeadingAge North Carolina.

Current SMFP Methodology Promotes Access, Quality, and Choice

Hospice organizations, like Home Health Agencies (HHAs), provide home and community-based services under a specialized model of care suited to the needs of patients. Hospice organizations are actively participating in health reform discussions, demonstration projects, and other efforts to support excellence in care at home. Our industry welcomes the opportunity to explore new models of care for the aging with all provider types and in all settings. We currently work collaboratively across the care continuum with varying providers and in various settings to ensure that there are no gaps in care.

I appreciate the goals of quality care at home as described in the LeadingAge petition but believe that the current health planning model has successfully achieved those goals. While we may find that our health planning processes will be modified under a reformed health system in coming years, the current model promotes access to quality care combined with patient choice, which is a positive outcome for North Carolina residents in all settings. It is not clear that the petition would support or enhance the current process.

The Proposal Does not Support Provider Choice for Residents

A specific area of concern for me in the LeadingAge petition is their intent to limit resident choice of providers, citing the adverse effect of continuing to contract with third parties for care delivery. Further the petition suggests that 'streamlining ...within a life-care community' enhances access to care. Allowing NC residents to choose their healthcare provider helps to ensure quality, value,

and patient-centered care. This is especially true for vulnerable populations such as the aging, and particularly in times of illness. Given that there are many HHAs in North Carolina who provide high quality home care, it is not clear why the continuation of this current model would result in adverse outcomes and it is concerning that a stated intent of the petition is to prevent these options for Continuing Care Retirement Community (CCRC) residents.

The Petition Creates a Special Carve-Out for a Select Group of Organizations

In addition, I am concerned that the impact of this proposal would be to allow selected organizations to add licensed HHA's in the State, without regard to need. While the petition states that it is not the intent to care for patients who are not in a contractual relationship with a CCRC, I am unaware of provisions in the current regulatory structure that could limit the scope of a HHA's services based on patient/resident contracts. Furthermore, there is an emerging effort towards pursuing a 'Continuing Care at Home' concept, also called a 'CCRC without walls' that could extend the patient population throughout a broad region. Under this model there would appear to be no limitations to the patients served by these HHAs which would have been added without going through the processes required for all other interested parties.

Petition Could Negatively Impact Access for Non-Residents

Whether or not the patient population could be limited, it is also not clear what impact this petition would have on the SMFP methodologies for these service types. Currently the need methodology is based on anticipated usage by geographic area and the number of providers who serve that area. This proposal would result in additional providers who plan to target particular populations. The petition specifically notes that the Medicaid population, which typically has limited access to care, would not be served by any HHA formed under this exemption. Under the need methodology the addition of these providers could suggest a reduced need for additional HHAs in the SMFP, thereby reducing access to home-based care for individuals who are unable to invest in the CCRC model of care.

Summary

In summary, I believe this petition should not be approved as it does not appear to support patient choice, access, and equity in the health planning process. I am happy to answer any questions regarding these comments, and thank you again for the opportunity to participate in the comment process.



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