

Comments on Petition from Well Care to Remove 12 Home Health Need Determinations from the 2023 State Medical Facilities Plan

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Table 12E Need

Personal Home Care of North Carolina, LLC wishes to register comments in opposition to the petition filed by Well Care Health, LLC (“Well Care”) regarding the Home Health Agency Offices in the 2023 State Medical Facilities Plan. Personal Home Care of North Carolina provides home health agency services in the Mecklenburg and Wake County areas for more than 12 years. We also provide home care services in 25 total counties including, Forsyth and Guilford. We have been active in the North Carolina Home Health and Hospice Association and worked with the Medical Care Commission on improvements to licensing rules that increased the labor pool of qualified Certified Nursing Assistants.

We believe the Need for Medicare Certified Home Health Agencies or Offices should remain as presented in Table 12E of the Proposed SMFP. Although the number of new home health agencies generated by the standard methodology may be unprecedented, population growth and high median age of the population are also unprecedented. North Carolina population was growing and aging before the pandemic. With the pandemic, population increases accelerated throughout the state, in urban and rural areas. Waves of people elected to work from home outside the big cities; people also retired early, many to North Carolina.

Three counties, Edgecombe, Montgomery, and Granville reached the 20,000-population mark set by Criterion 1. Granville is rapidly becoming a bedroom community for the Research Triangle as evidenced by almost weekly reports in the Triangle Business Journal. Montgomery will soon have four-lane connection to Charlotte along Route 27. Signs of new communities are already apparent there. As Charlotte and its contiguous counties also grow, it will be difficult to recruit staff to travel to Montgomery. The argument that other agencies are serving any of these counties is circular. Of course, they are. The counties have no in-county home health agency. It will take at least a year, and possibly two for any project approved in response to this need to get in service. During that time, these counties will hold their population. The Plan permits a new agency or an office. Applicants must make the case for which is best.

The nine other counties show a calculated need more than the 325-patient threshold for a new home health agency. The standard methodology calculated need in Pitt and Brunswick exceeds 500 patients. The Agency advanced the threshold from 250 to 325 patients to assure sufficient patients to support a new home health agency. The petitioner, WellCare was recently awarded a CON in Mecklenburg County when the need just barely exceeded the 325-threshold. In each of the nine counties, population is growing and / or aging. This may be a tipping point year when a significant part of each population

reached 65. A recent article in Senior Living noted that from now until 2030, 10,000 Baby Boomers each day will hit retirement age (65). Baby Boomers make up 28 percent of the national population.¹

We believe it is highly reasonable for the 2023 SMFP to show need for new home health agencies in all nine counties. Table 1 below shows the deficit calculation for each. Use rates are not egregious, even in Granville where they increased the most. Brunswick and New Hanover, fast growing counties, have use rates below the state average.

We understand and appreciate the fact that CMS is reducing home health agency payments. They have also made it easier to serve a person who is admitted directly from home. At the same time, insurance companies and others learned through the pandemic that we need to look for more and more ways to serve patients in their homes and avoid the infection risk associated with inpatient stays. North Carolina is a leader in Hospital at Home. It should also be a leader in providing opportunities for innovation in home health agency care. Unprecedented is not sufficient justification to eliminate this geographic need.

We urge the SHCC to keep the need, at minimum, in Catawba, Guilford, Forsyth, Nash, Brunswick, New Hanover, Onslow, Pitt, Granville, and Montgomery Counties.

Work Group

Should the Agency elect to organize a work group, we would ask that it be chaired by a neutral party. To do otherwise would raise suspicion about even the best of proposed changes to the methodology. This would be a once in a decade effort, and we would want the outcome to be above scrutiny.

¹ Senior Living The Baby Boomer Generation, website, updated May 24, 2002.
<https://www.seniorliving.org/life/baby-boomers/#:~:text=They've%20arrived.,checks%20and%20go%20on%20Medicare.>

Table 1 Summary of Key Statistics for Counties Showing Need for One Additional Home Health Agency Office

County	Table 12D Deficit	% Increase in Persons		Total Population 2021		Home Health Use Rate per 1000, 2021		% Increase in Use Rate	
		65 to 74	over 75	65 to 74	over 75	65 to 74	over 75	65 to 74	over 75
Catawba	353	8.57%	-1.95%	18,424	12,421	75.99	199.18	4.65%	-5.76%
Guilford	388	1.09%	-4.51%	52,494	36,402	64.01	163.75	-1.82%	-7.52%
Forsyth	449	0.43%	-3.49%	37,838	26,395	69.90	191.74	-2.22%	-6.22%
Nash	337	9.83%	-0.84%	11,664	7,342	76.39	175.57	9.83%	-2.89%
Brunswick	534	4.81%	3.69%	26,716	17,969	53.11	129.50	6.06%	-2.47%
New Hanover	464	2.70%	3.79%	24,196	17,883	58.32	170.33	2.99%	1.76%
Onslow	396	1.99%	-2.56%	12,629	8,236	70.39	156.51	-2.40%	-5.12%
Pitt	558	4.23%	-2.59%	15,125	9,113	75.70	182.05	2.67%	-1.05%
Robeson	332	-1.54%	1.62%	12,536	7,302	65.41	164.48	-1.48%	3.25%
Edgecombe	Criterion 1,	5.17%	-0.88%	6,609	4,307	74.75	138.15	3.59%	-1.72%
Montgomery	Criterion 1,	13.27%	2.36%	15,686	2,421	62.34	128.05	6.91%	2.90%
Granville	Criterion 1,	35.51%	14.60%	6,818	4,308	66.15	169.45	31.31%	10.51%
State Avg						63.39	160.33	3.41%	-3.17%

Criterion 1 indicates population exceeds 20,000 and county has no Medicare certified home health agency.