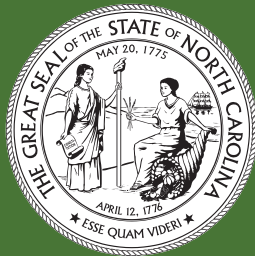


2021

STATE HEALTH COORDINATING COUNCIL

STATE MEDICAL FACILITIES PLAN



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Health Service Regulation

NORTH CAROLINA 2021 STATE MEDICAL FACILITIES PLAN

Effective January 1, 2021

Prepared by the

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section

Under the direction of the

North Carolina State Health Coordinating Council

For information contact the

North Carolina Division of Health Service Regulation
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>

(919) 855 - 3865

NOTE: Data used in the North Carolina 2021 State Medical Facilities Plan was last updated on October 9, 2020.

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

October 27, 2020

The Honorable Roy Cooper, Governor
State of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor Cooper:

On behalf of the North Carolina State Health Coordinating Council, I am pleased to forward our recommendations for the North Carolina 2021 State Medical Facilities Plan. This Plan is the culmination of a year's work by the Council, its committees and Healthcare Planning staff.

The Council has devoted a significant amount of time to the review and discussion of a variety of issues prior to making its recommendations for the upcoming year. The Proposed Plan was disseminated broadly and examined in six public hearings held in July, and any petitions and comments received during this year-long process were duly considered.

This final document represents the Council's recommendations regarding health care needs to be addressed in the 2021 certificate of need reviews.

Sincerely,

Christopher G. Ullrich, M.D., Chairman
N.C. State Health Coordinating Council

Enclosure

cc: Mandy Cohen, MD, Secretary, DHHS
Mark Payne, Director, DHSR

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL

WWW.NCDHHS.GOV

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MEMORANDUM

TO: Governor Roy Cooper

FROM: Mandy Cohen, MD, MPH *MC*

SUBJECT: North Carolina 2021 State Medical Facilities Plan

DATE: October 27, 2020

I am forwarding for your review and approval the North Carolina 2021 State Medical Facilities Plan (SMFP) as recommended by the North Carolina State Health Coordinating Council (SHCC). Also attached is a summary of the need determinations and summer petitions from the 2020 planning cycle and minutes from all SHCC and Committee meetings held during the year.

I support the SHCC and the implementation of the 2021 SMFP.

Additional background information is available on all areas, if desired. It would greatly facilitate the publication and distribution of the SMFP if you could approve or request changes before the end of November.

MC:ac

Attachments: 2021 State Medical Facilities Plan
Summary of Need Determinations and Summer Petitions
Minutes from SHCC and Committee Meetings

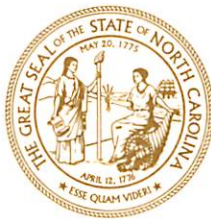
WWW.NCDHHS.GOV

TEL 919-855-4900 • FAX 919-715-0991

LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

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STATE OF NORTH CAROLINA
OFFICE OF THE GOVERNOR

ROY COOPER
GOVERNOR

I hereby approve the 2021 State Medical Facilities Plan as recommended by the North Carolina State Health Coordinating Council, with one amendment. The COVID-19 pandemic has created an increased need for behavioral health services in the state. Research shows that over half of Americans have reported that their mental health has been negatively impacted by the pandemic. Substance use has seen an increase in 2020, and after years of progress in the fight against the opioid epidemic, North Carolina has recently seen a 24 percent increase in the number of accidental opioid overdoses presenting in emergency rooms. Because of this, I am adding an adjusted need determination for 70 adult substance use disorder inpatient/residential treatment beds in the Eastern Region. The deadline to submit a Petition for Adjustments to Need Determinations to the North Carolina State Health Coordinating Council was in July of 2020 before the mental health needs related to the pandemic had fully developed and been identified. It is preferable that requests for adjustments to need determinations go through the regular process for a Petition for Adjustments to Need Determinations as specified in Chapter 2 of the State Medical Facilities Plan and it is, and should be, extraordinary to add an amendment in this way. However, behavioral health concerns related to the pandemic have manifested themselves after the petition deadline and should be addressed in this manner.

A handwritten signature in black ink, reading "Roy Cooper", written over a horizontal line.

Roy Cooper, Governor

December 29, 2020

Date

TABLE OF CONTENTS

Background

Chapter 1	Overview of the North Carolina 2021 State Medical Facilities Plan	1
Chapter 2	Adjustments and Amendments to the State Medical Facilities Plan	7
Chapter 3	Certificate of Need Review Categories and Schedule	13
Chapter 4	Statement of Policies	17
	Acute Care Facilities and Services	17
	Acute Care Hospitals	17
	End-Stage Renal Disease Dialysis Services	21
	Long-Term Care Facilities and Services	22
	Nursing Home Facilities	22
	Adult Care Homes	24
	Home Health Services	25
	All Mental Health, Developmental Disabilities, and Substance Use Disorder Facilities	25
	Psychiatric Inpatient Services Facilities	25
	Intermediate Care Facilities for Individuals with Intellectual Disabilities	26
	Technology and Equipment	26
	All Health Services	28

Acute Care Facilities and Services

Chapter 5	Acute Care Hospital Beds	31
Chapter 6	Operating Rooms	49
Chapter 7	Other Acute Care Services	95
	A. Burn Intensive Care Services	95
	B. Open Heart Surgery Services	98
	C. Transplantation Services	101
Chapter 8	Inpatient Rehabilitation Services	107
Chapter 9	End Stage Renal Disease Dialysis Facilities	113

Long-Term Care Facilities and Services

Chapter 10	Nursing Home Facilities	143
Chapter 11	Adult Care Homes	175
Chapter 12	Home Health Services	217
Chapter 13	Hospice Services	255
Chapter 14	Psychiatric Inpatient Services	283
Chapter 15	Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)	293
Chapter 16	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)	301

Technology and Equipment

Chapter 17	Technology and Equipment	313
	A. Cardiac Catheterization Equipment	314
	B. Gamma Knives	323
	C. Linear Accelerators	324
	D. Lithotriptors	337
	E. Magnetic Resonance Imaging Scanners	344
	F. Positron Emission Tomography Scanners	367

Appendices

Appendix A:	North Carolina Health Service Areas	373
Appendix B:	List of Contiguous Counties	374
Appendix C:	Executive Orders 46 and 187	378
Appendix D:	North Carolina Certificate of Need Statute	383
Appendix E:	Certificate of Need Regulations	405
Appendix F:	Academic Medical Center Teaching Hospitals	428
Appendix G:	Critical Access Hospitals	429
Appendix H:	Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes	432

Chapter 1:

Overview of the North Carolina 2021 State Medical Facilities Plan

CHAPTER 1

OVERVIEW OF THE NORTH CAROLINA 2021 STATE MEDICAL FACILITIES PLAN

Purpose

The North Carolina 2021 State Medical Facilities Plan (SMFP or Plan) was developed by the North Carolina Department of Health and Human Services (DHHS), Division of Health Service Regulation (DHSR), under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S.¹ §131E-177. The major objective of the Plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services. Projections of need are provided for the following facilities and services:

- acute care hospitals
- adult care facilities
- end-stage renal disease dialysis facilities
- hospice home care and hospice inpatient beds
- inpatient rehabilitation facilities
- intermediate care facilities for individuals with intellectual disabilities
- Medicare-certified home health agencies
- nursing home facilities
- operating rooms
- other acute care services
- psychiatric hospital units and specialty hospitals
- substance use disorder hospital units, specialty hospitals, and residential facilities
- technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to the projections of need.

The projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need (CON) applications for establishment, expansion, or conversion

¹ General Statutes (North Carolina General Statutes).

of health care facilities and services. All parties interested in health care facility and health services planning should consider this Plan a key resource.

Basic Principles Governing the Development of this Plan

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the North Carolina State Medical Facilities Plan.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The North Carolina State Medical Facilities Plan should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the North Carolina State Medical Facilities Plan. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the Plan seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations.

Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

3. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the State Medical Facilities Plan will be a key principle in the formulation and implementation of SHCC recommendations for the Plan.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from a State Medical Facilities Plan that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create

common resources such as shared health databases, purchasing cooperatives, and shared information management, and by promoting coordinated services that reduce duplicative and conflicting care. The SHCC also recognizes the importance of balanced competition and market advantage in order to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

The State Health Planning Process

Throughout the development of the North Carolina State Medical Facilities Plan there are opportunities for public review and comment. Sections of the Plan, including the policies and methods for projecting need, are developed with the assistance of committees of the North Carolina State Health Coordinating Council. The committees submit their recommendations to the Council for approval. A Proposed Plan is assembled and made available to the public. Public hearings on the Proposed Plan are held during the summer. Comments and petitions received during this period are considered by the Council and, upon incorporation of all changes approved by the Council, a final draft of the Plan is presented to the Governor for review and approval. With the Governor's approval, the State Medical Facilities Plan becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

Other Publications

Information concerning publications or the availability of other data related to the health planning process may be obtained by contacting the:

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

Telephone Number: (919) 855-3865

NOTE

Determinations of need for services and facilities in this Plan do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Health Benefits to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to these needs.

North Carolina State Health Coordinating Council Members

<u>Member:</u>	<u>Representing:</u>	<u>From:</u>
Christopher G. Ullrich, MD, Chairman	At-Large	Charlotte
Sandra Greene, DrPH, Vice Chair	At-Large	Chapel Hill
Representative Gale B. Adcock	NC House of Representatives	Cary
Glendora G. Brothers	At-Large	Elizabeth City
Kelli A. Collins	Business and Industry (Large)	Summerfield
Stephen L. DeBiasi, FACHE, CMPE	At-Large	Wilmington
Allen D. Feezor	At-Large	Bolivia
William Brian Floyd	Academic Medical Centers	Greenville
Charul G. Haugan, MD	Physicians	Raleigh
Valarie Jarvis	At-Large	Durham
Lyndon K. Jordan, III, MD	At-Large	Raleigh
J. Cooper Linton	Hospice	Chapel Hill
James L. Martin, Jr.	Nursing Homes	Hickory
Robert B. McBride, Jr., MD	At-Large	Charlotte
Commissioner Tonya McDaniel	County Government (Urban)	Winston-Salem
Commissioner Barbara McKoy	County Government (Rural)	Lillington
Denise M. Michaud	At-Large	Morganton
Vincent T. Morgus	Business and Industry (Small)	Raleigh
Pamela A. Oliver, MD	At-Large	Lewisville
Dwight Perry, MD	At-Large	Durham
Senator Gladys A. Robinson	NC Senate	Greensboro
Timothy R. Rogers	Home Care Facilities	Raleigh
Quintana C. Stewart	Public Health Director	Hillsborough
Mark Werner	Health Insurance Industry	Apex
John E. Young	Hospitals	Wilmington

Committees and Staff Members

Acute Care Services Committee

Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services (bone marrow transplants and solid organ transplants), end-stage renal disease dialysis facilities, and inpatient rehabilitation services:

Sandra B. Greene, DrPH (Chair); Representative Gale Adcock; Allen D. Feezor (Vice Chair); Brian Floyd; Charul G. Haugan, MD; Robert B. McBride, Jr., MD; Mark Werner; John E. Young

Staffed by: Elizabeth Brown and Andrea Emanuel, PhD

Long-Term and Behavioral Health Committee

Planning for nursing home facilities, adult care homes, home health services, hospice services, psychiatric inpatient facilities, substance use disorder inpatient and residential services (chemical dependency treatment beds), and intermediate care facilities for individuals with intellectual disabilities:

Valarie Jarvis (Chair); Glendora Brothers; J. Cooper Linton; James L. Martin, Jr.; Commissioner Tonya McDaniel; Denise M. Michaud (Vice Chair); Vincent T. Morgus; Timothy R. Rogers; Quintana C. Stewart

Staffed by: Elizabeth Brown, Andrea Emanuel, PhD, and Trenesse Michael

Technology and Equipment Committee

Planning for cardiac catheterization equipment, gamma knives, linear accelerators, lithotripters, magnetic resonance imaging scanners, and positron emission tomography scanners.

Lyndon K. Jordan, III, MD (Chair); Kelli A. Collins; Stephen L. DeBiasi, FACHE, CMPE (Vice Chair); Commissioner Barbara McKoy; Pamela A. Oliver, MD; Dwight Perry, MD; Senator Gladys A. Robinson; Christopher G. Ullrich, MD

Staffed by: Trenesse Michael

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Andrea Emanuel, PhD, Planner

Trenesse Michael, Planner

Tom Dickson, PhD, Database Manager

Melinda Boyette, Administrative Assistant

Division of Health Service Regulation

Mark Payne, Director

Chapter 2:

Adjustments and Amendments to the State Medical Facilities
Plan

CHAPTER 2

ADJUSTMENTS AND AMENDMENTS TO THE STATE MEDICAL FACILITIES PLAN

Amendments to 2021 State Medical Facilities Plan

Only the Governor may amend the SMFP after it has been signed. The SHCC will decide whether to recommend that the Governor amend the SMFP. The Governor will be asked to amend the SMFP only as necessary to correct errors resulting in a need determination, to respond to statutory changes, or to respond to appellate court decisions. If an amendment is necessary, the SHCC will hold a special public hearing and meeting to address the issue.

Adjustments to the Next State Medical Facilities Plan

During 2021, while the 2022 North Carolina State Medical Facilities Plan (SMFP) is under development, the State Health Coordinating Council (SHCC) will conduct public hearings on proposed adjustments to the 2022 SMFP. Based on this process, the SHCC will recommend changes to the 2022 SMFP that it deems appropriate for the Governor's approval. That is, the 2021 SMFP contains details about the public hearing and petition process for the 2022 SMFP.

Petitions to Revise the Next State Medical Facilities Plan

Anyone who finds that the SMFP's policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. Such petitions are of two general types: those requesting changes in basic policies and methodologies; and those requesting adjustments to the need determinations.

Petitions for Changes in Policies and Methodologies

People who wish to recommend changes that may have a statewide effect should contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and submit petitions no later than March 3, 2021. Changes with the potential for a statewide effect are the addition, deletion, and revision of policies or need determination methodologies. These types of changes will need to be considered in the first four months of the calendar year as the Proposed SMFP is being developed for the following year.

Instructions for Writing Petitions for Changes in Policies and Methodologies

At a minimum, each written petition requesting a change in policies and methodologies used in the SMFP must contain all the following:

1. name, address, email address and phone number of the petitioner.
2. a statement of the requested change, citing the policy or planning methodology in the SMFP for which the change is proposed.
3. reasons for the proposed change, including:
 - a. a statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made, and
 - b. a statement of alternatives to the proposed change that were considered and found not feasible.

4. evidence that the proposed change would not result in unnecessary duplication of health resources in the area; and
5. evidence that the requested change is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access, and value (see Chapter 1).

Each written petition must be clearly labeled “Petition” and the North Carolina Division of Health Service Regulation, Healthcare Planning must receive one copy by 5:00 p.m. on March 3, 2021. Petitions must be submitted by e-mail, US mail, a delivery service, or hand delivery.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services is:

809 Ruggles Drive
Raleigh, North Carolina 27603

Response to Petitions for Changes in Policies and Methodologies

The process for response to such petitions is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner or any other people or organizations who may be affected by the proposed change.
2. The appropriate committee of the SHCC will consider the petition and Agency Report and will make recommendations to the full SHCC regarding disposition of the petition.
3. The SHCC will consider the committee’s recommendations and determine whether to incorporate the changes into the Proposed SMFP for the following year.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for changes in basic policies and methodologies in the SMFP will be made no later than the SHCC meeting at which the Council makes final recommendations to the Governor.

Petitions for Adjustments to Need Determinations

On or about July 1 of each year, the SHCC posts a Proposed SMFP for the following year. A Public Review and Comment Period follows, during which the SHCC holds six public hearings to receive oral/written comments and written petitions. The Public Review and Comment Period dates are available from Healthcare Planning and appear below.

People who believe that unique or special attributes of a particular geographic area or institution give rise to resource requirements that differ from those provided by application of the standard planning methodologies and policies may submit a written petition requesting an adjustment to the need determination in the Proposed SMFP. These petitions should be delivered to Healthcare Planning as early

in the Public Review and Comment Period as possible, but no later than the deadline for receipt of petitions. Requirements for petitions to change need determinations in the Proposed SMFP are given below.

Instructions for Writing Petitions for Adjustments to Need Determinations

At a minimum, each written petition requesting an adjustment to a need determination in the Proposed SMFP must contain all the following:

1. name, address, email address and phone number of the petitioner.
2. a statement of the requested adjustment, citing the provision or need determination within the Proposed SMFP for which the adjustment is proposed.
3. reasons for the proposed adjustment, including:
 - a. a statement of the adverse effects on the population of the affected area that are likely to ensue if the adjustment is not made, and
 - b. a statement of alternatives to the proposed adjustment that were considered and found not feasible.
4. evidence that health service development permitted by the proposed adjustment would not result in unnecessary duplication of health resources in the area; and
5. evidence that the requested adjustment is consistent with the three Basic Principles governing the development of the SMFP: safety and quality, access and value.

Petitioners should use the same service area definitions as provided in the relevant chapter(s) of the Proposed SMFP.

Petitioners should also be aware that Healthcare Planning staff, in reviewing the proposed adjustment, may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed adjustment.

Each written petition must be clearly labeled “Petition” and one copy of each petition must be received by Healthcare Planning by 5:00 p.m. on July 28, 2021. Petitions must be submitted by e-mail, US mail, a delivery service or hand delivery.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services:

809 Ruggles Drive
Raleigh, North Carolina 27603

Response to Petitions for Adjustments to Need Determinations

The process for response to these petitions by the North Carolina Division of Health Service Regulation and the SHCC is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner, or other people or organizations who may be affected by the proposed change.
2. The appropriate committee of the SHCC will consider the petition and Agency Report and the committee will make recommendations to the SHCC regarding disposition of the petition.
3. The SHCC considers the committee recommendations and decides whether to incorporate the recommended adjustments in the final draft of the North Carolina State Medical Facilities Plan to be forwarded to the Governor.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for adjustments to need determinations in the SMFP will be made no later than the date of the final Council meeting of the calendar year.

Scheduled State Health Coordinating Council Meetings and Committee Meetings

All meetings are scheduled from 10:00 a.m. until noon. Due to the COVID-19 pandemic, some meetings and public hearings will be held via WebEx in 2021. Any meetings not held via WebEx will be held in Room 104 of the Brown Building on the Dorothea Dix Campus, 801 Biggs Drive, Raleigh NC. Directions to the Brown Building can be found at:

<https://info.ncdhhs.gov/dhsr/brown.html>

Any additional changes to Council, committee, workgroup, and interested parties meeting dates, times, and locations will be posted on the meeting information web page at:

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

North Carolina State Health Coordinating Council **(meets on Wednesdays)**

March 3, 2021 (WebEx)

June 2, 2021

September 29, 2021

October 13, 2021 - Optional (WebEx)

The Council will conduct a public hearing on statewide issues related to development of the Proposed 2022 SMFP immediately following the business meeting on March 3, 2021. The March 3 SHCC meeting will be held via WebEx. Instructions for attending this meeting will be posted on the web page below at least one week beforehand. The meeting location for the June 2 and September 29 meetings has not yet been determined. Information will be posted on the web page below as soon as it is available. The October 13 meeting is optional. If it is to be held, instructions for joining the October 13 meeting will be posted on the web page below at least one week beforehand.

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

Spring Public Hearing Date and Deadlines for Spring Petitions and Comments

March 3, 2021	The Council will conduct a public hearing on statewide issues related to the development of the Proposed 2022 SMFP immediately following the business meeting. Electronic media may not be used in presentations at the public hearing.
March 3, 2021 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions on statewide issues.
March 17, 2021 5:00 p.m.	Deadline for receipt by Healthcare Planning of all written comments regarding petitions submitted by the March 3 deadline and all other comments related to development of the North Carolina Proposed 2022 SMFP.

Committee Meetings for 2021

All April and May committee meetings will be held via WebEx. Instructions for attending these meetings will be posted on the page below at least one week before each meeting. Information also will be posted on the page below when plans for the September meetings are final.

<https://info.ncdhhs.gov/dhsr/mfp/meetings.html>

Acute Care Services Committee (meets on Tuesdays)

April 6

May 18

September 14

Long-Term and Behavioral Health Committee (meets on Thursdays)

April 8

May 13

September 9

Technology and Equipment Committee (meets on Wednesdays)

April 7

May 5

September 1

2021 Schedule of Summer Public Hearings on the NC Proposed 2022 SMFP

(All hearings begin at 1:30 p.m.)

All summer public hearings will be held via WebEx. Instructions for joining the public hearings will be posted on the web page below at least two weeks before the first public hearing. Information will also be emailed to the Interested Parties list.

<https://info.ncdhhs.gov/dhsr/mfp/publichearing.html>

Thursday, July 8

Monday, July 12

Wednesday, July 14

Tuesday, July 20

Monday, July 26

Wednesday, July 28

Electronic media may not be used in presentations at any public hearings.

Deadlines for Summer Petitions and Comments

July 28, 2021 5:00 p.m.	Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and comments regarding other issues related to the Proposed 2022 SMFP.
August 11, 2021 5:00 p.m.	Deadline for receipt by Healthcare Planning of any written comments on petitions submitted by the July 28 deadline and all comments regarding other issues related to the Proposed 2022 SMFP.

Chapter 3:

Certificate of Need Review Categories and Schedule

CHAPTER 3

CERTIFICATE OF NEED

REVIEW CATEGORIES AND SCHEDULE

A certificate of need (CON) is required prior to the development of a new institutional health service. Pursuant to 10A NCAC¹ 14C . .0203, Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted. For proposals which fall into more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period or periods in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- o new acute care hospitals;
- o new or additional campus of an existing acute care hospital;
- o new or additional acute care beds;
- o relocation of existing or approved acute care beds within the same service area;
- o relocation of existing acute care hospital within the same service area;
- o new or additional intensive care services, including but not limited to burn and neonatal;
- o new or expanded satellite emergency department;
- o offering inpatient dialysis services;
- o new transplantation services;
- o new open heart surgery services;
- o new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- o Policy AC-3 projects.

Category B: Nursing and Adult Care Services

Category B.1

- o new nursing home facilities or beds pursuant to a need determination;
- o relocation of existing or approved nursing home facility beds within the same service area;
- o transfer of nursing home facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- o new adult care home facilities or beds pursuant to a need determination;
- o relocation of existing or approved adult care home beds within the same service area; and
- o new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category B.2 (Relocation of Existing Beds to Another Service Area)

- o relocation of existing nursing home facility beds to another service area pursuant to Policy NH-6; and
- o relocation of existing adult care home beds to a another service area pursuant to Policy LTC-2.

¹ North Carolina Administrative Code

Category C: Psychiatric, Substance Use Disorder or Intellectual Disability Services

- o new psychiatric facilities or beds;
- o relocation of existing or approved psychiatric beds within the same service area;
- o transfer of psychiatric beds from state psychiatric hospitals pursuant to Policy PSY-1;
- o new substance use disorder facilities or beds;
- o relocation of existing or approved substance use disorder beds within the same service area;
- o new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- o relocation of existing or approved ICF/IID beds within the same service area; and
- o transfer of ICF/IID beds from state developmental centers pursuant to Policy ICF/IID-5.

Category D: Dialysis Services

Category D.1 (County or Facility Need)

- o new certified dialysis stations pursuant to the facility need methodology; and
- o new kidney disease treatment centers or certified dialysis stations pursuant to the county need methodology.

Category D.2 (Relocation to a Contiguous County)

- o relocation of existing kidney disease treatment centers or existing certified dialysis stations to a contiguous county pursuant to Policy ESRD-2.

Category D.3 (All Other Proposals)

- o relocation of existing kidney disease treatment centers or existing certified dialysis stations within the same service area;
- o new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services; and
- o development of or expansion of a kidney disease treatment center on a hospital campus pursuant to Policy ESRD-3.
- o all other proposals involving dialysis services that do not fit into Category D.1 or D.2.

Category E: Surgical Services

- o new licensed ambulatory surgical facilities;
- o new operating rooms;
- o relocation of existing or approved operating rooms within the same service area; and
- o relocation of existing ambulatory surgical facility within the same service area.

Category F: Home Health and Hospice Services

- o new Medicare-certified home health agencies or offices;
- o new hospices or hospice offices;
- o new hospice inpatient facility beds;
- o relocation of existing or approved hospice inpatient facility beds within the same service area;
- o new hospice residential care facility beds; and
- o relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- o new inpatient rehabilitation facilities or beds; and
- o relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- o cardiac catheterization equipment or new cardiac catheterization services;
- o heart-lung bypass machines;
- o gamma knives;
- o lithotripters;
- o magnetic resonance imaging scanners;
- o positron emission tomography scanners
- o linear accelerators;
- o simulators;
- o major medical equipment as defined in G.S. 131E-176(14o);
- o diagnostic centers as defined in G.S. 131E-176(7a);
- o replacement equipment that does not result in an increase in the inventory of the equipment;
- o conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- o intraoperative magnetic resonance scanners acquired pursuant to Policy TE-2;
- o fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3; and
- o fixed or mobile magnetic resonance imaging scanners acquired pursuant to Policy TE-4.

Category I: Gastrointestinal Endoscopy Services

- o new or additional gastrointestinal endoscopy rooms as defined in G.S. 131E-176(7d); and
- o relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- o changes of scope and cost overruns;
- o reallocation of beds or services pursuant to Policy GEN-1; and
- o projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for CON applications requiring review. However, except for proposals involving new dialysis stations pursuant to the facility need methodology, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated application deadline for a specific need determination in the North Carolina State Medical Facilities Plan, an applicant must refer to the applicable need determination table for that service in the related chapter in the Plan. Applications for certificates of need for new institutional health services not specified in other chapters of the Plan shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if there is no need determination.

In order to give Certificate of Need sufficient time to provide public notice of review and public notice of public hearings as required by G.S. 131E-185, pursuant to 10A NCAC 14C.0203(b), the deadline for filing CON applications is **5:00 p.m.** on the 15th day of the month preceding the “CON Beginning Review Date.” In instances when the 15th day of the month falls on a weekend or holiday, the application deadline is **5:00 p.m.** on the next business day. **The application deadline is absolute and applications received after the deadline shall not be reviewed in that review period.** Applicants are strongly encouraged to complete all materials at least one day prior to the application deadline and to submit material early on the application deadline.

Table 3A: 2021 Certificate of Need Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2021			C	D.3						
March 1, 2021	A	B.1			E	F	G	H	I	J
April 1, 2021			C	D.1						
May 1, 2021	A	B.2			E	F	G	H		J
June 1, 2021			C	D.2					I	
July 1, 2021	A				E	F	G	H		J
August 1, 2021		B.1	C	D.1						
September 1, 2021	A		C		E			H	I	J
October 1, 2021				D.3			G	H		
November 1, 2021	A	B.1			E	F		H		J
December 1, 2021				D.1					I	

For further information about specific schedules, timetables, and CON application forms, contact:

**North Carolina Division of Health Service Regulation
Certificate of Need
2704 Mail Service Center
Raleigh, North Carolina 27699-2704**

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

- Acute Care Facilities and Services
 - o Acute Care Hospitals
 - o End-Stage Renal Disease Dialysis Facilities
- Long-Term Care Facilities and Services
 - o Nursing Home Facilities
 - o Adult Care Homes
 - o Home Health Services
 - o All Mental Health, Developmental Disabilities, and Substance Use Disorder Facilities
 - o Psychiatric Inpatient Services Facilities
 - o Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Technology and Equipment
- All Health Services

CHAPTER 4

STATEMENT OF POLICIES

Summary of Policy Changes for 2021

The SHCC approved two new policies and one substantive policy revision for the North Carolina Proposed 2021 State Medical Facilities Plan (SMFP). In addition, the language in two policies has been clarified and five policies have been eliminated.

Policy ESRD-3 (*Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus*) provides a mechanism for hospitals to obtain outpatient kidney disease treatment (dialysis) facilities.

Policy ICF/IID-5 (*Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities*) articulates the process for transferring ICF/IID beds from state-operated developmental centers to community-based facilities. Policies ICF/IID-1 through ICF/IID-4 were found to be unnecessary or no longer applicable and thus were eliminated.

Policies GEN-1 (*Reallocations*) and GEN-2 (*Changes to Need Determinations*) have been revised to combine their provisions into a single policy. As a result, Policy GEN-2 has been eliminated.

The language in Policy NH-6 (*Relocation of Nursing Home Beds*) has been clarified to reflect the intent of the policy, that is, to specify that the policy applies only to relocations of beds between service areas. The text of Policy TE-1 (*Conversion of Fixed PET Scanners to Mobile PET Scanners*) was edited to remove the footnote because the information is no longer applicable.

POLICIES APPLICABLE TO ACUTE CARE FACILITIES AND SERVICES

Acute Care Hospitals (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes

For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102 (d).

Licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects

Projects for which certificates of need are sought by academic medical center teaching hospitals (Appendix F) may qualify for exemption from the need determinations of this document. The Healthcare Planning and

Certificate of Need Section shall designate as an academic medical center teaching hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education;
2. houses extensive basic medical science and clinical research programs, patients and equipment; and
3. serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by academic medical center teaching hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or
2. with respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of their time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or
3. necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or
4. necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an academic medical center teaching hospital under this policy that meets one of the above conditions shall demonstrate that the academic medical center teaching hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-academic medical center teaching hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the academic medical center teaching hospital.

The academic medical center teaching hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The academic medical center teaching hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The academic medical center teaching hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and

the feasibility of using those assets to meet the unique teaching or research needs of the academic medical center teaching hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 (items 1 through 4) as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Except for operating rooms, neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan. Operating rooms approved under Policy AC-3 and their utilization shall be reported on the license renewal application and included in the inventory, regardless of the date of Certificate of Need approval.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant's academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof (see Chapter 2).

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the academic medical center teaching hospital shall surrender the certificate of need.

Policy AC-4: Reconversion to Acute Care

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing home, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing home, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital's average annual utilization of licensed acute care beds as calculated using the most recent days of care provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed days of care are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-5: Replacement of Acute Care Bed Capacity

Proposals for either partial or total replacement of acute care beds (i.e., construction of new space for existing acute care beds) shall be evaluated against the utilization of the total number of acute care beds in the applicant's hospital in relation to utilization targets found below. For hospitals **not** designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed days of care shall be counted. For hospitals designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed days of care **and** swing bed days (i.e., nursing home facility days of care) shall be counted in determining utilization of acute care beds. Any hospital proposing replacement of acute care beds must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application. Additionally, if the hospital is a Critical Access Hospital and swing bed days are proposed to be counted in determining utilization of acute care beds, the hospital shall also propose to remain a Critical Access Hospital and must demonstrate the need for maintaining the swing bed capacity proposed within the application. If the Critical Access Hospital does not propose to remain a Critical Access Hospital, only acute care bed days of care shall be counted in determining utilization of acute care beds and the hospital must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage

To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, a need is determined for one additional heart-lung bypass machine whenever a hospital is operating an open-heart surgery program with only one heart-lung bypass machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open-heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

End-Stage Renal Disease Dialysis Facilities (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations

Relocations of existing dialysis stations to contiguous counties are allowed. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and
2. demonstrate that the proposal shall not result in a deficit or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan, and
3. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina State Medical Facilities Plan.

Policy ESRD-3: Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus

Licensed acute care hospitals (see stipulations in G.S. 131E-77 (e1)) may apply for a certificate of need to develop or expand an existing Medicare-certified kidney disease treatment center (outpatient dialysis facility) without regard to a county or facility need determination if all the following are true:

1. The hospital proposes to develop or expand the facility on any campus on its license where general acute beds are located.
2. The hospital must own the outpatient dialysis facility, but the hospital may contract with another legal entity to operate the facility.
3. The hospital must document that the patients it proposes to serve in an outpatient dialysis facility developed or expanded pursuant to this policy are inappropriate for treatment in an outpatient dialysis facility not located on a hospital campus.
4. The hospital must establish a relationship with a community-based outpatient dialysis facility to assist in the transition of patients from the hospital outpatient dialysis facility to a community-based facility wherever possible.

The hospital shall propose to develop at least the minimum number of stations allowed for Medicare certification by the Centers for Medicare & Medicaid Services (CMS). Certificate of Need will impose a condition requiring the hospital to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need.

The performance standards in 10A NCAC 14C .2203 do not apply to a proposal submitted by a hospital pursuant to this policy.

Dialysis stations developed pursuant to this policy are excluded from the inventory in the State Medical Facilities Plan and excluded from the facility and county need methodologies. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy will be removed from the

inventory and methodologies; these facilities will be treated as though the stations were developed pursuant to this policy.

Outpatient dialysis facilities developed or expanded pursuant to this policy shall report utilization to the Agency in the same manner as other facilities with outpatient dialysis stations.

POLICIES APPLICABLE TO LONG-TERM CARE FACILITIES AND SERVICES

Nursing Home Facilities (NH)

Policy NH-2: Plan Exemption for Continuing Care Retirement Communities

Qualified continuing care retirement communities (CCRC) may include from the outset or add or convert bed capacity for nursing care without regard to the nursing home bed need shown in Chapter 10: Nursing Home Facilities. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:
 - a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;
 - b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.
2. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.
3. reflects the number of nursing home facility beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.
4. will not be certified for participation in the Medicaid program.

One hundred percent of the nursing home facility beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform

to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

Policy NH-5: Transfer of Nursing Home Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities

Beds in state psychiatric hospitals that are certified as nursing home facility beds may be relocated to licensed nursing home facilities. However, before nursing home facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing home facility beds that are relocated to licensed nursing home facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing home facilities proposing to operate transferred nursing home facility beds shall commit to serve the type of residents who are normally placed in nursing home facility beds at the state psychiatric hospitals. To help ensure that relocated nursing home facility beds will serve those people who would have been served by state psychiatric hospitals in nursing home facility beds, a certificate of need application to transfer nursing home facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing home facility beds. Nursing home facility beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

Policy NH-6: Relocation of Nursing Home Facility Beds

Relocations of existing licensed nursing home facility beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed nursing home facility beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing home facility beds in the county that would be losing nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed nursing home facility beds in the county that would gain nursing home facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy NH-8: Innovations in Nursing Home Facility Design

Certificate of need applicants proposing new nursing home facilities and replacement nursing home facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

Adult Care Homes (LTC)

Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds

Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, the applicant shall document that the proposal meets all the following requirements:

1. will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.
2. will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.
3. will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.
4. reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.
5. will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One hundred percent of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds

Relocations of existing licensed adult care home beds to another service area are allowed. Certificate of need applicants proposing to relocate licensed adult care home beds to another service area shall:

1. demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and
2. demonstrate that the proposal shall not result in a surplus or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of

the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy LTC-3: Certification of Beds for Special Assistance

Certificate of need applicants proposing to develop new adult care home beds pursuant to a need determination shall demonstrate that the proposed beds will be certified for special assistance and that at least 5% of the projected days of care in the third full fiscal year of operation shall be provided to residents receiving State-County Special Assistance.

Home Health Services (HH)

Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County

When a county has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The need determination shall be reflected in the *next* annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

All Mental Health, Developmental Disabilities and Substance Use Disorder Facilities (MH)

Policy MH-1: Linkages between Treatment Settings

An applicant for a certificate of need for psychiatric, substance use disorder or intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

Psychiatric Inpatient Services Facilities (PSY)

Policy PSY-1: Transfer of Beds from State Psychiatric Hospitals to Community Facilities

Beds in the state psychiatric hospitals used to serve short-term psychiatric patients may be relocated to community facilities through the certificate of need process. However, before beds are transferred out of the state psychiatric hospitals, services and programs shall be available in the community. State psychiatric hospital beds that are relocated to community facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need of the North Carolina Department of Health and Human Services and commit to serve the type of short-term patients normally placed at the state psychiatric hospitals. To help ensure that relocated beds will serve

those people who would have been served by the state psychiatric hospitals, a proposal to transfer beds from a state hospital shall include a written memorandum of agreement between the local management entity-managed care organization serving the county where the beds are to be located, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

Policy ICF/IID-5: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.

Applicants proposing to relocate beds from a state operated developmental center shall be required to submit a certificate of need application. The application shall include a written agreement signed by all the following:

1. director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;
2. director of the state operated developmental center transferring the beds;
3. director of the North Carolina Division of State Operated Healthcare Facilities;
4. secretary of the North Carolina Department of Health and Human Services; and
5. operator of the community-based facility.

The maximum number of beds in the facility upon project completion shall not exceed 15 beds.

The project shall not result in more than three facilities housing a combined total of 18 people being developed on contiguous pieces of property.

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners

Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located;

2. shall be moved at least weekly to provide services at two or more host facilities; and
3. shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

Policy TE-2: Intraoperative Magnetic Resonance Scanners

Qualified applicants may apply for an intraoperative Magnetic Resonance Scanner (iMRI) to be used in an operating room suite.

To qualify, the health service facility proposing to acquire the iMRI scanner shall demonstrate in its certificate of need application that it is a licensed acute care hospital which:

1. performed at least 500 inpatient neurosurgical cases during the 12 months immediately preceding the submission of the application; and
2. has at least two neurosurgeons that perform intracranial surgeries currently on its Active Medical Staff; and
3. is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents.

The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 17.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners

Qualified applicants may apply for a fixed magnetic resonance imaging scanner (MRI).

To qualify, the health service facility proposing to acquire the fixed MRI scanner shall demonstrate in its certificate of need application that it is a licensed North Carolina acute care hospital with emergency care coverage 24 hours a day, seven days a week and that does not currently have an existing or approved fixed MRI scanner as reflected in the inventory in the applicable State Medical Facilities Plan.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The fixed MRI scanner must be located on the hospital's "main campus" as defined in G.S. 131E-176-(14n)a.

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

Policy GEN-1 applies to all health services except end-stage renal disease dialysis services. Policies GEN-3 and GEN-4 apply to all health services.

Policy GEN-1: Reallocations

In this policy, the term *reallocated* means that the need determination will be scheduled for review in the following year. Furthermore, the terms *this Plan* or *the Proposed Plan* mean the State Medical Facilities Plan (SMFP) or Proposed SMFP, respectively, in effect at the time the policy is to be applied.

1. Need determinations in this Plan, except for need determinations for dialysis stations, may be reallocated in the following year if either 1.a or 1.b is true:
 - a. The review period for the need determination was scheduled to begin on October 1, November 1, or December 1 of the current year, and
 - i. no applications were received for the need determination, or
 - ii. applications were received but not all the beds, operating rooms, services or equipment that were available were applied for.
 - b. Resolution of litigation between August 16 and December 15 of the current year would have resulted in a need determination if the litigation had been resolved on or before August 15. Resolution of litigation means that all contested case petitions have been withdrawn with prejudice and all certificates of need, if any, have been issued.
2. The need determination may be reallocated in the following year if Healthcare Planning determines that a need still exists:
 - a. based on the inventory in the Proposed Plan in effect at the time of the reallocation, and
 - b. application of the need methodology in the Proposed Plan in effect at the time of reallocation results in a need determination.
3. Any reallocated need determination shall be limited to the number of beds, operating rooms, services or equipment needed based on application of the need methodology in the Proposed Plan.
4. CON will schedule the review for a reallocated need determination no sooner than the second review period in the year after the policy is applied for the review category as determined by Certificate of Need (CON).
5. CON will notify people on the CON Interested Parties List and the State Medical Facilities Plan-Interested Parties List of the reallocated need determination no less than 60 days prior to the application deadline.

Illustrative Examples:

- 1.a. Need determination for 20 adult care home beds in the 2019 SMFP
Review is scheduled to begin November 1, 2019 and applications are due October 15, 2019. No applications are received. CON notifies Healthcare Planning. Healthcare Planning removes the placeholder for the need determination from the Proposed 2020 SMFP and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.
- 1.b. Need determination for two operating rooms in the 2018 SMFP
Two applications are received, each proposing to develop the two operating rooms. The denied applicant appeals. The litigation is finally resolved on November 15, 2019. CON notifies Healthcare Planning. Healthcare planning removes the placeholder for the need determination in the Proposed 2020 SMFP, adjusts the inventory, and recalculates the need based on the need methodology in the Proposed 2020 SMFP. If there is a need, CON schedules a review in 2020.

Policy GEN-3: Basic Principles

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities

Any person proposing a capital expenditure greater than \$2 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178 shall include in its certificate of need application a written statement describing the project's plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than \$5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

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Chapter 5:

Acute Care Hospital Beds

CHAPTER 5

ACUTE CARE HOSPITAL BEDS

Introduction

G.S. 131E-176(13) defines a hospital as “a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals (LTCHs).”

There are 108 licensed acute care hospitals in the state. The occupancy rate for acute care beds is 59.8%. Table 5A shows that certificates of need have been issued to decrease the number of beds in some areas and increase the number of beds in other areas, resulting in a net of 960 new beds to be developed.

Definitions

An acute care hospital bed’s service area is the single or multicounty grouping shown in Figure 5.1. See below for the delineation of service areas.

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The methodology projects bed need four years beyond the current reporting year. The **current projection year** is 2023.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year as submitted by the hospital, plus any new beds approved by CON that are under development as of the last day of the reporting year, minus any beds delicensed after the end of the reporting year, minus any beds approved or licensed pursuant to Policy AC-3 as of the last day of the reporting year.

A **hospital under common ownership** is a hospital that is owned by the same or a related legal entity as at least one other acute care hospital in the same service area. All other hospitals are **single** hospitals.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP). However, the chapter includes technical edits to the description of the steps in the methodology.

Basic Principles

1. Acute care hospitals are the providers of essential health care services, one of the state’s largest employers, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the state’s policy to guarantee the survival and continued operation of all the state’s hospitals, or even any one of them. In a dynamic, fast-changing environment, which is

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

2. The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals. Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility (SNF) services to Medicare and Medicaid beneficiaries and intermediate care facility (ICF) services to Medicaid beneficiaries.

Data Sources

The inventory of acute care beds comes from the Hospital License Renewal Applications for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation (Agency).

Annual acute inpatient days of care come from IBM Watson Health (IBM), a collector of hospital patient discharge information. Hospitals report to IBM using the UB04 form. IBM provides general acute care days of care by facility and data on patients' county of residence to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center provides the Agency with aggregate data from the patient records that have been categorized as an "acute care/general discharge."

Basic Assumptions of the Methodology

1. Target occupancies of hospitals should encourage efficiency of operation, and vary with average daily census.
2. In determining utilization rates and average daily census, the methodology counts only acute care bed days of care.
3. When a hospital receives approval to increase or decrease acute care bed capacity, the planning inventory includes this change regardless of the licensure status of the beds.
4. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient days of care by county of residence and county of service to delineate service areas. To update service areas, the Agency uses data on inpatient days of care by county of residence and county of service from the three most recent years of data available from the Sheps Center.

Delineation of Service Areas

The SMFP contains two types of acute care bed service areas: single county and multicounty. Counties with at least one licensed acute care hospital that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a licensed acute care hospital are grouped with the single county where the largest proportion of its patients received inpatient acute care services; 2) if two counties with at least one licensed acute care hospital each provided inpatient acute care services to at least 35% of the residents of a county without a licensed acute care hospital, then the county without a licensed acute care hospital is grouped with both of the counties with a licensed acute care hospital.

If an entity has a certificate of need (CON) to develop an acute care hospital in a county without an acute care hospital, the planning inventory in Table 5A will include these beds upon licensure. Before licensure,

the beds remain under development in the multicounty service area. Upon licensure of the beds, the county where they are licensed becomes a single county service area.

Application of the Methodology (Table 5A)

Step 1: Determine the number of acute care beds in the inventory by totaling:

- a. the number of licensed acute care beds at each hospital (*Column D*) exclusive of beds licensed or approved at academic medical center teaching hospitals (listed in Appendix F) pursuant to Policy AC-3; and
- b. the number of acute care beds for which certificates of need have been issued, but for which changes in the license were not made by the end of the reporting year (i.e., additions, reductions, and relocations) (*Column E*); and
- c. the number of acute care beds for which a need determination in the SMFP is pending review or appeal (*Column E*); and
- d. the number of beds delicensed after the end of the reporting year (*Column E*).

Step 2: Enter the total number of inpatient days of care provided by each hospital for the reporting year (*Column F*).

Step 3: Calculate the projected inpatient days of care for each service area for the projection year as follows:

- a. Determine the total number of inpatient days of care during each of the last five reporting years.
- b. Calculate the difference in the number of inpatient days of care provided from year to year.
- c. For each of the last four reporting years, determine the percentage change from the previous reporting year by dividing the calculated difference in inpatient days of care by the total number of inpatient days provided during the previous reporting year $[(\{\text{current reporting year} - \text{previous reporting year}\} / \text{previous reporting year})]$.

Step 4: Determine the Service Area Growth Rate Multiplier (*Column G*). For each service area, total the annual percentages of change and divide by four to determine the average annual change rate. For positive change, add 1 to obtain the County Growth Rate Multiplier.

Step 5: Determine the Projected Days of Care (*Column H*). If the County Growth Rate Multiplier is negative, carry forward the inpatient days of care for the reporting year unchanged to Column H. If the County Growth Rate Multiplier is positive, calculate the compounded growth factor projected for the next four reporting years by using the County Growth Rate Multiplier (from Step 4) in the first year and compound the change each year thereafter at the same rate $[\text{Inpatient Days of Care} \times (\text{County Growth Rate Multiplier})^4]$.

Step 6: Calculate the projected midnight average daily census for each hospital for the projection year by dividing the projected days of care provided at the hospital (from Step 5) by 365.25 days (*Column I*).

Step 7: Multiply each hospital's projected midnight average daily census from Step 6 by the appropriate target occupancy factor below and enter in Column J:

Average Daily Census	Target Occupancy Percentage	Occupancy Factor
Average Daily Census less than 100	66.7%	1.50
Average Daily Census 100-200	71.4%	1.40
Average Daily Census greater than 200 and <=400	75.2%	1.33
Average Daily Census greater than 400	78.0%	1.28

Step 8: Determine the surplus or deficit of beds for each licensed hospital by subtracting the planning inventory of beds (*Column D plus Column E*) from the number of beds generated in Step 7 (*Column J*). Deficits are positive numbers and surpluses are negative numbers (*Column K*).

Step 9: Calculate the projected acute care bed surplus or deficit in a service area as follows:

- If a service area has hospitals under common ownership, total the surpluses and deficits of beds (from Step 8) for each of those hospitals to determine the surplus or deficit of beds for each group of hospitals under common ownership.
- The threshold for a need determination for consideration of additional acute care beds is a projected deficit that equals or exceeds 20 or more beds or 10% of the planning inventory for a single hospital or a group of hospitals under common ownership.
- When any single hospital or group of hospitals under common ownership reaches the threshold in 9b., sum the deficits of all single hospitals and groups of hospitals under common ownership in the service area. Then subtract from that number any beds for prior year need determinations for which a CON has not yet been issued.

Step 10: If the difference resulting from 9c. equals or exceeds (a) 20 beds or (b) 10% of the inventory of the single hospital with the fewest acute care beds in its planning inventory or (c) 10% of the inventory of the group of hospitals under common ownership with the fewest acute care beds in its planning inventory, then the need is equal to the difference. Otherwise the need is zero. (*Column L*).

Qualified Applicants

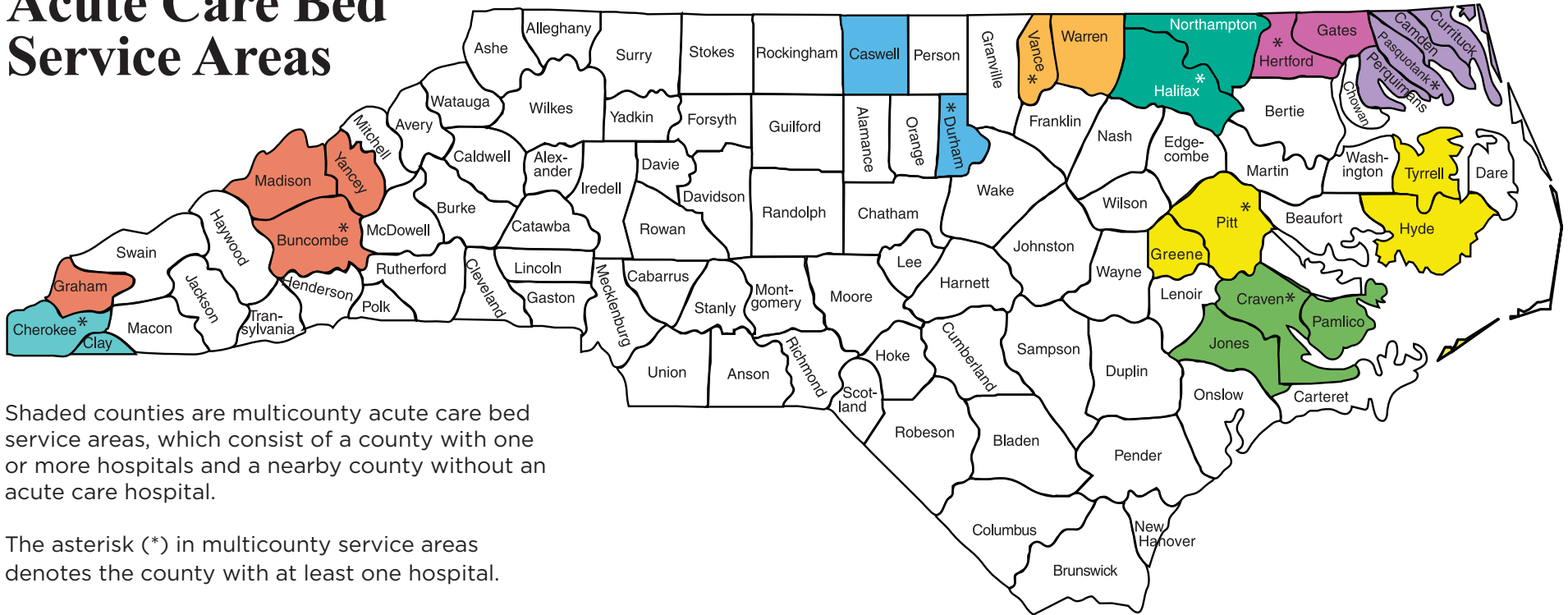
Any qualified applicant may apply for a CON to acquire the needed acute care beds. A qualified applicant is a person who proposes to operate the additional acute care beds in a hospital that will provide:

- a 24-hour emergency services department;
- inpatient medical services to both surgical and non-surgical patients; and
- if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the following major diagnostic categories (MDC) recognized by the Centers for Medicare & Medicaid Services (CMS) listed below:

- MDC 1: Diseases and disorders of the nervous system
- MDC 2: Diseases and disorders of the eye
- MDC 3: Diseases and disorders of the ear, nose, mouth and throat
- MDC 4: Diseases and disorders of the respiratory system
- MDC 5: Diseases and disorders of the circulatory system
- MDC 6: Diseases and disorders of the digestive system
- MDC 7: Diseases and disorders of the hepatobiliary system and pancreas

- MDC 8: Diseases and disorders of the musculoskeletal system and connective tissue
- MDC 9: Diseases and disorders of the skin, subcutaneous tissue and breast
- MDC 10: Endocrine, nutritional and metabolic diseases and disorders
- MDC 11: Diseases and disorders of the kidney and urinary tract
- MDC 12: Diseases and disorders of the male reproductive system
- MDC 13: Diseases and disorders of the female reproductive system
- MDC 14: Pregnancy, childbirth and the puerperium
- MDC 15: Newborns/other neonates with conditions originating in the perinatal period
- MDC 16: Diseases and disorders of the blood and blood-forming organs and immunological disorders
- MDC 17: Myeloproliferative diseases and disorders and poorly differentiated neoplasms
- MDC 18: Infectious and parasitic diseases
- MDC 19: Mental diseases and disorders
- MDC 20: Alcohol/drug use and alcohol/drug-induced organic mental disorders
- MDC 21: Injury, poisoning and toxic effects of drugs
- MDC 22: Burns
- MDC 23: Factors influencing health status and other contacts with health services
- MDC 24: Multiple significant trauma
- MDC 25: Human immunodeficiency virus infections

Figure 5.1
Acute Care Bed
Service Areas



Shaded counties are multicounty acute care bed service areas, which consist of a county with one or more hospitals and a nearby county without an acute care hospital.

The asterisk (*) in multicounty service areas denotes the county with at least one hospital.

Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Duke Regional Hospital, Duke University Hospital, North Carolina Specialty Hospital	Durham, Caswell	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Vidant Roanoke-Chowan Hospital	Hertford, Gates	

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONS/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Alamance	H0272	Alamance Regional Medical Center**	182	0	38,418	-1.0104	38,418	105	147	-35	
Alamance Total			182	0							
Alexander	H0274	Alexander Hospital (closed)*	25	-25		0.0000	0	0	0	0	
Alexander Total			25	-25							
Alleghany	H0108	Alleghany Memorial Hospital	41	0	720	-1.1922	720	2	3	-38	
Alleghany Total			41	0							
Anson	H0082	Atrium Health Anson	15	0	1,065	1.2993	3,035	8	12	-3	
Anson Total			15	0							
Ashe	H0099	Ashe Memorial Hospital	76	0	4,396	1.0014	4,421	12	18	-58	
Ashe Total			76	0							
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**/†	30	0	1,767	-1.1491	1,767	5	7	-23	
Avery Total			30	0							
Beaufort	H0188	Vidant Beaufort Hospital	120	0	13,458	1.0658	17,365	48	71	-49	
Beaufort Total			120	0							
Bertie	H0268	Vidant Bertie Hospital	6	0	1,438	-1.0014	1,438	4	6	0	
Bertie Total			6	0							
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	3,084	-1.0066	3,084	8	13	-35	
Bladen Total			48	0							
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	25	0	1,845	-1.0307	1,845	5	8	-17	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	14,005	-1.0307	14,005	38	58	-16	
Brunswick Total			99	0							
Buncombe	H0036	Mission Hospital	721	12	195,732	1.0157	208,344	570	730	-3	
Buncombe/Graham/Madison/Yancey Total			721	12							
Burke	H0062	Carolinas HealthCare System Blue Ridge	293	0	21,520	-1.0345	21,520	59	88	-205	
Burke Total			293	0							
Cabarrus	H0031	Atrium Health Cabarrus	447	0	112,429	1.0343	128,666	352	469	22	
Cabarrus Total			447	0							
Caldwell	H0061	Caldwell Memorial Hospital	110	0	19,448	1.0287	21,776	60	89	-21	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Caldwell Total			110	0							
Carteret	H0222	Carteret General Hospital	135	0	23,234	-1.0007	23,234	64	95	-40	
Carteret Total			135	0							
Catawba	H0223	Catawba Valley Medical Center	200	0	41,114	1.0113	42,997	118	165	-35	
Catawba	H0053	Frye Regional Medical Center**	209	0	28,932	1.0113	30,257	83	124	-85	
Catawba Total			409	0							
Chatham	H0007	Chatham Hospital	25	0	2,127	-1.0075	2,127	6	9	-16	
Chatham Total			25	0							
Cherokee	H0239	Erlanger Murphy Medical Center	57	0	5,867	-1.0321	5,867	16	24	-33	
Cherokee/Clay Total			57	0							
Chowan	H0063	Vidant Chowan Hospital	49	0	5,254	1.0088	5,441	15	22	-27	
Chowan Total			49	0							
Cleveland	H0024	Atrium Health Cleveland††	288	0	44,130	1.0633	56,408	154	216	-72	
Cleveland Total			288	0							
Columbus	H0045	Columbus Regional Healthcare System**	154	0	11,175	-1.1178	11,175	31	46	-108	
Columbus Total			154	0							
Craven	H0201	CarolinaEast Medical Center**	307	0	65,466	1.0717	86,367	236	314	7	
Craven/Jones/Pamlico Total			307	0							
Cumberland	H0213	Cape Fear Valley Medical Center	544	45	171,903	1.0162	183,322	502	642	53	
Cumberland Total^^			544	45							
Dare	H0273	The Outer Banks Hospital	21	0	2,575	-1.0324	2,575	7	11	-10	
Dare Total			21	0							
Davidson	H0027	Lexington Medical Center	94	0	12,230	1.0534	15,061	41	62	-32	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	12,552	1.0534	15,457	42	63	-38	
Davidson Total			195	0							
Davie	H0171	Davie Medical Center	50	0	3,899	1.1932	7,903	22	32	-18	
Davie Total			50	0							
Duplin	H0166	Vidant Duplin Hospital	56	0	10,267	1.0737	13,646	37	56	0	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Duplin Total			56	0							
Durham	H0233	Duke Regional Hospital	316	0	69,947	1.0216	76,190	209	277	-39	
Durham	H0015	Duke University Hospital***	946	102	295,221	1.0216	321,571	880	1,127	79	
Duke University Health System Total			1,262	102	365,168		397,761	1,089	1,404	40	
Durham	H0075	North Carolina Specialty Hospital	18	6	3,144	1.0216	3,425	9	14	-10	
Durham/Caswell Total			1,280	108							
Edgecombe	H0258	Vidant Edgecombe Hospital	101	0	13,767	-1.0134	13,767	38	57	-44	
Edgecombe Total			101	0							
Forsyth		2020 Acute Care Bed Need Determination	0	68		1.0127	0	0	0	-68	
Forsyth	H0209	Novant Health Forsyth Medical Center	865	0	225,544	1.0127	237,193	649	831	-34	
Forsyth	H0229	Novant Health Medical Park Hospital	22	0	2,567	1.0127	2,700	7	11	-11	
Novant Health Total			887	0	228,111		239,893	657	842	-45	
Forsyth	H0011	North Carolina Baptist Hospital	802	4	229,112	1.0127	240,945	660	844	38	
Forsyth Total			1,689	72							
Franklin	H0267-B	Maria Parham Franklin	70	0		0.0000	0	0	0	-70	
Franklin Total			70	0							
Gaston	H0105	CaroMont Regional Medical Center	372	43	101,657	1.0587	127,710	350	465	50	
Gaston		CaroMont Regional Medical Center - Belmont	0	54		1.0587	0	0	0	-54	
CaroMont Health Total			372	97	101,657		127,710	350	465	-4	
Gaston Total			372	97							
Granville	H0098	Granville Health System	62	0	6,058	-1.0575	6,058	17	25	-37	
Granville Total			62	0							
Guilford	H0159	Cone Health**	754	0	183,443	1.0107	191,433	524	671	-83	
Guilford	H0052	High Point Regional Health	307	0	59,272	1.0107	61,854	169	237	-70	
Guilford Total			1,061	0							
Halifax	H0230	Vidant North Hospital	184	0	19,343	-1.0089	19,343	53	79	-105	
Halifax/Northampton Total			184	0							

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Harnett	H0224	Betsy Johnson Hospital**	131	0	14,352	-1.0804	14,352	39	59	-72	
Harnett Total			131	0							
Haywood	H0025	Haywood Regional Medical Center	121	0	17,279	1.0533	21,269	58	87	-34	
Haywood Total			121	0							
Henderson	H0019	AdventHealth Hendersonville	62	0	10,501	1.0204	11,386	31	47	-15	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	24,396	1.0204	26,452	72	109	-92	
Henderson Total			263	0							
Hertford	H0001	Vidant Roanoke-Chowan Hospital	86	0	13,050	1.0085	13,500	37	55	-31	
Hertford/Gates Total			86	0							
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	4,209	1.4045	16,376	45	67	26	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	8	28	1,724	1.4045	6,708	18	28	-8	
Hoke Total****			49	28							
Iredell	H0248	Davis Regional Medical Center	102	0	6,636	-1.0223	6,636	18	27	-75	
Iredell	H0259	Lake Norman Regional Medical Center	123	0	14,563	-1.0223	14,563	40	60	-63	
Community Health Systems Total			225	0	21,199		21,199	58	87	-138	
Iredell	H0164	Iredell Memorial Hospital	199	0	32,698	-1.0223	32,698	90	134	-65	
Iredell Total			424	0							
Jackson	H0087	Harris Regional Hospital	86	0	13,731	1.0119	14,397	39	59	-27	
Jackson Total			86	0							
Johnston	H0151	Johnston Health	179	0	34,620	1.0062	35,483	97	146	-33	
Johnston Total			179	0							
Lee	H0243	Central Carolina Hospital**	127	0	13,354	-1.0503	13,354	37	55	-72	
Lee Total			127	0							
Lenoir	H0043	UNC Lenoir Health Care	182	0	23,743	-1.0130	23,743	65	98	-84	
Lenoir Total			182	0							
Lincoln	H0225	Atrium Health Lincoln	101	0	19,972	1.0245	22,007	60	90	-11	
Lincoln Total			101	0							

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Macon	H0034	Angel Medical Center	59	-29	5,701	1.0715	7,516	21	31	1	
Macon	H0193	Highlands-Cashiers Hospital**	24	0	2,763	1.0715	3,643	10	15	-9	
Macon Total			83	-29							0
Martin	H0078	Martin General Hospital	49	0	4,458	1.0218	4,860	13	20	-29	
Martin Total			49	0							0
McDowell	H0097	Mission Hospital McDowell	65	0	7,742	1.0241	8,515	23	35	-30	
McDowell Total			65	0							0
Mecklenburg		2019 Acute Care Bed Need Determination	0	30		1.0325	0	0	0	-30	
Mecklenburg		2020 Acute Care Bed Need Determination	0	126		1.0325	0	0	0	-126	
Mecklenburg	H0042	Atrium Health Pineville	221	50	71,985	1.0325	81,818	224	298	27	
Mecklenburg	H0255	Atrium Health University City	100	16	27,856	1.0325	31,661	87	130	14	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	1,055	18	321,862	1.0325	365,830	1,002	1,282	209	
Atrium Health Total			1,376	84	421,703		479,310	1,312	1,710	250	
Mecklenburg		Novant Health Ballantyne Medical Center	0	36		1.0325	0	0	0	-36	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	139	12	26,792	1.0325	30,452	83	125	-26	
Mecklenburg	H0270	Novant Health Matthews Medical Center	154	0	41,285	1.0325	46,925	128	180	26	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	36	14	6,618	1.0325	7,522	21	31	-19	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	519	-36	142,468	1.0325	161,930	443	567	84	
Novant Health Total			848	26	217,163		246,828	676	903	29	
Mecklenburg Total			2,224	266							123
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	4,382	1.1439	7,504	21	31	-15	
Mitchell Total			46	0							0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital**	37	0	765	1.0207	830	2	3	-34	
Montgomery Total			37	0							0
Moore		2020 Acute Care Bed Need Determination	0	25		1.0230	0	0	0	-25	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment**	337	22	96,433	1.0230	105,619	289	385	26	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Moore Total			337	47							
Nash	H0228	Nash General Hospital	262	0	44,566	-1.0133	44,566	122	171	-91	
Nash Total			262	0							
New Hanover		2020 Acute Care Bed Need Determination	0	36		1.0260	0	0	0	-36	
New Hanover	H0221	New Hanover Regional Medical Center	647	31	192,960	1.0260	213,798	585	749	71	
New Hanover Total			647	67							
Onslow	H0048	Onslow Memorial Hospital	162	0	28,969	-1.0068	28,969	79	119	-43	
Onslow Total			162	0							
Orange	H0157	University of North Carolina Hospitals	817	114	249,002	1.0202	269,767	739	945	14	
Orange Total			817	114							
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	19,257	-1.0147	19,257	53	79	-103	
Pasquotank/Camden/Currituck/Perquimans Total			182	0							
Pender	H0115	Pender Memorial Hospital	43	0	1,276	-1.0945	1,276	3	5	-38	
Pender Total			43	0							
Person	H0066	Person Memorial Hospital	38	0	3,455	-1.0417	3,455	9	14	-24	
Person Total			38	0							
Pitt	H0104	Vidant Medical Center	847	85	251,394	1.0309	283,938	777	995	63	
Pitt/Greene/Hyde/Tyrrell Total			847	85							
Polk	H0079	St. Luke's Hospital	25	0	4,323	1.0339	4,939	14	20	-5	
Polk Total			25	0							
Randolph	H0013	Randolph Hospital	145	0	14,635	-1.0596	14,635	40	60	-85	
Randolph Total			145	0							
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	99	0	9,123	-1.0805	9,123	25	37	-62	
Richmond Total			99	0							
Robeson	H0064	Southeastern Regional Medical Center	292	0	49,849	-1.0439	49,849	136	191	-101	
Robeson Total			292	0							
Rockingham	H0023	Annie Penn Hospital	110	0	12,349	-1.0006	12,349	34	51	-59	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Rockingham	H0072	UNC Rockingham Hospital	108	0	9,827	-1.0006	9,827	27	40	-68	
Rockingham Total			218	0							
Rowan	H0040	Novant Health Rowan Medical Center	203	0	35,038	-1.0071	35,038	96	144	-59	
Rowan Total			203	0							
Rutherford	H0039	Rutherford Regional Medical Center	129	0	12,145	-1.0538	12,145	33	50	-79	
Rutherford Total			129	0							
Sampson	H0067	Sampson Regional Medical Center	116	0	9,147	-1.0292	9,147	25	38	-78	
Sampson Total			116	0							
Scotland	H0107	Scotland Memorial Hospital	97	0	20,325	1.0278	22,679	62	93	-4	
Scotland Total			97	0							
Stanly	H0008	Atrium Health Stanly	97	0	12,842	1.0361	14,799	41	61	-36	
Stanly Total			97	0							
Stokes	H0165	LifeBrite Community Hospital of Stokes	53	0	712	-1.1623	712	2	3	-50	
Stokes Total			53	0							
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	12,319	-1.0164	12,319	34	51	-30	
Surry	H0184	Northern Regional Hospital*	100	-17	14,127	-1.0164	14,127	39	58	-25	
Surry Total			181	-17							
Swain	H0069	Swain Community Hospital	48	0	504	-1.1331	504	1	2	-46	
Swain Total			48	0							
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,445	-1.0018	5,445	15	22	-20	
Transylvania Total			42	0							
Union	H0050	Atrium Health Union	182	0	37,518	1.0432	44,425	122	170	-12	
Union Total			182	0							
Vance	H0267-A	Maria Parham Health	91	11	16,901	-1.0521	16,901	46	69	-33	
Vance/Warren Total			91	11							
Wake	H0065	Rex Hospital†††	439	50	118,708	1.0119	124,469	341	453	-36	
Wake	H0199	WakeMed	628	36	165,273	1.0119	173,294	474	607	-57	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
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 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Wake	H0276	WakeMed Cary Hospital	178	30	48,593	1.0119	50,951	139	195	-13	
WakeMed Total			806	66	213,866		224,245	614	803	-69	
Wake	H0238	Duke Raleigh Hospital	186	0	49,334	1.0119	51,728	142	198	12	
Wake Total			1,431	116							
Washington	H0006	Washington Regional Medical Center**	49	-37	183	-1.2469	183	1	1	-11	
Washington Total			49	-37							
Watauga	H0077	Watauga Medical Center	117	0	15,086	1.0174	16,165	44	66	-51	
Watauga Total			117	0							
Wayne	H0257	Wayne UNC Health Care	255	0	44,597	1.0044	45,382	124	174	-81	
Wayne Total			255	0							
Wilkes	H0153	Wilkes Medical Center	120	0	11,778	-1.0592	11,778	32	48	-72	
Wilkes Total			120	0							
Wilson	H0210	Wilson Medical Center	270	0	24,696	-1.0454	24,696	68	101	-169	
Wilson Total			270	0							
Yadkin	H0155	Yadkin Valley Community Hospital (closed)^	22	0		0.0000	0	0	0	-22	
Yadkin Total			22	0							

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2019 Utilization Data from IBM Watson Health compiled by the Cecil B. Sheps Center for Health Services Research
 Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
 Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/Previous Need	Inpatient Days of Care	County Growth Rate Multiplier	Projected Days of Care	2023 Projected Average Daily Census (ADC)	2023 Beds Adjusted for Target Occupancy	Projected 2023 Deficit or Surplus (surplus shows as a "-")	2023 Need Determination
Grand Total All Hospitals			21,192	960	4,631,319		5,060,613				362

* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

** IBM Watson Health acute inpatient days of care data and the Division of Health Service Regulation Hospital License Renewal Application days of care data have a greater than ± 5% discrepancy between the two data sources.

*** Duke University Hospital is licensed for 14 acute care beds under Policy AC-3. The 14 beds are not counted when determining acute care bed need.

**** The State Health Coordinating Council voted to remove the need for 26 beds in Hoke County.

^ Yadkin Valley Community Hospital has requested to extend its designation as a legacy medical care facility by an additional 36 months. The facility has until January 18, 2022 to reopen the hospital.

^^ Based on a petition from Cape Fear Valley Medical Center, the State Health Coordinating Council voted to remove the need for 53 beds in Cumberland County.

† Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 5A.

†† Atrium Health Cleveland and Atrium Health Kings Mountain are consolidated under the Atrium Health Cleveland license, effective August 1, 2019.

††† Rex Hospital and Rex Hospital Holly Springs are consolidated under the Rex Hospital license, effective January 11, 2019.

Note: The decimal part of a number resulting from a calculation is not displayed, but it is used in subsequent calculations. Therefore, calculated totals may not be identical to displayed totals.

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2015, 2016, 2017, 2018 and 2019 were used to generate four-year growth rate.
 (ADC= Average Daily Census)

Table 5B: Acute Care Bed Need Determination*

Service Area	Acute Care Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cabarrus	22	August 16, 2021	September 1, 2021
Durham/Caswell	40	April 15, 2021	May 1, 2021
Mecklenburg	123	October 15, 2021	November 1, 2021
New Hanover	35	June 15, 2021	July 1, 2021
Pitt/Greene/Hyde/Tyrrell	63	February 15, 2021	March 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Long-Term Care Hospitals

As a result of the August 2005 change in the CON statute, which made LTCH beds a separate category of health service facility beds, the bed days associated with LTCHs have been removed from the acute care bed need determinations. Table 5C shows LTCH inventory data and days of care for the current reporting year.

Table 5C: Long-Term Care Hospital Bed Inventory and Days of Care

License Number	Facility Name	County	Licensed LTCH Beds	Days of Care	Adjustments for Certificates of Need and Previous Need
H0279	Asheville Specialty Hospital	Buncombe	34	9,044	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	10,107	0
H0236	Carolinas ContinueCare Hospital at Kings Mountain (closed 10/19/18)	Cleveland	28	--	--
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	16,377	0
H0073	Kindred Hospital-Greensboro	Guilford	101	2,744	0
H0242	PAM Specialty Hospital of Rocky Mount (formerly LifeCare Hospitals of North Carolina)	Nash	50	14,124	0
H0280	Select Specialty Hospital –Durham	Durham	30	9,327	0
H0284	Select Specialty Hospital –Greensboro	Guilford	30	10,008	0
H0289	Carolinas ContinueCare Hospital at University	Mecklenburg	35	5,858	0

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Chapter 6:

Operating Rooms

CHAPTER 6

OPERATING ROOMS

Introduction

G.S. 131E-76(6a) defines an **operating room** (OR) as “...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.”

Across all hospitals and ambulatory surgical facilities, 72.6% of surgical cases were ambulatory and 27.4% were inpatient (*Table 6B*).

Definitions

An OR’s service area is the single or multicounty grouping shown in Figure 6.1. See below for the delineation of service areas.

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The methodology projects OR need two years beyond the publication year of the current State Medical Facilities Plan (SMFP). The current **projection year** is 2023.

The **planning inventory** is the number of ORs used in need determination calculations. It consists of the number of ORs as of the last day of the reporting year, plus any new ORs approved by CON that are under development by the end of the reporting year, minus any ORs delicensed by the end of the reporting year.

For the purposes of the OR methodology, a **health system** includes all licensed health service facilities with ORs located in the same service area that are owned or leased by:

1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
2. the same parent corporation or holding company; or
3. a subsidiary of the same parent corporation or holding company; or
4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities. If the relocation or transfer of ORs to a different health system generates a need, the need determination will not appear until the relocated or transferred ORs are licensed in their new location.

Changes from the Previous Plan

There are no substantive changes from the previous SMFP.

Data Sources

The number of cases and procedures come from the Hospital License Renewal Applications (LRA) and the Ambulatory Surgical Facility LRAs for the reporting year, as submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation.

The inventory of ORs comes from LRAs submitted to the Acute and Home Care Licensure and Certification Section and certificates issued by Certificate of Need.

Population data by county for the reporting year and the projection year come from the North Carolina Office of State Budget and Management.

Assumptions of the Methodology

1. In the current SMFP, for the methodology to determine an OR need for a service area, the minimum deficit must be two, after rounding.
2. The planning inventory and need determination calculation exclude one OR for each Level I and Level II trauma center, and one OR for each designated burn intensive care unit.
3. Beginning with the 2011 SMFP, the Agency updates service areas every three years. The updates use inpatient and ambulatory surgical procedures by county of residence and county of service to delineate service areas as reported on the LRAs (see below).
4. For purposes of these need projections, the number of surgical hours is anticipated to change in direct proportion to the change in the general population of the OR service area.

Delineation of Service Areas

The SMFP contains two types of OR service areas: single county and multicounty. Counties with at least one facility having a licensed OR that are not grouped with another county are single county service areas. A multicounty service area is created under two conditions: 1) counties without a facility with a licensed OR are grouped with the single county where the largest proportion of its patients received surgery; 2) if two counties with at least one facility having a licensed OR each provided surgical services to at least 35 percent of the residents of a county without at least one facility with a licensed OR, then the county without at least one facility with a licensed OR is grouped with both of the counties with facilities that have at least one OR.

If an entity has a certificate of need (CON) to develop a facility with a licensed OR in a county without a facility with a licensed OR, the planning inventory in Table 6B will include these ORs upon licensure. Before licensure, the ORs remain under development in the multicounty service area.

In response to an adjusted need determination petition, the State Health Coordinating Council created the Avery-Watauga multicounty OR service area. There are ORs in both Avery and Watauga counties.

Application of the Methodology

Step 1: Inventory of Operating Rooms (*Table 6A, Columns D through J*)

- a. In each OR service area, list the number of ORs by type, and sum them for each health system by summing the following for all licensed hospitals and ambulatory surgical facilities:
 - (1) Number of Inpatient ORs (*Column D*)
 - (2) Number of Ambulatory ORs (*Column E*)

(3) Number of Shared ORs (*Column F*)

b. For each facility:

(1) Exclude the number of dedicated Cesarean Section (C-Section) ORs from the Hospital LRA (*Column G*).

(2) Exclude one OR for each Level I and Level II Trauma Center and one additional OR for each designated Burn Intensive Care Unit (*Column H*).

(3) List the number of ORs (*Column I*) and C-Section ORs (*Column J*) for which certificates of need have been issued or settlement agreements signed but ORs were not licensed/delicensed as of the end of the reporting year (*Columns I and J*).

c. Enter placeholders for need determinations from previous plans that are pending Certificate of Need review (*Columns I and Column J*).

Step 2: Determine Each Facility's Adjusted Case Times

a. For each facility, compare the Average Case Time in Minutes for inpatient and ambulatory cases on the annual LRA to its average case time used in the methodology in the previous year's SMFP.

(1) If either the inpatient or ambulatory case time is more than 10 percent longer than the previous year's case time, then the Adjusted Case Time is the previous year's reported case time plus 10 percent.

(2) If either the inpatient or ambulatory case time is more than 20 percent shorter than the previous year's case time, then the Adjusted Case Time is the previous year's reported case time minus 20 percent.

(3) If neither of the above situations occurs, then the Adjusted Case Time is the average case time(s) reported on the LRA.

Step 3: Group Facilities (*Table 6A, Columns K through M*)

a. For each hospital, multiply the total inpatient surgical cases (excluding C-sections performed in dedicated C-Section ORs) reported in the Surgical Cases by Specialty Area table on the annual Hospital LRA by the inpatient average case time from Step 2. Then divide by 60 to obtain the total inpatient surgical hours.

b. For each facility, multiply the total ambulatory cases reported in the Surgical Cases by Specialty Area table on the annual LRA by the ambulatory average case time from Step 2. Then divide by 60 to obtain the total ambulatory surgical hours.

c. Add the total inpatient and ambulatory surgical hours together to obtain each facility's Total Surgical Hours for Grouping (*Column K*).

- d. Assign each facility to a group based on the following criteria (*Column L*):

Group	Facility Type
1	Academic Medical Center Teaching Hospitals
2	Hospitals reporting more than 40,000 surgical hours
3	Hospitals reporting 15,000 to 40,000 surgical hours
4	Hospitals reporting less than 15,000 surgical hours
5	Separately licensed ambulatory surgical facilities that perform at least 50 percent of their procedures in either ophthalmology or otolaryngology, or a combination of the two specialties.
6	All separately licensed ambulatory surgical facilities not in Group 5.

- e. For purposes of the SMFP, the average OR is anticipated to be staffed based on its group membership and utilized at least 75 percent of the available time. Assumptions regarding hours per day and days per year of availability are shown in the table below. Multiply the Hours per Day by the Days Per Year. Then multiply by 75 percent to obtain the Standard Hours per OR per Year (*Column M*).

Group	Hours per Day	Days per Year	Standard Hours per Operating Room per Year
1	10	260	1,950
2	10	260	1,950
3	9	260	1,755
4	8	250	1,500
5	7	250	1,312
6	7	250	1,312

Step 4: Project Future Operating Room Requirements Based on Growth of Operating Room Hours (*Table 6B, Columns D through K*)

- a. For Groups 2 through 6, use the Adjusted Case Time from Step 2 to calculate the average (mean) inpatient and ambulatory case times for each group. If the Adjusted Case Time exceeds one standard deviation above the mean case time for its group, substitute the value equivalent to the mean plus one standard deviation of the Adjusted Case Time to obtain the Final Inpatient Case Time (*Column E*) and Final Ambulatory Case Time (*Column G*), as applicable. Otherwise use the Adjusted Case Time from Step 2 as the final case times. Facilities that perform no surgical procedures in the category being calculated are excluded from the calculations. The Average Final Inpatient and Ambulatory Case Times for each group are as follows for the current plan:

Group	Average Final Inpatient Case Time		Average Final Ambulatory Case Time	
	in Minutes	in Hours	in Minutes	in Hours
1	217.3	3.62	134.6	2.24
2	193.9	3.23	118.3	1.97
3	174.0	2.90	115.4	1.92
4	113.8	1.90	71.5	1.19
5	--	--	39.5	0.66
6	--	--	69.5	1.16

- b. For each facility, multiply the inpatient surgical cases reported on the LRA (*Column D*) by the Final Inpatient Case Time in minutes (*Column E*), and multiply the ambulatory surgical cases reported on the LRA (*Column F*) by the Final Ambulatory Case Time in minutes (*Column G*). Sum these amounts for each facility and divide by 60 to obtain the Total Adjusted Estimated Surgical Hours (*Column H*).
- c. For each service area with a projected population increase, calculate the Growth Factor based on each service area's projected population change between the reporting year and the projection year (*Column I: Growth Factor = [projection year service area population - reporting year service area population] ÷ reporting year service area population.*). If the calculated population growth is negative, the Growth Factor is considered to be zero.
- d. Multiply each facility's Total Adjusted Estimated Surgical Hours (*Column H*) for the most recent reporting year by each service area's Growth Factor (*Column I*). Then add the product to the Total Adjusted Estimated Surgical Hours to determine the Projected Surgical Hours for the projection year (*[Column H x Column I]/100 + Column H = Column J*).
- e. Divide each facility's Projected Surgical Hours for the projection year by the Standard Hours per OR per Year (based on group assignment) to determine the Projected Surgical ORs Required in the projection year (*Table 6B, Column J ÷ Table 6A, Column M = Table 6B, Column K*).

Step 5: Determination of Health System Deficit/Surplus (*Table 6B, Columns L - M*)

- a. Sum the ORs, adjustments, and exclusions (*Table 6A, Columns D through J*) for each facility to obtain the Adjusted Planning Inventory (*Table 6B, Column L*).
- b. Subtract the Adjusted Planning Inventory from the Projected Surgical ORs Required to obtain the surpluses and deficits for each facility (*Column M*). (*Note: In Column M, projected deficits appear as positive numbers indicating that the methodology projects that more ORs will be needed in the projection year than are in the current inventory.*) Then sum the deficits and surpluses for each facility in each health system to arrive at the Projected OR Deficit or Surplus for the service area (*Column K – Column L = Column M*).

Step 6: Determination of Service Area Operating Room Need (*Table 6B, Column N*)

- a. Round the health system deficits according to the rounding rules, below:

If a health system located in an OR service area with more than 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.50 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with more than 10 ORs and a projected deficit less than 0.50 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with six to 10 ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.30 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with six to 10 ORs and a projected deficit less than 0.30 or in which there is a projected surplus, there is no need.

If a health system located in an OR service area with five or fewer ORs in the Adjusted Planning Inventory has a projected fractional deficit of 0.20 or greater, round the deficit to the next highest whole number. For each health system in an OR service area with five or fewer ORs and a projected deficit less than 0.20 or in which there is a projected surplus, there is no need.

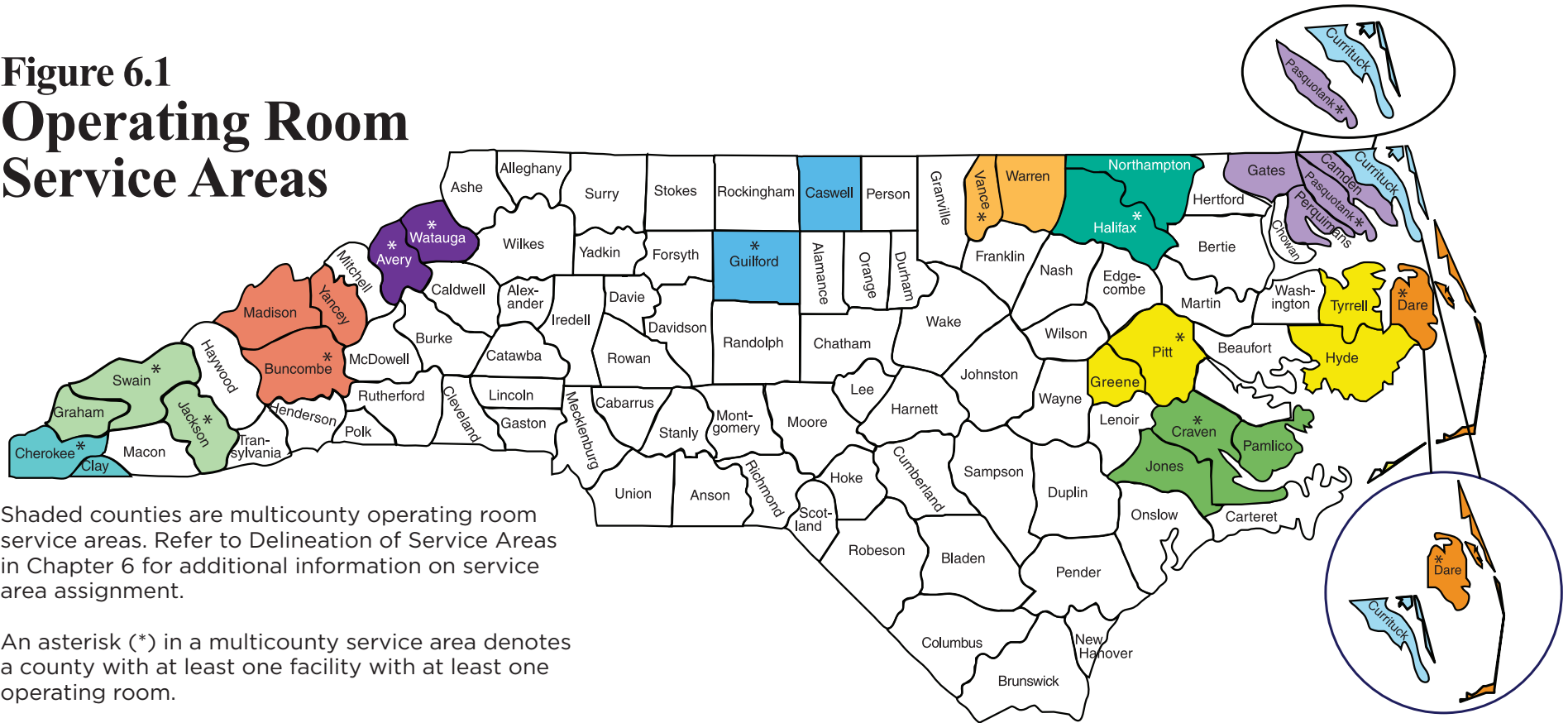
- b. Add all rounded health systems deficits. Then adjust for any placeholders for need determinations in previous SMFPs to calculate the Service Area Need (*Column N*).
- c. For the current plan, the Service Area Need must be at least two to show an OR Need Determination in Table 6C.

NOTE: The need methodology excludes Dedicated C-Section ORs and associated cases from the calculation of need determinations.

A dedicated C-section OR shall only be used to perform C-sections and other procedures performed on the patient in the same visit to the C-section operating room, such that a patient receiving another procedure at the same time as the C-section would not need to be moved to a different OR for the second procedure.

Hospitals proposing to add a new OR for use as a dedicated C-section OR must obtain a CON but may apply for a CON without regard to the need determinations in this chapter.

Figure 6.1
Operating Room
Service Areas



Hospitals	Multicounty Service Area	Color Code
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health, High Point Regional Health, and Kindred Hospital - Greensboro	Guilford, Caswell	
Erlanger Murphy Medical Center	Cherokee, Clay	
Halifax Regional Medical Center	Halifax, Northampton	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Maria Parham Health	Vance, Warren	
Mission Hospital	Buncombe, Madison, Yancey	
The Outer Banks Hospital	Dare, Currituck	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
Watauga Medical Center and Charles A. Cannon Jr. Memorial Hospital	Watauga, Avery	

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Alamance	H0272	Alamance Regional Medical Center	2	3	9	-2	0	0	0	15,627.3	3	1,755
Alamance Total			2	3	9	-2	0	0	0			
Alexander	H0274	Alexander Hospital (closed)	0	0	2	0	0	0	0	0.0		
Alexander Total			0	0	2	0	0	0	0			
Alleghany	H0108	Alleghany Memorial Hospital	0	0	2	0	0	0	0	349.6	4	1,500
Alleghany Total			0	0	2	0	0	0	0			
Anson	H0082	Atrium Health Anson	0	0	1	0	0	0	0	42.5	4	1,500
Anson Total			0	0	1	0	0	0	0			
Ashe	H0099	Ashe Memorial Hospital	0	0	2	0	0	0	0	1,376.5	4	1,500
Ashe Total			0	0	2	0	0	0	0			
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	0	0	2	0	0	0	0	311.6	4	1,500
Watauga	H0077	Watauga Medical Center	1	0	6	-1	0	0	0	6,703.9	4	1,500
Appalachian Regional Healthcare System Total			1	0	8	-1	0	0	0			
Avery/Watauga Total			1	0	8	-1	0	0	0			
Beaufort	H0188	Vidant Beaufort Hospital	1	0	5	-1	0	0	0	4,132.8	4	1,500
Beaufort Total			1	0	5	-1	0	0	0			
Bertie	H0268	Vidant Bertie Hospital	0	0	2	0	0	0	0	319.2	4	1,500
Bertie Total			0	0	2	0	0	0	0			
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	0	0	2	0	0	0	0	244.3	4	1,500
Bladen Total			0	0	2	0	0	0	0			
Brunswick		Brunswick Surgery Center	0	0	0	0	0	1	0	0.0		
Brunswick	H0150	J. Arthur Doshier Memorial Hospital	0	0	2	0	0	0	0	3,021.3	4	1,500
Brunswick	H0250	Novant Health Brunswick Medical Center	1	0	4	-1	0	0	0	8,327.5	4	1,500
Brunswick Total			1	0	6	-1	0	1	0			
Buncombe		Asheville SurgCare	0	0	0	0	0	5	0	0.0		
Buncombe	AS0038	Orthopaedic Surgery Center of Asheville	0	3	0	0	0	-3	0	5,533.5	6	1,312
Orthopaedic Surgery Center of Asheville Total			0	3	0	0	0	2	0			
Buncombe	AS0065	Asheville Eye Surgery Center	0	1	0	0	0	0	0	1,145.8	5	1,312

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Buncombe	H0036	Mission Hospital	8	9	30	-2	-1	0	0	78,110.9	2	1,950
Buncombe/Madison/Yancey Total			8	13	30	-2	-1	2	0			
Burke		Blue Ridge Surgery Center	0	0	0	0	0	4	0	0.0		
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2	0	0	0	0	0	1,300.0	5	1,312
Burke	H0062	Carolinas HealthCare System Blue Ridge	1	0	9	-1	0	-4	0	6,838.1	4	1,500
Burke Total			1	2	9	-1	0	0	0			
Cabarrus	AS0070	Gateway Surgery Center	0	4	0	0	0	0	0	5,444.3	6	1,312
Cabarrus	H0031	Atrium Health Cabarrus	4	0	17	-2	0	0	0	27,515.9	3	1,755
Atrium Health Total			4	4	17	-2	0	0	0			
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	2	0	0	0	0	0	3,165.8	5	1,312
Cabarrus Total			4	6	17	-2	0	0	0			
Caldwell	AS0168	Prime Surgical Suites	0	3	0	0	0	0	0	0.0		
Caldwell	H0061	Caldwell Memorial Hospital	1	0	4	-1	0	0	0	5,234.4	4	1,500
UNC Health Care Total			1	3	4	-1	0	0	0			
Caldwell Total			1	3	4	-1	0	0	0			
Carteret	AS0061	The Surgical Center of Morehead City	0	2	0	0	0	0	0	1,612.9	6	1,312
Carteret	H0222	Carteret General Hospital	1	0	5	-1	0	0	0	6,552.2	4	1,500
Carteret Total			1	2	5	-1	0	0	0			
Catawba	AS0036	Graystone Eye Surgery Center	0	2	0	0	0	1	0	4,264.7	5	1,312
Catawba	AS0101	Viewmont Surgery Center	0	3	0	0	0	0	0	2,239.5	5	1,312
Catawba	H0053	Frye Regional Medical Center	2	4	15	0	0	0	0	16,123.0	3	1,755
Catawba	H0223	Catawba Valley Medical Center	1	0	12	-1	0	0	0	14,595.5	4	1,500
Catawba Total			3	9	27	-1	0	1	0			
Chatham	H0007	Chatham Hospital	0	0	2	0	0	0	0	985.6	4	1,500
Chatham Total			0	0	2	0	0	0	0			
Cherokee	H0239	Erlanger Murphy Medical Center	0	0	4	0	0	0	0	4,707.0	4	1,500
Cherokee/Clay Total			0	0	4	0	0	0	0			
Chowan	H0063	Vidant Chowan Hospital	0	0	3	0	0	0	0	1,080.8	4	1,500

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Chowan Total			0	0	3	0	0	0	0			
Cleveland	AS0062	Cleveland Ambulatory Services	0	4	0	0	0	0	0	757.6	5	1,312
Cleveland	H0024	Atrium Health Cleveland^	1	0	8	-1	0	0	0	9,731.6	4	1,500
Atrium Health Total			1	4	8	-1	0	0	0			
Cleveland	AS0049	Eye Surgery Center of Shelby	0	2	0	0	0	0	0	1,318.7	5	1,312
Cleveland Total			1	6	8	-1	0	0	0			
Columbus	H0045	Columbus Regional Healthcare System	1	0	5	-1	0	0	0	2,689.8	4	1,500
Columbus Total			1	0	5	-1	0	0	0			
Craven	H0201	CarolinaEast Medical Center	3	6	9	-1	0	0	0	14,476.1	4	1,500
Craven/Jones/Pamlico Total			3	6	9	-1	0	0	0			
Cumberland	H0213	Cape Fear Valley Medical Center	5	0	14	-3	0	2	0	23,577.5	3	1,755
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	0	0	3	0	0	-2	0	3,225.0	4	1,500
Cape Fear Valley Health System Total			5	0	17	-3	0	0	0			
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11	0	0	0	0	0	8,435.0	6	1,312
Cumberland	AS0159	Valleygate Dental Surgery Center***	0	2	0	0	0	0	0	5,772.2	6	1,312
Cumberland Total			5	13	17	-3	0	0	0			
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center (closed)*	0	0	0	0	0	0	0	0.0		
Dare	H0273	The Outer Banks Hospital	1	0	3	-1	0	0	0	1,853.7	4	1,500
Dare/Currituck Total			1	0	3	-1	0	0	0			
Davidson	H0027	Lexington Medical Center	0	0	4	0	0	0	0	4,465.2	4	1,500
Davidson	H0112	Novant Health Thomasville Medical Center	1	0	5	-1	0	0	0	5,892.6	4	1,500
Davidson Total			1	0	9	-1	0	0	0			
Davie	H0171	Davie Medical Center	0	0	3	0	0	0	0	3,090.9	4	1,500
Davie Total			0	0	3	0	0	0	0			
Duplin	H0166	Vidant Duplin Hospital	0	0	3	0	0	0	0	2,221.7	4	1,500
Duplin Total			0	0	3	0	0	0	0			
Durham		Duke Ambulatory Surgery Center Arrington	0	0	0	0	0	4	0	0.0		

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Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	8	0	0	0	-4	0	6,329.3	5	1,312
Durham	H0015	Duke University Hospital**	6	9	50	0	-1	2	0	133,311.4	1	1,950
Durham	H0233	Duke Regional Hospital	2	0	13	-2	0	0	0	22,099.9	3	1,755
Duke University Health System Total			8	17	63	-2	-1	2	0			
Durham		Southpoint Surgery Center	0	0	0	0	0	2	0	0.0		
Durham	H0075	North Carolina Specialty Hospital	0	0	4	0	0	0	0	10,775.4	4	1,500
NC Specialty Hospital Total			0	0	4	0	0	2	0			
Durham Total			8	17	67	-2	-1	4	0			
Edgecombe	H0258	Vidant Edgecombe Hospital	1	0	5	-1	0	0	0	2,800.5	4	1,500
Edgecombe Total			1	0	5	-1	0	0	0			
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery	0	2	0	0	0	0	0	1,929.9	5	1,312
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	2	0	0	0	0	0	0.0		
Forsyth	H0209	Novant Health Forsyth Medical Center	5	6	22	-2	0	2	0	54,606.1	2	1,950
Forsyth	H0229	Novant Health Medical Park Hospital	0	0	10	0	0	0	0	17,981.3	3	1,755
Novant Health Total			5	10	32	-2	0	2	0			
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons-C1****	0	3	0	0	0	0	0	2,250.0	6	1,312
Forsyth	H0011	North Carolina Baptist Hospital**	4	0	36	0	-2	11	0	96,231.4	1	1,950
Wake Forest Baptist Health Total			4	3	36	0	-2	11	0			
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	2	0	0	0	0	0	1,764.8	5	1,312
Forsyth		Triad Center for Surgery	0	0	0	0	0	2	0	0.0		
Forsyth		2020 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Forsyth Total			9	15	68	-2	-2	17	0			
Franklin	H0267-B	Maria Parham Franklin	0	0	3	0	0	-1	0	0.0		
Franklin		Same Day Surgery Center	0	0	0	0	0	2	0	0.0		
Franklin Total			0	0	3	0	0	1	0			
Gaston		CaroMont Regional Medical Center - Belmont	0	0	0	0	0	2	1	0.0		

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Gaston	AS0037	CaroMont Specialty Surgery	0	6	0	0	0	-2	0	1,749.4	5	1,312
Gaston	H0105	CaroMont Regional Medical Center	5	7	10	-4	0	0	-1	20,821.5	3	1,755
CaroMont Health Total			5	13	10	-4	0	0	0			
Gaston Total			5	13	10	-4	0	0	0			
Granville	H0098	Granville Health System	0	0	3	0	0	0	0	1,137.2	4	1,500
Granville Total			0	0	3	0	0	0	0			
Guilford	AS0009	Greensboro Specialty Surgical Center	0	3	0	0	0	0	0	790.7	6	1,312
Guilford	AS0018	Surgical Center of Greensboro	0	13	0	0	0	0	0	7,054.5	6	1,312
Surgical Care Affiliates Total			0	16	0	0	0	0	0			
Guilford	AS0047	High Point Surgery Center	0	6	0	0	0	0	0	4,151.0	6	1,312
Guilford	AS0152	Premier Surgery Center	0	2	0	0	0	0	0	258.0	6	1,312
Guilford	H0052	High Point Regional Health	3	0	8	-1	0	0	0	11,709.2	4	1,500
Wake Forest Baptist Health Total			3	8	8	-1	0	0	0			
Guilford		North Elam Ambulatory Surgery Center	0	0	0	0	0	5	0	0.0		
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad***	0	2	0	0	0	0	0	1,828.5	6	1,312
Guilford	AS0033	Surgical Eye Center	0	4	0	0	0	0	0	1,542.8	5	1,312
Guilford	AS0063	Piedmont Surgical Center	0	2	0	0	0	0	0	996.7	6	1,312
Guilford	H0073	Kindred Hospital - Greensboro	0	0	1	0	0	0	0	262.0	4	1,500
Guilford	H0159	Cone Health	4	13	29	0	-1	-5	0	71,320.1	2	1,950
Guilford/Caswell Total			7	45	38	-1	-1	0	0			
Halifax	H0230	Vidant North Hospital	0	0	6	0	0	0	0	3,546.7	4	1,500
Halifax/Northampton Total			0	0	6	0	0	0	0			
Harnett	H0224	Betsy Johnson Hospital	0	0	7	0	0	0	0	4,440.8	4	1,500
Harnett Total			0	0	7	0	0	0	0			
Haywood	H0025	Haywood Regional Medical Center	0	0	7	0	0	0	0	6,273.5	4	1,500
Haywood Total			0	0	7	0	0	0	0			
Henderson		Western Carolina Surgery Center	0	0	0	0	0	1	0	0.0		
Henderson	H0019	AdventHealth Hendersonville	1	0	6	-1	0	-1	0	6,115.6	4	1,500

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Adventist Health Total			1	0	6	-1	0	0	0			
Henderson		Pardee Partners ASC	0	0	0	0	0	2	0	0.0		
Henderson	H0161	Margaret R. Pardee Memorial Hospital	0	0	10	0	0	-2	1	11,392.7	4	1,500
Margaret R. Pardee Memorial Hospital Total			0	0	10	0	0	0	1			
Henderson Total			1	0	16	-1	0	0	1			
Hertford	H0001	Vidant Roanoke-Chowan Hospital	1	0	5	-1	0	0	0	1,466.5	4	1,500
Hertford Total			1	0	5	-1	0	0	0			
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0	1	0	0	1	0	316.5	4	1,500
Hoke	H0288	Cape Fear Valley Hoke Hospital	1	0	2	-1	0	0	0	2,004.4	4	1,500
Hoke Total			1	0	3	-1	0	1	0			
Iredell	H0248	Davis Regional Medical Center	1	0	5	-1	0	0	0	2,430.9	4	1,500
Iredell	H0259	Lake Norman Regional Medical Center	1	2	7	-1	0	0	0	9,704.8	4	1,500
Community Health Systems Total			2	2	12	-2	0	0	0			
Iredell		Iredell Mooresville Campus ASC	0	0	0	0	0	1	0	0.0		
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	1	0	0	0	0	0	362.0	5	1,312
Iredell	AS0050	Iredell Surgical Center	0	4	0	0	0	0	0	731.0	5	1,312
Iredell	H0164	Iredell Memorial Hospital	1	0	10	-1	0	-1	0	11,773.8	4	1,500
Iredell Health System Total			1	5	10	-1	0	0	0			
Iredell Total			3	7	22	-3	0	0	0			
Swain	H0069	Swain Community Hospital	0	0	1	0	0	0	0	0.0		
Jackson	H0087	Harris Regional Hospital	1	0	6	-1	0	0	0	5,426.5	4	1,500
Duke LifePoint Total			1	0	7	-1	0	0	0			
Jackson/Graham/Swain Total			1	0	7	-1	0	0	0			
Johnston	H0151	Johnston Health	2	0	8	-2	0	0	0	8,841.6	4	1,500
Johnston Total			2	0	8	-2	0	0	0			
Lee	H0243	Central Carolina Hospital	1	0	6	-1	0	0	0	4,735.6	4	1,500
Lee Total			1	0	6	-1	0	0	0			
Lenoir	H0043	UNC Lenoir Health Care	1	0	9	-1	0	0	0	4,553.4	4	1,500

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Lenoir Total			1	0	9	-1	0	0	0			
Lincoln	H0225	Atrium Health Lincoln	1	1	3	-1	0	0	0	3,369.5	4	1,500
Lincoln Total			1	1	3	-1	0	0	0			
Macon	H0034	Angel Medical Center	1	0	4	-1	0	-1	0	1,287.3	4	1,500
Macon	H0193	Highlands-Cashiers Hospital	0	0	2	0	0	0	0	0.0		
Mission Health Total			1	0	6	-1	0	-1	0			
Macon Total			1	0	6	-1	0	-1	0			
Martin	H0078	Martin General Hospital	0	0	2	0	0	0	0	1,761.2	4	1,500
Martin Total			0	0	2	0	0	0	0			
McDowell	H0097	Mission Hospital McDowell	1	0	3	-1	0	0	0	2,481.1	4	1,500
McDowell Total			1	0	3	-1	0	0	0			
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	2	0	0	0	1	0	1,979.0	6	1,312
Mecklenburg	H0042	Atrium Health Pineville	3	0	9	-2	0	3	0	19,386.0	3	1,755
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	9	11	42	-4	-1	2	0	120,858.1	1	1,950
Mecklenburg	H0255	Atrium Health University City	1	1	7	-1	0	-1	0	9,956.9	4	1,500
Atrium Health Total			13	14	58	-7	-1	6	0			
Mecklenburg		Novant Health Ballantyne Medical Center	0	0	0	0	0	2	1	0.0		
Mecklenburg	AS0068	SouthPark Surgery Center	0	6	0	0	0	0	0	9,321.7	5	1,312
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	2	0	0	0	-2	0	1,853.3	6	1,312
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	2	0	0	0	0	0	2,832.5	5	1,312
Mecklenburg	AS0136	Matthews Surgery Center	0	2	0	0	0	0	0	2,842.7	6	1,312
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	6	6	28	-3	0	-1	0	61,637.1	2	1,950
Mecklenburg	H0270	Novant Health Matthews Medical Center	2	0	6	-2	0	0	0	10,536.6	4	1,500
Mecklenburg	H0282	Novant Health Huntersville Medical Center	1	0	6	-1	0	1	1	10,127.0	4	1,500
Mecklenburg	H0290	Novant Health Mint Hill Medical Center	1	0	3	-1	0	1	0	1,785.6	4	1,500

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Novant Health Total			10	18	43	-7	0	1	2			
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	6	0	0	0	0	0	9,228.3	6	1,312
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	6	0	0	0	0	0	208.8	6	1,312
Surgical Care Affiliates Total			0	12	0	0	0	0	0			
Mecklenburg	AS0148	Mallard Creek Surgery Center	0	2	0	0	0	0	0	2,799.3	6	1,312
Mecklenburg		Metrolina Vascular Access Care	0	0	0	0	0	1	0	0.0		
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC***	0	2	0	0	0	0	0	1,696.0	6	1,312
Mecklenburg		2019 SMFP Need Determination	0	0	0	0	0	2	0	0.0		
Mecklenburg		2020 SMFP Need Determination	0	0	0	0	0	12	0	0.0		
Mecklenburg Total			23	48	101	-14	-1	22	2			
Mitchell	H0169	Blue Ridge Regional Hospital	0	0	3	0	0	0	0	899.0	4	1,500
Mitchell Total			0	0	3	0	0	0	0			
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0	2	0	0	0	0	148.4	4	1,500
Montgomery Total			0	0	2	0	0	0	0			
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	3	0	0	0	0	0	2,067.3	5	1,312
Moore	AS0069	Surgery Center of Pinehurst	0	6	0	0	0	0	0	5,299.0	6	1,312
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment	2	0	15	0	0	0	1	22,786.6	3	1,755
Moore Total			2	9	15	0	0	0	1			
Nash	H0228	Nash General Hospital	1	0	13	-1	0	0	0	13,377.9	4	1,500
Nash Total			1	0	13	-1	0	0	0			
New Hanover		Wilmington ASC	0	0	0	0	0	1	0	0.0		
New Hanover		Wilmington Eye Surgery Center	0	0	0	0	0	2	0	0.0		
New Hanover	AS0055	Wilmington SurgCare	0	7	0	0	0	3	0	6,407.2	5	1,312
New Hanover	H0221	New Hanover Regional Medical Center	5	4	29	-3	-1	4	0	70,049.4	2	1,950
New Hanover Total			5	11	29	-3	-1	10	0			
Onslow	H0048	Onslow Memorial Hospital	1	4	5	-1	0	0	0	6,958.4	4	1,500

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Onslow Total			1	4	5	-1	0	0	0			
Orange		North Chapel Hill Surgery Center	0	0	0	0	0	2	0	0.0		
Orange	H0157	University of North Carolina Hospitals	3	11	32	-3	-2	8	0	100,512.6	1	1,950
UNC Health Care Total			3	11	32	-3	-2	10	0			
Orange		Duke Health Orange Ambulatory Surgical Center	0	0	0	0	0	2	0	0.0		
Orange Total			3	11	32	-3	-2	12	0			
Pasquotank	H0054	Sentara Albemarle Medical Center	2	0	8	-2	0	0	0	4,108.1	4	1,500
Pasq-Cam-Cur-Gates-Perq Total			2	0	8	-2	0	0	0			
Pender	H0115	Pender Memorial Hospital	0	0	2	0	0	0	0	230.4	4	1,500
Pender Total			0	0	2	0	0	0	0			
Person	H0066	Person Memorial Hospital	1	0	4	-1	0	0	0	506.2	4	1,500
Person Total			1	0	4	-1	0	0	0			
Pitt	AS0012	Vidant SurgiCenter	0	10	0	0	0	0	0	14,529.8	6	1,312
Pitt	H0104	Vidant Medical Center	7	0	26	-4	-1	0	0	44,772.0	1	1,950
Vidant Health Total			7	10	26	-4	-1	0	0			
Pitt/Greene/Hyde/Tyrrell Total			7	10	26	-4	-1	0	0			
Polk	H0079	St. Luke's Hospital	0	0	3	0	0	0	0	1,365.3	4	1,500
Polk Total			0	0	3	0	0	0	0			
Randolph	H0013	Randolph Hospital	1	2	5	-1	0	0	0	5,811.9	4	1,500
Randolph Total			1	2	5	-1	0	0	0			
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	1	0	3	-1	0	0	0	1,924.2	4	1,500
Richmond Total			1	0	3	-1	0	0	0			
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	4	0	0	0	0	0	1,166.4	5	1,312
Robeson	H0064	Southeastern Regional Medical Center	2	0	5	-1	0	0	0	7,572.8	4	1,500
Southeastern Health Total			2	4	5	-1	0	0	0			
Robeson Total			2	4	5	-1	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case data for 10/1/2018 through 9/30/2019 as reported on the 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications

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Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Rockingham	H0023	Annie Penn Hospital	0	0	4	0	0	0	0	2,695.7	4	1,500
Rockingham	H0072	UNC Rockingham Hospital	1	0	5	-1	0	0	0	1,978.5	4	1,500
Rockingham Total			1	0	9	-1	0	0	0			
Rowan	H0040	Novant Health Rowan Medical Center	2	3	8	-2	0	0	0	12,511.2	4	1,500
Rowan Total			2	3	8	-2	0	0	0			
Rutherford	H0039	Rutherford Regional Medical Center	0	0	5	0	0	0	0	2,302.1	4	1,500
Rutherford Total			0	0	5	0	0	0	0			
Sampson	H0067	Sampson Regional Medical Center	0	0	8	0	0	0	0	2,473.5	4	1,500
Sampson Total			0	0	8	0	0	0	0			
Scotland	H0107	Scotland Memorial Hospital	1	0	5	-1	0	0	0	7,310.9	4	1,500
Scotland Total			1	0	5	-1	0	0	0			
Stanly	H0008	Atrium Health Stanly	1	0	5	-1	0	0	0	2,211.1	4	1,500
Stanly Total			1	0	5	-1	0	0	0			
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	2	2	0	0	0	0	122.7	4	1,500
Stokes Total			0	2	2	0	0	0	0			
Surry	H0049	Hugh Chatham Memorial Hospital	1	0	5	-1	0	0	0	5,845.9	4	1,500
Surry	H0184	Northern Regional Hospital	1	0	4	-1	0	0	0	2,966.7	4	1,500
Surry Total			2	0	9	-2	0	0	0			
Transylvania	H0111	Transylvania Regional Hospital	0	0	4	0	0	0	0	1,541.8	4	1,500
Transylvania Total			0	0	4	0	0	0	0			
Union	AS0132	Union West Surgery Center	0	2	0	0	0	1	0	1,627.0	5	1,312
Union	H0050	Atrium Health Union	2	0	6	-2	0	0	0	9,136.7	4	1,500
Atrium Health Total			2	2	6	-2	0	1	0			
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	1	0	0	0	0	0	0.0		
Union Total			2	3	6	-2	0	1	0			
Vance	H0267-A	Maria Parham Health	0	0	5	0	0	0	0	4,197.8	4	1,500
Vance/Warren Total			0	0	5	0	0	0	0			

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	H0238	Duke Raleigh Hospital	0	0	15	0	0	0	0	29,103.0	3	1,755
Duke University Health System Total			0	0	15	0	0	1	0			
Wake		Raleigh Orthopaedic Surgery Center-West Cary	0	0	0	0	0	1	0	0.0		
Wake	AS0129	Rex Surgery Center of Cary	0	4	0	0	0	0	0	5,042.4	6	1,312
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	4	0	0	0	-1	0	7,532.6	6	1,312
Wake	AS0160	Rex Surgery Center of Wakefield	0	2	0	0	0	0	0	2,770.3	6	1,312
Wake	H0065	Rex Hospital^^	3	0	25	-3	0	2	1	52,686.3	2	1,950
UNC Health Care Total			3	10	25	-3	0	2	1			
Wake		WakeMed Surgery Center-Cary	0	0	0	0	0	1	0	0.0		
Wake		WakeMed Surgery Center-North Raleigh	0	0	0	0	0	1	0	0.0		
Wake	AS0137	Capital City Surgery Center	0	8	0	0	0	-1	0	6,851.6	6	1,312
Wake	H0199	WakeMed	8	0	20	-4	-1	-1	0	49,128.6	2	1,950
Wake	H0276	WakeMed Cary Hospital	2	0	9	-2	0	1	0	9,371.6	4	1,500
WakeMed Total			10	8	29	-6	-1	1	0			
Wake		Ortho NC ASC	0	0	0	0	0	1	0	0.0		
Wake		RAC Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0162	Surgical Center for Dental Professionals of NC***	0	2	0	0	0	0	0	392.4	6	1,312
Wake	AS0029	Blue Ridge Surgery Center	0	6	0	0	0	0	0	8,679.9	5	1,312
Wake	AS0034	Raleigh Plastic Surgery Center	0	1	0	0	0	0	0	957.0	6	1,312
Wake	AS0142	Triangle Orthopaedics Surgery Center	0	2	0	0	0	1	0	4,170.5	6	1,312
Wake		Wake Spine and Specialty Surgery Center	0	0	0	0	0	1	0	0.0		
Wake	AS0155	Holly Springs Surgery Center	0	3	0	0	0	0	0	2,401.8	6	1,312
Wake		2020 SMFP Need Determination	0	0	0	0	0	3	0	0.0		
Wake Total			13	32	69	-9	-1	11	1			
Washington	H0006	Washington Regional Medical Center	0	0	2	0	0	0	0	0.0		

Table 6A: Operating Room Inventory and Grouping (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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A	B	C	D	E	F	G	H	I	J	K	L	M
Service Area	License	Facility	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjustments	CONs for Excluded C-Section ORs	Total Surgical Hours for Grouping	Group	Standard Hours per OR per Year
Washington Total			0	0	2	0	0	0	0			
Wayne	H0257	Wayne UNC Health Care	1	2	11	-1	0	0	0	11,073.6	4	1,500
Wayne Total			1	2	11	-1	0	0	0			
Wilkes	H0153	Wilkes Medical Center	1	1	4	-1	0	0	0	4,033.1	4	1,500
Wilkes Total			1	1	4	-1	0	0	0			
Wilson	AS0005	Wilson Medical Center	0	4	0	0	0	0	0	0.0		
Wilson	H0210	Wilson Medical Center	1	0	9	-1	0	0	0	3,918.0	4	1,500
Duke LifePoint Total			1	4	9	-1	0	0	0			
Wilson	AS0007	Wilson OB-GYN	0	1	0	0	0	0	0	44.5	6	1,312
Wilson Total			1	5	9	-1	0	0	0			
Yadkin	H0155	Yadkin Valley Community Hospital (closed)*	0	0	2	0	0	0	0	0.0		
Yadkin Total			0	0	2	0	0	0	0			
Grand Total			153	308	920	-98	-11	82	5			

* Facility is a legacy medical care facility based on G.S. 131E-176-(14f).

** Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

*** This is a dental single-specialty ambulatory surgery demonstration project that is in the inventory but is not included in the need determination calculations.

**** All ORs have been relocated from Plastic Surgery Center of NC to a facility formerly identified as Clemmons Medical Park Ambulatory Surgical Center in previous SMFPs. The new facility retains Plastic Surgery Center's license number. Procedures reported are for Plastic Surgery Center.

^ Atrium Health Cleveland and Atrium Health Kings Mountain are consolidated under the Atrium Health Cleveland license, effective August 1, 2019.

^^ Rex Hospital and Rex Hospital Holly Springs are consolidated under the Rex Hospital license, effective January 11, 2019.

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Alamance	H0272	Alamance Regional Medical Center†††	1,991	133.0	7,434	90.5	15,627	5.79	16,532	9.42	12	-2.58	
Alamance Total													0
Alexander	H0274	Alexander Hospital (closed)	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Alexander Total													0
Alleghany	H0108	Alleghany Memorial Hospital^/††	0	0.0	219	91.3	333	1.55	339	0.23	2	-1.77	
Alleghany Total													0
Anson	H0082	Atrium Health Anson†††	0	0.0	29	88.0	43	0.00	43	0.03	1	-0.97	
Anson Total													0
Ashe	H0099	Ashe Memorial Hospital^	154	139.5	661	90.0	1,350	3.98	1,403	0.94	2	-1.06	
Ashe Total													0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital†	31	63.7	285	58.7	312	4.39	325	0.22	2	-1.78	
Watauga	H0077	Watauga Medical Center	1,387	107.0	4,029	63.0	6,704	4.39	6,998	4.67	6	-1.33	
Appalachian Regional Healthcare System Total										4.88	8	-3.12	
Avery/Watauga Total													0
Beaufort	H0188	Vidant Beaufort Hospital	517	110.0	2,450	78.0	4,133	0.07	4,136	2.76	5	-2.24	
Beaufort Total													0
Bertie	H0268	Vidant Bertie Hospital††††	0	0.0	532	36.0	319	-0.19	319	0.21	2	-1.79	
Bertie Total													0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital†	10	96.5	323	42.4	244	-0.62	244	0.16	2	-1.84	
Bladen Total													0
Brunswick		Brunswick Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Brunswick	H0150	J. Arthur Doshier Memorial Hospital^/†††	219	139.5	2,206	67.8	3,001	9.97	3,300	2.20	2	0.20	
Brunswick	H0250	Novant Health Brunswick Medical Center^^	954	134.0	3,794	91.3	7,906	9.97	8,694	5.80	4	1.80	
Brunswick Total												2.00	2
Buncombe		Asheville SurgCare	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Buncombe	AS0038	Orthopaedic Surgery Center of Asheville^^	0	0.0	3,689	89.2	5,485	4.46	5,729	4.37	0	4.37	
Orthopaedic Surgery Center of Asheville Total										4.37	5	-0.63	
Buncombe	AS0065	Asheville Eye Surgery Center	0	0.0	2,750	25.0	1,146	4.46	1,197	0.91	1	-0.09	

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Buncombe	H0036	Mission Hospital†††	11,991	209.0	21,582	101.0	78,111	4.46	81,593	41.84	44	-2.16	
Buncombe/Madison/Yancey Total													0
Burke		Blue Ridge Surgery Center	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	0.0	2,600	30.0	1,300	1.22	1,316	1.00	2	-1.00	
Burke	H0062	Carolinas HealthCare System Blue Ridge	1,602	96.2	4,917	52.1	6,838	1.22	6,922	4.61	5	-0.39	
Burke Total													0
Cabarrus	AS0070	Gateway Surgery Center	0	0.0	7,259	45.0	5,444	7.61	5,859	4.47	4	0.47	
Cabarrus	H0031	Atrium Health Cabarrus	5,156	189.5	5,439	123.9	27,516	7.61	29,611	16.87	19	-2.13	
Atrium Health Total										21.34	23	-1.66	
Cabarrus	AS0019	Eye Surgery and Laser Clinic, Inc	0	0.0	4,221	45.0	3,166	7.61	3,407	2.60	2	0.60	
Cabarrus Total													0
Caldwell	AS0168	Prime Surgical Suites	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Caldwell	H0061	Caldwell Memorial Hospital	932	88.0	3,363	69.0	5,234	1.96	5,337	3.56	4	-0.44	
UNC Health Care Total										3.56	7	-3.44	
Caldwell Total													0
Carteret	AS0061	The Surgical Center of Morehead City	0	0.0	1,975	49.0	1,613	2.72	1,657	1.26	2	-0.74	
Carteret	H0222	Carteret General Hospital^/†††	1,440	121.0	2,226	91.3	6,292	2.72	6,464	4.31	5	-0.69	
Carteret Total													0
Catawba	AS0036	Graystone Eye Surgery Center	0	0.0	7,526	34.0	4,265	2.54	4,373	3.33	3	0.33	
Catawba	AS0101	Viewmont Surgery Center	0	0.0	2,986	45.0	2,240	2.54	2,296	1.75	3	-1.25	
Catawba	H0053	Frye Regional Medical Center^/†††	1,888	214.7	3,814	138.2	15,543	2.54	15,938	9.08	21	-11.92	
Catawba	H0223	Catawba Valley Medical Center^/†††	2,351	139.5	5,399	91.3	13,686	2.54	14,033	9.36	12	-2.64	
Catawba Total													0
Chatham	H0007	Chatham Hospital	30	123.0	623	89.0	986	9.06	1,075	0.72	2	-1.28	
Chatham Total													0
Cherokee	H0239	Erlanger Murphy Medical Center^/†††	479	139.5	2,134	91.3	4,362	4.91	4,576	3.05	4	-0.95	
Cherokee/Clay Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Chowan	H0063	Vidant Chowan Hospital†††	368	90.0	874	36.3	1,081	-1.32	1,081	0.72	3	-2.28	
Chowan Total													0
Cleveland	AS0062	Cleveland Ambulatory Services	0	0.0	1,337	34.0	758	1.53	769	0.59	4	-3.41	
Cleveland	H0024	Atrium Health Cleveland*****/†/†††	1,713	118.7	4,195	90.7	9,732	1.53	9,880	6.59	8	-1.41	
Atrium Health Total										7.17	12	-4.83	
Cleveland	AS0049	Eye Surgery Center of Shelby	0	0.0	1,978	40.0	1,319	1.53	1,339	1.02	2	-0.98	
Cleveland Total													0
Columbus	H0045	Columbus Regional Healthcare System	837	84.2	1,647	55.2	2,690	-0.12	2,690	1.79	5	-3.21	
Columbus Total													0
Craven	H0201	CarolinaEast Medical Center†/†††	3,571	119.8	11,553	38.2	14,476	0.55	14,556	9.70	17	-7.30	
Craven/Jones/Pamlico Total													0
Cumberland	H0213	Cape Fear Valley Medical Center	5,779	136.0	5,328	118.0	23,577	0.59	23,717	13.51	18	-4.49	
Cumberland	H0275	Highsmith-Rainey Specialty Hospital†	67	84.7	2,184	86.0	3,225	0.59	3,244	2.16	1	1.16	
Cape Fear Valley Health System Total										15.68	19	-3.32	
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center†††	0	0.0	8,435	51.0	7,175	0.59	7,218	5.50	11	-5.50	
Cumberland	AS0159	Valleygate Dental Surgery Center****	0	0.0	1,862	0.0	0		0	0.00	0	0.00	
Cumberland Total													0
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center (closed)*	0	0.0	0	0.0	0		0	0.00	0	0.00	
Dare	H0273	The Outer Banks Hospital	244	90.0	1,539	58.0	1,854	3.33	1,915	1.28	3	-1.72	
Dare/Currituck Total													0
Davidson	H0027	Lexington Medical Center	847	112.2	2,565	67.4	4,465	3.33	4,614	3.08	4	-0.92	
Davidson	H0112	Novant Health Thomasville Medical Center	688	113.0	3,582	77.0	5,893	3.33	6,089	4.06	5	-0.94	
Davidson Total													0
Davie	H0171	Davie Medical Center†††	603	128.8	2,311	46.6	3,091	5.13	3,250	2.17	3	-0.83	
Davie Total													0
Duplin	H0166	Vidant Duplin Hospital	504	80.2	1,365	68.0	2,222	0.14	2,225	1.48	3	-1.52	
Duplin Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Durham		Duke Ambulatory Surgery Center Arringtondon	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Durham	AS0041	James E. Davis Ambulatory Surgical Center^/†††	0	0.0	6,079	50.4	5,110	5.80	5,406	4.12	4	0.12	
Durham	H0015	Duke University Hospital**	18,733	262.1	22,139	139.5	133,311	5.80	141,045	72.33	66	6.33	
Durham	H0233	Duke Regional Hospital^/†††	3,991	202.0	3,555	138.2	21,626	5.80	22,881	13.04	13	0.04	
Duke University Health System Total										89.49	87	2.49	
Durham		Southpoint Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Durham	H0075	North Carolina Specialty Hospital^/†††	1,588	139.5	4,128	91.3	9,977	5.80	10,555	7.04	4	3.04	
NC Specialty Hospital Total										7.04	6	1.04	
Durham Total												3.53	4
Edgecombe	H0258	Vidant Edgecombe Hospital†/†††	586	118.6	1,432	68.8	2,800	-1.06	2,800	1.87	5	-3.13	
Edgecombe Total													0
Forsyth	AS0149	Novant Health Kernersville Outpatient Surgery†††	0	0.0	1,853	48.4	1,496	3.65	1,550	1.18	2	-0.82	
Forsyth	AS0167	Novant Health Clemmons Outpatient Surgery	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth	H0209	Novant Health Forsyth Medical Center	10,291	152.6	19,519	87.4	54,606	3.65	56,601	29.03	33	-3.97	
Forsyth	H0229	Novant Health Medical Park Hospital	814	214.0	8,616	105.0	17,981	3.65	18,638	10.62	10	0.62	
Novant Health Total										40.83	47	-6.17	
Forsyth	AS0021	Wake Forest Baptist Health Outpatient Surgery Center - Clemmons-C1****/†††	0	0.0	1,125	89.2	1,673	3.65	1,734	1.32	3	-1.68	
Forsyth	H0011	North Carolina Baptist Hospital**	14,271	235.6	18,753	128.6	96,231	3.65	99,747	51.15	49	2.15	
Wake Forest Baptist Health Total										52.47	52	0.47	
Forsyth	AS0134	Piedmont Outpatient Surgery Center	0	0.0	2,353	45.0	1,765	3.65	1,829	1.39	2	-0.61	
Forsyth		Triad Center for Surgery	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth		2020 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Forsyth Total													0
Franklin	H0267-B	Maria Parham Franklin	0	0.0	0	0.0	0		0	0.00	2	-2.00	

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Franklin		Same Day Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Franklin Total													0
Gaston		CaroMont Regional Medical Center - Belmont	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Gaston	AS0037	CaroMont Specialty Surgery	0	0.0	3,514	29.9	1,749	2.00	1,784	1.36	4	-2.64	
Gaston	H0105	CaroMont Regional Medical Center	5,011	111.0	8,773	79.0	20,821	2.00	21,239	12.10	18	-5.90	
CaroMont Health Total										13.46	24	-10.54	
Gaston Total													0
Granville	H0098	Granville Health System††††	600	45.0	1,909	21.6	1,137	4.82	1,192	0.79	3	-2.21	
Granville Total													0
Guilford	AS0009	Greensboro Specialty Surgical Center	0	0.0	1,068	44.4	791	4.35	825	0.63	3	-2.37	
Guilford	AS0018	Surgical Center of Greensboro††††	0	0.0	13,562	42.1	9,508	4.35	9,922	7.56	13	-5.44	
Surgical Care Affiliates Total										8.19	16	-7.81	
Guilford	AS0047	High Point Surgery Center	0	0.0	4,151	60.0	4,151	4.35	4,332	3.30	6	-2.70	
Guilford	AS0152	Premier Surgery Center††††	0	0.0	258	74.8	322	4.35	336	0.26	2	-1.74	
Guilford	H0052	High Point Regional Health^/^^/†/††	2,673	139.5	3,026	91.3	10,822	4.35	11,294	7.53	10	-2.47	
Wake Forest Baptist Health Total										11.09	18	-6.91	
Guilford		North Elam Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	5	-5.00	
Guilford	AS0161	Valleygate Dental Surgery Center of the Triad***	0	0.0	414	0.0	0		0	0.00	0	0.00	
Guilford	AS0033	Surgical Eye Center	0	0.0	3,857	24.0	1,543	4.35	1,610	1.23	4	-2.77	
Guilford	AS0063	Piedmont Surgical Center^^	0	0.0	643	89.2	956	4.35	998	0.76	2	-1.24	
Guilford	H0073	Kindred Hospital - Greensboro†††	231	63.0	20	58.3	262	4.35	273	0.18	1	-0.82	
Guilford	H0159	Cone Health	13,078	177.0	16,370	120.0	71,320	4.35	74,426	38.17	40	-1.83	
Guilford/Caswell Total													0
Halifax	H0230	Vidant North Hospital	1,031	75.6	2,275	59.3	3,547	-3.10	3,547	2.36	6	-3.64	
Halifax/Northampton Total													0
Harnett	H0224	Betsy Johnson Hospital†/†††	801	125.8	2,168	76.4	4,441	6.27	4,719	3.15	7	-3.85	
Harnett Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Haywood	H0025	Haywood Regional Medical Center	1,053	125.2	3,734	65.5	6,274	3.07	6,466	4.31	7	-2.69	
Haywood Total													0
Henderson		Western Carolina Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Henderson	H0019	AdventHealth Hendersonville	1,147	95.0	4,961	52.0	6,116	4.61	6,398	4.27	5	-0.73	
Adventist Health Total										4.27	6	-1.73	
Henderson		Pardee Partners ASC	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Henderson	H0161	Margaret R. Pardee Memorial Hospital	2,404	116.0	5,396	75.0	11,393	4.61	11,918	7.95	8	-0.05	
Margaret R. Pardee Memorial Hospital Total										7.95	10	-2.05	
Henderson Total													0
Hertford	H0001	Vidant Roanoke-Chowan Hospital	494	63.7	1,163	48.6	1,466	-0.13	1,466	0.98	5	-4.02	
Hertford Total													0
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	0.0	422	45.0	317	7.50	340	0.23	2	-1.77	
Hoke	H0288	Cape Fear Valley Hoke Hospital	310	112.3	869	91.3	1,903	7.50	2,046	1.36	2	-0.64	
Hoke Total													0
Iredell	H0248	Davis Regional Medical Center	508	95.2	1,410	69.2	2,431	5.83	2,573	1.72	5	-3.28	
Iredell	H0259	Lake Norman Regional Medical Center	1,877	118.0	5,727	63.0	9,705	5.83	10,270	6.85	9	-2.15	
Community Health Systems Total										8.56	14	-5.44	
Iredell		Iredell Mooresville Campus ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Iredell	AS0042	Iredell Ambulatory Surgery Center	0	0.0	362	50.4	304	5.83	322	0.25	1	-0.75	
Iredell	AS0050	Iredell Surgical Center	0	0.0	1,290	34.0	731	5.83	774	0.59	4	-3.41	
Iredell	H0164	Iredell Memorial Hospital	1,775	139.5	4,449	91.3	10,900	5.83	11,535	7.69	9	-1.31	
Iredell Health System Total										8.53	15	-6.47	
Iredell Total													0
Swain	H0069	Swain Community Hospital	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Jackson	H0087	Harris Regional Hospital	930	95.5	3,644	65.0	5,427	2.28	5,550	3.70	6	-2.30	
Duke LifePoint Total										3.70	7	-3.30	
Jackson/Graham/Swain Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Johnston	H0151	Johnston Health	1,603	115.1	5,463	63.3	8,842	11.89	9,893	6.60	8	-1.40	
Johnston Total													0
Lee	H0243	Central Carolina Hospital†/†††	504	123.9	2,579	86.0	4,736	4.07	4,928	3.29	6	-2.71	
Lee Total													0
Lenoir	H0043	UNC Lenoir Health Care†/†††	718	124.4	2,947	62.4	4,553	-2.90	4,553	3.04	9	-5.96	
Lenoir Total													0
Lincoln	H0225	Atrium Health Lincoln†††	448	119.1	1,700	87.5	3,370	5.99	3,571	2.38	4	-1.62	
Lincoln Total													0
Macon	H0034	Angel Medical Center†/†††	216	119.8	881	58.3	1,287	4.35	1,343	0.90	3	-2.10	
Macon	H0193	Highlands-Cashiers Hospital	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mission Health Total										0.90	5	-4.10	
Macon Total													0
Martin	H0078	Martin General Hospital^/^^/†/†††	297	139.5	617	91.3	1,630	-1.94	1,630	1.09	2	-0.91	
Martin Total													0
McDowell	H0097	Mission Hospital McDowell^/†	300	139.5	1,149	90.0	2,421	2.15	2,473	1.65	3	-1.35	
McDowell Total													0
Mecklenburg		Atrium Health Huntersville Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	0.0	1,979	60.0	1,979	8.22	2,142	1.63	3	-1.37	
Mecklenburg	H0042	Atrium Health Pineville	3,498	190.3	4,311	115.4	19,386	8.22	20,980	11.95	13	-1.05	
Mecklenburg	H0071	Carolinas Medical Center/Center for Mental Health	18,828	212.5	23,402	138.9	120,858	8.22	130,796	67.08	59	8.08	
Mecklenburg	H0255	Atrium Health University City†	963	136.3	6,216	75.0	9,957	8.22	10,776	7.18	7	0.18	
Atrium Health Total										87.85	83	4.85	
Mecklenburg		Novant Health Ballantyne Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg	AS0068	SouthPark Surgery Center	0	0.0	11,900	47.0	9,322	8.22	10,088	7.69	6	1.69	
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery^/^^/†††	0	0.0	1,059	89.2	1,574	8.22	1,704	1.30	0	1.30	
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	0.0	3,399	50.0	2,833	8.22	3,065	2.34	2	0.34	

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Mecklenburg	AS0136	Matthews Surgery Center	0	0.0	2,159	79.0	2,843	8.22	3,076	2.34	2	0.34	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	8,087	194.0	22,399	95.1	61,637	8.22	66,706	34.21	36	-1.79	
Mecklenburg	H0270	Novant Health Matthews Medical Center^/^^/†/†††	1,704	139.5	3,957	91.3	9,986	8.22	10,807	7.20	6	1.20	
Mecklenburg	H0282	Novant Health Huntersville Medical Center^/^^/†/†††	1,437	139.5	4,009	91.3	9,444	8.22	10,221	6.81	7	-0.19	
Mecklenburg	H0290	Novant Health Mint Hill Medical Center^^	142	134.0	683	91.3	1,357	8.22	1,468	0.98	4	-3.02	
Novant Health Total										62.87	65	-2.13	
Mecklenburg	AS0026	Charlotte Surgery Center-Museum Campus	0	0.0	7,910	70.0	9,228	8.22	9,987	7.61	6	1.61	
Mecklenburg	AS0166	Charlotte Surgery Center-Wendover Campus	0	0.0	179	70.0	209	8.22	226	0.17	6	-5.83	
Surgical Care Affiliates Total										7.78	12	-4.22	
Mecklenburg	AS0148	Mallard Creek Surgery Center^^	0	0.0	1,806	89.2	2,685	8.22	2,906	2.21	2	0.21	
Mecklenburg		Metrolina Vascular Access Care	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Mecklenburg	AS0164	Valleygate Dental Surgery Center Charlotte, LLC***	0	0.0	636	0.0	0		0	0.00	0	0.00	
Mecklenburg		2019 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Mecklenburg		2020 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	12	-12.00	
Mecklenburg Total													0
Mitchell	H0169	Blue Ridge Regional Hospital	40	120.0	546	90.0	899	0.33	902	0.60	3	-2.40	
Mitchell Total													0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	0.0	167	53.3	148	0.65	149	0.10	2	-1.90	
Montgomery Total													0
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	0.0	6,202	20.0	2,067	6.89	2,210	1.68	3	-1.32	
Moore	AS0069	Surgery Center of Pinehurst	0	0.0	5,299	60.0	5,299	6.89	5,664	4.32	6	-1.68	
Moore	H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment	5,914	134.5	5,925	96.5	22,787	6.89	24,357	13.88	17	-3.12	
Moore Total													0
Nash	H0228	Nash General Hospital^/^^/†/†††	1,273	139.5	6,545	91.3	12,923	0.94	13,045	8.70	13	-4.30	
Nash Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
New Hanover		Wilmington ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
New Hanover		Wilmington Eye Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
New Hanover	AS0055	Wilmington SurgCare	0	0.0	9,250	41.6	6,407	6.31	6,811	5.19	10	-4.81	
New Hanover	H0221	New Hanover Regional Medical Center††††	13,959	133.0	29,083	80.7	70,049	6.31	74,467	38.19	38	0.19	
New Hanover Total													0
Onslow	H0048	Onslow Memorial Hospital††/††††	847	95.2	4,954	68.0	6,958	5.10	7,313	4.88	9	-4.12	
Onslow Total													0
Orange		North Chapel Hill Surgery Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange	H0157	University of North Carolina Hospitals	14,444	240.0	17,563	146.0	100,513	4.12	104,652	53.67	49	4.67	
UNC Health Care Total										53.67	51	2.67	
Orange		Duke Health Orange Ambulatory Surgical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Orange Total												2.67	3
Pasquotank	H0054	Sentara Albemarle Medical Center†/†††	704	114.5	3,196	51.9	4,108	1.38	4,165	2.78	8	-5.22	
Pasq-Cam-Cur-Gates-Perq Total													0
Pender	H0115	Pender Memorial Hospital††††	0	0.0	240	57.6	230	7.30	247	0.16	2	-1.84	
Pender Total													0
Person	H0066	Person Memorial Hospital	60	124.0	588	39.0	506	1.48	514	0.34	4	-3.66	
Person Total													0
Pitt	AS0012	Vidant SurgiCenter	0	0.0	11,765	74.1	14,530	2.38	14,876	11.34	10	1.34	
Pitt	H0104	Vidant Medical Center†/†††	11,675	136.4	9,123	119.9	44,772	2.38	45,838	23.51	28	-4.49	
Vidant Health Total										34.84	38	-3.16	
Pitt/Greene/Hyde/Tyrrell Total													0
Polk	H0079	St. Luke's Hospital††/††††	602	92.0	535	49.6	1,365	2.83	1,404	0.94	3	-2.06	
Polk Total													0
Randolph	H0013	Randolph Hospital	777	132.7	3,051	80.5	5,812	2.46	5,955	3.97	7	-3.03	
Randolph Total													0

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Richmond	H0158	FirstHealth Moore Regional Hospital - Richmond	131	75.0	1,625	65.0	1,924	-0.77	1,924	1.28	3	-1.72	
Richmond Total													0
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	0.0	1,452	48.2	1,166	-1.61	1,166	0.89	4	-3.11	
Robeson	H0064	Southeastern Regional Medical Center††/^^	1,750	135.0	2,296	91.3	7,432	-1.61	7,432	4.95	6	-1.05	
Southeastern Health Total										5.84	10	-4.16	
Robeson Total													0
Rockingham	H0023	Annie Penn Hospital^	308	139.5	1,320	88.0	2,652	0.08	2,654	1.77	4	-2.23	
Rockingham	H0072	UNC Rockingham Hospital†††	512	119.0	784	73.7	1,978	0.08	1,980	1.32	5	-3.68	
Rockingham Total													0
Rowan	H0040	Novant Health Rowan Medical Center^/†	1,673	139.5	6,542	76.0	12,177	1.36	12,342	8.23	11	-2.77	
Rowan Total													0
Rutherford	H0039	Rutherford Regional Medical Center	782	100.1	932	64.2	2,302	1.71	2,342	1.56	5	-3.44	
Rutherford Total													0
Sampson	H0067	Sampson Regional Medical Center	527	104.0	1,170	80.0	2,473	0.88	2,495	1.66	8	-6.34	
Sampson Total													0
Scotland	H0107	Scotland Memorial Hospital	1,168	120.3	3,285	90.8	7,311	-0.38	7,311	4.87	5	-0.13	
Scotland Total													0
Stanly	H0008	Atrium Health Stanly†††	342	92.8	1,738	58.1	2,211	3.19	2,282	1.52	5	-3.48	
Stanly Total													0
Stokes	H0165	LifeBrite Community Hospital of Stokes	0	0.0	118	62.4	123	-0.41	123	0.08	4	-3.92	
Stokes Total													0
Surry	H0049	Hugh Chatham Memorial Hospital	1,001	106.0	3,495	70.0	5,846	0.00	5,846	3.90	5	-1.10	
Surry	H0184	Northern Regional Hospital	746	79.0	2,205	54.0	2,967	0.00	2,967	1.98	4	-2.02	
Surry Total													0
Transylvania	H0111	Transylvania Regional Hospital†††	164	70.4	1,640	49.4	1,542	3.41	1,594	1.06	4	-2.94	
Transylvania Total													0
Union	AS0132	Union West Surgery Center	0	0.0	3,254	30.0	1,627	9.79	1,786	1.36	3	-1.64	

Table 6B: Projected Operating Room Need for 2023

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Union	H0050	Atrium Health Union	1,504	134.8	4,098	84.3	9,137	9.79	10,031	6.69	6	0.69	
Atrium Health Total										8.05	9	-0.95	
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Union Total													0
Vance	H0267-A	Maria Parham Health	700	126.0	2,242	73.0	4,198	0.13	4,203	2.80	5	-2.20	
Vance/Warren Total													0
Wake		Duke Health Green Level Ambulatory Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	H0238	Duke Raleigh Hospital	3,568	213.0	7,415	133.0	29,103	7.73	31,353	17.86	15	2.86	
Duke University Health System Total										17.86	16	1.86	
Wake		Raleigh Orthopaedic Surgery Center-West Cary	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0129	Rex Surgery Center of Cary	0	0.0	4,584	66.0	5,042	7.73	5,432	4.14	4	0.14	
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	0.0	5,513	82.0	7,533	7.73	8,115	6.19	3	3.19	
Wake	AS0160	Rex Surgery Center of Wakefield†††	0	0.0	2,131	59.4	2,111	7.73	2,274	1.73	2	-0.27	
Wake	H0065	Rex Hospital^^	8,334	183.0	11,942	137.0	52,686	7.73	56,759	29.11	27	2.11	
UNC Health Care Total										41.17	37	4.17	
Wake		WakeMed Surgery Center-Cary	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		WakeMed Surgery Center-North Raleigh	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0137	Capital City Surgery Center	0	0.0	6,822	60.3	6,852	7.73	7,381	5.63	7	-1.37	
Wake	H0199	WakeMed	7,988	192.1	11,276	125.3	49,129	7.73	52,927	27.14	22	5.14	
Wake	H0276	WakeMed Cary Hospital†/†††	3,142	112.7	3,740	55.6	9,372	7.73	10,096	6.73	10	-3.27	
WakeMed Total										39.50	41	-1.50	
Wake		Ortho NC ASC	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake		RAC Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0162	Surgical Center for Dental Professionals of NC***	0	0.0	277	0.0	0		0	0.00	0	0.00	
Wake	AS0029	Blue Ridge Surgery Center†††	0	0.0	6,127	38.7	3,955	7.73	4,261	3.25	6	-2.75	
Wake	AS0034	Raleigh Plastic Surgery Center^^/†††	0	0.0	319	89.2	474	7.73	511	0.39	1	-0.61	

Table 6B: Projected Operating Room Need for 2023

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Wake	AS0142	Triangle Orthopaedics Surgery Center^^	0	0.0	2,682	89.2	3,987	7.73	4,296	3.27	3	0.27	
Wake		Wake Spine and Specialty Surgery Center	0	0.0	0	0.0	0		0	0.00	1	-1.00	
Wake	AS0155	Holly Springs Surgery Center	0	0.0	2,217	65.0	2,402	7.73	2,587	1.97	3	-1.03	
Wake		2020 SMFP Need Determination	0	0.0	0	0.0	0		0	0.00	3	-3.00	
Wake Total												3.31	3
Washington	H0006	Washington Regional Medical Center	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Washington Total													0
Wayne	H0257	Wayne UNC Health Care	1,834	101.0	7,372	65.0	11,074	2.48	11,349	7.57	13	-5.43	
Wayne Total													0
Wilkes	H0153	Wilkes Medical Center	512	115.0	2,861	64.0	4,033	1.65	4,099	2.73	5	-2.27	
Wilkes Total													0
Wilson	AS0005	Wilson Medical Center††††	0	0.0	0	0.0	0		0	0.00	4	-4.00	
Wilson	H0210	Wilson Medical Center	764	90.0	2,772	60.0	3,918	2.19	4,004	2.67	9	-6.33	
Duke LifePoint Total										2.67	13	-10.33	
Wilson	AS0007	Wilson OB-GYN	0	0.0	89	30.0	45	2.19	45	0.03	1	-0.97	
Wilson Total													0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)*	0	0.0	0	0.0	0		0	0.00	2	-2.00	
Yadkin Total													0

Table 6B: Projected Operating Room Need for 2023

<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>	<i>F</i>	<i>G</i>	<i>H</i>	<i>I</i>	<i>J</i>	<i>K</i>	<i>L</i>	<i>M</i>	<i>N</i>
Service Area	License	Facility	Inpatient Cases	Final Inpatient Case Time	Ambulatory Cases	Final Ambulatory Case Time	Total Adjusted Estimated Surgical Hours	Growth Factor	Projected Surgical Hours for 2023	Projected Surgical ORs Required in 2023	Adjusted Planning Inventory	Projected OR Deficit/ Surplus (Surplus shows as a "-")	Service Area Need
Grand Total			257,040		681,914								12

* Facility is a legacy medical care facility based on G.S. 131E-176-(14f).

** Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (J-008030-07). North Carolina Baptist Hospital has certificates of need (G-008460-10 & G-011519-18) for 11 ORs approved under Policy AC-3. These 27 ORs are counted when determining OR need.

*** This is a dental single-specialty ambulatory surgery demonstration project that is in the inventory but is not included in need determination calculations.

**** All ORs have been relocated from Plastic Surgery Center of NC to a facility formerly identified as Clemmons Medical Park Ambulatory Surgical Center in previous SMFPs. The new facility retains Plastic Surgery Center's license number. Procedures reported are for Plastic Surgery Center.

***** Atrium Health Cleveland and Atrium Health Kings Mountain are consolidated under the Atrium Health Cleveland license, effective August 1, 2019.

^ Inpatient case time substitution: Current year's reported case time is greater than 1 standard deviation (SD) above group average. Substituted average inpatient case time plus 1 SD for group (see Step 4a of the Methodology).

^^ Ambulatory case time substitution: Current year's reported case time is greater than 1 SD above group average. Substituted average ambulatory case time plus 1 SD for group (see Step 4a of the Methodology).

^^^ Rex Hospital and Rex Hospital Holly Springs are consolidated under the Rex Hospital license, effective January 11, 2019.

† Inpatient case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average inpatient case time plus 10% (see Step 2a.1. of the Methodology).

†† Inpatient case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average inpatient case time minus 20% (see Step 2a.2. of the Methodology).

††† Ambulatory case time substitution: Current year's reported case time is greater than 110% of previous year. Substituted previous year's average ambulatory case time plus 10% (see Step 2a.1. of the Methodology).

†††† Ambulatory case time substitution: Current year's reported case time is less than 80% of previous year. Substituted previous year's average ambulatory case time minus 20% (see Step 2a.2. of the Methodology).

Table 6C: Operating Room Need Determination*

Service Area	Operating Room Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Brunswick	2	October 15, 2021	November 1, 2021
Durham/Caswell	4	April 15, 2021	May 1, 2021
Orange	3	June 15, 2021	July 1, 2021
Wake	3	August 16, 2021	September 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 6D: Dental Single Specialty Ambulatory Surgical Facility Demonstration Project Sites

Region: Health Service Area (HSA)	Provider	ORs
Region 1: HSA IV	Surgical Center for Dental Professionals of NC	2
Region 2: HSA III	Carolinas Center for Ambulatory Dentistry	2
Region 3: HSA V and HSA VI	Valleygate Dental Surgery Center	2
Region 4: HSA I and HSA II	Valleygate Dental Surgery Center of the Triad	2
The North Carolina 2016 SMFP included need determinations for a Dental Single Specialty Ambulatory Surgical Facility Demonstration Project, consisting of four facilities with two ORs each to be located throughout the state. In Region 1, a CON was awarded to the Surgical Center for Dental Professionals of Raleigh on March 1, 2017 (J-011170-16). In Region 2, a CON was awarded to Carolinas Center for Ambulatory Dentistry in Charlotte on March 1, 2017 (F-011202-16). In Region 3, a CON was awarded to Valleygate Dental Surgery Center of Fayetteville on March 6, 2017 (M-011176-16). In Region 4, a CON was awarded to Valleygate Dental Surgery Center of the Triad on March 1, 2017 (G-011203-16).		

In the Spring of 2020, the SHCC approved a petition requesting the inclusion of otolaryngology (ENT) services at Dental Single Specialty Ambulatory Surgical Facility Demonstration Project facilities. The SHCC's decision is reflected in Table 6E, which is the amended Table 6D originally published in the 2016 SMFP.

Applicant(s) shall demonstrate in the certificate of need application that the proposal will meet each criterion set forth below.

**Table 6E: Dental Single Specialty Ambulatory Surgical Facility
Demonstration Project Criteria**

CRITERION		BASIC PRINCIPLE AND RATIONALE
1	The application shall contain a description of the percentage ownership interest in the facility by each oral surgeon and dentist.	<i>Value</i> Implementing this innovation through a demonstration project enables the State Health Coordinating Council to monitor and evaluate the innovation's impact.
2	The proposed facility shall provide open access to non-owner and non-employee oral surgeons and dentists.	<i>Access</i> Services will be accessible to a greater number of surgical patients if the facility has an open access policy for dentists and oral surgeons.
3	The facility shall provide only dental and oral surgical procedures requiring sedation and ENT surgeries as needed to complete dental cases.	<i>Value</i> Implementing this innovation through a demonstration project enables the State Health Coordinating Council to monitor and evaluate the innovation's impact.
4	The proposed facility shall obtain a license no later than one year from the effective date of the certificate of need.	<i>Access</i> Timely project completion increases access to services.
5	The proposed facility shall be certified by the Centers for Medicare and Medicaid Services (CMS), and shall commit to continued compliance with CMS conditions of participation.	<i>Access</i> Requiring service to indigent patients promotes equitable access to the services provided by the demonstration project facilities.
6	The proposed facility shall provide care to underserved dental patients. At least 3 percent of the total number of patients served each year shall be charity care patients and at least 30 percent of the total number of patients served each year shall be Medicaid recipients.	<i>Access</i> Requiring service to indigent patients promotes equitable access to the services provided by the demonstration project facilities.
7	The proposed facility shall obtain accreditation no later than one year after licensure by the Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or The Joint Commission (TJC), and shall commit to continued compliance with their respective standards.	<i>Safety and Quality</i> Adherence to certification processes ensures that the facility is committed to meeting the generally accepted industry standards for quality and safety for their patients.

CRITERION		BASIC PRINCIPLE AND RATIONALE
8	Health care professionals affiliated with the proposed facility, if so permitted by North Carolina law and hospital by-laws, are required to establish or maintain hospital staff privileges with at least one hospital and to begin or continue meeting Emergency Department coverage responsibilities with at least one hospital.	<i>Safety and Quality</i> Encouraging health care professionals to establish or maintain hospital staff privileges and to begin or continue meeting Emergency Department coverage responsibilities helps ensure the continued viability of community-based resources for dental emergencies.
9	The proposed facility shall meet all reporting, monitoring and evaluation requirements of the demonstration project, set forth by the Agency.*	<i>Safety and Quality, Access, Value</i> Timely monitoring enables the Agency to determine whether facilities are meeting criteria and to take corrective action if facilities fail to do so. This ensures that the demonstration project facilities meet all three Basic Principles.
10	For each of the first three full federal fiscal years of operation, the applicant(s) shall provide the projected number of patients for the following payor types, broken down by age (under 21, 21 and older): (i) charity care; (ii) Medicaid; (iii) TRICARE; (iv) private insurance; (v) self-pay; and (vi) payment from other sources.	<i>Access</i> Requiring service to a wide range of patients promotes equitable access to the services provided by the demonstration project facilities.
11	The proposed facility shall demonstrate that it will perform at least 900 surgical cases per operating room during the third full federal fiscal year of operation. The performance standards in 10A NCAC 14C.2103 would not be applicable.	<i>Value</i> Performing at least a minimum number of surgical procedures helps assure that patients receive the maximum healthcare benefit per dollar expended.

* Approved facilities will be required to submit data regarding payor mix separately for dental-only and ENT-involved cases.

Inventory of Endoscopy Rooms in Licensed Facilities

Endoscopy procedure rooms are not ORs. For information purposes only, Table 6F provides a listing of licensed endoscopy procedure rooms and their associated procedures for the current reporting year.

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	5,616	6,691
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	1,680	1,872
		Alamance Total	5	0	7,296	8,563
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		Alexander Total	1	0	0	0
H0099	Ashe Memorial Hospital	Ashe	1	0	793	1,120
		Ashe Total	1	0	793	1,120
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	288	450
		Avery Total	1	0	288	450
H0188	Vidant Beaufort Hospital	Beaufort	1	0	2,257	2,514
		Beaufort Total	1	0	2,257	2,514
H0150	J. Arthur Doshier Memorial Hospital	Brunswick	2	0	545	545
AS0158	Novant Health Brunswick Endoscopy	Brunswick	2	0	2,385	3,399
H0250	Novant Health Brunswick Medical Center	Brunswick	1	0	1,793	2,464
		Brunswick Total	5	0	4,723	6,408
H0036	Mission Hospital	Buncombe	6	0	5,881	7,564
AS0051	The Endoscopy Center	Buncombe	5	0	14,684	15,300
		Buncombe Total	11	0	20,565	22,864
	Blue Ridge Surgery Center *	Burke	0	2	0	0
AS0145	Carolina Digestive Care	Burke	2	0	3,411	5,030
H0062	Carolinas HealthCare System Blue Ridge	Burke	3	-2	2,400	3,035
		Burke Total	5	0	5,811	8,065
H0031	Atrium Health Cabarrus	Cabarrus	6	0	2,859	4,441
AS0070	Gateway Surgery Center	Cabarrus	2	0	4,028	4,028
AS0104	Northeast Digestive Health Center	Cabarrus	3	0	5,059	10,114
		Cabarrus Total	11	0	11,946	18,583
H0061	Caldwell Memorial Hospital	Caldwell	2	0	724	898

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Caldwell Total	2	0	724	898
H0222	Carteret General Hospital	Carteret	2	0	616	619
AS0061	The Surgical Center of Morehead City	Carteret	1	0	1,994	2,306
		Carteret Total	3	0	2,610	2,925
H0223	Catawba Valley Medical Center	Catawba	2	0	3,126	3,604
H0053	Frye Regional Medical Center	Catawba	2	0	1,419	2,620
AS0077	Gastroenterology Associates, Hickory	Catawba	3	2	7,846	8,887
		Catawba Total	7	2	12,391	15,111
H0007	Chatham Hospital	Chatham	1	0	426	477
		Chatham Total	1	0	426	477
H0239	Erlanger Murphy Medical Center	Cherokee	2	0	1,417	1,845
		Cherokee Total	2	0	1,417	1,845
H0063	Vidant Chowan Hospital	Chowan	1	0	777	962
		Chowan Total	1	0	777	962
H0024	Atrium Health Cleveland ***	Cleveland	5	0	1,426	1,799
AS0062	Cleveland Ambulatory Services	Cleveland	4	0	1,867	2,294
		Cleveland Total	9	0	3,293	4,093
H0045	Columbus Regional Healthcare System	Columbus	3	0	1,556	2,046
		Columbus Total	3	0	1,556	2,046
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,910	2,913
H0201	CarolinaEast Medical Center	Craven	2	0	2,256	3,517
AS0078	CCHC Endoscopy Center	Craven	3	0	5,089	6,782
		Craven Total	8	0	10,255	13,212
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	4,208	5,245
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	5,288	5,630
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	0	0
AS0071	Fayetteville Gastroenterology Endoscopy Center	Cumberland	4	0	11,273	11,613

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	16	0	20,769	22,488
H0273	The Outer Banks Hospital	Dare	2	0	1,101	1,101
		Dare Total	2	0	1,101	1,101
AS0146	Digestive Health Specialists	Davidson	2	0	2,185	2,434
H0027	Lexington Medical Center	Davidson	2	0	1,346	1,664
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	548	563
		Davidson Total	5	0	4,079	4,661
H0171	Davie Medical Center	Davie	1	0	745	1,693
AS0139	Digestive Health Specialists	Davie	1	0	1,496	1,670
		Davie Total	2	0	2,241	3,363
	Duke GI at North Durham *	Durham	0	4	0	0
H0233	Duke Regional Hospital	Durham	4	0	5,730	7,396
H0015	Duke University Hospital	Durham	11	0	11,717	17,759
AS0085	Triangle Endoscopy Center	Durham	4	0	5,648	6,778
		Durham Total	19	4	23,095	31,933
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	119	119
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	1,079	1,194
		Edgecombe Total	3	0	1,198	1,313
	Kernersville Endoscopy Center *	Forsyth	0	2	0	0
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	3,208	3,505
AS0099	Digestive Health Specialists P.A.	Forsyth	2	0	5,513	6,284
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	-2	5,142	6,907
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	9,701	13,056
H0011	North Carolina Baptist Hospital	Forsyth	10	0	12,951	23,759
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,666	3,034

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	1,865	2,138
		Forsyth Total	28	0	41,046	58,683
	CaroMont Regional Medical Center - Belmont *	Gaston	0	1	0	0
AS0135	CaroMont Endoscopy Center	Gaston	2	0	1,706	1,951
H0105	CaroMont Regional Medical Center	Gaston	6	1	5,100	7,036
AS0151	Greater Gaston Endoscopy Center	Gaston	2	-2	0	0
		Gaston Total	10	0	6,806	8,987
H0098	Granville Health System	Granville	1	0	1,073	1,282
		Granville Total	1	0	1,073	1,282
AS0076	Peters Endoscopy Center, LLC	Guilford	2	0	2,027	2,027
H0159	Cone Health	Guilford	7	-1	4,507	6,998
AS0075	Eagle Endoscopy Center	Guilford	4	0	7,168	6,312
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	727	884
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,518	3,352
AS0059	High Point Endoscopy Center	Guilford	3	0	5,621	7,032
H0052	High Point Regional Health	Guilford	2	0	1,864	2,249
AS0052	LeBauer Endoscopy Center	Guilford	4	1	8,388	9,199
		Guilford Total	26	0	32,820	38,053
AS0141	Halifax Gastroenterology, P.C.	Halifax	2	0	1,566	1,568
H0230	Vidant North Hospital	Halifax	1	0	627	765
		Halifax Total	3	0	2,193	2,333
H0224	Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	2	0	0	0
H0025	Haywood Regional Medical Center	Haywood	3	0	2,934	3,779
		Haywood Total	3	0	2,934	3,779
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	0	5,902	6,795

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	1,839	2,321
H0019	AdventHealth Hendersonville	Henderson	1	0	452	452
		Henderson Total	6	0	8,193	9,568
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	1,032	1,292
		Hertford Total	1	0	1,032	1,292
	Langtree Endoscopy Center *	Iredell	0	2	0	0
H0248	Davis Regional Medical Center	Iredell	2	0	1,080	1,303
H0164	Iredell Memorial Hospital	Iredell	3	0	3,022	3,510
H0259	Lake Norman Regional Medical Center	Iredell	3	-1	3,349	4,834
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	4,108	6,028
		Iredell Total	11	1	11,559	15,675
H0087	Harris Regional Hospital	Jackson	1	0	1,451	2,455
		Jackson Total	1	0	1,451	2,455
	Johnston Endoscopy Center *	Johnston	0	2	0	0
AS0153	Clayton Endoscopy Center	Johnston	2	0	2,178	2,581
H0151	Johnston Health	Johnston	3	-1	2,526	3,092
		Johnston Total	5	1	4,704	5,673
H0243	Central Carolina Hospital	Lee	1	0	487	487
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	2,950	4,323
		Lee Total	3	0	3,437	4,810
AS0156	AMG Endoscopy Center	Lenoir	2	0	4,625	4,625
AS0122	Vidant Endoscopy Center-Kinston	Lenoir	2	0	558	594
H0043	UNC Lenoir Health Care	Lenoir	2	0	0	0
AS0121	Park Endoscopy Center	Lenoir	2	0	1,486	1,486
		Lenoir Total	8	0	6,669	6,705
H0225	Atrium Health Lincoln	Lincoln	2	0	2,745	3,401

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Lincoln Total	2	0	2,745	3,401
H0034	Angel Medical Center	Macon	2	-1	329	560
H0193	Highlands-Cashiers Hospital	Macon	2	0	78	98
AS0097	Western Carolina Endoscopy Center	Macon	2	0	2,525	3,187
		Macon Total	6	-1	2,932	3,845
H0078	Martin General Hospital	Martin	1	0	292	299
		Martin Total	1	0	292	299
H0097	Mission Hospital McDowell	McDowell	1	0	825	829
		McDowell Total	1	0	825	829
	Novant Health Ballantyne Medical Center *	Mecklenburg	0	1	0	0
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	3,221	3,611
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	2,317	2,564
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	3,107	3,609
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	2,660	2,993
AS0081	Carolinas Gastroenterology Center-Ballantyne	Mecklenburg	4	0	8,158	12,560
AS0080	Carolinas Gastroenterology Center- Medical Center Plaza	Mecklenburg	2	0	4,547	6,527
H0042	Atrium Health Pineville	Mecklenburg	2	0	3,500	4,843
H0255	Atrium Health University City	Mecklenburg	1	0	1,943	2,005
H0071	Carolinas Medical Center/Center for Mental Health	Mecklenburg	12	0	14,068	24,263
AS0109	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	4	0	6,083	7,245
AS0110	Charlotte Gastroenterology & Hepatology, PLLC-Endo Div	Mecklenburg	2	0	5,669	6,643
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	3,657	4,298
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	-1	630	630
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	1,846	1,892
H0270	Novant Health Matthews Medical Center	Mecklenburg	3	0	1,487	1,536
H0290	Novant Health Mint Hill Medical Center	Mecklenburg	1	0	98	105

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	0	3,001	3,099
AS0165	Tryon Endoscopy Center	Mecklenburg	4	0	4,558	5,356
		Mecklenburg Total	58	0	70,550	93,779
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	729	1,128
		Mitchell Total	1	0	729	1,128
H0100	FirstHealth Moore Regional Hospital and Pinehurst Treatment	Moore	2	0	3,691	3,691
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	9,653	12,527
		Moore Total	7	0	13,344	16,218
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,611	5,977
H0228	Nash General Hospital	Nash	4	0	3,283	4,434
		Nash Total	6	0	6,894	10,411
	Wilmington ASC *	New Hanover	0	3	0	0
AS0100	Endoscopy Center NHRMC Physician Group	New Hanover	3	0	6,026	6,192
H0221	New Hanover Regional Medical Center	New Hanover	4	0	8,040	9,010
AS0091	Wilmington Gastroenterology	New Hanover	4	0	10,986	13,511
AS0045	Wilmington Health	New Hanover	3	-3	4,085	4,536
AS0055	Wilmington SurgCare	New Hanover	3	0	21	30
		New Hanover Total	17	0	29,158	33,279
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,098	2,098
H0048	Onslow Memorial Hospital	Onslow	3	0	1,581	2,116
		Onslow Total	4	0	3,679	4,214
H0157	University of North Carolina Hospitals	Orange	9	0	14,376	16,193
		Orange Total	9	0	14,376	16,193
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	774	778
		Pasquotank Total	3	0	774	778
H0115	Pender Memorial Hospital	Pender	1	0	78	101
		Pender Total	1	0	78	101

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	3,527	3,633
AS0118	Carolina Digestive Diseases	Pitt	2	0	3,977	4,167
AS0117	Carolinas Endoscopy Center	Pitt	3	0	8,074	8,074
AS0119	East Carolina Endoscopy Center	Pitt	2	0	2,105	2,435
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	5,102	5,523
H0104	Vidant Medical Center	Pitt	4	1	5,919	9,575
		Pitt Total	19	1	28,704	33,407
AS0054	Randolph Health Endoscopy Center	Randolph	1	0	1,192	1,432
H0013	Randolph Hospital	Randolph	2	0	2,013	2,743
		Randolph Total	3	0	3,205	4,175
H0158	FirstHealth Moore Regional Hospital - Richmond	Richmond	2	0	1,383	1,383
		Richmond Total	2	0	1,383	1,383
AS0147	Robeson Digestive Diseases, Inc.	Robeson	1	0	2,228	2,308
AS0107	Southeastern Gastroenterology Endoscopy Center, P.A.	Robeson	1	0	408	431
H0064	Southeastern Regional Medical Center	Robeson	1	0	1,894	2,367
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	837	1,220
		Robeson Total	5	0	5,367	6,326
H0023	Annie Penn Hospital	Rockingham	3	0	3,036	4,345
H0072	UNC Rockingham Hospital	Rockingham	2	0	691	735
		Rockingham Total	5	0	3,727	5,080
	Rowan Endoscopy Center *	Rowan	0	2	0	0
H0040	Novant Health Rowan Medical Center	Rowan	4	0	0	0
		Rowan Total	4	2	0	0
H0039	Rutherford Regional Medical Center	Rutherford	2	0	1,975	2,541
		Rutherford Total	2	0	1,975	2,541
H0107	Scotland Memorial Hospital	Scotland	2	0	1,575	1,783

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
		Scotland Total	2	0	1,575	1,783
H0008	Atrium Health Stanly	Stanly	2	0	0	0
		Stanly Total	2	0	0	0
AS0163	Digestive Health Specialists	Stokes	1	0	1,710	1,998
H0165	LifeBrite Community Hospital of Stokes	Stokes	1	0	9	11
		Stokes Total	2	0	1,719	2,009
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,610	1,755
H0184	Northern Regional Hospital	Surry	2	0	1,892	2,013
AS0154	Rockford Digestive Health Endoscopy Center	Surry	1	0	823	823
		Surry Total	7	0	4,325	4,591
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	1	0	0	0
H0111	Transylvania Regional Hospital	Transylvania	2	0	571	581
		Transylvania Total	2	0	571	581
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	3,870	4,328
H0050	Atrium Health Union	Union	2	0	1,383	1,825
		Union Total	4	0	5,253	6,153
H0267-A	Maria Parham Health **	Vance	3	0	1,249	1,724
		Vance Total	3	0	1,249	1,724
	Wake Endoscopy Center - Cary *	Wake	0	3	0	0
	Duke GI at Green Level *	Wake	0	4	0	0
AS0072	Center for Digestive Diseases & Cary Endoscopy Center	Wake	3	0	0	2,280
AS0115	Duke GI at Brier Creek	Wake	4	0	5,902	7,305
H0238	Duke Raleigh Hospital	Wake	3	0	3,452	4,298
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,711	1,858
AS0138	Kurt Vernon, MD PA	Wake	1	0	2,462	2,779

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0056	Raleigh Endoscopy Center	Wake	4	0	9,372	13,098
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	9,130	11,614
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	5,685	8,304
H0065	Rex Hospital	Wake	4	0	4,433	6,747
AS0093	Triangle Gastroenterology	Wake	2	0	3,872	3,901
AS0131	W. F. Endoscopy Center	Wake	2	1	3,429	4,364
AS0111	Wake Endoscopy Center, LLC	Wake	4	0	9,089	10,576
H0199	WakeMed	Wake	6	0	6,300	8,133
H0276	WakeMed Cary Hospital	Wake	4	0	2,670	3,380
		Wake Total	46	8	67,507	88,637
AS0095	Appalachian Gastroenterology	Watauga	2	0	927	1,111
H0077	Watauga Medical Center	Watauga	2	0	2,273	2,289
		Watauga Total	4	0	3,200	3,400
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,125	3,319
H0257	Wayne UNC Health Care	Wayne	3	0	2,703	4,583
		Wayne Total	7	0	5,828	7,902
H0153	Wilkes Medical Center	Wilkes	2	0	1,473	2,504
		Wilkes Total	2	0	1,473	2,504
AS0112	CGS Endoscopy Center	Wilson	2	0	1,516	1,518
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	2,399	2,568
H0210	Wilson Medical Center	Wilson	5	0	1,097	1,372
		Wilson Total	9	0	5,012	5,458
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		Yadkin Total	1	0	0	0

Table 6F: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2018 - 9/30/2019 as reported on 2020 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
Grand Total			480	18	551,977	696,419

* Certificate of Need approved facility that was under development and not licensed as of 9/30/2019.

** Maria Parham has three licensed GI endoscopy rooms. One room that was previously located at Maria Parham's Franklin County campus is now located at the Maria Parham Health Campus in Vance County.

*** Atrium Health Cleveland and Atrium Health Kings Mountain are consolidated under the Atrium Health Cleveland license, effective August 1, 2019.

Chapter 7:

Other Acute Care Services

- A. Burn Intensive Care Services
- B. Open Heart Surgery Services
- C. Transplantation Services

CHAPTER 7

OTHER ACUTE CARE SERVICES

Introduction

This chapter covers three acute care services: burn intensive care, open-heart surgery, and transplantation services (bone marrow and solid organ).

Definitions

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

An **academic medical center teaching hospital** is one of the five hospitals listed in Appendix F of the State Medical Facilities Plan (SMFP).

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. However, the chapter includes substantial technical edits.

A. BURN INTENSIVE CARE SERVICES

Introduction

G.S. 131E-176 (2b) defines **burn intensive care services** as “services provided in a unit designed to care for patients who have been severely burned.”

North Carolina has two designated burn intensive care services: a 21-bed unit at University of North Carolina Hospitals in Chapel Hill; and an eight-bed unit at North Carolina Baptist Hospital in Winston Salem. Each hospital received a certificate of need in 2012 to develop four new burn intensive care beds.

Definitions

The methodology projects bed need one year beyond the current reporting year. The current **projection year** is 2020.

The **planning inventory** is the number of beds used in need determination calculations. It includes licensed beds and beds for which a certificate of need has been issued.

Application of the Methodology

The SMFP shows a need for new burn intensive care services when each of the existing services reported an average annual occupancy rate of at least 80% during the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the actual days of care reported across all facilities for each of the last two reporting years (*Table 7A-1, Columns H and I*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities (*Table 7A-1, Column D*) by 365.25.

- c. Divide the result of Step 1.a by the result of Step 1.b for each year [days of care ÷ possible bed days] (*Table 7A-2, Columns H and I*).

Step 2: If Step 1.c. yields at least 80% utilization for both of the last two reporting years, calculate the overall number of beds needed as follows:

- a. Calculate the state's total four-year average annual change rate in days of care across all facilities using the five most recent reporting years (*Table 7A-1, Columns E-I*).
- b. Calculate the projected days of care for the projection year by adding 1 to the four-year average annual growth rate calculated in Step 2.a. Then multiply the result by the reporting year's total days of care across all facilities.
- c. Use the following formula to calculate the number of beds needed such that the utilization rate for the sum of the state's total licensed and approved burn intensive care beds is 80%. Round fractions of 0.5 or greater to the next highest whole number:

$$[(\text{Projected Days} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Table 7A-1: Days of Care, Burn Intensive Care Services

A	B	C	D	E	F	G	H	I
Facility	Licensed Beds	Adjustments for CONs	Total Beds	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
				Total Days of Care	Total Days of Care	Total Days of Care	Total Days of Care	Total Days of Care
UNC Hospitals	21	4	25	7,204	7,080	7,960	7,415	8,077
North Carolina Baptist Hospital	8	4	12	2,521	1,874	1,343	1,774	1,821
TOTAL	29	8	37	9,725	8,954	9,303	9,189	9,898

Table 7A-2: Utilization, Burn Intensive Care Services

A	B	C	D	E	F	G	H	I
Facility	Licensed Beds	Adjustments for CONs	Total Beds	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
				Utilization	Utilization	Utilization	Utilization	Utilization
UNC Hospitals	21	4	25	78.9%	77.4%	87.2%	81.2%	88.5%
North Carolina Baptist Hospital	8	4	12	57.6%	42.7%	30.7%	40.5%	41.5%
TOTAL	29	8	37	72.0%	66.1%	68.9%	68.0%	73.2%

**Figure 7A: Percentage Utilization, Burn Intensive Care Services
Last Five Reporting Years**

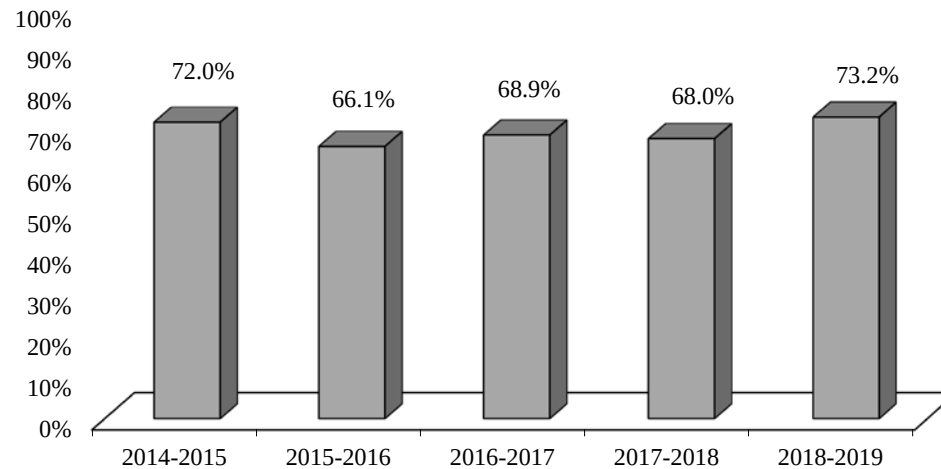


Table 7A-3: Burn Intensive Care Services Bed Need Determination

Service Area	Burn Intensive Care Services Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. OPEN-HEART SURGERY SERVICES

Introduction

G.S. 131E-176 (18b) defines *open-heart surgery services* as “the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.”

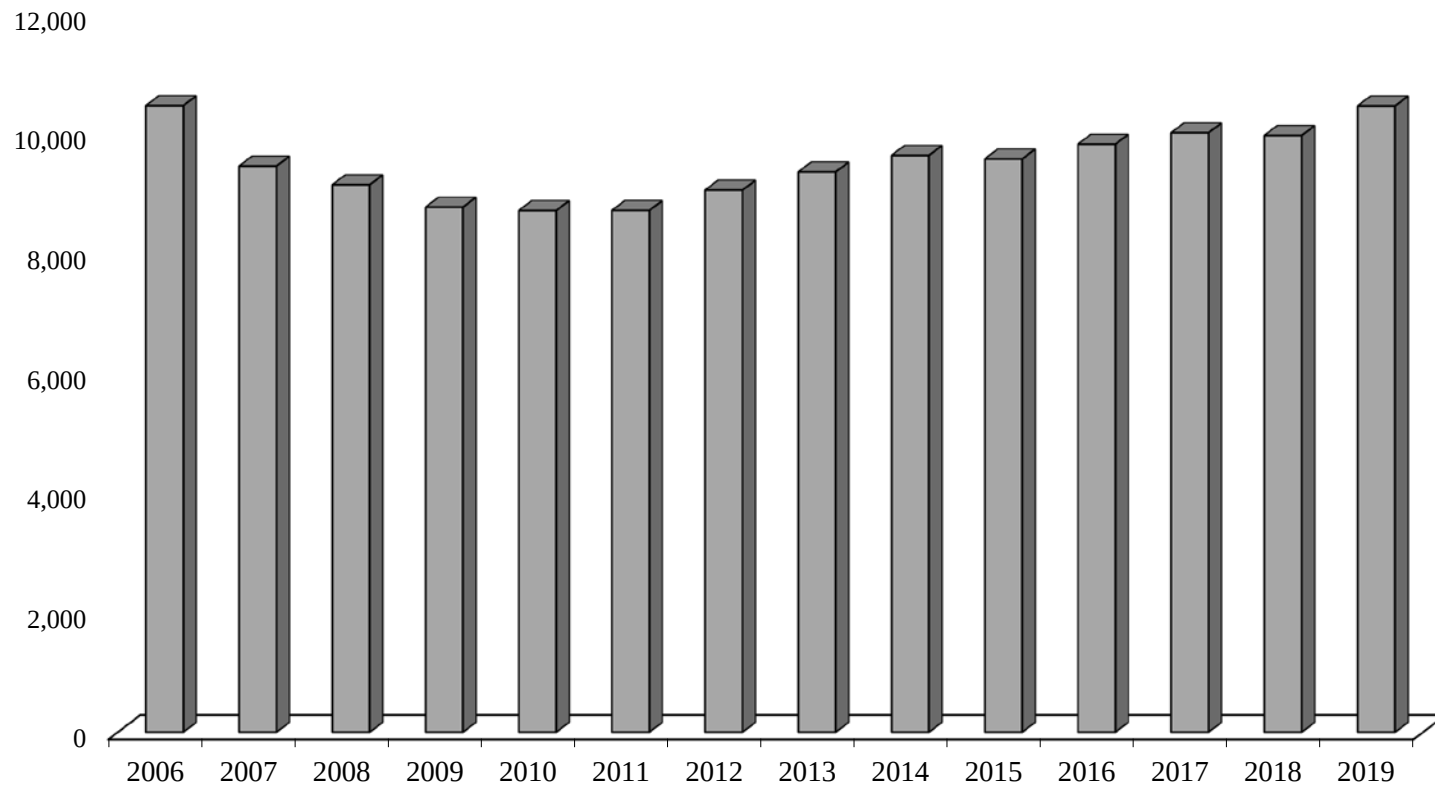
Table 7B lists the open-heart surgery procedures performed during the reporting year that used heart-lung bypass machines. This data shows a 4.96% increase in open-heart surgeries from the previous reporting year. Table 7B and Figure 7B show reported numbers of open-heart surgery performed using heart-lung bypass machines for the last 14 reporting years.

The SMFP does not have a methodology to project need for additional open heart surgery services. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to obtain the new service.

**Table 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**

Lic #	Facility	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
H0031	Atrium Health Cabarrus	296	257	227	227	211	214	233	237	245	218	253	235	273	194
H0042	Atrium Health Pineville	104	92	62	59	30	0	132	201	245	186	207	252	225	234
H0213	Cape Fear Valley Medical Center	352	301	299	270	234	233	202	220	218	277	262	292	238	195
H0201	CarolinaEast Medical Center	255	219	209	244	210	227	236	202	169	208	221	248	256	331
H0071	Carolinas Medical Center	615	640	457	471	512	675	704	820	715	788	818	869	682	751
H0105	CaroMont Regional Medical Center	246	183	190	175	171	128	207	230	265	249	260	230	278	240
H0159	Cone Health	860	578	596	510	492	472	471	544	541	485	440	547	627	673
H0233	Duke Regional Hospital	142	119	87	80	55	66	60	75	82	92	124	98	148	151
H0015	Duke University Hospital	947	852	829	955	957	1,013	1,062	1,047	1,066	1,161	1,180	1,095	1,130	1,175
H0100	FirstHealth Moore Regional Hospital	319	369	406	413	333	293	261	271	329	395	341	351	288	276
H0053	Frye Regional Medical Center	344	224	206	232	181	196	253	246	194	205	239	232	222	172
H0052	High Point Regional Health System	281	194	208	178	178	184	191	150	137	111	111	129	112	123
H0036	Mission Hospital	1,105	1,067	992	774	866	798	813	848	988	874	950	962	939	1,198
H0221	New Hanover Regional Medical Center	497	529	522	508	509	464	473	538	487	486	494	482	480	466
H0011	North Carolina Baptist Hospital	534	511	496	468	520	621	612	609	692	696	678	689	758	942
H0209	Novant Health Forsyth Medical Center	598	657	634	566	611	568	514	587	691	626	652	580	635	506
H0010	Novant Health Presbyterian Medical Center	306	301	321	377	433	378	381	355	360	391	391	397	406	413
H0065	Rex Hospital	359	334	313	299	257	203	346	347	369	460	536	612	602	558
H0064	Southeastern Regional Medical Center	15	58	71	53	52	54	52	42	34	44	42	39	44	78
H0157	University of North Carolina Hospitals	311	265	238	228	108	350	391	441	390	407	384	445	430	465
H0104	Vidant Medical Center	1,042	805	865	858	924	814	900	842	853	601	677	654	675	767
H0199	WakeMed	931	894	908	817	861	756	553	499	557	607	554	567	512	546
Total Procedures		10,459	9,449	9,136	8,762	8,705	8,707	9,047	9,351	9,627	9,567	9,814	10,005	9,960	10,454

**Figure 7B: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)**



C. TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Introduction

G.S. 131E-176 (2a) defines ***bone marrow transplantation services*** as “the process of infusing bone marrow into people with diseases to stimulate the production of blood cells.”

Bone marrow transplants may be autologous (using a patient’s own marrow, drawn early in the course of the disease), syngeneic (using marrow from an identical twin), or allogeneic (using marrow from an unrelated individual or from a relative other than an identical twin). For allogeneic bone marrow transplants, the transplant service must have the ability to ascertain that a donor’s human leucocyte antigens (HLA) correspond to those of the transplant patient. It is also more difficult to manage allogeneic transplant patients postoperatively than patients receiving other types of bone marrow transplants.

Table 7C-1 shows the number of bone marrow transplants performed for the last four reporting years.

Application of the Methodology

North Carolina needs a new bone marrow transplantation service when each of the existing services has performed at least 20 allogeneic transplants during the current reporting year. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. Allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

Table 7C-1: Bone Marrow Transplantation Services

Allogeneic Bone Marrow Transplants

License	Facility	2015-2016	2016-2017	2017-2018	2018-2019
H0071	Carolinas Medical Center	39	47	56	55
H0015	Duke University Hospital	119	115	114	92
H0011	North Carolina Baptist Hospital	44	31	34	31
H0157	University of North Carolina Hospitals	83	64	59	58
H0104	Vidant Medical Center	0	0	0	0
Total		285	257	263	236

Autologous Bone Marrow Transplants

License	Facility	2015-2016	2016-2017	2017-2018	2018-2019
H0071	Carolinas Medical Center	70	87	104	109
H0015	Duke University Hospital	203	237	242	182
H0011	North Carolina Baptist Hospital	78	65	69	66
H0157	University of North Carolina Hospitals	103	113	117	100
H0104	Vidant Medical Center	0	0	0	0
Total		454	502	532	457

Total Bone Marrow Transplants

License	Facility	2015-2016	2016-2017	2017-2018	2018-2019
H0071	Carolinas Medical Center	109	134	160	164
H0015	Duke University Hospital	322	352	356	274
H0011	North Carolina Baptist Hospital	122	96	103	97
H0157	University of North Carolina Hospitals	186	177	176	158
H0104	Vidant Medical Center	0	0	0	0
Total		739	759	795	693

**Figure 7C-1: Total Bone Marrow Transplants,
Last Four Reporting Years**

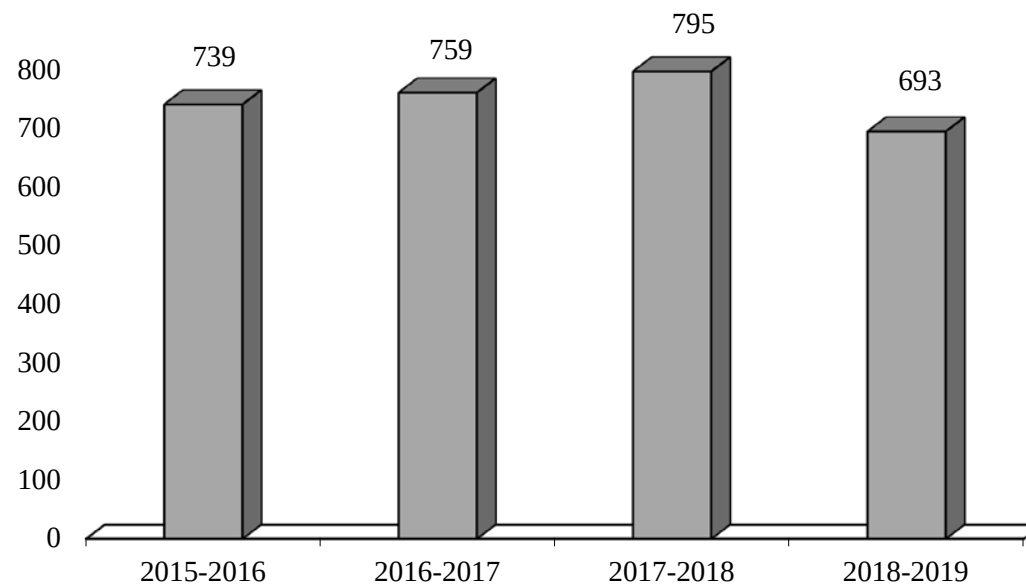


Table 7C-2: Bone Marrow Transplantation Services Need Determination

Service Area	Bone Marrow Transplantation Services Bed Need Determination*	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Solid Organ Transplantation Services

Introduction

G.S. 131R-176 (24d) defines ***solid organ transplantation services*** as “the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.”

Table 7C-3 shows the number of solid organ transplants performed during the reporting year.

Basic Principles and Application of the Methodology

The offering of a solid organ transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

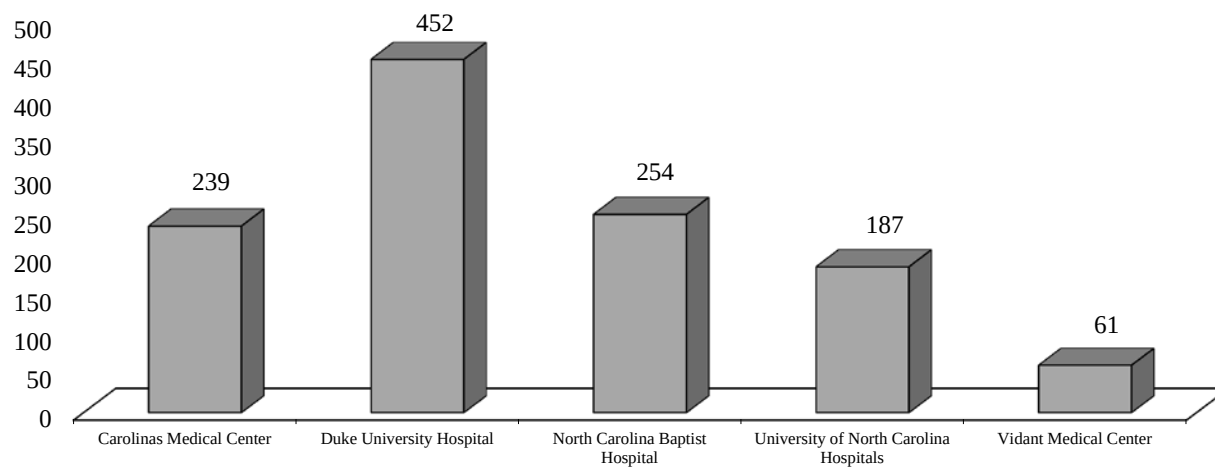
Solid organ transplant services shall be limited to academic medical center teaching hospitals. The introduction of a new solid organ transplantation program in a facility that already is performing other types of solid organ transplantation is not considered a new institutional health service.

The SMFP does not have a methodology to project need for additional solid organ transplantation services. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to obtain the new service.

Table 7C-3: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	North Carolina Baptist Hospital	University of North Carolina Hospitals	Vidant Medical Center	Total
Heart Transplants	30	70	9	17	0	126
Heart/Lung Transplants	0	2	0	0	0	2
Kidney/Liver Transplants	5	12	0	7	0	24
Liver Transplants	74	94	0	39	0	207
Heart/Liver Transplants	0	1	0	0	0	1
Kidney Transplants	126	155	221	93	44	639
Heart/Kidney Transplants	0	7	0	6	0	13
Lung Transplants	0	99	0	20	0	119
Pancreas Transplants	0	1	1	1	3	6
Pancreas/Kidney Transplants	4	2	23	4	14	47
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	9	0	0	0	9
Total	239	452	254	187	61	1,193

Figure 7C-2: Solid Organ Transplants by Facility, Current Reporting Year



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Chapter 8:

Inpatient Rehabilitation Services

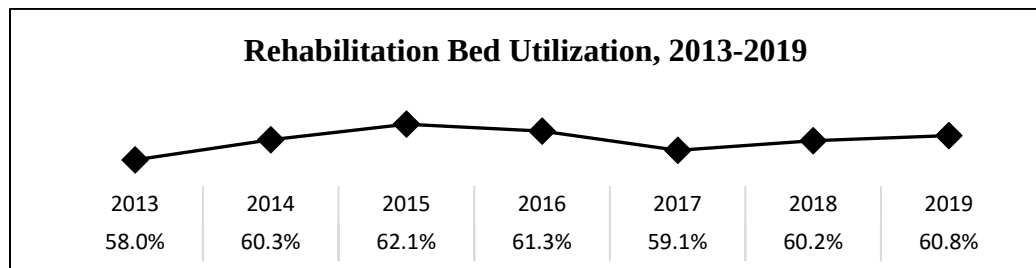
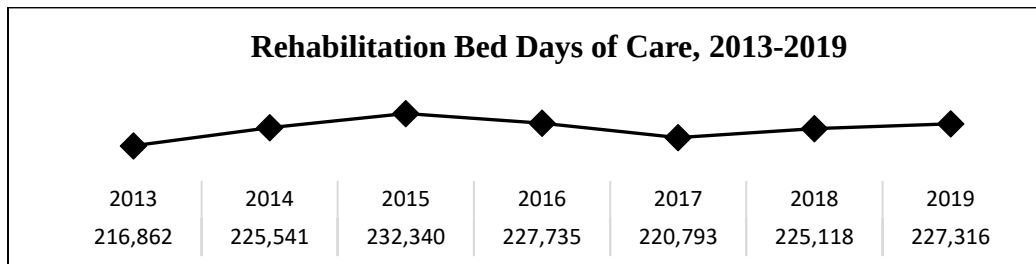
CHAPTER 8

INPATIENT REHABILITATION SERVICES

Introduction

G.S. 113E-176(22) defines a **rehabilitation facility** as a “public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services which are provided under competent, professional supervision.”

The charts below summarize the rehabilitation bed days of care and utilization for the past seven years.



Definitions

A rehabilitation bed's service area is the Health Service Area (HSA) in which the beds are located. Appendix A contains a map showing the six HSAs in the state.

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The methodology projects bed need for the SMFP publication one year beyond the current reporting year. The **projection year** is 2020.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds as of the last day of the reporting year, plus any new beds approved by CON that are under development as of the last day of the reporting year, plus placeholders for any beds from previous SMFPs for which certificates have not yet been issued, minus any beds delicensed after the end of the reporting year.

Changes from Previous Plans

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The scope of services covered is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services, but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.
2. The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.
3. Inpatient rehabilitation facility beds are located in general acute care or rehabilitation hospitals to ensure that there is available medical back-up for medical emergencies.

Basic Assumptions of the Methodology

1. The HSA is the planning area for inpatient rehabilitation beds even though many patients enter rehabilitation facilities outside the region in which they reside.
2. The bed need determination methodology is based on rehabilitation bed utilization for the last two reporting years.

Data Sources

The numbers of inpatient rehabilitation bed days of care for the last two reporting years come from the Hospital License Renewal Applications as submitted to the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.

Application of the Methodology

The SMFP shows a need for additional inpatient rehabilitation beds when the total number of existing and certificate of need-approved inpatient rehabilitation beds in an HSA report an overall average annual occupancy rate of 80% or higher for the last two reporting years.

Step 1: Determine whether to calculate a need determination.

- a. Sum the actual days of care reported by all facilities in each HSA for each of the last two reporting years (*Table 8A, Columns J and K*).
- b. For each of the last two reporting years, multiply the total number of beds in the planning inventory across all facilities in each HSA by 365.25 to obtain the possible days of care. Table 8A (*Column G*) contains the planning inventory for the current reporting year. Adjust the calculation if the planning inventory for the previous reporting year is different.
- c. Divide the result of Step 1.a. by the result of Step 1.b. for each year and each HSA [actual days of care ÷ possible days of care] (*Table 8A, Columns L and M*).

Step 2: If Step 1.b. yields at least 0.8 (80% utilization) for both reporting years, calculate each HSA's three-year average annual change rate in days of care using the four most recent reporting years as follows:

- a. Calculate the projected days of care for the HSA by adding 1 to the three-year average annual change rate calculated in Step 2.a. Then multiply the result by the reporting year's days of care for the HSA.
- b. Use the following formula to calculate the number of beds needed in the HSA such that the utilization rate for the sum of the HSA's total licensed and approved beds is 0.8 (80%). Round resulting fractions greater than or equal to 0.5 to the next highest whole number:

$$[(\text{Projected Days of Care} \div 365.25) \div 0.8] - [\text{Total Beds}] = \text{Additional Beds Needed}$$

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

A	B	C	D	E	F	G	H	I	J	K	L	M
Lic #	HSA	Facility	Inventory				Days of Care				Average Annual Utilization Rate	
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2016	2017	2018	2019	2018	2019
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	17,824	18,596	19,612	20,834	67.1%	71.3%
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,092	1,207	1,318	1,104	18.0%	15.1%
H0053	I	Frye Regional Medical Center	29	0	0	29	2,364	2,694	2,328	2,657	22.0%	25.1%
	I Total		129	0	0	129	21,280	22,497	23,258	24,595	49.4%	52.2%
H0159	II	Cone Health	49	0	0	49	9,245	9,298	10,592	10,919	59.2%	61.0%
H0052	II	High Point Regional Health	16	0	0	16	4,432	4,294	3,920	3,903	67.1%	66.8%
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%
H0011	II	North Carolina Baptist Hospital	39	0	0	39	10,403	10,269	9,582	7,534	67.9%	52.9%
H0209	II	Novant Health Forsyth Medical Center (Novant Health Rehabilitation Center)*	0	0	0	0	11,904	10,711	12,229	-	49.2%	0.0%
H0291	II	Novant Health Rehabilitation Hospital*	68	0	0	68	-	-	-	13,164	0.0%	53.0%
	II Total		184	0	0	184	35,984	34,572	36,323	35,520	54.0%	52.9%
H0042	III	Atrium Health Pineville	29	0	0	29	9,123	9,215	9,290	9,270	87.7%	87.5%
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	4,159	4,388	3,973	4,361	83.7%	91.8%
H0071-C	III	Carolinas Rehabilitation	70	0	0	70	20,686	21,212	21,576	21,802	84.4%	85.3%
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	11,916	10,870	10,517	11,230	72.0%	76.9%
H0286	III	Carolinas Rehabilitation - NorthEast	40	0	0	40	11,195	10,170	10,499	9,183	71.9%	62.9%
H0010	III	Novant Health Presbyterian Medical Center	0	10	0	10	-	-	-	-	0.0%	0.0%
H0040	III	Novant Health Rowan Medical Center	10	-2	0	8	1,731	2,049	2,246	2,617	76.9%	89.6%
	III Total		202	8	0	210	58,810	57,904	58,101	58,463	75.7%	76.2%
H0238	IV	Duke Raleigh Hospital	0	12	0	12	-	-	-	-	0.0%	0.0%
H0233	IV	Duke Regional Hospital	30	0	0	30	7,646	6,648	7,515	7,704	68.6%	70.3%
H0267	IV	Maria Parham Health	11	0	0	11	2,126	1,907	1,617	1,901	40.2%	47.3%
H0157	IV	University of North Carolina Hospitals**	30	10	0	30	8,121	8,407	8,411	9,373	76.8%	85.5%
H0199	IV	WakeMed	98	8	0	106	28,151	28,149	27,102	27,065	70.0%	69.9%
	IV Total		169	30	0	189	46,044	45,111	44,645	46,043	64.7%	66.7%
H0100	V	FirstHealth Moore Regional Hospital and Pinehurst Treatment	15	0	0	15	3,433	3,436	3,400	3,631	62.1%	66.3%
H0221	V	New Hanover Regional Medical Center	60	0	0	60	12,696	12,829	12,638	12,500	57.7%	57.0%
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,168	1,288	1,142	1,209	44.7%	47.3%
H0213	V	Southeastern Regional Rehabilitation Center	78	0	0	78	19,457	16,941	17,252	16,450	60.6%	57.7%
	V Total		160	0	0	160	36,754	34,494	34,432	33,790	58.9%	57.8%
H0201	VI	CarolinaEast Medical Center	20	0	0	20	2,832	2,644	2,754	2,968	37.7%	40.6%
H0043	VI	UNC Lenoir Health Care	17	0	0	17	1,864	1,405	1,212	1,030	19.5%	16.6%
H0228	VI	Nash General Hospital	23	0	0	23	6,848	6,651	6,473	6,840	77.1%	81.4%
H0104	VI	Rehabilitation Center at Vidant Medical Center	75	0	0	75	15,569	14,251	16,284	17,489	59.4%	63.8%
H0258	VI	Vidant Edgecombe Hospital	16	0	0	16	1,750	1,264	1,636	578	28.0%	9.9%
	VI Total		151	0	0	151	28,863	26,215	28,359	28,905	51.4%	52.4%
	Grand Total		995	38	0	1,023	227,735	220,793	225,118	227,316	60.2%	60.8%

* Utilization rate is based on 68 beds in service during the 2018 reporting period. These beds were relocated to Novant Health Rehabilitation Hospital on October 4, 2018.

** University of North Carolina Hospitals has CON approval to develop 10 inpatient rehabilitation beds under Policy AC-3. The 10 beds are not counted when determining inpatient rehabilitation bed need.

Table 8B: Inpatient Rehabilitation Bed Need Determination

Service Area	Inpatient Rehabilitation Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

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Chapter 9:

End-Stage Renal Disease Dialysis Facilities

CHAPTER 9

END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Introduction

End-stage renal disease (ESRD) dialysis facilities (also known as kidney disease treatment centers) provide dialysis services, which is defined in 10A NCAC 14C .2201(5) as “the artificially aided process of transferring body wastes from a person’s blood to a dialysis fluid to permit discharge of the wastes from the body.” There are two types of dialysis: hemodialysis and peritoneal dialysis. Hemodialysis is the form of dialysis in which the blood is circulated outside the body through an apparatus which permits the transfer of waste through synthetic membranes. Peritoneal dialysis is the form of dialysis in which a dialysis fluid is introduced into the person’s peritoneal cavity and is subsequently withdrawn. Peritoneal dialysis is performed in the patient’s home. Hemodialysis can be performed in the patient’s home (home hemodialysis) or in an ESRD facility (in-center hemodialysis).

Definitions

The **service area** is the county in which the dialysis station is located. Each county comprises a service area except for two multicounty service areas: Cherokee, Clay and Graham counties and Avery, Mitchell, and Yancey counties.

An **in-center** patient receives dialysis services at the ESRD facility only.

A **home** patient receives hemodialysis or peritoneal dialysis in the patient’s home, except for training that is provided in an ESRD facility.

The **reporting date** for ESRD utilization data is December 31 of each year. The **current** reporting date for this State Medical Facilities Plan (SMFP) is December 31, 2019.

Utilization is the number of in-center patients served by the facility during the last week of December.

The **projection date** is one year beyond the current reporting date. The projection date for this SMFP is December 31, 2020.

The **past five years reporting dates** are December 31 in 2015, 2016, 2017, 2018, and 2019.

The **data cut-off date** is the last date on which the Agency updates data before publication of the SMFP. Data received after this date, regardless of the effective date of the data itself, will not be included in the SMFP. This date is listed on the Title Page of the SMFP.

New facilities are those facilities certified and in operation at least nine but less than 21 months as of the data cut-off date for the current SMFP. The number of days in a month is calculated as 365.25/12.

Small facilities are those facilities with fewer than a total of 13 certified stations, which includes CON-approved stations and stations applied for, as of the data cut-off date for the current SMFP.

Changes from the Previous Plan

Beginning with the 2021 SMFP, the former Table 9A, Dialysis Data by County of Patient Origin is available on-line only (<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>). In response to public comments, there is a new table, Table 9E, Inventory of Dialysis Home Training Facilities. In addition, Policy ESRD-3

(Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus) is a new policy in the 2021 SMFP that provides a mechanism for hospitals to develop outpatient kidney disease treatment (dialysis) facilities. The chapter includes minor technical edits as a result.

Basic Principles

1. New facilities must have a projected need for at least 10 stations to be cost effective and to assure quality of care.
2. As a means of making ESRD services more accessible to patients, one goal of the N.C. Department of Health and Human Services is to minimize patient travel time to and from the facility. Therefore, end-stage renal disease treatment should be available within 30 miles from the patients' homes. In areas where it is apparent that patients currently travel more than 30 miles for in-center dialysis, proposed new facilities that would serve patients who are farthest away from operational or approved facilities should receive favorable consideration.
3. The State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for: home training and backup for facility-based patients suitable for home dialysis or in a facility that is a reasonable distance from the patient's residence; ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules; and services in rural areas.

Assumptions of the Methodology

1. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
2. Facilities may have been approved to use at least one dialysis station dedicated to training of home dialysis patients. If so, these stations are included in the planning inventory.
3. Under the facility need methodology, any facility at 75% utilization or greater as of the current reporting date may apply to add dialysis stations.
4. Facilities that are eligible to add stations based on the facility need methodology may add the number of stations calculated by the methodology, up to a maximum of 20 stations in a single calendar year.
5. Facilities certified and in operation at least nine but fewer than 21 months do not have a need determination in the SMFP. Rather, they may apply to add stations based on Condition 1 in the Facility Need Methodology.
6. Facilities that meet both the definition of "small" under Condition 1.a. in the Facility Need Determination Methodology and have been in operation for at least 21 months may apply for additional stations either under Condition 1.b. or 2. "Small" facilities may not apply under both Condition 1.b. and Condition 2 in the same year.

Data Sources

Data on the current number of dialysis facilities and stations comes from the Healthcare Planning and Certificate of Need Section and from the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, N. C. Department of Health and Human Services. ESRD providers that operate certified dialysis facilities report data on the number of patients served to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

Application of the Methodologies

ESRD services have two methodologies: the county need methodology projects need for the county; the facility need methodology projects need for a specific facility. When a county need determination exists, any qualified applicant may apply to add stations in an existing facility or apply to develop a new facility. When a facility need determination exists, only the facility that generated the need may apply to add stations.

County Need Determination Methodology (Table 9B)

- Step 1: Multiply the average annual change in the total number of dialysis patients resident in each county for the past five reporting dates (*Columns B through F*) by the county's total number of patients for the current reporting date (*Column F*).
- Step 2: Add the result of Step 1 to the county's total number of patients for the current reporting date (*Column F*). The sum is the county's projected total number of patients (*Column H*).
- Step 3: Multiply the percentage of each county's total patients who were home dialysis patients (*Column I*) on the current reporting date (*Column J*) by the county's projected total patients as of the projection date (*Column H*). Subtract the product (*Column K*) from the county's projected total patients. The remainder is the county's projected in-center dialysis patients (*Column L*).
- Step 4: Divide the result of Step 3 by 3.2. The quotient is the projected number of in-center dialysis stations needed in the county (*Column M*).
- Step 5: Subtract from the result of Step 4 (*Column M*) the county's number of stations certified for Medicare, stations that are certificate of need-approved and awaiting certification, stations awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans for which certificate of need decisions have not been made (*Column N*). The remainder is the county's projected station surplus or deficit (*Column O*).
- Step 6: If the result of Step 5 is 10 or greater and the SMFP shows that utilization of each dialysis facility in the county is 80% or greater, the county station need determination is the same as the projected station deficit rounded to the nearest whole number (round fractions of 0.5 or greater to the next highest whole number) (*Column P*). If a county's projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80%, the county has no need for additional stations. When a county has a need determination, applicants may apply for any number of stations up to and including the number of stations in the need determination.

Facility Need Determination Methodology

A dialysis facility located in a county that has no county need determination in the current SMFP may apply for additional stations under one of the two following conditions.

Condition 1: Pertains to new facilities and small facilities.

- a. New facilities will be identified as such in Table 9A.

The facility's current reported utilization must be at least 3.0 patients per station in a given week. For purposes of Condition 1 only, current means in-center utilization as of a reporting date no more than 90 days before the date the certificate of need application is submitted.

- b. If the facility is new or both new and small under Condition 1.a., it must use the following definitions and calculations to determine the number of stations needed. If the facility is small under Condition 1.a., it may use either the following definitions and calculations or Condition 2 to determine the number of additional stations needed:
 - i. Use the current and previous reporting dates to calculate the facility's growth in utilization. For purposes of Condition 1 only, previous means in-center utilization as of a reporting date six months before the current reporting date.
 - ii. Subtract the facility's number of in-center dialysis patients on the previous reporting date from the facility's number of in-center dialysis patients on the current reporting date. The difference is the net in-center change for six months.
 - iii. Divide the result of Condition 1.b.ii by the number of in-center patients from the previous reporting date. Then multiply that result by 2 to determine the projected annual growth rate.
 - iv. Multiply the result from Condition 1.b.iii by the facility's number of in-center patients as of the current reporting date.
 - v. Add the result from Condition 1.b.iv to the number of in-center patients as of the current reporting date.
 - vi. Divide the result of Condition 1.b.v by 2.8.
 - vii. Subtract the sum of (a) the facility's number of stations as of the current reporting date and (b) the number of pending new stations for which a certificate of need application has been approved or is under review from the result of Condition 1.b.vi. The remainder is the number of stations needed. Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply for any number of stations up to the number calculated in Condition 1.b.vii, up to a maximum of 10 stations.
- d. New facilities and small facilities may be eligible to apply to add stations in one Category D.1 certificate of need review cycle. That is, a new facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during the period that it is defined as a new facility (see Chapter 3). A small facility may apply to add stations in any Category D.1 review cycle, but it can apply only once during a calendar year.

Condition 2: Pertains to facilities certified and in operation at least 21 months as of the data cut-off date for the current SMFP (*Table 9A*).

- a. A facility may add stations if its utilization reported in the current SMFP is at least 75%, or 3.0 patients per station per week or greater [$((\text{Column L}/\text{Column K})/4) = \text{Column M}$].
- b. If the facility's utilization reported in the current SMFP meets Condition 2.a, use the following calculations to determine the number of stations needed:

- i. Subtract the facility's number of in-center dialysis patients reported in the previous SMFP from the number of in-center dialysis patients reported in the current SMFP (*Column L*). The difference is the net in-center change for one year.
 - ii. Divide the result of Condition 2.b.i by the number of in-center patients from the previous SMFP to determine the projected annual growth rate.
 - iii. Multiply the result from Condition 2.b.ii by the facility's number of in-center patients reported in the current SMFP (*Column L*).
 - iv. Add the result of Condition 2.b.iii to the number of in-center patients reported in the current SMFP.
 - v. Divide the result of Condition 2.b.iv by 2.8.
 - vi. Subtract the sum of (a) the facility's number of stations as of the current reporting date (*Column J*) and (b) the number of pending new stations for which a certificate of need application has been approved or is under review from the result of Condition 2.b.v. The remainder is the number of stations needed (*Column N*). Round fractions of 0.5 or greater to the next highest whole number.
- c. The facility may apply to add stations to meet the need calculated in Condition 2.b.vi, up to a maximum of 20 stations. When a facility has a need determination, applicants may apply to add any number of stations up to and including the number of stations in the need determination. However, applicants must demonstrate the need for the number of stations applied for in the CON application. When a facility has a need determination, the applicant may apply to add stations up to three times per calendar year, but the total stations applied for in a single calendar year cannot exceed the total number of stations in the facility's need determination, as calculated in Condition 2.b.vi.

The former Table 9A, Dialysis Data by County of Patient Origin, is available on the Healthcare Planning website at:

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>

or

<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	Graham	13	0	0	0	13	10	41	102.50%	4
Alamance	955786	34-2533	BMA of Burlington	Burlington	45	0	-10	0	35	45	98	54.44%	0
Alamance	956036	34-2567	Burlington Dialysis	Burlington	16	0	-3	2	15	16	69	107.81%	11
Alamance	100545	34-2691	Carolina Dialysis of Mebane	Mebane	24	3	0	0	27	20	65	81.25%	0
Alamance	160341	34-2726	Glen Raven Dialysis	Burlington	14	0	0	0	14	10	32	80.00%	1
Alamance	170018	34-2739	Mebane Dialysis^^	Mebane	10	0	0	0	10	10	25	62.50%	0
Alamance	100785	34-2686	North Burlington Dialysis	Burlington	18	0	0	0	18	18	58	80.56%	1
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	Taylorsville	13	0	0	0	13	13	48	92.31%	8
Alleghany													
Anson	955840	34-2560	Dialysis Care of Anson County	Wadesboro	15	0	0	0	15	15	28	46.67%	0
Anson	061094	34-2673	Fresenius Medical Care Anson	Wadesboro	18	0	0	0	18	18	58	80.56%	3
Ashe													
Avery			(Mitchell-Avery-Yancey Planning Area)										
Beaufort	955789	34-2561	FMC Pamlico	Washington	31	0	0	0	31	31	88	70.97%	0
Bertie	956109	34-2547	Windsor Dialysis Unit	Windsor	20	0	0	0	20	20	49	61.25%	0
Bladen	160065	Proposed new site consisting of existing stations	Bladenboro Dialysis	Bladenboro	0	14	0	0	14	0	0	0.00%	0
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	Elizabethtown	26	-7	0	0	19	26	81	77.88%	10
Brunswick	070678	34-2689	FMC Brunswick County^^	Supply	10	0	0	0	10	10	20	50.00%	0
Brunswick	140237	34-2716	Leland Dialysis	Leland	12	4	0	0	16	11	40	90.91%	0
Brunswick	960145	34-2582	Southeastern Dialysis Center - Shallotte	Shallotte	15	0	0	0	15	14	40	71.43%	0
Brunswick	070474	34-2669	Southport Dialysis Center^^	Southport	11	0	0	0	11	11	27	61.36%	0
Buncombe	150248	34-2756	Arden Dialysis	Arden	14	0	0	0	14	0	0	0.00%	0
Buncombe	955773	34-2506	Asheville Kidney Center	Asheville	52	0	0	0	52	52	189	90.87%	20
Buncombe	010920	34-2626	Swannanoa Dialysis Center	Swannanoa	0	0	0	0	0	10	0	0.00%	0
Buncombe	000318	34-2604	Weaverville Dialysis	Weaverville	20	0	0	0	20	20	52	65.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Burke	150154	34-2563	BMA of Burke County	Morganton	36	0	0	5	41	36	113	78.47%	0
Cabarrus	180049	Proposed new site consisting of new stations	Cannon Dialysis	Kannapolis	0	11	0	0	11	0	0	0.00%	0
Cabarrus	010799	34-2631	Copperfield Dialysis	Concord	25	0	0	0	25	27	83	76.85%	12
Cabarrus	070392	34-2670	Harrisburg Dialysis Center	Concord	26	2	0	0	28	26	79	75.96%	0
Cabarrus	160494	34-2747	Hickory Ridge Dialysis/^^	Charlotte	10	0	0	0	10	10	12	30.00%	0
Caldwell	170328	34-2509	BMA Lenoir	Lenoir	43	0	0	2	45	34	122	89.71%	0
Camden													
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	Morehead City	16	-16	0	0	0	16	65	101.56%	1
Carteret	222222	Proposed new site consisting of existing stations	Crystal Coast Dialysis Unit	Morehead City	0	21	0	0	21	0	0	0.00%	0
Carteret	120486	34-2702	FMC Sea Spray^^	Cedar Point	10	1	0	0	11	10	32	80.00%	0
Caswell	960925	34-2597	Renal Care Group - Caswell	Yanceyville	15	0	0	0	15	11	41	93.18%	0
Catawba	160450	34-2729	Catawba County Dialysis	Hickory	10	6	0	0	16	10	38	95.00%	5
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	Hickory	33	0	0	0	33	33	112	84.85%	4
Catawba	010648	34-2635	FMC of Catawba Valley	Conover	25	0	0	0	25	25	96	96.00%	9
Catawba	160340	34-2743	Fresenius Kidney Care Newton^	Newton	15	0	0	0	15	15	21	35.00%	0
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	Pittsboro	12	-12	0	0	0	12	42	87.50%	5
Chatham	444444	Proposed new site consisting of existing stations	Carolina Dialysis Pittsboro	Pittsboro	0	13	0	0	13	0	0	0.00%	0
Chatham	955802	34-2621	Carolina Dialysis Siler City	Siler City	25	1	0	0	26	25	63	63.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Cherokee (Cherokee-Clay-Graham Multicounty Planning Area)	050254	34-2649	Smoky Mountain Dialysis Center	Murphy	13	0	0	0	13	13	32	61.54%	0
Chowan	955811	34-2541	Edenton Dialysis	Edenton	19	0	0	1	20	15	52	86.67%	0
Clay			(Cherokee-Clay-Graham Planning Area)										
Cleveland	070223	34-2676	DCI South	Shelby	14	0	0	0	14	14	48	85.71%	2
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	Kings Mountain	15	0	0	0	15	15	45	75.00%	4
Cleveland	955845	34-2529	Dialysis Clinic - Shelby	Shelby	33	0	0	0	33	33	94	71.21%	0
Cleveland	080370	34-2661	Dialysis Clinic, Inc	Shelby	15	0	0	0	15	15	27	45.00%	0
Columbus	020281	34-2628	Chadbourn Dialysis Center	Chadbourn	17	0	0	0	17	17	36	52.94%	0
Columbus	956057	34-2521	Southeastern Dialysis Center - Whiteville	Whiteville	26	-2	0	0	24	26	65	62.50%	0
Craven	960995	34-2585	FMC Craven County	New Bern	28	0	0	0	28	28	71	63.39%	0
Craven	955965	34-2534	New Bern Dialysis	New Bern	37	0	0	0	37	37	109	73.65%	0
Cumberland	140236	34-2510	Fayetteville Kidney Center	Fayetteville	56	0	0	0	56	56	175	78.13%	9
Cumberland	960411	34-2593	FMC Dialysis Services North	Fayetteville	40	10	0	0	50	40	153	95.63%	4
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	Fayetteville	44	3	0	0	47	51	167	81.86%	20
Cumberland	011019	34-2643	FMC Services of West Fayetteville	Fayetteville	40	0	0	0	40	40	170	106.25%	18
Cumberland	170017	34-2751	Fresenius Kidney Care Rockfish^	Fayetteville	25	0	0	0	25	0	0	0.00%	0
Currituck													
Dare	970980	34-2598	Dare County Dialysis Center^^	Manteo	9	0	0	0	9	9	29	80.56%	0
Davidson	944660	34-2553	Lexington Dialysis Center of Wake Forest University	Lexington	46	0	0	0	46	42	122	72.62%	0
Davidson	200036	Proposed new site consisting of existing stations	North Davidson Dialysis Center of Wake Forest University	Winston-Salem	0	12	0	0	12	0	0	0.00%	0
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	Thomasville	35	-12	0	0	23	32	110	85.94%	20

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	Mocksville	18	0	0	0	18	18	59	81.94%	10
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	Kenansville	20	4	0	0	24	17	71	104.41%	3
Duplin	060249	34-2659	Wallace Dialysis	Wallace	20	0	0	0	20	19	68	89.47%	8
Durham	180047	34-2732	Bull City Dialysis	Durham	16	0	0	0	16	16	51	79.69%	5
Durham	160556	34-2741	Downtown Durham Dialysis^/^^	Durham	10	0	0	0	10	10	11	27.50%	0
Durham	955621	34-2550	Durham Dialysis	Durham	29	0	0	0	29	17	98	144.12%	6
Durham	160396	34-2734	Durham Regional Dialysis^^	Durham	10	0	0	0	10	10	26	65.00%	0
Durham	010285	34-2616	Durham West Dialysis	Durham	25	-4	0	0	21	25	77	77.00%	6
Durham	990969	34-2615	FMC Dialysis Services of Briggs Avenue	Durham	29	0	0	0	29	29	91	78.45%	0
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	Durham	24	-4	4	0	24	24	73	76.04%	2
Durham	955622	34-2538	Freedom Lake Dialysis Center	Durham	26	0	0	0	26	26	84	80.77%	1
Durham	170324	Proposed new site consisting of existing stations	Fresenius Kidney Care Eno River	Durham	0	14	0	0	14	0	0	0.00%	0
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	Durham	20	0	0	0	20	20	65	81.25%	3
Durham	180368	Proposed new site consisting of existing stations	Hope Valley Dialysis	Durham	0	10	0	0	10	0	0	0.00%	0
Durham	140143	34-2718	Research Triangle Park Dialysis^^	Durham	10	0	0	0	10	10	20	50.00%	0
Durham	090117	34-2683	Southpoint Dialysis	Durham	16	0	0	0	16	16	80	125.00%	17
Edgecombe	970528	34-2603	BMA East Rocky Mount	Rocky Mount	30	0	0	0	30	30	114	95.00%	13
Edgecombe	955841	34-2577	Dialysis Care of Edgecombe County	Tarboro	35	0	0	0	35	35	55	39.29%	0
Edgecombe	170325	Proposed new site consisting of existing stations	Fresenius Kidney Care Boice-Willis	Rocky Mount	0	10	0	0	10	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	Tarboro	14	0	0	0	14	10	41	102.50%	9
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	Winston Salem	48	0	0	2	50	48	149	77.60%	6
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	Winston Salem	45	0	3	0	48	45	152	84.44%	9
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	Winston Salem	64	0	0	0	64	54	186	86.11%	4
Forsyth	944758	34-2569	Salem Kidney Center of Wake Forest University	Winston Salem	51	0	0	8	59	47	158	84.04%	0
Franklin	955842	34-2571	Dialysis Care of Franklin County	Louisburg	27	0	0	0	27	27	58	53.70%	0
Franklin	130122	34-2715	Fresenius Medical Care Tar River	Louisburg	18	0	0	0	18	14	49	87.50%	2
Gaston	150476	34-2595	BMA Kings Mountain	Kings Mountain	21	0	0	0	21	21	59	70.24%	0
Gaston	160496	34-2745	Fresenius Kidney Care North Gaston^/^^	Dallas	12	0	0	0	12	12	33	68.75%	0
Gaston	050039	34-2652	Fresenius Medical Care Belmont	Belmont	19	0	0	0	19	19	63	82.89%	1
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	Gastonia	39	0	0	0	39	39	136	87.18%	4
Gaston	070531	34-2671	Fresenius Medical Care South Gaston	Gastonia	28	0	0	0	28	28	83	74.11%	0
Gates													
Graham			(Cherokee-Clay-Graham Planning Area)										
Granville	170422	Proposed new site consisting of existing stations	FMC Dialysis Services Neuse River	Oxford	0	25	0	0	25	0	0	0.00%	0
Granville	955623	34-2520	FMC Dialysis Services Neuse River	Oxford	25	-25	0	0	0	25	70	70.00%	0
Granville	041025	34-2647	FMC Dialysis Services of Oxford	Oxford	25	0	0	0	25	25	78	78.00%	3
Greene	020974	34-2650	Greene County Dialysis Center	Snow Hill	21	0	0	0	21	21	43	51.19%	0
Guilford	955872	34-2504	BMA of Greensboro	Greensboro	51	3	0	0	54	44	156	88.64%	0
Guilford	980838	34-2537	BMA of South Greensboro	Greensboro	44	0	10	0	54	44	171	97.16%	0
Guilford	980472	34-2600	BMA of Southwest Greensboro	Jamestown	33	0	0	0	33	33	108	81.82%	8

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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Guilford	190319	Proposed new site consisting of existing stations	Central Greensboro Dialysis	Greensboro	0	0	10	0	10	0	0	0.00%	0
Guilford	001324	34-2634	FMC of East Greensboro	Greensboro	43	8	0	0	51	43	130	75.58%	0
Guilford	170123	34-2742	Fresenius Kidney Care Garber-Olin^	Greensboro	28	0	0	0	28	28	66	58.93%	0
Guilford	150332	34-2720	Fresenius Medical Care High Point	High Point	14	0	0	0	14	14	37	66.07%	0
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	High Point	48	-2	0	4	50	48	159	82.81%	10
Guilford	990214	34-2613	Northwest Greensboro Kidney Center	Greensboro	37	0	0	0	37	37	97	65.54%	0
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	High Point	38	2	0	0	40	27	104	96.30%	1
Halifax	956044	34-2542	BMA of Roanoke Rapids	Roanoke Rapids	50	0	0	0	50	50	166	83.00%	10
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	Scotland Neck	19	0	0	0	19	19	58	76.32%	2
Harnett	944644	34-2557	Dunn Kidney Center	Dunn	35	-3	0	0	32	35	112	80.00%	10
Harnett	110803	34-2701	FMC Anderson Creek	Cameron	16	0	0	0	16	14	56	100.00%	7
Harnett	100969	34-2694	Fresenius Medical Care Angier Dialysis^^	Angier	12	0	0	0	12	10	31	77.50%	0
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	Lillington	16	0	0	0	16	16	57	89.06%	13
Haywood	010800	34-2629	Waynesville Dialysis Center	Waynesville	24	0	0	0	24	21	74	88.10%	5
Henderson	140094	34-2564	Hendersonville Dialysis Center	Hendersonville	31	0	0	0	31	24	94	97.92%	3
Hertford	945189	34-2570	Ahoskie Dialysis	Ahoskie	16	0	0	0	16	16	69	107.81%	10
Hertford	170240	34-2740	Roanoke-Chowan Dialysis^^	Murfreesboro	10	0	0	0	10	10	22	55.00%	0
Hoke	945165	34-2579	Dialysis Care of Hoke County	Raeford	24	-1	0	2	25	24	88	91.67%	4
Hoke	160286	34-2727	Fayetteville Road Dialysis	Raeford	19	0	0	0	19	10	42	105.00%	11
Hoke	110715	34-2698	Lumbee River Dialysis	Red Springs	15	0	0	0	15	15	36	60.00%	0
Hyde													
Iredell	990439	34-2606	Lake Norman Dialysis Center of Wake Forest University	Mooresville	31	0	0	0	31	31	84	67.74%	0
Iredell	944568	34-2527	Statesville Dialysis Center of Wake Forest University	Statesville	27	0	0	0	27	27	79	73.15%	0

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Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	Statesville	24	0	0	0	24	20	74	92.50%	6
Jackson	944474	34-2556	Sylva Dialysis Center	Sylva	16	0	0	0	16	16	23	35.94%	0
Johnston	170420	Proposed new site consisting of existing stations	Clayton Dialysis	Clayton	0	0	10	0	10	0	0	0.00%	0
Johnston	956062	34-2545	FMC Four Oaks	Four Oaks	20	0	0	0	20	22	70	79.55%	7
Johnston	170323	Proposed new site consisting of existing stations	Fresenius Kidney Care East Johnston	Selma	0	10	0	0	10	0	0	0.00%	0
Johnston	170520	Proposed new site consisting of existing stations	Fresenius Kidney Care West Johnston	Garner	0	10	2	0	12	0	0	0.00%	0
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	Clayton	24	-24	0	0	0	24	86	89.58%	10
Johnston	777777	Proposed new site consisting of existing stations	Fresenius Medical Care Stallings Station	Clayton	0	20	0	0	20	0	0	0.00%	0
Johnston	944566	34-2572	Johnston Dialysis Center	Smithfield	33	0	0	0	33	32	126	98.44%	20
Jones	001653	34-2625	FMC Dialysis Services of Jones County^^	Trenton	10	0	0	0	10	10	27	67.50%	0
Lee	110959	34-2697	Carolina Dialysis Lee County	Sanford	17	0	0	0	17	17	55	80.88%	5
Lee	555555	Proposed new site consisting of existing stations	Carolina Dialysis Sanford	Sanford	0	39	0	0	39	0	0	0.00%	0
Lee	955801	34-2620	Carolina Dialysis Sanford	Sanford	39	-39	0	0	0	39	121	77.56%	5
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	Kinston	39	0	0	0	39	39	117	75.00%	3
Lenoir	010207	34-2609	FMC Vernon Dialysis	Kinston	27	0	0	0	27	24	81	84.38%	2

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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Lincoln	944237	34-2568	FMC Lincolnton Dialysis	Lincolnton	30	0	0	0	30	30	89	74.17%	0
Macon	120162	34-2696	Franklin Township Dialysis^^	Franklin	11	0	0	0	11	11	32	72.73%	0
Madison													
Martin	960043	34-2584	Dialysis Care of Martin County	Williamston	15	0	0	0	15	15	48	80.00%	0
Martin	170330	34-2746	Robersonville Dialysis^/^^	Robersonville	10	0	0	0	10	10	26	65.00%	0
McDowell	040266	34-2645	McDowell Dialysis Center	Marion	13	-13	0	0	0	13	55	105.77%	0
McDowell	800001	Proposed new site consisting of existing stations	McDowell Dialysis Center	Marion	0	20	0	0	20	0	0	0.00%	0
Mecklenburg	960156	34-2581	BMA Beatties Ford	Charlotte	43	0	0	0	43	39	123	78.85%	1
Mecklenburg	970826	34-2594	BMA Nations Ford	Charlotte	28	0	0	0	28	28	93	83.04%	7
Mecklenburg	800004	Proposed new site consisting of existing stations	BMA of East Charlotte	Charlotte	0	32	0	0	32	0	0	0.00%	0
Mecklenburg	970301	34-2605	BMA of East Charlotte	Charlotte	26	-26	0	0	0	26	89	85.58%	0
Mecklenburg	190635	Proposed new site consisting of existing stations	BMA West Charlotte	Charlotte	0	29	0	0	29	0	0	0.00%	0
Mecklenburg	955792	34-2554	BMA West Charlotte	Charlotte	29	-29	0	0	0	29	90	77.59%	0
Mecklenburg	150477	34-2731	Brookshire Dialysis^^	Charlotte	11	0	0	0	11	10	18	45.00%	0
Mecklenburg	955930	34-2548	Charlotte Dialysis	Charlotte	33	-10	0	0	23	34	106	77.94%	13
Mecklenburg	001554	34-2627	Charlotte East Dialysis	Charlotte	34	0	0	0	34	34	104	76.47%	1
Mecklenburg	944671	34-2552	DSI Charlotte Latrobe Dialysis	Charlotte	24	0	0	0	24	24	59	61.46%	0
Mecklenburg	955380	34-2591	DSI Glenwater Dialysis	Charlotte	42	0	0	0	42	42	121	72.02%	0
Mecklenburg	955947	34-2503	FMC Charlotte	Charlotte	45	3	0	0	48	45	160	88.89%	10
Mecklenburg	080137	34-2681	FMC Matthews	Matthews	21	0	0	0	21	21	96	114.29%	13
Mecklenburg	955788	34-2549	FMC of North Charlotte	Charlotte	40	0	0	0	40	40	146	91.25%	9

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

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Mecklenburg	170326	Proposed new site consisting of existing stations	Fresenius Kidney Care Mallard Creek	Charlotte	0	12	0	0	12	0	0	0.00%	0
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	Charlotte	17	0	0	0	17	15	49	81.67%	2
Mecklenburg	160337	34-2750	Fresenius Kidney Care Southeast Charlotte [^] ^{^^}	Pineville	10	0	0	0	10	10	13	32.50%	0
Mecklenburg	150435	34-2738	Fresenius Medical Care Aldersgate	Charlotte	16	0	0	0	16	10	29	72.50%	0
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	Charlotte	21	0	0	0	21	16	59	92.19%	5
Mecklenburg	130490	34-2707	Huntersville Dialysis	Huntersville	18	3	0	0	21	18	63	87.50%	6
Mecklenburg	070389	34-2692	Mint Hill Dialysis	Mint Hill	21	0	0	0	21	22	55	62.50%	0
Mecklenburg	180474	Proposed new site consisting of existing stations	Mountain Island Lake Dialysis	Charlotte	0	10	0	0	10	0	0	0.00%	0
Mecklenburg	060083	34-2663	North Charlotte Dialysis Center	Charlotte	36	-13	0	0	23	36	102	70.83%	0
Mecklenburg	180264	Proposed new site consisting of existing stations	Renaissance Park Dialysis	Charlotte	0	10	0	0	10	0	0	0.00%	0
Mecklenburg	170127	Proposed new site consisting of existing stations	South Charlotte Dialysis	Charlotte	0	27	0	0	27	0	0	0.00%	0
Mecklenburg	955814	34-2523	South Charlotte Dialysis	Charlotte	23	-23	0	0	0	23	74	80.43%	0
Mecklenburg	150478	34-2736	Sugar Creek Dialysis	Charlotte	11	0	10	0	21	10	28	70.00%	0
Mitchell (Mitchell-Avery-Yancey Multicounty Planning Area)	060380	34-2660	Mayland Dialysis Center ^{^^}	Spruce Pine	9	0	0	0	9	9	24	66.67%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Montgomery	925156	34-2583	Dialysis Care of Montgomery County	Biscoe	20	0	0	0	20	20	57	71.25%	0
Moore	080621	34-2679	Carthage Dialysis^^	Carthage	12	0	0	0	12	12	30	62.50%	0
Moore	944674	34-2555	Dialysis Care of Moore County	Pinehurst	25	0	0	0	25	25	62	62.00%	0
Moore	020648	34-2638	Southern Pines Dialysis Center	Southern Pines	17	0	0	1	18	17	51	75.00%	0
Nash	020870	34-2644	FMC of Spring Hope	Spring Hope	16	0	0	0	16	16	37	57.81%	0
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	Rocky Mount	19	0	0	0	19	19	70	92.11%	13
Nash	130459	34-2728	Nash County Dialysis^^	Rocky Mount	12	0	0	0	12	12	21	43.75%	0
Nash	944658	34-2517	Rocky Mount Kidney Center	Rocky Mount	40	0	0	0	40	40	138	86.25%	11
New Hanover	080819	34-2685	Cape Fear Dialysis	Wilmington	32	0	0	0	32	32	95	74.22%	0
New Hanover	140333	34-2717	New Hanover Dialysis	Wilmington	18	0	0	0	18	18	56	77.78%	4
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	Wilmington	32	0	0	0	32	32	98	76.56%	2
Northampton	970120	34-2586	FMC East Northampton County	Conway	21	0	0	0	21	21	53	63.10%	0
Onslow	130178	34-2700	New River Dialysis	Jacksonville	25	2	0	0	27	25	93	93.00%	5
Onslow	190217	Proposed new site consisting of existing stations	Richlands Dialysis	Richlands	0	10	0	0	10	0	0	0.00%	0
Onslow	956056	34-2532	Southeastern Dialysis Center - Jacksonville	Jacksonville	38	-2	0	0	36	38	105	69.08%	0
Orange	956088	34-2622	Carolina Dialysis Carrboro	Carrboro	41	0	0	0	41	41	122	74.39%	0
Pamlico													
Pasquotank	130368	34-2708	Albemarle Dialysis	Elizabeth City	14	0	0	0	14	14	44	78.57%	6
Pasquotank	955812	34-2515	Elizabeth City Dialysis	Elizabeth City	22	0	0	0	22	22	84	95.45%	8
Pender	945252	34-2558	Southeastern Dialysis Center - Burgaw	Burgaw	19	-2	0	0	17	19	55	72.37%	0
Pender	130180	34-2703	Surf City Dialysis	Hampstead	10	0	0	4	14	10	31	77.50%	0
Perquimans	140091	34-2749	Perquimans Dialysis^v^^	Hertford	10	0	0	0	10	10	13	32.50%	0
Person	120225	34-2562	Roxboro Dialysis	Roxboro	37	0	0	0	37	37	109	73.65%	0
Pitt	011155	34-2632	FMC Care of Ayden	Ayden	16	0	0	0	16	16	47	73.44%	0
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	Greenville	41	0	0	0	41	41	138	84.15%	10

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Pitt	140329	34-2706	FMC Farmville	Farmville	14	0	0	0	14	14	37	66.07%	0
Pitt	170125	34-2748	Fresenius Kidney Care Captains Cove^^	Winterville	12	0	0	0	12	12	20	41.67%	0
Pitt	944657	34-2502	Greenville Dialysis Center	Greenville	51	0	0	0	51	47	167	88.83%	7
Polk													
Randolph	955777	34-2524	BMA of Asheboro	Asheboro	45	0	0	0	45	45	115	63.89%	0
Randolph	140089	34-2714	North Randolph Dialysis Center of Wake Forest University^^	Archdale	10	0	0	0	10	10	22	55.00%	0
Richmond	955843	34-2539	Dialysis Care of Richmond County	Hamlet	30	0	0	0	30	30	94	78.33%	5
Richmond	090624	34-2690	Sandhills Dialysis	Rockingham	16	9	0	0	25	16	65	101.56%	0
Robeson	980754	34-2607	BMA of Red Springs	Red Springs	19	0	0	0	19	19	79	103.95%	20
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	Fairmont	23	0	0	0	23	23	76	82.61%	8
Robeson	955445	34-2528	FMC Lumberton Dialysis Unit	Lumberton	35	-11	0	0	24	35	137	97.86%	20
Robeson	180042	Proposed new site consisting of new stations	Fresenius Kidney Care East Lumberton	Lumberton	0	20	0	0	20	0	0	0.00%	0
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	Pembroke	19	0	0	0	19	19	62	81.58%	5
Robeson	140334	34-2651	Maxton Dialysis Center^^	Maxton	14	-4	0	0	10	14	42	75.00%	6
Robeson	180470	Proposed new site consisting of existing stations	Robeson County Dialysis	Lumberton	0	10	0	0	10	0	0	0.00%	0
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	Eden	25	0	0	0	25	25	88	88.00%	9
Rockingham	030453	34-2640	Reidsville Dialysis	Reidsville	27	0	-7	0	20	27	74	68.52%	0
Rockingham	001548	34-2641	Rockingham Kidney Center	Reidsville	19	0	0	0	19	19	63	82.89%	6
Rowan	980409	34-2592	Dialysis Care of Kannapolis	Kannapolis	30	-5	0	0	25	30	98	81.67%	9
Rowan	944673	34-2546	Dialysis Care of Rowan County	Salisbury	33	0	0	1	34	33	111	84.09%	8
Rowan	160495	34-2730	Spencer Dialysis	Spencer	14	0	0	0	14	10	33	82.50%	6
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	Forest City	30	0	0	0	30	30	91	75.83%	4
Sampson	955787	34-2559	BMA of Clinton	Clinton	36	0	0	0	36	36	96	66.67%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	Roseboro	13	0	0	0	13	13	45	86.54%	4
Scotland	924648	34-2540	BMA of Laurinburg	Laurinburg	30	0	0	0	30	30	102	85.00%	20
Stanly	955784	34-2565	BMA Albemarle	Albemarle	26	0	0	3	29	26	75	72.12%	0
Stokes	020980	34-2633	King Dialysis Center of Wake Forest University	King	24	0	0	0	24	17	54	79.41%	0
Surry	001558	34-2614	Elkin Dialysis Center of Wake Forest University	Elkin	19	0	0	0	19	19	46	60.53%	0
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	Mt Airy	27	0	0	0	27	27	84	77.78%	5
Swain	000047	34-2602	Cherokee Dialysis Center	Cherokee	20	0	0	0	20	20	59	73.75%	0
Transylvania	080169	34-2693	Brevard Dialysis Center	Brevard	13	0	0	0	13	13	33	63.46%	0
Tyrrell													
Union	160339	34-2737	Fresenius Kidney Care Indian Trail^^	Indian Trail	12	0	0	0	12	10	34	85.00%	9
Union	800002	Proposed new site consisting of existing stations	Indian Trail Dialysis Center	Indian Trail	0	16	0	0	16	0	0	0.00%	0
Union	060374	34-2666	Marshville Dialysis Center	Marshville	12	-12	0	0	0	12	22	45.83%	0
Union	955949	34-2525	Metrolina Kidney Center	Monroe	28	0	0	0	28	29	84	72.41%	0
Union	955953	34-2526	Union County Dialysis	Monroe	33	-4	0	8	37	33	103	78.03%	0
Vance	130179	34-2704	Kerr Lake Dialysis	Henderson	17	0	0	0	17	16	55	85.94%	3
Vance	944655	34-2543	Vance County Dialysis	Henderson	35	0	0	7	42	35	118	84.29%	2
Wake	980755	34-2608	BMA of Fuquay Varina Kidney Center	Fuquay Varina	29	0	0	0	29	28	85	75.89%	0
Wake	956008	34-2512	BMA of Raleigh Dialysis	Raleigh	50	0	0	0	50	50	193	96.50%	20
Wake	180166	34-2544	Cary Kidney Center	Cary	24	2	0	0	26	24	79	82.29%	0
Wake	190643	Proposed new site consisting of existing stations	Downtown Raleigh Dialysis	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	061335	34-2672	FMC Eastern Wake	Rolesville	15	0	0	0	15	17	39	57.35%	0
Wake	160069	34-2733	FMC Morrisville	Cary	10	0	0	3	13	10	32	80.00%	7

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Wake	020868	34-2646	FMC New Hope Dialysis	Raleigh	36	0	0	0	36	36	119	82.64%	5
Wake	130278	34-2705	FMC Northern Wake	Wake Forest	18	0	0	0	18	14	48	85.71%	0
Wake	956094	34-2522	FMC Wake Dialysis Clinic	Raleigh	50	0	0	0	50	47	204	108.51%	20
Wake	180261	34-2755	Fresenius Kidney Care Holly Springs^^	Holly Springs	10	0	0	0	10	0	0	0.00%	0
Wake	041023	34-2658	Fresenius Medical Care Apex	Apex	20	0	0	0	20	20	61	76.25%	0
Wake	080823	34-2684	Fresenius Medical Care Central Raleigh	Raleigh	19	0	0	0	19	19	46	60.53%	0
Wake	041024	34-2653	Fresenius Medical Care Millbrook	Raleigh	17	0	0	0	17	17	62	91.18%	9
Wake	160555	Proposed new site consisting of existing stations	Fresenius Medical Care Rock Quarry	Raleigh	0	10	0	0	10	0	0	0.00%	0
Wake	160405	34-2735	Fresenius Medical Care White Oak	Garner	16	0	0	0	16	15	53	88.33%	17
Wake	160068	34-2744	Oak City Dialysis/^/^^	Raleigh	10	0	0	0	10	10	20	50.00%	0
Wake	990968	34-2642	Southwest Wake County Dialysis	Raleigh	32	0	0	0	32	30	110	91.67%	6
Wake	041181	34-2675	Wake Forest Dialysis Center^^	Raleigh	21	-10	0	0	11	21	80	95.24%	15
Wake	970505	34-2589	Zebulon Kidney Center	Zebulon	30	0	0	0	30	30	99	82.50%	4
Warren	991065	34-2610	FMC Dialysis Services of Warren Hills	Warrenton	25	0	0	0	25	25	61	61.00%	0
Washington	001549	34-2618	FMC Dialysis Services Plymouth	Plymouth	16	0	0	0	16	16	56	87.50%	5
Watauga	150300	34-2674	Fresenius Medical Care Watauga County	Boone	16	0	0	0	16	16	40	62.50%	0
Wayne	140466	34-2723	Coastal Plains Dialysis	Goldsboro	12	0	0	4	16	12	32	66.67%	0
Wayne	944654	34-2531	Goldsboro Dialysis	Goldsboro	25	0	0	0	25	25	95	95.00%	8
Wayne	970275	34-2587	Goldsboro South Dialysis	Goldsboro	22	0	0	0	22	22	63	71.59%	0
Wayne	000304	34-2573	Mt Olive Dialysis	Mt Olive	20	3	0	0	23	17	52	76.47%	0
Wayne	170236	34-2576	RAI Care Centers - Goldsboro	Goldsboro	21	0	0	0	21	21	57	67.86%	0
Wayne	180046	Proposed new site consisting of new stations	Rosewood Dialysis	Goldsboro	10	0	0	0	10	0	0	0.00%	0

Table 9A: Inventory of Dialysis Stations and Calculation of Utilization Rates**

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	Facility Identification Number	Provider Number	Facility	City	Certified	CON Issued/ Not Certified	Decision Rendered (Conditional Approval)	Decision Pending	Total	Certified Stations 12/31/2019	Number* In-Center Patients 12/31/2019	Utilization by Percent 12/31/2019	Facility Station Need Determination
Wilkes	956103	34-2724	Wilkes Dialysis Center of Wake Forest University	North Wilkesboro	24	0	0	0	24	24	68	70.83%	0
Wilson	020166	34-2637	Forest Hills Dialysis	Wilson	31	0	-5	9	35	36	118	81.94%	9
Wilson	170521	34-2753	Kenly Dialysis^^	Kenly	10	0	0	0	10	0	0	0.00%	0
Wilson	160066	34-2725	Sharpsburg Dialysis^^	Sharpsburg	10	0	0	0	10	10	11	27.50%	0
Wilson	971340	34-2507	Wilson Dialysis	Wilson	37	0	-5	7	39	40	130	81.25%	9
Yadkin	060383	34-2665	Yadkin Dialysis Center of Wake Forest University	Yadkinville	13	0	0	0	13	13	31	59.62%	0
Yancey			(Mitchell-Avery-Yancey Planning Area)										
Totals					5,619	179	19	73	5,890	5,409	16,997		851

* Number In-Center Patients 12/31/2019 includes both in-state and out-of-state patients.

^ Designated as a new facility according to Condition 1.a. of the facility need determination methodology.

^^ Designated as a small facility according to Condition 1.a. of the facility need determination methodology.

** Policy ESRD-3 (Development or Expansion of a Kidney Disease Treatment Center on a Hospital Campus) is a new policy in the 2021 SMFP. Certified outpatient dialysis stations that existed in hospitals as of the date of implementation of this policy were removed from the inventory and methodologies; these facilities are treated as though the stations were developed pursuant to this policy. The following facilities were removed from the inventory: North Carolina Baptist Hospital (34-2304) in Forsyth County; Carolinas Medical Center (34-2306) and Novant Health Presbyterian Medical Center (34-2309) both in Mecklenburg County.

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12.31.15 Total Patients	12.31.16 Total Patients	12.31.17 Total Patients	12.31.18 Total Patients	12.31.19 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12.31.20 Total Patients	12.31.19 Home Patients	12.31.19 Percent Home Patients	Projected 12.31.20 Home Patients	Projected 12.31.20 In-Center Patients	Projected 12.31.20 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Alamance	319	340	342	346	358	0.030	368.6	39	10.9%	40.2	328.4	103	132	Surplus of 29	0
Alexander	39	37	53	47	51	0.088	55.5	6	11.8%	6.5	49.0	15	13	2	0
Alleghany	8	5	6	10	7	0.048	7.3	0	0.0%	0.0	7.3	2	0	2	0
Anson	87	90	101	101	98	0.032	101.1	6	6.1%	6.2	94.9	30	33	Surplus of 3	0
Ashe	21	19	21	26	23	0.033	23.8	5	21.7%	5.2	18.6	6	0	6	0
Beaufort	125	125	131	136	126	0.003	126.4	28	22.2%	28.1	98.3	31	31	0	0
Bertie	55	66	70	72	79	0.097	86.6	16	20.3%	17.5	69.1	22	20	2	0
Bladen	98	103	114	116	113	0.037	117.2	13	11.5%	13.5	103.7	32	33	Surplus of 1	0
Brunswick	133	136	148	156	158	0.044	165.0	39	24.7%	40.7	124.3	39	52	Surplus of 13	0
Buncombe	248	257	266	272	284	0.034	293.8	65	22.9%	67.2	226.6	71	86	Surplus of 15	0
Burke	124	124	128	127	144	0.040	149.7	17	11.8%	17.7	132.0	41	41	0	0
Cabarrus	212	216	248	238	252	0.046	263.7	51	20.2%	53.4	210.3	66	74	Surplus of 8	0
Caldwell	125	130	144	156	151	0.050	158.5	19	12.6%	19.9	138.6	43	45	Surplus of 2	0
Camden	13	9	10	11	11	-0.024	10.7	2	18.2%	2.0	8.8	3	0	3	0
Carteret	70	76	81	83	89	0.062	94.5	15	16.9%	15.9	78.6	25	32	Surplus of 7	0
Caswell	48	56	63	63	75	0.121	84.0	9	12.0%	10.1	74.0	23	15	8	0
Catawba	245	248	279	292	310	0.061	329.0	49	15.8%	52.0	277.0	87	89	Surplus of 2	0
Chatham	101	109	130	119	128	0.066	136.4	8	6.3%	8.5	127.9	40	39	1	0
Cherokee	28	26	23	26	24	-0.033	23.2	9	37.5%	8.7	14.5	5	13	Surplus of 8	
Clay	7	6	5	8	7	0.041	7.3	2	28.6%	2.1	5.2	2	0	2	
Graham	15	17	17	17	17	0.033	17.6	6	35.3%	6.2	11.4	4	0	4	
Cherokee-Clay-Graham Planning Area Total														Surplus of 2	0
Chowan	37	39	46	50	48	0.070	51.4	6	12.5%	6.4	44.9	14	20	Surplus of 6	0
Cleveland	226	231	248	242	261	0.038	270.8	29	11.1%	30.1	240.7	75	77	Surplus of 2	0
Columbus	116	115	108	112	124	0.019	126.3	18	14.5%	18.3	108.0	34	41	Surplus of 7	0
Craven	188	184	198	193	212	0.032	218.8	44	20.8%	45.4	173.4	54	65	Surplus of 11	0
Cumberland	650	657	707	734	794	0.052	835.1	110	13.9%	115.7	719.4	225	218	7	0
Currituck	11	13	10	13	15	0.101	16.5	3	20.0%	3.3	13.2	4	0	4	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12.31.15 Total Patients	12.31.16 Total Patients	12.31.17 Total Patients	12.31.18 Total Patients	12.31.19 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12.31.20 Total Patients	12.31.19 Home Patients	12.31.19 Percent Home Patients	Projected 12.31.20 Home Patients	Projected 12.31.20 In-Center Patients	Projected 12.31.20 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Dare	23	25	28	24	24	0.016	24.4	3	12.5%	3.0	21.3	7	9	Surplus of 2	0
Davidson	251	256	264	291	308	0.053	324.3	51	16.6%	53.7	270.6	85	81	4	0
Davie	64	60	55	62	70	0.028	71.9	10	14.3%	10.3	61.7	19	18	1	0
Duplin	147	142	143	153	155	0.014	157.2	14	9.0%	14.2	143.0	45	44	1	0
Durham	583	605	635	670	668	0.035	691.3	52	7.8%	53.8	637.5	199	235	Surplus of 36	0
Edgecombe	214	230	224	247	247	0.038	256.3	33	13.4%	34.2	222.1	69	89	Surplus of 20	0
Forsyth	627	645	672	720	747	0.045	780.5	97	13.0%	101.4	679.2	212	221	Surplus of 9	0
Franklin	113	115	136	142	136	0.051	142.9	11	8.1%	11.6	131.3	41	45	Surplus of 4	0
Gaston	351	341	358	383	392	0.029	403.2	51	13.0%	52.5	350.8	110	119	Surplus of 9	0
Gates	15	4	8	10	17	0.304	22.2	5	29.4%	6.5	15.7	5	0	5	0
Granville	156	164	155	151	156	0.001	156.1	10	6.4%	10.0	146.1	46	50	Surplus of 4	0
Greene	47	48	43	50	50	0.020	51.0	4	8.0%	4.1	46.9	15	21	Surplus of 6	0
Guilford	956	994	1016	1094	1116	0.040	1,160.3	105	9.4%	109.2	1,051.1	328	371	Surplus of 43	0
Halifax	244	242	242	237	253	0.010	255.4	23	9.1%	23.2	232.2	73	69	4	0
Harnett	208	243	238	266	259	0.060	274.5	33	12.7%	35.0	239.5	75	76	Surplus of 1	0
Haywood	65	66	65	76	68	0.016	69.1	22	32.4%	22.4	46.7	15	24	Surplus of 9	0
Henderson	110	114	130	112	118	0.023	120.7	26	22.0%	26.6	94.1	29	31	Surplus of 2	0
Hertford	92	89	88	93	88	-0.010	87.1	11	12.5%	10.9	76.2	24	26	Surplus of 2	0
Hoke	113	125	134	163	164	0.100	180.4	19	11.6%	20.9	159.5	50	59	Surplus of 9	0
Hyde	8	7	7	7	9	0.040	9.4	2	22.2%	2.1	7.3	2	0	2	0
Iredell	219	222	232	238	253	0.037	262.3	40	15.8%	41.5	220.9	69	82	Surplus of 13	0
Jackson	37	43	36	32	45	0.074	48.3	6	13.3%	6.4	41.9	13	16	Surplus of 3	0
Johnston	271	296	315	348	379	0.088	412.2	48	12.7%	52.2	360.0	112	105	7	0
Jones	40	42	39	42	36	-0.022	35.2	4	11.1%	3.9	31.3	10	10	0	0
Lee	139	144	160	151	157	0.033	162.1	15	9.6%	15.5	146.6	46	56	Surplus of 10	0
Lenoir	188	197	210	230	241	0.064	256.5	28	11.6%	29.8	226.7	71	66	5	0
Lincoln	87	84	78	94	104	0.051	109.3	10	9.6%	10.5	98.8	31	30	1	0
Macon	29	33	35	36	35	0.050	36.7	7	20.0%	7.3	29.4	9	11	Surplus of 2	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12.31.15 Total Patients	12.31.16 Total Patients	12.31.17 Total Patients	12.31.18 Total Patients	12.31.19 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12.31.20 Total Patients	12.31.19 Home Patients	12.31.19 Percent Home Patients	Projected 12.31.20 Home Patients	Projected 12.31.20 In-Center Patients	Projected 12.31.20 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Madison	20	18	17	18	12	-0.108	10.7	6	50.0%	5.4	5.4	2	0	2	0
Martin	88	96	86	89	92	0.014	93.3	12	13.0%	12.2	81.1	25	25	0	0
McDowell	60	57	63	70	71	0.045	74.2	15	21.1%	15.7	58.5	18	20	Surplus of 2	0
Mecklenburg	1612	1730	1710	1792	1819	0.031	1,875.7	209	11.5%	215.5	1,660.2	519	584	Surplus of 65	0
Avery	5	6	6	7	4	-0.015	3.9	2	50.0%	2.0	2.0	1	0	1	
Mitchell	6	11	15	15	19	0.366	26.0	6	31.6%	8.2	17.8	6	9	Surplus of 3	
Yancey	11	15	16	19	17	0.128	19.2	6	35.3%	6.8	12.4	4	0	4	
Mitchell-Avery-Yancey Planning Area Total														2	0
Montgomery	62	62	67	55	60	-0.002	59.9	8	13.3%	8.0	51.9	16	20	Surplus of 4	0
Moore	159	161	170	172	155	-0.005	154.3	21	13.5%	20.9	133.4	42	55	Surplus of 13	0
Nash	281	288	288	273	293	0.012	296.4	43	14.7%	43.5	252.9	79	87	Surplus of 8	0
New Hanover	267	267	263	281	267	0.001	267.2	45	16.9%	45.0	222.2	69	82	Surplus of 13	0
Northampton	78	88	93	103	98	0.061	104.0	11	11.2%	11.7	92.3	29	21	8	0
Onslow	168	186	211	245	234	0.089	254.9	30	12.8%	32.7	222.2	69	73	Surplus of 4	0
Orange	135	152	166	156	169	0.060	179.2	21	12.4%	22.3	156.9	49	41	8	0
Pamlico	23	26	24	25	21	-0.016	20.7	6	28.6%	5.9	14.8	5	0	5	0
Pasquotank	95	101	107	108	108	0.033	111.6	23	21.3%	23.8	87.8	27	36	Surplus of 9	0
Pender	103	105	105	91	99	-0.007	98.4	11	11.1%	10.9	87.4	27	31	Surplus of 4	0
Perquimans	30	29	34	25	37	0.089	40.3	6	16.2%	6.5	33.7	11	10	1	0
Person	110	89	92	98	93	-0.036	89.7	5	5.4%	4.8	84.9	27	37	Surplus of 10	0
Pitt	408	405	427	432	443	0.021	452.3	81	18.3%	82.7	369.6	116	134	Surplus of 18	0
Polk	9	12	11	7	18	0.364	24.6	8	44.4%	10.9	13.6	4	0	4	0
Randolph	178	182	184	179	185	0.010	186.8	17	9.2%	17.2	169.7	53	55	Surplus of 2	0
Richmond	165	168	163	177	181	0.024	185.4	21	11.6%	21.5	163.9	51	55	Surplus of 4	0
Robeson	421	414	465	429	442	0.015	448.6	30	6.8%	30.4	418.1	131	125	6	0
Rockingham	188	184	202	203	218	0.039	226.5	25	11.5%	26.0	200.5	63	64	Surplus of 1	0
Rowan	226	226	237	237	258	0.034	266.9	46	17.8%	47.6	219.3	69	73	Surplus of 4	0
Rutherford	105	109	107	115	114	0.021	116.4	24	21.1%	24.5	91.9	29	30	Surplus of 1	0

Table 9B: ESRD Dialysis Station Need Determinations by Planning Area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
County/ Multi- County Planning Area	12.31.15 Total Patients	12.31.16 Total Patients	12.31.17 Total Patients	12.31.18 Total Patients	12.31.19 Total Patients	Average Annual Change Rate for Past Five Years	Projected 12.31.20 Total Patients	12.31.19 Home Patients	12.31.19 Percent Home Patients	Projected 12.31.20 Home Patients	Projected 12.31.20 In-Center Patients	Projected 12.31.20 In-Center Station Utilization	Projected Total Available Stations	Projected Station Deficit or Surplus	County Station Need Determi- nation
Sampson	180	177	174	168	192	0.019	195.6	19	9.9%	19.4	176.2	55	49	6	0
Scotland	103	103	93	106	116	0.034	120.0	17	14.7%	17.6	102.4	32	30	2	0
Stanly	78	86	81	84	87	0.029	89.5	17	19.5%	17.5	72.1	23	29	Surplus of 6	0
Stokes	54	60	64	77	67	0.063	71.2	4	6.0%	4.3	67.0	21	24	Surplus of 3	0
Surry	94	109	98	113	105	0.035	108.7	10	9.5%	10.4	98.3	31	46	Surplus of 15	0
Swain	54	63	61	66	52	0.001	52.1	12	23.1%	12.0	40.0	13	20	Surplus of 7	0
Transylvania	30	34	32	40	34	0.044	35.5	8	23.5%	8.3	27.1	8	13	Surplus of 5	0
Tyrrell	7	5	8	10	6	0.041	6.2	1	16.7%	1.0	5.2	2	0	2	0
Union	239	252	277	274	282	0.043	294.1	28	9.9%	29.2	264.9	83	93	Surplus of 10	0
Vance	182	169	173	184	186	0.007	187.2	14	7.5%	14.1	173.1	54	59	Surplus of 5	0
Wake	1265	1302	1322	1388	1439	0.033	1,486.2	189	13.1%	195.2	1,291.0	403	422	Surplus of 19	0
Warren	53	51	60	73	76	0.099	83.5	7	9.2%	7.7	75.8	24	25	Surplus of 1	0
Washington	42	50	58	57	68	0.132	76.9	6	8.8%	6.8	70.2	22	16	6	0
Watauga	33	35	34	34	32	-0.007	31.8	6	18.8%	6.0	25.8	8	16	Surplus of 8	0
Wayne	285	290	309	326	315	0.026	323.2	38	12.1%	39.0	284.2	89	117	Surplus of 28	0
Wilkes	87	78	78	100	92	0.025	94.3	17	18.5%	17.4	76.8	24	24	0	0
Wilson	263	276	298	285	316	0.049	331.3	72	22.8%	75.5	255.9	80	94	Surplus of 14	0
Yadkin	43	50	46	38	42	0.004	42.1	6	14.3%	6.0	36.1	11	13	Surplus of 2	0
State Totals	16,851	17,387	18,038	18,732	19,288			2,563				5,423	5,890		0

Table 9C: Dialysis Station Need Determination by County

County Service Area	Dialysis Station Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined, based on the County Need portion of the methodology, that there is no need anywhere in the state and no reviews are scheduled.			

Table 9D: Dialysis Station Need Determination by Facility *

County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Alamance	140092	34-2709	Alamance County Dialysis	4
Alamance	956036	34-2567	Burlington Dialysis	11
Alamance	160341	34-2726	Glen Raven Dialysis	1
Alamance	100785	34-2686	North Burlington Dialysis	1
Alexander	090725	34-2687	Fresenius Medical Care of Alexander County	8
Anson	061094	34-2673	Fresenius Medical Care Anson	3
Bladen	955448	34-2578	Southeastern Dialysis Center - Elizabethtown	10
Buncombe	955773	34-2506	Asheville Kidney Center	20
Cabarrus	010799	34-2631	Copperfield Dialysis	12
Carteret	970506	34-2588	Crystal Coast Dialysis Unit	1
Catawba	160450	34-2729	Catawba County Dialysis	5
Catawba	955790	34-2516	FMC Dialysis Services of Hickory	4
Catawba	010648	34-2635	FMC of Catawba Valley	9
Chatham	981038	34-2617	Carolina Dialysis Pittsboro	5
Cleveland	070223	34-2676	DCI South	2
Cleveland	001291	34-2611	Dialysis Clinic - Kings Mountain	4
Cumberland	140236	34-2510	Fayetteville Kidney Center	9
Cumberland	960411	34-2593	FMC Dialysis Services North Ramsey	4
Cumberland	970530	34-2601	FMC Dialysis Services South Ramsey	20
Cumberland	011019	34-2643	FMC Services of West Fayetteville	18
Davidson	020758	34-2639	Thomasville Dialysis Center of Wake Forest University	20
Davie	080689	34-2677	Davie Kidney Center of Wake Forest University	10
Duplin	945251	34-2535	Southeastern Dialysis Center - Kenansville	3
Duplin	060249	34-2659	Wallace Dialysis	8
Durham	180047	34-2732	Bull City Dialysis	5
Durham	955621	34-2550	Durham Dialysis	6
Durham	010285	34-2616	Durham West Dialysis	6
Durham	956837	34-2590	FMC Dialysis Services West Pettigrew	2
Durham	955622	34-2538	Freedom Lake Dialysis Center	1
Durham	080098	34-2680	Fresenius Medical Care South Durham Dialysis	3
Durham	090117	34-2683	Southpoint Dialysis	17
Edgecombe	970528	34-2603	BMA East Rocky Mount	13
Edgecombe	150155	34-2722	Fresenius Medical Clinic Tarboro	9
Forsyth	070671	34-2667	Miller Street Dialysis Center of Wake Forest University	6
Forsyth	000193	34-2612	Northside Dialysis Center of Wake Forest University	9
Forsyth	944661	34-2505	Piedmont Dialysis Center of Wake Forest University	4
Franklin	130122	34-2715	Fresenius Medical Care Tar River	2
Gaston	050039	34-2652	Fresenius Medical Care Belmont	1
Gaston	955615	34-2513	Fresenius Medical Care Gastonia	4
Granville	041025	34-2647	FMC Dialysis Services of Oxford	3
Guilford	980472	34-2600	BMA of Southwest Greensboro	8
Guilford	945262	34-2514	High Point Kidney Center of Wake Forest University	10
Guilford	980262	34-2599	Triad Dialysis Center of Wake Forest University	1
Halifax	956044	34-2542	BMA of Roanoke Rapids	10

Table 9D: Dialysis Station Need Determination by Facility *

County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Halifax	981041	34-2619	FMC Dialysis Services of Halifax	2
Harnett	944644	34-2557	Dunn Kidney Center	10
Harnett	110803	34-2701	FMC Anderson Creek	7
Harnett	050131	34-2648	Fresenius Medical Care of Lillington	13
Haywood	010800	34-2629	Waynesville Dialysis Center	5
Henderson	140094	34-2564	Hendersonville Dialysis Center	3
Hertford	945189	34-2570	Ahoskie Dialysis	10
Hoke	945165	34-2579	Dialysis Care of Hoke County	4
Hoke	160286	34-2727	Fayetteville Road Dialysis	11
Iredell	020759	34-2636	West Iredell Dialysis Center of Wake Forest University	6
Johnston	956062	34-2545	FMC Four Oaks	7
Johnston	030941	34-2678	Fresenius Medical Care Stallings Station	10
Johnston	944566	34-2572	Johnston Dialysis Center	20
Lee	110959	34-2697	Carolina Dialysis Lee County	5
Lee	955801	34-2620	Carolina Dialysis Sanford	5
Lenoir	955898	34-2518	FMC of Kinston Dialysis Unit	3
Lenoir	010207	34-2609	FMC Vernon Dialysis	2
Mecklenburg	960156	34-2581	BMA Beatties Ford	1
Mecklenburg	970826	34-2594	BMA Nations Ford	7
Mecklenburg	955930	34-2548	Charlotte Dialysis	13
Mecklenburg	001554	34-2627	Charlotte East Dialysis	1
Mecklenburg	955947	34-2503	FMC Charlotte	10
Mecklenburg	080137	34-2681	FMC Matthews	13
Mecklenburg	955788	34-2549	FMC of North Charlotte	9
Mecklenburg	150024	34-2719	Fresenius Kidney Care Regal Oaks	2
Mecklenburg	120485	34-2713	Fresenius Medical Care Southwest Charlotte	5
Mecklenburg	130490	34-2707	Huntersville Dialysis	6
Nash	130370	34-2710	Fresenius Medical Care South Rocky Mount	13
Nash	944658	34-2517	Rocky Mount Kidney Center	11
New Hanover	140333	34-2717	New Hanover Dialysis	4
New Hanover	956055	34-2511	Southeastern Dialysis Center - Wilmington	2
Onslow	130178	34-2700	New River Dialysis	5
Pasquotank	130368	34-2708	Albemarle Dialysis	6
Pasquotank	955812	34-2515	Elizabeth City Dialysis	8
Pitt	960406	34-2596	FMC Dialysis Services East Carolina	10
Pitt	944657	34-2502	Greenville Dialysis Center	7
Richmond	955843	34-2539	Dialysis Care of Richmond County	5
Robeson	980754	34-2607	BMA of Red Springs	20
Robeson	991061	34-2623	FMC Dialysis Services of Robeson County	8
Robeson	955445	34-2528	FMC Lumberton Dialysis Unit	20
Robeson	971335	34-2682	Fresenius Medical Care Pembroke	5
Robeson	140334	34-2651	Maxton Dialysis Center	6
Rockingham	955844	34-2536	Dialysis Care of Rockingham County	9
Rockingham	001548	34-2641	Rockingham Kidney Center	6

Table 9D: Dialysis Station Need Determination by Facility *

County	Facility Identification Number	Provider Number	Facility	Facility Station Need Determination
Rowan	980409	34-2592	Dialysis Care of Kannapolis	9
Rowan	944673	34-2546	Dialysis Care of Rowan County	8
Rowan	160495	34-2730	Spencer Dialysis	6
Rutherford	955824	34-2566	Dialysis Care of Rutherford County	4
Sampson	080822	34-2688	Fresenius Medical Care of Roseboro	4
Scotland	924648	34-2540	BMA of Laurinburg	20
Surry	944348	34-2551	Mt Airy Dialysis Center of Wake Forest University	5
Union	160339	34-2737	Fresenius Kidney Care Indian Trail	9
Vance	130179	34-2704	Kerr Lake Dialysis	3
Vance	944655	34-2543	Vance County Dialysis	2
Wake	956008	34-2512	BMA of Raleigh Dialysis	20
Wake	160069	34-2733	FMC Morrisville	7
Wake	020868	34-2646	FMC New Hope Dialysis	5
Wake	956094	34-2522	FMC Wake Dialysis Clinic	20
Wake	041024	34-2653	Fresenius Medical Care Millbrook	9
Wake	160405	34-2735	Fresenius Medical Care White Oak	17
Wake	990968	34-2642	Southwest Wake County Dialysis	6
Wake	041181	34-2675	Wake Forest Dialysis Center	15
Wake	970505	34-2589	Zebulon Kidney Center	4
Washington	001549	34-2618	FMC Dialysis Services Plymouth	5
Wayne	944654	34-2531	Goldsboro Dialysis	8
Wilson	020166	34-2637	Forest Hills Dialysis	9
Wilson	971340	34-2507	Wilson Dialysis	9
Totals				111 Facilities
				851

* Applications for additional stations are Category D.1. Refer to Table 3A for the D.1 review cycles. Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 9E: Inventory of Dialysis Home Training Facilities

County	Facility Identification Number	Provider Number	Facility	City	Certified Home Training Stations	Home Hemodialysis Patients 12/31/2019	Peritoneal Patients 12/31/2019
Buncombe	120484	34-2695	Biltmore Home Training*	Asheville	0	0	97
Catawba	110873	34-2699	FMC Hickory Home Program	Hickory	2	9	30
Chowan	200027	Proposed New Site	Chowan Home Dialysis*	Edenton	0	0	0
Cleveland	200033	Proposed New Site	INS Cleveland County*	Shelby	0	0	0
Edgecombe	150397	34-2721	Edgecombe Home Dialysis	Tarboro	1	0	35
Hertford	200030	Proposed New Site	Hertford Home Dialysis*	Ahoskie	0	0	0
Iredell	070519	34-2657	INS Statesville*	Statesville	0	0	17
Mecklenburg	070257	Proposed New Site	INS Freedom Dialysis (replacement facility for INS Huntersville)	Charlotte	0	0	0
Mecklenburg	070257	34-2654	INS Huntersville (to be replaced with INS Freedom Dialysis)	Huntersville	2	8	24
Mecklenburg	070499	34-2655	INS Charlotte	Charlotte	2	22	62
Moore	180570	34-2754	Pinehurst Home Training*	Pinehurst	0	0	0
Sampson	130060	34-2712	Sampson County Home Training*	Clinton	0	0	5
Wilson	200032	Proposed New Site	Wilson Home Dialysis*	Wilson	0	0	0
Totals			12 Facilities		7	39	270

* This facility shows no stations because it currently serves or will serve peritoneal patients only.

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Chapter 10:

Nursing Home Facilities

CHAPTER 10

NURSING HOME FACILITIES

Introduction

G.S. 131E-176(17b) defines a **nursing home facility** as “a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.”

Definitions

A nursing home bed’s service area is the county in which the bed is located. Each of the 100 counties in the state is a separate service area.

The **reporting year** is October 1 through September 30. The current reporting year is October 1, 2018 through September 30, 2019.

The methodology projects bed need determination five years beyond the current reporting year. The **current projection year** is 2024.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds plus any new beds approved by certificate of need that are under development, minus any exclusions (see below) and beds to be relocated out of the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because that is the least amount of time required to bring a new or expanded facility into service.
2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible, need determinations should be for at least 90 beds. However, such allocations do not always result in new entities.
3. Counties whose deficits represent at least 10% of their total needs (deficit index) and who report an occupancy rate of licensed beds in the county of at least 90%, excluding continuing care retirement communities, should receive need determinations even though such increments may be too small to encourage establishment of new facilities.
4. A goal of the planning process is a reasonable level of parity among people in their geographic access to nursing home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year by county.

Estimates of active duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-Year Estimates.

Utilization data comes from the current and four immediately previous reporting years' License Renewal Applications to Operate a Nursing Home and the Nursing Care Facility/Unit Beds: Annual Data Supplement to Hospital License Applications, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Assumptions of the Methodology

1. Planning inventory and need determination calculations exclude all beds and days of care for:
 - a. nursing home beds converted to care for head injury or ventilator-dependent patients;
 - b. nursing home beds developed pursuant to Policy NH-2; and
 - c. nursing home beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5.
2. The inventory excludes beds; and the occupancy rate calculation excludes days of care for patients from the contiguous counties served by facilities operated by religious or fraternal organizations.
3. The methodology excludes the estimated active duty military population from the county's population for any county with more than 500 active duty military personnel.
4. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county bed rate is calculated using a 5-year average annual change to project forward five years beyond the current reporting year. For any county with an average annual change rate that is at least one-half of one standard deviation above or below the statewide average annual change rate, the bed use rate calculations substitute the statewide rate.
5. The projected utilization is multiplied by three to account for future increases in utilization.
6. The methodology uses the higher of two different occupancy rate calculations to obtain the need determination with the greatest advantage. The adjusted occupancy rate for each county is calculated using the higher of: (1) the median of all facilities' occupancy rates in a county; or (2) a countywide occupancy. The calculations remove the equivalent days of care for the initial occupancy from calculations for beds that have been excluded from the inventory.

Application of the Methodology

Table 10A shows the inventory data and Table 10B shows the patient, population and bed use data that form the basis for the calculations discussed in the following steps. Table 10C shows projected bed utilization, bed surpluses/deficits and occupancy rates that are used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 10A*)

- a. Add the number of licensed beds in each nursing home (*Column C*) and hospital (*Column D*).
- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be relocated (*Columns F-H*). Then adjust this result by the number of beds available from need determinations in the SMFP but for which CONs have not yet been issued (*Column I*).
- c. Subtract: (1) beds that have been converted to care for head injury or ventilator-dependent patients; (2) beds that have been developed pursuant to Policy NH-2; beds that have been relocated from state psychiatric hospitals to the community pursuant to Policy NH-5; and the calculated number

of beds operated by religious or fraternal organizations that have been used to serve patients from non-contiguous counties for that facility (*Column K*).

- d. Sum each of these calculations across all facilities in a county to obtain county totals (*Column K*).

Step 2: Calculate the projected county bed use rates (*Table 10B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above or below the statewide AACR, then enter the statewide AACR; otherwise, enter the result of Step 2-c into Column F, the Selected Change Rate.
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D*, last sub-column) and then multiply by 3; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the Bed Rate per 1,000 (*Table 10B, Column G and Table 10C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 10C, Column C*) to calculate the projected bed utilization (*Table 10C, Column D*).

Step 4: Divide the projected bed utilization for each county (*Table 10C, Column D*) by a 95% vacancy factor and enter the result in Column E of Table 10C.

Step 5: Calculate the county's bed surplus or deficit (*Table 10C*).

- a. Obtain the planning inventory for each county (*Column H*). Transfer the county totals from Columns J-L in Table 10A into Columns F-H of Table 10C, respectively.
- b. Subtract the projected bed utilization with vacancy factor (*Column E*) from the total inventory (*Column H*) to obtain the county's projected surplus or deficit of beds (*Column I*). Positive numbers are surpluses and negative numbers are deficits.

Step 6: Calculate the deficit index and occupancy rate (*Table 10C*)

- a. For all counties with a deficit, divide Column I by Column E to calculate the deficit index (*Column J*). The resulting deficit index is rounded for display purposes; internal calculations are not rounded.
- b. For all counties, calculate the occupancy rate by dividing the total days of care for all facilities in the county by the possible days of care (the number of beds in the planning inventory times 365.25). In the same manner, calculate the occupancy rate for each facility in the county. Then calculate the median facility occupancy rate for the county. Select the higher of the two occupancy rates and enter it into Column K.

Step 7: Calculate need determination for each county (*Table 10C*).

- a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is 90 beds (*Column L*).
- b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90% or greater based on utilization data reported for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds (*Column L*).
- c. If any other county's deficit index (*Column J*) is 10% or more of its projected utilization and the adjusted occupancy of licensed beds in the county is 90% or greater for the current reporting year (*Column K*), the need determination is the amount of the deficit rounded to 10. The maximum need determination for each county is 150 beds.
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four rounds to the next lower number divisible by 10. Numbers ending in five to nine rounded to the next higher number divisible by 10.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Alamance	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	Compass Healthcare and Rehab Hawfields, Inc	117	0	117	0	0	0	0	117	6	111
Alamance	Edgewood Place at the Village at Brookwood (Transfer 32 Beds to Liberty Commons Alamance County and 22 beds to Peak Resources Alamance.)	105	0	105	-54	0	0	0	51	24	27
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty (Transfer 32 beds from Edgewood Place at the Village of Brookwood.)	90	0	90	32	0	0	0	122	0	122
Alamance	Peak Resources- Alamance (Edgewood Place at the Village of Brookwood.)	120	0	120	22	0	0	0	142	0	142
Alamance	Twin Lakes Community	100	0	100	0	0	0	0	100	36	64
Alamance	Twin Lakes Community Memory Care	16	0	16	0	0	0	0	16	8	8
Alamance	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals		888	0	888	0	0	0	0	888	74	814
Alexander	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals		183	0	183	0	0	0	0	183	49	134
Alleghany	Alleghany Center	90	0	90	0	0	0	0	90	0	90
Alleghany Totals		90	0	90	0	0	0	0	90	0	90
Anson	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson	Wadesboro Health & Rehab Center	66	0	66	0	0	0	0	66	0	66
Anson Totals		161	0	161	0	0	0	0	161	0	161
Ashe	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals		210	0	210	0	0	0	0	210	0	210
Avery	Charles A. Cannon, Jr. Memorial Hospital, Inc.**	0	10	10	0	0	0	0	10	0	10
Avery	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals		118	10	128	0	0	0	0	128	0	128
Beaufort	Ridgewood Living & Rehabilitation Center	128	0	128	0	0	0	0	128	0	128
Beaufort	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Beaufort Totals		268	0	268	0	0	0	0	268	0	268
Bertie	Brian Center Health & Rehabilitation/Windsor	82	0	82	0	0	0	0	82	0	82
Bertie	Three Rivers Health and Rehab	60	0	60	0	0	0	0	60	0	60
Bertie Totals		142	0	142	0	0	0	0	142	0	142
Bladen	Bladen East Health and Rehab	90	0	90	0	0	0	0	90	0	90
Bladen	Cape Fear Valley - Bladen County Hospital**	0	10	10	0	0	0	0	10	0	10
Bladen	Liberty Commons Nsg and Rehab Ctr of Bladen County	94	0	94	0	0	0	0	94	0	94
Bladen Totals		184	10	194	0	0	0	0	194	0	194
Brunswick	Autumn Care of Shallotte	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B Facility Name	C Licensed Beds in Nursing Homes	D Licensed Beds in Hospitals	E Total Licensed Beds	F CON Approved/License Pending			I Available in SMFP	J Total Available Beds	K Sum of Exclusions	L Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Brunswick	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	Brunswick Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Brunswick	Liberty Commons Nursing & Rehab Center of Southport LLC	99	0	99	0	0	0	0	99	0	99
Brunswick	Liberty Commons of Brunswick County (Transfer 64 from Southport Nursing Center)	0	0	0	0	0	64	0	64	0	64
Brunswick	Southport Nursing Center (Transfer 64 to Liberty Commons of Brunswick County)**	0	64	64	0	0	-64	0	0	0	0
Brunswick	Universal Health Care/Brunswick	90	0	90	0	0	0	0	90	0	90
Brunswick Totals		564	64	628	0	0	0	0	628	0	628
Buncombe	Accordius Health at Asheville	77	0	77	0	0	0	0	77	0	77
Buncombe	Aston Park Health Care Center Inc	120	0	120	0	0	0	0	120	0	120
Buncombe	Black Mountain Neuro-Medical Treatment Center*	156	0	156	0	0	0	0	156	156	0
Buncombe	Brian Center Health & Rehabilitation/Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	Brooks-Howell Home	58	0	58	0	0	0	0	58	4	54
Buncombe	Carolina Pine at Asheville	120	0	120	0	0	0	0	120	0	120
Buncombe	Deerfield Episcopal Retirement Community Inc	62	0	62	0	0	0	0	62	31	31
Buncombe	Emerald Ridge Rehabilitation and Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NC State Veterans Home - Black Mountain*	100	0	100	0	0	0	0	100	100	0
Buncombe	Pelican Health at Asheville	106	0	106	0	0	0	0	106	0	106
Buncombe	Pisgah Manor Health Care Center	118	0	118	0	0	0	0	118	5	113
Buncombe	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	The Laurels of GreenTree Ridge	98	0	98	0	0	0	0	98	0	98
Buncombe	The Laurels of Summit Ridge	60	0	60	0	0	0	0	60	0	60
Buncombe	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe	Western North Carolina Baptist Home	100	0	100	0	0	0	0	100	13	87
Buncombe Totals		1,950	0	1,950	0	0	0	0	1,950	321	1,629
Burke	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	College Pines Health and Rehabilitation	100	0	100	0	0	0	0	100	0	100
Burke	Grace Heights Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Burke	Grace Ridge	25	0	25	0	0	0	0	25	25	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Burke	Magnolia Lane Nursing and Rehabilitation Center (Transfer 30 to Western Mecklenburg Health & Rehabilitation Center, Mecklenburg County)	121	0	121	0	0	-30	0	91	0	91
Burke Totals		556	0	556	0	0	-30	0	526	25	501
Cabarrus	Accordius Health at Concord	120	0	120	0	0	0	0	120	0	120
Cabarrus	Brian Center Health & Retirement/Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	Five Oaks Manor	160	0	160	0	0	0	0	160	0	160
Cabarrus	PruittHealth-TownCenter	70	0	70	0	0	0	0	70	0	70
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus Totals		691	0	691	0	0	0	0	691	24	667
Caldwell	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals		400	0	400	0	0	0	0	400	0	400
Carteret	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	Harborview Health Care Center**	122	0	122	0	0	0	0	122	0	122
Carteret	PruittHealth - Sea Level (Replacement facility)	0	0	0	0	0	104	0	104	0	104
Carteret	PruittHealth - Sea Level (Former facility)**	104	0	104	0	0	-104	0	0	0	0
Carteret	Snug Harbor on Nelson Bay	42	0	42	0	0	0	0	42	0	42
Carteret Totals		424	0	424	0	0	0	0	424	0	424
Caswell	Brian Center Health & Rehabilitation/Yanceyville	157	0	157	0	0	0	0	157	0	157
Caswell Totals		157	0	157	0	0	0	0	157	0	157
Catawba	Abernethy Laurels	174	0	174	0	0	0	0	174	82	92
Catawba	Brian Center Health & Rehabilitation/Hickory East	150	0	150	0	0	0	0	150	0	150
Catawba	Brian Center Health and Rehabilitation Hickory/Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	Frye Regional Medical Center**	0	17	17	0	0	0	0	17	0	17
Catawba	Trinity Ridge	120	0	120	0	0	0	0	120	16	104
Catawba	Trinity Village	104	0	104	0	0	0	0	104	20	84
Catawba Totals		742	17	759	0	0	0	0	759	118	641
Chatham	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham	Chatham County Rehabilitation Center	0	0	0	115	0	0	0	115	0	115

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Chatham	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals		420	0	420	115	0	0	0	535	130	405
Cherokee	Murphy Rehabilitation & Nursing (Replacement facility)	0	0	0	0	0	134	0	134	0	134
Cherokee	Murphy Rehabilitation & Nursing (Transfer 134 to replacement facility)	134	0	134	0	0	-134	0	0	0	0
Cherokee	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals		210	0	210	0	0	0	0	210	0	210
Chowan	Chowan River Nursing & Rehabilitation Center (Transfer 20 to Rowan County Health & Rehabilitation Center, Rowan County)	130	0	130	0	0	-20	0	110	0	110
Chowan Totals		130	0	130	0	0	-20	0	110	0	110
Clay	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
Clay Totals		90	0	90	0	0	0	0	90	0	90
Cleveland	Cleveland Pines	120	0	120	0	0	0	0	120	0	120
Cleveland	Crawley Memorial Hospital**	0	10	10	0	0	0	0	10	0	10
Cleveland	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
Cleveland Totals		534	10	544	0	0	0	0	544	0	544
Columbus	Liberty Commons Nsg and Rehab Center of Columbus Cty (Transfer 7 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	107	0	107	0	0	-7	0	100	0	100
Columbus	Premier Living & Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	Shoreland Health Care and Retirement Center Inc (Transfer 9 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg Co.)	89	0	89	0	0	-9	0	80	0	80
Columbus Totals		323	0	323	0	0	-16	0	307	0	307
Craven	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Craven Totals		461	0	461	0	0	0	0	461	0	461
Cumberland	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Cumberland	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	Cumberland County Rehabilitation Center (Replacement facility)	0	0	0	0	0	58	0	58	0	58
Cumberland	Golden Years Nursing Home (Transfer 58 to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NC State Veterans Home-Fayetteville*	150	0	150	0	0	0	0	150	150	0
Cumberland	The Carrolton of Fayetteville**	120	0	120	0	0	0	0	120	0	120
Cumberland	Village Green Health and Rehabilitation	170	0	170	0	0	0	0	170	0	170
Cumberland	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	Woodlands Nursing & Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Cumberland Totals		1,179	0	1,179	0	0	0	0	1,179	150	1,029
Currituck	Currituck Health & Rehab Center	100	0	100	0	0	0	0	100	0	100
Currituck Totals		100	0	100	0	0	0	0	100	0	100
Dare	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals		126	0	126	0	0	0	0	126	0	126
Davidson	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	Accordius Health at Lexington	106	0	106	0	0	0	0	106	0	106
Davidson	Alston Brook	100	0	100	0	0	0	0	100	0	100
Davidson	Lexington Health Care Center	90	0	90	0	0	0	0	90	0	90
Davidson	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	Pelican Health Thomasville	120	0	120	0	0	0	0	120	0	120
Davidson	Piedmont Crossing	114	0	114	0	0	0	0	114	45	69
Davidson	Pine Ridge Health and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Davidson Totals		794	0	794	0	0	0	0	794	45	749
Davie	Bermuda Commons Nursing and Rehabilitation Center (Transfer 20 to Liberty Commons of Rowan in Rowan County, 2 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County, and 20 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	117	0	117	0	0	-42	0	75	0	75
Davie	Bermuda Village Retirement Center	36	0	36	0	0	0	0	36	0	36
Davie	Davie Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Davie Totals		249	0	249	0	0	-42	0	207	0	207
Duplin	Brian Center Health & Rehabilitation/Wallace	80	0	80	0	0	0	0	80	0	80
Duplin	Kenansville Health & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Duplin	Warsaw Nursing and Rehab Center	100	0	100	0	0	0	0	100	0	100

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					Nursing Home	Hospital	CON Bed Transfer				
Duplin Totals		272	0	272	0	0	0	0	272	0	272
Durham	Accordius Health at Rose Manor	111	0	111	0	0	0	0	111	0	111
Durham	Brian Center Southpoint	140	0	140	0	0	0	0	140	0	140
Durham	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	Croasdaile Village	110	0	110	0	0	0	0	110	74	36
Durham	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	Hillcrest Convalescent Center Inc	120	0	120	0	0	0	0	120	0	120
Durham	Liberty Commons of Durham County (Transfer from Liberty Commons Silas Creek.)	0	0	0	0	0	49	0	49	0	49
Durham	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	PruittHealth-Carolina Point (Portions of facility in Durham and Orange Counties)**	18	0	18	0	0	0	0	18	0	18
Durham	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	The Cedars of Chapel Hill	74	0	74	0	0	0	0	74	74	0
Durham	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham	Treyburn Rehabilitation Center	132	0	132	0	0	0	0	132	0	132
Durham Totals		1,342	0	1,342	0	0	49	0	1,391	206	1,185
Edgecombe	Edgecombe Health and Rehabilitation Center	159	0	159	0	0	0	0	159	0	159
Edgecombe	Prodigy Transitional Rehab	118	0	118	0	0	0	0	118	0	118
Edgecombe	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30
Edgecombe Totals		307	0	307	0	0	0	0	307	0	307
Forsyth	Accordius Health at Clemmons	94	0	94	0	0	0	0	94	0	94
Forsyth	Accordius Health at Winston Salem	66	0	66	0	0	0	0	66	0	66
Forsyth	Arbor Acres United Methodist Retirement Community Inc	83	0	83	0	0	0	0	83	83	0
Forsyth	Brookridge Retirement Community	77	0	77	0	0	0	0	77	7	70
Forsyth	Homestead Hills	40	0	40	0	0	0	0	40	2	38
Forsyth	Liberty Commons Nsg and Rehab Center of Silas Creek (Replacement facility. Transfer 100 from Liberty Commons Nursing and Rehab of Springwood. Relocate 49 NF beds to Liberty Commons of Durham County, 18 to Summerstone Health & Rehab Center, 33 to The Oaks.)	0	0	0	0	0	0	0	0	0	0
Forsyth	Liberty Commons Nursing and Rehab of Springwood (Transfer 100 to Liberty Commons Nsg and Rehab Center of Silas Creek)**	100	0	100	0	0	-100	0	0	0	0
Forsyth	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	Piney Grove Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	PruittHealth-High Point	100	0	100	0	0	0	0	100	0	100
Forsyth	Salemtowne	100	0	100	0	0	0	0	100	100	0

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					Nursing Home	Hospital	CON Bed Transfer				
Forsyth	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	Summerstone Health and Rehab Center (Transfer 18 beds from Liberty Commons of Silas Creek)	120	0	120	0	0	18	0	138	0	138
Forsyth	The Citadel at Winston Salem	230	0	230	0	0	0	0	230	0	230
Forsyth	The Oaks (Transfer 13 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County. Transfer 33 beds from Liberty Commons of Silas Creek.)**	131	0	131	0	0	20	0	151	0	151
Forsyth	Trinity Elms	100	0	100	0	0	0	0	100	5	95
Forsyth	Trinity Glen	117	0	117	0	0	0	0	117	1	116
Forsyth Totals		1,710	0	1,710	0	0	-62	0	1,648	216	1,432
Franklin	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals		258	0	258	0	0	0	0	258	0	258
Gaston	Accordius Health at Gastonia	118	0	118	0	0	0	0	118	0	118
Gaston	Alexandria Place	60	0	60	0	0	0	0	60	0	60
Gaston	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	Brian Center Health and Rehabilitation/Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	Carolina Care Health and Rehabilitation**	107	0	107	0	0	0	0	107	0	107
Gaston	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	Covenant Village Inc	38	0	38	0	0	0	0	38	38	0
Gaston	Peak Resources-Cherryville	70	0	70	0	0	0	0	70	0	70
Gaston	Peak Resources-Gastonia	104	0	104	0	0	0	0	104	0	104
Gaston	Stanley Total Living Center Inc	106	0	106	12	0	0	0	118	12	106
Gaston	The Ivy at Gastonia	50	0	50	0	0	0	0	50	0	50
Gaston Totals		972	0	972	12	0	0	0	984	50	934
Gates	Accordius Health and Rehabilitation	70	0	70	0	0	0	0	70	0	70
Gates Totals		70	0	70	0	0	0	0	70	0	70
Graham	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals		80	0	80	0	0	0	0	80	0	80
Granville	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	Universal Health Care/Oxford (Transfer 20 to Universal Health Care- Wake Forest in Wake County)	160	0	160	0	0	-20	0	140	0	140
Granville Totals		160	80	240	0	0	-20	0	220	0	220
Greene	Greendale Forest Nursing and Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals		115	0	115	0	0	0	0	115	0	115
Guilford	Accordius Health at Greensboro	105	0	105	0	0	0	0	105	0	105

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A County	B Facility Name	C	D	E	F CON Approved/License Pending			I	J	K	L
		Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	Nursing Home	Hospital	CON Bed Transfer	Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
Guilford	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	Ashton Health and Rehabilitation	134	0	134	0	0	0	0	134	0	134
Guilford	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	7	127
Guilford	Camden Health and Rehabilitation	135	0	135	0	0	0	0	135	0	135
Guilford	Carolina Pines at Greensboro	126	0	126	0	0	0	0	126	0	126
Guilford	Clapps Nursing Center Inc	118	0	118	0	0	0	0	118	0	118
Guilford	Countryside	60	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes at Guilford	69	0	69	0	0	0	0	69	10	59
Guilford	Friends Homes West	40	0	40	0	0	0	0	40	30	10
Guilford	Greenhaven Health & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hosp	107	0	107	0	0	0	0	107	0	107
Guilford	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	Maple Grove Health and Rehabilitation Center	210	0	210	0	0	0	0	210	0	210
Guilford	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	32	28
Guilford	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	Well-Spring	70	0	70	0	0	0	0	70	70	0
Guilford	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	3	85
Guilford Totals		2,409	23	2,432	0	0	0	0	2,432	201	2,231
Halifax	Accordius Health at Scotland Manor	62	0	62	0	0	0	0	62	0	62
Halifax	Bryan Health and Rehab	60	0	60	0	0	0	0	60	0	60
Halifax	Enfield Oaks Nursing and Rehabilitation Center (Transfer 3 to Wilson Pines Nursing & Rehabilitation Center in Wilson County)	63	0	63	0	0	-3	0	60	0	60
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	Signature HealthCARE of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals		343	0	343	0	0	-3	0	340	0	340
Harnett	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	The Carrolton of Dunn	100	0	100	0	0	0	0	100	0	100
Harnett	Universal Health Care/ Lillington	129	0	129	0	0	0	0	129	0	129
Harnett Totals		425	0	425	0	0	0	0	425	0	425
Haywood	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Haywood	Haywood Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Haywood	Maggie Valley Nursing and Rehab	114	0	114	0	0	0	0	114	0	114
Haywood	Silver Bluff LLC	131	0	131	0	0	0	0	131	0	131
Haywood	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals		475	0	475	0	0	0	0	475	0	475
Henderson	Accordius Health at Hendersonville LLC	134	0	134	0	0	0	0	134	0	134
Henderson	Blue Ridge Health and Rehabilitation Center	150	0	150	0	0	0	0	150	0	150
Henderson	Brian Center Health & Rehabilitation/Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	The Lodge at Mills River	50	0	50	0	0	0	0	50	0	50
Henderson	Universal Health Care/Fletcher	90	0	90	0	0	0	0	90	0	90
Henderson Totals		912	0	912	0	0	0	0	912	0	912
Hertford	Accordius Health at Creekside Care	151	0	151	0	0	0	0	151	0	151
Hertford Totals		151	0	151	0	0	0	0	151	0	151
Hoke	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals		132	0	132	0	0	0	0	132	0	132
Hyde	Cross Creek Health Care (Transfer 20 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County, and 10 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	80	0	80	0	0	-30	0	50	0	50
Hyde Totals		80	0	80	0	0	-30	0	50	0	50
Iredell	Accordius Health at Mooresville	131	0	131	0	0	0	0	131	0	131
Iredell	Accordius Health at Statesville	147	0	147	0	0	0	0	147	0	147
Iredell	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	Iredell Memorial Hospital, Incorporated	0	48	48	0	0	0	0	48	0	48
Iredell	Maple Leaf Health Care	94	0	94	0	0	0	0	94	0	94
Iredell	The Citadel at Mooresville	130	0	130	0	0	0	0	130	0	130
Iredell Totals		605	48	653	0	0	0	0	653	0	653
Jackson	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson	Vero Health & Rehab of Sylva	106	0	106	0	0	0	0	106	0	106
Jackson Totals		200	0	200	0	0	0	0	200	0	200
Johnston	Barbour Court Nursing & Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	Brian Center Health & Retirement/Clayton	90	0	90	0	0	0	0	90	0	90

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Johnston Totals		615	0	615	0	0	0	0	615	0	615
Jones	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals		80	0	80	0	0	0	0	80	0	80
Lee	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	Sanford Health & Rehabilitation Co	131	0	131	0	0	0	0	131	0	131
Lee	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals		294	0	294	0	0	0	0	294	0	294
Lenoir	Harmony Hall Nursing and Rehabilitation Center	175	0	175	0	0	0	0	175	0	175
Lenoir	NC State Veterans Home - Kinston*	100	0	100	0	0	0	0	100	100	0
Lenoir	Signature HealthCARE of Kinston	106	0	106	0	0	0	0	106	0	106
Lenoir	UNC Lenoir Health Care**	0	26	26	0	0	0	0	26	0	26
Lenoir Totals		381	26	407	0	0	0	0	407	100	307
Lincoln	Brian Center Health & Retirement/Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln Totals		300	0	300	0	0	0	0	300	0	300
Macon	Eckerd Living Center	80	0	80	0	0	0	0	80	0	80
Macon	Macon Valley Nursing and Rehabilitation Center (Transfer 80 to Western Mecklenburg Health & Rehabilitation Center in Mecklenburg County)	200	0	200	0	0	-80	0	120	0	120
Macon Totals		280	0	280	0	0	-80	0	200	0	200
Madison	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	Madison Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals		180	0	180	0	0	0	0	180	0	180
Martin	The Carrolton of Williamston	154	0	154	0	0	0	0	154	0	154
Martin Totals		154	0	154	0	0	0	0	154	0	154
McDowell	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140
McDowell Totals		250	0	250	0	0	0	0	250	0	250
Mecklenburg	Accordius Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Accordius Health at Midwood	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Asbury Health and Rehabilitation Center	120	0	120	0	0	0	0	120	25	95
Mecklenburg	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	Carrington Place	166	0	166	0	0	0	0	166	0	166
Mecklenburg	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Huntersville Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Huntersville Oaks	168	0	168	0	0	0	0	168	0	168
Mecklenburg	Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 5 from Warren Hills in Warren County, 10 from Cross Creek in Hyde County, 20 from Bermuda Commons in Davie County, 22 from Mary Gran in Sampson County, 7 from Liberty Commons of Columbus in Columbus County, 9 from Shoreland in Columbus County, and 10 from Parkview Health & Rehabilitation Center in Orange County)	0	0	0	0	0	83	0	83	0	83
Mecklenburg	Liberty Commons of Mecklenburg Health and Rehabilitation Center (Transfer 13 from The Oaks in Forsyth County, 20 from Warren Hills in Warren County, 20 from Cross Creek in Hyde County, 2 from Bermuda Commons in Davie County, 45 from Mary Gran in Sampson County)	0	0	0	0	0	100	0	100	0	100
Mecklenburg	Mecklenburg Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	Olde Knox Commons at The Villages of Mecklenburg	114	0	114	0	0	0	0	114	0	114
Mecklenburg	Pavilion Health Center at Brightmore (Transfer 12 to CCRC The Barclay of South Park)	120	0	120	0	0	-12	0	108	0	108
Mecklenburg	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	Pelican Health at Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Pelican Health Randolph	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	Royal Park Rehabilitation & Health Center (Transfer 10 to CCRC The Barclay of South Park)	169	0	169	0	0	-10	0	159	0	159
Mecklenburg	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Sharon Towers	96	0	96	0	0	0	0	96	35	61
Mecklenburg	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	The Barclay of SouthPark (Transfer 12 from Pavilion Health Center and 10 from Royal Park Rehabilitation & Health Center)	0	0	0	0	0	22	0	22	0	22
Mecklenburg	The Citadel at Myers Park, LLC	133	0	133	0	0	0	0	133	0	133

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Mecklenburg	The Pines at Davidson	51	0	51	0	0	0	0	51	51	0
Mecklenburg	The Stewart Health Center	56	0	56	0	0	0	0	56	56	0
Mecklenburg	University Place Nursing and Rehabilitation Center	207	0	207	0	0	0	0	207	0	207
Mecklenburg	Western Mecklenburg Health & Rehabilitation Center (Transfer 80 from Macon Valley Nursing & Rehabilitation in Macon County, and 30 from Magnolia Lane Nursing & Rehabilitation Center in Burke County)	0	0	0	0	0	110	0	110	0	110
Mecklenburg	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	80	0	80	10	0	0	0	90	90	0
Mecklenburg	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
Mecklenburg	Windsor Run Care Center	0	0	0	36	0	0	0	36	0	36
Mecklenburg Totals		3,386	16	3,402	46	0	293	0	3,741	359	3,382
Mitchell	Brian Center Health & Rehabilitation/Spruce Pine	127	0	127	0	0	0	0	127	0	127
Mitchell Totals		127	0	127	0	0	0	0	127	0	127
Montgomery	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
Montgomery Totals		141	0	141	0	0	0	0	141	0	141
Moore	Accordius Health at Aberdeen**	90	0	90	0	0	0	0	90	0	90
Moore	Inn at Quail Haven Village	60	0	60	0	0	0	0	60	25	35
Moore	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	Penick Village	50	0	50	0	0	0	0	50	31	19
Moore	Pinehurst Healthcare and Rehabilitation Center	144	0	144	0	0	0	0	144	0	144
Moore	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore	The Greens at Pinehurst Rehabilitation & Living Center	120	0	120	0	0	0	0	120	0	120
Moore Totals		730	0	730	0	0	0	0	730	56	674
Nash	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	South Village (Replacement facility)	0	0	0	0	0	100	0	100	0	100
Nash	The Carrolton of Nash	141	0	141	0	0	0	0	141	0	141
Nash	The Lodge at Rocky Mount (Transfer 100 to replacement facility)	100	0	100	0	0	-100	0	0	0	0
Nash	Universal Health Care/Nashville (Transfer 9 to Universal Health Care - Wake Forest in Wake County)** ****	9	0	9	0	0	-9	0	0	0	0
Nash Totals		427	0	427	0	0	-9	0	418	0	418
New Hanover	Accordius Health at Wilmington	120	0	120	0	0	0	0	120	0	120
New Hanover	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	Bradley Creek Health Center	30	0	30	0	0	0	0	30	12	18

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A	B	C	D	E	F	G	H	I	J	K	L
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					Nursing Home	Hospital	CON Bed Transfer				
New Hanover	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	Davis Health and Wellness Center at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	Liberty Commons Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
New Hanover	NorthChase Nursing and Rehabilitation Center**	140	0	140	0	0	0	0	140	0	140
New Hanover	Peak Resources- Wilmington, Inc	110	0	110	0	0	0	0	110	0	110
New Hanover	Trinity Grove	100	0	100	0	0	0	0	100	6	94
New Hanover Totals		1,041	0	1,041	0	0	0	0	1,041	18	1,023
Northampton	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	Rich Square Nursing & Rehabilitation Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals		149	0	149	0	0	0	0	149	0	149
Onslow	Carolina Rivers Nursing & Rehabilitation Center**	120	0	120	0	0	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center (Transfer 49 beds to Rowan County Health & Rehabilitation Center in Rowan County)	239	0	239	0	0	-49	0	190	0	190
Onslow Totals		359	0	359	0	0	-49	0	310	0	310
Orange	Carol Woods	30	0	30	0	0	0	0	30	30	0
Orange	Parkview Health and Rehabilitation Center (Transfer 10 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	108	0	108	0	0	-10	0	98	0	98
Orange	Peak Resources Brookshire	80	0	80	0	0	0	0	80	0	80
Orange	Pruitt Health-Carolina Point (Portions of facility in Durham and Orange County)	138	0	138	0	0	0	0	138	0	138
Orange	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals		464	0	464	0	0	-10	0	454	30	424
Pamlico	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals		96	0	96	0	0	0	0	96	0	96
Pasquotank	Elizabeth City Health and Rehabilitation	146	0	146	24	0	0	0	170	21	149
Pasquotank	The Citadel Elizabeth City LLC	108	0	108	0	0	0	0	108	0	108
Pasquotank Totals		254	0	254	24	0	0	0	278	21	257
Pender	Pender Memorial Hospital, Inc.	0	43	43	0	0	0	0	43	0	43
Pender	The Laurels of Pender	98	0	98	0	0	0	0	98	0	98
Pender	Woodbury Wellness Center Inc	112	0	112	0	0	0	0	112	0	112
Pender Totals		210	43	253	0	0	0	0	253	0	253
Perquimans	Brian Center Health and Rehabilitation/Hertford	78	0	78	0	0	0	0	78	0	78
Perquimans Totals		78	0	78	0	0	0	0	78	0	78
Person	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60

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					Nursing Home	Hospital	CON Bed Transfer				
Person	Roxboro Healthcare and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals		140	60	200	0	0	0	0	200	0	200
Pitt	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	East Carolina Rehab and Wellness	130	0	130	0	0	0	0	130	0	130
Pitt	MacGregor Downs Health and Rehabilitation Center	152	0	152	0	0	0	0	152	0	152
Pitt	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt	Springshire Retirement Community	0	0	0	12	0	0	0	12	0	12
Pitt	Universal Health Care/Greenville	120	0	120	0	0	0	0	120	0	120
Pitt Totals		570	0	570	12	0	0	0	582	30	552
Polk	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	WillowBrooke Court SC Center at Tryon Estates	52	0	52	0	0	0	0	52	52	0
Polk Totals		221	0	221	0	0	0	0	221	52	169
Randolph	Alpine Health and Rehabilitation	238	0	238	0	0	0	0	238	0	238
Randolph	Clapp's Convalescent Nursing Home Inc	96	0	96	0	0	0	0	96	0	96
Randolph	The Graybrier Nursing and Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	Universal Health Care/Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph	Woodland Hill Center	100	0	100	0	0	0	0	100	0	100
Randolph Totals		720	0	720	0	0	0	0	720	0	720
Richmond	PruittHealth-Rockingham**	120	0	120	0	0	0	0	120	0	120
Richmond	Richmond Pines Healthcare and Rehabilitation Center (Transfer 5 to Wilson Pines Nursing & Rehabilitation in Wilson County)	105	0	105	0	0	-5	0	100	0	100
Richmond Totals		225	0	225	0	0	-5	0	220	0	220
Robeson	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	Lumberton Health and Rehabilitation Center	122	0	122	0	0	0	0	122	0	122
Robeson	Pembroke Center**	84	0	84	0	0	0	0	84	0	84
Robeson	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	The Carrolton of Lumberton**	90	0	90	0	0	0	0	90	0	90
Robeson	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	3	59
Robeson Totals		410	115	525	0	0	0	0	525	3	522
Rockingham	Brian Center Health & Rehabilitation/Eden	112	0	112	0	0	0	0	112	0	112
Rockingham	Jacob's Creek Nursing and Rehabilitation Center (Transfer 20 to Rowan County Health & Rehabilitation Center in Rowan County)	170	0	170	0	0	-20	0	150	0	150

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Rockingham	Pelican Health Reidsville	110	0	110	0	0	0	0	110	0	110
Rockingham	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham	UNC Rockingham Hospital	0	121	121	0	0	0	0	121	0	121
Rockingham Totals		474	121	595	0	0	-20	0	575	0	575
Rowan	Accordius Health at Salisbury	185	0	185	0	0	0	0	185	0	185
Rowan	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	Brightmoor Nursing Center	58	0	58	0	0	0	0	58	0	58
Rowan	Compass Healthcare and Rehab Rowan, LLC	70	0	70	0	0	0	0	70	0	70
Rowan	Liberty Commons Nsg and Rehab Ctr of Rowan Cty (Transfer 20 from Bermuda Commons in Davie County)	90	0	90	0	0	20	0	110	0	110
Rowan	NC State Veterans Home- Salisbury*	99	0	99	0	0	0	0	99	99	0
Rowan	Rowan County Health & Rehabilitation Center (Transfer 49 from Premier Nursing & Rehabilitation Center in Onslow County, 20 from Jacob's Creek Nursing & Rehabilitation Center in Rockingham County, and 20 from Chowan River Nursing & Rehabilitation Center in Chowan County)	0	0	0	0	0	89	0	89	0	89
Rowan	The Citadel at Salisbury	160	0	160	0	0	0	0	160	0	160
Rowan	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	Trinity Oaks	115	0	115	0	0	0	0	115	61	54
Rowan Totals		984	0	984	0	0	109	0	1,093	160	933
Rutherford	Accordius Health at Rutherford	80	0	80	0	0	0	0	80	0	80
Rutherford	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	Willow Ridge Rehabilitation and Living Center	136	0	136	0	0	0	0	136	0	136
Rutherford Totals		406	0	406	0	0	0	0	406	0	406
Sampson	Mary Gran Nursing Center (Transfer 45 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County and 22 to Liberty Commons Nursing and Rehabilitation Center of Mint Hill in Mecklenburg County)	212	0	212	0	0	-67	0	145	0	145
Sampson	Sampson Regional Medical Center**	0	30	30	0	0	0	0	30	0	30
Sampson	Southwood Nursing and Retirement Center	100	0	100	0	0	0	0	100	0	100
Sampson Totals		312	30	342	0	0	-67	0	275	0	275
Scotland	Scotia Village	58	0	58	0	0	0	0	58	39	19
Scotland	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Scotland Totals		207	0	207	0	0	0	0	207	39	168
Stanly	Bethany Woods Nursing and Rehabilitation Center	180	0	180	0	0	0	0	180	0	180
Stanly	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	Trinity Place	76	0	76	0	0	0	0	76	1	75
Stanly Totals		406	0	406	0	0	0	0	406	1	405
Stokes	LifeBrite Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	Universal Health Care/King	96	0	96	0	0	0	0	96	0	96
Stokes	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Stokes Totals		282	40	322	0	0	0	0	322	0	322
Surry	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	Northern Regional Hospital	0	33	33	0	0	0	0	33	0	33
Surry	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry	Surry Community Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Surry Totals		439	33	472	0	0	0	0	472	0	472
Swain	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
Swain Totals		120	0	120	0	0	0	0	120	0	120
Transylvania	Accordius Health at Brevard	147	0	147	0	0	0	0	147	0	147
Transylvania	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	Transylvania Regional Hospital, Inc. And Bridgeway	0	10	10	0	0	0	0	10	0	10
Transylvania Totals		257	10	267	0	0	0	0	267	0	267
Union	Accordius Health at Monroe	60	0	60	0	0	0	0	60	0	60
Union	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	Jesse Helms Nursing Center	0	70	70	0	0	0	0	70	0	70
Union	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	PruittHealth-Union Pointe**	90	0	90	0	0	0	0	90	0	90
Union	White Oak of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals		627	70	697	0	0	0	0	697	0	697
Vance	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	Pelican Health at Henderson	78	0	78	0	0	0	0	78	0	78
Vance	Senior Citizen's Home Inc	60	0	60	0	0	0	0	60	0	60
Vance Totals		230	0	230	0	0	0	0	230	0	230
Wake	BellaRose Nursing & Rehab Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

A	B	C	D	E	F	G	H	I	J	K	L
County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Wake	Brightmore Healthcare Center of Cary	0	0	0	28	0	0	0	28	3	25
Wake	Brittany Place	25	0	25	0	0	0	0	25	25	0
Wake	Britthaven of Holly Springs (Transfer 90 from Tower Nursing)	0	0	0	0	0	90	0	90	0	90
Wake	Capital Nursing & Rehabilitation Center	125	0	125	0	0	0	0	125	0	125
Wake	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	Dan E & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	Litchford Falls Healthcare and Rehabilitation Center (Transfer 90 to Universal Health Care-Wake Forest.)	90	0	90	0	0	-90	0	0	0	0
Wake	PruittHealth-Raleigh***	150	0	150	0	0	18	0	168	0	168
Wake	Raleigh Rehabilitation Center**	157	0	157	0	0	0	0	157	0	157
Wake	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	Swift Creek Health Center**	28	0	28	0	0	0	0	28	0	28
Wake	The Cardinal at North Hills	15	0	15	0	0	0	0	15	15	0
Wake	The Laurels of Forest Glen	120	0	120	0	0	0	0	120	0	120
Wake	The Oaks at Whitaker Glen-Mayview	139	0	139	0	0	0	0	139	0	139
Wake	The Rosewood Health Center	57	0	57	0	0	0	0	57	57	0
Wake	Tower Nursing and Rehabilitation Center (Transfer 90 to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake	UNC Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	Universal Health Care- Wake Forest (Transfer 90 from Litchford Falls, 9 from Universal Health Care/Nashville in Nash County, 20 from Universal Healthcare/Oxford in Granville County)	0	0	0	0	0	119	0	119	0	119
Wake	Universal Health Care/Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	Universal Health Care/North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake	Wake County Health and Rehabilitation Center	0	0	0	95	0	0	0	95	0	95
Wake	WakeMed** ***	0	13	13	0	0	0	0	13	0	13
Wake	WakeMed Cary Hospital** ***	0	24	24	0	0	0	0	24	0	24
Wake	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Wake Totals		2,433	157	2,590	123	0	47	0	2,760	369	2,391

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

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County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Warren	Warren Hills Nursing Center (Transfer 20 to Liberty Commons of Mecklenburg Health and Rehabilitation Center in Mecklenburg County and 5 to Liberty Commons Nursing, and Rehabilitation Center of Mint Hill in Mecklenburg County)	140	0	140	0	0	-25	0	115	0	115
Warren Totals		140	0	140	0	0	-25	0	115	0	115
Washington	The Carrolton of Plymouth	114	0	114	0	0	0	0	114	0	114
Washington Totals		114	0	114	0	0	0	0	114	0	114
Watauga	Glenbridge Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Watauga	The Foley Center at Chestnut Ridge	92	0	92	0	0	0	0	92	0	92
Watauga Totals		226	0	226	0	0	0	0	226	0	226
Wayne	Brian Center Health and Rehabilitation/Goldsboro	130	0	130	0	0	0	0	130	0	130
Wayne	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne	O'Berry Center*	96	0	96	0	0	0	0	96	96	0
Wayne	Willow Creek Nursing & Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Wayne Totals		576	0	576	0	0	0	0	576	96	480
Wilkes	Accordius Health at Wilkesboro	120	0	120	0	0	0	0	120	0	120
Wilkes	Westwood Hills Nursing & Rehabilitation Center (Transfer 5 to Wilson Pines Nursing & Rehabilitation Center in Wilson County)	176	0	176	0	0	-5	0	171	0	171
Wilkes	Wilkes Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	Wilkesboro Health and Rehabilitation	111	0	111	0	0	0	0	111	0	111
Wilkes Totals		407	10	417	0	0	-5	0	412	0	412
Wilson	Accordius Health at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson	Brian Center Health & Rehabilitation/Wilson	99	0	99	0	0	0	0	99	0	99
Wilson	Longleaf Neuro-Medical Treatment Center*	231	0	231	0	0	0	0	231	231	0
Wilson	Wilson Pines Nursing and Rehabilitation Center (Transfer 5 from Richmond Pines Nursing & Rehabilitation Center in Richmond County, 5 from Westwood Hills Nursing & Rehabilitation Center in Wilkes County, and 3 from Enfield Oaks Nursing & Rehabilitation Center in Halifax County)	95	0	95	0	0	13	0	108	0	108
Wilson	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals		625	0	625	0	0	13	0	638	231	407
Yadkin	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals		223	0	223	0	0	0	0	223	0	223
Yancey	Smoky Ridge Health & Rehabilitation	140	0	140	0	0	0	0	140	0	140

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					Nursing Home	Hospital	CON Bed Transfer				
Yancey Totals		140	0	140	0	0	0	0	140	0	140
Grand Totals		45,272	993	46,265	332	0	18	0	46,615	3,174	43,441

Note: Methodology Inventory Identifiers

* State or federal facility

** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement, and/or a decision not to delicense beds. These beds are counted in the planning inventory.

Note: Methodology Planning Inventory Exclusion Reminders

* State and federal facilities excluded from planning inventory

-- Head injury beds, ventilator beds, bed transfers from state psychiatric hospitals, and out-of-area placements in non-profit religious/fraternal facilities are excluded from the planning inventory.

- Continuing Care Retirement Communities (CCRCs) developed under policy NH-2 have 100% of their nursing home beds excluded from the planning inventory and occupancy calculation.

Note: Methodology Occupancy Reminders

* State and federal facilities are not counted in occupancy calculations.

** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement and/or a decision not to decertify beds, are counted in occupancy calculations.

*** Pursuant to policy AC-4, a total of 37 beds from two WakeMed nursing home facilities were approved for re-conversion to acute care beds at WakeMed Raleigh - 24 beds from WakeMed Cary Hospital's Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility. In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities - 12 beds from WakeMed Cary/Fuquay-Varina and 6 beds from WakeMed Zebulon/Wendell. After these re-conversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities.

**** 51 of 60 beds have been transferred. 31 were transferred to Universal Healthcare/Fuquay-Varina and 20 beds were transferred to Universal Healthcare/North Raleigh.

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Alamance	756	774	762	761	742	157,624	159,371	161,076	165,749	170,483	4.7962	4.8566	4.7307	4.5913	4.3523	-0.0237	-0.0237	4.0427
Alexander	128	115	109	104	99	38,302	38,054	38,452	38,390	38,530	3.3419	3.0220	2.8347	2.7090	2.5694	-0.0634	-0.0145	2.4575
Alleghany	85	83	75	67	62	11,159	11,255	11,233	11,466	11,466	7.6172	7.3745	6.6768	5.8434	5.4073	-0.0815	-0.0145	5.1717
Anson	147	145	152	149	151	26,469	26,155	25,626	25,460	25,290	5.5537	5.5439	5.9315	5.8523	5.9707	0.0188	-0.0145	5.7106
Ashe	109	118	112	117	125	27,482	27,318	27,218	27,551	27,861	3.9662	4.3195	4.1149	4.2467	4.4866	0.0326	-0.0145	4.2911
Avery	90	85	84	79	74	17,902	17,837	18,072	17,913	18,022	5.0274	4.7654	4.6481	4.4102	4.1061	-0.0492	-0.0145	3.9272
Beaufort	250	254	244	245	252	47,718	47,827	47,547	47,438	47,480	5.2391	5.3108	5.1318	5.1646	5.3075	0.0035	0.0035	5.3634
Bertie	115	115	114	105	100	20,361	20,413	19,881	19,732	19,636	5.6481	5.6337	5.7341	5.3213	5.0927	-0.0249	-0.0249	4.7120
Bladen	154	161	134	146	143	35,152	35,011	34,393	34,298	34,497	4.3810	4.5986	3.8961	4.2568	4.1453	-0.0092	-0.0092	4.0312
Brunswick	404	430	435	386	446	121,577	125,712	131,726	136,126	142,088	3.3230	3.4205	3.3023	2.8356	3.1389	-0.0099	-0.0099	3.0457
Buncombe	1,498	1,513	1,521	1,443	1,527	254,344	257,931	261,532	262,483	264,056	5.8897	5.8659	5.8157	5.4975	5.7829	-0.0038	-0.0038	5.7161
Burke	428	432	422	406	413	89,198	89,274	90,246	91,555	91,810	4.7983	4.8390	4.6761	4.4345	4.4984	-0.0156	-0.0156	4.2878
Cabarrus	562	582	572	591	636	195,999	200,595	205,473	209,303	212,917	2.8674	2.9014	2.7838	2.8237	2.9871	0.0109	-0.0145	2.8570
Caldwell	327	318	327	341	337	82,391	82,691	83,303	83,597	83,417	3.9689	3.8456	3.9254	4.0791	4.0399	0.0048	0.0048	4.0983
Camden *	0	0	0	0	0	10,349	10,223	10,359	10,414	10,611	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	299	310	330	259	244	69,530	70,115	70,190	70,619	71,163	4.3003	4.4213	4.7015	3.6676	3.4287	-0.0484	-0.0145	3.2794
Caswell	135	134	113	113	114	23,643	23,615	23,699	23,309	23,664	5.7099	5.6744	4.7681	4.8479	4.8174	-0.0389	-0.0145	4.6076
Catawba	653	681	647	647	650	156,182	156,106	156,949	157,978	159,494	4.1810	4.3624	4.1224	4.0955	4.0754	-0.0058	-0.0058	4.0049
Chatham	364	360	338	339	347	69,851	73,176	74,835	74,491	75,994	5.2111	4.9196	4.5166	4.5509	4.5661	-0.0317	-0.0145	4.3672
Cherokee	172	161	170	158	150	27,487	27,878	29,216	29,288	29,630	6.2575	5.7752	5.8187	5.3947	5.0624	-0.0510	-0.0145	4.8419
Chowan	92	92	84	91	89	14,670	14,418	14,292	14,123	14,114	6.2713	6.3809	5.8774	6.4434	6.3058	0.0034	0.0034	6.3697
Clay	71	80	77	86	77	10,886	11,089	11,488	11,646	11,860	6.5221	7.2144	6.7026	7.3845	6.4924	0.0040	0.0040	6.5709
Cleveland	438	457	453	457	443	98,246	97,997	98,580	98,717	99,776	4.4582	4.6634	4.5953	4.6294	4.4399	-0.0005	-0.0005	4.4330
Columbus	255	263	255	256	179	57,579	57,095	56,941	56,505	56,290	4.4287	4.6064	4.4783	4.5306	3.1800	-0.0685	-0.0145	3.0414
Craven	395	383	392	401	390	105,052	103,256	103,735	103,569	103,779	3.7600	3.7092	3.7789	3.8718	3.7580	0.0001	0.0001	3.7593
Cumberland	965	990	973	984	921	331,238	327,820	329,604	329,079	332,455	2.9133	3.0199	2.9520	2.9902	2.7703	-0.0116	-0.0116	2.6737
Currituck	84	79	73	59	51	25,616	26,194	26,604	27,321	27,526	3.2792	3.0160	2.7439	2.1595	1.8528	-0.1314	-0.0145	1.7721
Dare	63	70	68	91	86	35,579	36,411	36,792	37,197	37,290	1.7707	1.9225	1.8482	2.4464	2.3062	0.0784	-0.0145	2.2058
Davidson	666	678	667	689	667	164,927	165,953	167,105	167,762	169,468	4.0382	4.0855	3.9915	4.1070	3.9358	-0.0060	-0.0060	3.8649
Davie	164	157	166	158	195	41,475	41,989	42,727	43,193	43,430	3.9542	3.7391	3.8851	3.6580	4.4900	0.0384	-0.0145	4.2944
Duplin	230	252	225	232	192	60,446	59,868	59,513	59,629	59,736	3.8050	4.2093	3.7807	3.8907	3.2141	-0.0351	-0.0145	3.0741
Durham	1,105	1,064	1,100	1,107	1,104	297,807	302,332	306,184	311,649	315,741	3.7105	3.5193	3.5926	3.5521	3.4965	-0.0144	-0.0144	3.3455
Edgecombe	258	257	277	277	262	55,394	54,248	52,856	53,001	52,586	4.6575	4.7375	5.2407	5.2263	4.9823	0.0185	-0.0145	4.7653
Forsyth	1,221	1,336	1,255	1,329	1,344	367,853	369,688	372,651	377,523	379,693	3.3193	3.6139	3.3678	3.5203	3.5397	0.0179	-0.0145	3.3855
Franklin	183	162	165	187	205	63,848	64,925	66,514	67,723	69,112	2.8662	2.4952	2.4807	2.7612	2.9662	0.0130	-0.0145	2.8370
Gaston	860	833	843	826	810	211,936	214,664	218,527	221,607	222,744	4.0578	3.8805	3.8576	3.7273	3.6365	-0.0269	-0.0269	3.3426
Gates	47	48	51	51	58	11,914	11,701	11,960	12,079	12,132	3.9449	4.1022	4.2642	4.2222	4.7807	0.0504	-0.0145	4.5725
Graham	73	70	68	66	70	8,890	8,722	8,837	8,775	8,687	8.2115	8.0257	7.6949	7.5214	8.0580	-0.0038	-0.0038	7.9671
Granville	217	202	197	194	197	58,280	58,919	59,975	61,241	61,406	3.7234	3.4284	3.2847	3.1678	3.2082	-0.0360	-0.0145	3.0684
Greene	99	102	104	83	97	21,309	21,073	21,522	21,301	21,050	4.6459	4.8403	4.8323	3.8965	4.6081	0.0073	0.0073	4.7088

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Guilford	2,056	2,044	1,937	1,985	2,007	516,415	521,368	523,962	533,213	539,666	3.9813	3.9205	3.6968	3.7227	3.7190	-0.0166	-0.0166	3.5340
Halifax	280	276	214	257	181	52,876	52,062	51,815	51,704	51,194	5.2954	5.3014	4.1301	4.9706	3.5356	-0.0763	-0.0145	3.3816
Harnett	364	358	364	388	391	127,986	128,597	130,847	133,869	135,239	2.8441	2.7839	2.7819	2.8984	2.8912	0.0044	0.0044	2.9292
Haywood	428	405	385	392	416	60,178	61,126	62,277	62,959	63,328	7.1122	6.6257	6.1821	6.2263	6.5690	-0.0183	-0.0183	6.2085
Henderson	788	779	765	714	669	112,116	113,806	116,173	117,312	118,312	7.0284	6.8450	6.5850	6.0863	5.6545	-0.0527	-0.0145	5.4082
Hertford	126	133	142	131	133	24,501	24,402	23,947	24,031	24,037	5.1426	5.4504	5.9298	5.4513	5.5331	0.0205	-0.0145	5.2921
Hoke	115	117	119	108	112	51,568	52,833	53,343	54,923	54,842	2.2301	2.2145	2.2308	1.9664	2.0422	-0.0199	-0.0199	1.9203
Hyde	50	46	41	40	37	5,735	5,678	5,644	5,449	5,181	8.7184	8.1014	7.2644	7.3408	7.1415	-0.0477	-0.0145	6.8304
Iredell	539	522	518	481	486	169,281	173,206	176,563	179,330	181,380	3.1841	3.0138	2.9338	2.6822	2.6795	-0.0417	-0.0145	2.5627
Jackson	139	156	141	163	168	41,279	41,909	43,116	44,272	44,335	3.3673	3.7224	3.2702	3.6818	3.7893	0.0348	-0.0145	3.6243
Johnston	480	494	522	527	525	183,309	188,761	194,705	199,768	205,951	2.6185	2.6171	2.6810	2.6381	2.5492	-0.0065	-0.0065	2.4997
Jones	59	59	55	52	56	10,490	10,424	10,356	10,100	10,196	5.6244	5.6600	5.3109	5.1485	5.4923	-0.0048	-0.0048	5.4135
Lee	254	268	241	244	251	59,202	58,907	59,337	60,097	61,690	4.2904	4.5495	4.0615	4.0601	4.0687	-0.0113	-0.0113	3.9311
Lenoir	310	300	292	305	318	58,780	58,273	57,477	57,232	56,372	5.2739	5.1482	5.0803	5.3292	5.6411	0.0176	-0.0145	5.3954
Lincoln	262	268	261	268	249	80,810	82,475	83,251	84,608	86,453	3.2422	3.2495	3.1351	3.1675	2.8802	-0.0283	-0.0145	2.7547
Macon	88	142	144	147	137	34,851	35,091	35,413	36,117	36,498	2.5250	4.0466	4.0663	4.0701	3.7536	0.1327	-0.0145	3.5901
Madison	169	175	171	163	173	21,728	21,818	22,240	22,523	22,602	7.7780	8.0209	7.6888	7.2370	7.6542	-0.0028	-0.0028	7.5894
Martin	108	103	99	102	105	23,604	23,649	23,510	23,290	23,150	4.5755	4.3554	4.2110	4.3796	4.5356	-0.0014	-0.0014	4.5166
McDowell	204	212	196	193	213	45,380	45,485	45,716	46,358	46,684	4.4954	4.6609	4.2873	4.1633	4.5626	0.0059	0.0059	4.6435
Mecklenburg	2,729	2,831	2,743	2,765	2,816	1,032,620	1,055,826	1,077,301	1,093,708	1,108,107	2.6428	2.6813	2.5462	2.5281	2.5413	-0.0094	-0.0094	2.4694
Mitchell	109	97	90	88	97	15,826	15,328	15,237	15,234	15,239	6.8874	6.3283	5.9067	5.7766	6.3652	-0.0170	-0.0170	6.0410
Montgomery	98	101	95	96	99	27,842	27,894	27,865	27,926	27,666	3.5199	3.6209	3.4093	3.4377	3.5784	0.0049	0.0049	3.6308
Moore	549	615	569	559	550	94,218	95,789	97,597	99,310	101,180	5.8269	6.4204	5.8301	5.6288	5.4359	-0.0147	-0.0147	5.1957
Nash	368	394	388	381	388	94,331	94,280	94,365	95,072	95,647	3.9012	4.1790	4.1117	4.0075	4.0566	0.0105	-0.0145	3.8799
New Hanover	907	892	900	937	901	220,108	223,152	227,261	233,595	235,560	4.1207	3.9973	3.9602	4.0112	3.8249	-0.0182	-0.0182	3.6161
Northampton	110	115	120	104	136	21,095	21,037	20,709	20,711	20,527	5.2145	5.4666	5.7946	5.0215	6.6254	0.0736	-0.0145	6.3368
Onslow	232	235	239	227	235	194,607	196,830	195,621	198,783	201,548	1.1921	1.1939	1.2218	1.1419	1.1660	-0.0049	-0.0049	1.1489
Orange	284	309	293	299	348	141,599	141,704	142,365	144,372	147,093	2.0057	2.1806	2.0581	2.0710	2.3659	0.0449	-0.0145	2.2628
Pamlico	68	75	69	74	79	13,158	13,177	13,268	13,273	13,266	5.1680	5.6917	5.2005	5.5752	5.9551	0.0388	-0.0145	5.6957
Pasquotank	212	220	214	227	202	39,951	39,959	40,598	39,826	39,731	5.3065	5.5056	5.2712	5.6998	5.0842	-0.0079	-0.0079	4.9631
Pender	234	233	225	217	234	57,693	59,105	60,999	62,359	63,406	4.0560	3.9421	3.6886	3.4799	3.6905	-0.0221	-0.0221	3.4457
Perquimans	58	63	51	49	52	13,566	13,699	13,546	13,729	13,639	4.2754	4.5989	3.7649	3.5691	3.8126	-0.0224	-0.0224	3.5568
Person	181	185	171	163	162	39,322	39,712	39,868	40,014	40,370	4.6030	4.6585	4.2892	4.0736	4.0129	-0.0331	-0.0145	3.8381
Pitt	388	466	503	473	471	175,390	176,311	176,424	179,388	179,731	2.2122	2.6431	2.8511	2.6367	2.6206	0.0480	-0.0145	2.5064
Polk	183	173	180	173	168	20,848	20,927	21,154	21,468	21,696	8.7778	8.2668	8.5090	8.0585	7.7434	-0.0302	-0.0145	7.4061
Randolph	640	624	612	570	534	143,666	143,091	144,672	143,907	144,914	4.4548	4.3609	4.2303	3.9609	3.6849	-0.0461	-0.0145	3.5244
Richmond	162	189	161	159	170	45,521	45,301	44,892	45,032	45,079	3.5588	4.1721	3.5864	3.5308	3.7712	0.0211	-0.0145	3.6069
Robeson	476	480	459	446	388	133,257	133,117	132,020	131,303	131,056	3.5720	3.6059	3.4767	3.3967	2.9606	-0.0444	-0.0145	2.8316
Rockingham	534	528	517	524	534	92,543	91,981	91,790	91,273	91,788	5.7703	5.7403	5.6324	5.7410	5.8178	0.0022	0.0022	5.8555
Rowan	833	840	794	807	810	138,710	140,963	141,917	142,342	142,643	6.0053	5.9590	5.5948	5.6694	5.6785	-0.0135	-0.0135	5.4490

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

A	B					C					D					E	F	G
County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Rutherford	354	376	362	347	369	67,466	67,665	67,796	68,772	68,908	5.2471	5.5568	5.3395	5.0457	5.3550	0.0065	0.0065	5.4602
Sampson	223	227	218	198	205	64,516	63,993	63,143	64,019	64,284	3.4565	3.5473	3.4525	3.0928	3.1890	-0.0184	-0.0184	3.0131
Scotland	168	184	177	172	182	35,804	35,626	35,686	35,802	35,732	4.6922	5.1648	4.9599	4.8042	5.0935	0.0225	-0.0145	4.8716
Stanly	350	340	350	334	341	61,255	61,447	62,443	63,465	63,727	5.7138	5.5332	5.6051	5.2627	5.3510	-0.0157	-0.0157	5.0984
Stokes	300	303	292	290	292	46,787	46,735	46,728	46,604	46,420	6.4120	6.4834	6.2489	6.2226	6.2904	-0.0046	-0.0046	6.2038
Surry	431	417	404	424	416	73,834	73,195	72,843	73,117	73,232	5.8374	5.6971	5.5462	5.7989	5.6806	-0.0063	-0.0063	5.5725
Swain	93	96	95	96	90	14,987	15,106	14,999	14,862	14,275	6.2054	6.3551	6.3338	6.4594	6.3047	0.0042	0.0042	6.3835
Transylvania	219	202	183	166	148	33,738	34,056	34,464	35,034	35,484	6.4912	5.9314	5.3099	4.7383	4.1709	-0.1046	-0.0145	3.9892
Tyrrell *	0	0	0	0	0	4,142	4,215	4,138	4,309	4,259	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	530	572	583	559	501	220,546	224,030	228,171	232,814	237,287	2.4031	2.5532	2.5551	2.4011	2.1114	-0.0294	-0.0145	2.0194
Vance	213	212	214	218	211	45,022	45,113	44,862	45,157	45,969	4.7310	4.6993	4.7702	4.8276	4.5900	-0.0072	-0.0072	4.4909
Wake	1,969	2,002	2,009	2,002	2,017	1,005,367	1,029,789	1,048,771	1,073,993	1,089,579	1.9585	1.9441	1.9156	1.8641	1.8512	-0.0140	-0.0140	1.7737
Warren	124	111	114	105	96	20,514	20,469	20,133	20,174	20,022	6.0447	5.4228	5.6623	5.2047	4.7947	-0.0546	-0.0145	4.5859
Washington	104	98	92	103	104	12,646	12,508	12,349	12,239	12,071	8.2239	7.8350	7.4500	8.4157	8.6157	0.0142	-0.0145	8.2404
Watauga	165	168	175	171	161	53,314	54,340	56,170	57,646	57,899	3.0949	3.0916	3.1155	2.9664	2.7807	-0.0259	-0.0259	2.5643
Wayne	425	415	411	382	399	125,912	124,900	124,945	124,658	125,825	3.3754	3.3227	3.2894	3.0644	3.1711	-0.0148	-0.0148	3.0302
Wilkes	375	365	311	339	315	70,000	69,663	70,536	69,907	70,200	5.3571	5.2395	4.4091	4.8493	4.4872	-0.0388	-0.0145	4.2917
Wilson	358	361	343	333	315	81,677	82,152	82,035	81,968	82,282	4.3831	4.3943	4.1811	4.0626	3.8283	-0.0330	-0.0145	3.6615
Yadkin	201	189	172	175	176	37,655	37,521	37,687	38,477	38,196	5.3379	5.0372	4.5639	4.5482	4.6078	-0.0352	-0.0145	4.4071
Yancey	85	86	81	81	92	17,915	17,980	18,199	18,363	18,623	4.7446	4.7831	4.4508	4.4110	4.9401	0.0124	-0.0145	4.7249
State Total	37,023	37,592	36,740	36,573	36,480	10,054,722	10,158,475	10,272,692	10,401,960	10,508,254	3.6822	3.7006	3.5765	3.5160	3.4716	-0.0145		

* Camden and Tyrrell counties have no Nursing Home Beds.

Table 10C: Nursing Care Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.0427	182,108	736	775	888	74	814	39		90.6	0
Alexander	2.4575	39,661	97	103	183	49	134	31		57.7	0
Alleghany	5.1717	11,687	60	64	90	0	90	26		70.7	0
Anson	5.7106	25,287	144	152	161	0	161	9		91.6	0
Ashe	4.2911	29,251	126	132	210	0	210	78		59.4	0
Avery	3.9272	18,032	71	75	128	0	128	53		63.0	0
Beaufort	5.3634	47,524	255	268	268	0	268	0	-0.11%	92.6	0
Bertie	4.7120	19,603	92	97	142	0	142	45		76.0	0
Bladen	4.0312	34,233	138	145	194	0	194	49		75.9	0
Brunswick	3.0457	159,625	486	512	628	0	628	116		63.4	0
Buncombe	5.7161	279,015	1,595	1,679	1,950	321	1,629	-50	-2.97%	89.9	0
Burke	4.2878	93,266	400	421	526	25	501	80		79.2	0
Cabarrus	2.8570	233,796	668	703	691	24	667	-36	-5.13%	86.0	0
Caldwell	4.0983	85,508	350	369	400	0	400	31		86.0	0
Carteret	3.2794	72,900	239	252	424	0	424	172		84.0	0
Caswell	4.6076	23,665	109	115	157	0	157	42		76.3	0
Catawba	4.0049	164,550	659	694	759	118	641	-53	-7.60%	88.2	0
Chatham	4.3672	84,596	369	389	535	130	405	16		85.8	0
Cherokee	4.8419	31,195	151	159	210	0	210	51		73.0	0
Chowan	6.3697	13,881	88	93	110	0	110	17		68.3	0
Clay	6.5709	12,794	84	88	90	0	90	2		89.8	0
Cleveland	4.4330	101,514	450	474	544	0	544	70		83.0	0
Columbus	3.0414	56,219	171	180	307	0	307	127		68.5	0
Craven	3.7593	97,842	368	387	461	0	461	74		90.9	0
Cumberland	2.6737	306,218	819	862	1,179	150	1,029	167		89.0	0
Currituck	1.7721	29,659	53	55	100	0	100	45		53.8	0
Dare	2.2058	38,443	85	89	126	0	126	37		70.1	0
Davidson	3.8649	176,526	682	718	794	45	749	31		91.6	0
Davie	4.2944	46,225	199	209	207	0	207	-2	-0.94%	67.5	0
Duplin	3.0741	59,836	184	194	272	0	272	78		48.9	0

Table 10C: Nursing Care Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Durham	3.3455	338,639	1,133	1,193	1,391	206	1,185	-8	-0.63%	80.7	0
Edgecombe	4.7653	51,893	247	260	307	0	307	47		91.6	0
Forsyth	3.3855	397,077	1,344	1,415	1,648	216	1,432	17		81.4	0
Franklin	2.8370	74,608	212	223	258	0	258	35		71.6	0
Gaston	3.3426	229,007	765	806	984	50	934	128		79.7	0
Gates	4.5725	12,228	56	59	70	0	70	11		75.1	0
Graham	7.9671	8,685	69	73	80	0	80	7		82.4	0
Granville	3.0684	65,104	200	210	220	0	220	10		85.4	0
Greene	4.7088	21,049	99	104	115	0	115	11		80.8	0
Guilford	3.5340	570,977	2,018	2,124	2,432	201	2,231	107		89.8	0
Halifax	3.3816	49,407	167	176	340	0	340	164		70.0	0
Harnett	2.9292	141,489	414	436	425	0	425	-11	-2.58%	91.2	0
Haywood	6.2085	65,760	408	430	475	0	475	45		85.7	0
Henderson	5.4082	125,039	676	712	912	0	912	200		84.8	0
Hertford	5.2921	24,005	127	134	151	0	151	17		87.8	0
Hoke	1.9203	57,343	110	116	132	0	132	16		93.9	0
Hyde	6.8304	5,065	35	36	50	0	50	14		49.8	0
Iredell	2.5627	194,595	499	525	653	0	653	128		79.0	0
Jackson	3.6243	46,907	170	179	200	0	200	21		83.7	0
Johnston	2.4997	236,208	590	622	615	0	615	-7	-1.05%	88.7	0
Jones	5.4135	10,199	55	58	80	0	80	22		68.2	0
Lee	3.9311	64,787	255	268	294	0	294	26		86.8	0
Lenoir	5.3954	54,330	293	309	407	100	307	-2	-0.50%	77.8	0
Lincoln	2.7547	92,497	255	268	300	0	300	32		92.4	0
Macon	3.5901	38,483	138	145	200	0	200	55		55.2	0
Madison	7.5894	23,807	181	190	180	0	180	-10	-5.36%	92.9	0
Martin	4.5166	22,589	102	107	154	0	154	47		67.4	0
McDowell	4.6435	47,940	223	234	250	0	250	16		82.7	0
Mecklenburg	2.4694	1,218,616	3,009	3,168	3,741	359	3,382	214		81.4	0
Mitchell	6.0410	15,297	92	97	127	0	127	30		73.8	0

Table 10C: Nursing Care Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Montgomery	3.6308	27,890	101	107	141	0	141	34		65.3	0
Moore	5.1957	107,778	560	589	730	56	674	85		79.6	0
Nash	3.8799	96,696	375	395	418	0	418	23		92.9	0
New Hanover	3.6161	253,571	917	965	1,041	18	1,023	58		91.1	0
Northampton	6.3368	19,515	124	130	149	0	149	19		77.7	0
Onslow	1.1489	177,098	203	214	310	0	310	96		39.9	0
Orange	2.2628	154,663	350	368	454	30	424	56		79.5	0
Pamlico	5.6957	13,349	76	80	96	0	96	16		77.3	0
Pasquotank	4.9631	38,982	193	204	278	21	257	53		85.0	0
Pender	3.4457	69,186	238	251	253	0	253	2		92.5	0
Perquimans	3.5568	13,706	49	51	78	0	78	27		58.6	0
Person	3.8381	41,102	158	166	200	0	200	34		81.4	0
Pitt	2.5064	186,097	466	491	582	30	552	61		90.4	0
Polk	7.4061	22,459	166	175	221	52	169	-6	-3.48%	80.5	0
Randolph	3.5244	149,377	526	554	720	0	720	166		86.2	0
Richmond	3.6069	44,645	161	170	220	0	220	50		43.2	0
Robeson	2.8316	128,421	364	383	525	3	522	139		89.3	0
Rockingham	5.8555	91,863	538	566	575	0	575	9		88.5	0
Rowan	5.4490	145,376	792	834	1,093	160	933	99		87.9	0
Rutherford	5.4602	70,415	384	405	406	0	406	1		90.1	0
Sampson	3.0131	64,947	196	206	275	0	275	69		55.9	0
Scotland	4.8716	35,565	173	182	207	39	168	-14	-7.88%	87.5	0
Stanly	5.0984	66,265	338	356	406	1	405	49		87.3	0
Stokes	6.2038	46,192	287	302	322	0	322	20		92.7	0
Surry	5.5725	73,232	408	430	472	0	472	42		92.0	0
Swain	6.3835	13,671	87	92	120	0	120	28		74.9	0
Transylvania	3.9892	36,991	148	155	267	0	267	112		56.8	0
Union	2.0194	266,593	538	567	697	0	697	130		78.5	0
Vance	4.4909	46,617	209	220	230	0	230	10		94.7	0
Wake	1.7737	1,194,828	2,119	2,231	2,760	369	2,391	160		83.4	0

Table 10C: Nursing Care Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J	K	L
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Warren	4.5859	19,443	89	94	115	0	115	21		71.9	0
Washington	8.2404	11,655	96	101	114	0	114	13		87.8	0
Watauga	2.5643	62,053	159	167	226	0	226	59		75.2	0
Wayne	3.0302	127,148	385	406	576	96	480	74		84.4	0
Wilkes	4.2917	71,644	307	324	412	0	412	88		77.0	0
Wilson	3.6615	84,606	310	326	638	231	407	81		84.0	0
Yadkin	4.4071	38,338	169	178	223	0	223	45		83.3	0
Yancey	4.7249	19,473	92	97	140	0	140	43		63.8	0
State Total		11,009,739	36,727	38,660	46,615	3,174	43,441				0

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Table 10D: Nursing Home Bed Need Determination

Service Area	HSA	Home Bed Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.				

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Chapter 11:

Adult Care Homes

CHAPTER 11

ADULT CARE HOMES

Introduction

G.S. 131E-176(1) defines an **adult care home** as “a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes that provides residential care for aged or disabled persons whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.”

Before enactment of Senate Bill 937 in 2001 to regulate the development of adult care homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Some of these beds remain eligible to be developed pursuant to settlements of contested cases. These **settlement** beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the current North Carolina State Medical Facilities Plan (SMFP) is subject to change based on whether conditions have been met to allow for development of the settlement beds. In addition, litigation may result in changes to the inventory.

Definitions

An adult care home bed’s service area is the county in which the adult care home bed is located. Each of the 100 counties is a separate service area.

The **reporting year** is August 1 through July 31. The **current** reporting year is August 1, 2018 through July 31, 2019.

The methodology projects bed need determination five years beyond the current reporting year. The current **projection year** is 2024.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds, plus any new beds approved by certificate of need that are under development, minus any exclusions (see below) and beds to be relocated out of the county.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous State Medical Facilities Plan (SMFP).

Basic Principles

1. The methodology should project need determination five years beyond the current reporting year because at least that amount of time is required to bring a new or expanded facility into service.
2. A goal of the planning process is a reasonable level of parity among individuals in their geographic access to adult care home facilities.

Data Sources

The North Carolina Office of State Budget and Management provides estimates of North Carolina residents for the current reporting year and projection year, by county.

Estimates of the active duty military population come from the category of “Employment Status - Armed Forces” from the most recent American Community Survey 5-Year Estimates.

The methodology combines utilization data for the current and four immediately previous reporting years, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation from: License Renewal Applications to Operate a Nursing Home; Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications; and License Renewal Applications for Adult Care Homes.

Assumptions of the Methodology

1. The inventory excludes 100% of the beds developed as part of a qualified continuing care retirement community (*Table 11E*), including those developed before enactment of Policy LTC-1; the occupancy rate calculation excludes their associated days of care.
2. The methodology excludes the estimated active duty military population under the age of 35 from the county’s population for any county with more than 500 active duty military personnel.
3. The methodology uses the county bed use rate as the utilization measure in determining needs. Bed use rates are calculated per 1,000 population per county. Each county’s bed use rate is calculated using a five-year average annual change rate to project forward five years beyond the reporting year. Any county with an average annual change rate that is at least one-half of one standard deviation above the statewide rate will receive a rate equal to the average plus one half of one standard deviation above the statewide rate.
4. The projected utilization is multiplied by three to account for future increases in utilization.
5. The methodology uses the highest of four occupancy rate calculations such that the need determination in each service area reflects the highest of the average or the median of all facilities’ occupancy rates based on a 1-day census in a county, or the average or median of all the facilities’ occupancy rates based on annual days of care in a county.

Application of the Methodology

Table 11A shows the inventory data and Table 11B shows the patient, population and bed use data that form the basis for the calculations discussed in the following steps. Table 11C shows projected bed utilization, bed surpluses/deficits and occupancy rates that are used to determine bed needs.

Step 1: Calculate the planning inventory for each facility and county (*Table 11A*)

- a. Add the number of licensed beds in each nursing home facility (*Column D*), hospital (*Column E*) and adult care home (*Column F*) to calculate the total number of licensed beds (*Column G*).
- b. Adjust this result by adding or subtracting, as appropriate, CON-approved beds and beds to be transferred (*Columns H and I*). Then adjust this result by the number of beds available from need determinations in the SMFP but for which CONs have not yet been issued (*Column J*) to calculate the total planning inventory (*Column K*).
- c. Sum each of these calculations across all facilities in a county to obtain county totals (*Column K*).

Step 2: Calculate the projected county bed use rates (*Table 10B*).

- a. For each of the five most recent reporting years and for each county, divide the number of patients (*Column B*) by the population (*Column C*).
- b. Multiply the result by 1,000 to calculate the bed use rate per 1,000 population (*Column D*).
- c. Calculate the average annual change rate (AACR) in bed use for the five most recent reporting years for each county (*Column E*).
- d. If the result of Step 2.c is at least 0.5 standard deviations above the statewide AACR, then enter 0.5 standard deviations above the statewide AACR; otherwise, enter the result of Step 2.c into Column F, the Selected Change Rate.
- e. Multiply the result of Step 2.d by the bed use rate for the reporting year (*Column D, last sub-column*) and then multiply by three; add the product to the bed use rate for the reporting year to get the Bed Rate per 1,000 (*Column G*).

Step 3: Multiply the county bed use rates (*Table 11B, Column G* and *Table 11C, Column B*) by each county's corresponding projected civilian population in thousands for the projection year (*Table 11C, Column C*) to calculate the projected bed utilization (*Column D*).

Step 4: For each county, divide the projected bed utilization by a 95% vacancy factor (*Table 11C, Column E*).

Step 5: For each county, calculate the planning inventory (*Table 11A, Column K*) by adjusting the number of licensed beds (*Table 11A, Column G*) for: license pending beds (*total of Table 11A, Columns H and I*); and beds available in prior SMFPs that have not been CON approved (*Table 11A, Column J*).

Step 6: For each county, subtract the projected bed utilization derived in Step 2 (*Column E*) from the planning inventory derived in Step 5 (*appears in Table 11A, Column K and Table 11C, Column F*). The result is the service area's surplus or deficit (*Table 11C, Column G*).

Step 7: Calculate each county's bed occupancy rate (*Column I*) by calculating occupancy according to the following four methods and then select the highest of the four rates:

- a. compute the average occupancy rate using the one-day census for all facilities in the service area;
- b. compute the median occupancy rate using the one-day census for all facilities in the service area;
- c. compute the average occupancy rate using the annual days of care for all facilities in the service area; and
- d. compute the median occupancy rate using the annual days of care for all facilities in the service area.

Step 8: Calculate need determination for each county. (*Table 11C*)

- a. For any county with a deficit, calculate the county's deficit index by dividing the deficit (*Column G*) by the result of Step 4 (*Column E*).

- b. If any county's deficit index (*Column H*) is from 10% up to, but not including, 50%, and the adjusted occupancy of licensed beds in the county (*Column I*) is 80% or greater, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*);
- c. If any county's deficit index is 50% or more, the need determination is the amount of the deficit rounded to the nearest 10 (*Column J*);
- d. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four, round to the next lower number divisible by 10, and numbers ending in five to nine, round to the next higher number divisible by 10.

For reference, Table 11E lists adult care beds developed as part of a qualified continuing care retirement community. Also, for reference, Table 11F lists the nursing homes with six or fewer adult care home beds.

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Alamance	A Vision Come True	HAL-001-103	0	0	12	12	0	0	0	12
Alamance	Alamance House	HAL-001-148	0	0	94	94	0	0	0	94
Alamance	Blakey Hall Assisted Living	HAL-001-023	0	0	72	72	0	0	0	72
Alamance	Brookdale Burlington	HAL-001-028	0	0	52	52	0	0	0	52
Alamance	Brookdale Burlington AL (NC)	HAL-001-024	0	0	84	84	0	0	0	84
Alamance	Burlington Care Center	HAL-001-002	0	0	12	12	0	0	0	12
Alamance	Elon Village Home	HAL-001-128	0	0	12	12	0	0	0	12
Alamance	Golden Years Assisted Living	HAL-001-026	0	0	12	12	0	0	0	12
Alamance	Golden Years Assisted Living II	HAL-001-099	0	0	12	12	0	0	0	12
Alamance	Homeplace of Burlington	HAL-001-141	0	0	67	67	0	0	0	67
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	NH0588	48	0	0	48	0	0	0	48
Alamance	Mebane Ridge Assisted Living	HAL-001-159	0	0	100	100	0	0	0	100
Alamance	Pleasant Grove Retirement Home	HAL-001-008	0	0	12	12	0	0	0	12
Alamance	Springview - Brock Building	HAL-001-016	0	0	12	12	0	0	0	12
Alamance	Springview - Crouse Building	HAL-001-025	0	0	12	12	0	0	0	12
Alamance	Springview - Ross Building	HAL-001-017	0	0	12	12	0	0	0	12
Alamance	Springview - Stewart Building	HAL-001-029	0	0	12	12	0	0	0	12
Alamance	The Oaks of Alamance	HAL-001-134	0	0	69	69	0	0	0	69
Alamance Totals			48	0	658	706	0	0	0	706
Alexander	A New Outlook of Taylorsville	HAL-002-007	0	0	34	34	0	0	0	34
Alexander	Faith Assisted Living Facility	HAL-002-008	0	0	32	32	0	0	0	32
Alexander	Taylorsville House	HAL-002-003	0	0	60	60	0	0	0	60
Alexander Totals			0	0	126	126	0	0	0	126
Alleghany	Alleghany House		0	0	0	0	40	0	0	40
Alleghany Totals			0	0	0	0	40	0	0	40
Anson	Meadowview Terrace of Wadesboro	HAL-004-003	0	0	60	60	0	0	0	60
Anson Totals			0	0	60	60	0	0	0	60
Ashe	Ashe Assisted Living and Memory Care	HAL-005-013	0	0	55	55	0	0	0	55
Ashe	Forest Ridge	HAL-005-015	0	0	60	60	0	0	0	60
Ashe Totals			0	0	115	115	0	0	0	115
Avery	Cranberry House	HAL-006-007	0	0	60	60	0	0	0	60
Avery	The Heritage of Sugar Mountain	HAL-006-005	0	0	40	40	0	0	0	40
Avery Totals			0	0	100	100	0	0	0	100
Beaufort	AG Dunston Manor		0	0	0	0	50	0	0	50
Beaufort	Autumnfield of Belhaven	HAL-007-001	0	0	64	64	0	0	0	64
Beaufort	Clara Manor	HAL-007-014	0	0	20	20	0	0	0	20
Beaufort	Pantego Rest Home	HAL-007-015	0	0	30	30	0	0	0	30

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Beaufort	River Trace Nursing and Rehabilitation Center	NH0345	10	0	0	10	0	0	0	10
Beaufort	Washington Manor	HAL-007-019	0	0	9	9	0	0	0	9
Beaufort	Willow Manor	HAL-007-023	0	0	34	34	0	0	0	34
Beaufort Totals			10	0	157	167	50	0	0	217
Bertie	Three Rivers Health and Rehab	NH0522	20	0	0	20	0	0	0	20
Bertie	Windsor House	HAL-008-034	0	0	60	60	0	0	0	60
Bertie	Winston Gardens	HAL-008-041	0	0	25	25	0	0	0	25
Bertie Totals			20	0	85	105	0	0	0	105
Bladen	Bladen East Health and Rehab	NH0420	30	0	0	30	0	0	0	30
Bladen	Bladen Manor Assisted Living	HAL-009-029	0	0	60	60	0	0	0	60
Bladen	West Bladen Assisted Living	HAL-009-025	0	0	60	60	0	0	0	60
Bladen Totals			30	0	120	150	0	0	0	150
Brunswick	Autumn Care of Shallotte	NH0456	10	0	0	10	0	0	0	10
Brunswick	Brunswick Cove Nursing Center	NH0478	40	0	0	40	0	0	0	40
Brunswick	Calabash Manor		0	0	0	0	80	0	0	80
Brunswick	Coastal Pointe	HAL-010-012	0	0	110	110	0	0	0	110
Brunswick	Elmcroft of Southport	HAL-010-010	0	0	96	96	0	0	0	96
Brunswick	Leland House	HAL-010-007	0	0	78	78	0	0	0	78
Brunswick	Liberty Commons Assisted Living of Brunswick County		0	0	0	0	110	0	0	110
Brunswick	Liberty Commons Nursing & Rehab Center of Southport LLC	NH0322	17	0	0	17	0	0	0	17
Brunswick	Liberty Commons of Brunswick County (Transfer 32 from The Commons at Brightmore in New Hanover County)		0	0	0	0	0	32	0	32
Brunswick	Ocean Isle Operations	HAL-010-011	0	0	40	40	0	0	0	40
Brunswick	Shallotte Assisted Living	HAL-010-008	0	0	80	80	0	0	0	80
Brunswick	The Brunswick Community		0	0	0	0	110	0	0	110
Brunswick	The Landings of Oak Island		0	0	0	0	80	0	0	80
Brunswick Totals			67	0	404	471	380	32	0	883
Buncombe	Arbor Ridge at Asheville (Transfer 14 ACH from The Oaks at Sweeten Creek and 14 ACH from Emerald Ridge Rehabilitation and Care Center)		0	0	0	0	0	28	0	28
Buncombe	Arbor Terrace of Asheville	HAL-011-338	0	0	70	70	0	0	0	70
Buncombe	Aston Park Health Care Center Inc	NH0262	19	0	0	19	0	0	0	19
Buncombe	Becky's Rest Home #1	HAL-011-002	0	0	15	15	0	0	0	15
Buncombe	Becky's Rest Home #2	HAL-011-003	0	0	15	15	0	0	0	15
Buncombe	Brian Center Health & Rehabilitation/Weaverville	NH0532	10	0	0	10	0	0	0	10
Buncombe	Brookdale Asheville Overlook	HAL-011-036	0	0	79	79	0	0	0	79
Buncombe	Brookdale Asheville Walden Ridge	HAL-011-035	0	0	38	38	0	0	0	38

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Buncombe	Buncombe Senior Living (Replacement facility. Transfer 24 from Nana's Assisted Living and 36 from The Laurels of Summit Ridge.)		0	0	0	0	0	60	0	60
Buncombe	Candler Living Center	HAL-011-369	0	0	29	29	0	0	0	29
Buncombe	Chase Samaritan Assisted Living	HAL-011-133	0	0	54	54	0	0	0	54
Buncombe	Chunn's Cove Assisted Living	HAL-011-262	0	0	67	67	0	0	0	67
Buncombe	Flesher's Fairview Health Care Center Inc	NH0517	14	0	0	14	0	0	0	14
Buncombe	Flesher's Fairview Rest Home	HAL-011-005	0	0	64	64	0	0	0	64
Buncombe	Harmony at Reynolds Mountain	HAL-011-361	0	0	99	99	0	0	0	99
Buncombe	Hominy Valley Retirement Center	HAL-011-370	0	0	30	30	0	0	0	30
Buncombe	Marjorie McCune Memorial Center	HAL-011-011	0	0	64	64	0	0	0	64
Buncombe	Nana's Assisted Living Facility (Closed 12/01/2018. Transfer 24 to Buncombe Senior Living)	HAL-011-331	0	0	0	0	0	-24	0	-24
Buncombe	Richard A. Wood, Jr. Assisted Living Center	HAL-011-130	0	0	56	56	0	0	0	56
Buncombe	Richmond Hill Rest Home #1	HAL-011-192	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #2	HAL-011-191	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #3	HAL-011-190	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #4	HAL-011-189	0	0	12	12	0	0	0	12
Buncombe	Richmond Hill Rest Home #5	HAL-011-188	0	0	12	12	0	0	0	12
Buncombe	The Laurels of Summit Ridge (Transfer 36 to Buncombe Senior Living)	NH0540	52	0	0	52	0	-36	0	16
Buncombe	Trinity View	HAL-011-022	0	0	24	24	0	0	0	24
Buncombe	Western North Carolina Baptist Home	NH0541	50	0	0	50	0	0	0	50
Buncombe	Windwood Assisted Living	HAL-011-296	0	0	12	12	0	0	0	12
Buncombe Totals			145	0	776	921	0	28	0	949
Burke	Autumn Care of Drexel	NH0347	20	0	0	20	0	0	0	20
Burke	Burke Long Term Care	HAL-012-042	0	0	24	24	0	0	0	24
Burke	Cambridge House	HAL-012-010	0	0	60	60	0	0	0	60
Burke	Jonas Ridge Adult Care	HAL-012-040	0	0	57	57	0	0	0	57
Burke	McAlpine Adult Care	HAL-012-041	0	0	60	60	0	0	0	60
Burke	Morganton Long Term Care, Southview Facility	HAL-012-007	0	0	64	64	0	0	0	64
Burke	The Berkeley (Previously Burkeview Manor)	HAL-012-043	0	0	63	63	0	0	0	63
Burke Totals			20	0	328	348	0	0	0	348
Cabarrus	Brookdale Concord Parkway	HAL-013-019	0	0	112	112	0	0	0	112
Cabarrus	Cabarrus Manor (Transfer 25 from St. Andrews Center, 48 from Concord House, and 60 from Kannapolis Village. Transfer 66 to Cabarrus Senior Living)		0	0	0	0	0	67	0	67
Cabarrus	Cabarrus Senior Living (66 beds originally for Cabarrus Manor were relocated to Cabarrus Senior Living)		0	0	0	0	0	66	0	66

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cabarrus	Caremoor Retirement Center	HAL-013-007	0	0	30	30	0	0	0	30
Cabarrus	Concord House (Transfer 48 beds to Cabarrus Manor.)	HAL-013-038	0	0	48	48	0	-48	0	0
Cabarrus	Concord Place	HAL-013-045	0	0	60	60	0	0	0	60
Cabarrus	Elmcroft of Harrisburg	HAL-013-048	0	0	96	96	0	0	0	96
Cabarrus	Five Oaks Manor	NH0027	24	0	0	24	0	0	0	24
Cabarrus	Kannapolis Village (Transfer 60 to Cabarrus Manor)	HAL-013-037	0	0	60	60	0	-60	0	0
Cabarrus	Morningside of Concord	HAL-013-047	0	0	105	105	0	0	0	105
Cabarrus	Mt. Pleasant House	HAL-013-041	0	0	74	74	0	0	0	74
Cabarrus	St. Andrews Center (Closed. Transfer 25 to Cabarrus Manor)		0	0	25	25	0	-25	0	0
Cabarrus	St. Andrews Living Center	HAL-013-006	0	0	56	56	0	0	0	56
Cabarrus	The Country Home	HAL-013-042	0	0	40	40	0	0	0	40
Cabarrus	The Landings of Cabarrus	HAL-013-046	0	0	67	67	0	0	0	67
Cabarrus	The Living Center of Concord	HAL-013-044	0	0	180	180	0	0	0	180
Cabarrus Totals			24	0	953	977	0	0	0	977
Caldwell	Brockford Inn	HAL-014-014	0	0	67	67	0	0	0	67
Caldwell	Brookdale Lenoir	HAL-014-010	0	0	82	82	0	0	0	82
Caldwell	Grace Village (Transfer 18 beds from Gateway Rehabilitation and Healthcare)	HAL-014-016	0	0	60	60	0	18	0	78
Caldwell	Grandview Villa Assisted Living	HAL-014-015	0	0	40	40	0	0	0	40
Caldwell	The Shaire Center	HAL-014-004	0	0	82	82	0	0	0	82
Caldwell Totals			0	0	331	331	0	18	0	349
Camden	Needham Adult Care Home	HAL-015-002	0	0	24	24	0	0	0	24
Camden Totals			0	0	24	24	0	0	0	24
Carteret	Brookdale Morehead City	HAL-016-006	0	0	72	72	0	0	0	72
Carteret	Carteret House	HAL-016-018	0	0	64	64	0	0	0	64
Carteret	Carteret Landing	HAL-016-022	0	0	110	110	0	0	0	110
Carteret	Snug Harbor on Nelson Bay	NH0202	50	0	0	50	0	0	0	50
Carteret Totals			50	0	246	296	0	0	0	296
Caswell	Caswell House	HAL-017-054	0	0	100	100	0	0	0	100
Caswell	Dan River Manor (Replacement facility. Transfer 40 from Dogwood - Blackwell Rest Home, 12 from Dogwood Forest #2, and 12 from Dogwood Ronald David Home.)		0	0	0	0	0	64	0	64
Caswell	Dogwood - Blackwell Rest Home (Closed 02/21/2020. Transfer 40 to Dan River Manor)		0	0	40	40	0	-40	0	0
Caswell	Dogwood - Forest #2 (Closed. Transfer 12 to Dan River		0	0	12	12	0	-12	0	0
Caswell	Dogwood - Ronald David Home (Closed. Transfer 12 to Dan River Manor)		0	0	12	12	0	-12	0	0
Caswell	G. Anthony Rucker Rest Home	HAL-017-040	0	0	12	12	0	0	0	12
Caswell	Jefferson Care Home	HAL-017-058	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Caswell	Poole's Rest Home	HAL-017-006	0	0	19	19	0	0	0	19
Caswell Totals			0	0	207	207	0	0	0	207
Catawba	Austin Adult Care	HAL-018-023	0	0	29	29	0	0	0	29
Catawba	Brian Center Health & Rehabilitation/Hickory East	NH0337	20	0	0	20	0	0	0	20
Catawba	Brookdale Falling Creek	HAL-018-011	0	0	60	60	0	0	0	60
Catawba	Brookdale Hickory Northeast	HAL-018-016	0	0	88	88	0	0	0	88
Catawba	Catawba Valley Living At Rock Barn	HAL-018-024	0	0	80	80	0	0	0	80
Catawba	Elmcroft of Newton	HAL-018-036	0	0	96	96	0	0	0	96
Catawba	Heritage Care of Conover	HAL-018-018	0	0	60	60	0	0	0	60
Catawba	Hickory Village	HAL-018-015	0	0	56	56	0	0	0	56
Catawba	Piedmont Village at Newton	HAL-018-037	0	0	40	40	0	0	0	40
Catawba	Springs of Catawba	HAL-018-032	0	0	66	66	0	0	0	66
Catawba	The Alberta House	HAL-018-030	0	0	20	20	0	0	0	20
Catawba	Trinity Village	NH0068	90	0	0	90	0	0	0	90
Catawba Totals			110	0	595	705	0	0	0	705
Chatham	Cambridge Hills of Pittsboro	HAL-019-019	0	0	90	90	0	0	0	90
Chatham	Carolina Meadows Fairways	HAL-019-020	0	0	95	95	0	0	0	95
Chatham	Chatham County Rehabilitation Center (Transfer 16 from Liberty Commons Nursing and Rehabilitation Center in Halifax County and 20 from Liberty Commons Nursing and Rehabilitation Center in Columbus County)		0	0	0	0	0	36	0	36
Chatham	Chatham Ridge Assisted Living	HAL-019-021	0	0	91	91	0	0	0	91
Chatham	Coventry House Of Siler City	HAL-019-022	0	0	86	86	0	0	0	86
Chatham Totals			0	0	362	362	0	36	0	398
Cherokee	Carolina Care Home #1	HAL-020-001	0	0	12	12	0	0	0	12
Cherokee	Carolina Care Home #2	HAL-020-002	0	0	12	12	0	0	0	12
Cherokee	Peachtree Manor		0	0	0	0	80	0	0	80
Cherokee Totals			0	0	24	24	80	0	0	104
Chowan	Edenton House	HAL-021-009	0	0	60	60	0	0	0	60
Chowan	Edenton Prime Time Retirement Village	HAL-021-008	0	0	60	60	0	0	0	60
Chowan Totals			0	0	120	120	0	0	0	120
Clay	Clay County Care Center	NH0542	10	0	0	10	0	0	0	10
Clay	Hayesville House	HAL-022-005	0	0	60	60	0	0	0	60
Clay Totals			10	0	60	70	0	0	0	70
Cleveland	Brookdale Shelby	HAL-023-011	0	0	60	60	0	0	0	60
Cleveland	Cleveland House	HAL-023-045	0	0	72	72	0	0	0	72
Cleveland	Elmcroft of Shelby	HAL-023-048	0	0	96	96	0	0	0	96
Cleveland	Golden Years Rest Home	HAL-023-041	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cleveland	Kings Mountain Care Center	HAL-023-031	0	0	20	20	0	0	0	20
Cleveland	Openview Retirement Center	HAL-023-047	0	0	24	24	0	0	0	24
Cleveland	Shelby Manor	HAL-023-046	0	0	74	74	0	0	0	74
Cleveland	Summit Place of Kings Mountain	HAL-023-042	0	0	65	65	0	0	0	65
Cleveland Totals			0	0	423	423	0	0	0	423
Columbus	Lake Pointe Assisted Living	HAL-024-011	0	0	80	80	0	0	0	80
Columbus	Liberty Commons Nsg and Rehab Center of Columbus Cty (Transfer 20 to Chatham County Rehabilitation Center in Chatham County)	NH0283	40	0	0	40	0	-20	0	20
Columbus	Premier Living & Rehab Center	NH0246	15	0	0	15	0	0	0	15
Columbus	Shoreland Health Care and Retirement Center Inc	NH0510	10	0	0	10	0	0	0	10
Columbus	Tabor Commons	HAL-024-015	0	0	80	80	0	0	0	80
Columbus Totals			65	0	160	225	0	-20	0	205
Craven	Bayview Nursing & Rehabilitation Center	NH0567	12	0	0	12	0	0	0	12
Craven	Brookdale New Bern	HAL-025-012	0	0	60	60	0	0	0	60
Craven	Croatan Village	HAL-025-037	0	0	72	72	0	0	0	72
Craven	Good Shepherd Home for the Aged	HAL-025-023	0	0	54	54	0	0	0	54
Craven	Homeplace of New Bern	HAL-025-032	0	0	60	60	0	0	0	60
Craven	Riverpoint Crest Nursing and Rehabilitation Center	NH0344	18	0	0	18	0	0	0	18
Craven	Riverstone	HAL-025-026	0	0	64	64	0	0	0	64
Craven	The Courtyards at Berne Village	HAL-025-041	0	0	55	55	0	0	0	55
Craven	The Courtyards at Berne Village Memory Care	HAL-025-040	0	0	25	25	0	0	0	25
Craven	The Gardens of Trent	HAL-025-035	0	0	60	60	0	0	0	60
Craven	The Oaks of New Bern	HAL-025-042	0	0	83	83	0	0	0	83
Craven Totals			30	0	533	563	0	0	0	563
Cumberland	Arc of Hope Mills	HAL-026-067	0	0	29	29	0	0	0	29
Cumberland	Carillon Assisted Living of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	HAL-026-056	0	0	96	96	0	0	0	96
Cumberland	Carolina Inn at Village Green	HAL-026-017	0	0	100	100	0	0	0	100
Cumberland	Cumberland County Rehabilitation Center (Replacement facility. Transfer 36 from Mann Street Residential Care)		0	0	0	0	0	36	0	36
Cumberland	Cumberland Village Assisted Living	HAL-026-062	0	0	163	163	0	0	0	163
Cumberland	Fayetteville Manor	HAL-026-054	0	0	60	60	0	0	0	60
Cumberland	Harmony at Hope Mills (Previously Crossings at Fayetteville)	HAL-026-065	0	0	100	100	0	0	0	100
Cumberland	Haymount Rehabilitation & Nursing Center Inc	NH0454	14	0	0	14	0	0	0	14
Cumberland	Heritage Suites	HAL-026-064	0	0	62	62	0	0	0	62
Cumberland	Highland House Rehabilitation and Healthcare	NH0117	53	0	0	53	0	0	0	53
Cumberland	Hope Mills Retirement Center	HAL-026-008	0	0	64	64	0	0	0	64

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Cumberland	Mann Street Residential Care Facility (Closed. Transfer 36 to Cumberland County Rehabilitation Center.)	HAL-026-053	0	0	36	36	0	-36	0	0
Cumberland	Morning Star Special Care Unit	HAL-026-066	0	0	44	44	0	0	0	44
Cumberland	Pine Valley Adult Care Home	HAL-026-048	0	0	40	40	0	0	0	40
Cumberland	Valley Pines Adult Care	HAL-026-052	0	0	23	23	0	0	0	23
Cumberland	Woodlands Nursing & Rehabilitation Center	NH0577	20	0	0	20	0	0	0	20
Cumberland Totals			87	0	817	904	0	0	0	904
Currituck	Currituck House	HAL-027-003	0	0	90	90	0	0	0	90
Currituck Totals			0	0	90	90	0	0	0	90
Dare	Spring Arbor of the Outer Banks	HAL-028-001	0	0	102	102	0	0	0	102
Dare Totals			0	0	102	102	0	0	0	102
Davidson	Brookdale Lexington	HAL-029-006	0	0	76	76	0	0	0	76
Davidson	Brookstone Retirement Center	HAL-029-001	0	0	115	115	0	0	0	115
Davidson	Grayson Creek of Welcome	HAL-029-010	0	0	75	75	0	0	0	75
Davidson	Hilltop Living Center	HAL-029-002	0	0	65	65	0	0	0	65
Davidson	Lexington Health Care Center	NH0527	10	0	0	10	0	0	0	10
Davidson	Mallard Ridge Assisted Living	HAL-029-007	0	0	100	100	0	0	0	100
Davidson	Mountain Vista Health Park	NH0259	60	0	0	60	0	0	0	60
Davidson	Pine Ridge Health and Rehabilitation Center	NH0187	14	0	0	14	0	0	0	14
Davidson	Spring Arbor of Thomasville	HAL-029-004	0	0	62	62	0	0	0	62
Davidson Totals			84	0	493	577	0	0	0	577
Davie	Bermuda Commons Nursing and Rehabilitation Center	NH0560	10	0	0	10	0	0	0	10
Davie	Bermuda Village Retirement Center	NH0519	21	0	0	21	0	0	0	21
Davie	Davie Nursing and Rehabilitation Center	NH0221	12	0	0	12	0	0	0	12
Davie	Mocksville Senior Living and Memory Care	HAL-030-009	0	0	69	69	0	0	0	69
Davie	Somerset Court of Mocksville	HAL-030-008	0	0	60	60	0	0	0	60
Davie	The Heritage of Cedar Rock (closed)	HAL-030-007	0	0	40	40	0	0	0	40
Davie Totals			43	0	169	212	0	0	0	212
Duplin	Autumn Village	HAL-031-018	0	0	88	88	0	0	0	88
Duplin	DaySpring of Wallace	HAL-031-017	0	0	80	80	0	0	0	80
Duplin	Golden Care Rest Facilities	HAL-031-003	0	0	30	30	0	0	0	30
Duplin	The Gardens of Rose Hill	HAL-031-019	0	0	45	45	0	0	0	45
Duplin	Wallace Gardens	HAL-031-016	0	0	64	64	0	0	0	64
Duplin	Wellington Park	HAL-031-006	0	0	80	80	0	0	0	80
Duplin Totals			0	0	387	387	0	0	0	387
Durham	Atria Southpoint Walk	HAL-032-131	0	0	20	20	0	0	0	20
Durham	Brookdale Chapel Hill AL (NC)	HAL-032-016	0	0	70	70	0	0	0	70

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Durham	Brookdale Chapel Hill	HAL-032-019	0	0	38	38	0	0	0	38
Durham	Brookdale Durham	HAL-032-065	0	0	119	119	0	0	0	119
Durham	Camellia Gardens	HAL-032-071	0	0	81	81	0	0	0	81
Durham	Carolina Reserve of Durham	HAL-032-132	0	0	60	60	0	0	0	60
Durham	Durham Ridge Assisted Living	HAL-032-091	0	0	142	142	0	0	0	142
Durham	Eden Spring Living Center	HAL-032-073	0	0	19	19	0	0	0	19
Durham	Ellison's Rest Home #1 (Transfer 29 to Liberty Assisted Living of Durham.)	HAL-032-002	0	0	29	29	0	-29	0	0
Durham	Eno Pointe Assisted Living	HAL-032-001	0	0	147	147	0	0	0	147
Durham	Hillcrest Convalescent Center Inc	NH0038	34	0	0	34	0	0	0	34
Durham	Liberty Assisted Living of Durham (Transfer 29 from Ellison's Rest Home and 20 from Carver Living Center.)		0	0	0	0	0	49	0	49
Durham	Seasons @ Southpoint	HAL-032-109	0	0	51	51	0	0	0	51
Durham	The Addison of Durham (Beds awarded per settlement agreement from 2000 & 2007)	HAL-032-133	0	0	96	96	0	0	0	96
Durham Totals			34	0	872	906	0	20	0	926
Edgecombe	Heritage Care of Rocky Mount	HAL-033-005	0	0	126	126	0	0	0	126
Edgecombe	Open Fields Assisted Living (Transfer 66 to The Landings of Tarboro)	HAL-033-006	0	0	130	130	0	-66	0	64
Edgecombe	The Fountains at The Albemarle	NH0352	56	0	0	56	0	0	0	56
Edgecombe	The Landings of Tarboro (Transfer 66 from Open Fields Assisted Living.)		0	0	0	0	0	66	0	66
Edgecombe Totals			56	0	256	312	0	0	0	312
Forsyth	Accordius Health at Winston Salem	NH0266	14	0	0	14	0	0	0	14
Forsyth	Brighton Gardens of Winston-Salem	HAL-034-026	0	0	115	115	0	0	0	115
Forsyth	Brookdale Reynolda Road	HAL-034-035	0	0	72	72	0	0	0	72
Forsyth	Brookdale Winston-Salem	HAL-034-027	0	0	38	38	0	0	0	38
Forsyth	Brookstone of Clemmons	HAL-034-102	0	0	40	40	0	0	0	40
Forsyth	C.R.T. - Golden Lamb Rest Home	HAL-034-019	0	0	40	40	0	0	0	40
Forsyth	Cadence at Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	HAL-034-106	0	0	96	96	0	0	0	96
Forsyth	Clemmons Village I	HAL-034-090	0	0	60	60	0	0	0	60
Forsyth	Clemmons Village II	HAL-034-062	0	0	66	66	0	0	0	66
Forsyth	Creekside Manor	HAL-034-060	0	0	60	60	0	0	0	60
Forsyth	Danby House	HAL-034-093	0	0	100	100	0	0	0	100
Forsyth	Forest Heights Senior Living Community	HAL-034-087	0	0	125	125	0	0	0	125
Forsyth	Homestead Hills Assisted Living	HAL-034-023	0	0	66	66	0	0	0	66
Forsyth	Integrity Assisted Living (Transfer 121 to The Crossings at Winston-Salem)	HAL-034-101	0	0	121	121	0	-121	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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							CON	CON Bed Transfer		
Forsyth	Kerner Ridge Assisted Living	HAL-034-058	0	0	66	66	0	0	0	66
Forsyth	Magnolia Creek Assisted Living	HAL-034-097	0	0	117	117	0	0	0	117
Forsyth	Memory Care of the Triad	HAL-034-068	0	0	42	42	0	0	0	42
Forsyth	Salem Terrace	HAL-034-098	0	0	142	142	0	0	0	142
Forsyth	Shuler Health Care/Crane Villa	HAL-034-111	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Phillips Villa	HAL-034-110	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Pierce Villa	HAL-034-011	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Record Villa	HAL-034-108	0	0	12	12	0	0	0	12
Forsyth	Shuler Health Care/Storey Villa	HAL-034-107	0	0	12	12	0	0	0	12
Forsyth	Somerset Court at University Place	HAL-034-100	0	0	60	60	0	0	0	60
Forsyth	Southfork	HAL-034-028	0	0	78	78	0	0	0	78
Forsyth	The Bradford Village of Kernersville - West	HAL-034-069	0	0	62	62	0	0	0	62
Forsyth	The Crossings at Winston-Salem (Transfer 121 from Integrity Assisted Living)		0	0	0	0	0	121	0	121
Forsyth	The Ivy at Clemmons	HAL-034-105	0	0	70	70	0	0	0	70
Forsyth	Tranquility Care	HAL-034-104	0	0	60	60	0	0	0	60
Forsyth	Trinity Elms	HAL-034-085	0	0	104	104	0	0	0	104
Forsyth	Verra Spring at Heritage Woods	HAL-034-003	0	0	29	29	0	0	0	29
Forsyth	Vienna Village	HAL-034-016	0	0	90	90	0	0	0	90
Forsyth Totals			14	0	1,979	1,993	0	0	0	1,993
Franklin	Franklin Manor Assisted Living Center	HAL-035-024	0	0	54	54	0	0	0	54
Franklin	Franklin Oaks Nursing and Rehabilitation Center	NH0486	10	0	0	10	0	0	0	10
Franklin	Liberty Commons Assisted Living of Franklin County	HAL-035-032	0	0	60	60	0	0	0	60
Franklin	Southern Living for Seniors of Louisburg, NC	HAL-035-031	0	0	60	60	0	0	0	60
Franklin Totals			10	0	174	184	0	0	0	184
Gaston	Alexandria Place	NH0547	40	0	0	40	0	0	0	40
Gaston	Belaire Health Care Center (Closed. Transfer 20 to Country Time Inn.)		0	0	20	20	0	-20	0	0
Gaston	Brookdale New Hope	HAL-036-013	0	0	86	86	0	0	0	86
Gaston	Brookdale Robinwood	HAL-036-015	0	0	89	89	0	0	0	89
Gaston	Brookdale Union	HAL-036-012	0	0	78	78	0	0	0	78
Gaston	Carolina Care Health and Rehabilitation	NH0287	12	0	0	12	0	0	0	12
Gaston	Country Time Inn (Transfer 20 from Belaire Health Care Center)	HAL-036-018	0	0	59	59	0	20	0	79
Gaston	Courtland Terrace	NH0494	19	0	0	19	0	0	0	19
Gaston	Elmcroft of Cramerton	HAL-036-039	0	0	128	128	0	0	0	128
Gaston	Heritage Oaks Assisted Living	HAL-036-036	0	0	86	86	0	0	0	86
Gaston	Morningside of Gastonia	HAL-036-037	0	0	105	105	0	0	0	105

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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							CON	CON Bed Transfer		
Gaston	Peak Resources-Cherryville	NH0403	57	0	0	57	0	0	0	57
Gaston	Rosewood Assisted Living	HAL-036-004	0	0	48	48	0	0	0	48
Gaston	Somerset Court of Cherryville	HAL-036-034	0	0	60	60	0	0	0	60
Gaston	Terrace Ridge Assisted Living	HAL-036-023	0	0	74	74	0	0	0	74
Gaston	Wellington House	HAL-036-031	0	0	48	48	0	0	0	48
Gaston	Woodlawn Haven	HAL-036-006	0	0	80	80	0	0	0	80
Gaston Totals			128	0	961	1,089	0	0	0	1,089
Gates	Accordius Health and Rehabilitation	NH0513	10	0	0	10	0	0	0	10
Gates	Gates House	HAL-037-001	0	0	70	70	0	0	0	70
Gates Totals			10	0	70	80	0	0	0	80
Graham	Graham Healthcare and Rehabilitation Center	NH0495	23	0	0	23	0	0	0	23
Graham Totals			23	0	0	23	0	0	0	23
Granville	Granville House	HAL-039-016	0	0	60	60	0	0	0	60
Granville	Heritage Meadows Long Term Care	HAL-039-015	0	0	80	80	0	0	0	80
Granville	Toney Rest Home	HAL-039-017	0	0	60	60	0	0	0	60
Granville	Tre' More Manor ALF	HAL-039-018	0	0	31	31	0	0	0	31
Granville	Universal Health Care/Oxford	NH0447	20	0	0	20	0	0	0	20
Granville Totals			20	0	231	251	0	0	0	251
Greene	Greendale Forest Nursing and Rehabilitation Center	NH0373	17	0	0	17	0	0	0	17
Greene	Snow Hill Assisted Living	HAL-040-009	0	0	40	40	0	0	0	40
Greene Totals			17	0	40	57	0	0	0	57
Guilford	Abbotswood at Irving Park Assisted Living	HAL-041-060	0	0	28	28	0	0	0	28
Guilford	Alpha Concord of Greensboro	HAL-041-082	0	0	64	64	0	0	0	64
Guilford	Arbor Care Assisted Living (Transfer 92 to The Crossings at Greensboro)	HAL-041-075	0	0	92	92	0	-92	0	0
Guilford	Blumenthal Nursing & Rehabilitation Center	NH0135	20	0	0	20	0	0	0	20
Guilford	Brighton Gardens of Greensboro	HAL-041-084	0	0	125	125	0	0	0	125
Guilford	Brookdale High Point	HAL-041-030	0	0	82	82	0	0	0	82
Guilford	Brookdale High Point North	HAL-041-033	0	0	65	65	0	0	0	65
Guilford	Brookdale High Point North AL (NC)	HAL-041-039	0	0	102	102	0	0	0	102
Guilford	Brookdale Lawndale Park	HAL-041-062	0	0	118	118	0	0	0	118
Guilford	Brookdale Northwest Greensboro	HAL-041-031	0	0	81	81	0	0	0	81
Guilford	Brookdale Skeet Club	HAL-041-029	0	0	79	79	0	0	0	79
Guilford	Carriage House Senior Living Community	HAL-041-065	0	0	108	108	0	0	0	108
Guilford	Clapp's Assisted Living	HAL-041-054	0	0	30	30	0	0	0	30
Guilford	Countryside	NH0226	16	0	0	16	0	0	0	16
Guilford	Guilford House	HAL-041-077	0	0	60	60	0	0	0	60
Guilford	Harmony at Greensboro	HAL-041-086	0	0	0	0	0	0	0	0

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							CON	CON Bed Transfer		
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hosp	NH0601	37	0	0	37	0	0	0	37
Guilford	Holden Heights	HAL-041-080	0	0	96	96	0	0	0	96
Guilford	Lawson's Adult Enrichment Center	HAL-041-015	0	0	18	18	0	0	0	18
Guilford	Long's Rest Home for the Aged	HAL-041-006	0	0	12	12	0	0	0	12
Guilford	Maple Grove Health and Rehabilitation Center	NH0552	40	0	0	40	0	0	0	40
Guilford	Morningview at Irving Park	HAL-041-052	0	0	105	105	0	0	0	105
Guilford	Piedmont Christian Home	HAL-041-010	0	0	93	93	0	0	0	93
Guilford	Richland Place	HAL-041-081	0	0	70	70	0	0	0	70
Guilford	Spring Arbor of Greensboro	HAL-041-074	0	0	100	100	0	0	0	100
Guilford	St. Gales Estates	HAL-041-023	0	0	60	60	0	0	0	60
Guilford	The Arboretum at Heritage Greens	HAL-041-078	0	0	66	66	0	0	0	66
Guilford	The Crossings at Greensboro		0	0	0	0	0	92	0	92
Guilford	The Elms at Abbotswood	HAL-041-085	0	0	48	48	0	0	0	48
Guilford	Verra Springs at Heritage Greens	HAL-041-079	0	0	45	45	0	0	0	45
Guilford	Wellington Oaks	HAL-041-072	0	0	85	85	0	0	0	85
Guilford	Westchester Harbour	HAL-041-073	0	0	90	90	0	0	0	90
Guilford Totals			113	0	1,922	2,035	0	0	0	2,035
Halifax	Bryan Health and Rehab	NH0656	20	0	0	20	0	0	0	20
Halifax	Carolina Rest Home	HAL-042-005	0	0	40	40	0	0	0	40
Halifax	Lakeview Village (Replacement facility. Transfer 60 from Woodhaven Rest Home #2)		0	0	0	0	0	60	0	60
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County (Transfer 16 to Chatham County Rehabilitation Center in Chatham County)	NH0469	25	0	0	25	0	-16	0	9
Halifax	Scotland House	HAL-042-006	0	0	60	60	0	0	0	60
Halifax	Woodhaven Rest Home #1 (Replacement facility.)		0	0	0	0	0	60	0	60
Halifax	Woodhaven Rest Home #1 (Closed. Transfer 60 to replacement facility)		0	0	60	60	0	-60	0	0
Halifax	Woodhaven Rest Home #2 (Closed 12/31/2016)	HAL-042-003	0	0	60	60	0	-60	0	0
Halifax Totals			45	0	220	265	0	-16	0	249
Harnett	Absolute Care Assisted Living	HAL-043-029	0	0	12	12	0	0	0	12
Harnett	Absolute Care Assisted Living II	HAL-043-031	0	0	12	12	0	0	0	12
Harnett	Arc of Dunn	HAL-043-033	0	0	36	36	0	0	0	36
Harnett	Green Leaf Care Center	HAL-043-027	0	0	105	105	0	0	0	105
Harnett	Johnson Better Care Facility	HAL-043-003	0	0	50	50	0	0	0	50
Harnett	Oak Hill Living Center	HAL-043-015	0	0	122	122	0	0	0	122
Harnett	Pinecrest Gardens	HAL-043-022	0	0	60	60	0	0	0	60
Harnett	Senior Citizens Village	HAL-043-006	0	0	65	65	0	0	0	65
Harnett	Senter's Rest Home	HAL-043-024	0	0	50	50	0	0	0	50

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Harnett	Stage Coach Manor	HAL-043-032	0	0	40	40	0	0	0	40
Harnett	The Carrolton of Dunn	NH0482	8	0	0	8	0	0	0	8
Harnett	Universal Health Care/ Lillington	NH0444	106	0	0	106	0	0	0	106
Harnett Totals			114	0	552	666	0	0	0	666
Haywood	Autumn Care of Waynesville	NH0366	10	0	0	10	0	0	0	10
Haywood	Chestnut Park Rest Home #1	HAL-044-002	0	0	10	10	0	0	0	10
Haywood	Chestnut Park Retirement Center	HAL-044-022	0	0	20	20	0	0	0	20
Haywood	Creekside Villas	HAL-044-044	0	0	20	20	0	0	0	20
Haywood	Haywood House	HAL-044-042	0	0	60	60	0	0	0	60
Haywood	Haywood Lodge and Retirement Center	HAL-044-009	0	0	68	68	0	0	0	68
Haywood	McCracken Rest Home	HAL-044-046	0	0	22	22	0	0	0	22
Haywood	Pigeon Valley Rest Home	HAL-044-012	0	0	29	29	0	0	0	29
Haywood	Richland Community Care #2	HAL-044-045	0	0	11	11	0	0	0	11
Haywood	Silver Bluff LLC	NH0458	13	0	0	13	0	0	0	13
Haywood	Spicewood Cottages Elms	HAL-044-039	0	0	20	20	0	0	0	20
Haywood	Spicewood Cottages Oaks	HAL-044-040	0	0	20	20	0	0	0	20
Haywood	Spicewood Cottages Willows	HAL-044-041	0	0	20	20	0	0	0	20
Haywood Totals			23	0	300	323	0	0	0	323
Henderson	Carolina Reserve of Hendersonville	HAL-045-125	0	0	61	61	0	0	0	61
Henderson	Carolina Reserve of Laurel Park	HAL-045-126	0	0	48	48	0	0	0	48
Henderson	Cherry Springs Village	HAL-045-115	0	0	60	60	0	0	0	60
Henderson	Country Meadow Rest Home (Closed. Transfer 15 to The Landings of Hendersonville)	HAL-045-012	0	0	15	15	0	-15	0	0
Henderson	Elmcroft of Hendersonville	HAL-045-130	0	0	96	96	0	0	0	96
Henderson	Henderson's Assisted Living	HAL-045-113	0	0	26	26	0	0	0	26
Henderson	Heritage Hills A Pacifica Senior Living Community	HAL-045-123	0	0	24	24	0	0	0	24
Henderson	McCullough's Rest Home	HAL-045-005	0	0	13	13	0	0	0	13
Henderson	Mountain View Assisted Living	HAL-045-112	0	0	27	27	0	0	0	27
Henderson	The Gardens of Hendersonville	HAL-045-129	0	0	60	60	0	0	0	60
Henderson	The Gardens of the Blue Ridge (Transfer 43 to The Landings of Hendersonville)	HAL-045-128	0	0	43	43	0	-43	0	0
Henderson	The Landings of Hendersonville (Transferred 15 from Country Meadows Rest Home and 43 from The Gardens of the Blue Ridge)		0	0	0	0	0	58	0	58
Henderson	The Landings of Mills River	HAL-045-127	0	0	65	65	0	0	0	65
Henderson	The Laurels of Hendersonville	NH0480	20	0	0	20	0	0	0	20
Henderson Totals			20	0	538	558	0	0	0	558
Hertford	Ahoskie Assisted Living	HAL-046-020	0	0	92	92	0	0	0	92
Hertford	Ahoskie House	HAL-046-004	0	0	60	60	0	0	0	60

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Hertford	Twin Oaks and Twins Adult Home	HAL-046-018	0	0	21	21	0	0	0	21
Hertford Totals			0	0	173	173	0	0	0	173
Hoke	Autumn Care of Raeford	NH0438	8	0	0	8	0	0	0	8
Hoke	Open Arms Retirement Center	HAL-047-014	0	0	90	90	0	0	0	90
Hoke	The Crossings at Wayside	HAL-047-011	0	0	75	75	0	0	0	75
Hoke Totals			8	0	165	173	0	0	0	173
Hyde	Cross Creek Health Care	NH0515	30	0	0	30	0	0	0	30
Hyde Totals			30	0	0	30	0	0	0	30
Iredell	Atria Lake Norman	HAL-049-032	0	0	120	120	0	0	0	120
Iredell	Autumn Care of Statesville	NH0599	10	0	0	10	0	0	0	10
Iredell	Brookdale East Broad	HAL-049-019	0	0	58	58	0	0	0	58
Iredell	Brookdale Peachtree AL	HAL-049-020	0	0	87	87	0	0	0	87
Iredell	Brookdale Peachtree MC	HAL-049-021	0	0	40	40	0	0	0	40
Iredell	Cadence Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	HAL-049-034	0	0	96	96	0	0	0	96
Iredell	Crown Colony	HAL-049-010	0	0	60	60	0	0	0	60
Iredell	Heritage Place Adult Living Center	HAL-049-003	0	0	40	40	0	0	0	40
Iredell	Jurney's Assisted Living	HAL-049-015	0	0	60	60	0	0	0	60
Iredell	Maple Leaf Health Care	NH0488	8	0	0	8	0	0	0	8
Iredell	Mill Creek Manor	HAL-049-033	0	0	80	80	0	0	0	80
Iredell	Olin Village	HAL-049-016	0	0	64	64	0	0	0	64
Iredell	Rosewood Assisted Living	HAL-049-004	0	0	54	54	0	0	0	54
Iredell	Summit Place of Mooresville	HAL-049-030	0	0	60	60	0	0	0	60
Iredell	The Citadel at Mooresville	NH0435	30	0	0	30	0	0	0	30
Iredell	The Gardens of Statesville	HAL-049-023	0	0	67	67	0	0	0	67
Iredell Totals			48	0	886	934	0	0	0	934
Jackson	Morningstar Assisted Living	HAL-050-016	0	0	55	55	0	0	0	55
Jackson	The Hermitage	HAL-050-017	0	0	90	90	0	0	0	90
Jackson Totals			0	0	145	145	0	0	0	145
Johnston	Autumn Home Care of Johnston County I	HAL-051-002	0	0	12	12	0	0	0	12
Johnston	Autumn Home Care of Johnston County II	HAL-051-003	0	0	12	12	0	0	0	12
Johnston	Autumn Home Care of Johnston County III	HAL-051-001	0	0	12	12	0	0	0	12
Johnston	Brookdale Smithfield	HAL-051-024	0	0	74	74	0	0	0	74
Johnston	Cardinal Care Assisted Living Village #1 (Closed. Transfer 12 to Johnston Manor)	HAL-051-033	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #2 (Closed. Transfer 12 to Johnston Manor)	HAL-051-032	0	0	12	12	0	-12	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Johnston	Cardinal Care Assisted Living Village #3 (Closed. Transfer 12 to Johnston Manor)	HAL-051-030	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #4 (Closed. Transfer 12 to Johnston Manor)	HAL-051-035	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #5 (Closed. Transfer 12 to Johnston Manor)	HAL-051-031	0	0	12	12	0	-12	0	0
Johnston	Cardinal Care Assisted Living Village #6 (Closed. Transfer 12 to Johnston Manor)	HAL-051-034	0	0	12	12	0	-12	0	0
Johnston	Classic Care Homes #1	HAL-051-062	0	0	12	12	0	0	0	12
Johnston	Classic Care Homes #2	HAL-051-064	0	0	12	12	0	0	0	12
Johnston	Classic Care Homes #3	HAL-051-063	0	0	12	12	0	0	0	12
Johnston	Clayton House	HAL-051-041	0	0	60	60	0	0	0	60
Johnston	Four Oaks Senior Living	HAL-051-060	0	0	96	96	0	0	0	96
Johnston	Gabriel Manor Assisted Living Center	HAL-051-048	0	0	77	77	0	0	0	77
Johnston	Johnston Manor (Replacement facility; of the 132 beds originally relocated to Johnston Manor, 66 were relocated to Johnston Senior Living)		0	0	0	0	0	66	0	66
Johnston	Johnston Senior Living		0	0	0	0	0	66	0	66
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	NH0606	60	0	0	60	0	0	0	60
Johnston	McLamb's Rest Home	HAL-051-007	0	0	12	12	0	0	0	12
Johnston	McLamb's Rest Home #2	HAL-051-008	0	0	12	12	0	0	0	12
Johnston	Meadowview Assisted Living Center	HAL-051-047	0	0	60	60	0	0	0	60
Johnston	Progressive Care of Princeton LLC	HAL-051-052	0	0	12	12	0	0	0	12
Johnston	Providence Assisted Living	HAL-051-061	0	0	20	20	0	0	0	20
Johnston	Smithfield House West (Closed. Transfer 60 to Johnston Manor.)	HAL-051-042	0	0	0	0	0	-60	0	-60
Johnston	Smithfield Manor Nursing and Rehab	NH0182	20	0	0	20	0	0	0	20
Johnston	The Landings of Smithfield	HAL-051-065	0	0	66	66	0	0	0	66
Johnston Totals			80	0	633	713	0	0	0	713
Jones	Brook Stone Living Center	NH0508	20	0	0	20	0	0	0	20
Jones Totals			20	0	0	20	0	0	0	20
Lee	A Step from Home Residential Care Facility (Closed. Transfer 20 to Westfield Rehabilitation and Health Center)	HAL-053-023	0	0	20	20	0	-20	0	0
Lee	Oakhaven Home	HAL-053-001	0	0	40	40	0	0	0	40
Lee	Oakhaven II	HAL-053-002	0	0	12	12	0	0	0	12
Lee	Parkview Retirement Center	HAL-053-004	0	0	116	116	0	0	0	116
Lee	Sanford Manor	HAL-053-030	0	0	85	85	0	0	0	85
Lee	Sanford Senior Living	HAL-053-031	0	0	50	50	0	0	0	50
Lee	Westfield Rehabilitation and Health Center (Transfer 20 from A Step from Home Residential Care Facility)	NH0285	0	0	0	0	0	20	0	20

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Lee Totals			0	0	323	323	0	0	0	323
Lenoir	Care One Memory Unit of Kinston	HAL-054-064	0	0	24	24	0	0	0	24
Lenoir	Lenoir Assisted Living	HAL-054-068	0	0	94	94	0	0	0	94
Lenoir	Rose Vista Assisted Living	HAL-054-069	0	0	60	60	0	0	0	60
Lenoir	Spring Arbor of Kinston	HAL-054-006	0	0	86	86	0	0	0	86
Lenoir	The Village of Kinston	HAL-054-067	0	0	63	63	0	0	0	63
Lenoir Totals			0	0	327	327	0	0	0	327
Lincoln	Amazing Grace Rest Home	HAL-055-001	0	0	10	10	0	0	0	10
Lincoln	Boger City Rest Home	HAL-055-002	0	0	52	52	0	0	0	52
Lincoln	Brian Center Health & Retirement/Lincolnton	NH0385	11	0	0	11	0	0	0	11
Lincoln	Heath House	HAL-055-007	0	0	60	60	0	0	0	60
Lincoln	Lakewood Care Center	HAL-055-003	0	0	60	60	0	0	0	60
Lincoln	North Brook Rest Home	HAL-055-004	0	0	12	12	0	0	0	12
Lincoln	The Addison of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	HAL-055-009	0	0	96	96	0	0	0	96
Lincoln	Wexford House	HAL-055-008	0	0	80	80	0	0	0	80
Lincoln Totals			11	0	370	381	0	0	0	381
Macon	Chestnut Hill of Highlands	HAL-056-005	0	0	26	26	0	0	0	26
Macon	Franklin House	Hal-056-006	0	0	70	70	0	0	0	70
Macon	Grandview Manor Care Center	HAL-056-001	0	0	82	82	0	0	0	82
Macon Totals			0	0	178	178	0	0	0	178
Madison	Elderberry Health Care	NH0479	20	0	0	20	0	0	0	20
Madison	Mars Hill Retirement Community	HAL-057-010	0	0	69	69	0	0	0	69
Madison Totals			20	0	69	89	0	0	0	89
Martin	Vintage Inn Retirement Community	HAL-058-010	0	0	122	122	0	0	0	122
Martin	Williamston House	HAL-058-011	0	0	60	60	0	0	0	60
Martin Totals			0	0	182	182	0	0	0	182
McDowell	Autumn Care of Marion	NH0346	15	0	0	15	0	0	0	15
McDowell	Cedarbrook Residential Center	HAL-059-021	0	0	80	80	0	0	0	80
McDowell	Houston House	HAL-059-033	0	0	29	29	0	0	0	29
McDowell	Lake James Lodge Assisted Living	HAL-059-032	0	0	60	60	0	0	0	60
McDowell	McDowell Assisted Living	HAL-059-017	0	0	54	54	0	0	0	54
McDowell	McDowell House	HAL-059-034	0	0	25	25	0	0	0	25
McDowell	Rose Hill Retirement Community	HAL-059-027	0	0	87	87	0	0	0	87
McDowell Totals			15	0	335	350	0	0	0	350
Mecklenburg	Arbor Ridge at Huntersville		0	0	0	0	40	0	0	40
Mecklenburg	Brighton Gardens of Charlotte	HAL-060-019	0	0	125	125	0	0	0	125

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							CON	CON Bed Transfer		
Mecklenburg	Brookdale Carriage Club Providence II	HAL-060-049	0	0	34	34	0	0	0	34
Mecklenburg	Brookdale Charlotte East	HAL-060-060	0	0	50	50	0	0	0	50
Mecklenburg	Brookdale South Charlotte	HAL-060-101	0	0	82	82	0	0	0	82
Mecklenburg	Brookdale South Park	HAL-060-085	0	0	56	56	0	0	0	56
Mecklenburg	Brookdale Weddington Park	HAL-060-042	0	0	83	83	0	0	0	83
Mecklenburg	Cadence Huntersville	HAL-060-160	0	0	96	96	0	0	0	96
Mecklenburg	Cadence Senior Living of Mint Hill	HAL-060-159	0	0	84	84	0	0	0	84
Mecklenburg	Carrington Place	NH0060	10	0	0	10	0	0	0	10
Mecklenburg	Charlotte Square	HAL-060-087	0	0	125	125	0	0	0	125
Mecklenburg	East Towne	HAL-060-149	0	0	120	120	0	0	0	120
Mecklenburg	Elmcroft of Little Avenue	HAL-060-156	0	0	62	62	0	0	0	62
Mecklenburg	Hunter Village	HAL-060-014	0	0	68	68	0	0	0	68
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center (Transfer 10 to CCRC Windsor Point in Wake County)	NH0503	10	0	0	10	0	-10	0	0
Mecklenburg	Legacy Heights Senior Living Community	HAL-060-152	0	0	122	122	0	0	0	122
Mecklenburg	Liberty Commons Nursing and Rehabilitation Center of Mint Hill (Transfer 12 from Radbourne Manor Village)		0	0	0	0	0	12	0	12
Mecklenburg	MerryWood on Park	HAL-060-155	0	0	20	20	0	0	0	20
Mecklenburg	Mint Hill Senior Living	HAL-060-136	0	0	82	82	0	0	0	82
Mecklenburg	Northlake House	HAL-060-150	0	0	48	48	0	0	0	48
Mecklenburg	Parker Terrace	HAL-060-054	0	0	53	53	0	0	0	53
Mecklenburg	Pineville Rehabilitation and Living Center	NH0521	10	0	0	10	0	0	0	10
Mecklenburg	Preston House	HAL-060-154	0	0	40	40	0	0	0	40
Mecklenburg	Queen City Assisted Living	HAL-060-126	0	0	120	120	0	0	0	120
Mecklenburg	Radbourne Manor Village (Transfer 12 to Liberty Commons Nursing & Rehabilitation Center of Mint Hill. Transfer 4 ACH beds to The Terrace at Brightmore of South Charlotte. Transfer 8 ACH beds to CCRC The Barclay at South Park.)		0	0	0	0	0	-24	0	-24
Mecklenburg	Ranson Ridge at the Villages of Mecklenburg	HAL-060-147	0	0	100	100	0	0	0	100
Mecklenburg	Saturn Nursing and Rehabilitation Center	NH0557	20	0	0	20	0	0	0	20
Mecklenburg	Summit Place of Southpark	HAL-060-116	0	0	120	120	0	0	0	120
Mecklenburg	Sunrise on Providence	HAL-060-165	0	0	95	95	0	0	0	95
Mecklenburg	The Charlotte Assisted Living	HAL-060-158	0	0	119	119	0	0	0	119
Mecklenburg	The Crossings at Steele Creek	HAL-060-130	0	0	90	90	0	0	0	90
Mecklenburg	The Haven in Highland Creek	HAL-060-163	0	0	60	60	0	0	0	60
Mecklenburg	The Haven in the Village at Carolina Place	HAL-060-107	0	0	60	60	0	0	0	60
Mecklenburg	The Laurels in Highland Creek	HAL-060-161	0	0	105	105	0	0	0	105
Mecklenburg	The Laurels in the Village at Carolina Place	HAL-060-164	0	0	104	104	0	0	0	104
Mecklenburg	The Little Flower Assisted Living	HAL-060-109	0	0	49	49	0	0	0	49

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Mecklenburg	The Parc at Sharon Amity	HAL-060-125	0	0	64	64	0	0	0	64
Mecklenburg	The Social at Cotswold	HAL-060-132	0	0	104	104	0	0	0	104
Mecklenburg	The Terrace at Brightmore of South Charlotte	HAL-060-157	0	0	30	30	0	4	0	34
Mecklenburg	University Place Nursing and Rehabilitation Center	NH0016	10	0	0	10	0	0	0	10
Mecklenburg	Waltonwood at Providence	HAL-060-138	0	0	80	80	0	0	0	80
Mecklenburg	Waltonwood Cotswold (85 beds added per settlement agreement.)	HAL-060-148	0	0	125	125	0	0	0	125
Mecklenburg	Willow Ridge Assisted Living	HAL-060-111	0	0	52	52	0	0	0	52
Mecklenburg	Wilora Lake Healthcare Center (Transfer 20 to CCRC The Barclay of SouthPark)	NH0572	20	0	0	20	0	-20	0	0
Mecklenburg Totals			80	0	2,827	2,907	40	-38	0	2,909
Mitchell	Mitchell House	HAL-061-011	0	0	80	80	0	0	0	80
Mitchell Totals			0	0	80	80	0	0	0	80
Montgomery	Autumn Care of Biscoe	NH0411	10	0	0	10	0	0	0	10
Montgomery	Brookstone Haven of Star Assisted Living	HAL-062-014	0	0	54	54	0	0	0	54
Montgomery	Poplar Springs Assisted Living	HAL-062-015	0	0	12	12	0	0	0	12
Montgomery	Sandy Ridge Assisted Living	HAL-062-009	0	0	120	120	0	0	0	120
Montgomery Totals			10	0	186	196	0	0	0	196
Moore	Accordius Health at Aberdeen	NH0597	10	0	0	10	0	0	0	10
Moore	Brookdale Pinehurst	HAL-063-024	0	0	76	76	0	0	0	76
Moore	Elmcroft of Southern Pines	HAL-063-025	0	0	94	94	0	0	0	94
Moore	Fox Hollow Senior Living Community	HAL-063-022	0	0	85	85	0	0	0	85
Moore	Magnolia Gardens	HAL-063-007	0	0	110	110	0	0	0	110
Moore	Peak Resources - Pinelake	NH0539	20	0	0	20	0	0	0	20
Moore	Seven Lakes Assisted Living	HAL-063-023	0	0	60	60	0	0	0	60
Moore	Tara Plantation of Carthage	HAL-063-011	0	0	80	80	0	0	0	80
Moore Totals			30	0	505	535	0	0	0	535
Nash	Autumn Care of Nash	NH0602	20	0	0	20	0	0	0	20
Nash	Breckenridge Retirement Center	HAL-064-004	0	0	64	64	0	0	0	64
Nash	Brookdale Rocky Mount	HAL-064-008	0	0	60	60	0	0	0	60
Nash	Hunter Hill Senior Living	HAL-064-032	0	0	64	64	0	0	0	64
Nash	Somerset Court of Rocky Mount	HAL-064-029	0	0	60	60	0	0	0	60
Nash	South Village (Replacement facility)		0	0	0	0	0	15	0	15
Nash	Spring Arbor of Rocky Mount	HAL-064-005	0	0	84	84	0	0	0	84
Nash	The Carrolton of Nash	NH0437	9	0	0	9	0	0	0	9
Nash	The Gardens of Nashville (Transfer 60 to The Landings of Rocky Mount)	HAL-064-031	0	0	122	122	0	-60	0	62

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Nash	The Landings of Rocky Mount (Transfer 60 from the Gardens of Nashville)		0	0	0	0	0	60	0	60
Nash	The Lodge at Rocky Mount	NH0122	15	0	0	15	0	-15	0	0
Nash	Trinity Retirement Villas #1	HAL-064-014	0	0	12	12	0	0	0	12
Nash	Trinity Retirement Villas #2	HAL-064-013	0	0	12	12	0	0	0	12
Nash Totals			44	0	478	522	0	0	0	522
New Hanover	Autumn Care of Myrtle Grove	NH0595	20	0	0	20	0	0	0	20
New Hanover	Brookdale Wilmington	HAL-065-019	0	0	38	38	0	0	0	38
New Hanover	Castle Creek Memory Care	HAL-065-034	0	0	84	84	0	0	0	84
New Hanover	Cedar Cove Assisted Living	HAL-065-035	0	0	64	64	0	0	0	64
New Hanover	Champions Assisted Living	HAL-065-020	0	0	148	148	0	0	0	148
New Hanover	Fannie Norwood Memorial Home (Closed. Transfer 16 to Tidewater at Carolina Bay)	HAL-065-004	0	0	16	16	0	-16	0	0
New Hanover	Liberty Commons Rehabilitation Center (72 beds originally to be relocated to this facility from Port South Village are now to be relocated to Tidewater at Carolina Bay)	NH0569	40	0	0	40	0	0	0	40
New Hanover	Morningside of Wilmington	HAL-065-045	0	0	101	101	0	0	0	101
New Hanover	New Hanover House (Transfer 40 from Sherwood Manor)	HAL-065-036	0	0	61	61	0	40	0	101
New Hanover	Port South Village/Carmen D. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-031	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Catherine S. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-043	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Crystal L. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-042	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Lorraine B. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-027	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Tara L. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-025	0	0	12	12	0	-12	0	0
New Hanover	Port South Village/Teresa C. Villa (Closed. Transfer 12 to Liberty Commons Rehabilitation Center)	HAL-065-040	0	0	12	12	0	-12	0	0
New Hanover	Sherwood Manor Rest Home (Transfer 40 to New Hanover House)	HAL-065-011	0	0	40	40	0	-40	0	0
New Hanover	Spring Arbor of Wilmington	HAL-065-014	0	0	66	66	0	0	0	66
New Hanover	The Commons at Brightmore (Transfer 32 ACH beds to The Commons of Brunswick County in Brunswick County)	HAL-065-002	0	0	201	201	0	-32	0	169
New Hanover	The Kempton at Brightmore	HAL-065-023	0	0	84	84	0	0	0	84
New Hanover	Tidewater at Carolina Bay (Transferred 16 from Fannie Norwood Memorial Home and 72 originally relocated to Liberty Commons Rehabilitation Center)		0	0	0	0	0	88	0	88
New Hanover Totals			60	0	975	1,035	0	-32	0	1,003
Northampton	Hampton Manor (Transfer 33 from The Oaks at Pleasant Hill)	HAL-066-012	0	0	82	82	0	33	0	115

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Northampton	Pine Forest Rest Home	HAL-066-001	0	0	24	24	0	0	0	24
Northampton	Rich Square Manor	HAL-066-011	0	0	32	32	0	0	0	32
Northampton	Rich Square Villa (Transfer 33 from The Oaks at Pleasant	HAL-066-010	0	0	38	38	0	33	0	71
Northampton	The Oaks at Pleasant Hill (Transfer 33 to Hampton Manor and 33 to Rich Square Villa)	HAL-066-018	0	0	66	66	0	-66	0	0
Northampton Totals			0	0	242	242	0	0	0	242
Onslow	Liberty Commons Assisted Living	HAL-067-008	0	0	79	79	0	0	0	79
Onslow	Lighthouse Village	HAL-067-013	0	0	80	80	0	0	0	80
Onslow	Onslow Assisted Living (Replacement facility for Holly Ridge Assisted Living. Transfer 40 from Onslow House)	HAL-067-022	0	0	40	40	0	40	0	80
Onslow	Onslow House (Transfer 40 to Onslow Assisted Living)	HAL-067-023	0	0	160	160	0	-40	0	120
Onslow	Premier Nursing and Rehabilitation Center	NH0229	7	0	0	7	0	0	0	7
Onslow	The Arc Community	HAL-067-004	0	0	32	32	0	0	0	32
Onslow	The Heritage of Richlands	HAL-067-016	0	0	40	40	0	0	0	40
Onslow Totals			7	0	431	438	0	0	0	438
Orange	Adorable Senior Living	HAL-068-034	0	0	17	17	0	0	0	17
Orange	Brookdale Meadowmont	HAL-068-008	0	0	64	64	0	0	0	64
Orange	Crescent Green of Carrboro	HAL-068-024	0	0	120	120	0	0	0	120
Orange	Elmcroft of Hillsborough	HAL-068-035	0	0	96	96	0	0	0	96
Orange	Parkview Health and Rehabilitation Center	NH0239	7	0	0	7	0	0	0	7
Orange	Peak Resources Brookshire	NH0545	20	0	0	20	0	0	0	20
Orange	The Stratford	HAL-068-025	0	0	77	77	0	0	0	77
Orange Totals			27	0	374	401	0	0	0	401
Pamlico	Grantsbrook Nursing and Rehabilitation Center	NH0450	8	0	0	8	0	0	0	8
Pamlico	The Gardens of Pamlico	HAL-069-002	0	0	70	70	0	0	0	70
Pamlico Totals			8	0	70	78	0	0	0	78
Pasquotank	Brookdale Elizabeth City	HAL-070-005	0	0	76	76	0	0	0	76
Pasquotank	Heritage Care of Elizabeth City	HAL-070-006	0	0	60	60	0	0	0	60
Pasquotank	Waterbrooke of Elizabeth City	HAL-070-008	0	0	130	130	0	0	0	130
Pasquotank Totals			0	0	266	266	0	0	0	266
Pender	Arbor Landing at Hampstead	HAL-071-016	0	0	19	19	0	0	0	19
Pender	Ashe Gardens	HAL-071-017	0	0	60	60	0	0	0	60
Pender	The Laurels of Pender (Convert 23 ACH beds to NH beds)	NH0461	23	0	0	23	0	-23	0	0
Pender	Woodbury Wellness Center Inc	NH0300	100	0	0	100	0	0	0	100
Pender Totals			123	0	79	202	0	-23	0	179
Perquimans	Hertford House		0	0	0	0	50	0	0	50
Perquimans	Hertford Manor	HAL-072-013	0	0	24	24	0	0	0	24
Perquimans Totals			0	0	24	24	50	0	0	74

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Person	Cambridge Hills Assisted Living	HAL-073-003	0	0	120	120	0	0	0	120
Person	Maple Heights Assisted Living	HAL-073-010	0	0	34	34	0	0	0	34
Person	The Canterbury House	HAL-073-018	0	0	60	60	0	0	0	60
Person Totals			0	0	214	214	0	0	0	214
Pitt	Brookdale Dickinson Avenue	HAL-074-011	0	0	76	76	0	0	0	76
Pitt	Brookdale W. Arlington Boulevard	HAL-074-012	0	0	60	60	0	0	0	60
Pitt	Care One Assisted Living of Greenville	HAL-074-044	0	0	120	120	0	0	0	120
Pitt	East Carolina Rehab and Wellness	NH0505	20	0	0	20	0	0	0	20
Pitt	Oak Haven Assisted Living	HAL-074-036	0	0	54	54	0	0	0	54
Pitt	Red Oak Assisted Living	HAL-074-037	0	0	62	62	0	0	0	62
Pitt	River Oak Assisted Living	HAL-074-043	0	0	80	80	0	0	0	80
Pitt	Spring Arbor-Greenville	HAL-074-010	0	0	66	66	0	0	0	66
Pitt	Winterville Manor	HAL-074-026	0	0	29	29	0	0	0	29
Pitt Totals			20	0	547	567	0	0	0	567
Polk	Laurelwoods	HAL-075-010	0	0	60	60	0	0	0	60
Polk	Ridge Rest Assisted Living	HAL-075-011	0	0	12	12	0	0	0	12
Polk	The Gardens of Columbus		0	0	50	50	0	0	0	50
Polk Totals			0	0	122	122	0	0	0	122
Randolph	Brookdale Asheboro	HAL-076-007	0	0	76	76	0	0	0	76
Randolph	Brookstone Haven	HAL-076-034	0	0	120	120	0	0	0	120
Randolph	Cross Road Retirement Community	HAL-076-003	0	0	152	152	0	0	0	152
Randolph	Elmcroft of Asheboro	HAL-076-035	0	0	96	96	0	0	0	96
Randolph	North Pointe	HAL-076-027	0	0	67	67	0	0	0	67
Randolph	North Pointe Assisted Living of Archdale	HAL-076-032	0	0	56	56	0	0	0	56
Randolph Totals			0	0	567	567	0	0	0	567
Richmond	Hamlet House	HAL-077-010	0	0	60	60	0	0	0	60
Richmond	Hermitage Retirement Center	HAL-077-012	0	0	114	114	0	0	0	114
Richmond	Richmond Pines Healthcare and Rehabilitation Center	NH0455	10	0	0	10	0	0	0	10
Richmond Totals			10	0	174	184	0	0	0	184
Robeson	Covenant Care	HAL-078-038	0	0	30	30	0	0	0	30
Robeson	Cromartie Spring Village Rest Home	HAL-078-082	0	0	11	11	0	0	0	11
Robeson	GlenFlora	NH0533	20	0	0	20	0	0	0	20
Robeson	Greenbrier of Fairmont	HAL-078-068	0	0	100	100	0	0	0	100
Robeson	Hope Springs	HAL-078-100	0	0	63	63	0	0	0	63
Robeson	Lumberton Assisted Living	HAL-078-084	0	0	104	104	0	0	0	104
Robeson	Morning Star AL # 2	HAL-078-064	0	0	12	12	0	0	0	12
Robeson	Morning Star AL # 3	HAL-078-065	0	0	12	12	0	0	0	12

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Robeson	Morning Star AL # 4	HAL-078-067	0	0	12	12	0	0	0	12
Robeson	Red Springs Assisted Living	HAL-078-083	0	0	81	81	0	0	0	81
Robeson Totals			20	0	425	445	0	0	0	445
Rockingham	Brookdale Eden	HAL-079-009	0	0	82	82	0	0	0	82
Rockingham	Brookdale Reidsville	HAL-079-007	0	0	76	76	0	0	0	76
Rockingham	Highgrove Long Term Care Center	HAL-079-002	0	0	62	62	0	0	0	62
Rockingham	Moyer's Assisted Living Compassionate	HAL-079-104	0	0	18	18	0	0	0	18
Rockingham	North Pointe of Mayodan	HAL-079-053	0	0	70	70	0	0	0	70
Rockingham	Penn Nursing Center	NH0614	10	0	0	10	0	0	0	10
Rockingham	Pine Forrest Home for the Aged	HAL-079-079	0	0	58	58	0	0	0	58
Rockingham	Reidsville House (Replacement facility)		0	0	0	0	0	43	0	43
Rockingham	Reidsville House (Closed)		0	0	43	43	0	-43	0	0
Rockingham Totals			10	0	409	419	0	0	0	419
Rowan	Alpha Concord Plantation	HAL-080-027	0	0	29	29	0	0	0	29
Rowan	Angels at Heart Assisted Living	HAL-080-029	0	0	28	28	0	0	0	28
Rowan	Best Of Care Assisted Living	HAL-080-019	0	0	25	25	0	0	0	25
Rowan	Bethamy Retirement Center	HAL-080-006	0	0	43	43	0	0	0	43
Rowan	Big Elm Retirement and Nursing Centers	NH0471	96	0	0	96	0	0	0	96
Rowan	Brightmoor Nursing Center	NH0050	43	0	0	43	0	0	0	43
Rowan	Brookdale Salisbury	HAL-080-014	0	0	88	88	0	0	0	88
Rowan	Compass Assisted Living Rowan	HAL-080-028	0	0	89	89	0	0	0	89
Rowan	Deal Care Inn	HAL-080-031	0	0	21	21	0	0	0	21
Rowan	Elmcroft of Salisbury	HAL-080-030	0	0	128	128	0	0	0	128
Rowan	Kannon Creek Assisted Living (Transfer 106 to The Landings of Salisbury)	HAL-080-003	0	0	106	106	0	-106	0	0
Rowan	The Citadel at Salisbury	NH0441	20	0	0	20	0	0	0	20
Rowan	The Landings of Salisbury (Replacement facility. Transfer 106 from Kannon Creek Assisted Living)		0	0	0	0	0	106	0	106
Rowan	The Laurels of Salisbury	NH0538	20	0	0	20	0	0	0	20
Rowan	The Meadows of Rockwell Retirement Center	HAL-080-026	0	0	120	120	0	0	0	120
Rowan Totals			179	0	677	856	0	0	0	856
Rutherford	Brookdale Forest City	HAL-081-014	0	0	76	76	0	0	0	76
Rutherford	Cedar Creek Living LLC (Previously Nana's Assisted Living #2)	HAL-081-051	0	0	44	44	0	0	0	44
Rutherford	Colonial Manor Rest Home	HAL-081-001	0	0	34	34	0	0	0	34
Rutherford	Fair Haven Home	NH0531	37	0	0	37	0	0	0	37
Rutherford	Fair Haven of Forest City	NH0474	28	0	0	28	0	0	0	28
Rutherford	Haven-N-Hills Living Center (Closed. Transfer 46 to Lake Lure)	HAL-081-050	0	0	46	46	0	-46	0	0

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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							CON	CON Bed Transfer		
Rutherford	Henderson Care Center	HAL-081-010	0	0	86	86	0	0	0	86
Rutherford	Holly Springs Senior Citizens Home	HAL-081-005	0	0	32	32	0	0	0	32
Rutherford	Lake Lure (Transfer 16 from Oak Grove Healthcare Center and 46 from Haven-N-Hills Living Center)		0	0	0	0	0	62	0	62
Rutherford	Oak Grove Healthcare Center (Transfer 16 to Lake Lure Assisted Living)	NH0566	16	0	0	16	0	-16	0	0
Rutherford	Oakland Living Center	HAL-081-013	0	0	40	40	0	0	0	40
Rutherford	Restwell Home	HAL-081-007	0	0	20	20	0	0	0	20
Rutherford	Southern Manor Rest Home	HAL-081-008	0	0	25	25	0	0	0	25
Rutherford	Sunnyside Retirement Home	HAL-081-042	0	0	34	34	0	0	0	34
Rutherford Totals			81	0	437	518	0	0	0	518
Sampson	Clinton Village Senior Center	HAL-082-029	0	0	60	60	0	0	0	60
Sampson	Mary Gran Nursing Center	NH0089	30	0	0	30	0	0	0	30
Sampson	Rolling Ridge Assisted Living	HAL-082-027	0	0	61	61	0	0	0	61
Sampson	The Gardens of Roseboro	HAL-082-028	0	0	40	40	0	0	0	40
Sampson	The Magnolia	HAL-082-022	0	0	91	91	0	0	0	91
Sampson Totals			30	0	252	282	0	0	0	282
Scotland	Prestwick Village	HAL-083-018	0	0	100	100	0	0	0	100
Scotland	Willow Place Assisted Living & Memory Care	HAL-083-020	0	0	0	0	0	0	0	0
Scotland Totals			0	0	100	100	0	0	0	100
Stanly	Bethany Woods Nursing and Rehabilitation Center	NH0462	10	0	0	10	0	0	0	10
Stanly	Spring Arbor of Albemarle	HAL-084-004	0	0	78	78	0	0	0	78
Stanly	Stanly Manor	NH0464	10	0	0	10	0	0	0	10
Stanly	The Taylor House	HAL-084-001	0	0	30	30	0	0	0	30
Stanly	Trinity Place (Transfer 17 from Forrest Oakes Healthcare)	NH0140	27	0	0	27	0	17	0	44
Stanly	Woodhaven Court	HAL-084-009	0	0	76	76	0	0	0	76
Stanly Totals			47	0	184	231	0	17	0	248
Stokes	Graceland Living Center I	HAL-085-001	0	0	12	12	0	0	0	12
Stokes	Graceland Living Center II	HAL-085-002	0	0	11	11	0	0	0	11
Stokes	Mountain Valley Living Center	HAL-085-003	0	0	26	26	0	0	0	26
Stokes	Priddy Manor Assisted Living	HAL-085-009	0	0	79	79	0	0	0	79
Stokes	Rose Tara Senior Living	HAL-085-008	0	0	65	65	0	0	0	65
Stokes	Universal Health Care/King	NH0555	24	0	0	24	0	0	0	24
Stokes	Village Care of King	NH0507	20	0	0	20	0	0	0	20
Stokes	Walnut Cove Health and Rehabilitation Center	NH0316	9	0	0	9	0	-9	0	0
Stokes	Walnut Ridge Assisted Living	HAL-085-005	0	0	63	63	0	0	0	63
Stokes Totals			53	0	256	309	0	-9	0	300
Surry	Central Care	HAL-086-001	0	0	53	53	0	0	0	53

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

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							CON	CON Bed Transfer		
Surry	Chatham Nursing & Rehabilitation	NH0640	28	0	0	28	0	0	0	28
Surry	Colonial Long Term Care Facility	HAL-086-002	0	0	54	54	0	0	0	54
Surry	Dunmore Plantation	HAL-086-006	0	0	60	60	0	0	0	60
Surry	Ridge Crest Retirement	HAL-086-010	0	0	28	28	0	0	0	28
Surry	Riverwood Assisted Living Facility	HAL-086-014	0	0	65	65	0	0	0	65
Surry	Twelve Oaks	HAL-086-008	0	0	112	112	0	0	0	112
Surry	Yadkin Valley Senior Living	HAL-086-015	0	0	60	60	0	0	0	60
Surry Totals			28	0	432	460	0	0	0	460
Swain	Bryson Senior Living	HAL-087-009	0	0	50	50	0	0	0	50
Swain Totals			0	0	50	50	0	0	0	50
Transylvania	Cedar Mountain House	HAL-088-014	0	0	64	64	0	0	0	64
Transylvania	Kingsbridge House	HAL-088-015	0	0	60	60	0	0	0	60
Transylvania	The Oaks-Brevard	NH0563	10	0	0	10	0	0	0	10
Transylvania Totals			10	0	124	134	0	0	0	134
Tyrrell	Tyrrell House	HAL-089-002	0	0	50	50	0	0	0	50
Tyrrell Totals			0	0	50	50	0	0	0	50
Union	Accordius Health at Monroe	NH0493	12	0	0	12	0	0	0	12
Union	Autumn Care of Marshville	NH0421	10	0	0	10	0	0	0	10
Union	Brookdale Monroe Square 1	HAL-090-024	0	0	102	102	0	0	0	102
Union	Brookdale Monroe Square 2	HAL-090-022	0	0	65	65	0	0	0	65
Union	Brookdale Union Park	HAL-090-007	0	0	87	87	0	0	0	87
Union	Elizabethan Gardens	HAL-090-001	0	0	100	100	0	0	0	100
Union	Hillcrest Church Rest Home	HAL-090-004	0	0	20	20	0	0	0	20
Union	Monroe Manor Assisted Living Building I	HAL-090-034	0	0	12	12	0	0	0	12
Union	Monroe Manor Assisted Living Building II	HAL-090-033	0	0	12	12	0	0	0	12
Union	The Addison of Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	HAL-090-035	0	0	96	96	0	0	0	96
Union	Woodridge Assisted Living Facility	HAL-090-025	0	0	80	80	0	0	0	80
Union Totals			22	0	574	596	0	0	0	596
Vance	Green-Bullock Assisted Living Center	HAL-091-011	0	0	129	129	0	0	0	129
Vance	Kerr Lake Nursing and Rehabilitation Center	NH0353	23	0	0	23	0	0	0	23
Vance	Senior Citizen's Home Inc	NH0477	54	0	0	54	0	0	0	54
Vance	Woodlawn Retirement Home	HAL-091-003	0	0	12	12	0	0	0	12
Vance Totals			77	0	141	218	0	0	0	218
Wake	Brighton Gardens of Raleigh	HAL-092-024	0	0	115	115	0	0	0	115
Wake	Brookdale Cary	HAL-092-023	0	0	50	50	0	0	0	50
Wake	Brookdale MacArthur Park	HAL-092-027	0	0	80	80	0	0	0	80

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A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wake	Brookdale Wake Forest	HAL-092-032	0	0	70	70	0	0	0	70
Wake	Brookridge Assisted Living	HAL-092-146	0	0	55	55	0	0	0	55
Wake	Cadence at Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-213	0	0	96	96	0	0	0	96
Wake	Cadence Garner (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-215	0	0	84	84	0	0	0	84
Wake	Cadence North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-214	0	0	96	96	0	0	0	96
Wake	Cary Health and Rehabilitation Center (Transfer 30 ACH beds to CCRC Brightmore Healthcare Center of Cary)	NH0511	30	0	0	30	0	-30	0	0
Wake	Chatham Commons	HAL-092-203	0	0	80	80	0	0	0	80
Wake	Coventry House Of Zebulon	HAL-092-212	0	0	60	60	0	0	0	60
Wake	Elmcroft of Northridge	HAL-092-207	0	0	161	161	0	0	0	161
Wake	Falls River Court Memory Care Community	HAL-092-141	0	0	38	38	0	0	0	38
Wake	Falls River Village Assisted Living Community	HAL-092-142	0	0	60	60	0	0	0	60
Wake	HeartFields at Cary	HAL-092-216	0	0	97	97	0	0	0	97
Wake	Hillside Nursing Center of Wake Forest	NH0525	20	0	0	20	0	0	0	20
Wake	Lawndale Manor	HAL-092-017	0	0	62	62	0	0	0	62
Wake	Lee's Long Term Care Facility (Transferred 65 to Waltonwood Silverton)	HAL-092-009	0	0	65	65	0	-65	0	0
Wake	Litchford Falls Healthcare and Rehabilitation Center (Transfer 31 from Universal Health Care-Fuquay Varina and 20 from Universal Health Care-North Raleigh)	NH0558	24	0	0	24	0	51	0	75
Wake	Magnolia Glen (10 bed transfer to The Cardinal at North Hills CCRC - NH)	HAL-092-180	0	0	66	66	0	-10	0	56
Wake	Mayview Assisted Living Center (Transferred 20 from Wellington Rehab)		0	0	0	0	0	20	0	20
Wake	Morningside of Raleigh	HAL-092-217	0	0	110	110	0	0	0	110
Wake	North Pointe Assisted Living of Garner	HAL-092-186	0	0	126	126	0	0	0	126
Wake	Oliver House	HAL-092-182	0	0	100	100	0	0	0	100
Wake	Phoenix Assisted Care	HAL-092-131	0	0	120	120	0	0	0	120
Wake	Spring Arbor of Apex	HAL-092-037	0	0	76	76	0	0	0	76
Wake	Spring Arbor of Cary	HAL-092-204	0	0	80	80	0	0	0	80
Wake	Spring Arbor of Raleigh	HAL-092-079	0	0	80	80	0	0	0	80
Wake	Sunrise at North Hills	HAL-092-218	0	0	160	160	0	0	0	160
Wake	Sunrise of Cary	HAL-092-209	0	0	85	85	0	0	0	85
Wake	Sunrise of Raleigh	HAL-092-211	0	0	100	100	0	0	0	100
Wake	The Addison of Fuquay Varina (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-219	0	0	96	96	0	0	0	96
Wake	The Addison of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	HAL-092-220	0	0	96	96	0	0	0	96

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wake	The Covington	HAL-092-181	0	0	120	120	0	0	0	120
Wake	The Laurels of Forest Glen	NH0506	20	0	0	20	0	0	0	20
Wake	The Reserve at Mill Farm	HAL-092-221	0	0	35	35	0	0	0	35
Wake	Universal Health Care/Fuquay-Varina (Transfer 31 to Litchford Falls)	NH0637	31	0	0	31	0	-31	0	0
Wake	Universal Health Care/North Raleigh (Transfer 20 to Litchford Falls)	NH0611	20	0	0	20	0	-20	0	0
Wake	Wake Assisted Living	HAL-092-144	0	0	60	60	0	0	0	60
Wake	Waltonwood Cary Parkway (Transfer 9 to Waltonwood Silverton)	HAL-092-161	0	0	85	85	0	-9	0	76
Wake	Waltonwood Lake Boone	HAL-092-210	0	0	68	68	0	0	0	68
Wake	Waltonwood Silverton (Transfer 65 from Lee's Long Term Care Facility and 9 from Waltonwood Cary Parkway)		0	0	0	0	0	74	0	74
Wake	Wellington Rehabilitation and Healthcare (Transfer 20 ACH beds to Mayview Assisted Living)	NH0544	20	0	0	20	0	-20	0	0
Wake	Woodland Terrace	HAL-092-206	0	0	84	84	0	0	0	84
Wake	Zebulon House	HAL-092-143	0	0	60	60	0	0	0	60
Wake Totals			165	0	3,076	3,241	0	-40	0	3,201
Warren	Alpha Magnolia Garden	HAL-093-010	0	0	86	86	0	0	0	86
Warren	Boyd's Rest Home #2	HAL-093-001	0	0	10	10	0	0	0	10
Warren	Warren Hills Nursing Center	NH0360	20	0	0	20	0	0	0	20
Warren Totals			20	0	96	116	0	0	0	116
Washington	Cypress Manor	HAL-094-006	0	0	40	40	0	0	0	40
Washington	The Carrolton of Plymouth	NH0419	9	0	0	9	0	0	0	9
Washington Totals			9	0	40	49	0	0	0	49
Watauga	Deerfield Ridge Assisted Living	HAL-095-008	0	0	96	96	0	0	0	96
Watauga	Mountain Care Facilities	HAL-095-002	0	0	60	60	0	0	0	60
Watauga	The Foley Center at Chestnut Ridge	NH0638	20	0	0	20	0	0	0	20
Watauga Totals			20	0	156	176	0	0	0	176
Wayne	Brookdale Berkeley Boulevard	HAL-096-014	0	0	60	60	0	0	0	60
Wayne	Brookdale Country Day Road	HAL-096-026	0	0	104	104	0	0	0	104
Wayne	Countryside Village	HAL-096-049	0	0	40	40	0	0	0	40
Wayne	Eagle's Pointe	HAL-096-051	0	0	104	104	0	0	0	104
Wayne	Fremont Rest Center	HAL-096-024	0	0	50	50	0	0	0	50
Wayne	Goldsboro Assisted Living & Alzheimer's Care	HAL-096-031	0	0	56	56	0	0	0	56
Wayne	LaGrange Gardens Assisted Living	HAL-096-001	0	0	37	37	0	0	0	37
Wayne	Renu Life Extended	HAL-096-022	0	0	37	37	0	0	0	37
Wayne	Somerset Court of Goldsboro	HAL-096-047	0	0	60	60	0	0	0	60
Wayne	Sutton's Retirement Center	HAL-096-029	0	0	40	40	0	0	0	40

Table 11A: Inventory of Adult Care Home (Assisted Living) Beds

A	B	C	D	E	F	G	H	I	J	K
Service Area	Facility Name	License Number	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Available in SMFP	Total Planning Inventory
							CON	CON Bed Transfer		
Wayne	Wayne County Rest Villa No. 1	HAL-096-003	0	0	12	12	0	0	0	12
Wayne	Wayne County Rest Villa No. 2	HAL-096-004	0	0	12	12	0	0	0	12
Wayne	Woodard Care	HAL-096-008	0	0	73	73	0	0	0	73
Wayne	Woodard's Retirement Village	HAL-096-009	0	0	60	60	0	0	0	60
Wayne Totals			0	0	745	745	0	0	0	745
Wilkes	Rose Glen Manor	HAL-097-015	0	0	60	60	0	0	0	60
Wilkes	The Gardens of Wilkesboro (Replacement facility.)		0	0	0	0	0	99	0	99
Wilkes	Westwood Hills Nursing & Rehabilitation Center	NH0295	10	0	0	10	0	0	0	10
Wilkes	Wilkes County Adult Care (Transfer 99 beds to replacement facility The Gardens of Wilkesboro)	HAL-097-014	0	0	99	99	0	-99	0	0
Wilkes	Wilkesboro Assisted Living Center	HAL-097-016	0	0	102	102	0	0	0	102
Wilkes	Wilkesboro Health and Rehabilitation	NH0509	19	0	0	19	0	0	0	19
Wilkes Totals			29	0	261	290	0	0	0	290
Wilson	Elm City Assisted Living	HAL-098-028	0	0	58	58	0	0	0	58
Wilson	Parkwood Village	HAL-098-029	0	0	70	70	0	0	0	70
Wilson	Spring Arbor of Wilson	HAL-098-006	0	0	72	72	0	0	0	72
Wilson	Wilson Assisted Living	HAL-098-027	0	0	88	88	0	0	0	88
Wilson	Wilson House	HAL-098-023	0	0	136	136	0	0	0	136
Wilson	Wilson Pines Nursing and Rehabilitation Center	NH0218	30	0	0	30	0	0	0	30
Wilson Totals			30	0	424	454	0	0	0	454
Yadkin	Patriot Living of Yadkinville	HAL-099-018	0	0	50	50	0	0	0	50
Yadkin	Pinebrook Residential Center I	HAL-099-017	0	0	54	54	0	0	0	54
Yadkin	Pinebrook Residential Center II	HAL-099-016	0	0	65	65	0	0	0	65
Yadkin	The Magnolias Over Yadkin (Closed 06/15/2020. 20 beds relicensed to Yadkin Nursing Care Center)	HAL-099-011	0	0	0	0	0	0	0	0
Yadkin	Yadkin Nursing Care Center	NH0224	20	0	0	20	0	0	0	20
Yadkin Totals			20	0	169	189	0	0	0	189
Yancey	Southern Living for Seniors of Burnsville, NC	HAL-100-006	0	0	29	29	0	0	0	29
Yancey	Yancey House	HAL-100-005	0	0	70	70	0	0	0	70
Yancey Totals			0	0	99	99	0	0	0	99
Grand Totals			2,971	0	38,264	41,235	640	-27	0	41,848

* Adult Care Home need methodology amended for the 2019 SMFP to separate Hyde and Tyrrell counties into two service areas.

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Alamance	565	570	574	559	595	157,624	159,371	161,076	165,749	170,483	3.5845	3.5766	3.5635	3.3726	3.4901	-0.0061	-0.0061	3.4257
Alexander	104	92	68	82	83	38,302	38,054	38,452	38,390	38,530	2.7153	2.4176	1.7684	2.1360	2.1542	-0.0404	-0.0404	1.8928
Alleghany	0	0	0	0	0	11,159	11,255	11,233	11,466	11,466	2.9720	2.9388	2.8739	2.8239	2.6395	-0.0290	-0.0290	0.0000
Anson	52	49	41	55	59	26,469	26,155	25,626	25,460	25,290	1.9646	1.8734	1.5999	2.1603	2.3329	0.0594	0.0594	2.7490
Ashe	104	103	103	99	97	27,482	27,318	27,218	27,551	27,861	3.7843	3.7704	3.7843	3.5933	3.4816	-0.0204	-0.0204	3.2686
Avery	74	90	89	81	92	17,902	17,837	18,072	17,913	18,022	4.1336	5.0457	4.9247	4.5219	5.1049	0.0610	0.0610	6.0383
Beaufort	76	112	114	91	91	47,718	47,827	47,547	47,438	47,480	1.5927	2.3418	2.3976	1.9183	1.9166	0.0733	0.0733	2.3383
Bertie	69	89	84	86	85	20,361	20,413	19,881	19,732	19,636	3.3888	4.3600	4.2251	4.3584	4.3288	0.0701	0.0701	5.2391
Bladen	80	72	77	73	74	35,152	35,011	34,393	34,298	34,497	2.2758	2.0565	2.2388	2.1284	2.1451	-0.0123	-0.0123	2.0660
Brunswick	204	151	211	251	225	121,577	125,712	131,726	136,126	142,088	1.6779	1.2012	1.6018	1.8439	1.5835	0.0148	0.0148	1.6540
Buncombe	796	735	841	813	826	254,344	257,931	261,532	262,483	264,056	3.1296	2.8496	3.2157	3.0973	3.1281	0.0030	0.0030	3.1566
Burke	298	282	284	268	310	89,198	89,274	90,246	91,555	91,810	3.3409	3.1588	3.1470	2.9272	3.3765	0.0064	0.0064	3.4409
Cabarrus	509	540	565	620	456	195,999	200,595	205,473	209,303	212,917	2.5970	2.6920	2.7498	2.9622	2.1417	-0.0354	-0.0354	1.9141
Caldwell	267	249	198	180	188	82,391	82,691	83,303	83,597	83,417	3.2406	3.0112	2.3769	2.1532	2.2537	-0.0822	-0.0822	1.6979
Camden	9	10	10	11	11	10,349	10,223	10,359	10,414	10,611	0.8696	0.9782	0.9653	1.0563	1.0367	0.0468	0.0468	1.1823
Carteret	139	145	164	191	149	69,530	70,115	70,190	70,619	71,163	1.9991	2.0680	2.3365	2.7047	2.0938	0.0240	0.0240	2.2445
Caswell	91	101	124	113	87	23,643	23,615	23,699	23,309	23,664	3.8489	4.2769	5.2323	4.8479	3.6765	0.0049	0.0049	3.7302
Catawba	548	526	518	521	499	156,182	156,106	156,949	157,978	159,494	3.5087	3.3695	3.3004	3.2979	3.1286	-0.0281	-0.0281	2.8652
Chatham	287	322	326	310	353	69,851	73,176	74,835	74,491	75,994	4.1087	4.4003	4.3563	4.1616	4.6451	0.0331	0.0331	5.1065
Cherokee	21	21	22	19	19	27,487	27,878	29,216	29,288	29,630	0.7640	0.7533	0.7530	0.6487	0.6412	-0.0411	-0.0411	0.5622
Chowan	99	106	100	106	94	14,670	14,418	14,292	14,123	14,114	6.7485	7.3519	6.9969	7.5055	6.6601	0.0003	0.0003	6.6659
Clay	52	50	46	50	50	10,886	11,089	11,488	11,646	11,860	4.7768	4.5090	4.0042	4.2933	4.2159	-0.0285	-0.0285	3.8559
Cleveland	326	315	319	301	293	98,246	97,997	98,580	98,717	99,776	3.3182	3.2144	3.2360	3.0491	2.9366	-0.0298	-0.0298	2.6740
Columbus	138	135	119	72	84	57,579	57,095	56,941	56,505	56,290	2.3967	2.3645	2.0899	1.2742	1.4923	-0.0872	-0.0872	1.1020
Craven	430	404	352	383	320	105,052	103,256	103,735	103,569	103,779	4.0932	3.9126	3.3933	3.6980	3.0835	-0.0633	-0.0633	2.4979
Cumberland	532	554	543	534	492	331,238	327,820	329,604	329,079	332,455	1.6061	1.6900	1.6474	1.6227	1.4799	-0.0190	-0.0190	1.3956
Currituck	79	61	63	66	72	25,616	26,194	26,604	27,321	27,526	3.0840	2.3288	2.3681	2.4157	2.6157	-0.0313	-0.0313	2.3703
Dare	84	72	68	73	68	35,579	36,411	36,792	37,197	37,290	2.3609	1.9774	1.8482	1.9625	1.8235	-0.0592	-0.0592	1.4997
Davidson	525	515	493	484	415	164,927	165,953	167,105	167,762	169,468	3.1832	3.1033	2.9502	2.8850	2.4488	-0.0619	-0.0619	1.9939
Davie	150	128	136	146	142	41,475	41,989	42,727	43,193	43,430	3.6166	3.0484	3.1830	3.3802	3.2696	-0.0209	-0.0209	3.0643
Duplin	291	312	287	296	315	60,446	59,868	59,513	59,629	59,736	4.8142	5.2115	4.8225	4.9640	5.2732	0.0249	0.0249	5.6668
Durham	739	771	702	751	760	297,807	302,332	306,184	311,649	315,741	2.4815	2.5502	2.2927	2.4098	2.4070	-0.0058	-0.0058	2.3649
Edgecombe	246	250	258	148	144	55,394	54,248	52,856	53,001	52,586	4.4409	4.6085	4.8812	2.7924	2.7384	-0.0876	-0.0876	2.0188
Forsyth	1,689	1,686	1,602	1,692	1,527	367,853	369,688	372,651	377,523	379,693	4.5915	4.5606	4.2989	4.4818	4.0217	-0.0311	-0.0311	3.6469
Franklin	138	90	101	124	153	63,848	64,925	66,514	67,723	69,112	2.1614	1.3862	1.5185	1.8310	2.2138	0.0379	0.0379	2.4656
Gaston	911	921	887	784	706	211,936	214,664	218,527	221,607	222,744	4.2985	4.2904	4.0590	3.5378	3.1696	-0.0721	-0.0721	2.4842
Gates	2	51	42	58	68	11,914	11,701	11,960	12,079	12,132	0.1679	4.3586	3.5117	4.8017	5.6050	6.3261	0.4073	12.4537
Graham	8	7	7	8	7	8,890	8,722	8,837	8,775	8,687	0.8999	0.8026	0.7921	0.9117	0.8058	-0.0216	-0.0216	0.7536

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Granville	172	156	66	113	74	58,280	58,919	59,975	61,241	61,406	2.9513	2.6477	1.1005	1.8452	1.2051	-0.0893	-0.0893	0.8821
Greene	54	53	41	49	41	21,309	21,073	21,522	21,301	21,050	2.5341	2.5151	1.9050	2.3004	1.9477	-0.0490	-0.0490	1.6616
Guilford	1,625	1,625	1,614	1,551	1,587	516,415	521,368	523,962	533,213	539,666	3.1467	3.1168	3.0804	2.9088	2.9407	-0.0165	-0.0165	2.7953
Halifax	98	50	45	63	111	52,876	52,062	51,815	51,704	51,194	1.8534	0.9604	0.8685	1.2185	2.1682	0.1512	0.1512	3.1519
Harnett	472	470	515	482	452	127,986	128,597	130,847	133,869	135,239	3.6879	3.6548	3.9359	3.6005	3.3422	-0.0223	-0.0223	3.1191
Haywood	233	268	256	234	221	60,178	61,126	62,277	62,959	63,328	3.8718	4.3844	4.1107	3.7167	3.4898	-0.0217	-0.0217	3.2622
Henderson	421	422	342	328	404	112,116	113,806	116,173	117,312	118,312	3.7550	3.7081	2.9439	2.7960	3.4147	-0.0119	-0.0119	3.2929
Hertford	137	135	132	129	134	24,501	24,402	23,947	24,031	24,037	5.5916	5.5323	5.5122	5.3681	5.5747	-0.0005	-0.0005	5.5668
Hoke	99	124	128	74	144	51,568	52,833	53,343	54,923	54,842	1.9198	2.3470	2.3996	1.3473	2.6257	0.1888	0.1888	4.1130
Hyde*	0	0	24	0	0	5,735	5,678	5,644	5,449	5,181	2.9720	2.9388	4.2523	2.8239	2.6395	0.0086	0.0086	0.0000
Iredell	766	747	701	672	643	169,281	173,206	176,563	179,330	181,380	4.5250	4.3128	3.9703	3.7473	3.5450	-0.0591	-0.0591	2.9164
Jackson	116	108	108	101	107	41,279	41,909	43,116	44,272	44,335	2.8101	2.5770	2.5049	2.2814	2.4134	-0.0356	-0.0356	2.1559
Johnston	417	428	396	411	378	183,309	188,761	194,705	199,768	205,951	2.2748	2.2674	2.0338	2.0574	1.8354	-0.0507	-0.0507	1.5565
Jones	12	13	15	13	11	10,490	10,424	10,356	10,100	10,196	1.1439	1.2471	1.4484	1.2871	1.0789	-0.0054	-0.0054	1.0614
Lee	171	174	196	183	171	59,202	58,907	59,337	60,097	61,690	2.8884	2.9538	3.3032	3.0451	2.7719	-0.0067	-0.0067	2.7160
Lenoir	229	245	257	224	251	58,780	58,273	57,477	57,232	56,372	3.8959	4.2043	4.4714	3.9139	4.4526	0.0389	0.0389	4.9723
Lincoln	305	291	278	282	280	80,810	82,475	83,251	84,608	86,453	3.7743	3.5283	3.3393	3.3330	3.2388	-0.0372	-0.0372	2.8771
Macon	139	145	148	150	152	34,851	35,091	35,413	36,117	36,498	3.9884	4.1321	4.1793	4.1532	4.1646	0.0110	0.0110	4.3019
Madison	75	62	64	66	66	21,728	21,818	22,240	22,523	22,602	3.4518	2.8417	2.8777	2.9303	2.9201	-0.0373	-0.0373	2.5932
Martin	134	145	147	139	64	23,604	23,649	23,510	23,290	23,150	5.6770	6.1313	6.2527	5.9682	2.7646	-0.1206	-0.1206	1.7642
McDowell	249	273	300	296	292	45,380	45,485	45,716	46,358	46,684	5.4870	6.0020	6.5623	6.3851	6.2548	0.0350	0.0350	6.9107
Mecklenburg	2,270	2,216	2,390	2,370	1,892	1,032,620	1,055,826	1,077,301	1,093,708	1,108,107	2.1983	2.0988	2.2185	2.1669	1.7074	-0.0559	-0.0559	1.4212
Mitchell	50	61	64	73	78	15,826	15,328	15,237	15,234	15,239	3.1594	3.9796	4.2003	4.7919	5.1184	0.1310	0.1310	7.1303
Montgomery	131	147	149	140	138	27,842	27,894	27,865	27,926	27,666	4.7051	5.2700	5.3472	5.0132	4.9881	0.0168	0.0168	5.2396
Moore	470	496	509	502	499	94,218	95,789	97,597	99,310	101,180	4.9884	5.1780	5.2153	5.0549	4.9318	-0.0025	-0.0025	4.8952
Nash	308	321	302	303	303	94,331	94,280	94,365	95,072	95,647	3.2651	3.4048	3.2003	3.1871	3.1679	-0.0069	-0.0069	3.1027
New Hanover	678	692	707	681	684	220,108	223,152	227,261	233,595	235,560	3.0803	3.1010	3.1110	2.9153	2.9037	-0.0142	-0.0142	2.7797
Northampton	169	158	163	159	159	21,095	21,037	20,709	20,711	20,527	8.0114	7.5106	7.8710	7.6771	7.7459	-0.0075	-0.0075	7.5705
Onslow	245	254	257	264	164	194,607	196,830	195,621	198,783	201,548	1.2589	1.2905	1.3138	1.3281	0.8137	-0.0833	-0.0833	0.6103
Orange	335	347	366	361	362	141,599	141,704	142,365	144,372	147,093	2.3658	2.4488	2.5709	2.5005	2.4610	0.0104	0.0104	2.5381
Pamlico	6	38	40	52	67	13,158	13,177	13,268	13,273	13,266	0.4560	2.8838	3.0148	3.9177	5.0505	1.4896	0.4073	11.2216
Pasquotank	193	183	182	181	187	39,951	39,959	40,598	39,826	39,731	4.8309	4.5797	4.4830	4.5448	4.7067	-0.0059	-0.0059	4.6229
Pender	143	163	102	122	117	57,693	59,105	60,999	62,359	63,406	2.4786	2.7578	1.6722	1.9564	1.8453	-0.0420	-0.0420	1.6129
Perquimans	0	20	20	24	22	13,566	13,699	13,546	13,729	13,639	2.9720	1.4600	1.4765	1.7481	1.6130	-0.0977	-0.0977	1.1403
Person	166	160	161	156	151	39,322	39,712	39,868	40,014	40,370	4.2216	4.0290	4.0383	3.8986	3.7404	-0.0296	-0.0296	3.4080
Pitt	449	463	437	469	453	175,390	176,311	176,424	179,388	179,731	2.5600	2.6260	2.4770	2.6144	2.5204	-0.0029	-0.0029	2.4988
Polk	111	122	117	104	103	20,848	20,927	21,154	21,468	21,696	5.3243	5.8298	5.5309	4.8444	4.7474	-0.0251	-0.0251	4.3897
Randolph	436	433	396	400	341	143,666	143,091	144,672	143,907	144,914	3.0348	3.0260	2.7372	2.7796	2.3531	-0.0591	-0.0591	1.9361

Table 11B: County Rate Calculations for Adult Care Home (Assisted Living) Bed Need Determination

A County	B Patients					C Populations					D Rates					E Actual Average Annual Change Rate	F Selected Change Rate (County or Adjusted County)	G Bed Rate per 1,000
	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019	2015	2016	2017	2018	2019			
Richmond	126	137	134	146	146	45,521	45,301	44,892	45,032	45,079	2.7680	3.0242	2.9849	3.2421	3.2388	0.0412	0.0412	3.6389
Robeson	388	417	328	385	363	133,257	133,117	132,020	131,303	131,056	2.9117	3.1326	2.4845	2.9321	2.7698	-0.0015	-0.0015	2.7569
Rockingham	306	287	283	278	252	92,543	91,981	91,790	91,273	91,788	3.3066	3.1202	3.0831	3.0458	2.7455	-0.0447	-0.0447	2.3770
Rowan	540	562	521	443	442	138,710	140,963	141,917	142,342	142,643	3.8930	3.9869	3.6712	3.1122	3.0986	-0.0529	-0.0529	2.6067
Rutherford	350	312	300	320	322	67,466	67,665	67,796	68,772	68,908	5.1878	4.6110	4.4250	4.6531	4.6729	-0.0239	-0.0239	4.3374
Sampson	226	186	187	186	190	64,516	63,993	63,143	64,019	64,284	3.5030	2.9066	2.9615	2.9054	2.9556	-0.0383	-0.0383	2.6164
Scotland	141	88	145	95	101	35,804	35,626	35,686	35,802	35,732	3.9381	2.4701	4.0632	2.6535	2.8266	-0.0024	-0.0024	2.8064
Stanly	185	177	182	173	182	61,255	61,447	62,443	63,465	63,727	3.0202	2.8805	2.9147	2.7259	2.8559	-0.0129	-0.0129	2.7457
Stokes	211	229	221	220	221	46,787	46,735	46,728	46,604	46,420	4.5098	4.9000	4.7295	4.7206	4.7609	0.0146	0.0146	4.9693
Surry	323	364	355	387	336	73,834	73,195	72,843	73,117	73,232	4.3747	4.9730	4.8735	5.2929	4.5882	0.0174	0.0174	4.8279
Swain	0	0	0	21	43	14,987	15,106	14,999	14,862	14,275	2.9720	2.9388	2.8739	1.4130	3.0123	0.1476	0.1476	4.3457
Transylvania	87	76	79	98	96	33,738	34,056	34,464	35,034	35,484	2.5787	2.2316	2.2922	2.7973	2.7054	0.0200	0.0200	2.8679
Tyrrell**	0	0	18	49	42	4,142	4,215	4,138	4,309	4,259	2.9720	2.9388	4.3499	11.3715	9.8615	0.4876	0.4073	21.9110
Union	425	435	425	416	400	220,546	224,030	228,171	232,814	237,287	1.9270	1.9417	1.8626	1.7868	1.6857	-0.0326	-0.0326	1.5209
Vance	55	50	49	45	42	45,022	45,113	44,862	45,157	45,969	1.2216	1.1083	1.0922	0.9965	0.9137	-0.0695	-0.0695	0.7231
Wake	2,253	2,290	2,199	2,219	1,823	1,005,367	1,029,789	1,048,771	1,073,993	1,089,579	2.2410	2.2238	2.0967	2.0661	1.6731	-0.0674	-0.0674	1.3348
Warren	24	80	78	73	78	20,514	20,469	20,133	20,174	20,022	1.1699	3.9083	3.8742	3.6185	3.8957	0.5856	0.4073	8.6558
Washington	43	42	42	41	45	12,646	12,508	12,349	12,239	12,071	3.4003	3.3579	3.4011	3.3499	3.7279	0.0245	0.0245	4.0025
Watauga	94	83	104	105	101	53,314	54,340	56,170	57,646	57,899	1.7631	1.5274	1.8515	1.8215	1.7444	0.0050	0.0050	1.7705
Wayne	512	490	497	511	529	125,912	124,900	124,945	124,658	125,825	4.0663	3.9231	3.9778	4.0992	4.2043	0.0087	0.0087	4.3142
Wilkes	190	140	166	179	183	70,000	69,663	70,536	69,907	70,200	2.7143	2.0097	2.3534	2.5605	2.6068	0.0044	0.0044	2.6411
Wilson	402	383	375	374	293	81,677	82,152	82,035	81,968	82,282	4.9218	4.6621	4.5712	4.5628	3.5609	-0.0734	-0.0734	2.7766
Yadkin	104	53	82	113	115	37,655	37,521	37,687	38,477	38,196	2.7619	1.4125	2.1758	2.9368	3.0108	0.1067	0.1067	3.9744
Yancey	82	78	80	77	80	17,915	17,980	18,199	18,363	18,623	4.5772	4.3382	4.3958	4.1932	4.2958	-0.0151	-0.0151	4.1006
State Total	29,883	29,854	29,523	29,374	27,737	10,054,722	10,158,475	10,272,692	10,401,960	10,508,254	2.9720	2.9388	2.8739	2.8239	2.6395	-0.0290		

* The 2017 patient data point for Hyde County is hypothetical and based on the proportion of the Hyde/Tyrrell service area 2017 population that was located in Hyde County (57.7%) of the total number of ACH patients served by Tyrrell House according to the 2017 facility census data (42). Therefore, the methodology assumes that 57.7% of the 42 patients in Tyrrell House were from Hyde County.

** The 2017 patient data point for Tyrrell County is hypothetical and based on the proportion of the Hyde/Tyrrell service area 2017 population that was located in Tyrrell County (42.3%) of the total number of ACH patients served by Tyrrell House according to the 2017 facility census data (42). Therefore, the methodology assumes that 42.3% of the 42 patients in Tyrrell House were from Tyrrell County.

Table 11C: Adult Care Home Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Alamance	3.4257	182,108	624	657	706	49		85.14%	0
Alexander	1.8928	39,661	75	79	126	47		79.41%	0
Alleghany	0.0000	11,687	0	0	40	40		0.00%	0
Anson	2.7490	25,287	70	73	60	-13	-18.00%	98.33%	10
Ashe	3.2686	29,251	96	101	115	14		87.65%	0
Avery	6.0383	18,032	109	115	100	-15	-12.75%	92.00%	10
Beaufort	2.3383	47,524	111	117	217	100		81.67%	0
Bertie	5.2391	19,603	103	108	105	-3	-2.87%	80.95%	0
Bladen	2.0660	34,233	71	74	150	76		84.94%	0
Brunswick	1.6540	159,625	264	278	883	605		78.05%	0
Buncombe	3.1566	279,015	881	927	949	22		86.51%	0
Burke	3.4409	93,266	321	338	348	10		83.33%	0
Cabarrus	1.9141	233,796	448	471	977	506		64.44%	0
Caldwell	1.6979	85,508	145	153	349	196		63.22%	0
Camden	1.1823	11,024	13	14	24	10		45.83%	0
Carteret	2.2445	73,589	165	174	296	122		63.52%	0
Caswell	3.7302	23,665	88	93	207	114		74.17%	0
Catawba	2.8652	164,550	471	496	705	209		82.71%	0
Chatham	5.1065	84,596	432	455	398	-57	-12.48%	79.01%	0
Cherokee	0.5622	31,195	18	18	104	86		79.17%	0
Chowan	6.6659	13,881	93	97	120	23		83.48%	0
Clay	3.8559	12,794	49	52	70	18		71.43%	0
Cleveland	2.6740	101,514	271	286	423	137		91.78%	0
Columbus	1.1020	56,219	62	65	205	140		41.37%	0
Craven	2.4979	98,529	246	259	563	304		73.61%	0
Cumberland	1.3956	311,168	434	457	904	447		75.98%	0
Currituck	2.3703	29,659	70	74	90	16		80.00%	0
Dare	1.4997	38,443	58	61	102	41		67.07%	0

Table 11C: Adult Care Home Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Davidson	1.9939	176,526	352	370	577	207		80.98%	0
Davie	3.0643	46,225	142	149	212	63		67.53%	0
Duplin	5.6668	59,836	339	357	387	30		89.30%	0
Durham	2.3649	338,639	801	843	926	83		86.27%	0
Edgecombe	2.0188	51,893	105	110	312	202		73.64%	0
Forsyth	3.6469	397,077	1,448	1,524	1,993	469		86.61%	0
Franklin	2.4656	74,608	184	194	184	-10	-4.98%	85.97%	0
Gaston	2.4842	229,007	569	599	1,089	490		73.26%	0
Gates	12.4537	12,228	152	160	80	-80	-50.09%	85.00%	80
Graham	0.7536	8,685	7	7	23	16		34.25%	0
Granville	0.8821	65,104	57	60	251	191		29.48%	0
Greene	1.6616	21,049	35	37	57	20		71.93%	0
Guilford	2.7953	570,977	1,596	1,680	2,035	355		70.55%	0
Halifax	3.1519	49,407	156	164	249	85		54.15%	0
Harnett	3.1191	143,179	447	470	666	196		74.49%	0
Haywood	3.2622	65,760	215	226	323	97		76.74%	0
Henderson	3.2929	125,039	412	433	558	125		80.77%	0
Hertford	5.5668	24,005	134	141	173	32		858.15%	0
Hoke	4.1130	58,172	239	252	173	-79	-31.31%	90.11%	80
Hyde	0.0000	5,065	0	0	30	30		0.00%	0
Iredell	2.9164	194,595	568	597	934	337		79.58%	0
Jackson	2.1559	46,907	101	106	145	39		73.79%	0
Johnston	1.5565	236,208	368	387	713	326		66.67%	0
Jones	1.0614	10,199	11	11	20	9		59.19%	0
Lee	2.7160	64,787	176	185	323	138		53.88%	0
Lenoir	4.9723	54,330	270	284	327	43		83.72%	0
Lincoln	2.8771	92,497	266	280	381	101		91.67%	0
Macon	4.3019	38,483	166	174	178	4		86.59%	0

Table 11C: Adult Care Home Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Madison	2.5932	23,807	62	65	89	24		81.56%	0
Martin	1.7642	22,589	40	42	182	140		41.31%	0
McDowell	6.9107	47,940	331	349	350	1		88.75%	0
Mecklenburg	1.4212	1,219,203	1,733	1,824	2,909	1,085		71.43%	0
Mitchell	7.1303	15,297	109	115	80	-35	-30.32%	97.50%	30
Montgomery	5.2396	27,890	146	154	196	42		70.41%	0
Moore	4.8952	108,623	532	560	535	-25	-4.42%	78.67%	0
Nash	3.1027	96,696	300	316	522	206		78.13%	0
New Hanover	2.7797	254,128	706	744	1,003	259		59.32%	0
Northampton	7.5705	19,515	148	156	242	86		87.50%	0
Onslow	0.6103	180,515	110	116	438	322		58.75%	0
Orange	2.5381	154,663	393	413	401	-12	-2.96%	70.32%	0
Pamlico	11.2216	13,349	150	158	78	-80	-50.53%	90.21%	80
Pasquotank	4.6229	39,607	183	193	266	73		70.30%	0
Pender	1.6129	69,186	112	117	179	62		71.93%	0
Perquimans	1.1403	13,706	16	16	74	58		91.67%	0
Person	3.4080	41,102	140	147	214	67		72.07%	0
Pitt	2.4988	186,097	465	489	567	78		85.43%	0
Polk	4.3897	22,459	99	104	122	18		70.83%	0
Randolph	1.9361	149,377	289	304	567	263		71.52%	0
Richmond	3.6389	44,645	162	171	184	13		79.94%	0
Robeson	2.7569	128,421	354	373	445	72		84.17%	0
Rockingham	2.3770	91,863	218	230	419	189		68.21%	0
Rowan	2.6067	145,376	379	399	856	457		63.45%	0
Rutherford	4.3374	70,415	305	321	518	197		78.57%	0
Sampson	2.6164	64,947	170	179	282	103		88.32%	0
Scotland	2.8064	35,565	100	105	100	-5	-4.82%	89.62%	0
Stanly	2.7457	66,265	182	192	248	56		79.87%	0

Table 11C: Adult Care Home Bed Need Projections for 2024

A	B	C	D	E	F	G	H	I	J
County	Bed Rate per 1,000	2024 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations (Total Planning Inventory)	Surplus/ Deficit "-"	Deficit Index	Adjusted Occupancy Rate**	Bed Need
Stokes	4.9693	46,192	230	242	300	58		83.54%	0
Surry	4.8279	73,232	354	372	460	88		84.01%	0
Swain	4.3457	13,671	59	63	50	-13	-20.05%	86.00%	10
Transylvania	2.8679	36,991	106	112	134	22		71.88%	0
Tyrrell	21.9110	4,259	93	98	50	-48	-49.10%	94.28%	50
Union	1.5209	266,593	405	427	596	169		87.06%	0
Vance	0.7231	46,617	34	35	218	183		30.64%	0
Wake	1.3348	1,195,648	1,596	1,680	3,201	1,521		65.63%	0
Warren	8.6558	19,443	168	177	116	-61	-34.52%	80.00%	60
Washington	4.0025	11,655	47	49	49	0	-0.21%	91.84%	0
Watauga	1.7705	62,053	110	116	176	60		63.54%	0
Wayne	4.3142	127,640	551	580	745	165		76.25%	0
Wilkes	2.6411	71,644	189	199	290	91		98.04%	0
Wilson	2.7766	84,606	235	247	454	207		565.74%	0
Yadkin	3.9744	38,338	152	160	189	29		52.91%	0
Yancey	4.1006	19,473	80	84	99	15		80.81%	0
State Total		11,041,210	27,442	28,886	41,848				410

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** Calculated using highest of the median or weighted mean of the one-day census or the total days of care of facilities in the service area.

Table 11D: Adult Care Home Bed Need Determination*

Service Area	HSA	Adult Care Home Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Anson	V	10	July 15, 2021	August 1, 2021
Avery	I	10	July 15, 2021	August 1, 2021
Gates	VI	80	July 15, 2021	August 1, 2021
Hoke	V	80	February 15, 2021	March 1, 2021
Mitchell	I	30	July 15, 2021	August 1, 2021
Pamlico	VI	80	February 15, 2021	March 1, 2021
Swain	I	10	July 15, 2021	August 1, 2021
Tyrell	VI	50	July 15, 2021	August 1, 2021
Warren	IV	60	February 15, 2021	March 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.				

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

County	License Number	Name	Adult Care Home Beds
Alamance	NH0621	Twin Lakes Community Memory Care	16
Alamance	NH0596	Edgewood Place at the Village at Brookwood	24
Buncombe	NH0147	Givens Highland Farms	30
Buncombe	NH0484	Givens Health Center	14
Buncombe	NH0087	Deerfield Episcopal Retirement Community Inc	62
Buncombe	HAL-011-371	Heather Glen at Ardenwoods	60
Burke	NH0476	Grace Ridge	47
Cabarrus	NH0607	The Gardens of Taylor Glen Retirement Community	24
Catawba	NH0191	Abernethy Laurels	18
Chatham	NH0619	The Arbor	51
Chatham	HAL-019-006	Pittsboro Christian Village	40
Davidson	NH0390	Piedmont Crossing	20
Durham	NH0536	The Forest at Duke	34
Durham	HAL-032-020	Croasdaile Village	64
Forsyth	HAL-034-103	Salemtowne	46
Forsyth	NH0067	Brookridge Retirement Community	36
Forsyth	NH0378	Arbor Acres United Methodist Retirement Community Inc	106
Forsyth	NH0154	Salemtowne	20
Gaston	NH0386	Stanley Total Living Center Inc	40
Gaston	NH0332	Covenant Village Inc	42
Guilford	NH0546	Well-Spring	72
Guilford	NH0141	WhiteStone: A Masonic and Eastern Star Community	36
Guilford	NH0190	Friends Homes at Guilford	60
Guilford	NH0554	Friends Homes West	40
Guilford	NH0005	Maryfield Nursing Home	36
Guilford	NH0612	River Landing at Sandy Ridge	56
Henderson	HAL-045-067	Carolina Village	60
Mecklenburg	HAL-060-001	Carmel Hills	38
Mecklenburg		St. Margaret's of Trevi Village	0
Mecklenburg	HAL-060-016	Brookdale Carriage Club Providence I	77
Mecklenburg	HAL-060-059	Cuthbertson Village at Aldersgate	61

Table 11E: Inventory of Adult Care Home Beds in Continuing Care Retirement Communities

County	License Number	Name	Adult Care Home Beds
Mecklenburg		Windsor Run Care Center	0
Mecklenburg	NH0443	The Pines at Davidson	30
Mecklenburg		The Barclay of SouthPark	0
Mecklenburg	NH0584	The Stewart Health Center	4
Mecklenburg	NH0466	WillowBrooke Court SC Ctr at Plantation Estates	60
Mecklenburg	NH0121	Sharon Towers	40
Mecklenburg	NH0414	Southminster	25
Moore	NH0127	Penick Village	42
Moore	HAL-063-016	The Coventry	60
New Hanover	NH0649	Bradley Creek Health Center	78
Orange	HAL-068-021	Carol Woods Retirement Community - Building 7	12
Orange	HAL-068-020	The Carol Woods Retirement Community- Building 6	12
Orange	NH0258	Carol Woods	65
Pitt		Springshire Retirement Community	0
Pitt	NH0473	Cypress Glen Retirement Community	30
Pitt	HAL-074-042	Cypress Glen Retirement Community Memory Care Cottage	12
Polk	NH0559	WillowBrooke Court SC Center at Tryon Estates	44
Polk	NH0399	White Oak Manor-Tryon	18
Robeson	NH0240	Wesley Pines Retirement Community	42
Rowan	NH0197	Trinity Oaks	12
Rowan	HAL-080-010	Trinity Oaks Continuing Care Retirement Community	38
Scotland	NH0457	Scotia Village	32
Wake	NH0580	Windsor Point Continuing Care Retirement Community	55
Wake	NH0653	The Cardinal at North Hills	55
Wake	NH0383	Dan E & Mary Louise Stewart Health Center of Springmoor	18
Wake	NH0549	Glenaire	9
Wake		Brightmore Healthcare Center of Cary	0
Wake	NH0658	Swift Creek Health Center	82
Wake	NH0636	Brittany Place	14

Table 11F: Inventory of Nursing Homes With Six or Fewer Adult Care Home Beds

County	License Number	Name	Adult Care Home Beds
Alamance	NH0351	Twin Lakes Community	4
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Burke	NH0553	College Pines Health and Rehabilitation	4
Caldwell	NH0578	Shaire Nursing Center	5
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Haywood Nursing and Rehabilitation Center	5
Mecklenburg	NH0573	Asbury Health and Rehabilitation Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	Brian Center Health & Rehabilitation/Spruce Pine	6
Orange	NH0093	Pruitt Health-Carolina Point	2
Person	NH0265	Roxboro Healthcare and Rehabilitation Center	5
Robeson	NH0472	The Carrolton of Lumberton	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0354	Tower Nursing and Rehabilitation Center	6
Wake	NH0622	The Rosewood Health Center	4

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Chapter 12:

Home Health Services

CHAPTER 12

HOME HEALTH SERVICES

Introduction

G.S. 131E-176(12) defines a **home health agency** as “a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.” Home health services are outpatient services that patients may receive in their own home or in a health care facility. The definition also specifies the activities that comprise home health services, including: part-time or intermittent nursing care; physical, occupational, or speech therapy; medical social services, home health aide services; other therapeutic services; and medical supplies and appliances.

Definitions

A home health **agency** or **office** is an agency or office that meets the definition in G.S. 131E-176(12), as quoted above.

A Medicare-certified home health agency or office’s service area is the county in which the agency or office is located. Each of the 100 counties in the state is a separate service area.

The **reporting year** for a home health agency or office is either October 1 through September 30 or July 1 through June 30; facilities may choose their reporting period. The “current” reporting year is either October 1, 2018 through September 30, 2019, or July 1, 2018 through June 30, 2019.

The methodology projects need one year beyond the publication year of the current State Medical Facilities Plan (SMFP). The current projection year is 2022.

Changes from the Previous Plan

Beginning with the 2021 SMFP, the former Table 12A, Home Health Data by County of Patient Origin is available online only (<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>). Table 12A is now an inventory of licensed Medicare-certified home health agencies and offices and patients served.

Basic Principles

The North Carolina State Health Coordinating Council encourages home health applicants to:

1. provide an expanded scope of services (including nursing, physical therapy, speech therapy, and home health aide services);
2. provide the widest range of treatments within a given service;
3. offer services seven days per week as required to meet patient needs; and
4. address special needs populations.

Data Sources

Patient origin and utilization data for the three previous reporting years comes from the Home Health Agency Annual Data Supplement to License Application for each reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

The North Carolina Office of State Budget and Management provides county population projections for the reporting and projection years (*Table 12B*).

Estimates of active duty military personnel come from the category of “Employment Status – Armed Forces” from the most recent American Community Survey 5-year Estimates.

Assumptions of the Methodology

1. The projection year is one year beyond the Plan year to allow time for completion of the certificate of need review cycles and for staffing of new agencies or offices.
2. Data aggregation and projections use four age groups (under 18, 18-64, 65-74, and 75 and over) to allow a more definitive examination of trends in services to children and to senior adults.
3. The methodology uses current age-specific use rates as the basis for projection of future need.
4. The methodology excludes the estimated active duty military population in the 18-64 age group for any county with more than 500 active duty military personnel.
5. The methodology calculates the average annual change in use rates per 1,000 population over the previous three reporting years for each age group in each Councils of Governments (COG) region. The calculations apply this result to the current use rates per 1,000 population for each county within each COG region to calculate changes in the number of patients projected to need home health services by the projection year.
6. A county needs a new home health agency or office if the projected unmet need in a single county is 325 patients or more.
7. When the methodology or policy determines a need for additional agencies or offices, the three annual Plans following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office.

Application of the Methodology

- Step 1: For each COG region and each age group, calculate the Average Annual Change Rate in Number of Patients (*Table 12B, Columns B, E, and H*) over the three previous reporting years (*Table 12B, Column K*).
- Step 2: For each COG region and each age group, calculate the Average Annual Change Rate in Use Rates per 1,000 Population (*Table 12B, Columns D, G, and J*) over the three previous reporting years (*Table 12B, Column L*). The use rates for the current reporting year are:

Age Group	2019 Use Rate
Under Age 18	0.85
Ages 18 – 64	9.69
Ages 65 – 74	61.48
Ages 75 & Over	171.23

- Step 3: For each county, for each age group, total the number of home health patients served during the reporting year (*Table 12C, Column B*).
- Step 4: For each county, multiply the COG's Average Annual Change Rate in Number of Patients for each age group from the affiliated COG region by the number of patients for each age group from Step 3 (*Table 12C, Column C*).
- Step 5: Multiply the product from Step 4 by three and add that product to the results of Step 3 for each age group. The result is the projected number of patients in each age group during the projection year (*Table 12C, Column D*).
- Step 6: For each county and age group, divide the number of patients served during the reporting year (*Table 12C, Column B*) by the county population in thousands for each age group to obtain county use rates per 1,000 population (*Table 12C, Column E*).
- Step 7: Multiply the COG's Average Annual Rate of Change in Use Rate per 1,000 Population (*Table 12C, Column F*) for each age group from the affiliated COG region by the county use rates per 1,000 population for each age group from Step 6 (*Table 12C, Column E*).
- Step 8: Multiply the product from Step 7 by three and add that product to the results from Step 6 for each age group. The result is the projected use rate per 1,000 population in the projection year for each age group (*Table 12C, Column G*).
- Step 9: For the projection year for each age group, multiply the projected use rate per 1,000 population (*Table 12C, Column G*) by the projected population (*Table 12C, Column H*). The result is the projected number of patients during the projection year (*Table 12C, Column I*).
- Step 10: In counties that have a need determination for additional agencies or offices, the three annual Plans following certification of the agencies or offices developed based on that need, count the greater of 325 patients or the actual number of patients served as part of the total patients served by the new agency or office. (*Table 12D, Column B*).
- Step 11: For each county, sum the projected number of patients in the projection year (from Step 5) across all four age groups and the adjustment placeholder (from Step 10), if applicable. The result is an Adjusted Projected Total Patients for each county for the projection year (*Table 12D, Column C*).
- Step 12: For each county, sum the projected number of patients in the projection year (from Step 9) across all four age groups. The result is the Projected Utilization in the projection year (*Table 12D, Column D*).
- Step 13: For each county, subtract the Projected Utilization in the projection (*Table 12D, Column D*) from the Adjusted Total Projected Patients (*Table 12D, Column C*). The remainder is the projected additional number of patients who will need home health services in the projection year (*Table 12D, Column E*). A deficit (unmet need) shows as a negative number of patients. A remainder of 0.50 or greater rounds to the next highest whole number. A remainder of less than 0.50 rounds to the next lowest whole number.
- Step 14: For each county, each projected deficit of 325 patients results in a need determination for one new Medicare-certified agency or office (*Table 12D, Column F*).

The former Table 12A, Home Health Data by County of Patient Origin, is available on the Healthcare Planning website at:

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>

or

<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Alamance	HC0134	Amedisys Home Health	584	579	1163
Alamance	HC0249	Advanced Home Care	1109	355	1464
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	7	6	13
Alexander	HC0476	Medi Home Health Agency	98	292	390
Alleghany	HC0478	Medi Home Health and Hospice	202	182	384
Anson	HC0264	Liberty Home Care	69	405	474
Ashe	HC0479	Medi Home Health and Hospice	622	0	622
Avery	HC0317	PruittHealth Home Health - Avery	35	8	43
Beaufort	HC0329	Kindred at Home	1048	1896	2944
Beaufort	HC1634	Vidant Home Health and Hospice	507	175	682
Bertie	HC0480	Albemarle Home Care and Hospice	27	45	72
Bertie	HC1052	Vidant Home Health and Hospice	297	235	532
Bladen	HC0309	Liberty Home Care	208	25	233
Bladen	HC0481	Advanced Home Care	33	302	335
Brunswick	HC0288	Liberty Home Care	981	7	988
Brunswick	HC1500	AssistedCare Home Health	609	1417	2026
Brunswick	HC4816	PruittHealth Home Health - Brunswick	31	86	117
Buncombe	HC0114	CarePartners Home Health Services	3542	1590	5132
Buncombe	HC2114	Kindred at Home	1953	3032	4985
Burke	HC0105	Atrium Health At Home Blue Ridge	1046	674	1720
Cabarrus	HC0281	Advanced Home Care, Inc.	427	858	1285
Cabarrus	HC0486	BAYADA Home Health Care, Inc.	1024	213	1237
Caldwell	HC0487	Advanced Home Care	433	343	776
Camden	HC0473	Albemarle Home Care and Hospice	110	2	112
Carteret	HC0073	Kindred at Home	528	206	734
Carteret	HC0488	Carteret Healthcare Home Health & Hospice	776	0	776
Carteret	HC1353	Liberty Home Care	218	54	272
Caswell	HC0489	Caswell County Home Health Agency	160	29	189
Catawba	HC0057	Guardian Health Services	301	426	727
Catawba	HC0227	Kindred at Home	2037	515	2552
Catawba	HC0272	Kindred at Home	991	2307	3298
Catawba	HC0490	Kindred at Home	28	1	29
Catawba	HC1902	Interim Healthcare of the Triad, Inc.	182	77	259
Chatham	HC0528	Liberty Home Care	220	66	286
Chatham	HC2803	UNC Home Health	524	4	528
Cherokee	HC0275	Mountain Home Health	48	3	51
Chowan	HC0474	Albemarle Home Care and Hospice	126	2	128
Clay	HC0104	Mountain Home Health Services	446	1005	1451
Clay	HC0318	Mountain Home Health	8	0	8
Cleveland	HC0042	Atrium Health At Home Cleveland	915	460	1375
Cleveland	HC0221	Kindred at Home	2529	1065	3594
Columbus	HC0320	Liberty Home Care	669	52	721
Columbus	HC0492	Kindred at Home	207	496	703

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Craven	HC0165	CarolinaEast Home Care	630	158	788
Craven	HC0493	PruittHealth Home Health - New Bern	323	245	568
Cumberland	HC0274	Liberty Home Care	257	18	275
Cumberland	HC0283	Cape Fear Valley Home Health	1460	304	1764
Cumberland	HC0292	Amedisys Home Health of Fayetteville	645	217	862
Cumberland	HC0359	HealthKeeperz	630	792	1422
Cumberland	HC3421	Five Points Home Health	368	171	539
Currituck	HC0475	Albemarle Home Care and Hospice	395	273	668
Dare	HC0494	Dare Home Health & Dare Hospice	408	0	408
Davidson	HC0124	Liberty Home Care	22	233	255
Davidson	HC0358	BAYADA Home Health Care, Inc.	738	318	1056
Davidson	HC0495	Amedisys Home Health Care	258	411	669
Davidson	HC0521	Piedmont Home Care	571	1100	1671
Davidson	HC1104	Encompass Health Home Health	335	955	1290
Davie	HC0496	Well Care Home Health, Inc.	508	3904	4412
Duplin	HC0053	Vidant Home Health & Hospice	481	200	681
Durham	HC0145	Amedisys Home Health	484	353	837
Durham	HC0327	Brookdale Home Health Raleigh	353	1255	1608
Durham	HC0360	Duke Home Health	2055	2117	4172
Durham	HC1176	Liberty Home Care	231	234	465
Durham	HC2111	Kindred at Home	33	12	45
Forsyth	HC0005	BAYADA Home Health Care, Inc.	913	547	1460
Forsyth	HC0231	Kindred at Home	738	92	830
Forsyth	HC0409	Wake Forest Baptist Health Care at Home, LLC	726	410	1136
Forsyth	HC0499	Advanced Home Care, Inc.	2611	1598	4209
Forsyth	HC0567	Kindred at Home	1082	454	1536
Forsyth	HC1131	Kindred at Home	21	16	37
Forsyth	HC1210	Kindred at Home	32	8	40
Forsyth	HC1304	Amedisys Home Health of Winston-Salem	490	204	694
Forsyth	HC1886	Interim HealthCare of the Triad, Inc.	411	130	541
Forsyth	HC4901	PruittHealth Home Health - Forsyth	52	38	90
Franklin	HC0078	Amedisys Home Health	120	773	893
Franklin	HC0215	Kindred at Home	491	603	1094
Franklin	HC0500	Franklin County Home Health Agency	182	15	197
Gaston	HC0268	Kindred at Home	1732	275	2007
Gaston	HC0353	Amedisys Home Health Care	391	488	879
Gaston	HC0356	BAYADA Home Health Care, Inc.	396	548	944
Gaston	HC0906	Advanced Home Care	2542	604	3146
Gaston	HC1903	Interim HealthCare of the Triad, Inc.	554	160	714
Greene	HC0168	AssistedCare of the Carolinas	127	1438	1565
Guilford	HC0297	Advanced Home Care, Inc.	2897	521	3418
Guilford	HC0303	Encompass Health Home Health	871	797	1668
Guilford	HC0374	Hospice and Palliative Care of Greensboro	52	0	52

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Guilford	HC0395	Brookdale Home Health Winston	1018	1196	2214
Guilford	HC0952	Kindred at Home	2948	1700	4648
Guilford	HC1177	Liberty Home Care**	0	0	0
Guilford	HC1286	BAYADA Home Health Care, Inc.	800	367	1167
Guilford	HC1885	Interim HealthCare of the Triad, Inc.	445	85	530
Halifax	HC0765	Liberty Home Care VI, LLC***	0	0	0
Harnett	HC0125	Liberty Home Care	578	785	1363
Harnett	HC0503	Kindred at Home	252	308	560
Haywood	HC0109	Home Care Services of Haywood Regional Medical Center	668	13	681
Haywood	HC0279	CarePartners Home Health Services	841	464	1305
Henderson	HC0201	Pardee Home Care	984	127	1111
Henderson	HC0440	CarePartners Home Health Services	736	521	1257
Henderson	HC0911	AdventHealth Home Care Western North Carolina	1090	516	1606
Hertford	HC0504	Liberty Home Care VII, LLC	8	28	36
Hoke	HC0277	Liberty Home Care	125	26	151
Hyde	HC0379	Liberty Home Care VII, LLC	94	35	129
Iredell	HC0159	Kindred at Home	1975	167	2142
Iredell	HC0515	Iredell Home Health	1267	286	1553
Iredell	HC1325	Lake Norman Home Health	310	120	430
Jackson	HC0157	Harris Home Health	424	450	874
Johnston	HC0383	Johnston Health Home Care and Hospice	1100	81	1181
Johnston	HC0507	3HC	636	329	965
Jones	HC0431	Kindred at Home	117	1489	1606
Jones	HC0506	3HC	71	644	715
Lee	HC0426	Liberty Home Care	462	119	581
Lenoir	HC0195	3HC	701	212	913
Lenoir	HC0428	Kindred at Home	1161	233	1394
Lenoir	HC1565	Kindred at Home	201	529	730
Lincoln	HC0135	Atrium Health At Home Lincoln	388	241	629
Lincoln	HC0391	Kindred at Home	1178	114	1292
Macon	HC0324	CarePartners Home Care & Hospice	681	28	709
Madison	HC0419	Madison Home Care & Hospice	188	37	225
Martin	HC0525	Roanoke Home Care & Hospice	224	8	232
McDowell	HC0435	Encompass Health Home Health	350	732	1082
Mecklenburg	HC0097	Kindred at Home	3822	35	3857
Mecklenburg	HC0138	Kindred at Home	734	0	734
Mecklenburg	HC0171	Advanced Home Care	2230	424	2654
Mecklenburg	HC0355	BAYADA Home Health Care, Inc.	1770	800	2570
Mecklenburg	HC0369	Brookdale Home Health Charlotte	1288	1050	2338
Mecklenburg	HC0787	Kindred at Home	337	31	368
Mecklenburg	HC1038	Atrium Health At Home Charlotte	2530	89	2619
Mecklenburg	HC1152	Maxim Healthcare Services	2	4	6
Mecklenburg	HC1901	Interim HealthCare of the Triad, Inc.	1942	478	2420

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Mecklenburg	HC3694	Liberty Home Care and Hospice	164	18	182
Mecklenburg	HC3966	PHC Home Health	496	400	896
Mecklenburg	HC4677	Atrium Health At Home University City	608	1231	1839
Mecklenburg	HC5130	Well Care Home Health of the Piedmont, Inc.*****	0	0	0
Mitchell	HC0319	PruittHealth Home Health - Mitchell	138	8	146
Moore	HC0002	Liberty Home Care	346	257	603
Moore	HC0332	DEEMED FirstHealth Home Care	1427	447	1874
Nash	HC0497	Kindred at Home	942	1753	2695
Nash	HC0520	HealthView Home Health & Hospice	291	178	469
New Hanover	HC0196	Liberty Home Care	489	5	494
New Hanover	HC1231	Well Care Home Health	2042	5927	7969
Northampton	HC0530	Northampton Co. Home Health Agency	366	27	393
Onslow	HC0316	Liberty Home Care	232	83	315
Onslow	HC0531	Onslow County Home Health and Hospice	300	25	325
Onslow	HC1209	Continuum Home Care and Hospice	384	48	432
Orange	HC0030	UNC Home Health	931	680	1611
Orange	HC0166	Amedisys Home Health of Chapel Hill	194	765	959
Pasquotank	HC0471	Albemarle Home Care and Hospice	519	5	524
Pasquotank	HC1071	Sentara Home Care Services	458	537	995
Pender	HC0532	NHRMC Home Care	598	2793	3391
Pender	HC1241	Liberty Home Care	36	10	46
Perquimans	HC0472	Albemarle Home Care and Hospice	213	218	431
Person	HC0354	BAYADA Home Health Care, Inc.	359	327	686
Person	HC0533	Medi Home Health & Hospice	49	5	54
Pitt	HC0328	Kindred at Home	1706	715	2421
Pitt	HC0509	3HC	575	133	708
Pitt	HC1443	Vidant Home Health and Hospice	1403	300	1703
Polk	HC0436	Encompass Health Home Health	313	211	524
Randolph	HC0397	HealthKeeperz	58	162	220
Randolph	HC0522	Home Health of Randolph Hospital	1513	136	1649
Randolph	HC0929	Encompass Health Home Health	257	805	1062
Richmond	HC0423	FirstHealth Home Care-Richmond	725	339	1064
Robeson	HC0235	Southeastern Home Health	88	0	88
Robeson	HC0352	Liberty Home Care	264	58	322
Robeson	HC0526	Robeson County Home Health Agency	454	24	478
Robeson	HC1178	Liberty Home Care	419	70	489
Robeson	HC1185	Kindred at Home	363	785	1148
Rockingham	HC0217	Advanced Home Care, Inc.	1576	839	2415
Rowan	HC0265	Kindred at Home	1580	19	1599
Rowan	HC0270	Kindred at Home	258	2688	2946
Rowan	HC0357	BAYADA Home Health Care, Inc.	450	894	1344
Rowan	HC0399	Advanced Home Care, Inc.	1251	297	1548
Rutherford	HC0186	Carolina Home Care	816	124	940

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Rutherford	HC0445	Encompass Health Home Health	374	130	504
Sampson	HC0255	3HC	483	1183	1666
Sampson	HC0257	Sampson Home Health	385	42	427
Scotland	HC0403	Healthkeeperz	421	886	1307
Stanly	HC0308	Atrium Health At Home Stanly	691	179	870
Stanly	HC0514	Stanly County Home Health Agency	330	41	371
Stokes	HC0517	Kindred at Home	29	4	33
Stokes	HC1699	Kindred at Home	840	1031	1871
Surry	HC0296	PruittHealth Home Health - Pilot Mountain	147	94	241
Surry	HC0420	Liberty Home Care V, LLC	309	40	349
Transylvania	HC0067	CarePartners Home Care & Hospice	923	68	991
Tyrrell	HC0524	Roanoke Home Care & Hospice	95	3	98
Union	HC1238	Union Regional Home Care	921	482	1403
Union	HC2057	Kindred at Home	1366	530	1896
Vance	HC0501	3HC	141	215	356
Vance	HC0823	Maria Parham Regional Home Health	184	54	238
Wake	HC0031	Transitions LifeCare	420	117	537
Wake	HC0074	Well Care Home Health, Inc.	2691	6731	9422
Wake	HC0299	Kindred at Home	2499	784	3283
Wake	HC0339	Intrepid USA Healthcare Services	373	227	600
Wake	HC0422	Rex Home Services	3221	19	3240
Wake	HC0828	Aveanna Healthcare	22	43	65
Wake	HC1028	Maxim Healthcare Services	1	0	1
Wake	HC1293	WakeMed Home Health	2803	209	3012
Wake	HC1437	North Carolina Home Health	54	230	284
Wake	HC2112	Medi Home Health Agency	891	397	1288
Wake	HC2562	Liberty Home Care	461	56	517
Wake	HC3820	BAYADA Home Health Care, Inc.	1884	631	2515
Wake	HC4331	Personal Home Care of North Carolina, LLC****	0	0	0
Wake	HC4538	PruittHealth Home Health - Wake	342	192	534
Wake	HC5229	Well Care Home Health of the Southern Triangle****	0	0	0
Warren	HC0341	Warren County Home Health Agency	196	6	202
Washington	HC0523	Roanoke Home Care	124	5	129
Watauga	HC0477	Medi Home Health and Hospice	401	376	777
Watauga	HC1544	Kindred at Home	541	816	1357
Wayne	HC0228	3HC	1316	9	1325
Wayne	HC1299	Kindred at Home	1024	352	1376
Wilkes	HC0252	Kindred at Home	21	47	68
Wilkes	HC0430	Wake Forest Baptist Health Care at Home, LLC	1339	223	1562
Wilson	HC0343	Home Health of Wilson	597	106	703
Wilson	HC0508	3HC	486	715	1201
Yadkin	HC0346	Yadkin Valley Home Health	623	1834	2457
Yancey	HC0323	PruittHealth Home Health - Yancey	208	39	247

Table 12A: Inventory of Licensed Medicare-certified Home Health Agencies or Offices

A	B	C	D	E	F
County	License Number	Name	In-County Patients	Out-of-County Patients	Total Patients
Totals*		215 Agencies or Offices	147,035	100,877	247,912

* Totals include both in-state and out-of-state patients.

** Agency reported zero patients on their 2020 LRA.

*** Agency underwent a change of ownership.

**** Agency is newly licensed.

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	2	5,030	0.40	4	4,970	0.80	1	4,888	0.20	12.5000%	13.9169%
Clay	0	1,992	0.00	1	2,002	0.50	0	2,037	0.00	-50.0000%	-50.0000%
Graham	4	1,827	2.19	0	1,774	0.00	0	1,725	0.00	-50.0000%	-50.0000%
Haywood	143	11,320	12.63	75	11,375	6.59	41	11,331	3.62	-46.4429%	-46.4635%
Jackson	54	7,452	7.25	22	7,488	2.94	10	7,453	1.34	-56.9024%	-56.8936%
Macon	21	6,540	3.21	15	6,605	2.27	5	6,665	0.75	-47.6190%	-48.1206%
Swain	16	3,499	4.57	6	3,436	1.75	4	3,271	1.22	-47.9167%	-45.8914%
Region A Totals	240	37,660	6.37	123	37,650	3.27	61	37,370	1.63	-49.5783%	-49.3857%
Buncombe	219	50,157	4.37	189	49,764	3.80	132	49,433	2.67	-21.9287%	-21.3541%
Henderson	70	22,210	3.15	53	22,064	2.40	45	21,945	2.05	-19.6900%	-19.2093%
Madison	19	4,024	4.72	19	3,999	4.75	12	3,974	3.02	-18.4211%	-17.9098%
Transylvania	34	5,633	6.04	25	5,613	4.45	36	5,621	6.40	8.7647%	8.7932%
Region B Totals	342	82,024	4.17	286	81,440	3.51	225	80,973	2.78	-18.8515%	-18.3248%
Cleveland	3	21,177	0.14	2	21,006	0.10	2	21,069	0.09	-16.6667%	-16.5448%
McDowell	40	9,207	4.34	34	9,150	3.72	32	9,060	3.53	-10.4412%	-9.7090%
Polk	4	3,449	1.16	6	3,402	1.76	5	3,380	1.48	16.6667%	17.9740%
Rutherford	42	13,966	3.01	27	13,888	1.94	12	13,654	0.88	-45.6349%	-45.0736%
Region C Totals	89	47,799	1.86	69	47,446	1.45	51	47,163	1.08	-24.2794%	-23.7693%
Alleghany	0	1,985	0.00	0	1,986	0.00	0	1,936	0.00	0.0000%	0.0000%
Ashe	0	4,914	0.00	0	4,918	0.00	0	4,890	0.00	0.0000%	0.0000%
Avery	2	2,794	0.72	0	2,704	0.00	0	2,705	0.00	-50.0000%	-50.0000%
Mitchell	8	2,762	2.90	14	2,745	5.10	14	2,752	5.09	37.5000%	37.9147%
Watauga	0	7,151	0.00	0	6,964	0.00	0	6,936	0.00	0.0000%	0.0000%
Wilkes	2	14,381	0.14	1	14,027	0.07	1	13,873	0.07	-25.0000%	-23.8140%
Yancey	17	3,346	5.08	13	3,319	3.92	11	3,333	3.30	-19.4570%	-19.3237%
Region D Totals	29	37,333	0.78	28	36,663	0.76	26	36,425	0.71	-5.2956%	-4.1100%
Alexander	8	7,755	1.03	5	7,644	0.65	3	7,557	0.40	-38.7500%	-37.9508%
Burke	18	18,250	0.99	11	18,254	0.60	3	17,966	0.17	-55.8081%	-55.5962%
Caldwell	23	16,772	1.37	3	16,497	0.18	1	16,178	0.06	-76.8116%	-76.3742%
Catawba	31	34,785	0.89	15	34,534	0.43	5	34,478	0.15	-59.1398%	-58.9369%
Region E Totals	80	77,562	1.03	34	76,929	0.44	12	76,179	0.16	-61.1029%	-60.7543%
Anson	0	5,228	0.00	0	5,124	0.00	0	5,049	0.00	0.0000%	0.0000%
Cabarrus	100	51,357	1.95	75	51,524	1.46	76	51,395	1.48	-11.8333%	-11.8277%
Gaston	130	49,525	2.62	52	49,665	1.05	125	49,449	2.53	40.1923%	40.6609%
Iredell	35	39,465	0.89	18	39,261	0.46	11	38,842	0.28	-43.7302%	-43.2669%
Lincoln	22	17,294	1.27	17	17,254	0.99	12	17,337	0.69	-26.0695%	-26.1489%
Mecklenburg *	501	258,943	1.93	379	260,786	1.45	391	260,961	1.50	-10.5925%	-10.8944%
Rowan	17	31,849	0.53	14	31,794	0.44	7	31,515	0.22	-33.8235%	-33.5310%
Stanly	128	13,169	9.72	150	13,321	11.26	137	13,235	10.35	4.2604%	3.8886%
Union	58	58,098	1.00	34	57,389	0.59	38	57,803	0.66	-14.8073%	-14.8454%
Region F Totals	991	524,928	1.89	739	526,118	1.40	797	525,586	1.52	-8.7902%	-8.8200%
Alamance	12	35,590	0.34	16	36,306	0.44	26	36,891	0.70	47.9167%	45.3135%
Caswell	1	4,307	0.23	1	4,183	0.24	1	4,170	0.24	0.0000%	1.6381%
Davidson	14	36,190	0.39	4	35,843	0.11	13	35,714	0.36	76.7857%	77.5110%
Guilford	127	115,594	1.10	84	116,306	0.72	115	116,240	0.99	1.5232%	1.3597%
Montgomery	8	6,170	1.30	5	6,046	0.83	5	5,865	0.85	-18.7500%	-16.5660%
Randolph	149	32,302	4.61	103	31,612	3.26	59	31,385	1.88	-36.7955%	-35.8339%
Rockingham	8	18,741	0.43	6	18,271	0.33	4	18,118	0.22	-29.1667%	-27.9205%
Region G Totals	319	248,894	1.28	219	248,567	0.88	223	248,383	0.90	-14.7607%	-14.6779%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	4	8,645	0.46	3	8,529	0.35	1	8,435	0.12	-45.8333%	-45.1376%
Forsyth	48	87,089	0.55	17	87,374	0.19	31	86,806	0.36	8.8848%	9.4236%
Stokes	1	8,706	0.11	1	8,546	0.12	4	8,379	0.48	150.0000%	154.9223%
Surry	3	15,262	0.20	3	15,188	0.20	3	15,060	0.20	0.0000%	0.6686%
Yadkin	0	7,844	0.00	3	7,875	0.38	0	7,675	0.00	-50.0000%	-50.0000%
Region I Totals	56	127,546	0.44	27	127,512	0.21	39	126,355	0.31	-3.6706%	-3.0029%
Chatham	3	14,164	0.21	10	14,029	0.71	4	13,946	0.29	86.6667%	88.3895%
Durham	34	72,075	0.47	38	73,284	0.52	33	74,042	0.45	-0.6966%	-2.0630%
Johnston	12	49,060	0.24	18	49,339	0.36	23	49,760	0.46	38.8889%	37.9242%
Lee	6	14,845	0.40	0	14,870	0.00	0	15,116	0.00	-50.0000%	-50.0000%
Moore *	2	20,190	0.10	6	20,381	0.29	1	20,710	0.05	58.3333%	56.7952%
Orange	12	26,394	0.45	7	26,283	0.27	13	26,440	0.49	22.0238%	21.5956%
Wake *	48	253,289	0.19	57	255,257	0.22	51	254,074	0.20	4.1118%	3.8624%
Region J Totals	117	450,017	0.26	136	453,443	0.30	125	454,088	0.28	4.0755%	3.5711%
Franklin	6	14,731	0.41	9	14,733	0.61	6	14,766	0.41	8.3333%	8.2487%
Granville	7	11,904	0.59	6	12,026	0.50	4	11,907	0.34	-23.8095%	-23.9112%
Person	1	8,392	0.12	3	8,288	0.36	4	8,273	0.48	116.6667%	118.6698%
Vance	5	10,608	0.47	5	10,583	0.47	2	10,579	0.19	-30.0000%	-29.8743%
Warren	4	3,742	1.07	2	3,694	0.54	1	3,619	0.28	-50.0000%	-49.1570%
Region K Totals	23	49,377	0.47	25	49,324	0.51	17	49,144	0.35	-11.6522%	-11.4692%
Edgecombe	6	12,240	0.49	2	12,151	0.16	2	11,948	0.17	-33.3333%	-32.3617%
Halifax	4	11,130	0.36	4	10,984	0.36	0	10,758	0.00	-50.0000%	-49.3354%
Nash	14	20,270	0.69	8	20,131	0.40	11	19,997	0.55	-2.6786%	-2.0206%
Northampton	1	3,877	0.26	0	3,800	0.00	0	3,714	0.00	-50.0000%	-50.0000%
Wilson	33	18,830	1.75	10	18,658	0.54	10	18,539	0.54	-34.8485%	-34.3879%
Region L Totals	58	66,347	0.87	24	65,724	0.37	23	64,956	0.35	-31.3937%	-30.6310%
Cumberland *	32	88,187	0.36	28	87,712	0.32	20	89,007	0.22	-20.5357%	-20.8184%
Harnett *	4	35,563	0.11	0	36,149	0.00	0	36,179	0.00	-50.0000%	-50.0000%
Sampson	29	15,538	1.87	13	15,571	0.83	12	15,442	0.78	-31.4324%	-31.0943%
Region M Totals	65	139,288	0.47	41	139,432	0.29	32	140,628	0.23	-29.4371%	-29.8016%
Bladen	11	7,220	1.52	8	7,076	1.13	6	7,084	0.85	-26.1364%	-25.4387%
Hoke *	5	16,535	0.30	5	16,803	0.30	3	16,702	0.18	-20.0000%	-20.6161%
Richmond	12	10,249	1.17	3	10,216	0.29	2	10,138	0.20	-54.1667%	-53.8698%
Robeson	78	32,156	2.43	36	31,345	1.15	83	30,835	2.69	38.3547%	40.8584%
Scotland	8	8,344	0.96	3	8,313	0.36	5	8,306	0.60	2.0833%	2.2235%
Region N Totals	114	74,504	1.53	55	73,753	0.75	99	73,065	1.35	14.1228%	15.2159%
Brunswick	24	22,223	1.08	44	22,460	1.96	32	22,779	1.40	28.0303%	26.5538%
Columbus	17	12,156	1.40	21	11,889	1.77	5	11,593	0.43	-26.3305%	-24.6395%
New Hanover *	28	42,813	0.65	48	43,238	1.11	63	43,170	1.46	51.3393%	50.6001%
Pender	10	12,678	0.79	19	12,863	1.48	26	12,860	2.02	63.4211%	62.0707%
Region O Totals	79	89,870	0.88	132	90,450	1.46	126	90,402	1.39	31.2716%	30.7612%
Carteret *	3	12,217	0.25	6	12,108	0.50	3	11,946	0.25	25.0000%	26.2393%
Craven *	6	26,367	0.23	2	26,447	0.08	3	26,592	0.11	-8.3333%	-8.7927%
Duplin	11	14,378	0.77	7	14,168	0.49	19	13,942	1.36	67.5325%	70.2040%
Greene	3	4,559	0.66	2	4,452	0.45	1	4,335	0.23	-41.6667%	-40.1908%
Jones	1	2,031	0.49	0	1,970	0.00	0	1,965	0.00	-50.0000%	-50.0000%
Lenoir	1	12,774	0.08	4	12,562	0.32	4	12,251	0.33	150.0000%	154.6445%
Onslow *	42	57,324	0.73	40	59,711	0.67	72	61,453	1.17	37.6190%	33.1642%
Pamlico	0	2,061	0.00	1	1,996	0.50	0	1,983	0.00	-50.0000%	-50.0000%
Wayne *	21	30,606	0.69	10	30,433	0.33	9	30,405	0.30	-31.1905%	-31.0137%
Region P Totals	88	162,317	0.54	72	163,847	0.44	111	164,872	0.67	17.9924%	17.1312%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Under Age 18											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Beaufort	0	9,746	0.00	0	9,553	0.00	1	9,338	0.11	0.0000%	0.0000%
Bertie	1	3,813	0.26	0	3,727	0.00	1	3,679	0.27	-50.0000%	-50.0000%
Hertford	4	4,739	0.84	0	4,683	0.00	0	4,620	0.00	-50.0000%	-50.0000%
Martin	8	4,830	1.66	0	4,691	0.00	1	4,625	0.22	-50.0000%	-50.0000%
Pitt	5	38,786	0.13	7	38,967	0.18	1	38,807	0.03	-22.8571%	-23.1528%
Region Q Totals	18	61,914	0.29	7	61,621	0.11	4	61,069	0.07	-51.9841%	-51.6334%
Camden	0	2,148	0.00	0	2,073	0.00	0	2,064	0.00	0.0000%	0.0000%
Chowan	0	2,928	0.00	0	2,858	0.00	0	2,834	0.00	0.0000%	0.0000%
Currituck	0	5,490	0.00	0	5,561	0.00	0	5,328	0.00	0.0000%	0.0000%
Dare	8	6,922	1.16	2	6,937	0.29	1	6,810	0.15	-62.5000%	-62.0608%
Gates	0	2,332	0.00	0	2,342	0.00	0	2,258	0.00	0.0000%	0.0000%
Hyde	0	965	0.00	0	927	0.00	0	860	0.00	0.0000%	0.0000%
Pasquotank *	0	9,259	0.00	0	9,165	0.00	0	8,986	0.00	0.0000%	0.0000%
Perquimans	0	2,547	0.00	0	2,533	0.00	0	2,469	0.00	0.0000%	0.0000%
Tyrrell	1	767	1.30	0	801	0.00	0	792	0.00	-50.0000%	-50.0000%
Washington	9	2,665	3.38	2	2,614	0.77	0	2,561	0.00	-88.8889%	-88.6721%
Region R Totals	18	36,023	0.50	4	35,811	0.11	1	34,962	0.03	-76.3889%	-76.0196%
Grand Totals	2,726	2,313,403	1.18	2,021	2,315,730	0.87	1,972	2,311,620	0.85	-14.1433%	-14.0938%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	136	15,856	8.58	155	15,734	9.85	127	15,849	8.01	-2.0470%	-1.9024%
Clay	73	6,102	11.96	42	6,157	6.82	107	6,233	17.17	56.1481%	54.3379%
Graham	63	4,925	12.79	49	4,881	10.04	25	4,809	5.20	-35.6009%	-34.8684%
Haywood	432	35,489	12.17	392	35,697	10.98	374	35,746	10.46	-6.9255%	-7.2553%
Jackson	136	27,479	4.95	132	28,286	4.67	111	28,163	3.94	-9.4251%	-10.6260%
Macon	200	18,870	10.60	169	19,194	8.80	139	19,263	7.22	-16.6257%	-17.4862%
Swain	42	8,599	4.88	60	8,484	7.07	67	8,093	8.28	27.2619%	30.9276%
Region A Totals	1,082	117,320	9.22	999	118,433	8.44	950	118,156	8.04	-6.2879%	-6.6103%
Buncombe	1,687	160,882	10.49	1,766	160,667	10.99	1,810	160,998	11.24	3.5872%	3.5519%
Henderson	745	63,618	11.71	921	64,070	14.37	950	64,403	14.75	13.3865%	12.6837%
Madison	162	13,378	12.11	158	13,490	11.71	151	13,434	11.24	-3.4498%	-3.6554%
Transylvania	250	18,239	13.71	207	18,481	11.20	216	18,576	11.63	-6.4261%	-7.2350%
Region B Totals	2,844	256,117	11.10	3,052	256,708	11.89	3,127	257,411	12.15	4.8855%	4.6221%
Cleveland	1,017	59,653	17.05	1,045	59,543	17.55	1,113	59,974	18.56	4.6302%	4.3424%
McDowell	559	27,336	20.45	544	27,674	19.66	548	27,786	19.72	-0.9740%	-1.7714%
Polk	114	11,548	9.87	131	11,760	11.14	104	11,820	8.80	-2.8492%	-4.0865%
Rutherford	608	39,881	15.25	667	40,496	16.47	689	40,472	17.02	6.5011%	5.6988%
Region C Totals	2,298	138,418	16.60	2,387	139,473	17.11	2,454	140,052	17.52	3.3399%	2.7345%
Alleghany	51	6,421	7.94	85	6,590	12.90	62	6,580	9.42	19.8039%	17.7223%
Ashe	118	15,629	7.55	128	15,730	8.14	172	15,831	10.86	21.4248%	20.6479%
Avery	193	11,455	16.85	110	11,319	9.72	90	11,329	7.94	-30.5935%	-30.2872%
Mitchell	136	8,907	15.27	156	8,883	17.56	116	8,860	13.09	-5.4676%	-5.2161%
Watauga	111	40,177	2.76	127	41,482	3.06	174	41,454	4.20	25.7111%	23.9577%
Wilkes	444	41,553	10.69	465	41,115	11.31	529	41,125	12.86	9.2466%	9.7906%
Yancey	133	10,418	12.77	117	10,483	11.16	109	10,598	10.28	-9.4338%	-10.2120%
Region D Totals	1,186	134,560	8.81	1,188	135,602	8.76	1,252	135,777	9.22	2.7779%	2.3251%
Alexander	264	23,234	11.36	242	23,153	10.45	191	23,181	8.24	-14.7039%	-14.5912%
Burke	737	54,394	13.55	677	55,061	12.30	654	55,065	11.88	-5.7692%	-6.3291%
Caldwell	682	50,896	13.40	658	50,996	12.90	578	50,722	11.40	-7.8386%	-7.6959%
Catawba	1,305	95,292	13.69	1,175	95,766	12.27	1,173	96,405	12.17	-5.0659%	-5.6196%
Region E Totals	2,988	223,816	13.35	2,752	224,976	12.23	2,596	225,373	11.52	-6.7834%	-7.1040%
Anson	207	16,028	12.91	187	15,898	11.76	202	15,694	12.87	-0.8202%	0.2512%
Cabarrus	1,247	127,349	9.79	1,389	129,935	10.69	1,687	132,603	12.72	16.4208%	14.0905%
Gaston	1,981	134,625	14.71	1,931	136,465	14.15	1,901	136,917	13.88	-2.0388%	-2.8584%
Iredell	1,010	109,939	9.19	1,106	111,916	9.88	1,050	113,398	9.26	2.2208%	0.6333%
Lincoln	692	51,792	13.36	732	52,598	13.92	766	53,653	14.28	5.2126%	3.3733%
Mecklenburg *	4,913	700,119	7.02	4,676	709,129	6.59	4,255	717,551	5.93	-6.9137%	-8.0523%
Rowan	1,125	86,179	13.05	1,101	86,051	12.79	1,133	86,019	13.17	0.3866%	0.4785%
Stanly	468	37,717	12.41	466	38,139	12.22	465	38,152	12.19	-0.3210%	-0.8888%
Union	825	141,850	5.82	814	145,868	5.58	843	148,642	5.67	1.1147%	-1.2106%
Region F Totals	12,468	1,405,598	8.87	12,402	1,425,999	8.70	12,302	1,442,629	8.53	-0.6678%	-1.9511%
Alamance	1,182	98,598	11.99	1,074	101,186	10.61	1,178	103,805	11.35	0.2732%	-2.2725%
Caswell	174	14,673	11.86	193	14,302	13.49	191	14,459	13.21	4.9416%	5.8430%
Davidson	1,045	102,032	10.24	1,107	102,343	10.82	1,022	103,333	9.89	-0.8727%	-1.4759%
Guilford	3,515	330,711	10.63	3,437	336,195	10.22	3,146	339,782	9.26	-5.3429%	-6.6235%
Montgomery	172	16,134	10.66	158	16,199	9.75	167	16,011	10.43	-1.2217%	-0.7854%
Randolph	1,061	87,725	12.09	929	87,233	10.65	872	87,765	9.94	-9.2884%	-9.3259%
Rockingham	777	55,232	14.07	762	54,865	13.89	768	54,988	13.97	-0.5716%	-0.3563%
Region G Totals	7,926	705,105	11.24	7,660	712,323	10.75	7,344	720,143	10.20	-3.7407%	-4.7509%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	289	25,657	11.26	321	25,953	12.37	292	26,012	11.23	1.0192%	0.2826%
Forsyth	2,519	228,421	11.03	2,364	231,096	10.23	2,370	232,111	10.21	-2.9497%	-3.7121%
Stokes	329	28,821	11.42	374	28,678	13.04	372	28,460	13.07	6.5715%	7.2359%
Surry	533	43,530	12.24	586	43,617	13.44	584	43,627	13.39	4.8012%	4.6801%
Yadkin	293	22,645	12.94	320	23,102	13.85	310	22,912	13.53	3.0450%	2.3664%
Region I Totals	3,963	349,074	11.35	3,965	352,446	11.25	3,928	353,122	11.12	-0.4413%	-1.0148%
Chatham	239	42,086	5.68	263	41,634	6.32	255	42,232	6.04	3.5000%	3.4109%
Durham	1,384	197,021	7.02	1,543	199,434	7.74	1,395	200,971	6.94	0.9484%	-0.0718%
Johnston	1,078	120,435	8.95	1,084	123,896	8.75	1,053	128,228	8.21	-1.1516%	-4.1970%
Lee	390	35,028	11.13	387	35,414	10.93	350	36,292	9.64	-5.1650%	-6.7998%
Moore *	435	50,513	8.61	488	51,037	9.56	468	51,528	9.08	4.0428%	3.0100%
Orange	496	96,783	5.12	614	97,786	6.28	527	99,185	5.31	4.8105%	3.5703%
Wake *	4,066	678,116	6.00	4,200	694,551	6.05	4,181	705,007	5.93	1.4216%	-0.5387%
Region J Totals	8,088	1,219,982	6.63	8,579	1,243,752	6.90	8,229	1,263,443	6.51	0.9955%	-0.7656%
Franklin	468	40,933	11.43	421	41,638	10.11	399	42,370	9.42	-7.6342%	-9.2144%
Granville	259	38,425	6.74	286	39,152	7.30	296	39,091	7.57	6.9606%	6.0161%
Person	304	24,000	12.67	269	24,061	11.18	234	24,159	9.69	-12.2622%	-12.5508%
Vance	290	26,435	10.97	348	26,511	13.13	328	26,985	12.15	7.1264%	6.1266%
Warren	156	11,676	13.36	145	11,670	12.43	141	11,516	12.24	-4.9050%	-4.2309%
Region K Totals	1,477	141,469	10.44	1,469	143,032	10.27	1,398	144,121	9.70	-2.6874%	-3.5904%
Edgecombe	496	30,593	16.21	428	30,505	14.03	425	30,000	14.17	-7.2053%	-6.2451%
Halifax	260	30,478	8.53	331	30,268	10.94	206	29,768	6.92	-5.2283%	-4.2640%
Nash	611	57,074	10.71	590	57,376	10.28	677	57,506	11.77	5.6544%	5.2706%
Northampton	108	12,088	8.93	103	12,108	8.51	127	11,940	10.64	9.3357%	10.1243%
Wilson	829	49,035	16.91	559	48,796	11.46	722	48,793	14.80	-1.7051%	-1.5360%
Region L Totals	2,304	179,268	12.85	2,011	179,053	11.23	2,157	178,007	12.12	-2.7285%	-2.3609%
Cumberland *	1,649	175,919	9.37	1,861	170,158	10.94	1,871	171,872	10.89	6.6968%	8.1060%
Harnett *	595	74,291	8.01	696	76,152	9.14	590	77,155	7.65	0.8725%	-1.1079%
Sampson	446	36,835	12.11	498	37,331	13.34	481	37,394	12.86	4.1228%	3.2996%
Region M Totals	2,690	287,045	9.37	3,055	283,641	10.77	2,942	286,421	10.27	4.9350%	5.1491%
Bladen	318	20,424	15.57	299	20,291	14.74	262	20,236	12.95	-9.1747%	-8.7475%
Hoke *	231	29,079	7.94	236	30,059	7.85	224	29,973	7.47	-1.4601%	-2.9894%
Richmond	297	26,845	11.06	288	26,875	10.72	355	26,847	13.22	10.1168%	10.1269%
Robeson	1,154	80,694	14.30	1,212	80,372	15.08	1,103	80,110	13.77	-1.9837%	-1.6245%
Scotland	270	21,066	12.82	305	21,044	14.49	261	20,821	12.54	-0.7316%	-0.2143%
Region N Totals	2,270	178,108	12.75	2,340	178,641	13.10	2,205	177,987	12.39	-1.3428%	-1.3234%
Brunswick	923	71,310	12.94	891	73,230	12.17	734	76,227	9.63	-10.5438%	-13.4287%
Columbus	691	34,258	20.17	691	33,935	20.36	629	33,837	18.59	-4.4863%	-3.8785%
New Hanover *	1,301	145,702	8.93	1,335	149,794	8.91	1,103	150,314	7.34	-7.3825%	-8.9269%
Pender	392	37,517	10.45	420	38,252	10.98	407	38,844	10.48	2.0238%	0.2560%
Region O Totals	3,307	288,787	11.45	3,337	295,211	11.30	2,873	299,222	9.60	-6.4988%	-8.1737%
Carteret *	307	40,306	7.62	360	40,250	8.94	315	40,566	7.77	2.3819%	2.1227%
Craven *	529	53,390	9.91	546	52,259	10.45	601	52,593	11.43	6.6434%	7.4108%
Duplin	453	34,962	12.96	486	34,975	13.90	616	34,971	17.61	17.0169%	17.0042%
Greene	124	13,638	9.09	130	13,431	9.68	138	13,192	10.46	5.4963%	7.2658%
Jones	83	6,220	13.34	73	6,021	12.12	62	6,044	10.26	-13.5583%	-12.2665%
Lenoir	624	33,763	18.48	646	33,541	19.26	661	32,801	20.15	2.9238%	4.4206%
Onslow *	998	90,442	11.03	1,247	82,288	15.15	1,069	83,441	12.81	5.3378%	10.9362%
Pamlico	45	7,505	6.00	50	7,503	6.66	43	7,436	5.78	-1.4444%	-1.0422%
Wayne *	998	71,945	13.87	922	71,201	12.95	853	72,198	11.81	-7.5495%	-7.7056%
Region P Totals	4,161	352,171	11.82	4,460	341,469	13.06	4,358	343,242	12.70	2.4494%	3.8767%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 18-64											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Beaufort	346	26,544	13.03	353	26,343	13.40	447	26,286	17.01	14.3260%	14.8525%
Bertie	164	12,183	13.46	186	12,058	15.43	278	11,947	23.27	31.4385%	32.7207%
Hertford	187	14,848	12.59	140	14,842	9.43	157	14,749	10.64	-6.4954%	-6.1267%
Martin	224	13,582	16.49	183	13,383	13.67	230	13,174	17.46	3.6897%	5.2941%
Pitt	1,123	115,544	9.72	1,111	117,279	9.47	1,362	116,936	11.65	10.7618%	10.2099%
Region Q Totals	2,044	182,701	11.19	1,973	183,905	10.73	2,474	183,092	13.51	10.9596%	10.9220%
Camden	47	6,556	7.17	41	6,644	6.17	62	6,777	9.15	19.2268%	17.1652%
Chowan	72	7,994	9.01	91	7,862	11.57	110	7,824	14.06	23.6340%	24.9886%
Currituck	142	16,929	8.39	126	17,355	7.26	146	17,606	8.29	2.3027%	0.3877%
Dare	181	22,325	8.11	199	22,419	8.88	192	22,355	8.59	3.2136%	3.1212%
Gates	47	7,390	6.36	45	7,420	6.06	87	7,475	11.64	44.5390%	43.6342%
Hyde	23	3,606	6.38	28	3,443	8.13	30	3,230	9.29	14.4410%	20.8554%
Pasquotank *	259	24,451	10.59	186	23,837	7.80	301	23,817	12.64	16.8213%	17.8142%
Perquimans	35	7,434	4.71	59	7,519	7.85	94	7,415	12.68	63.9467%	64.1112%
Tyrrell	24	2,558	9.38	21	2,652	7.92	20	2,603	7.68	-8.6310%	-9.2853%
Washington	127	6,848	18.55	106	6,736	15.74	118	6,539	18.05	-2.6073%	-0.2366%
Region R Totals	957	106,091	9.02	902	105,887	8.52	1,160	105,641	10.98	11.4280%	11.6685%
Grand Totals	62,053	6,265,630	9.90	62,531	6,320,551	9.89	61,749	6,373,839	9.69	-0.2401%	-1.0907%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	159	4,845	32.82	233	4,876	47.79	120	4,986	24.07	-0.9785%	-2.0124%
Clay	49	1,997	24.54	84	2,013	41.73	103	2,049	50.27	47.0238%	45.2653%
Graham	44	1,152	38.19	45	1,118	40.25	43	1,113	38.63	-1.0859%	0.6839%
Haywood	394	8,583	45.90	458	8,744	52.38	501	8,858	56.56	12.8162%	11.0421%
Jackson	167	4,850	34.43	214	4,986	42.92	171	5,030	34.00	4.0251%	1.9280%
Macon	228	5,469	41.69	217	5,576	38.92	264	5,622	46.96	8.4172%	7.0063%
Swain	30	1,709	17.55	89	1,706	52.17	79	1,651	47.85	92.7154%	94.4547%
Region A Totals	1,071	28,605	37.44	1,340	29,019	46.18	1,281	29,309	43.71	10.3569%	8.9914%
Buncombe	1,636	29,469	55.52	1,699	30,341	56.00	1,808	31,232	57.89	5.1332%	2.1229%
Henderson	877	16,341	53.67	970	16,515	58.73	1,004	16,752	59.93	7.0547%	5.7399%
Madison	158	2,895	54.58	162	2,996	54.07	168	3,083	54.49	3.1177%	-0.0738%
Transylvania	237	5,414	43.78	288	5,478	52.57	321	5,567	57.66	16.4887%	14.8879%
Region B Totals	2,908	54,119	53.73	3,119	55,330	56.37	3,301	56,634	58.29	6.5455%	4.1533%
Cleveland	837	10,727	78.03	970	10,943	88.64	1,060	11,263	94.11	12.5842%	9.8881%
McDowell	442	5,376	82.22	414	5,545	74.66	504	5,706	88.33	7.7021%	4.5573%
Polk	150	3,252	46.13	150	3,294	45.54	194	3,402	57.03	14.6667%	11.9762%
Rutherford	520	8,098	64.21	601	8,245	72.89	661	8,469	78.05	12.7801%	10.2953%
Region C Totals	1,949	27,453	70.99	2,135	28,027	76.18	2,419	28,840	83.88	11.4227%	8.7040%
Alleghany	77	1,555	49.52	85	1,559	54.52	77	1,578	48.80	0.4889%	-0.1981%
Ashe	159	3,738	42.54	197	3,861	51.02	227	3,986	56.95	19.5639%	15.7836%
Avery	139	2,135	65.11	138	2,143	64.40	202	2,211	91.36	22.8287%	20.3924%
Mitchell	135	1,956	69.02	183	1,951	93.80	136	1,940	70.10	4.9362%	5.3206%
Watauga	169	5,205	32.47	165	5,351	30.84	251	5,472	45.87	24.8772%	21.8633%
Wilkes	443	8,431	52.54	518	8,427	61.47	595	8,611	69.10	15.8974%	14.6980%
Yancey	179	2,479	72.21	145	2,513	57.70	186	2,588	71.87	4.6407%	2.2340%
Region D Totals	1,301	25,499	51.02	1,431	25,805	55.45	1,674	26,386	63.44	13.4867%	11.5467%
Alexander	241	4,469	53.93	245	4,456	54.98	218	4,528	48.14	-4.6803%	-5.2395%
Burke	635	10,191	62.31	613	10,458	58.62	646	10,678	60.50	0.9594%	-1.3585%
Caldwell	710	9,260	76.67	671	9,465	70.89	679	9,672	70.20	-2.1504%	-4.2567%
Catawba	1,162	16,265	71.44	1,091	16,613	65.67	1,188	17,116	69.41	1.3904%	-1.1930%
Region E Totals	2,748	40,185	68.38	2,620	40,992	63.91	2,731	41,994	65.03	-0.2106%	-2.3927%
Anson	191	2,576	74.15	205	2,613	78.45	190	2,661	71.40	0.0064%	-1.5894%
Cabarrus	954	16,308	58.50	1,321	16,877	78.27	1,260	17,433	72.28	16.9259%	13.0707%
Gaston	1,661	21,054	78.89	1,621	21,621	74.97	1,755	22,132	79.30	2.9292%	0.3996%
Iredell	956	16,524	57.86	1,052	16,987	61.93	1,233	17,521	70.37	13.6236%	10.3378%
Lincoln	621	8,895	69.81	652	9,184	70.99	702	9,583	73.25	6.3303%	2.4369%
Mecklenburg *	4,282	73,226	58.48	4,456	76,681	58.11	4,189	80,405	52.10	-0.9642%	-5.4856%
Rowan	977	14,194	68.83	1,094	14,537	75.26	1,109	14,911	74.37	6.6733%	4.0809%
Stanly	498	6,850	72.70	513	7,096	72.29	480	7,257	66.14	-1.7104%	-4.5338%
Union	889	17,901	49.66	947	18,480	51.24	907	19,101	47.48	1.1502%	-2.0755%
Region F Totals	11,029	177,528	62.13	11,861	184,076	64.44	11,825	191,004	61.91	3.6201%	-0.1007%
Alamance	995	15,198	65.47	1,144	15,914	71.89	1,205	16,813	71.67	10.1535%	4.7510%
Caswell	140	2,893	48.39	137	2,915	47.00	157	3,027	51.87	6.2278%	3.7385%
Davidson	950	17,321	54.85	1,043	17,637	59.14	1,109	18,083	61.33	8.0587%	5.7639%
Guilford	3,147	46,127	68.22	3,335	47,738	69.86	3,289	49,510	66.43	2.2973%	-1.2557%
Montgomery	196	3,296	59.47	212	3,307	64.11	182	3,337	54.54	-2.9938%	-3.5596%
Randolph	940	14,729	63.82	876	14,833	59.06	906	15,146	59.82	-1.6919%	-3.0873%
Rockingham	660	10,279	64.21	696	10,433	66.71	705	10,775	65.43	3.3738%	0.9880%
Region G Totals	7,028	109,843	63.98	7,443	112,777	66.00	7,553	116,691	64.73	3.6914%	0.6120%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	285	4,851	58.75	286	5,028	56.88	303	5,168	58.63	3.1475%	-0.0539%
Forsyth	2,364	33,534	70.50	2,537	34,734	73.04	2,623	35,864	73.14	5.3540%	1.8713%
Stokes	314	5,382	58.34	410	5,446	75.28	419	5,521	75.89	16.3842%	14.9228%
Surry	613	8,019	76.44	628	8,131	77.24	639	8,272	77.25	2.0993%	0.5265%
Yadkin	270	4,114	65.63	323	4,265	75.73	329	4,307	76.39	10.7436%	8.1293%
Region I Totals	3,846	55,900	68.80	4,184	57,604	72.63	4,313	59,132	72.94	5.9358%	2.9949%
Chatham	298	10,621	28.06	355	10,631	33.39	348	11,095	31.37	8.5778%	6.4720%
Durham	1,262	22,973	54.93	1,372	24,201	56.69	1,390	25,478	54.56	5.0141%	-0.2830%
Johnston	992	16,094	61.64	1,062	16,899	62.84	1,116	17,731	62.94	6.0706%	1.0553%
Lee	362	5,422	66.77	384	5,583	68.78	353	5,887	59.96	-0.9978%	-4.9008%
Moore *	545	13,337	40.86	537	13,597	39.49	591	13,920	42.46	4.2940%	2.0751%
Orange	594	12,328	48.18	587	13,014	45.11	579	13,739	42.14	-1.2707%	-6.4777%
Wake *	4,062	73,494	55.27	4,256	77,553	54.88	4,487	81,578	55.00	5.1018%	-0.2410%
Region J Totals	8,115	154,269	52.60	8,553	161,478	52.97	8,864	169,428	52.32	4.5168%	-0.2673%
Franklin	432	6,680	64.67	444	6,919	64.17	454	7,293	62.25	2.5150%	-1.8819%
Granville	300	5,967	50.28	311	6,211	50.07	246	6,402	38.43	-8.6168%	-11.8331%
Person	257	4,443	57.84	261	4,531	57.60	247	4,705	52.50	-1.9038%	-4.6399%
Vance	217	4,594	47.24	269	4,725	56.93	297	4,927	60.28	17.1860%	13.2043%
Warren	155	2,577	60.15	150	2,602	57.65	141	2,619	53.84	-4.6129%	-5.3829%
Region K Totals	1,361	24,261	56.10	1,435	24,988	57.43	1,385	25,946	53.38	0.9764%	-2.3392%
Edgecombe	444	6,038	73.53	415	6,226	66.66	447	6,408	69.76	0.5897%	-2.3511%
Halifax	283	5,870	48.21	298	6,007	49.61	250	6,170	40.52	-5.4035%	-7.7124%
Nash	613	10,452	58.65	633	10,785	58.69	739	11,111	66.51	10.0041%	6.6973%
Northampton	155	2,559	60.57	135	2,549	52.96	183	2,545	71.91	11.3262%	11.6035%
Wilson	576	8,393	68.63	454	8,527	53.24	653	8,806	74.15	11.3260%	8.4282%
Region L Totals	2,071	33,312	62.17	1,935	34,094	56.75	2,272	35,040	64.84	5.4246%	2.7681%
Cumberland *	1,313	24,342	53.94	1,474	25,172	58.56	1,507	26,215	57.49	7.2504%	3.3657%
Harnett *	594	9,866	60.21	626	10,248	61.09	613	10,572	57.98	1.6553%	-1.8094%
Sampson	413	6,257	66.01	450	6,427	70.02	471	6,602	71.34	6.8128%	3.9845%
Region M Totals	2,320	40,465	57.33	2,550	41,847	60.94	2,591	43,389	59.72	5.7608%	2.1403%
Bladen	299	4,012	74.53	293	4,095	71.55	267	4,222	63.24	-5.4402%	-7.8039%
Hoke *	161	3,187	50.52	136	3,391	40.11	210	3,552	59.12	19.4419%	13.4015%
Richmond	336	4,784	70.23	320	4,851	65.97	371	4,960	74.80	5.5878%	3.6562%
Robeson	863	11,967	72.11	983	12,222	80.43	846	12,554	67.39	-0.0160%	-2.3422%
Scotland	236	3,894	60.61	245	3,997	61.30	225	4,051	55.54	-2.1749%	-4.1245%
Region N Totals	1,895	27,844	68.06	1,977	28,556	69.23	1,919	29,339	65.41	0.6967%	-1.8992%
Brunswick	1,249	25,094	49.77	1,329	25,945	51.22	1,293	27,203	47.53	1.8482%	-2.1465%
Columbus	527	6,251	84.31	589	6,294	93.58	554	6,336	87.44	2.9112%	2.2177%
New Hanover *	1,431	22,739	62.93	1,383	23,649	58.48	1,338	24,309	55.04	-3.3040%	-6.4768%
Pender	448	6,696	66.91	458	6,894	66.43	395	7,122	55.46	-5.7617%	-8.6102%
Region O Totals	3,655	60,780	60.13	3,759	62,782	59.87	3,580	64,970	55.10	-0.9582%	-4.2017%
Carteret *	433	10,069	43.00	489	10,276	47.59	454	10,498	43.25	2.8878%	0.7687%
Craven *	511	9,587	53.30	603	9,521	63.33	736	9,524	77.28	20.0301%	20.4199%
Duplin	387	5,798	66.75	436	5,922	73.62	500	6,087	82.14	13.6702%	10.9364%
Greene	140	2,001	69.97	150	2,081	72.08	117	2,149	54.44	-7.4286%	-10.7221%
Jones	66	1,218	54.19	69	1,228	56.19	89	1,288	69.10	16.7655%	13.3355%
Lenoir	571	6,337	90.11	574	6,463	88.81	644	6,654	96.78	6.3603%	3.7701%
Onslow *	819	10,622	77.10	866	11,235	77.08	861	11,609	74.17	2.5807%	-1.9055%
Pamlico	87	2,092	41.59	58	2,087	27.79	91	2,103	43.27	11.7816%	11.2646%
Wayne *	803	11,265	71.28	847	11,523	73.51	863	11,828	72.96	3.6842%	1.1897%
Region P Totals	3,817	58,989	64.71	4,092	60,336	67.82	4,355	61,740	70.54	6.8159%	4.4091%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 65-74											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Beaufort	374	6,774	55.21	417	6,828	61.07	463	6,934	66.77	11.2643%	9.9747%
Bertie	142	2,143	66.26	149	2,175	68.51	160	2,227	71.85	6.1561%	4.1305%
Hertford	149	2,530	58.89	132	2,619	50.40	192	2,726	70.43	17.0226%	12.6626%
Martin	242	3,021	80.11	236	3,087	76.45	273	3,158	86.45	6.5993%	4.2564%
Pitt	1,042	13,471	77.35	1,023	14,126	72.42	1,054	14,663	71.88	0.6034%	-3.5593%
Region Q Totals	1,949	27,939	69.76	1,957	28,835	67.87	2,142	29,708	72.10	4.9319%	1.7636%
Camden	43	987	43.57	28	987	28.37	59	1,025	57.56	37.9153%	34.0094%
Chowan	67	1,838	36.45	75	1,838	40.81	119	1,860	63.98	35.3035%	34.3651%
Currituck	152	2,675	56.82	103	2,777	37.09	131	2,880	45.49	-2.5262%	-6.0450%
Dare	237	4,711	50.31	194	4,865	39.88	224	5,006	44.75	-1.3398%	-4.2614%
Gates	56	1,287	43.51	47	1,306	35.99	76	1,351	56.25	22.8153%	19.5118%
Hyde	20	640	31.25	19	655	29.01	28	665	42.11	21.1842%	18.9884%
Pasquotank *	184	3,674	50.08	146	3,608	40.47	253	3,692	68.53	26.3177%	25.0722%
Perquimans	56	1,946	28.78	47	1,952	24.08	93	1,949	47.72	40.9005%	40.9238%
Tyrrell	22	397	55.42	39	428	91.12	33	437	75.51	30.9441%	23.6528%
Washington	113	1,623	69.62	108	1,631	66.22	111	1,672	66.39	-0.8235%	-2.3180%
Region R Totals	950	19,778	48.03	806	20,047	40.21	1,127	20,537	54.88	12.3342%	10.0969%
Grand Totals	58,013	966,769	60.01	61,197	996,593	61.41	63,332	1,030,087	61.48	4.4886%	1.2277%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Cherokee	392	3,485	112.48	495	3,708	133.50	354	3,907	90.61	-1.1047%	-6.7231%
Clay	220	1,397	157.48	133	1,474	90.23	244	1,541	158.34	21.9566%	16.3893%
Graham	89	933	95.39	228	1,002	227.54	219	1,040	210.58	76.1162%	65.5408%
Haywood	756	6,885	109.80	949	7,143	132.86	1,058	7,393	143.11	18.5074%	14.3554%
Jackson	197	3,335	59.07	280	3,512	79.73	297	3,689	80.51	24.1017%	17.9754%
Macon	505	4,534	111.38	433	4,742	91.31	619	4,948	125.10	14.3493%	9.4930%
Swain	63	1,192	52.85	106	1,236	85.76	127	1,260	100.79	44.0326%	39.8968%
Region A Totals	2,222	21,761	102.11	2,624	22,817	115.00	2,918	23,778	122.72	14.6480%	9.6681%
Buncombe	3,081	21,024	146.55	3,235	21,711	149.00	3,596	22,393	160.59	8.0788%	4.7248%
Henderson	1,929	14,004	137.75	2,100	14,663	143.22	2,377	15,212	156.26	11.0276%	6.5387%
Madison	292	1,943	150.28	282	2,038	138.37	328	2,111	155.38	6.4437%	2.1817%
Transylvania	607	5,178	117.23	671	5,462	122.85	741	5,720	129.55	10.4879%	5.1235%
Region B Totals	5,909	42,149	140.19	6,288	43,874	143.32	7,042	45,436	154.99	9.2025%	5.1856%
Cleveland	1,603	7,023	228.25	1,782	7,225	246.64	2,054	7,470	274.97	13.2152%	9.7709%
McDowell	625	3,797	164.60	669	3,989	167.71	737	4,132	178.36	8.6022%	4.1199%
Polk	267	2,905	91.91	342	3,012	113.55	451	3,094	145.77	29.9806%	25.9580%
Rutherford	819	5,851	139.98	942	6,143	153.35	1,119	6,313	177.25	16.9041%	12.5710%
Region C Totals	3,314	19,576	169.29	3,735	20,369	183.37	4,361	21,009	207.58	14.7320%	10.7597%
Alleghany	99	1,272	77.83	167	1,331	125.47	210	1,372	153.06	47.2177%	41.6001%
Ashe	333	2,937	113.38	406	3,042	133.46	557	3,154	176.60	29.5570%	25.0170%
Avery	290	1,688	171.80	298	1,747	170.58	375	1,777	211.03	14.2988%	11.5014%
Mitchell	268	1,612	166.25	294	1,655	177.64	284	1,687	168.35	3.1501%	0.8088%
Watauga	420	3,637	115.48	447	3,849	116.13	536	4,037	132.77	13.1695%	7.4465%
Wilkes	838	6,171	135.80	857	6,338	135.22	1,152	6,591	174.78	18.3449%	14.4176%
Yancey	292	1,956	149.28	274	2,048	133.79	288	2,104	136.88	-0.5274%	-4.0339%
Region D Totals	2,540	19,273	131.79	2,743	20,010	137.08	3,402	20,722	164.17	16.0085%	11.8890%
Alexander	390	2,994	130.26	373	3,137	118.90	395	3,264	121.02	0.7696%	-3.4705%
Burke	1,083	7,411	146.13	1,096	7,782	140.84	1,215	8,101	149.98	6.0290%	1.4340%
Caldwell	1,137	6,375	178.35	1,204	6,639	181.35	1,203	6,845	175.75	2.9048%	-0.7041%
Catawba	2,206	10,607	207.98	2,169	11,065	196.02	2,587	11,495	225.05	8.7972%	4.5314%
Region E Totals	4,816	27,387	175.85	4,842	28,623	169.16	5,400	29,705	181.79	6.0320%	1.8301%
Anson	255	1,794	142.14	261	1,825	143.01	300	1,886	159.07	8.6477%	5.9196%
Cabarrus	1,738	10,459	166.17	2,380	10,967	217.01	2,327	11,486	202.59	17.3561%	11.9755%
Gaston	2,661	13,323	199.73	2,750	13,856	198.47	2,945	14,246	206.72	5.2178%	1.7642%
Iredell	1,999	10,635	187.96	2,079	11,166	186.19	2,519	11,619	216.80	12.5830%	7.7481%
Lincoln	1,059	5,270	200.95	1,061	5,572	190.42	1,230	5,880	209.18	8.0586%	2.3073%
Mecklenburg *	7,679	44,369	173.07	8,491	46,439	182.84	8,833	48,603	181.74	7.3010%	2.5208%
Rowan	1,592	9,695	164.21	1,837	9,960	184.44	1,905	10,198	186.80	9.5456%	6.8004%
Stanly	859	4,707	182.49	878	4,909	178.86	906	5,083	178.24	2.7005%	-1.1687%
Union	1,640	10,322	158.88	1,769	11,077	159.70	1,995	11,741	169.92	10.3207%	3.4557%
Region F Totals	19,482	110,574	176.19	21,506	115,771	185.76	22,960	120,742	190.16	8.5750%	3.8996%
Alamance	2,088	11,690	178.61	2,409	12,343	195.17	2,444	12,974	188.38	8.4132%	2.8942%
Caswell	307	1,826	168.13	282	1,909	147.72	270	2,008	134.46	-6.1993%	-10.5564%
Davidson	1,446	11,562	125.06	1,805	11,939	151.19	1,860	12,338	150.75	13.9371%	10.3000%
Guilford	5,851	31,530	185.57	6,346	32,974	192.45	6,537	34,134	191.51	5.7349%	1.6098%
Montgomery	339	2,265	149.67	361	2,374	152.06	298	2,453	121.48	-5.4809%	-9.2549%
Randolph	1,711	9,916	172.55	1,661	10,229	162.38	1,663	10,618	156.62	-1.4009%	-4.7202%
Rockingham	1,258	7,538	166.89	1,308	7,704	169.78	1,375	7,907	173.90	4.5484%	2.0788%
Region G Totals	13,000	76,327	170.32	14,172	79,472	178.33	14,447	82,432	175.26	5.4779%	1.4906%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Davie	625	3,574	174.87	721	3,683	195.76	680	3,815	178.24	4.8367%	1.4980%
Forsyth	4,967	23,607	210.40	5,216	24,319	214.48	5,434	24,912	218.13	4.5963%	1.8191%
Stokes	658	3,819	172.30	734	3,934	186.58	831	4,060	204.68	12.3827%	8.9955%
Surry	1,161	6,032	192.47	1,295	6,181	209.51	1,471	6,273	234.50	12.5663%	10.3889%
Yadkin	458	3,084	148.51	576	3,235	178.05	632	3,302	191.40	17.7432%	13.6949%
Region I Totals	7,869	40,116	196.16	8,542	41,352	206.57	9,048	42,362	213.59	7.2381%	4.3531%
Chatham	619	7,964	77.72	655	8,197	79.91	648	8,721	74.30	2.3736%	-2.1025%
Durham	2,248	14,115	159.26	2,618	14,730	177.73	2,424	15,250	158.95	4.5244%	0.5147%
Johnston	1,726	9,116	189.34	1,762	9,634	182.89	1,834	10,232	179.24	3.0860%	-2.7001%
Lee	606	4,042	149.93	583	4,230	137.83	609	4,395	138.57	0.3322%	-3.7666%
Moore *	1,049	11,953	87.76	1,218	12,425	98.03	1,462	12,948	112.91	18.0717%	13.4421%
Orange	998	6,860	145.48	1,204	7,289	165.18	1,210	7,729	156.55	10.5698%	4.1590%
Wake *	8,445	42,931	196.71	9,149	45,670	200.33	9,775	48,100	203.22	7.5893%	1.6418%
Region J Totals	15,691	96,981	161.79	17,189	102,175	168.23	17,962	107,375	167.28	7.0220%	1.7073%
Franklin	693	4,170	166.19	629	4,433	141.89	672	4,683	143.50	-1.1995%	-6.7436%
Granville	496	3,679	134.82	538	3,852	139.67	556	4,006	138.79	5.9067%	1.4846%
Person	471	3,033	155.29	473	3,134	150.93	473	3,233	146.30	0.2123%	-2.9370%
Vance	328	3,225	101.71	433	3,338	129.72	417	3,478	119.90	14.1585%	9.9858%
Warren	262	2,138	122.54	253	2,208	114.58	263	2,268	115.96	0.2587%	-2.6470%
Region K Totals	2,250	16,245	138.50	2,326	16,965	137.11	2,381	17,668	134.76	2.8712%	-1.3590%
Edgecombe	635	3,985	159.35	605	4,119	146.88	608	4,230	143.74	-2.1143%	-4.9826%
Halifax	544	4,337	125.43	560	4,445	125.98	565	4,498	125.61	1.9170%	0.0720%
Nash	1,132	6,569	172.32	1,163	6,780	171.53	1,318	7,033	187.40	8.0331%	4.3960%
Northampton	256	2,185	117.16	232	2,254	102.93	289	2,328	124.14	7.5970%	4.2300%
Wilson	1,081	5,777	187.12	773	5,987	129.11	1,199	6,144	195.15	13.3089%	10.0730%
Region L Totals	3,648	22,853	159.63	3,333	23,585	141.32	3,979	24,233	164.20	5.3735%	2.3595%
Cumberland *	2,263	15,751	143.67	2,582	16,339	158.03	2,566	16,952	151.37	6.7383%	2.8885%
Harnett *	1,011	6,389	158.24	1,009	6,710	150.37	1,072	6,983	153.52	3.0230%	-1.4410%
Sampson	747	4,513	165.52	759	4,690	161.83	889	4,846	183.45	9.3671%	5.5645%
Region M Totals	4,021	26,653	150.86	4,350	27,739	156.82	4,527	28,781	157.29	6.1255%	2.1239%
Bladen	523	2,737	191.09	477	2,836	168.19	447	2,955	151.27	-7.5424%	-11.0212%
Hoke *	266	1,767	150.54	304	1,872	162.39	292	1,907	153.12	5.1692%	1.0826%
Richmond	396	3,014	131.39	361	3,090	116.83	446	3,134	142.31	7.3537%	5.3653%
Robeson	1,087	7,203	150.91	1,212	7,364	164.58	1,166	7,557	154.29	3.8521%	1.4047%
Scotland	272	2,382	114.19	313	2,448	127.86	312	2,554	122.16	7.3770%	3.7572%
Region N Totals	2,544	17,103	148.75	2,667	17,610	151.45	2,663	18,107	147.07	2.3425%	-0.5370%
Brunswick	1,917	13,099	146.35	1,937	14,491	133.67	2,165	15,879	136.34	6.4070%	-3.3311%
Columbus	835	4,276	195.28	915	4,387	208.57	850	4,524	187.89	1.2385%	-1.5544%
New Hanover *	2,978	15,442	192.85	2,915	16,405	177.69	2,835	17,210	164.73	-2.4300%	-7.5775%
Pender	719	4,108	175.02	759	4,350	174.48	796	4,580	173.80	5.2191%	-0.3506%
Region O Totals	6,449	36,925	174.65	6,526	39,633	164.66	6,646	42,193	157.51	1.5164%	-5.0302%
Carteret *	899	6,751	133.17	979	7,127	137.36	1,032	7,464	138.26	7.1562%	1.9039%
Craven *	888	7,994	111.08	1,016	8,197	123.95	1,221	8,400	145.36	17.2958%	14.4269%
Duplin	740	4,375	169.14	773	4,564	169.37	848	4,736	179.05	7.0810%	2.9260%
Greene	208	1,324	157.10	183	1,337	136.87	186	1,374	135.37	-5.1899%	-6.9862%
Jones	119	887	134.16	127	881	144.15	129	899	143.49	4.1487%	3.4953%
Lenoir	949	4,603	206.17	996	4,666	213.46	1,077	4,666	230.82	6.5426%	5.8340%
Onslow *	1,309	7,347	178.17	1,451	7,622	190.37	1,368	7,819	174.96	2.5639%	-0.6235%
Pamlico	131	1,610	81.37	116	1,687	68.76	167	1,744	95.76	16.2576%	11.8841%
Wayne *	1,557	8,341	186.67	1,552	8,535	181.84	1,617	8,811	183.52	1.9335%	-0.8312%
Region P Totals	6,800	43,232	157.29	7,193	44,616	161.22	7,645	45,913	166.51	6.0316%	2.8898%

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

Ages 75 and Over											
A	B	C	D	E	F	G	H	I	J	K	L
County	Home Health Patients in 2017	Estimated 2017 Population	Use Rate for 2017	Home Health Patients in 2018	Estimated 2018 Population	Use Rate for 2018	Home Health Patients in 2019	Estimated 2019 Population	Use Rate for 2019	Average Annual Rate of Change in Number of Patients	Average Annual Rate of Change in Use Rates per 1000
Beaufort	538	4,483	120.01	664	4,714	140.86	734	4,922	149.13	16.9811%	11.6214%
Bertie	279	1,742	160.16	276	1,772	155.76	337	1,783	189.01	10.5131%	9.2990%
Hertford	248	1,830	135.52	213	1,887	112.88	252	1,942	129.76	2.0985%	-0.8740%
Martin	434	2,077	208.96	425	2,129	199.62	472	2,193	215.23	4.4925%	1.6761%
Pitt	1,533	8,623	177.78	1,545	9,016	171.36	1,754	9,325	188.10	7.1551%	3.0777%
Region Q Totals	3,032	18,755	161.66	3,123	19,518	160.01	3,549	20,165	176.00	8.3210%	4.4847%
Camden	71	668	106.29	47	710	66.20	85	745	114.09	23.5241%	17.3180%
Chowan	115	1,532	75.07	156	1,565	99.68	204	1,596	127.82	33.2107%	30.5105%
Currituck	191	1,510	126.49	134	1,628	82.31	205	1,712	119.74	11.5711%	5.2754%
Dare	291	2,834	102.68	265	2,976	89.05	358	3,119	114.78	13.0798%	7.8103%
Gates	86	951	90.43	72	1,011	71.22	137	1,048	130.73	36.9994%	31.1561%
Hyde	26	433	60.05	35	424	82.55	40	426	93.90	24.4505%	25.6110%
Pasquotank *	344	2,516	136.72	202	2,560	78.91	424	2,611	162.39	34.3110%	31.7564%
Perquimans	64	1,619	39.53	94	1,725	54.49	178	1,806	98.56	68.1184%	59.3592%
Tyrrell	45	416	108.17	47	428	109.81	42	427	98.36	-3.0969%	-4.4565%
Washington	166	1,213	136.85	158	1,258	125.60	185	1,299	142.42	6.1347%	2.5845%
Region R Totals	1,399	13,692	102.18	1,210	14,285	84.70	1,858	14,789	125.63	20.0220%	15.6103%
Grand Totals	104,986	649,602	161.62	112,369	678,414	165.63	120,788	705,410	171.23	7.2623%	2.9326%

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Table 12C: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Under Age 18								
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Cherokee	1	-49.5783%	-0.49	0.2046	-49.3857%	-0.0985	4,909	-0.48
Clay	0	-49.5783%	0.00	0.0000	-49.3857%	0.0000	2,092	0.00
Graham	0	-49.5783%	0.00	0.0000	-49.3857%	0.0000	1,702	0.00
Haywood	41	-49.5783%	-19.98	3.6184	-49.3857%	-1.7425	11,506	-20.05
Jackson	10	-49.5783%	-4.87	1.3417	-49.3857%	-0.6461	7,576	-4.90
Macon	5	-49.5783%	-2.44	0.7502	-49.3857%	-0.3613	6,910	-2.50
Swain	4	-49.5783%	-1.95	1.2229	-49.3857%	-0.5889	3,206	-1.89
Region A Totals	61	-49.5783%	-29.73	1.6323	-49.3857%	-0.7861	37,901	-29.81
Buncombe	132	-18.8515%	57.35	2.6703	-18.3248%	1.2023	49,490	59.50
Henderson	45	-18.8515%	19.55	2.0506	-18.3248%	0.9233	21,876	20.20
Madison	12	-18.8515%	5.21	3.0196	-18.3248%	1.3596	3,954	5.38
Transylvania	36	-18.8515%	15.64	6.4046	-18.3248%	2.8837	5,753	16.59
Region B Totals	225	-18.8515%	97.75	2.7787	-18.3248%	1.2511	81,073	101.67
Cleveland	2	-24.2794%	0.54	0.0949	-23.7693%	0.0272	20,967	0.57
McDowell	32	-24.2794%	8.69	3.5320	-23.7693%	1.0134	8,983	9.10
Polk	5	-24.2794%	1.36	1.4793	-23.7693%	0.4244	3,357	1.42
Rutherford	12	-24.2794%	3.26	0.8789	-23.7693%	0.2522	13,698	3.45
Region C Totals	51	-24.2794%	13.85	1.0814	-23.7693%	0.3103	47,005	14.55
Alleghany	0	-5.2956%	0.00	0.0000	-4.1100%	0.0000	1,950	0.00
Ashe	0	-5.2956%	0.00	0.0000	-4.1100%	0.0000	4,908	0.00
Avery	0	-5.2956%	0.00	0.0000	-4.1100%	0.0000	2,666	0.00
Mitchell	14	-5.2956%	11.78	5.0872	-4.1100%	4.4600	2,764	12.33
Watauga	0	-5.2956%	0.00	0.0000	-4.1100%	0.0000	7,289	0.00
Wilkes	1	-5.2956%	0.84	0.0721	-4.1100%	0.0632	13,747	0.87
Yancey	11	-5.2956%	9.25	3.3003	-4.1100%	2.8934	3,385	9.79
Region D Totals	26	-5.2956%	21.87	0.7138	-4.1100%	0.6258	36,709	22.99
Alexander	3	-61.1029%	-2.50	0.3970	-60.7543%	-0.3266	7,513	-2.45
Burke	3	-61.1029%	-2.50	0.1670	-60.7543%	-0.1374	17,762	-2.44
Caldwell	1	-61.1029%	-0.83	0.0618	-60.7543%	-0.0508	16,097	-0.82
Catawba	5	-61.1029%	-4.17	0.1450	-60.7543%	-0.1193	34,208	-4.08
Region E Totals	12	-61.1029%	-10.00	0.1575	-60.7543%	-0.1296	75,580	-9.79
Anson	0	-8.7902%	0.00	0.0000	-8.8200%	0.0000	4,887	0.00
Cabarrus	76	-8.7902%	55.96	1.4787	-8.8200%	1.0875	51,989	56.54
Gaston	125	-8.7902%	92.04	2.5279	-8.8200%	1.8590	49,286	91.62
Iredell	11	-8.7902%	8.10	0.2832	-8.8200%	0.2083	38,955	8.11
Lincoln	12	-8.7902%	8.84	0.6922	-8.8200%	0.5090	17,449	8.88
Mecklenburg *	391	-8.7902%	287.89	1.4983	-8.8200%	1.1019	269,525	296.98
Rowan	7	-8.7902%	5.15	0.2221	-8.8200%	0.1633	30,981	5.06
Stanly	137	-8.7902%	100.87	10.3513	-8.8200%	7.6124	13,307	101.30
Union	38	-8.7902%	27.98	0.6574	-8.8200%	0.4835	58,863	28.46
Region F Totals	797	-8.7902%	586.83	1.5164	-8.8200%	1.1152	535,242	596.95

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Alamance	26	-14.7607%	14.49	0.7048	-14.6779%	0.3944	37,706	14.87
Caswell	1	-14.7607%	0.56	0.2398	-14.6779%	0.1342	4,050	0.54
Davidson	13	-14.7607%	7.24	0.3640	-14.6779%	0.2037	35,816	7.30
Guilford	115	-14.7607%	64.08	0.9893	-14.6779%	0.5537	117,773	65.21
Montgomery	5	-14.7607%	2.79	0.8525	-14.6779%	0.4771	5,689	2.71
Randolph	59	-14.7607%	32.87	1.8799	-14.6779%	1.0521	31,125	32.75
Rockingham	4	-14.7607%	2.23	0.2208	-14.6779%	0.1236	17,849	2.21
Region G Totals	223	-14.7607%	124.25	0.8978	-14.6779%	0.5025	250,008	125.59
Davie	1	-3.6706%	0.89	0.1186	-3.0029%	0.1079	8,528	0.92
Forsyth	31	-3.6706%	27.59	0.3571	-3.0029%	0.3249	87,494	28.43
Stokes	4	-3.6706%	3.56	0.4774	-3.0029%	0.4344	8,186	3.56
Surry	3	-3.6706%	2.67	0.1992	-3.0029%	0.1813	14,755	2.67
Yadkin	0	-3.6706%	0.00	0.0000	-3.0029%	0.0000	7,579	0.00
Region I Totals	39	-3.6706%	34.71	0.3087	-3.0029%	0.2808	126,542	35.58
Chatham	4	4.0755%	4.49	0.2868	3.5711%	0.3175	13,952	4.43
Durham	33	4.0755%	37.03	0.4457	3.5711%	0.4934	77,566	38.27
Johnston	23	4.0755%	25.81	0.4622	3.5711%	0.5117	52,023	26.62
Lee	0	4.0755%	0.00	0.0000	3.5711%	0.0000	15,310	0.00
Moore *	1	4.0755%	1.12	0.0483	3.5711%	0.0535	21,630	1.16
Orange	13	4.0755%	14.59	0.4917	3.5711%	0.5444	25,867	14.08
Wake *	51	4.0755%	57.24	0.2007	3.5711%	0.2222	256,148	56.92
Region J Totals	125	4.0755%	140.28	0.2753	3.5711%	0.3048	462,496	141.49
Franklin	6	-11.6522%	3.90	0.4063	-11.4692%	0.2665	14,966	3.99
Granville	4	-11.6522%	2.60	0.3359	-11.4692%	0.2203	11,910	2.62
Person	4	-11.6522%	2.60	0.4835	-11.4692%	0.3171	8,298	2.63
Vance	2	-11.6522%	1.30	0.1891	-11.4692%	0.1240	10,555	1.31
Warren	1	-11.6522%	0.65	0.2763	-11.4692%	0.1812	3,558	0.64
Region K Totals	17	-11.6522%	11.06	0.3459	-11.4692%	0.2269	49,287	11.20
Edgecombe	2	-31.3937%	0.12	0.1674	-30.6310%	0.0136	11,548	0.16
Halifax	0	-31.3937%	0.00	0.0000	-30.6310%	0.0000	10,451	0.00
Nash	11	-31.3937%	0.64	0.5501	-30.6310%	0.0446	19,845	0.88
Northampton	0	-31.3937%	0.00	0.0000	-30.6310%	0.0000	3,608	0.00
Wilson	10	-31.3937%	0.58	0.5394	-30.6310%	0.0437	18,481	0.81
Region L Totals	23	-31.3937%	1.34	0.3541	-30.6310%	0.0287	63,933	1.85
Cumberland *	20	-29.4371%	2.34	0.2247	-29.8016%	0.0238	90,182	2.15
Harnett *	0	-29.4371%	0.00	0.0000	-29.8016%	0.0000	37,140	0.00
Sampson	12	-29.4371%	1.40	0.7771	-29.8016%	0.0823	15,336	1.26
Region M Totals	32	-29.4371%	3.74	0.2276	-29.8016%	0.0241	142,658	3.41
Bladen	6	14.1228%	8.54	0.8470	15.2159%	1.2336	6,916	8.53
Hoke *	3	14.1228%	4.27	0.1796	15.2159%	0.2616	17,178	4.49
Richmond	2	14.1228%	2.85	0.1973	15.2159%	0.2873	10,000	2.87
Robeson	83	14.1228%	118.17	2.6917	15.2159%	3.9205	29,628	116.16
Scotland	5	14.1228%	7.12	0.6020	15.2159%	0.8768	8,389	7.36
Region N Totals	99	14.1228%	140.94	1.3550	15.2159%	1.9735	72,111	139.41

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Brunswick	32	31.2716%	62.02	1.4048	30.7612%	2.7012	23,395	63.19
Columbus	5	31.2716%	9.69	0.4313	30.7612%	0.8293	11,286	9.36
New Hanover *	63	31.2716%	122.10	1.4593	30.7612%	2.8061	44,090	123.72
Pender	26	31.2716%	50.39	2.0218	30.7612%	3.8875	13,286	51.65
Region O Totals	126	31.2716%	244.21	1.3938	30.7612%	2.6800	92,057	247.92
Carteret *	3	17.9924%	4.62	0.2511	17.1312%	0.3802	11,917	4.53
Craven *	3	17.9924%	4.62	0.1128	17.1312%	0.1708	27,112	4.63
Duplin	19	17.9924%	29.26	1.3628	17.1312%	2.0632	13,601	28.06
Greene	1	17.9924%	1.54	0.2307	17.1312%	0.3492	4,210	1.47
Jones	0	17.9924%	0.00	0.0000	17.1312%	0.0000	1,977	0.00
Lenoir	4	17.9924%	6.16	0.3265	17.1312%	0.4943	11,913	5.89
Onslow *	72	17.9924%	110.86	1.1716	17.1312%	1.7738	65,754	116.63
Pamlico	0	17.9924%	0.00	0.0000	17.1312%	0.0000	1,948	0.00
Wayne *	9	17.9924%	13.86	0.2960	17.1312%	0.4481	30,448	13.64
Region P Totals	111	17.9924%	170.91	0.6732	17.1312%	1.0193	168,880	174.86
Beaufort	1	-51.9841%	-0.56	0.1071	-51.6334%	-0.0588	9,002	-0.53
Bertie	1	-51.9841%	-0.56	0.2718	-51.6334%	-0.1492	3,627	-0.54
Hertford	0	-51.9841%	0.00	0.0000	-51.6334%	0.0000	4,509	0.00
Martin	1	-51.9841%	-0.56	0.2162	-51.6334%	-0.1187	4,602	-0.55
Pitt	1	-51.9841%	-0.56	0.0258	-51.6334%	-0.0141	39,080	-0.55
Region Q Totals	4	-51.9841%	-2.24	0.0655	-51.6334%	-0.0360	60,820	-2.17
Camden	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	2,020	0.00
Chowan	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	2,772	0.00
Currituck	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	5,401	0.00
Dare	1	-76.3889%	-1.29	0.1468	-76.0196%	-0.1880	6,797	-1.28
Gates	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	2,204	0.00
Hyde	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	833	0.00
Pasquotank *	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	8,984	0.00
Perquimans	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	2,443	0.00
Tyrrell	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	797	0.00
Washington	0	-76.3889%	0.00	0.0000	-76.0196%	0.0000	2,513	0.00
Region R Totals	1	-76.3889%	-1.29	0.0286	-76.0196%	-0.0366	34,764	-1.28
Grand Totals	1,972	-14.1433%	1,548.49	0.8531	-14.0938%	0.4924	2,337,066	1,574.41

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Cherokee	127	-6.2879%	103.04	8.0131	-6.6103%	6.4240	16,097	103.41
Clay	107	-6.2879%	86.82	17.1667	-6.6103%	13.7624	6,460	88.90
Graham	25	-6.2879%	20.28	5.1986	-6.6103%	4.1677	4,759	19.83
Haywood	374	-6.2879%	303.45	10.4627	-6.6103%	8.3879	36,114	302.92
Jackson	111	-6.2879%	90.06	3.9413	-6.6103%	3.1597	28,861	91.19
Macon	139	-6.2879%	112.78	7.2159	-6.6103%	5.7849	19,663	113.75
Swain	67	-6.2879%	54.36	8.2788	-6.6103%	6.6370	7,674	50.93
Region A Totals	950	-6.2879%	770.79	8.0402	-6.6103%	6.4458	119,628	770.94
Buncombe	1,810	4.8855%	2,075.28	11.2424	4.6221%	12.8013	164,819	2,109.89
Henderson	950	4.8855%	1,089.24	14.7509	4.6221%	16.7963	66,119	1,110.55
Madison	151	4.8855%	173.13	11.2401	4.6221%	12.7987	13,696	175.29
Transylvania	216	4.8855%	247.66	11.6279	4.6221%	13.2403	18,609	246.39
Region B Totals	3,127	4.8855%	3,585.31	12.1479	4.6221%	13.8323	263,243	3,642.12
Cleveland	1,113	3.3399%	1,224.52	18.5580	2.7345%	20.0805	60,014	1,205.11
McDowell	548	3.3399%	602.91	19.7222	2.7345%	21.3401	27,813	593.53
Polk	104	3.3399%	114.42	8.7986	2.7345%	9.5205	11,855	112.86
Rutherford	689	3.3399%	758.04	17.0241	2.7345%	18.4207	40,356	743.39
Region C Totals	2,454	3.3399%	2,699.88	17.5221	2.7345%	18.9595	140,038	2,654.89
Alleghany	62	2.7779%	67.17	9.4225	2.3251%	10.0798	6,571	66.23
Ashe	172	2.7779%	186.33	10.8648	2.3251%	11.6226	16,113	187.28
Avery	90	2.7779%	97.50	7.9442	2.3251%	8.4984	11,175	94.97
Mitchell	116	2.7779%	125.67	13.0926	2.3251%	14.0058	8,757	122.65
Watauga	174	2.7779%	188.50	4.1974	2.3251%	4.4902	42,647	191.49
Wilkes	529	2.7779%	573.09	12.8632	2.3251%	13.7605	41,094	565.47
Yancey	109	2.7779%	118.08	10.2850	2.3251%	11.0024	10,832	119.18
Region D Totals	1,252	2.7779%	1,356.34	9.2210	2.3251%	9.8642	137,189	1,347.27
Alexander	191	-6.7834%	152.13	8.2395	-7.1040%	6.4835	23,218	150.53
Burke	654	-6.7834%	520.91	11.8769	-7.1040%	9.3457	54,810	512.24
Caldwell	578	-6.7834%	460.38	11.3954	-7.1040%	8.9669	50,826	455.75
Catawba	1,173	-6.7834%	934.29	12.1674	-7.1040%	9.5743	97,074	929.42
Region E Totals	2,596	-6.7834%	2,067.71	11.5187	-7.1040%	9.0638	225,928	2,047.94
Anson	202	-0.6678%	197.95	12.8712	-1.9511%	12.1178	15,604	189.09
Cabarrus	1,687	-0.6678%	1,653.20	12.7222	-1.9511%	11.9775	140,113	1,678.21
Gaston	1,901	-0.6678%	1,862.91	13.8843	-1.9511%	13.0716	137,293	1,794.64
Iredell	1,050	-0.6678%	1,028.96	9.2594	-1.9511%	8.7174	117,902	1,027.80
Lincoln	766	-0.6678%	750.65	14.2769	-1.9511%	13.4413	55,781	749.77
Mecklenburg *	4,255	-0.6678%	4,169.75	5.9299	-1.9511%	5.5828	759,202	4,238.47
Rowan	1,133	-0.6678%	1,110.30	13.1715	-1.9511%	12.4005	86,120	1,067.93
Stanly	465	-0.6678%	455.68	12.1881	-1.9511%	11.4747	38,578	442.67
Union	843	-0.6678%	826.11	5.6713	-1.9511%	5.3394	159,835	853.42
Region F Totals	12,302	-0.6678%	12,055.53	8.5275	-1.9511%	8.0283	1,510,428	12,042.00

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County	Home Health Patients in 2019	COG's Average Annual Rate of Change in # Patients Served	Projected # of Patients Receiving Services in 2022	Geographic Unit's Use Rate per 1000 in 2019	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1000 in 2022	Projected 2022 Population	Projected Home Health Patients in 2022
Alamance	1,178	-3.7407%	1,045.80	11.3482	-4.7509%	9.7308	107,803	1,049.01
Caswell	191	-3.7407%	169.57	13.2098	-4.7509%	11.3270	14,154	160.32
Davidson	1,022	-3.7407%	907.31	9.8904	-4.7509%	8.4807	104,948	890.03
Guilford	3,146	-3.7407%	2,792.95	9.2589	-4.7509%	7.9392	347,845	2,761.63
Montgomery	167	-3.7407%	148.26	10.4303	-4.7509%	8.9437	15,928	142.46
Randolph	872	-3.7407%	774.14	9.9356	-4.7509%	8.5195	88,526	754.20
Rockingham	768	-3.7407%	681.81	13.9667	-4.7509%	11.9761	54,159	648.61
Region G Totals	7,344	-3.7407%	6,519.85	10.1980	-4.7509%	8.7445	733,363	6,406.26
Davie	292	-0.4413%	288.13	11.2256	-1.0148%	10.8838	26,640	289.95
Forsyth	2,370	-0.4413%	2,338.62	10.2106	-1.0148%	9.8998	236,098	2,337.32
Stokes	372	-0.4413%	367.07	13.0710	-1.0148%	12.6730	27,760	351.80
Surry	584	-0.4413%	576.27	13.3862	-1.0148%	12.9787	43,212	560.83
Yadkin	310	-0.4413%	305.90	13.5300	-1.0148%	13.1181	22,712	297.94
Region I Totals	3,928	-0.4413%	3,875.99	11.1236	-1.0148%	10.7850	356,422	3,837.84
Chatham	255	0.9955%	262.62	6.0381	-0.7656%	5.8994	44,390	261.87
Durham	1,395	0.9955%	1,436.66	6.9413	-0.7656%	6.7819	205,692	1,394.98
Johnston	1,053	0.9955%	1,084.45	8.2119	-0.7656%	8.0233	140,236	1,125.16
Lee	350	0.9955%	360.45	9.6440	-0.7656%	9.4225	37,058	349.18
Moore *	468	0.9955%	481.98	9.0824	-0.7656%	8.8738	53,600	475.64
Orange	527	0.9955%	542.74	5.3133	-0.7656%	5.1913	101,066	524.66
Wake *	4,181	0.9955%	4,305.87	5.9304	-0.7656%	5.7942	742,574	4,302.65
Region J Totals	8,229	0.9955%	8,474.76	6.5132	-0.7656%	6.3636	1,324,616	8,434.14
Franklin	399	-2.6874%	366.83	9.4170	-3.5904%	8.4027	43,820	368.21
Granville	296	-2.6874%	272.14	7.5721	-3.5904%	6.7565	39,966	270.03
Person	234	-2.6874%	215.13	9.6858	-3.5904%	8.6426	23,880	206.38
Vance	328	-2.6874%	301.56	12.1549	-3.5904%	10.8457	26,891	291.65
Warren	141	-2.6874%	129.63	12.2438	-3.5904%	10.9250	11,092	121.18
Region K Totals	1,398	-2.6874%	1,285.29	9.7002	-3.5904%	8.6554	145,649	1,257.45
Edgecombe	425	-2.7285%	390.21	14.1667	-2.3609%	13.1633	29,245	384.96
Halifax	206	-2.7285%	189.14	6.9202	-2.3609%	6.4300	28,515	183.35
Nash	677	-2.7285%	621.58	11.7727	-2.3609%	10.9389	56,815	621.49
Northampton	127	-2.7285%	116.60	10.6365	-2.3609%	9.8832	11,346	112.13
Wilson	722	-2.7285%	662.90	14.7972	-2.3609%	13.7491	48,883	672.10
Region L Totals	2,157	-2.7285%	1,980.44	12.1175	-2.3609%	11.2592	174,804	1,974.04
Cumberland *	1,871	4.9350%	2,148.00	10.8860	5.1491%	12.5676	167,963	2,110.89
Harnett *	590	4.9350%	677.35	7.6469	5.1491%	8.8282	80,657	712.06
Sampson	481	4.9350%	552.21	12.8630	5.1491%	14.8500	37,151	551.69
Region M Totals	2,942	4.9350%	3,377.56	10.2716	5.1491%	11.8583	285,771	3,374.64
Bladen	262	-1.3428%	251.45	12.9472	-1.3234%	12.4332	19,957	248.13
Hoke *	224	-1.3428%	214.98	7.4734	-1.3234%	7.1767	31,672	227.30
Richmond	355	-1.3428%	340.70	13.2231	-1.3234%	12.6981	26,395	335.17
Robeson	1,103	-1.3428%	1,058.57	13.7686	-1.3234%	13.2219	78,466	1,037.47
Scotland	261	-1.3428%	250.49	12.5354	-1.3234%	12.0377	20,234	243.57
Region N Totals	2,205	-1.3428%	2,116.18	12.3885	-1.3234%	11.8967	176,724	2,091.64

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Ages 18-64								
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Brunswick	734	-6.4988%	590.90	9.6291	-8.1737%	7.2680	80,591	585.73
Columbus	629	-6.4988%	506.37	18.5891	-8.1737%	14.0309	33,592	471.32
New Hanover *	1,103	-6.4988%	887.96	7.3380	-8.1737%	5.5386	156,385	866.16
Pender	407	-6.4988%	327.65	10.4778	-8.1737%	7.9085	40,526	320.50
Region O Totals	2,873	-6.4988%	2,312.87	9.6016	-8.1737%	7.2472	311,094	2,243.71
Carteret *	315	2.4494%	338.15	7.7651	3.8767%	8.6682	40,680	352.62
Craven *	601	2.4494%	645.16	11.4274	3.8767%	12.7564	51,976	663.03
Duplin	616	2.4494%	661.26	17.6146	3.8767%	19.6632	34,755	683.39
Greene	138	2.4494%	148.14	10.4609	3.8767%	11.6775	12,972	151.48
Jones	62	2.4494%	66.56	10.2581	3.8767%	11.4511	5,836	66.83
Lenoir	661	2.4494%	709.57	20.1518	3.8767%	22.4955	31,315	704.45
Onslow *	1,069	2.4494%	1,147.55	12.8114	3.8767%	14.3014	84,807	1,212.86
Pamlico	43	2.4494%	46.16	5.7827	3.8767%	6.4552	7,332	47.33
Wayne *	853	2.4494%	915.68	11.8147	3.8767%	13.1888	72,765	959.68
Region P Totals	4,358	2.4494%	4,678.23	12.6966	3.8767%	14.1732	342,438	4,841.67
Beaufort	447	10.9596%	593.97	17.0052	10.9220%	22.5772	25,990	586.78
Bertie	278	10.9596%	369.40	23.2694	10.9220%	30.8939	11,696	361.34
Hertford	157	10.9596%	208.62	10.6448	10.9220%	14.1327	14,536	205.43
Martin	230	10.9596%	305.62	17.4586	10.9220%	23.1791	12,550	290.90
Pitt	1,362	10.9596%	1,809.81	11.6474	10.9220%	15.4638	117,766	1,821.11
Region Q Totals	2,474	10.9596%	3,287.42	13.5123	10.9220%	17.9398	182,538	3,265.56
Camden	62	11.4280%	83.26	9.1486	11.6685%	12.3511	6,878	84.95
Chowan	110	11.4280%	147.71	14.0593	11.6685%	18.9808	7,673	145.64
Currituck	146	11.4280%	196.05	8.2926	11.6685%	11.1955	18,132	203.00
Dare	192	11.4280%	257.83	8.5887	11.6685%	11.5952	22,167	257.03
Gates	87	11.4280%	116.83	11.6388	11.6685%	15.7130	7,376	115.90
Hyde	30	11.4280%	40.29	9.2879	11.6685%	12.5392	3,092	38.77
Pasquotank *	301	11.4280%	404.19	12.6380	11.6685%	17.0620	23,251	396.71
Perquimans	94	11.4280%	126.23	12.6770	11.6685%	17.1147	7,306	125.04
Tyrrell	20	11.4280%	26.86	7.6834	11.6685%	10.3731	2,549	26.44
Washington	118	11.4280%	158.46	18.0456	11.6685%	24.3625	6,187	150.73
Region R Totals	1,160	11.4280%	1,557.69	10.9806	11.6685%	14.8244	104,611	1,544.21
Grand Totals	61,749	-0.2401%	62,001.85	9.6879	-1.0907%	9.3709	6,534,484	61,776.33

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Cherokee	120	10.3569%	157.28	24.0674	8.9914%	30.5594	5,152	157.44
Clay	103	10.3569%	135.00	50.2684	8.9914%	63.8280	2,090	133.40
Graham	43	10.3569%	56.36	38.6343	8.9914%	49.0557	1,124	55.14
Haywood	501	10.3569%	656.66	56.5590	8.9914%	71.8154	9,085	652.44
Jackson	171	10.3569%	224.13	33.9960	8.9914%	43.1662	5,204	224.64
Macon	264	10.3569%	346.03	46.9584	8.9914%	59.6251	5,657	337.30
Swain	79	10.3569%	103.55	47.8498	8.9914%	60.7569	1,618	98.30
Region A Totals	1,281	10.3569%	1,679.01	43.7067	8.9914%	55.4963	29,930	1,658.66
Buncombe	1,808	6.5455%	2,163.03	57.8893	4.1533%	65.1024	33,477	2,179.43
Henderson	1,004	6.5455%	1,201.15	59.9331	4.1533%	67.4008	17,617	1,187.40
Madison	168	6.5455%	200.99	54.4924	4.1533%	61.2822	3,286	201.37
Transylvania	321	6.5455%	384.03	57.6612	4.1533%	64.8458	5,646	366.12
Region B Totals	3,301	6.5455%	3,949.20	58.2865	4.1533%	65.5491	60,026	3,934.33
Cleveland	1,060	11.4227%	1,423.24	94.1135	8.7040%	118.6884	11,856	1,407.17
McDowell	504	11.4227%	676.71	88.3281	8.7040%	111.3923	6,130	682.83
Polk	194	11.4227%	260.48	57.0253	8.7040%	71.9157	3,543	254.80
Rutherford	661	11.4227%	887.51	78.0494	8.7040%	98.4296	8,820	868.15
Region C Totals	2,419	11.4227%	3,247.95	83.8766	8.7040%	105.7784	30,349	3,212.95
Alleghany	77	13.4867%	108.15	48.7959	11.5467%	65.6988	1,587	104.26
Ashe	227	13.4867%	318.84	56.9493	11.5467%	76.6765	4,199	321.96
Avery	202	13.4867%	283.73	91.3614	11.5467%	123.0089	2,243	275.91
Mitchell	136	13.4867%	191.03	70.1031	11.5467%	94.3868	1,967	185.66
Watauga	251	13.4867%	352.56	45.8699	11.5467%	61.7592	5,797	358.02
Wilkes	595	13.4867%	835.74	69.0977	11.5467%	93.0331	8,983	835.72
Yancey	186	13.4867%	261.26	71.8702	11.5467%	96.7660	2,595	251.11
Region D Totals	1,674	13.4867%	2,351.30	63.4427	11.5467%	85.4193	27,371	2,332.64
Alexander	218	-0.2106%	216.62	48.1449	-2.3927%	44.6890	4,764	212.90
Burke	646	-0.2106%	641.92	60.4982	-2.3927%	56.1556	11,346	637.14
Caldwell	679	-0.2106%	674.71	70.2026	-2.3927%	65.1634	10,176	663.10
Catawba	1,188	-0.2106%	1,180.49	69.4087	-2.3927%	64.4265	18,293	1,178.55
Region E Totals	2,731	-0.2106%	2,713.74	65.0331	-2.3927%	60.3649	44,579	2,691.70
Anson	190	3.6201%	210.63	71.4017	-0.1007%	71.1859	2,812	200.17
Cabarrus	1,260	3.6201%	1,396.84	72.2767	-0.1007%	72.0583	19,324	1,392.45
Gaston	1,755	3.6201%	1,945.60	79.2969	-0.1007%	79.0573	23,479	1,856.19
Iredell	1,233	3.6201%	1,366.91	70.3727	-0.1007%	70.1600	19,139	1,342.79
Lincoln	702	3.6201%	778.24	73.2547	-0.1007%	73.0333	10,560	771.23
Mecklenburg *	4,189	3.6201%	4,643.94	52.0988	-0.1007%	51.9413	91,134	4,733.62
Rowan	1,109	3.6201%	1,229.44	74.3746	-0.1007%	74.1498	15,934	1,181.50
Stanly	480	3.6201%	532.13	66.1430	-0.1007%	65.9431	7,770	512.38
Union	907	3.6201%	1,005.50	47.4844	-0.1007%	47.3409	21,408	1,013.47
Region F Totals	11,825	3.6201%	13,109.24	61.9097	-0.1007%	61.7226	211,560	13,003.81

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Alamance	1,205	3.6914%	1,338.45	71.6707	0.6120%	72.9865	18,611	1,358.35
Caswell	157	3.6914%	174.39	51.8665	0.6120%	52.8187	3,219	170.02
Davidson	1,109	3.6914%	1,231.81	61.3283	0.6120%	62.4542	19,240	1,201.62
Guilford	3,289	3.6914%	3,653.23	66.4310	0.6120%	67.6506	53,385	3,611.53
Montgomery	182	3.6914%	202.16	54.5400	0.6120%	55.5413	3,460	192.17
Randolph	906	3.6914%	1,006.33	59.8178	0.6120%	60.9159	16,105	981.05
Rockingham	705	3.6914%	783.07	65.4292	0.6120%	66.6304	11,440	762.25
Region G Totals	7,553	3.6914%	8,389.44	64.7265	0.6120%	65.9148	125,460	8,277.00
Davie	303	5.9358%	356.96	58.6300	2.9949%	63.8977	5,589	357.12
Forsyth	2,623	5.9358%	3,090.09	73.1374	2.9949%	79.7085	38,747	3,088.46
Stokes	419	5.9358%	493.61	75.8920	2.9949%	82.7106	5,865	485.10
Surry	639	5.9358%	752.79	77.2485	2.9949%	84.1890	8,618	725.54
Yadkin	329	5.9358%	387.59	76.3873	2.9949%	83.2503	4,484	373.29
Region I Totals	4,313	5.9358%	5,081.03	72.9385	2.9949%	79.4917	63,303	5,029.52
Chatham	348	4.5168%	395.16	31.3655	-0.2673%	31.1139	12,192	379.34
Durham	1,390	4.5168%	1,578.35	54.5569	-0.2673%	54.1193	28,373	1,535.53
Johnston	1,116	4.5168%	1,267.22	62.9406	-0.2673%	62.4358	19,913	1,243.28
Lee	353	4.5168%	400.83	59.9626	-0.2673%	59.4817	6,467	384.67
Moore *	591	4.5168%	671.08	42.4569	-0.2673%	42.1164	14,749	621.17
Orange	579	4.5168%	657.46	42.1428	-0.2673%	41.8048	15,236	636.94
Wake *	4,487	4.5168%	5,095.00	55.0026	-0.2673%	54.5615	93,217	5,086.06
Region J Totals	8,864	4.5168%	10,065.10	52.3172	-0.2673%	51.8976	190,147	9,886.99
Franklin	454	0.9764%	467.30	62.2515	-2.3392%	57.8830	8,183	473.66
Granville	246	0.9764%	253.21	38.4255	-2.3392%	35.7290	7,144	255.25
Person	247	0.9764%	254.24	52.4973	-2.3392%	48.8133	5,040	246.02
Vance	297	0.9764%	305.70	60.2801	-2.3392%	56.0499	5,209	291.96
Warren	141	0.9764%	145.13	53.8373	-2.3392%	50.0593	2,565	128.40
Region K Totals	1,385	0.9764%	1,425.57	53.3801	-2.3392%	49.6341	28,141	1,395.29
Edgecombe	447	5.4246%	519.74	69.7566	2.7681%	75.5493	6,786	512.68
Halifax	250	5.4246%	290.68	40.5186	2.7681%	43.8834	6,503	285.37
Nash	739	5.4246%	859.26	66.5107	2.7681%	72.0339	11,833	852.38
Northampton	183	5.4246%	212.78	71.9057	2.7681%	77.8769	2,473	192.59
Wilson	653	5.4246%	759.27	74.1540	2.7681%	80.3119	9,453	759.19
Region L Totals	2,272	5.4246%	2,641.74	64.8402	2.7681%	70.2247	37,048	2,602.21
Cumberland *	1,507	5.7608%	1,767.45	57.4862	2.1403%	61.1774	28,978	1,772.80
Harnett *	613	5.7608%	718.94	57.9834	2.1403%	61.7065	11,557	713.14
Sampson	471	5.7608%	552.40	71.3420	2.1403%	75.9229	7,096	538.75
Region M Totals	2,591	5.7608%	3,038.79	59.7156	2.1403%	63.5500	47,631	3,024.69
Bladen	267	0.6967%	272.58	63.2402	-1.8992%	59.6371	4,257	253.88
Hoke *	210	0.6967%	214.39	59.1216	-1.8992%	55.7532	4,104	228.81
Richmond	371	0.6967%	378.75	74.7984	-1.8992%	70.5368	5,037	355.29
Robeson	846	0.6967%	863.68	67.3889	-1.8992%	63.5494	13,069	830.53
Scotland	225	0.6967%	229.70	55.5418	-1.8992%	52.3774	4,207	220.35
Region N Totals	1,919	0.6967%	1,959.11	65.4078	-1.8992%	61.6812	30,674	1,888.86

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Brunswick	1,293	-0.9582%	1,255.83	47.5315	-4.2017%	41.5401	28,654	1,190.29
Columbus	554	-0.9582%	538.07	87.4369	-4.2017%	76.4154	6,408	489.67
New Hanover *	1,338	-0.9582%	1,299.54	55.0413	-4.2017%	48.1033	25,842	1,243.09
Pender	395	-0.9582%	383.64	55.4619	-4.2017%	48.4709	7,757	375.99
Region O Totals	3,580	-0.9582%	3,477.08	55.1024	-4.2017%	48.1567	68,661	3,299.04
Carteret *	454	6.8159%	546.83	43.2463	4.4091%	48.9667	10,824	530.02
Craven *	736	6.8159%	886.49	77.2785	4.4091%	87.5003	9,822	859.43
Duplin	500	6.8159%	602.24	82.1423	4.4091%	93.0075	6,273	583.44
Greene	117	6.8159%	140.92	54.4439	4.4091%	61.6454	2,357	145.30
Jones	89	6.8159%	107.20	69.0994	4.4091%	78.2394	1,401	109.61
Lenoir	644	6.8159%	775.68	96.7839	4.4091%	109.5858	6,984	765.35
Onslow *	861	6.8159%	1,037.05	74.1666	4.4091%	83.9769	12,943	1,086.91
Pamlico	91	6.8159%	109.61	43.2715	4.4091%	48.9952	2,109	103.33
Wayne *	863	6.8159%	1,039.46	72.9625	4.4091%	82.6135	12,931	1,068.27
Region P Totals	4,355	6.8159%	5,245.50	70.5377	4.4091%	79.8680	65,644	5,251.66
Beaufort	463	4.9319%	531.50	66.7724	1.7636%	70.3052	6,965	489.68
Bertie	160	4.9319%	183.67	71.8455	1.7636%	75.6468	2,428	183.67
Hertford	192	4.9319%	220.41	70.4329	1.7636%	74.1594	2,953	218.99
Martin	273	4.9319%	313.39	86.4471	1.7636%	91.0209	3,298	300.19
Pitt	1,054	4.9319%	1,209.95	71.8816	1.7636%	75.6847	16,182	1,224.73
Region Q Totals	2,142	4.9319%	2,458.92	72.1018	1.7636%	75.9166	31,826	2,417.26
Camden	59	12.3342%	80.83	57.5610	10.0969%	74.9966	1,151	86.32
Chowan	119	12.3342%	163.03	63.9785	10.0969%	83.3580	1,836	153.05
Currituck	131	12.3342%	179.47	45.4861	10.0969%	59.2642	3,263	193.38
Dare	224	12.3342%	306.89	44.7463	10.0969%	58.3003	5,367	312.90
Gates	76	12.3342%	104.12	56.2546	10.0969%	73.2945	1,469	107.67
Hyde	28	12.3342%	38.36	42.1053	10.0969%	54.8592	719	39.44
Pasquotank *	253	12.3342%	346.62	68.5265	10.0969%	89.2837	3,946	352.31
Perquimans	93	12.3342%	127.41	47.7168	10.0969%	62.1705	1,950	121.23
Tyrrell	33	12.3342%	45.21	75.5149	10.0969%	98.3888	469	46.14
Washington	111	12.3342%	152.07	66.3876	10.0969%	86.4968	1,733	149.90
Region R Totals	1,127	12.3342%	1,544.02	54.8766	10.0969%	71.4991	21,903	1,562.35
Grand Totals	63,332	4.4886%	72,376.75	61.4822	1.2277%	63.7466	1,114,253	71,468.94

* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.
A projected deficit of 325 patients is the threshold of need for a new home health agency.

Table 12C: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2019	COG's Average Annual Rate of Change in # Patients Served	Projected # of Patients Receiving Services in 2022	Geographic Unit's Use Rate per 1000 in 2019	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1000 in 2022	Projected 2022 Population	Projected Home Health Patients in 2022
Cherokee	354	14.6480%	509.56	90.6066	9.6681%	116.8865	4,451	520.26
Clay	244	14.6480%	351.22	158.3387	9.6681%	204.2639	1,794	366.45
Graham	219	14.6480%	315.24	210.5769	9.6681%	271.6535	1,101	299.09
Haywood	1,058	14.6480%	1,522.93	143.1083	9.6681%	184.6160	8,081	1,491.88
Jackson	297	14.6480%	427.51	80.5096	9.6681%	103.8609	4,237	440.06
Macon	619	14.6480%	891.01	125.1011	9.6681%	161.3858	5,458	880.84
Swain	127	14.6480%	182.81	100.7937	9.6681%	130.0282	1,354	176.06
Region A Totals	2,918	14.6480%	4,200.29	122.7185	9.6681%	158.3122	26,476	4,174.65
Buncombe	3,596	9.2025%	4,588.77	160.5859	5.1856%	185.5677	25,245	4,684.66
Henderson	2,377	9.2025%	3,033.23	156.2582	5.1856%	180.5668	16,842	3,041.11
Madison	328	9.2025%	418.55	155.3766	5.1856%	179.5480	2,390	429.12
Transylvania	741	9.2025%	945.57	129.5455	5.1856%	149.6984	6,391	956.72
Region B Totals	7,042	9.2025%	8,986.12	154.9872	5.1856%	179.0981	50,868	9,111.61
Cleveland	2,054	14.7320%	2,961.79	274.9665	10.7597%	363.7233	8,196	2,981.08
McDowell	737	14.7320%	1,062.73	178.3640	10.7597%	235.9383	4,498	1,061.25
Polk	451	14.7320%	650.32	145.7660	10.7597%	192.8180	3,405	656.55
Rutherford	1,119	14.7320%	1,613.55	177.2533	10.7597%	234.4691	6,885	1,614.32
Region C Totals	4,361	14.7320%	6,288.39	207.5777	10.7597%	274.5820	22,984	6,313.19
Alleghany	210	16.0085%	310.85	153.0612	11.8890%	207.6535	1,490	309.40
Ashe	557	16.0085%	824.50	176.6011	11.8890%	239.5893	3,480	833.77
Avery	375	16.0085%	555.10	211.0298	11.8890%	286.2977	1,946	557.14
Mitchell	284	16.0085%	420.39	168.3462	11.8890%	228.3901	1,794	409.73
Watauga	536	16.0085%	793.42	132.7719	11.8890%	180.1275	4,660	839.39
Wilkes	1,152	16.0085%	1,705.25	174.7838	11.8890%	237.1238	7,243	1,717.49
Yancey	288	16.0085%	426.31	136.8821	11.8890%	185.7038	2,320	430.83
Region D Totals	3,402	16.0085%	5,035.82	164.1733	11.8890%	222.7289	22,933	5,097.76
Alexander	395	6.0320%	466.48	121.0172	1.8301%	127.6615	3,714	474.13
Burke	1,215	6.0320%	1,434.87	149.9815	1.8301%	158.2161	8,682	1,373.63
Caldwell	1,203	6.0320%	1,420.70	175.7487	1.8301%	185.3980	7,474	1,385.66
Catawba	2,587	6.0320%	3,055.14	225.0544	1.8301%	237.4107	12,951	3,074.71
Region E Totals	5,400	6.0320%	6,377.19	181.7876	1.8301%	191.7684	32,821	6,308.14
Anson	300	8.5750%	377.17	159.0668	3.8996%	177.6757	1,986	352.86
Cabarrus	2,327	8.5750%	2,925.62	202.5945	3.8996%	226.2955	13,201	2,987.33
Gaston	2,945	8.5750%	3,702.60	206.7247	3.8996%	230.9090	15,713	3,628.27
Iredell	2,519	8.5750%	3,167.01	216.8001	3.8996%	242.1630	13,312	3,223.67
Lincoln	1,230	8.5750%	1,546.42	209.1837	3.8996%	233.6556	6,917	1,616.20
Mecklenburg *	8,833	8.5750%	11,105.29	181.7378	3.8996%	202.9988	58,063	11,786.72
Rowan	1,905	8.5750%	2,395.06	186.8013	3.8996%	208.6548	10,997	2,294.58
Stanly	906	8.5750%	1,139.07	178.2412	3.8996%	199.0932	5,595	1,113.93
Union	1,995	8.5750%	2,508.21	169.9174	3.8996%	189.7956	14,321	2,718.06
Region F Totals	22,960	8.5750%	28,866.45	190.1575	3.8996%	212.4036	140,105	29,721.62

* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.
A projected deficit of 325 patients is the threshold of need for a new home health agency.

Table 12C: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2019	COG's Average Annual Rate of Change in # Patients Served	Projected # of Patients Receiving Services in 2022	Geographic Unit's Use Rate per 1000 in 2019	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1000 in 2022	Projected 2022 Population	Projected Home Health Patients in 2022
Alamance	2,444	5.4779%	2,845.64	188.3768	1.4906%	196.8005	14,475	2,848.69
Caswell	270	5.4779%	314.37	134.4622	1.4906%	140.4750	2,243	315.09
Davidson	1,860	5.4779%	2,165.67	150.7538	1.4906%	157.4951	13,702	2,158.00
Guilford	6,537	5.4779%	7,611.27	191.5099	1.4906%	200.0738	38,644	7,731.65
Montgomery	298	5.4779%	346.97	121.4839	1.4906%	126.9164	2,723	345.59
Randolph	1,663	5.4779%	1,936.29	156.6208	1.4906%	163.6245	11,836	1,936.66
Rockingham	1,375	5.4779%	1,600.96	173.8965	1.4906%	181.6728	8,409	1,527.69
Region G Totals	14,447	5.4779%	16,821.18	175.2596	1.4906%	183.0968	92,032	16,863.36
Davie	680	7.2381%	827.66	178.2438	4.3531%	201.5211	4,339	874.40
Forsyth	5,434	7.2381%	6,613.96	218.1278	4.3531%	246.6137	27,727	6,837.86
Stokes	831	7.2381%	1,011.45	204.6798	4.3531%	231.4095	4,455	1,030.93
Surry	1,471	7.2381%	1,790.42	234.4971	4.3531%	265.1206	6,647	1,762.26
Yadkin	632	7.2381%	769.23	191.3992	4.3531%	216.3944	3,524	762.57
Region I Totals	9,048	7.2381%	11,012.71	213.5876	4.3531%	241.4806	46,692	11,268.02
Chatham	648	7.0220%	784.51	74.3034	1.7073%	78.1091	10,622	829.68
Durham	2,424	7.0220%	2,934.64	158.9508	1.7073%	167.0920	17,847	2,982.09
Johnston	1,834	7.0220%	2,220.35	179.2416	1.7073%	188.4221	12,417	2,339.64
Lee	609	7.0220%	737.29	138.5666	1.7073%	145.6637	4,773	695.25
Moore *	1,462	7.0220%	1,769.98	112.9132	1.7073%	118.6964	14,386	1,707.57
Orange	1,210	7.0220%	1,464.90	156.5532	1.7073%	164.5717	9,471	1,558.66
Wake *	9,775	7.0220%	11,834.19	203.2225	1.7073%	213.6312	59,410	12,691.83
Region J Totals	17,962	7.0220%	21,745.86	167.2829	1.7073%	175.8509	128,926	22,804.71
Franklin	672	2.8712%	729.88	143.4978	-1.3590%	137.6472	5,440	748.80
Granville	556	2.8712%	603.89	138.7918	-1.3590%	133.1331	4,605	613.08
Person	473	2.8712%	513.74	146.3037	-1.3590%	140.3388	3,606	506.06
Vance	417	2.8712%	452.92	119.8965	-1.3590%	115.0082	3,763	432.78
Warren	263	2.8712%	285.65	115.9612	-1.3590%	111.2334	2,446	272.08
Region K Totals	2,381	2.8712%	2,586.09	134.7634	-1.3590%	129.2690	19,860	2,572.79
Edgecombe	608	5.3735%	706.01	143.7352	2.3595%	153.9097	4,592	706.75
Halifax	565	5.3735%	656.08	125.6114	2.3595%	134.5029	4,652	625.71
Nash	1,318	5.3735%	1,530.47	187.4022	2.3595%	200.6677	7,875	1,580.26
Northampton	289	5.3735%	335.59	124.1409	2.3595%	132.9284	2,463	327.40
Wilson	1,199	5.3735%	1,392.29	195.1497	2.3595%	208.9636	6,769	1,414.47
Region L Totals	3,979	5.3735%	4,620.44	164.1976	2.3595%	175.8205	26,351	4,654.60
Cumberland *	2,566	6.1255%	3,037.54	151.3686	2.1239%	161.0134	18,611	2,996.62
Harnett *	1,072	6.1255%	1,269.00	153.5157	2.1239%	163.2974	7,895	1,289.23
Sampson	889	6.1255%	1,052.37	183.4503	2.1239%	195.1393	5,154	1,005.75
Region M Totals	4,527	6.1255%	5,358.90	157.2913	2.1239%	167.3135	31,660	5,291.60
Bladen	447	2.3425%	478.41	151.2690	-0.5370%	148.8321	3,209	477.60
Hoke *	292	2.3425%	312.52	153.1201	-0.5370%	150.6533	2,216	333.85
Richmond	446	2.3425%	477.34	142.3101	-0.5370%	140.0175	3,387	474.24
Robeson	1,166	2.3425%	1,247.94	154.2940	-0.5370%	151.8084	8,313	1,261.98
Scotland	312	2.3425%	333.93	122.1613	-0.5370%	120.1933	2,798	336.30
Region N Totals	2,663	2.3425%	2,850.14	147.0702	-0.5370%	144.7009	19,923	2,883.97

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Table 12C: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Ages 75 and Over								
A	B	C	D	E	F	G	H	I
County	Home Health Patients in 2019	COG's Average Annual Rate of Change in # Patients Served	Projected # of Patients Receiving Services in 2022	Geographic Unit's Use Rate per 1000 in 2019	COG's Average Annual Rate of Change in Use Rate	Projected Use Rate per 1000 in 2022	Projected 2022 Population	Projected Home Health Patients in 2022
Brunswick	2,165	1.5164%	2,263.49	136.3436	-5.0302%	115.7685	20,241	2,343.27
Columbus	850	1.5164%	888.67	187.8868	-5.0302%	159.5335	4,934	787.14
New Hanover *	2,835	1.5164%	2,963.97	164.7298	-5.0302%	139.8711	19,828	2,773.36
Pender	796	1.5164%	832.21	173.7991	-5.0302%	147.5718	5,314	784.20
Region O Totals	6,646	1.5164%	6,948.34	157.5143	-5.0302%	133.7444	50,317	6,687.97
Carteret *	1,032	6.0316%	1,218.74	138.2637	2.8898%	150.2502	8,499	1,276.98
Craven *	1,221	6.0316%	1,441.94	145.3571	2.8898%	157.9587	8,716	1,376.77
Duplin	848	6.0316%	1,001.45	179.0541	2.8898%	194.5769	5,170	1,005.96
Greene	186	6.0316%	219.66	135.3712	2.8898%	147.1070	1,510	222.13
Jones	129	6.0316%	152.34	143.4928	2.8898%	155.9327	982	153.13
Lenoir	1,077	6.0316%	1,271.88	230.8187	2.8898%	250.8292	4,936	1,238.09
Onslow *	1,368	6.0316%	1,615.54	174.9584	2.8898%	190.1262	8,610	1,636.99
Pamlico	167	6.0316%	197.22	95.7569	2.8898%	104.0584	1,927	200.52
Wayne *	1,617	6.0316%	1,909.60	183.5206	2.8898%	199.4307	9,441	1,882.82
Region P Totals	7,645	6.0316%	9,028.36	166.5106	2.8898%	180.9460	49,791	8,993.39
Beaufort	734	8.3210%	917.23	149.1264	4.4847%	169.1898	5,548	938.66
Bertie	337	8.3210%	421.13	189.0073	4.4847%	214.4363	1,850	396.71
Hertford	252	8.3210%	314.91	129.7631	4.4847%	147.2214	2,010	295.92
Martin	472	8.3210%	589.83	215.2303	4.4847%	244.1873	2,366	577.75
Pitt	1,754	8.3210%	2,191.85	188.0965	4.4847%	213.4030	10,524	2,245.85
Region Q Totals	3,549	8.3210%	4,434.94	175.9980	4.4847%	199.6767	22,298	4,454.89
Camden	85	20.0220%	136.06	114.0940	15.6103%	167.5253	841	140.89
Chowan	204	20.0220%	326.53	127.8195	15.6103%	187.6787	1,696	318.30
Currituck	205	20.0220%	328.14	119.7430	15.6103%	175.8198	2,012	353.75
Dare	358	20.0220%	573.04	114.7804	15.6103%	168.5332	3,707	624.75
Gates	137	20.0220%	219.29	130.7252	15.6103%	191.9451	1,155	221.70
Hyde	40	20.0220%	64.03	93.8967	15.6103%	137.8695	466	64.25
Pasquotank *	424	20.0220%	678.68	162.3899	15.6103%	238.4387	2,826	673.83
Perquimans	178	20.0220%	284.92	98.5604	15.6103%	144.7171	1,960	283.65
Tyrrell	42	20.0220%	67.23	98.3607	15.6103%	144.4239	444	64.12
Washington	185	20.0220%	296.12	142.4172	15.6103%	209.1126	1,387	290.04
Region R Totals	1,858	20.0220%	2,974.03	125.6339	15.6103%	184.4695	16,494	3,035.27
Grand Totals	120,788	7.2623%	148,135.26	171.2309	2.9326%	186.2957	800,531	150,237.53

* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.
 A projected deficit of 325 patients is the threshold of need for a new home health agency.

Table 12D: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients Served	Projected Utilization in 2022	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Cherokee	0	769.40	780.63	-11.23	0
Clay	0	573.04	588.75	-15.71	0
Graham	0	391.88	374.06	17.82	0
Haywood	0	2,463.06	2,427.20	35.87	0
Jackson	0	736.83	750.99	-14.16	0
Macon	0	1,347.38	1,329.40	17.99	0
Swain	0	338.77	323.41	15.36	0
Region A Totals	0	6,620.37	6,574.44	45.93	
Buncombe	0	8,884.43	9,033.48	-149.06	0
Henderson	0	5,343.17	5,359.26	-16.09	0
Madison	0	797.89	811.16	-13.27	0
Transylvania	0	1,592.90	1,585.82	7.08	0
Region B Totals	0	16,618.39	16,789.72	-171.33	
Cleveland	0	5,610.09	5,593.93	16.17	0
McDowell	0	2,351.04	2,346.72	4.32	0
Polk	0	1,026.58	1,025.63	0.95	0
Rutherford	0	3,262.36	3,229.31	33.05	0
Region C Totals	0	12,250.07	12,195.59	54.49	
Alleghany	0	486.17	479.90	6.27	0
Ashe	0	1,329.68	1,343.01	-13.33	0
Avery	0	936.33	928.01	8.31	0
Mitchell	0	748.86	730.37	18.49	0
Watauga	0	1,334.47	1,388.91	-54.43	0
Wilkes	0	3,114.92	3,119.55	-4.63	0
Yancey	0	814.91	810.91	3.99	0
Region D Totals	0	8,765.33	8,800.66	-35.32	
Alexander	0	832.73	835.11	-2.38	0
Burke	0	2,595.19	2,520.57	74.62	0
Caldwell	0	2,554.95	2,503.70	51.25	0
Catawba	0	5,165.76	5,178.60	-12.83	0
Region E Totals	0	11,148.64	11,037.98	110.66	
Anson	0	785.76	742.12	43.64	0
Cabarrus	0	6,031.62	6,114.52	-82.90	0
Gaston	0	7,603.15	7,370.72	232.43	0
Iredell	0	5,570.98	5,602.38	-31.40	0
Lincoln	0	3,084.15	3,146.08	-61.93	0
Mecklenburg *	325	20,531.87	21,055.79	-523.92	1
Rowan	0	4,739.96	4,549.08	190.88	0
Stanly	0	2,227.75	2,170.27	57.48	0
Union	0	4,367.81	4,613.42	-245.61	0
Region F Totals	325	54,943.04	55,364.38	-421.34	

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Table 12D: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients Served	Projected Utilization in 2022	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Alamance	0	5,244.38	5,270.92	-26.54	0
Caswell	0	658.88	645.98	12.91	0
Davidson	0	4,312.04	4,256.95	55.09	0
Guilford	0	14,121.54	14,170.02	-48.48	0
Montgomery	0	700.17	682.94	17.24	0
Randolph	0	3,749.64	3,704.66	44.99	0
Rockingham	0	3,068.08	2,940.76	127.33	0
Region G Totals	0	31,854.73	31,672.21	182.52	
Davie	0	1,473.64	1,522.39	-48.75	0
Forsyth	325	12,395.25	12,292.07	103.18	0
Stokes	0	1,875.69	1,871.39	4.31	0
Surry	0	3,122.14	3,051.31	70.84	0
Yadkin	0	1,462.72	1,433.81	28.91	0
Region I Totals	325	20,329.44	20,170.96	158.48	
Chatham	0	1,446.77	1,475.32	-28.55	0
Durham	0	5,986.68	5,950.87	35.81	0
Johnston	0	4,597.83	4,734.70	-136.87	0
Lee	0	1,498.58	1,429.10	69.48	0
Moore *	0	2,924.17	2,805.54	118.63	0
Orange	0	2,679.68	2,734.34	-54.66	0
Wake *	650	21,942.30	22,137.46	-195.16	0
Region J Totals	650	41,076.00	41,267.33	-191.33	
Franklin	0	1,567.92	1,594.65	-26.74	0
Granville	0	1,131.83	1,140.98	-9.14	0
Person	0	985.71	961.10	24.62	0
Vance	0	1,061.47	1,017.70	43.78	0
Warren	0	561.07	522.30	38.76	0
Region K Totals	0	5,308.01	5,236.73	71.27	
Edgecombe	0	1,616.09	1,604.55	11.54	0
Halifax	0	1,135.90	1,094.43	41.47	0
Nash	0	3,011.96	3,055.01	-43.05	0
Northampton	0	664.97	632.13	32.85	0
Wilson	0	2,815.04	2,846.57	-31.53	0
Region L Totals	0	9,243.96	9,232.69	11.27	
Cumberland *	0	6,955.32	6,882.46	72.87	0
Harnett *	0	2,665.29	2,714.43	-49.14	0
Sampson	0	2,158.38	2,097.45	60.93	0
Region M Totals	0	11,778.99	11,694.34	84.65	
Bladen	0	1,010.98	988.14	22.84	0
Hoke *	0	746.16	794.45	-48.30	0
Richmond	0	1,199.64	1,167.57	32.07	0
Robeson	0	3,288.36	3,246.14	42.22	0
Scotland	0	821.23	807.58	13.65	0
Region N Totals	0	7,066.37	7,003.88	62.49	

* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.
A projected deficit of 325 patients is the threshold for a new home health agency.

Table 12D: 2022 Need Projections for Medicare-certified Home Health Agencies or Offices

Need Projections

A	B	C	D	E	F
County	Placeholder Adjustments for Agencies under Development	Adjusted Projected Total Patients Served	Projected Utilization in 2022	Surplus or Deficit ("-" = Deficit)	Need for New Agencies or Offices
Brunswick	0	4,172.24	4,182.49	-10.25	0
Columbus	0	1,942.80	1,757.49	185.31	0
New Hanover *	0	5,273.56	5,006.33	267.24	0
Pender	0	1,593.90	1,532.34	61.56	0
Region O Totals	0	12,982.50	12,478.64	503.86	
Carteret *	0	2,108.34	2,164.15	-55.81	0
Craven *	0	2,978.22	2,903.85	74.36	0
Duplin	0	2,294.20	2,300.85	-6.65	0
Greene	0	510.26	520.38	-10.12	0
Jones	0	326.10	329.57	-3.47	0
Lenoir	0	2,763.30	2,713.78	49.52	0
Onslow *	0	3,911.01	4,053.39	-142.38	0
Pamlico	0	352.99	351.18	1.80	0
Wayne *	0	3,878.60	3,924.43	-45.83	0
Region P Totals	0	19,123.00	19,261.58	-138.57	
Beaufort	0	2,042.14	2,014.59	27.55	0
Bertie	0	973.64	941.17	32.47	0
Hertford	0	743.93	720.34	23.59	0
Martin	0	1,208.28	1,168.29	39.99	0
Pitt	0	5,211.05	5,291.14	-80.09	0
Region Q Totals	0	10,179.04	10,135.53	43.51	
Camden	0	300.14	312.16	-12.02	0
Chowan	0	637.28	616.99	20.29	0
Currituck	0	703.66	750.13	-46.46	0
Dare	0	1,136.46	1,193.40	-56.95	0
Gates	0	440.24	445.27	-5.03	0
Hyde	0	142.67	142.46	0.21	0
Pasquotank *	0	1,429.49	1,422.85	6.64	0
Perquimans	0	538.56	529.92	8.64	0
Tyrrell	0	139.30	136.71	2.59	0
Washington	0	606.65	590.67	15.98	0
Region R Totals	0	6,074.45	6,140.55	-66.10	
Grand Totals	1,300	285,362.34	285,057.21	305.13	1

* Adjustments for active duty military personnel have been applied to the Ages 18-64 population.
A projected deficit of 325 patients is the threshold for a new home health agency.

**Table 12E: Medicare-certified Home Health Agency or Office
Need Determination***

County Service Area	Home Health Agency/Office Need Determination	Certificate of Need Application Deadline*	Certificate of Need Beginning Review Date
Mecklenburg	1	April 15, 2021	May 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Chapter 13:

Hospice Services

CHAPTER 13

HOSPICE SERVICES

Introduction

G.S. 131E-176(13a) defines ***hospice*** as “any coordinated program of home care with provision for inpatient care for terminally ill patients and their families.” A ***hospice inpatient facility*** is “a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting” (G.S. 131E 176 (13b)). A ***hospice residential care facility*** is “a freestanding licensed hospice facility which provides” the same services as an inpatient facility but in a “group residential setting” (G.S. 131E 176 (13c)).

Definitions

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.

A hospice inpatient facility bed service area is the county in which the bed is located. Each of the 100 counties in the state is a separate hospice inpatient facility bed service area.

The ***reporting year*** for hospice facilities and offices is either October 1 through September 30 or July 1 through June 30; facilities may choose their reporting period. The ***current*** reporting year is either October 1, 2018 through September 30, 2019, or July 1, 2018 through June 30, 2019.

The hospice home care office methodology projects need one year beyond the publication year of the current State Medical Facilities Plan (SMFP). The ***projection year*** for hospice home care offices is 2022.

The hospice inpatient bed methodology projects need three years beyond the publication year of the current SMFP. The ***projection year*** for hospice inpatient beds is 2024.

The SMFP uses county death rates for the most recent five calendar years available. The current SMFP uses data from 2014-2018.

The methodology bases many calculations on the ***three most recent years*** of deaths served. For the current SMFP, these years are 2017, 2018 and 2019.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. Beginning with the 2021 SMFP, the former Table 13A, Hospice Data by County of Patient Origin, is available online only (<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>). In the current chapter, Table 13A is now an inventory of licensed hospice agencies and utilization data.

Data Sources

Patient origin and utilization data for the current reporting year come from the Hospice Agency Annual Data Supplement to Licensure Application for the reporting year, as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Estimates of the active duty military population come from the category of “Employment Status-Armed Forces” in the most recent American Community Survey 5-year Estimates.

The number of deaths and crude (unadjusted) death rates per 1,000 population come from *North Carolina Vital Statistics, Vol. 1* published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Assumptions of the Methodologies

1. The methodologies exclude the active duty military population for any county with more than 500 estimated active duty military personnel.
2. Hospice Home Care Offices
 - a. The methodology uses county mortality (death) rates for the most recent five years as the basis for hospice patient need projection. The five-year death rate is an indicator of deaths from all sites in each county.
 - b. Because previous years’ data forms the basis for projections, the methodology calculates a two-year trailing average growth rate in statewide number of deaths served and applies it to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the projection year. Projected hospice deaths served will not exceed 60% of total deaths.
 - c. To calculate the median projected hospice deaths, the methodology applies a projected statewide median percentage of deaths served by hospice to projected deaths in each county. The methodology calculates the projected statewide median percentage of deaths served by applying the two-year trailing average growth rate in the statewide median percentage of deaths served over the most recent three years to the current statewide median percentage of deaths served.
 - d. A need for an additional hospice home care office exists if: the county’s deficit is 90 patients or more and the number of licensed hospice home care offices located in the county is three or fewer per 100,000 population.
3. Hospice Inpatient Beds
 - a. The methodology calculates the two-year trailing average growth rate in statewide hospice admissions over the three most recent reporting years and applies it to the current reported number of hospice admissions to project total hospice admissions.
 - b. Choose the lower of the statewide median average length of stay per admission or each county’s average length of stay per admission to form the basis for projecting inpatient days for each county.
 - c. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county forms the basis for projecting days of care in licensed hospice inpatient facility beds.
4. Hospice Residential Beds

This category of beds does not have a methodology to project need. A certificate of need (CON) is required.

Application of the Methodologies

Hospice Home Care Offices:

- Step 1: Enter the five-year mortality rate per 1,000 population for each county (*Table 13B, Column B*).
- Step 2: Enter the estimated population of each county for the projection year, with adjustments for the counties with more than 500 active duty military personnel (*Table 13B, Column C*).
- Step 3: Calculate the projected deaths for the projection year for each county by multiplying the county death rate (Step 1) by the estimated population in the projection year (Step 2) divided by 1,000 (*Table 13B, Column D*).
- Step 4: Enter the total number of reported hospice patient deaths, by county of patient residence, for the reporting year (*Table 13B, Column E*).
- Step 5: Calculate the Two-Year Trailing Average Growth Rate in the statewide number of deaths served for the three most recent reporting years.

Year	Statewide Number Deaths Served	Growth
2017	41,685	
2018	42,352	1.6%
2019	44,556	5.2%
Two-Year Trailing Average Growth Rate		3.4%

- Step 6: Determine the number of hospice deaths served for the projection year:
- Calculate the projected number of hospice deaths served for the projection year using the two-year trailing average growth rate by multiplying the number of reported hospice deaths (Step 4) by the statewide two-year trailing average growth rate for deaths served for three years (Step 5) (*Table 13B, Column F*).
 - Calculate the allowable number of hospice deaths served for the projection year by multiplying the projected deaths for each county (Step 2) by 60% (*Table 13B, Column G*).
 - Enter the number of hospice deaths served for the projection year (*Table 13B, Column H*). This number is the lower of:
 - the number of hospice deaths served for the projection year using the two-year trailing average growth rate (Step 6a), or;
 - the number of hospice deaths served for the projection year, limited to 60% (Step 6b).
- Step 7: Calculate the Two-Year Trailing Average Growth Rate in Statewide Median Percentage of Deaths Served over the most recent three years.

Year	Median Percent of Deaths Served	Growth
2017	41.05%	
2018	42.69%	4.0%
2019	39.72%	-7.0%
Two Year Trailing Average Growth Rate		-1.5%

- Step 8: Calculate the projected median statewide percentage of deaths served for the projection year by multiplying the current statewide median percentage of deaths served by the statewide two-year trailing average growth rate for median percentage of deaths served (Step 7) for the three most recent reporting years.
- Step 9: Calculate the median hospice deaths for the projection year by multiplying deaths for the projection year (Step 3) by the statewide median percentage of deaths served for the projection year (Step 8) (*Table 13B, Column I*).
- Step 10: In counties with a need determination in a previous SMFP for at least one additional hospice home care office:
- Before a CON is issued, enter a placeholder of 90 for the county.
 - When the CON is issued to a new office, reassign the placeholder to that office.
 - If a new office reports more than 90 hospice patient deaths in the county, do not adjust the office's reported number of hospice patient deaths.
 - If a new office reported 90 or fewer hospice patient deaths, include an adjustment placeholder equal to the difference between the reported number of hospice patient deaths and 90. Include the placeholder through the third annual Plan following either:
 - issuance of the CON if the approved applicant had a hospice home care office in the county before issuance of the certificate; or
 - certification of the new office that received the CON if the approved applicant did not have an existing hospice home care office in the county before issuance of the certificate.
- Step 11: Calculate the deficit or surplus of patients by subtracting the median projected hospice deaths for the projection year (Step 9) for each county from the projected number of hospice deaths served for the projection year (Step 6c) plus any adjustment (Step 10) (*Table 13B, Column K*).
- Step 12: Enter the number of licensed hospice home care offices located in each county (*Table 13B, Column L*).
- Step 13: Calculate the number of licensed hospice home care offices per 100,000 population for each county by dividing the number of licensed hospice offices (Step 12) by the estimated population for the projection year (Step 2). Then multiply the result by 100,000 (*Table 13B, Column M*).
- Step 14: The county has a need determination if both of the following are true (*Table 13B, Column N*):
- the county's deficit (Step 11) is 90 or more, and;
 - the county's number of licensed hospice home care offices per 100,000 population (Step 13) is three or fewer.

Hospice Inpatient Beds:

- Step 1: Enter the total number of reported hospice admissions by county of patient residence (*Table 13C, Column B*).

- Step 2: Enter the total number of days of care by county of patient residence (*Table 13C, Column C*).
- Step 3: Calculate the average length of stay (ALOS) per admission by dividing total days of care (Step 2) by total admissions (Step 1) (*Table 13C, Column D*).
- Step 4: Calculate the two-year trailing average growth rate in the statewide number of admissions over the previous three reporting years:

Year	Statewide Hospice Admissions	Growth
2017	46,763	
2018	47,646	1.9%
2019	51,241	7.5%
Two-Year Trailing Average Growth Rate		4.7%

- Step 5: Calculate total admissions for each county for the projection year by multiplying the total admissions (Step 1) by the statewide two-year trailing average growth rate for hospice admissions (Step 4) for five years [total admissions x (1 + two-year trailing average growth rate)⁵] (*Table 13C, Column E*).
- Step 6:
- Calculate the total county days of care at the county ALOS for the projection year by multiplying the total admissions (Step 5) by the ALOS per admission for each county (Step 3) (*Table 13C, Column F*).
 - Calculate the total county days of care at the state ALOS for the projection year by multiplying the total admissions (Step 5) by the statewide median ALOS per admission (*Table 13C, Column G*).
 - The projected days of care for inpatient hospice beds for the projection year is the lower of (*Table 13C, Column H*):
 - days of care for the projection year, based on the county ALOS (Step 6a), or;
 - days of care for the projection year, based on the statewide ALOS (Step 6b).
- Step 7: Calculate the projected inpatient days for each county for the projection year by multiplying the days of care for the projection year for inpatient estimates (Step 6c) by the two-year trailing average statewide inpatient utilization rate (*Table 13C, Column I*).

Year	General Inpatient Days of Care	Statewide Total Days of Care	Two Year Trailing Average Statewide Inpatient Utilization Rate
2018	108,970	3,603,617	
2019	125,148	3,877,880	
Totals	234,118	7,481,497	3.13%

- Step 8: Calculate the projected inpatient hospice beds by dividing inpatient days for the projection year (Step 7) by 365.25 days. Then divide by 0.85 to adjust for the targeted 85% occupancy (*Table 13C, Column J*).
- Step 9: Adjust the projected hospice inpatient beds (Step 8) for the projection year by the number of licensed hospice beds in each county (*Table 13C, Column K*), and by the CON approved/licensure pending beds and beds available in previous Plans (*Table 13C, Column L*).
- Step 10: Calculate occupancy rates of existing hospice inpatient facilities for the reporting year (*Table 13C, Column N*).
- Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85% occupancy. For such counties, enter either zero or the deficit indicated in Step 9, whichever is greater.
- Step 12: A need exists for single counties with a projected deficit of six or more hospice inpatient beds. The single county deficit is the number of beds needed.

The former Table 13A, Hospice Data by County of Patient Origin - 2019 Data, is available on the Healthcare Planning website at:

<https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>

or

<https://info.ncdhhs.gov/dhsr/mfp/publications.html#por>

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Alamance	HC0361	Hospice and Palliative Care Center of Alamance Caswell	1,074	91,884	977
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell^	0	0	0
Alamance	HOS3049	Liberty Home Care and Hospice	36	4,078	28
Alamance	HOS3063	Community Home Care and Hospice	54	10,425	30
Alamance	HOS3823	Amedisys Hospice	207	26,995	109
Alexander	HOS5039	Hospice and Home Care of Alexander County	46	3,193	34
Alleghany	HOS1123	Medi Home Health and Hospice	87	13,912	74
Anson	HC1869	Anson Community Hospice, Inc.	26	2,529	36
Anson	HOS1898	Hospice of Anson County	44	3,823	53
Anson	HOS3064	Liberty Home Care and Hospice	82	9,091	53
Ashe	HOS1124	Medi Home Health and Hospice	116	14,753	90
Avery	HOS0363	Medi Home Hospice	166	21,450	106
Beaufort	HOS2516	Community Home Care & Hospice	159	16,615	120
Beaufort	HOS3258	Continuum Home Care & Hospice of Beaufort County^^^	0	0	0
Bladen	HOS0415	Lower Cape Fear and LifeCare Center	85	7,076	76
Bladen	HOS1945	Community Home Care and Hospice^^	0	0	0
Bladen	HOS2003	Liberty Home Care and Hospice	9	963	7
Brunswick	HOS0414	Lower Cape Fear LifeCare Center	678	46,660	634
Brunswick	HOS2006	Liberty Home Care and Hospice	97	10,668	68
Brunswick	HOS3010	Community Home Care and Hospice	50	9,235	29
Brunswick	HOS4018	Amedisys Hospice Care	119	10,957	51
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	1,453	103,673	1,323
Burke	HOS0364	Burke Hospice and Palliative Care, Inc.	514	38,228	464
Burke	HOS1670	Burke Palliative Care Center^	0	0	0
Cabarrus	HOS0365	Hospice and Palliative Care of Cabarrus County	452	54,018	541
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	377	6,947	441
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	793	76,248	666
Caldwell	HOS4155	Caldwell Hospice & Palliative Care^	0	0	0
Carteret	HOS0613	Carteret Health Care Home Health & Hospice	106	4,417	82
Carteret	HOS2998	Community Home Care and Hospice^^	0	0	0
Carteret	HOS3048	Liberty Home Care and Hospice****	0	0	0
Carteret	HOS3239	Continuum Home Care & Hospice of Carteret County^^	0	0	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	275	3,347	252
Catawba	HOS0367	Carolina Caring, Inc.	1,363	116,797	1,178
Catawba	HOS3144	Catawba Valley Hospice House^	0	0	0
Catawba	HOS4445	Sherrills Ford Hospice House^	0	0	0
Chatham	HOS0370	UNC Hospice	425	32,393	356
Chatham	HOS3135	Transitions LifeCare	36	2,177	32
Chatham	HOS3149	Liberty Home Care and Hospice	62	5,811	45
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	232	2,666	202
Cherokee	HC0318	Good Shepherd Home Health and Hospice Agency***	0	0	0
Cherokee	HOS5092	Good Shepherd Hospice	72	4,013	56
Chowan	HOS3319	Continuum Home Care & Hospice of Chowan County^^	0	0	0

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Clay	HC0275	Good Shepherd Home Health and Hospice Agency***	0	0	0
Clay	HOS5091	Good Shepherd Hospice	37	2,436	22
Cleveland	HOS0371	Hospice Cleveland County	796	54,312	733
Cleveland	HOS1413	Wendover Hospice House^	0	0	0
Cleveland	HOS4089	Testa Family Hospice House^	0	0	0
Columbus	HC4028	Community Home Care and Hospice^^	0	0	0
Columbus	HOS0417	Lower Cape Fear Hospice and Life CareCenter	257	21,645	246
Columbus	HOS2007	Liberty Home Care and Hospice	97	13,239	80
Columbus	HOS3011	Community Home Care and Hospice	109	17,497	54
Craven	HOS2302	Community Hospice, LLC	173	16,499	124
Craven	HOS3238	Continuum Home Care & Hospice of Craven County	34	2,167	22
Craven	HOS3347	PruittHealth Hospice - New Bern	119	10,032	99
Craven	HOS4682	Craven County Hospice	147	12,162	122
Cumberland	HC0359	HealthKeeperz	211	25,588	159
Cumberland	HC1331	Community Home Care and Hospice	281	21,123	224
Cumberland	HOS2004	Liberty Home Care and Hospice	92	4,664	69
Cumberland	HOS3272	Continuum Home Care & Hospice of Cumberland County^^	0	0	0
Cumberland	HOS4746	PruittHealth Hospice - Fayetteville	148	9,602	113
Cumberland	HOS4799	Cape Fear Valley Hospice and Palliative Care	317	14,138	260
Cumberland	HOS5147	3HC	5	175	1
Dare	HC0494	Dare Home Health & Dare Hospice	91	5,213	92
Davidson	HOS0372	Hospice of Davidson County, Inc.	801	55,341	740
Davidson	HOS3051	Liberty Home Care and Hospice	71	6,310	60
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House^	0	0	0
Davie	HOS3084	Trellis Supportive Care	327	28,926	286
Davie	HOS4966	Well Care Hospice, Inc.	11	240	8
Duplin	HC0053	Vidant Home Health and Hospice	96	6,506	72
Duplin	HOS3303	Liberty Home Care and Hospice	3	57	2
Durham	HOS0021	Duke Hospice	508	37,392	489
Durham	HOS2958	Community Home Care and Hospice^^	0	0	0
Durham	HOS3126	Transitions LifeCare	145	11,128	119
Durham	HOS3304	Liberty Home Care and Hospice	116	11,500	74
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	522	3,991	520
Durham	HOS4029	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS2985	Community Home Care and Hospice^^	0	0	0
Edgecombe	HOS4887	Kindred Hospice	148	21,818	139
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	511	8,323	709
Forsyth	HOS4614	Trellis Supportive Care	1,010	74,746	892
Franklin	HOS3005	Community Home Care and Hospice^^	0	0	0
Franklin	HOS3125	Transitions LifeCare	68	4,844	60
Franklin	HOS3250	Continuum Home Care & Hospice of Franklin County^^	0	0	0
Franklin	HOS3826	Amedisys Hospice	365	36,581	236
Gaston	HC0812	Hospice of Gaston County, Inc.	757	47,754	597

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	207	3,756	294
Graham	HOS3325	Continuum Home Care & Hospice of Graham County^^	0	0	0
Granville	HOS3133	Transitions LifeCare	5	86	6
Granville	HOS4791	Kindred Hospice	178	25,795	128
Greene	HOS3310	Continuum Home Care & Hospice of Green County^^	0	0	0
Guilford	HC0374	Hospice and Palliative Care of Greensboro	1,017	70,460	934
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place^	0	0	0
Guilford	HOS1581	Hospice of the Piedmont, Inc.	944	53,972	897
Guilford	HOS3148	Hospice & Palliative Care of Greensboro	500	63,208	421
Guilford	HOS3522	Hospice Home at High Point^	0	0	0
Halifax	HOS3009	Community Home Care and Hospice	173	10,048	144
Halifax	HOS3256	Continuum Home Care & Hospice of Halifax County^^	0	0	0
Halifax	HOS5184	Liberty Home Care VI, LLC**	0	0	0
Harnett	HC4032	Community Home Care and Hospice^^	0	0	0
Harnett	HOS0375	Transitions LifeCare	68	5,548	62
Harnett	HOS2048	Community Home Care and Hospice	123	12,202	112
Harnett	HOS3067	Liberty Home Care and Hospice	112	11,895	72
Harnett	HOS3306	Continuum Home Care & Hospice of Harnett County^^	0	0	0
Haywood	HOS3825	Haywood Hospice & Palliative Care	202	6,877	175
Henderson	HOS0386	Four Seasons Compassion for Life	1,197	90,213	842
Henderson	HOS2143	Four Seasons Compassion for Life	305	3,762	508
Hertford	HOS0425	Vidant Home Health and Hospice	98	4,565	90
Hoke	HOS2290	Liberty Home Care and Hospice	79	10,298	62
Iredell	HOS0387	Hospice of Iredell County, Inc.	415	53,413	222
Iredell	HOS1338	Hospice of Iredell County, Inc.	199	20,364	123
Iredell	HOS3181	Gordon Hospice House	290	4,255	478
Iredell	HOS3273	Community Home Care and Hospice	137	17,468	101
Jackson	HOS4650	Harris Palliative Care and Hospice	63	3,625	67
Johnston	HC0383	Johnston Health Home Care and Hospice	57	3,391	48
Johnston	HC0507	3HC	106	9,273	79
Johnston	HOS2135	Community Home Care & Hospice	112	10,169	96
Johnston	HOS3069	Liberty Home Care and Hospice	65	7,234	43
Johnston	HOS3124	Transitions LifeCare	113	7,874	99
Johnston	HOS3252	Continuum Home Care & Hospice of Johnston County	13	364	7
Johnston	HOS4088	SECU Hospice House of Johnston Health	281	3,737	219
Jones	HC0506	3HC	172	12,174	105
Lee	HOS2034	Community Home Care and Hospice	131	14,042	116
Lee	HOS3086	Liberty Home Care and Hospice	104	9,270	92
Lenoir	HC0195	3HC	126	8,546	76
Lenoir	HOS2984	Community Home Care & Hospice	133	16,129	103
Lenoir	HOS3261	Continuum Home Care & Hospice of Lenoir County	40	3,846	30
Lincoln	HOS0389	Hospice & Palliative Care Lincoln County	564	61,473	486
Macon	HC0324	CarePartners Home Care & Hospice	126	6,837	107

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Macon	HOS0390	Four Seasons Compassion for Life	482	32,643	401
Macon	HOS3312	Continuum Home Care & Hospice of Macon County^^^	0	0	0
Madison	HC0419	Madison Home Care & Hospice	34	3,311	25
Martin	HOS3008	Community Home Care & Hospice	195	15,234	179
Martin	HOS3317	Continuum Home Care & Hospice of Martin County^^^	0	0	0
McDowell	HOS1153	CarePartners Hospice & Palliative Care McDowell	172	17,557	148
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	478	2,003	381
Mecklenburg	H0270	Novant Health Matthews Medical Center	163	658	142
Mecklenburg	HOS1445	Novant Health Hospice	1,539	53,236	1,290
Mecklenburg	HOS1702	Hospice & Pallative Care Lake Norman	382	37,034	321
Mecklenburg	HOS3132	Hospice & Pallative Care Charlotte Region	1,828	180,495	1,573
Mecklenburg	HOS3727	Levine & Dickson Hospice House^	0	0	0
Mecklenburg	HOS4436	Hospice & Palliative Care Charlotte Region	440	6,661	433
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster^	0	0	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate^	0	0	0
Mitchell	HOS0832	Hospice & Palliative Care of the Blue Ridge, Inc.	248	38,748	211
Montgomery	HOS3199	Community Home Care and Hospice	155	13,970	51
Moore	HC0427	FirstHealth Hospice & Palliative Care	543	62,902	401
Moore	HC2351	Community Home Care and Hospice^^^	0	0	0
Moore	HOS3050	Liberty Home Care and Hospice	88	9,753	70
Moore	HOS4477	FirstHealth Hospice House	378	2,970	441
Nash	HC0393	Hospice and Palliative Care of Nash General Hospital	250	12,401	233
Nash	HOS2424	Community Home Care & Hospice	124	11,907	99
Nash	HOS3269	PruittHealth Hospice - Rocky Mount	165	17,541	143
Nash	HOS3309	Continuum Home Care & Hospice of Nash County^^^	0	0	0
New Hanover	HOS0416	Lower Cape Fear and LifeCare Center	1,102	54,405	1,031
New Hanover	HOS1557	Lower Cape Fear Hospice and Life Care Center^	0	0	0
New Hanover	HOS2008	Liberty Home Care and Hospice	69	10,198	61
New Hanover	HOS3322	Continuum Home Care & Hospice of New Hanover County^^^	0	0	0
Northampton	HOS3259	Continuum Home Care & Hospice of N. Hampton County^^^	0	0	0
Onslow	HC0531	Onslow County Home Health and Hospice	38	1,317	35
Onslow	HC1209	Continuum Home Care and Hospice	94	6,313	69
Onslow	HOS2005	Liberty Home Care and Hospice****	0	0	0
Onslow	HOS3006	Community Home Care and Hospice	240	24,848	178
Orange	HOS1388	Duke Hospice at the Meadowlands****	0	0	0
Orange	HOS2997	Community Home Care and Hospice^^^	0	0	0
Orange	HOS3293	UNC Hospice, Chapel Hill^^	0	0	0
Pamlico	HOS0394	Hospice of Pamlico County, Inc.	53	2,256	35
Pamlico	HOS3308	Continuum Home Care & Hospice of Pamlico County^^^	0	0	0
Pasquotank	HOS1677	Albemarle Home Care and Hospice	401	22,282	345
Pasquotank	HOS3301	Community Home Care and Hospice	196	13,777	180
Pender	HOS3052	Lower Cape Fear and LifeCare Center	478	24,152	464
Pender	HOS3059	Liberty Home Care and Hospice	15	1,170	7

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Pender	HOS3242	Continuum Home Care & Hospice of Pender County^^	0	0	0
Person	HC0533	Medi Home Health & Hospice	28	1,785	16
Pitt	HC0509	3HC	105	9,045	76
Pitt	HOS0331	AseraCare Hospice	222	22,138	221
Pitt	HOS1711	Vidant Home Health and Hospice	254	7,684	222
Pitt	HOS2996	Community Home Care and Hospice	219	19,272	185
Pitt	HOS3249	Continuum Home Care & Hospice of Pitt County^^	0	0	0
Pitt	HOS3345	PruittHealth Hospice - Eastern Carolina	76	7,465	64
Pitt	HOS3749	Vidant Home Health and Hospice^	0	0	0
Pitt	HOS4010	Community Home Care and Hospice^^	0	0	0
Polk	HOS0396	Hospice of the Carolina Foothills	195	13,518	158
Randolph	HOS3075	Community Home Care and Hospice	119	29,120	85
Randolph	HOS4307	The Randolph Hospice House^	0	0	0
Randolph	HOS4736	Hospice of Randolph County	616	50,304	619
Richmond	HC0424	Richmond County Hospice, Inc.	244	21,031	92
Richmond	HOS2138	Hospice Haven of Richmond County	207	1,823	159
Richmond	HOS3007	Community Home Care and Hospice	87	21,485	61
Richmond	HOS3324	Continuum Home Care & Hospice of Richmond County^^	0	0	0
Robeson	H0064	Southeastern Regional Medical Center	196	1,033	115
Robeson	HC4027	Amedisys Hospice Care	256	31,421	169
Robeson	HOS1599	Southeastern Hospice	204	6,656	179
Robeson	HOS2060	Community Home Care and Hospice	166	35,863	128
Robeson	HOS2861	Medi Home Hospice	79	5,389	37
Robeson	HOS3066	Liberty Home Care and Hospice	83	6,490	60
Robeson	HOS3270	Continuum Home Care & Hospice of Robeson County^^	0	0	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	521	21,158	467
Rowan	HOS2425	Trellis Supportive Care Rowan	277	21,800	238
Rowan	HOS3323	Continuum Home Care & Hospice of Rowan County^^	0	0	0
Rowan	HOS3918	Rowan Hospice & Palliative Care, LLC^^	0	0	0
Rowan	HOS4599	Novant Health Hospice	373	10,893	325
Rutherford	HOS0400	Hospice of the Carolina Foothills	548	51,829	524
Rutherford	HOS2891	Hospice of the Carolina Foothills^	0	0	0
Sampson	HC0255	3HC	163	12,270	117
Sampson	HC1844	Community Home Care and Hospice	87	12,136	71
Sampson	HC4030	Community Home Care and Hospice^^	0	0	0
Sampson	HOS3054	Liberty Home Care and Hospice	87	6,923	60
Scotland	HOS3031	Scotland Regional Hospice	272	17,761	260
Stanly	HOS0402	Hospice of Stanly County, Inc.	185	17,954	171
Stanly	HOS3311	Continuum Home Care & Hospice of Stanly County^^	0	0	0
Stokes	HOS3295	Trellis Supportive Care	335	26,677	276
Surry	HOS0404	Mountain Valley Hospice and Palliative Care	276	34,828	185
Surry	HOS1001	Mountain Valley Hospice and Palliative Care	221	15,854	157
Surry	HOS1303	Mountain Valley Hospice and Palliative Care	201	18,076	117

Table 13A: Inventory of Licensed Hospice Agencies

A	B	C	D	E	F
County	License Number	Name	Admissions	Days of Care	Deaths
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	271	5,218	418
Transylvania	HC0067	CarePartners Home Care & Hospice	184	13,965	167
Union	HOS0405	Hospice of Union County	506	41,133	585
Union	HOS3116	Community Home Care and Hospice	204	27,227	154
Union	HOS3321	Continuum Home Care & Hospice of Union County^^	0	0	0
Vance	HOS2561	Community Home Care & Hospice	178	12,663	158
Vance	HOS3314	Continuum Home Care & Hospice of Vance County^^	0	0	0
Wake	HOS1595	Transitions LifeCare	2,998	193,938	2,748
Wake	HOS2125	Duke Hospice	75	4,685	72
Wake	HOS2223	Community Home Care & Hospice	53	10,804	40
Wake	HOS2281	Heartland Home Health Care and Hospice	804	129,193	587
Wake	HOS3058	Liberty Home Care and Hospice	76	11,753	53
Wake	HOS3147	Amedisys Hospice	302	23,316	159
Wake	HOS3305	Continuum Home Care & Hospice of Wake County^^	0	0	0
Washington	HOS3260	Continuum Home Care & Hospice of Washington County^^	0	0	0
Washington	HOS4596	Amedisys Hospice Care	215	16,277	124
Watauga	HOS1122	Medi Home Health and Hospice	173	22,417	127
Wayne	HC0228	3HC	685	18,302	622
Wayne	HC2361	Community Home Care and Hospice	240	29,795	206
Wayne	HOS1324	3HC/Kitty Askins Hospice Center^	0	0	0
Wayne	HOS3307	Continuum Home Care & Hospice of Wayne County^^	0	0	0
Wilkes	HOS0407	Wake Forest Baptist Health Care at Home, Hospice-Wilkes	224	18,093	201
Wilkes	HOS3257	Continuum Home Care & Hospice of Wilkes County^^	0	0	0
Wilkes	HOS4413	PruittHealth Hospice - Wilkes	182	16,186	140
Wilson	HC0508	3HC	126	9,039	105
Wilson	HOS0408	Hospice of Wilson Medical Center	65	1,732	44
Wilson	HOS2241	Community Home Care & Hospice	148	15,344	126
Wilson	HOS3271	Continuum Home Care & Hospice of Wilson County^^	0	0	0
Yadkin	HC1498	Mountain Valley Hospice and Palliative Care	153	14,633	71
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	75	1,547	122
Yancey	HOS1027	Compassionate Care Western North Carolina	113	16,721	91
Grand Totals*		246 Agencies	51,425	3,880,564	44,761

* Grand Totals for Admissions, Days of Care, and Deaths include both in-state and out-of-state patients.

** Agency is newly licensed and served no patients during the current reporting year.

*** Agency underwent a change of ownership and utilization data was not reported.

**** Agency reported zero patients on their License Renewal Application (LRA) for the current reporting year.

^ Inpatient/residential facility; patient data reported on the agency's hospice home care LRA.

^^ Agency uses another license to serve patients and reports data on that LRA.

^^^ Grandfathered agency, maintains license for future development; currently serves no patients.

Table13B: Year 2022 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2014-2018 Death Rate/1000 Population	2022 Population (excluding military)	Projected 2022 Deaths	2019 Reported Number of Hospice Patient Deaths	2022 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2022 Number of Hospice Deaths Served Limited to 60 %	Projected 2022 Number of Hospice Deaths Served	Median Projected 2022 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2020 License Data Supplements	Col. E x 3 Years Growth at 3.4% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (38.0%)		Col. H + Col. J - Col. I	2020 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Alamance	10.3	178,595	1,840	904	999	1,104	999	699	0	301	5	2.8	0
Alexander	10.8	39,209	423	138	153	254	153	161	0	-8	1	2.6	0
Alleghany	12.8	11,598	148	80	88	89	88	56	0	32	1	8.6	0
Anson	12.5	25,289	316	116	128	190	128	120	0	8	3	11.9	0
Ashe	12.7	28,700	364	126	139	219	139	138	0	1	1	3.5	0
Avery	11.4	18,030	206	94	104	123	104	78	0	26	1	5.5	0
Beaufort	13.0	47,505	618	234	259	371	259	235	0	24	2	4.2	0
Bertie	12.7	19,601	249	95	105	149	105	95	0	10	0	0.0	0
Bladen	12.5	34,339	429	164	181	258	181	163	0	18	3	8.7	0
Brunswick	11.1	152,881	1,697	731	808	1,018	808	645	0	164	4	2.6	0
Buncombe	10.4	273,031	2,840	1,282	1,417	1,704	1,417	1,079	0	339	1	0.4	0
Burke	11.5	92,600	1,065	509	563	639	563	404	0	158	2	2.2	0
Cabarrus	7.7	224,627	1,730	1,012	1,119	1,038	1,038	657	0	381	2	0.9	0
Caldwell	11.8	84,573	998	503	556	599	556	379	0	177	2	2.4	0
Camden	8.4	10,890	91	31	34	55	34	35	0	0	0	0.0	0
Carteret *	11.9	71,920	856	453	501	514	501	325	0	176	4	5.6	0
Caswell	11.9	23,666	282	84	93	169	93	107	0	-14	0	0.0	0
Catawba	10.8	162,526	1,755	1,036	1,145	1,053	1,053	667	0	386	3	1.8	0
Chatham	9.7	81,156	787	381	421	472	421	299	0	122	4	4.9	0
Cherokee	13.8	30,609	422	144	159	253	159	160	0	-1	1	3.3	0
Chowan	13.1	13,977	183	66	73	110	73	70	0	3	1	7.2	0
Clay	13.9	12,436	173	60	66	104	66	66	0	1	1	8.0	0
Cleveland	12.6	101,033	1,273	721	797	764	764	484	0	280	3	3.0	0
Columbus	12.3	56,220	692	328	363	415	363	263	0	100	4	7.1	0
Craven *	10.6	97,626	1,035	366	405	621	405	393	0	12	4	4.1	0
Cumberland *	7.6	305,734	2,324	847	936	1,394	936	883	89	143	9	2.9	0

Table13B: Year 2022 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2014-2018 Death Rate/1000 Population	2022 Population (excluding military)	Projected 2022 Deaths	2019 Reported Number of Hospice Patient Deaths	2022 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2022 Number of Hospice Deaths Served Limited to 60 %	Projected 2022 Number of Hospice Deaths Served	Median Projected 2022 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2020 License Data Supplements	Col. E x 3 Years Growth at 3.4% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (38.0%)		Col. H + Col. J - Col. I	2020 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Currituck	8.8	28,808	254	89	98	152	98	96	0	2	0	0.0	0
Dare	9.6	38,038	365	148	164	219	164	139	0	25	1	2.6	0
Davidson	11.0	173,706	1,911	913	1,009	1,146	1,009	726	0	284	3	1.7	0
Davie	11.2	45,096	505	233	258	303	258	192	0	66	2	4.4	0
Duplin	9.2	59,799	550	193	213	330	213	209	0	4	2	3.3	0
Durham	6.5	329,478	2,142	1,087	1,202	1,285	1,202	813	0	388	6	1.8	0
Edgecombe	12.5	52,171	652	184	203	391	203	248	0	-44	2	3.8	0
Forsyth	9.1	390,066	3,550	1,822	2,014	2,130	2,014	1,348	0	666	2	0.5	0
Franklin	9.0	72,409	652	145	160	391	160	248	0	-87	4	5.5	0
Gaston	10.7	225,771	2,416	1,241	1,372	1,449	1,372	918	0	454	2	0.9	0
Gates	11.2	12,204	137	45	50	82	50	52	0	-2	0	0.0	0
Graham	12.3	8,686	107	32	35	64	35	41	0	-5	1	11.5	0
Granville	9.2	63,625	585	176	195	351	195	222	0	-28	2	3.1	0
Greene	9.8	21,049	206	76	84	124	84	78	0	6	1	4.8	0
Guilford	8.4	557,647	4,684	2,147	2,374	2,811	2,374	1,779	0	594	5	0.9	0
Halifax	12.8	50,121	642	192	212	385	212	244	0	-31	3	6.0	0
Harnett *	7.7	137,249	1,057	318	352	634	352	401	0	-50	5	3.6	0
Haywood	13.1	64,786	849	372	411	509	411	322	0	89	1	1.5	0
Henderson	12.3	122,454	1,506	882	975	904	904	572	0	332	2	1.6	0
Hertford	11.1	24,008	266	98	108	160	108	101	0	7	1	4.2	0
Hoke *	6.2	55,170	342	135	149	205	149	130	0	19	1	1.8	0
Hyde	11.8	5,110	60	13	14	36	14	23	90	81	0	0.0	0
Iredell	9.0	189,308	1,704	815	901	1,022	901	647	0	254	4	2.1	0
Jackson	9.0	45,878	413	139	154	248	154	157	0	-3	1	2.2	0
Johnston	7.5	224,589	1,684	533	589	1,011	589	640	0	-51	7	3.1	0
Jones	12.9	10,196	132	35	39	79	39	50	0	-11	1	9.8	0

Table13B: Year 2022 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2014-2018 Death Rate/1000 Population	2022 Population (excluding military)	Projected 2022 Deaths	2019 Reported Number of Hospice Patient Deaths	2022 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2022 Number of Hospice Deaths Served Limited to 60 %	Projected 2022 Number of Hospice Deaths Served	Median Projected 2022 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2020 License Data Supplements	Col. E x 3 Years Growth at 3.4% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (38.0%)		Col. H + Col. J - Col. I	2020 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Lee	9.9	63,608	630	249	275	378	275	239	0	36	2	3.1	0
Lenoir	12.8	55,148	706	193	213	424	213	268	0	-55	3	5.4	0
Lincoln	9.8	90,707	889	383	423	533	423	338	0	86	1	1.1	0
Macon	13.6	37,688	513	238	263	308	263	195	0	68	3	8.0	0
Madison	11.8	23,326	275	107	118	165	118	105	0	14	1	4.3	0
Martin	13.8	22,816	315	83	92	189	92	120	0	-28	2	8.8	0
McDowell	11.8	47,424	560	244	270	336	270	213	0	57	1	2.1	0
Mecklenburg *	5.8	1,177,924	6,832	3,579	3,957	4,099	3,957	2,595	0	1,362	6	0.5	0
Mitchell	14.9	15,282	228	162	179	137	137	86	0	50	1	6.5	0
Montgomery	10.9	27,800	303	193	213	182	182	115	0	67	1	3.6	0
Moore *	11.7	104,365	1,221	704	778	733	733	464	0	269	3	2.9	0
Nash	11.3	96,368	1,089	341	377	653	377	414	0	-37	4	4.2	0
New Hanover *	8.6	246,145	2,117	1,118	1,236	1,270	1,236	804	0	432	3	1.2	0
Northampton	13.3	19,890	265	76	84	159	84	100	0	-16	1	5.0	0
Onslow *	6.0	172,114	1,033	427	472	620	472	392	0	80	4	2.3	0
Orange	5.6	151,640	849	435	481	510	481	323	0	158	3	2.0	0
Pamlico	13.6	13,316	181	52	57	109	57	69	0	-11	2	15.0	0
Pasquotank *	10.7	39,007	417	223	247	250	247	159	0	88	2	5.1	0
Pender	9.7	66,883	649	243	269	389	269	246	0	22	3	4.5	0
Perquimans	12.3	13,659	168	61	67	101	67	64	0	4	0	0.0	0
Person	11.4	40,824	465	176	195	279	195	177	0	18	1	2.4	0
Pitt	7.2	183,552	1,322	508	562	793	562	502	0	60	8	4.4	0
Polk	14.5	22,160	321	186	206	193	193	122	0	71	1	4.5	0
Randolph	10.7	147,592	1,579	762	842	948	842	600	0	243	3	2.0	0
Richmond	12.4	44,819	556	317	350	333	333	211	0	122	3	6.7	0
Robeson	10.4	129,476	1,347	585	647	808	647	511	0	135	6	4.6	0

Table13B: Year 2022 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2014-2018 Death Rate/1000 Population	2022 Population (excluding military)	Projected 2022 Deaths	2019 Reported Number of Hospice Patient Deaths	2022 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2022 Number of Hospice Deaths Served Limited to 60 %	Projected 2022 Number of Hospice Deaths Served	Median Projected 2022 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2020 License Data Supplements	Col. E x 3 Years Growth at 3.4% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (38.0%)		Col. H + Col. J - Col. I	2020 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Rockingham	12.6	91,857	1,157	520	575	694	575	440	0	135	1	1.1	0
Rowan	11.7	144,032	1,685	632	699	1,011	699	640	90	149	3	2.1	0
Rutherford	13.0	69,759	907	471	521	544	521	344	0	176	2	2.9	0
Sampson	11.0	64,737	712	214	237	427	237	270	0	-34	4	6.2	0
Scotland	11.3	35,628	403	258	285	242	242	153	0	89	0	0.0	0
Stanly	11.7	65,250	763	229	253	458	253	290	0	-37	2	3.1	0
Stokes	12.2	46,266	564	309	342	339	339	214	0	124	1	2.2	0
Surry	12.9	73,232	945	533	589	567	567	359	0	208	4	5.5	0
Swain	13.3	13,852	184	105	116	111	111	70	0	41	0	0.0	0
Transylvania	12.3	36,399	448	242	268	269	268	170	0	97	1	2.7	0
Tyrrell	10.9	4,259	46	8	9	28	9	18	0	-9	0	0.0	0
Union	6.3	254,427	1,603	973	1,076	962	962	609	0	353	3	1.2	0
Vance	11.8	46,418	548	164	181	329	181	208	0	-27	2	4.3	0
Wake *	5.3	1,151,349	6,102	3,595	3,975	3,661	3,661	2,318	0	1,344	7	0.6	0
Warren	12.8	19,661	252	62	69	151	69	96	0	-27	0	0.0	0
Washington	12.9	11,820	152	45	50	91	50	58	0	-8	2	16.9	0
Watauga	6.3	60,393	380	215	238	228	228	145	0	84	1	1.7	0
Wayne *	9.8	125,585	1,231	762	842	738	738	467	0	271	3	2.4	0
Wilkes	12.1	71,067	860	405	448	516	448	327	0	121	3	4.2	0
Wilson	10.7	83,586	894	312	345	537	345	340	0	5	4	4.8	0
Yadkin	11.7	38,299	448	150	166	269	166	170	0	-4	2	5.2	0
Yancey	12.8	19,132	245	139	154	147	147	93	0	54	1	5.2	0

Table13B: Year 2022 Hospice Home Care Office Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N
County	2014-2018 Death Rate/1000 Population	2022 Population (excluding military)	Projected 2022 Deaths	2019 Reported Number of Hospice Patient Deaths	2022 Number of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2022 Number of Hospice Deaths Served Limited to 60 %	Projected 2022 Number of Hospice Deaths Served	Median Projected 2022 Hospice Deaths	Place-holders for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Hospice Offices in County	Licensed Home Care Offices in County per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - N.C. Vital Statistics	N.C. Office of State Budget and Management	Col. B x (Col. C/1,000)	2020 License Data Supplements	Col. E x 3 Years Growth at 3.4% annually	Col. D x 60%	Lower Number of Deaths between Col. F and Col. G	Col. D x Projected Statewide Median Percent Deaths Served (38.0%)		Col. H + Col. J - Col. I	2020 License Renewal Applications	Col. L / (Col. C / 100,000)	If Col. M <=3 and Col. K <= -90
Grand Totals	8.9	10,786,334	95,998	44,556	49,260	57,599	49,260	36,462	269	13,067	235	2.2	0

* Population projections were adjusted to exclude active duty military personnel.

Table 13C: Year 2024 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2019 Data)	Total Days of Care (2019 Data)	ALOS per Admission	Total 2024 Admissions	2024 Days of Care at County ALOS	2024 Days of Care at Statewide ALOS	Projected 2024 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2020 License Data Supplement	2020 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.7% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (77.1)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.13%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2020 License Data Supplement	If Col. M >= 6 and Col. N >= 85 or blank
Alamance	1,052	94,769	90.08	1,325	119,329	102,123	102,123	3,196	10	14	0	-3.71	44.01%	0
Alexander	166	14,778	89.02	209	18,608	16,114	16,114	504	2		0	1.62		0
Alleghany	77	12,124	157.45	97	15,266	7,475	7,475	234	1		0	0.75		0
Anson	95	10,548	111.03	120	13,282	9,222	9,222	289	1		0	0.93		0
Ashe	150	18,782	125.21	189	23,650	14,561	14,561	456	1		0	1.47		0
Avery	170	21,054	123.85	214	26,510	16,503	16,503	516	2		0	1.66		0
Beaufort	286	25,519	89.23	360	32,132	27,763	27,763	869	3		0	2.80		0
Bertie	102	8,939	87.64	128	11,256	9,902	9,902	310	1		0	1.00		0
Bladen	196	20,319	103.67	247	25,585	19,027	19,027	595	2		0	1.92		0
Brunswick	858	65,819	76.71	1,080	82,877	83,290	82,877	2,593	8	7	0	1.35	82.97%	0
Buncombe	1,437	127,424	88.67	1,809	160,447	139,497	139,497	4,365	14	25	0	-10.94	54.50%	0
Burke	569	46,149	81.11	716	58,109	55,236	55,236	1,728	6	11	0	-5.43	18.88%	0
Cabarrus	907	69,957	77.13	1,142	88,087	88,047	88,047	2,755	9	14	0	-5.13	43.37%	0
Caldwell	620	54,132	87.31	781	68,161	60,187	60,187	1,883	6	12	0	-5.93	83.06%	0
Camden	30	2,736	91.20	38	3,445	2,912	2,912	91	0		0	0.29		0
Carteret	558	24,844	44.52	703	31,283	54,168	31,283	979	3	6	0	-2.85	86.89%	0
Caswell	94	5,490	58.40	118	6,913	9,125	6,913	216	1		0	0.70		0
Catawba	1,132	91,561	80.88	1,425	115,290	109,889	109,889	3,439	11	17	0	-5.92	51.01%	0
Chatham	440	33,275	75.63	554	41,899	42,713	41,899	1,311	4	6	0	-1.78	117.76%	0
Cherokee	168	8,970	53.39	212	11,295	16,309	11,295	353	1		0	1.14		0
Chowan	84	5,754	68.50	106	7,245	8,154	7,245	227	1		0	0.73		0
Clay	76	6,118	80.50	96	7,704	7,378	7,378	231	1		0	0.74		0
Cleveland	737	50,783	68.91	928	63,944	71,544	63,944	2,001	6	10	0	-3.55	57.26%	0
Columbus	394	40,561	102.95	496	51,073	38,248	38,248	1,197	4	6	0	-2.14	62.37%	0
Craven	465	41,168	88.53	586	51,837	45,140	45,140	1,413	5		0	4.55		0
Cumberland	1,090	81,608	74.87	1,372	102,757	105,812	102,757	3,216	10		0	10.36		10

Table 13C: Year 2024 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2019 Data)	Total Days of Care (2019 Data)	ALOS per Admission	Total 2024 Admissions	2024 Days of Care at County ALOS	2024 Days of Care at Statewide ALOS	Projected 2024 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2020 License Data Supplement	2020 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.7% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (77.1)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.13%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2020 License Data Supplement	If Col. M >= 6 and Col. N >= 85 or blank
Currituck	103	7,610	73.88	130	9,582	9,999	9,582	300	1		0	0.97		0
Dare	156	8,283	53.10	196	10,430	15,144	10,430	326	1		0	1.05		0
Davidson	973	69,191	71.11	1,225	87,122	94,454	87,122	2,726	9	8	0	0.78	86.10%	0
Davie	228	17,762	77.90	287	22,365	22,133	22,133	693	2		0	2.23		0
Duplin	249	19,328	77.62	314	24,337	24,172	24,172	756	2		0	2.44		0
Durham	1,267	83,895	66.22	1,595	105,637	122,994	105,637	3,306	11	12	0	-1.35	83.40%	0
Edgecombe	206	19,591	95.10	259	24,668	19,997	19,997	626	2		0	2.02		0
Forsyth	1,917	133,907	69.85	2,414	168,610	186,093	168,610	5,276	17	30	0	-13.01	37.60%	0
Franklin	197	15,749	79.94	248	19,830	19,124	19,124	598	2		0	1.93		0
Gaston	1,434	96,198	67.08	1,806	121,129	139,206	121,129	3,790	12	13	0	-0.79	30.33%	0
Gates	46	4,476	97.30	58	5,636	4,465	4,465	140	0		0	0.45		0
Graham	38	1,455	38.29	48	1,832	3,689	1,832	57	0		0	0.18		0
Granville	199	19,639	98.69	251	24,729	19,318	19,318	605	2		0	1.95		0
Greene	91	10,760	118.24	115	13,549	8,834	8,834	276	1		0	0.89		0
Guilford	2,399	198,536	82.76	3,021	249,988	232,883	232,883	7,288	23	26	0	-2.53	48.55%	0
Halifax	212	10,893	51.38	267	13,716	20,580	13,716	429	1		0	1.38		0
Harnett	414	38,332	92.59	521	48,266	40,189	40,189	1,258	4		0	4.05		0
Haywood	430	21,286	49.50	541	26,802	41,742	26,802	839	3		0	2.70		0
Henderson	1,013	46,138	45.55	1,276	58,095	98,337	58,095	1,818	6	19	0	-13.14	49.66%	0
Hertford	114	5,394	47.32	144	6,792	11,067	6,792	213	1		0	0.68		0
Hoke	175	15,898	90.85	220	20,018	16,988	16,988	532	2		0	1.71		0
Hyde	21	1,635	77.86	26	2,059	2,039	2,039	64	0		0	0.21		0
Iredell	941	79,309	84.28	1,185	99,863	91,348	91,348	2,859	9	15	0	-5.79	55.38%	0
Jackson	131	8,922	68.11	165	11,234	12,717	11,234	352	1		0	1.13		0
Johnston	691	44,913	65.00	870	56,553	67,079	56,553	1,770	6	12	0	-6.30	11.53%	0
Jones	40	2,173	54.33	50	2,736	3,883	2,736	86	0		0	0.28		0

Table 13C: Year 2024 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2019 Data)	Total Days of Care (2019 Data)	ALOS per Admission	Total 2024 Admissions	2024 Days of Care at County ALOS	2024 Days of Care at Statewide ALOS	Projected 2024 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2020 License Data Supplement	2020 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.7% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (77.1)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.13%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2020 License Data Supplement	If Col. M >= 6 and Col. N >= 85 or blank
Lee	311	23,530	75.66	392	29,628	30,190	29,628	927	3		0	2.99		0
Lenoir	266	20,140	75.71	335	25,359	25,822	25,359	794	3		0	2.56		0
Lincoln	440	35,273	80.17	554	44,414	42,713	42,713	1,337	4		0	4.31		0
Macon	272	17,241	63.39	342	21,709	26,404	21,709	679	2	0	6	-3.81		0
Madison	122	9,954	81.59	154	12,534	11,843	11,843	371	1		0	1.19		0
Martin	98	8,179	83.46	123	10,299	9,513	9,513	298	1		0	0.96		0
McDowell	272	27,519	101.17	342	34,651	26,404	26,404	826	3		0	2.66		0
Mecklenburg	4,205	278,509	66.23	5,295	350,687	408,200	350,687	10,974	35	49	0	-13.65	42.29%	0
Mitchell	187	26,615	142.33	235	33,513	18,153	18,153	568	2		0	1.83		0
Montgomery	202	17,032	84.32	254	21,446	19,609	19,609	614	2		0	1.98		0
Moore	790	69,047	87.40	995	86,941	76,689	76,689	2,400	8	11	0	-3.27	65.35%	0
Nash	406	30,333	74.71	511	38,194	39,412	38,194	1,195	4		0	3.85		0
New Hanover	1,224	72,962	59.61	1,541	91,871	118,820	91,871	2,875	9	18	0	-8.74	75.10%	0
Northampton	98	6,926	70.67	123	8,721	9,513	8,721	273	1		0	0.88		0
Onslow	502	34,402	68.53	632	43,318	48,732	43,318	1,356	4		0	4.37		0
Orange	548	46,746	85.30	690	58,861	53,197	53,197	1,665	5	6	0	-0.64	0.00%	0
Pamlico	80	5,555	69.44	101	6,995	7,766	6,995	219	1		0	0.71		0
Pasquotank	267	12,480	46.74	336	15,714	25,919	15,714	492	2		0	1.58		0
Pender	280	15,664	55.94	353	19,723	27,181	19,723	617	2		0	1.99		0
Perquimans	67	4,497	67.12	84	5,662	6,504	5,662	177	1		0	0.57		0
Person	223	20,284	90.96	281	25,541	21,648	21,648	677	2		0	2.18		0
Pitt	583	48,709	83.55	734	61,332	56,595	56,595	1,771	6	8	0	-2.30	55.24%	0
Polk	221	14,677	66.41	278	18,481	21,454	18,481	578	2		0	1.86		0
Randolph	779	71,547	91.84	981	90,089	75,621	75,621	2,366	8	12	0	-4.38	39.63%	0
Richmond	532	40,996	77.06	670	51,620	51,644	51,620	1,615	5	6	0	-0.80	63.88%	0
Robeson	823	70,335	85.46	1,036	88,563	79,893	79,893	2,500	8	12	0	-3.95	23.58%	0

Table 13C: Year 2024 Hospice Inpatient Bed Need Projections

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
County	Total Admissions (2019 Data)	Total Days of Care (2019 Data)	ALOS per Admission	Total 2024 Admissions	2024 Days of Care at County ALOS	2024 Days of Care at Statewide ALOS	Projected 2024 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Approved/ License Pending/ Previous Need Determination	Surplus (-) Deficit (+)	Occupancy Rate	Inpatient Bed Need
Source or Formula =>	2020 License Data Supplement	2020 License Data Supplement	Col. C / Col. B	Col. B x 5 Years Growth at 4.7% annually	Col. D x Col. E	Col E. x Statewide Median ALOS per Admission (77.1)	Lower # of Days of Care between Col. F and Col. G	Col. H x 3.13%	(Col. I / 365.25) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2020 License Data Supplement	If Col. M >= 6 and Col. N >= 85 or blank
Rockingham	599	29,083	48.55	754	36,620	58,148	36,620	1,146	4	5	0	-1.31	44.22%	0
Rowan	747	39,078	52.31	941	49,205	72,515	49,205	1,540	5	7	0	-2.04	19.41%	0
Rutherford	490	43,110	87.98	617	54,282	47,567	47,567	1,489	5	10	0	-5.21	36.08%	0
Sampson	295	21,342	72.35	371	26,873	28,637	26,873	841	3		0	2.71		0
Scotland	256	17,242	67.35	322	21,710	24,851	21,710	679	2	6	0	-3.81	47.90%	0
Stanly	338	26,327	77.89	426	33,150	32,811	32,811	1,027	3		0	3.31		0
Stokes	352	24,542	69.72	443	30,902	34,170	30,902	967	3		0	3.11		0
Surry	611	54,974	89.97	769	69,221	59,313	59,313	1,856	6	16	0	-10.02	71.70%	0
Swain	115	7,037	61.19	145	8,861	11,164	8,861	277	1		0	0.89		0
Transylvania	263	18,314	69.63	331	23,060	25,531	23,060	722	2		0	2.32		0
Tyrrell	11	843	76.64	14	1,061	1,068	1,061	33	0		0	0.11		0
Union	988	65,005	65.79	1,244	81,852	95,910	81,852	2,561	8	6	0	2.25	50.87%	0
Vance	199	13,609	68.39	251	17,136	19,318	17,136	536	2		0	1.73		0
Wake	4,100	333,984	81.46	5,163	420,539	398,008	398,008	12,455	40	30	0	10.12	63.07%	0
Warren	90	8,784	97.60	113	11,060	8,737	8,737	273	1		0	0.88		0
Washington	62	3,669	59.18	78	4,620	6,019	4,620	145	0		0	0.47		0
Watauga	253	35,212	139.18	319	44,338	24,560	24,560	769	2		0	2.48		0
Wayne	864	46,852	54.23	1,088	58,994	83,873	58,994	1,846	6	12	0	-6.05	87.63%	0
Wilkes	462	31,303	67.76	582	39,415	44,849	39,415	1,233	4		0	3.97		0
Wilson	379	30,709	81.03	477	38,668	36,791	36,791	1,151	4		0	3.71		0
Yadkin	167	12,704	76.07	210	15,996	16,212	15,996	501	2	4	0	-2.39	63.84%	0
Yancey	164	20,551	125.31	207	25,877	15,920	15,920	498	2		0	1.60		0
Grand Totals	51,241	3,877,880		64,521	4,882,867	4,974,220	4,558,770	142,657	459	481	6			10

Patients originating from out of state were not included in the calculation of the two-year trailing average statewide hospice inpatient utilization rate (3.13%).

Table 13D: Hospice Inpatient Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	14	0
Brunswick	HOS0414	Lower Cape Fear LifeCare Center	7	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	25	0
Burke	HOS1670	Burke Palliative Care Center	11	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	14	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	8	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	4	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	6	0
Catawba	HOS3144	Catawba Valley Hospice House	11	0
Catawba	HOS4445	Sherrills Ford Hospice House	6	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0
Cleveland	HOS1413	Wendover Hospice House	6	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Columbus	HOS0417	Lower Cape Fear Hospice and Life CareCenter	6	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	8	0
Durham	HOS3793	Duke Hospice, Hock Family Pavilion	12	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	30	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	13	0
Guilford	HOS3522	Hospice Home at High Point	15	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	11	0
Henderson	HOS2143	Four Seasons Compassion for Life	19	0
Iredell	HOS3181	Gordon Hospice House	15	-6
Iredell		Mooreville Inpatient Unit	0	6
Johnston	HOS4088	SECU Hospice House of Johnston Health	12	0
Macon		Hospice House of Western North Carolina	0	6
Mecklenburg	HOS3727	Levine & Dickson Hospice House	16	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	14	0
Mecklenburg	HOS4588	Levine & Dickson Hospice House at Southminster	10	0
Mecklenburg	HOS4933	East Mecklenburg Inpatient Unit at Aldersgate	6	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	3	0
Moore	HOS4477	FirstHealth Hospice House	11	0
New Hanover	HOS1557	Lower Cape Fear Hospice and Life Care Center	18	0
Orange	HOS1388	Duke Hospice at the Meadowlands	6	0
Pitt	HOS3749	Vidant Home Health and Hospice	8	0
Randolph	HOS4307	The Randolph Hospice House	12	0
Richmond	HOS2138	Hospice Haven of Richmond County	6	0
Robeson	H0064	Southeastern Regional Medical Center	12	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	5	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	10	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	16	0
Union	HOS0405	Hospice of Union County	6	0
Wake	HOS1595	Transitions LifeCare	30	0
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	4	0
Grand Totals			481	6

Table 13E: Hospice Inpatient Facilities Occupancy Rate for FY2019

County	Facility	Number of Licensed Beds 10/1/2018	Number of Beds Added during FY2019	Number of Licensed Beds 9/30/2019	Days of Care per 2020 Data Supplement	Occupancy Rate for Reporting Period
Alamance	Hospice and Palliative Care of Alamance Caswell	14	0	14	2,249	44.01%
Brunswick	Lower Cape Fear LifeCare Center	7	0	7	2,120	82.97%
Buncombe	CarePartners Hospice & Palliative Care Services	25	0	25	4,973	54.50%
Burke	Burke Palliative Care Center	11	0	11	758	18.88%
Cabarrus	Hospice & Palliative Care of Cabarrus County	14	0	14	2,216	43.37%
Caldwell	Caldwell Hospice & Palliative Care	8	0	8	2,439	83.53%
Caldwell	Caldwell Hospice and Palliative Care, Inc.	4	0	4	1,199	82.12%
Carteret	SECU Crystal Coast Hospice House	6	0	6	1,903	86.89%
Catawba	Catawba Valley Hospice House	11	0	11	2,164	53.90%
Catawba	Sherrills Ford Hospice House	6	0	6	1,001	45.71%
Chatham	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	6	0	6	2,579	117.76%
Cleveland	Wendover Hospice House	6	0	6	1,279	58.40%
Cleveland	Testa Family Hospice House	4	0	4	811	55.55%
Columbus	Lower Cape Fear Hospice and Life CareCenter	6	0	6	1,366	62.37%
Davidson	Hospice of Davidson County/Hinkle Hospice House	8	0	8	2,514	86.10%
Durham	Duke Hospice, Hock Family Pavilion	12	0	12	3,653	83.40%
Forsyth	Kate B. Reynolds Hospice Home	30	0	30	4,117	37.60%
Gaston	Robin Johnson House - Gaston Hospice	13	0	13	1,439	30.33%
Guilford	Hospice Home at High Point	15	0	15	3,118	56.95%
Guilford	Hospice and Palliative Care of Greensboro-Beacon Place	11	0	11	1,489	37.09%
Henderson	Four Seasons Compassion for Life	19	0	19	3,444	49.66%
Iredell	Gordon Hospice House	15	0	15	3,032	55.38%
Johnston	SECU Hospice House of Johnston Health	12	0	12	505	11.53%
Mecklenburg	Levine & Dickson Hospice House	16	0	16	3,175	54.37%
Mecklenburg	Novant Health Presbyterian Medical Center	14	0	14	2,003	39.20%
Mecklenburg	Levine & Dickson Hospice House at Southminster*	10	0	10	0	0.00%
Mecklenburg	East Mecklenburg Inpatient Unit at Aldersgate	6	0	6	1,720	78.54%
Mecklenburg	Novant Health Matthews Medical Center	3	0	3	665	60.73%
Moore	FirstHealth Hospice House	11	0	11	2,624	65.35%
New Hanover	Lower Cape Fear Hospice and Life Care Center	18	0	18	4,934	75.10%
Orange	Duke Hospice at the Meadowlands**	6	0	6	0	0.00%
Pitt	Vidant Home Health and Hospice	8	0	8	1,613	55.24%
Randolph	The Randolph Hospice House	12	0	12	1,736	39.63%
Richmond	Hospice Haven of Richmond County	6	0	6	1,399	63.88%
Robeson	Southeastern Regional Medical Center	12	0	12	1,033	23.58%
Rockingham	Hospice of Rockingham County, Inc.	5	0	5	807	44.22%
Rowan	Novant Health Hospice	7	0	7	496	19.41%
Rutherford	Hospice of the Carolina Foothills	10	0	10	1,317	36.08%
Scotland	Scotland Regional Hospice	6	0	6	1,049	47.90%
Surry	Mountain Valley Hospice and Palliative Care	16	0	16	4,187	71.70%
Union	Hospice of Union County	6	0	6	1,114	50.87%
Wake	Transitions LifeCare	30	0	30	6,906	63.07%
Wayne	3HC/Kitty Askins Hospice Center	12	0	12	3,838	87.63%
Yadkin	Mountain Valley Hospice and Palliative Care	4	0	4	932	63.84%
Grand Totals		481	0	481	91,916	

* Closed May 31, 2018 for extensive renovations.

** No patients seen at this location during the reporting period.

Table 13F: Hospice Residential Facilities

County	License Number	Facility	Number of Licensed Beds	Number of Beds CON Approved/ License Pending
Alamance	HOS1136	Hospice and Palliative Care of Alamance Caswell	8	0
Buncombe	HOS0113	CarePartners Hospice & Palliative Care Services	2	0
Burke	HOS1670	Burke Palliative Care Center	3	0
Cabarrus	HOS3389	Hospice & Palliative Care of Cabarrus County	10	0
Caldwell	HOS4155	Caldwell Hospice & Palliative Care	4	0
Caldwell	HOS0185	Caldwell Hospice and Palliative Care, Inc.	2	0
Carteret	HOS4623	SECU Crystal Coast Hospice House	4	0
Catawba	HOS3144	Catawba Valley Hospice House	10	0
Chatham	HOS4907	SECU Jim & Betsy Bryan Hospice Home of UNC Health Care	4	0
Cleveland	HOS1413	Wendover Hospice House	10	0
Cleveland	HOS4089	Testa Family Hospice House	4	0
Davidson	HOS3784	Hospice of Davidson County/Hinkle Hospice House	4	0
Forsyth	HOS1603	Kate B. Reynolds Hospice Home	10	0
Gaston	HOS3717	Robin Johnson House - Gaston Hospice	6	0
Guilford	HOS3522	Hospice Home at High Point	3	0
Guilford	HOS1416	Hospice and Palliative Care of Greensboro-Beacon Place	3	0
Iredell		Mooreville Inpatient Unit	0	4
Iredell	HOS3181	Gordon Hospice House	0	6
Johnston	HOS4088	SECU Hospice House of Johnston Health	6	0
Randolph	HOS4307	The Randolph Hospice House	4	0
Rockingham	HOS0398	Hospice of Rockingham County, Inc.	3	0
Rowan	HOS4599	Novant Health Hospice	7	0
Rutherford	HOS2891	Hospice of the Carolina Foothills	8	0
Scotland	HOS3031	Scotland Regional Hospice	6	0
Surry	HOS3796	Mountain Valley Hospice and Palliative Care	4	0
Union	HOS0405	Hospice of Union County	20	0
Wayne	HOS1324	3HC/Kitty Askins Hospice Center	12	0
Yadkin	HOS4909	Mountain Valley Hospice and Palliative Care	2	0
Grand Totals			159	10

Table 13G: Inventory of Hospice Residential Beds

County	CON Award	Operational Facility
Alamance	0	8
Alexander		
Alleghany		
Anson		
Ashe		
Avery		
Beaufort		
Bertie		
Bladen		
Brunswick		
Buncombe	0	2
Burke	0	3
Cabarrus	0	10
Caldwell	0	6
Camden		
Carteret	0	4
Caswell		
Catawba	0	10
Chatham	0	4
Cherokee		
Chowan		
Clay		
Cleveland	0	14
Columbus		
Craven		
Cumberland		
Currituck		
Dare		
Davidson	0	4
Davie		
Duplin		
Durham		
Edgecombe		
Forsyth	0	10
Franklin		
Gaston	0	6
Gates		
Graham		
Granville		
Greene		
Guilford	0	6
Halifax		
Harnett		
Haywood		
Henderson		
Hertford		
Hoke		
Hyde		
Iredell	10	0
Jackson		
Johnston	0	6
Jones		
Lee		

Table 13G: Inventory of Hospice Residential Beds

County	CON Award	Operational Facility
Lenoir		
Lincoln		
Macon		
Madison		
Martin		
McDowell		
Mecklenburg		
Mitchell		
Montgomery		
Moore		
Nash		
New Hanover		
Northampton		
Onslow		
Orange		
Pamlico		
Pasquotank		
Pender		
Perquimans		
Person		
Pitt		
Polk		
Randolph	0	4
Richmond		
Robeson		
Rockingham	0	3
Rowan	0	7
Rutherford	0	8
Sampson		
Scotland	0	6
Stanly		
Stokes		
Surry	0	4
Swain		
Transylvania		
Tyrrell		
Union	0	20
Vance		
Wake		
Warren		
Washington		
Watauga		
Wayne	0	12
Wilkes		
Wilson		
Yadkin	0	2
Yancey		
Grand Totals	10	159

Table 13H: Hospice Home Care Office Need Determination

County Service Area	Hospice Home Care Office Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

Table 13I: Hospice Inpatient Bed Need Determination*

County Service Area	Hospice Inpatient Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cumberland	10	June 15, 2021	July 1, 2020
Watauga***	6	February 15, 2021	March 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved the adjusted need determination for six hospice inpatient beds in Watauga County.

Chapter 14:

Psychiatric Inpatient Services

CHAPTER 14

PSYCHIATRIC INPATIENT SERVICES

Introduction

Psychiatric facilities, acute care (community) hospitals, and state-operated psychiatric facilities provide psychiatric inpatient services. The State Medical Facilities Plan (SMFP) does not cover state-operated facilities. Entities may develop psychiatric inpatient beds in three ways. First, an entity may obtain a certificate of need (CON) pursuant to a need determination published in the SMFP. Second, pursuant to Policy PSY-1 in the SMFP, acute care hospitals may obtain a required CON to transfer beds from state-operated psychiatric facilities. Finally, acute care hospitals may convert acute care beds to psychiatric beds pursuant to G.S. 131E-184 by executing a contract with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services or one or more of the local management entities-managed care organizations (LME-MCOs), which exempts the hospital from Certificate of Need review.

Definitions

A psychiatric inpatient bed's service area is the LME-MCO in which the bed is located. The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the Department of Health and Human Services establishes the LME-MCOs.

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The methodology projects bed need two years beyond the SMFP publication year. The current **projection year** is 2023.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds as of the end of the current reporting year, adjusted for any beds approved by CON that are under development, minus any beds delicensed after the end of the current reporting year.

Two separate methodologies exist, one for children/adolescents and one for adults. **Children/adolescents** are individuals who had not yet reached their 18th birthday at the time of inpatient treatment admission or generation of population estimates. **Adults** are individuals 18 years of age and older at the time of inpatient treatment admission or generation of population estimates.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. The SMFP covers inpatient psychiatric services that are more extensive than stabilization of people in crisis but less extensive than long-term institutionalization. The facilities in this chapter generally provide inpatient stays of fewer than 60 days.
2. Providers should organize services for people with a mental disorder in such a way that a continuum of care is available. People with a mental disorder require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization.

3. Admission to a community-based facility is preferable to admission to a state operated facility for most individuals in acute distress, because community-based treatment provides greater potential for reintegration into the community.
4. The role of state facilities is to complement and supplement the community mental health system. Therefore, state facilities should be the treatment setting of last resort and should provide services that community-based facilities cannot provide economically.
5. Providers can develop community programs by establishing appropriate treatment programs and support services in the community. Community-based programs may avoid institutionalization of individuals in acute distress, and aid in the relocation of people from state facilities to community programs to the extent that appropriate services exist in the community.
6. Inpatient psychiatric treatment of children and adolescents shall occur in units that are separate and distinct from both adult psychiatric units and general pediatric units. To maximize efficiency and ensure the availability of a continuum of care, providers should develop psychiatric beds for children and adolescents in conjunction with outpatient treatment programs.

Data Sources

Bed inventory data comes from the North Carolina Department of Health and Human Services, Division of Health Service Regulation: Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; and Certificate of Need.

Days of care come from two sources. The first source is IBM Watson Health (IBM), a collector of hospital patient discharge information. All acute care hospitals and several private psychiatric hospitals provide data to IBM. The data include days of care for all psychiatric patients by their county of residence and age group. Major Diagnostic Category (MDC) code 19 (Mental Diseases and Disorders) was used to select discharge records. IBM provides this data to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center compiles the information and provides data to the Agency on days of care and patient origin by county. Second, where data from IBM is not available, the Agency obtains days of care and patient origin data from the Mental Health/Substance Abuse Hospital License Renewal Application for the current reporting year.

The North Carolina Office of State Budget and Management (OSBM) provides county population estimates by age.

Assumptions of the Methodology

1. A psychiatric inpatient bed's service area is the catchment area for the LME-MCO for mental health, developmental disabilities and substance use disorder services in which the bed is located. Table 14B lists the counties comprising each of the LME-MCOs.
2. The methodology considers 75% to be the optimum occupancy of freestanding psychiatric hospitals and psychiatric units in acute care hospitals.
3. Calculations project bed need two years beyond the SMFP publication year because that amount of time may be required to bring a needed facility or expansion into service.

Application of the Methodology

The methodology calculates need separately for children/adolescents and adults for each LME-MCO.

Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents

- Step 1: Obtain the planning inventory (*Table 14A, Column G*) by adjusting licensed beds (*Table 14A, Column D*) for CON-Approved/License Pending beds (*Table 14A, Column E*) and beds available in prior Plans that have not been CON-approved (*Table 14A, Column F*).
- Step 2: Calculate the days of care for children/adolescents for the projection year (*Table 14B, Column E*) by multiplying the days of care for the child/adolescent age group (*Table 14B, Column B*) by the child/adolescent population for the projection year (*Table 14B, Column D*). Then divide the result by the child/adolescent population for the reporting year (*Table 14B, Column C*).
- Step 3: Divide the days of care for the projection year (*Table 14B, Column E*) by 365.25 (*Table 14B, Column F*) and then by 75% to arrive at the number of beds needed for the projection year, assuming 75% occupancy (*Table 14B, Column G*).
- Step 4: Subtract the final number of beds needed (*Table 14B, Column G*) from the number of child/adolescent beds in the planning inventory (*Table 14B, Column H*) to arrive at the bed need determination for the child/adolescent population (*Table 14B, Column I*).

Part 2: Determining Projected Patient Days of Care and Bed Need for Adults

- Step 1: Obtain the planning inventory (*Table 14A, Column K*) by adjusting licensed beds (*Table 14A, Column H*) for CON-Approved/License Pending beds (*Table 14A, Column I*) and beds available in prior Plans that have not been CON-approved (*Table 14A, Column J*).
- Step 2: Calculate the days of care for adults for the projection year (*Table 14C, Column E*) by multiplying the days of care for the adult age group (*Table 14C, Column B*) by the adult population for the projection year (*Table 14C, Column D*). Then divide the result by the adult population for the reporting year (*Table 14C, Column C*).
- Step 3: Divide the days of care for the projection year (*Table 14C, Column E*) by 365.25 (*Table 14C, Column F*) and then divide by 75% to arrive at the adult bed need for the projection year, assuming 75% occupancy (*Table 14C, Column G*).
- Step 4: Subtract the final number of beds needed (*Table 14C, Column G*) from the number of adult beds in the planning inventory (*Table 14C, Column H*) to arrive at the bed need determination for adults (*Table 14C, Column I*).

**Table 14A: Inventory of Psychiatric Beds, Excluding State Hospitals
by Local Management Entity-Managed Care Organization (LME-MCO)**

A	B	C	D	E	F	G	H	I	J	K	L	M
Local Management Entity- Managed Care Organization	Hospital	County	Licensed Child/Adol Beds	CON Child/Adol	Available in SMFP Child/Adol	Child/Adol Planning Inventory	Licensed Adult Beds	CON Adult	Available in SMFP Adult	Adult Planning Inventory	Total Licensed Beds	Total All Beds
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center	Cumberland	0	0	0	0	28	0	0	28	28	28
	Duke Regional Hospital (Transfer 19 from Duke University Hospital - J-11509-18)	Durham	0	0	0	0	23	19	0	42	23	42
	Duke University Hospital (Transfer 19 to Duke Regional Hospital - J-11509-18)	Durham	0	0	0	0	19	-19	0	0	19	0
	Johnston Health †	Johnston	0	0	0	0	20	6	0	26	20	26
	Holly Hill Hospital	Wake	60	11	0	71	197	0	0	197	257	268
	Strategic Behavioral Center-Garner *	Wake	32	0	0	32	24	0	0	24	56	56
	Triangle Springs	Wake	0	0	0	0	43	0	0	43	43	43
	UNC Hospitals at WakeBrook *	Wake	0	0	0	0	28	0	0	28	28	28
Alliance Behavioral Healthcare Totals			92	11	0	103	382	6	0	388	474	491
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	Alamance	8	0	0	8	36	0	0	36	44	44
	Atrium Health Cabarrus	Cabarrus	0	0	0	0	10	0	0	10	10	10
	Novant Health Thomasville Medical Center	Davidson	0	0	0	0	45	0	0	45	45	45
	North Carolina Baptist Hospital	Forsyth	20	0	0	20	24	0	0	24	44	44
	Novant Health Forsyth Medical Center	Forsyth	0	0	0	0	80	0	0	80	80	80
	Old Vineyard Youth Services *	Forsyth	52	0	0	52	104	0	0	104	156	156
	Maria Parham Franklin **	Franklin	0	0	0	0	33	0	0	33	33	33
	Vidant North Hospital	Halifax	0	0	0	0	20	0	0	20	20	20
	Carolinas Medical Center (Behavioral Health)	Mecklenburg	22	0	0	22	110	0	0	110	132	132
	Novant Health Presbyterian Medical Center	Mecklenburg	20	0	0	20	55	0	0	55	75	75
	SBH-Charlotte ****	Mecklenburg	0	0	0	0	0	0	0	0	0	0
	University of North Carolina Hospitals	Orange	18	0	0	18	58	0	0	58	76	76
	Novant Health Rowan Medical Center (Lifeworks Behavioral Health Unit)	Rowan	0	0	0	0	40	0	0	40	40	40
	Atrium Health Stanly	Stanly	0	0	0	0	12	0	0	12	12	12
	LifeBrite Community Hospital of Stokes	Stokes	0	0	0	0	6	0	0	6	6	6
Cardinal Innovations Healthcare Solutions			140	0	0	140	633	0	0	633	773	773
Eastpointe	Vidant Duplin Hospital	Duplin	0	0	0	0	25	0	0	25	25	25
	Southeastern Regional Medical Center ^	Robeson	0	0	0	0	33	0	0	33	33	33
	Wayne UNC Healthcare	Wayne	0	0	0	0	61	0	0	61	61	61
	Wilson Medical Center	Wilson	0	0	0	0	24	0	0	24	24	24
Eastpointe Totals			0	0	0	0	143	0	0	143	143	143
Partners Behavioral Health Management	Carolinas HealthCare System Blue Ridge	Burke	0	0	0	0	22	0	0	22	22	22
	Catawba Valley Medical Center	Catawba	0	0	0	0	38	0	0	38	38	38
	Frye Regional Medical Center	Catawba	0	0	0	0	84	0	0	84	84	84
	Atrium Health Cleveland	Cleveland	0	0	0	0	14	0	0	14	14	14
	CaroMont Regional Medical Center	Gaston	27	0	0	27	36	0	0	36	63	63
	Davis Regional Medical Center *	Iredell	0	0	0	0	42	0	0	42	42	42
	Rutherford Regional Medical Center	Rutherford	0	0	0	0	14	0	0	14	14	14
	Northern Regional Hospital ****†	Surry	0	0	0	0	0	17	0	17	0	17
Partners Behavioral Health Management Totals			27	0	0	27	250	17	0	267	277	294

**Table 14A: Inventory of Psychiatric Beds, Excluding State Hospitals
by Local Management Entity-Managed Care Organization (LME-MCO)**

A	B	C	D	E	F	G	H	I	J	K	L	M
Local Management Entity- Managed Care Organization	Hospital	County	Licensed Child/Adol Beds	CON Child/Adol	Available in SMFP Child/Adol	Child/Adol Planning Inventory	Licensed Adult Beds	CON Adult	Available in SMFP Adult	Adult Planning Inventory	Total Licensed Beds	Total All Beds
Sandhills Center	Cone Health (Behavioral Health Center)	Guilford	30	0	0	30	50	0	0	50	80	80
	High Point Regional Health System	Guilford	0	0	0	0	24	0	0	24	24	24
	Good Hope Hospital	Harnett	0	0	0	0	16	0	0	16	16	16
	Central Carolina Hospital	Lee	0	0	0	0	10	0	0	10	10	10
	FirstHealth Moore Reg. Hospital and Pinehurst Treatment	Moore	0	0	0	0	36	0	0	36	36	36
Sandhills Center Totals			30	0	0	30	136	0	0	136	166	166
Trillium	Vidant Beaufort Hospital	Beaufort	0	0	0	0	22	0	0	22	22	22
	Carolina Dunes Behavioral Health †††	Brunswick	20	0	0	20	20	0	0	20	40	40
	CarolinaEast Medical Center	Craven	0	0	0	0	23	0	0	23	23	23
	Vidant Roanoke-Chowan Hospital	Hertford	0	0	0	0	28	0	0	28	28	28
	Nash General Hospital	Nash	0	0	0	0	44	0	0	44	44	44
	New Hanover Regional Medical Center	New Hanover	0	0	0	0	62	0	0	62	62	62
	Brynn Marr Behavioral Health System *	Onslow	60	0	0	60	12	0	0	12	72	72
Trillium Totals			80	0	0	80	263	0	0	263	343	343
Vaya Health	Alexander Hospital ***	Alexander	0	0	0	0	0	25	0	25	0	25
	Charles A. Cannon Memorial Hospital (Appalachian Behavioral Healthcare) ^^	Avery	0	0	0	0	10	0	0	10	10	10
	Mission Hospital/Copestone Center ^^^	Buncombe	17	0	0	17	65	0	0	65	82	82
	Caldwell Memorial Hospital ^^^^	Caldwell	0	0	0	0	0	0	0	0	0	0
	Haywood Regional Medical Center	Haywood	0	0	0	0	33	0	0	33	33	33
	Margaret R. Pardee Memorial Hospital	Henderson	0	0	0	0	21	0	0	21	21	21
	AdventHealth Hendersonville	Henderson	0	0	0	0	41	0	0	41	41	41
	St. Luke's Hospital	Polk	0	0	0	0	10	0	0	10	10	10
Vaya Health Totals			17	0	0	17	180	25	0	205	197	222
State Totals			386	11	0	397	1,987	48	0	2,035	2,373	2,432

* CON-approved projects that are Policy PSY-1 bed transfers from State Psychiatric Hospitals.

** Consolidation of Duke Life Point Maria Parham Medical Center with the closed Franklin Medical Center was effective October 23, 2017. Franklin Medical Center has been reopened as Maria Parham Franklin. The licensee received a grant from the Dorothea Dix Hospital Property Fund to develop 20 new psychiatric beds at Maria Parham Franklin. The remaining 13 psychiatric beds were new beds developed pursuant to CON #K-8674-11.

*** Adult beds are to be converted from acute care beds to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

**** Facility closed. License expired on June 30, 2019; 24 beds removed from inventory.

^ Southeastern Regional Medical Center received a grant from the Dorothea Dix Hospital Property Fund to develop 10 adult psychiatric inpatient beds. Development of these beds does not require a certificate of need, and they are not yet accounted for in Table 14A.

^^ Charles A. Cannon, Jr. Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to convert 27 acute care beds to adult psychiatric beds. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 14A.

^^^ Beds were added pursuant to Session law 2017-57 using allocations from the Dorothea Dix Hospital Property Fund. Development of these beds does not require a certificate of need, but they are included in the inventory and the standard need determination methodology calculations once licensed.

^^^^ Caldwell Memorial Hospital received a grant from the Dorothea Dix Hospital Property Fund to develop 27 adult psychiatric beds. In past SMFPs, the hospital had a CON to develop the beds. They relinquished the CON on 5/18/2020, based on the receipt of the grant. This project is exempt from certificate of need review and the beds are not yet accounted for in Table 14A.

† Six of Johnston Health's beds are CON-approved Policy PSY-1 bed transfers from State Psychiatric Hospitals.

†† Previously Northern Hospital of Surry County

††† Previously Strategic Behavioral Center-Leland

Table 14B: 2023 Projections of Child/Adolescent Psychiatric Bed Need by Local Management Entity-Managed Care Organization (LME-MCO)								
A	B	C	D	E	F	G	H	I
Local Management Entity-Managed Care Organization	2019 <18 Days of Care	2019 <18 Population Projected	2023 <18 Population Projected	2023 <18 Projected Days of Care	<18 Number of Beds Needed	<18 Total Beds Needed	Child/Adol Inventory	Child/Adol Need (Surplus or Deficit) Deficits are "-"
Formula				(Column B x Column D) / Column C	Column E / 365.25	Column F / 75%		Column H - Column G
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	23,567	466,883	478,608	24,159	66	88	103	15
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	32,021	713,710	727,443	32,637	89	119	140	21
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	7,108	153,087	149,374	6,936	19	25	0	-25
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin	7,869	215,530	214,629	7,836	21	29	27	-2
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	11,217	257,384	262,130	11,424	31	42	30	-12
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	14,772	314,083	320,954	15,095	41	55	80	25
Vaya Health: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey	9,268	190,943	192,092	9,324	26	34	17	-17
Child/Adolescent Grand Totals	105,822	2,311,620	2,345,230	107,410	294	392	397	

Note: Due to rounding, numbers in the Child/Adolescent Grand Totals row may differ from manual calculations of totals.

**Table 14C: 2023 Projections of Adult Psychiatric Bed Need
by Local Management Entity-Managed Care Organization (LME-MCO)**

A	B	C	D	E	F	G	H	I
Local Management Entity-Managed Care Organization	2019 18+ Days of Care	2019 18+ Population Projected	2023 18+ Population Projected	2023 18+ Projected Days of Care	Adult Number of Beds Needed	Adult Total Beds Needed	Adult Inventory	Adult Bed Need Surplus or Deficit (Deficits are "-")
Formula				(Column B x Column D) / Column C	Column E / 365.25	Column F / 75%		Column H - Column G
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	94,795	1,476,843	1,594,133	102,324	280	374	388	14
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	133,025	2,487,077	2,658,910	142,216	389	519	633	114
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	36,702	510,333	514,974	37,036	101	135	143	8
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin	44,910	806,463	835,572	46,531	127	170	267	97
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	38,638	878,182	923,450	40,630	111	148	136	-12
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	61,820	1,169,975	1,216,750	64,292	176	235	263	28
Vaya Health: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey	53,323	867,761	903,978	55,548	152	203	205	2
Adult Grand Totals	463,213	8,196,634	8,647,767	488,576	1,338	1,784	2,035	

Note: Due to rounding, numbers in the Adult Grand Totals row may differ from manual calculations of totals.

**Table 14D: Child/Adolescent Psychiatric Inpatient Bed
Need Determination***

Service Area	Child/ Adolescent Psychiatric Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	25	May 17, 2021	June 1, 2021
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin	2	January 15, 2021	February 1, 2021
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	12	January 15, 2021	February 1, 2021
Vaya Health: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey	17	May 17, 2021	June 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

**Table 14E: Adult Psychiatric Inpatient Bed
Need Determination***

Service Area	Adult Psychiatric Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	12	January 15, 2021	February 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

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Chapter 15:

Substance Use Disorder Inpatient and Residential Services
(Chemical Dependency Treatment Beds)

CHAPTER 15

SUBSTANCE USE DISORDER INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)

Introduction

G.S. 131E-176 (5a) defines a chemical dependency treatment facility as “a public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or substance abuse.” The facility may be a unit within or attached to a general hospital or psychiatric hospital. It may also be a freestanding facility “specializing in treatment of people who are substance abusers or chemically dependent” that is licensed under Article 1 or Article 1A of G.S. 122. The statute specifically excludes facilities that provide social setting or medical detoxification only. In addition, Session Law 2003-390, House Bill 815 resulted in changing the existing medical detoxification beds on acute care hospital licenses to licensed chemical dependency/substance use disorder beds (Appendix H).

Definitions

A chemical dependency treatment bed’s service area, for purposes of the State Medical Facilities Plan (SMFP), is the substance use disorder services region in which the bed is located. Regions are comprised of Licensed Management Entities-Managed Care Organizations (LME-MCO). The North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the Department of Health and Human Services establishes the LME-MCOs. Table 15B lists the LME-MCOs and their constituent counties that comprise the three regions for substance use disorder services.

The **reporting year** is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The methodology projects bed need two years beyond the SMFP publication year. The current **projection year** is 2023.

The **planning inventory** is the number of beds used in need determination calculations. It is the number of licensed beds as of the end of the current reporting year, adjusted for any beds approved by Certificate of Need (CON), minus any beds delicensed after the end of the current reporting year.

Two separate methodologies exist, one for children/adolescents and one for adults. **Children/adolescents** are individuals who had not yet reached their 18th birthday at the time of inpatient treatment admission or generation of population estimates. **Adults** are individuals 18 years of age and older at the time of inpatient treatment admission or generation of population estimates.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP.

Basic Principles

1. It is essential that a continuum of services be available for the treatment of substance use disorders. Physical withdrawal from addicting substances is accomplished through detoxification services. Following detoxification, individuals should receive substance use disorder-related services addressing their physical, emotional, psychological and social needs. Hospitalization should be considered the most restrictive form of therapeutic intervention or treatment and shall be used only when this level of 24-hour care and supervision is required to meet the patient's health care needs.

2. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state-operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community.
3. Children and adolescents require substance use disorder treatment services in facilities or units that are programmatically and physically separate from services provided to adults.
4. The relevant licensure categories of beds covered in this chapter require that patients receive detoxification before admission to a residential facility.

Data Sources

Bed inventory data comes from the North Carolina Department of Health and Human Services, Division of Health Service Regulation: Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; and Certificate of Need.

The North Carolina Office of State Budget and Management provides county population estimates by age.

Substance use disorder days of care come from two sources. The first source is IBM Watson Health (IBM), a collector of hospital discharge information. All acute care (general) hospitals and several private psychiatric hospitals provide data to IBM. The data include days of care for all patients by their county of residence and age group. Major Diagnostic Category (MDC) code 20 (Alcohol/Drug Use or Induced Mental Disorders) was used to identify discharges relevant to this methodology. IBM provides this data to the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill. The Sheps Center compiles the information and provides data on days of care and patient origin by county. Second, where IBM data is not available, the Agency obtains days of care and patient origin data for the reporting year from the following license renewal documents submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation: Mental Health/Substance Abuse Hospital License Renewal Application; or the Substance Abuse Residential Treatment Data Collection Form, as attached to the License Renewal Application for MH/DD/SAS Facilities.

Assumptions of the Methodology

1. The methodology projects bed need separately for the child/adolescent and adult populations.
2. Based on utilization patterns reflected in past data, the methodology assumes that children and adolescents require 9% of the days of care.
3. The target occupancy of substance use disorder treatment units in hospitals and residential facilities is 85%.
4. The methodology projects bed need two years beyond the current SMFP publication year because that amount of time may be required to bring a needed facility or expansion into service.

Application of the Methodology

Apply each step below individually to each LME-MCO. All calculations are carried out to at least four decimal places.

- Step 1: Obtain the total planning inventory (*Table 15A, Column E*) by adjusting licensed beds (*Table 15A, Column F*) for CON-Approved/License Pending beds (*Table 15A, Column G*), and beds available in prior Plans that have not been CON-approved (*Table 15A, Column H*).
- Step 2: Calculate the days of care for all age groups for the projection year (*Table 15B, Column E*) by multiplying the days of care for the reporting year (*Table 15B, Column B*), by the projected population for the projection year (*Table 15B, Column D*). Then divide the result by the population for the reporting year (*Table 15B, Column C*).
- Step 3: Divide the days of care for the projection year by 365.25 (*Table 15B, Column F*) and then by 85% to arrive at the total bed need in the projection year (*Table 15B, Column G*).
- Step 4: Obtain the child/adolescent planning inventory by adjusting the total planning inventory (*Table 15B, Column H*). Subtract the number of beds in the planning inventory from the total bed need (*Table 15B, Column G*) to calculate the surplus or deficit for all age groups for the projection year (total bed surplus/deficit) (*Table 15B, Column I*).
- Step 5: Multiply the total bed need (*Table 15B, Column G*) by 9% to calculate the estimated child/adolescent bed deficit for the projection year (*Table 15B, Column J*).
- Step 6: Subtract the estimated child/adolescent bed need for the projection year (*Table 15B, Column J*) from the child/adolescent planning inventory (*Table 15B, Column K*) to calculate the child/adolescent bed surplus/deficit for the projection year (*Table 15B, Column L*).
- Step 7: Subtract the child/adolescent bed need (*Table 15B, Column L*) from the total bed need (*Table 15B, Column I*) to obtain the adult bed surplus or deficit (*Table 15B, Column M*).
- Step 8: Add together the child/adolescent surpluses/deficits for each LME-MCO to calculate the child/adolescent bed need for each region. Then add together the adult surpluses/deficits for each LME-MCO to calculate the adult bed need for each region (*Table 15B, Column N*).

**Table 15A: Inventory of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities
by Local Management Entity-Managed Care Organization (LME-MCO) and Mental Health Planning Region**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Local Management Entity- Managed Care Organization	Facility Name	Type*	County	Detox/Treatment Beds: Total				Detox/Treatment Beds: Adult				Detox/Treatment Beds: Child/Adolescent			
				Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP
Eastpointe	Community Outreach Youth Services	R	Robeson	8	8	0	0	0	0	0	0	8	8	0	0
EASTPOINTE TOTALS				8	8	0	0	0	0	0	0	8	8	0	0
Trillium	Nash General Hospital	H	Nash	16	16	0	0	16	16	0	0	0	0	0	0
	The Wilmington Treatment Center	H	New Hanover	44	44	0	0	44	44	0	0	0	0	0	0
	Brynn Marr Behavioral Health System	H	Onslow	12	12	0	0	12	12	0	0	0	0	0	0
TRILLIUM TOTALS				72	72	0	0	72	72	0	0	0	0	0	0
Eastern Region Totals				80	80	0	0	72	72	0	0	8	8	0	0
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center	H	Cumberland	4	4	0	0	4	4	0	0	0	0	0	0
	Holly Hill Hospital	H	Wake	28	28	0	0	28	28	0	0	0	0	0	0
	Triangle Springs	H	Wake	34	34	0	0	34	34	0	0	0	0	0	0
ALLIANCE BEHAVIORAL HEALTHCARE TOTALS				66	66	0	0	66	66	0	0	0	0	0	0
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	H	Alamance	12	12	0	0	0	0	0	0	12	12	0	0
	Path of Hope, Men	R	Davidson	12	12	0	0	12	12	0	0	0	0	0	0
	Path of Hope, Women	R	Davidson	6	6	0	0	6	6	0	0	0	0	0	0
	Addiction Recovery Care Association	R	Forsyth	36	36	0	0	36	36	0	0	0	0	0	0
	Old Vineyard Youth Services	H	Forsyth	8	8	0	0	4	4	0	0	4	4	0	0
	Anuvia Prevention and Recovery Center	R	Mecklenburg	32	32	0	0	32	32	0	0	0	0	0	0
	Carolinas Medical Ctr./Ctr. For Mental Health	H	Mecklenburg	11	11	0	0	11	11	0	0	0	0	0	0
	McLeod Addictive Disease Center	R	Mecklenburg	30	30	0	0	30	30	0	0	0	0	0	0
	Novant Health Rowan Medical Center	H	Rowan	15	15	0	0	15	15	0	0	0	0	0	0
	2020 SMFP Need Determination**		Forsyth	32	0	0	32	32	0	0	32	0	0	0	0
CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS TOTALS				194	162	0	32	178	146	0	32	16	16	0	0
Sandhills Center	Daymark Guilford Residential Treatment Facility	R	Guilford	40	40	0	0	40	40	0	0	0	0	0	0
	Fellowship Hall	H	Guilford	60	60	0	0	60	60	0	0	0	0	0	0
	High Point Regional Health	H	Guilford	4	4	0	0	4	4	0	0	0	0	0	0
	Lodge II (of Fellowship Hall)	R	Guilford	15	15	0	0	15	15	0	0	0	0	0	0
	Mose Kiser, Jr. Lodge (of Fellowship Hall)	R	Guilford	20	20	0	0	20	20	0	0	0	0	0	0
	FirstHealth Moore Regional Hospital	H	Moore	14	14	0	0	14	14	0	0	0	0	0	0
	Samaritan Colony	R	Richmond	12	12	0	0	12	12	0	0	0	0	0	0
	Samaritan Women's Recovery Center	R	Richmond	14	0	14	0	14	0	14	0	0	0	0	0
SANDHILLS CENTER TOTALS				179	165	14	0	179	165	14	0	0	0	0	0
Central Region Totals				439	393	14	32	423	377	14	32	16	16	0	0
Partners Behavioral Health Management	Frye Regional Medical Center	H	Catawba	16	16	0	0	16	16	0	0	0	0	0	0
	Phoenix Counseling Center	R	Gaston	6	6	0	0	6	6	0	0	0	0	0	0
	Hope Valley, Men	R	Surry	22	22	0	0	22	22	0	0	0	0	0	0
	Hope Valley, Women	R	Surry	8	8	0	0	8	8	0	0	0	0	0	0
PARTNERS BEHAVIORAL HEALTH MANAGEMENT TOTALS				52	52	0	0	52	52	0	0	0	0	0	0
Vaya Health	Robert Swain Recovery Center	R	Buncombe	22	22	0	0	16	16	0	0	6	6	0	0
	Pavillon International	R	Polk	46	46	0	0	46	46	0	0	0	0	0	0
	Transylvania Regional Hospital	H	Transylvania	40	40	0	0	40	40	0	0	0	0	0	0
VAYA HEALTH TOTALS				108	108	0	0	102	102	0	0	6	6	0	0
Western Region Totals				160	160	0	0	154	154	0	0	6	6	0	0
State Totals				679	633	14	32	649	603	14	32	30	30	0	0

* H = Hospital. R = Residential facility.

** The State Health Coordinating Council approved an adjusted need determination for 32 adult beds in Forsyth County. CON applicants must commit to establishing a contract with the Cardinal Innovations Healthcare Solutions LME-MCO.

**Table 15B: 2023 Projection of Chemical Dependency (Substance Use Disorder) Treatment Bed Need
by Mental Health Planning Region**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Local Management Entity Managed Care Organization (LME-MCO) by Mental Health Planning Region Totals	2019 Days of Care	2019 Population	Projected 2023 Population	2023 Projected Days of Care	Number of Beds	Total Beds Needed	Total Planning Inventory	Total Bed (Surplus/Deficit) (H - G) Deficits are "-"	Child/Adol. Bed %	Child/Adol. Planning Inventory	Child/Adol. Bed Need (Surplus/Deficit)	Adult Bed Need (Surplus/Deficit)	Bed Need Determination	
													Child/Adol.	Adult
Formula				(Column B x Column D) / Column C	Column E / 365.25	Column F / 85%		Column H - Column G	Column G x 9%		Column K - Column J	Column I - Column L [Rounded]		
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	7,038	663,420	664,348	7,048	19	23	8	-15	2	8	6	-21		
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	16,291	1,484,058	1,537,704	16,880	46	54	72	18	5	0	-5	23		
Eastern Region Totals	23,329	2,147,478	2,202,052	23,928	66	77	80	3	7	8	1	2	0	0
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	22,253	1,943,726	2,072,741	23,730	65	76	66	-10	7	0	-7	-3		
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren*	58,647	3,200,787	3,386,353	62,047	170	200	194	-6	18	16	-2	-4		
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	37,609	1,135,566	1,185,580	39,265	108	126	179	53	11	0	-11	64		
Central Region Totals	118,509	6,280,079	6,644,674	125,043	342	403	439	36	36	16	-20	57	20	0
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin	13,840	1,021,993	1,050,201	14,222	39	46	52	6	4	0	-4	10		
Vaya Health: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey	13,598	1,058,704	1,096,070	14,078	39	45	108	63	4	6	2	61		
Western Region Totals	27,438	2,080,697	2,146,271	28,300	77	91	160	69	8	6	-2	71	2	0
							679	< Grand Totals >		30				

Note: Due to rounding, numbers in the "Totals" rows may differ from manual calculations of totals.

* The Total Planning Inventory includes 32 adult beds for Forsyth County approved by the State Health Coordinating Council. CON applicants must commit to establishing a contract with the Cardinal Innovations Healthcare Solutions LME-MCO.

Table 15C: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination*

Service Area	Child/ Adolescent Psychiatric Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Central Region	20	May 17, 2021	June 1, 2021
Western Region	2	May 17, 2021	June 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 15D: Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination*

Service Area	Adult Chemical Dependency Bed Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Eastern Region***	70	May 17, 2021	June 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a request for an adjusted need determination, the Governor included an adjusted need determination for 70 adult substance use disorder beds in the Eastern Region.

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Chapter 16:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

CHAPTER 16

INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information

Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities (ICF/IID) is a category of group home care designated by the federal-state Medicaid program. Under G.S. 122C-117(a)(2), area mental health, developmental disability and substance use disorder authorities – the Local Management Entity-Managed Care Organizations (LME-MCO) – have responsibility to ensure provision of services to people in need within their catchment areas.

The North Carolina Department of Health and Human Services (DHHS) is committed to the integration of people with intellectual disabilities/developmental disabilities into community living to the fullest extent possible. One way DHHS encourages community-based alternatives is through the transfer of ICF/IID beds from state developmental centers

The LME-MCOs serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and to ensure coordination with services outside the facility.

Definitions

The service area is the LME-MCO in which the bed is located.

Healthcare Planning obtains the inventory of ICF/IID beds each January. The inventory for the current State Medical Facilities Plan (SMFP) was prepared in January 2020.

Changes from the Previous Plan

This chapter contains no substantive changes from the previous SMFP. However, Policies ICF/IID-1 through ICF/IID-4 have been eliminated from Chapter 4, and a new policy (ICF/IID-5) has been added.

Basic Principles

1. People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, potential providers should explore the full continuum of services to determine the most appropriate level of care for their needs.
2. Services for people with a developmental disability should provide a continuum of care. For most individuals, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in

the community to avoid institutionalization, and by relocating people from state facilities to community programs to the extent appropriate services exist in the community.

3. The ICF/IID bed inventory excludes beds located in state developmental centers because such facilities are not subject to the state's certificate of need (CON) law.

Data Sources

Healthcare Planning obtains the inventory of ICF/IID beds for the current reporting time point from the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section.

The number of beds in state developmental centers comes from the Division of State Operated Healthcare Facilities (*Table 16B*).

Data on certificates of need comes from the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

Development of ICF/IID Beds

Table 16A lists the LME-MCOs and ICF/IID bed inventory.

The SMFP does not have a methodology to project the need for additional ICF/IID beds. Entities may only develop ICF/IID beds by transferring existing beds from state developmental centers. To develop new beds (in an existing or new facility) applicants must obtain a certificate of need pursuant to Policy ICF/IID -5 in Chapter 4 of the SMFP.

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	Extra Special Care	Cumberland	0	0		6	6
	Holiday's Place Group Home	Cumberland	0	0		6	6
	Hope Mills Home	Cumberland	0	0		6	6
	My Place	Cumberland	0	0		6	6
	No Place Like Home	Cumberland	0	0		5	5
	Northside Group Home	Cumberland	0	0		6	6
	Southern Avenue Home	Cumberland	0	0		6	6
	Strickland Bridge Homes A & B	Cumberland	0	0		12	12
	Thomas S. Decatur Home	Cumberland	0	0		6	6
	The Carter Clinic Residential Home	Cumberland	0	0		6	6
	Wilmington Road Group Home	Cumberland	0	0		6	6
	Chandler Road	Durham	0	0		6	6
	Holloway Street Home	Durham	0	0		6	6
	Kenwood Drive Home	Durham	0	0		6	6
	Keywest Center	Durham	0	0		6	6
	Lynn Road	Durham	0	0		6	6
	Mineral Springs I	Durham	0	0		6	6
	Mineral Springs II	Durham	0	0		6	6
	SCI-Triangle House I	Durham	0	0		6	6
	SCI-Triangle House II	Durham	0	0		6	6
	Seven Oaks Road-Durham	Durham	0	0		5	5
	VOCA-Gentry	Durham	0	0		6	6
	VOCA-Obie	Durham	0	0		6	6
	Voca-Otis Street Home	Durham	0	0		6	6
	Canterbury Road Home	Johnston	0	0		6	6
	Country Manor Group Home	Johnston	0	0		6	6
	Heath Avenue Home	Johnston	0	0		6	6
	VOCA-Greenwood Group Home	Johnston	0	0		6	6
	VOCA-Laurelwood	Johnston	0	0		6	6
	Avent Ferry Home	Wake	0	0		6	6
	Bass Lake	Wake	0	0		6	6
	Blanche Drive	Wake	0	0		6	6
	Country Lane	Wake	0	0		6	6
	Dartmouth Road Group Home	Wake	0	0		6	6
	Dickens Drive Home	Wake	0	0		6	6
	Forest Creek Group Home	Wake	0	0		6	6
	Georgia Court	Wake	0	0		6	6
	Helmsdale Group Home	Wake	0	0		6	6
	Hickory Avenue Home	Wake	0	0		6	6
	Hilltop Home	Wake	0	0		22	22
	Huntleigh	Wake	0	0		6	6
	Jade Tree	Wake	0	0		6	6
	Lockley Road	Wake	0	0		6	6
	Mason Street	Wake	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	Rockwood	Wake	0	0		6	6
	Rolling Meadows	Wake	0	0		6	6
	Stonegate	Wake	0	0		6	6
	Tammy Lynn Center for Developmental Disabilities	Wake	0	0		30	30
	Trotters Bluff	Wake	0	0		6	6
	VOCA - Creekway	Wake	0	0		6	6
	VOCA - Olive Home	Wake	0	0		6	6
Totals for Alliance Behavioral Healthcare			0	0		350	350
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Poplar Street Group Home	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc./Rosemont Street	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc./Veterans Drive	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	Alamance	0	0		6	6
	Bost Children's Center	Cabarrus	0	0		10	10
	Christy Woods Group Home	Cabarrus	0	0		5	5
	Michigan Street Home	Cabarrus	0	0		5	5
	Clear Creek	Cabarrus	0	0		120	120
	Wilhelm Place Home	Cabarrus	0	0		5	5
	CLLC (Carolina Living & Learning Center)	Chatham	0	0		15	15
	Scotthurst I & II	Davidson	0	0		12	12
	Boxwood Acres	Davie	0	0		6	6
	Pleasant Acres	Davie	0	0		6	6
	Twinbrooks	Davie	0	0		6	6
	Forsyth Group Home #1	Forsyth	0	0		6	6
	Forsyth Group Home #2	Forsyth	0	0		6	6
	Konnoak Group Home	Forsyth	0	0		6	6
	Pineview	Forsyth	0	0		5	5
	The Arches-Horizons Residential Care Center	Forsyth	0	0		10	10
	The Atrium/The Respite Center	Forsyth	0	0		30	30
	Wilson Smith Cottage	Forsyth	0	0		6	6
	Dove Road Home	Granville	0	0		6	6
	Granville ICF/MR Group Home	Granville	0	0		5	5
	Park Avenue Home	Granville	0	0		6	6
	Stem Road Home	Granville	0	0		6	6
	Idlewood Group Home	Halifax	0	0		6	6
	LIFE, Inc./ Lakeview	Halifax	0	0		6	6
	LIFE, Inc./King Street Group Home	Halifax	0	0		6	6
	McFarland Road	Halifax	0	0		6	6
	SCI-Roanoke House	Halifax	0	0		12	12
	Bon Rea Drive Group Home	Mecklenburg	0	0		6	6
	Dalmoor Drive Group Home	Mecklenburg	0	0		6	6
	Flowe Drive Group Home	Mecklenburg	0	0		6	6
	Gail B. Hanks Group Home	Mecklenburg	0	0		6	6
	Heathcroft	Mecklenburg	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Leaves	Mecklenburg	0	0		6	6
	Mantle Court Group Home	Mecklenburg	0	0		6	6
	Oak Street Group Home-St. Mark	Mecklenburg	0	0		6	6
	Ravendale Drive Group Home	Mecklenburg	0	0		6	6
	Monroe Road	Mecklenburg	0	0		6	6
	Shelburne Place	Mecklenburg	0	0		6	6
	Burtonwood Circle Home	Mecklenburg	0	0		6	6
	Lakeview	Mecklenburg	0	0		6	6
	Starnes Group Home	Mecklenburg	0	0		6	6
	Tuckaseegee Group Home	Mecklenburg	0	0		6	6
	VOCA-Denbur Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Freedom Group Home	Mecklenburg	0	0		6	6
	VOCA-Harrisburg Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Mallard Drive	Mecklenburg	0	0		6	6
	Enoch Drive	Mecklenburg	0	0		6	6
	VOCA-Norwich Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Oak Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Oakhaven Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Purser Group Home	Mecklenburg	0	0		6	6
	VOCA-Sandburg Group Home	Mecklenburg	0	0		6	6
	VOCA-Simpson Group Home	Mecklenburg	0	0		6	6
	VOCA-St. John's Church Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Toddville Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Wilson Avenue Group Home	Mecklenburg	0	0		6	6
	VOCA-Woodbridge Road Group Home	Mecklenburg	0	0		6	6
	Browne Group Home	Mecklenburg	0	0		6	6
	Christopher Road	Orange	0	0		6	6
	Quail Roost Group Home (ICF/MR)	Orange	0	0		6	6
	Residential Services, Inc. Retirement Center	Orange	0	0		15	15
	Shadylawn	Orange	0	0		6	6
	Silo Drive Facility-Chapel Hill	Orange	0	0		6	6
	West Main Street Facility-Carrboro	Orange	0	0		6	6
	Cates Street ICF/MR	Person	0	0		6	6
	Frank Street ICF/MR	Person	0	0		6	6
	Rouse's Group Home #6	Rockingham	0	0		5	5
	Rouse's Group Homes	Rockingham	0	0		30	30
	Laura Springs Road Home	Rowan	0	0		6	6
	Myron Place	Rowan	0	0		6	6
	Rockwell 1 & 2	Rowan	0	0		12	12
	Smith Street Home	Rowan	0	0		6	6
	Stoneridge	Rowan	0	0		6	6
	A. Jack Wall Group Home	Stanly	0	0		6	6
	Carolina Farms Group Home #1	Stanly	0	0		6	6
	Carolina Farms Group Home #2	Stanly	0	0		6	6
	Carolina Farms Group Home #3	Stanly	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Marie G. Smith Group Home	Stanly	0	0		6	6
	Morrow Valley Farmstead	Stanly	0	10	F-11267-16	0	10
	Moss I Group Home	Stanly	0	0		5	5
	Moss II Group Home	Stanly	0	0		6	6
	Robert W. Thompson Group Home	Stanly	0	0		6	6
	Pilotview	Stokes	0	0		5	5
	Karen Lane Home	Union	0	0		6	6
	Meadowview Home	Union	0	0		6	6
	Ridgefield Home	Union	0	0		6	6
	Totals for Cardinal Innovations		0	10		732	742
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	Midlake Residential	Bladen	0	0		6	6
	Northridge Residential	Bladen	0	0		6	6
	SCI-Duplin House	Duplin	0	0		6	6
	Skill Creations of Kenansville	Duplin	0	0		15	15
	Skill Creations of Tarboro	Edgecombe	0	0		15	15
	Fox Run Group Home	Lenoir	0	0		6	6
	LaGrange Home	Lenoir	0	0		6	6
	Bear Creek	Lenoir	0	0		113	113
	Robin's Nest Group Home	Lenoir	0	0		6	6
	Roseanne Group Home	Lenoir	0	0		5	5
	Skill Creations of Kinston	Lenoir	0	0		15	15
	Washington Street East Group Home	Lenoir	0	0		6	6
	Corbel Residential	Robeson	0	0		6	6
	Eastbrook	Robeson	0	0		6	6
	Wakulla I & II	Robeson	0	0		12	12
	Westside Residential	Robeson	0	0		6	6
	Skill Creations of Clinton	Sampson	0	0		15	15
	College Park	Scotland	0	0		6	6
	Lee Forest Home	Scotland	0	0		6	6
	Scotland Forest Home	Scotland	0	0		6	6
	Airport Road Group Home	Wayne	0	0		6	6
	Daughtry Field Road Group Home	Wayne	0	0		6	6
	Highway 117 Group Home	Wayne	0	0		6	6
	Holly Street Home	Wayne	0	0		6	6
	LIFE, Inc./Walnut Street Group Home	Wayne	0	0		6	6
	LIFE, Inc./William Street Home	Wayne	0	0		6	6
	North Drive Group Home	Wayne	0	0		6	6
	Norwood Avenue Home	Wayne	0	0		6	6
	Walnut Creek	Wayne	0	0		37	37
	Skill Creations	Wayne	0	0		15	15
	LIFE, Inc./Raven Ridge Group Home	Wilson	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Eastpointe: Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson	McKeel Loop Road Home	Wilson	0	0		6	6
	Skill Creations of Wilson	Wilson	0	0		15	15
	Totals for Eastpointe		0	0		395	395
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin	Chesterfield Group Home	Burke	0	0		6	6
	Hartland Group Home	Burke	0	0		6	6
	SCI-Burke ICF/MR Group Home	Burke	0	0		5	5
	23rd Street Home	Catawba	0	0		6	6
	Penny Lane #1	Catawba	0	0		6	6
	Penny Lane II	Catawba	0	0		6	6
	Shannonbrook Home	Catawba	0	0		6	6
	Wendover Home	Catawba	0	0		6	6
	VOCA-Young Group Home	Cleveland	0	0		6	6
	Wooding Place Group Home	Cleveland	0	0		6	6
	Belmont Group Home	Gaston	0	0		5	5
	Cherryville ICF/MR Group Home	Gaston	0	0		5	5
	Franklin Group Home	Gaston	0	0		5	5
	Holy Angels Services-McAuley Residences	Gaston	0	0		48	48
	Meek Road Group Home	Gaston	0	0		5	5
	Mountain Ridge Group Home	Gaston	0	0		6	6
	Springdale Lane Group Home	Gaston	0	0		5	5
	Bonnie Lane Group Home	Iredell	0	0		6	6
	Dal-Wan Heights Group Home	Iredell	0	0		6	6
	Fanjoy Home #1	Iredell	0	0		6	6
	Fanjoy Home #2	Iredell	0	0		6	6
	Hollingswood Group Home	Iredell	0	0		6	6
	Oakdale Group Home	Iredell	0	0		6	6
	Pinewood Group Home	Iredell	0	0		6	6
	Brookwood Home	Lincoln	0	0		6	6
	Linoak Group Home	Lincoln	0	0		6	6
	Riverview Home	Lincoln	0	0		6	6
	Sunny Hill Group Home #1	Lincoln	0	0		6	6
	Sunny Hill II	Lincoln	0	0		6	6
	VOCA-Rollins Group Home	Rutherford	0	0		6	6
	VOCA-Woodland	Rutherford	0	0		6	6
	Park Drive Group Home	Surry	0	0		6	6
	Sydnor Street Group Home	Surry	0	0		6	6
	Yadkin I	Yadkin	0	0		6	6
	Yadkin II & III	Yadkin	0	0		12	12
	Totals for Partners Behavioral Health		0	0		252	252

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	Ansonville Group Home	Anson	0	0		6	6
	Friendway Group Home	Guilford	0	0		6	6
	Guilford #1	Guilford	0	0		6	6
	Guilford #2	Guilford	0	0		6	6
	Guilford #3	Guilford	0	0		6	6
	Gatewood	Guilford	0	0		15	15
	Guilford IV	Guilford	0	0		6	6
	Holden Group Home	Guilford	0	0		6	6
	Ridgely Oak	Guilford	0	0		6	6
	Rollingwood	Guilford	0	0		6	6
	West Friendly	Guilford	0	0		6	6
	Westminister	Guilford	0	0		6	6
	Southridge Road	Guilford	0	0		5	5
	Summerlyn	Guilford	0	0		6	6
	VOCA-Meadowood Drive Group Home	Guilford	0	0		6	6
	Watson's Group Home	Guilford	0	0		6	6
	Westridge (908 Westridge Rd) (Replaced by Northbay Group Home)	Guilford	0	-5	G-11556-18	0	-5
	Westridge (1609 Westridge Rd)	Guilford	0	0		6	6
	Northbay Group Home (replacement for 908 Westridge Rd)	Guilford	0	5	G-11556-18	0	5
	Erwin #2 Group Home	Harnett	0	0		6	6
	Erwin Avenue Home	Harnett	0	0		6	6
	Lillington Group Home	Harnett	0	0		6	6
	Ashley Heights Home	Hoke	0	0		6	6
	Old Farm Road	Hoke	0	0		6	6
	Hickory II Group Home	Lee	0	0		6	6
	Pine Ridge Group Home	Lee	0	0		6	6
	Skill Creations of Sanford	Lee	0	0		15	15
	T.L.C. Home, Inc.	Lee	0	0		10	10
	VOCA-Sixth Street Group Home	Lee	0	0		6	6
	Mt. Gilead Children's Home	Montgomery	0	0		6	6
	Myrtlewood Group Home	Montgomery	0	0		6	6
	Crest Road Group Home	Moore	0	0		6	6
	Magnolia Group Home	Moore	0	0		6	6
	Moore County Home For Autistic Adults	Moore	0	0		6	6
	Sherwood Park Home	Moore	0	0		15	15
	Brookwood	Randolph	0	0		6	6
	Timberlea Group Home	Randolph	0	0		6	6
	Hoffman Group Home	Richmond	0	0		6	6
	Mallard Lane Center	Richmond	0	0		5	5
	Pence Place	Richmond	0	0		9	9
Totals for Sandhills Center			0	0		260	260

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Vaya Health: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey	Ellendale Group Home	Alexander	0	0		6	6
	Little River Group Home	Alexander	0	0		6	6
	VOCA-Second Avenue Group Home	Alexander	0	0		6	6
	New River Cottage, Inc.	Alleghany	0	0		5	5
	Ridgecrest I	Ashe	0	0		6	6
	Ridgecrest II	Ashe	0	0		6	6
	Thomas Street Home	Ashe	0	0		6	6
	BlueWest Opportunities-Swannanoa Residential*	Buncombe	0	0		32	32
	Chiles Avenue Group Home	Buncombe	0	0		6	6
	Irene Wortham Residential Center-Azalea	Buncombe	0	0		6	6
	IWRC-Dogwood	Buncombe	0	0		6	6
	IWC-Rose Street Home	Buncombe	0	0		12	12
	BlueWest Opportunities-New Stock House**	Buncombe	0	0		6	6
	BlueWest Opportunities-Pisgah House***	Buncombe	0	0		6	6
	Emory Road	Buncombe	0	0		6	6
	BlueWest Opportunities-Kenmore House****	Buncombe	0	0		6	6
	BlueWest Opportunities-Montford House^	Buncombe	0	0		5	5
	BlueWest Opportunitites-Ora House^^	Buncombe	0	0		6	6
	Creekside Group Home	Caldwell	0	0		6	6
	Lower Creek Group Home	Caldwell	0	0		6	6
	Playmore Group Home	Caldwell	0	0		6	6
	VOCA-Laurel Group Home	Caldwell	0	0		6	6
	Haywood County Group Home #3	Haywood	0	0		5	5
	Country Cove Group Home	Henderson	0	0		6	6
	Pinebrook Group Home	Henderson	0	0		6	6
	Rayside A	Henderson	0	0		4	4
	Rayside B	Henderson	0	0		4	4
	Smoky ICF/MR Group Home	Jackson	0	0		6	6
	Webster Group Home	Jackson	0	0		6	6
	Itola Street Group Home	Macon	0	0		6	6
	Macon County Group Home	Macon	0	0		6	6
	Blue Ridge Homes-Madison^^^	Madison	0	0		32	32
	Laurelwood Group Home	McDowell	0	0		6	6
	Forest Bend Group Home	Transylvania	0	0		6	6
	Wildcat Group Home	Watauga	0	0		15	15
	Lakewood	Wilkes	0	0		6	6
	Lewis Fork Homes I & II	Wilkes	0	0		12	12
	VOCA-Apple Valley	Wilkes	0	0		6	6
	VOCA-Blairfield	Wilkes	0	0		6	6
	VOCA-College Street	Wilkes	0	0		6	6
	VOCA-Kimsey	Wilkes	0	0		6	6
	VOCA-Welborn Ave.	Wilkes	0	0		6	6
Totals for Vaya Health			0	0		318	318

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	LIFE, Inc./Beaufort Heights Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Dixon Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Edgewood Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Minute Man Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Slatestone Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc./Folly Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc./Lockwood Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc./Grey Fox Run Group Home	Carteret	0	0		6	6
	LIFE, Inc./Nine Foot Road Group Home	Carteret	0	0		6	6
	LIFE, Inc./Albemarle Group Home	Chowan	0	0		6	6
	LIFE, Inc./Chowan Group Home	Chowan	0	0		6	6
	LIFE, Inc./Coke Avenue Group Home	Chowan	0	0		6	6
	Luke Street	Chowan	0	0		6	6
	Riverside Residential	Columbus	0	0		6	6
	Strawberry House	Columbus	0	0		6	6
	Brices Creek Road Home	Craven	0	0		6	6
	Dogwood House	Craven	0	0		5	5
	Kimberly Road	Craven	0	0		6	6
	LIFE, Inc./Cherry Lane	Craven	0	0		6	6
	LIFE, Inc./Lavenham Group Home	Craven	0	0		6	6
	LIFE, Inc./Oakdale Home	Craven	0	0		6	6
	Riverbend^***	Craven	0	0		125	125
	Roanoke Place	Hertford	0	0		6	6
	LIFE, Inc./Twin Acres Group Home	Martin	0	0		6	6
	LIFE, Inc./ Green Tee Lane	Nash	0	0		6	6
	SCI Nash House I	Nash	0	0		6	6
	SCI Nash House II	Nash	0	0		6	6
	Greenville Loop Group Home	New Hanover	0	0		6	6
	LIFE, Inc./Cherokee Trail Group Home	New Hanover	0	0		6	6
	Lifetime Resources, Inc. Echo Farms Group Home	New Hanover	0	0		6	6
	Myrtle Grove Group Home	New Hanover	0	0		6	6
	Robert E. Lee Group Home	New Hanover	0	0		6	6
	Robin Hood Group Home	New Hanover	0	0		6	6
	SCI-Coastal House I and II	New Hanover	0	0		12	12
	Countryview Residential	Onslow	0	0		6	6
	Queen's Pond	Onslow	0	0		14	14
	Sandridge	Onslow	0	0		24	24
	Curry House	Pitt	0	0		6	6
	Pitt County Group Home #1	Pitt	0	0		6	6
	Pitt County Group Home #2	Pitt	0	0		6	6
	Pitt County Group Home #3	Pitt	0	0		6	6
	Forest Hills Group Home [†]	Pitt	0	0		6	6

Table 16A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	King George Group Home ^{††}	Pitt	0	0		6	6
	Tar River ^{†††}	Pitt	0	0		30	30
	SCI-East	Pitt	0	0		12	12
	Skill Creations of Greenville	Pitt	0	0		15	15
	LIFE, Inc./Old Roper Road Group Home	Washington	0	0		6	6
	LIFE, Inc/ Wilson Street Group Home	Washington	0	0		6	6
Totals for Trillium			0	0		477	477
	Cumulative Totals:		0	10	--	2,784	2,794

* Previously licensed as Blue Ridge Homes

** Previously licensed as New Stock Road Group Home

*** Previously licensed as Pisgah Group Home

**** Previously licensed as WNC Group Home - Kenmore

^ Previously licensed as WNC Group Home - Montford

^^ Previously licensed as WNC Group Home - Ora

^^^ Previously licensed as Blue Ridge Homes-Madison

^^^^ Previously licensed as RHA/Howell's Child Care Center/Riverbend

† Previously licensed as RHA/Howell Care Centers/Forest Hills Group Home

†† Previously licensed as RHA/Howell Care Centers/King George Group Home

††† Previously licensed as RHA/Howell Care Centers/Tar River

Table 16B: State Facility Beds Excluded from ICF/IID Inventory by Local Management Entity-Managed Care Organization (LME-MCO)

Local Management Entity – Managed Care Organization (LME-MCO)	Facility Name	Number of Certified ICF/IID Beds
Cardinal Innovations Healthcare Solutions	Murdoch Developmental Center	640
Eastpointe	Caswell Developmental Center	807
Eastpointe	O’Berry Neuro-Medical Treatment Center*	338
Partners Behavioral Health Management	J. Iverson Riddle Developmental Center	481
Total		2,266

* This facility operates nursing home beds in addition to the 338 ICF/IID beds. In July 2019, this facility converted 51 of its ICF/IID beds to certified nursing home beds.

Chapter 17:

Technology and Equipment

- A. Cardiac Catheterization Equipment
- B. Gamma Knives
- C. Linear Accelerators
- D. Lithotriptors
- E. Magnetic Resonance Imaging Scanners
- F. Positron Emission Tomography Scanners

CHAPTER 17

TECHNOLOGY AND EQUIPMENT

Introduction

This chapter covers six types of medical equipment subject to the Certificate of Need (CON) Law: cardiac catheterization equipment, gamma knives, linear accelerators, lithotriptors, magnetic resonance imaging scanners, and positron emission tomography scanners.

Definitions

The reporting year for all types of equipment is October 1 through September 30. The **current** reporting year is October 1, 2018 through September 30, 2019.

The **inventory** is the number of units of equipment in operation, as reported at the end of the reporting year. The **planning inventory** is the inventory and any adjustments for certificates of need and prior need determinations.

Changes from the Previous Plan

No substantive changes have been incorporated into this chapter.

Data Sources

Inventory and utilization data come from the Hospital License Renewal Application for equipment on a hospital campus or at a facility on a hospital license. Data for equipment in freestanding facilities and mobile units comes from the Registration and Inventory of Medical Equipment form for each type of equipment.

A. CARDIAC CATHETERIZATION EQUIPMENT

Introduction

G.S. 131E-176(2f) defines **cardiac catheterization equipment** as “equipment used to provide cardiac catheterization services.” G.S. 131E-176(2g) defines **cardiac catheterization services** as “those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.” Tables 17A-1 and 17A-2 show the number of cardiac catheterization procedures performed during the reporting year.

Assumptions of the Methodology

1. Cardiac catheterization equipment service areas are the Acute Care Bed Service Areas defined in Chapter 5 and shown in Figure 5.1.
2. The capacity of a unit of cardiac catheterization equipment is defined as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80% of capacity. One interventional cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
3. Cardiac catheterization equipment and services shall only be approved for development on hospital sites (i.e., in facilities that are on a hospital’s license) or in a licensed ambulatory surgical facility (excluding endoscopy-only facilities).

Application of the Methodology

Fixed Equipment

Methodology 1 (Table 17A-3)

The need determination methodology in service areas with at least one unit of equipment in the current inventory is as follows:

- Step 1: Determine the planning inventory (*Column F*) for each facility with fixed cardiac catheterization equipment, to include the total of: existing equipment in operation (*Column C*), approved equipment for which a certificate of need was issued but is under development (*Column D*), and need determinations for which no certificate of need has yet been issued (*Columns E*).
- Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility during the current reporting year (*Table 17A-1*). If mobile procedures are provided in a county that is part of more than one service area, divide the procedures equally between the service areas.
- Step 3: Calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures for each facility by multiplying adult diagnostic procedures by 1.0, interventional procedures by 1.75, and pediatric procedures performed on patients age 14 or younger by 2.00 (*Column H*).
- Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200

procedures (i.e., 80% of the 1,500-procedure capacity). Round the result to the nearest hundredth (*Column I*).

Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same service area as calculated in Step 4 (*Column I*). Round to the nearest whole number (*Column J*).

Step 6: In each service area, subtract the total planning inventory (*Column F*) from the number of units of fixed cardiac catheterization equipment required (*Column I*). The difference is the number of additional units of fixed cardiac catheterization equipment needed (*Column J*).

Methodology 2 (Table 17A-2)

For cardiac catheterization equipment in a service area that does not have a unit of fixed cardiac catheterization equipment, a need determination exists for one unit of shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

1. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the service area exceeds 240 (300 procedures x 80%) procedures per year for each eight hours per week the mobile equipment is operated at that site during the current reporting year (*Table 17A-2*); and
2. No other fixed or mobile cardiac catheterization service is provided in the same service area.

Mobile Equipment

The State Medical Facilities Plan (SMFP) does not have a methodology to project need for additional mobile cardiac catheterization equipment. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile cardiac catheterization equipment.

Table 17A-1: Cardiac Catheterization Procedures by Facility and Type, 2019

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Alamance	Alamance Regional Medical Center	689	-	-	-	222	-	-	-	911
Buncombe	Mission Hospital	3,836	-	-	-	1,449	-	-	-	5,285
Burke	Carolinas HealthCare System Blue Ridge	402	-	-	-	134	-	-	-	536
Cabarrus	Atrium Health Cabarrus	1,713	-	-	-	881	-	-	-	2,594
Caldwell	Caldwell Memorial Hospital	346	-	-	-	263	-	-	-	609
Carteret	Carteret General Hospital	549	-	-	-	176	-	-	-	725
Catawba	Catawba Valley Medical Center	443	-	-	-	290	-	-	-	733
Catawba	Frye Regional Medical Center	2,075	-	-	-	871	-	-	-	2,946
Cleveland	Atrium Health Cleveland	33	-	-	-	-	-	-	-	33
Craven	CarolinaEast Medical Center	920	-	-	-	602	-	-	-	1,522
Cumberland	Cape Fear Valley Medical Center	1,898	-	-	-	1,589	-	-	-	3,487
Durham	Duke Regional Hospital	919	-	-	-	369	-	-	-	1,288
Durham	Duke University Hospital	4,406	-	336	-	1,496	-	189	-	6,427
Forsyth	North Carolina Baptist Hospital	2,288	-	21	-	1,352	-	44	-	3,705
Forsyth	Novant Health Forsyth Medical Center	2,568	-	-	-	1,327	-	-	-	3,895
Gaston	Caromont Regional Medical Center	1,926	-	-	-	595	-	-	-	2,521
Guilford	Cone Health	3,331	-	-	-	1,370	-	-	-	4,701
Guilford	High Point Regional Medical Center	1,357	-	-	-	853	-	-	-	2,210
Halifax	Vidant North Hospital	230	-	-	-	29	-	-	-	259
Harnett	Betsy Johnson Hospital	39	-	-	-	-	-	-	-	39
Haywood	Haywood Regional Hospital	761	-	-	-	171	-	-	-	932
Henderson	Margaret R. Pardee Memorial Hospital	274	-	-	-	37	-	-	-	311
Iredell	Davis Regional Medical Center	190	-	-	-	46	-	-	-	236
Iredell	Iredell Memorial Hospital	729	-	-	-	226	-	-	-	955
Iredell	Lake Norman Regional Medical Center	235	-	-	-	97	-	-	-	332
Johnston	Johnston Health	751	-	-	-	349	-	-	-	1,100
Lee	Central Carolina Hospital	256	-	-	-	15	-	-	-	271
Lenoir	UNC Lenoir Health Care	469	-	-	-	1	-	-	-	470
Mecklenburg	Atrium Health Pineville	1,178	-	-	-	891	-	-	-	2,069

Table 17A-1: Cardiac Catheterization Procedures by Facility and Type, 2019

County	Hospital	Diagnostic				Interventional				Total
		Adult		Pediatric		Adult		Pediatric		
		Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	Fixed	Mobile	
Mecklenburg	Carolinas Medical Center	1,665	-	222	-	4,738	-	205	-	6,830
Mecklenburg	Novant Health Huntersville Medical Center	468	-	-	-	181	-	-	-	649
Mecklenburg	Novant Health Matthews Medical Center	996	-	-	-	537	-	-	-	1,533
Mecklenburg	Novant Health Presbyterian Medical Center	1,178	-	-	-	830	-	-	-	2,008
Moore	First Health Moore Regional Hospital	3,079	-	-	-	1,326	-	-	-	4,405
Nash	Nash General Hospital	817	-	-	-	355	-	-	-	1,172
New Hanover	New Hanover Regional Medical Center	3,242	-	-	-	2,461	-	-	-	5,703
Onslow	Onslow Memorial Hospital	39	-	-	-	12	-	-	-	51
Orange	UNC Hospitals	2,218	-	73	-	1,001		49		3,341
Pasquotank	Sentrara Albermarle Medical Center	817	-	-	-	5	-	-	-	822
Pitt	Vidant Medical Center	3,597	-	10	-	1,134	-	26	-	4,767
Randolph	Randolph Hospital	-	-	-	-	-	-	-	-	-
Robeson	Southeastern Regional Medical Center	773	-	-	-	585	-	-	-	1,358
Rowan	Novant Health Rowan Medical Center	490	-	-	-	272	-	-	-	762
Rutherford	Rutherford Regional Medical Center	39	-	-	-	-	-	-	-	39
Scotland	Scotland Memorial Hospital	294	-	-	-	78	-	-	-	372
Stanly	Atrium Health Stanly	-	-	-	-	-	-	-	-	-
Union	Atrium Health Union	489	-	-	-	169	-	-	-	658
Vance	Maria Parham Medical Center	40	10	-	-	12	-	-	-	62
Wake	Duke Raleigh Hospital	480	-	-	-	161	-	-	-	641
Wake	Rex Hospital	4,015	-	-	-	2,708	-	-	-	6,723
Wake	WakeMed	2,758	-	-	-	1,432	-	-	-	4,190
Wake	WakeMed Cary Hospital	765	-	-	-	36	-	-	-	801
Watauga	Watauga Medical Center	457	-	-	-	104	-	-	-	561
Wayne	Wayne UNC Health Care	906	-	-	-	203	-	-	-	1,109
Wilkes	Wilkes Regional Medical Center	-	-	-	-	-	-	-	-	-
Wilson	Wilson Medical Center	183	-	-	-	23	-	-	-	206
Total		64,616	10	662	-	34,064	-	513	-	99,865

Table 17A-2: Mobile Cardiac Catheterization Capacity and Volume

County	Service Site	Days/Week On Site	Procedure Capacity	Procedures
				Reported in 2019
Columbus	Columbus Regional Healthcare System	1.00	300	15
Davidson	Novant Health Thomasville Medical Center	1.00	300	148
Vance	Maria Parham Health	1.00	300	10
Brunswick	Novant Health Brunswick Medical Center	1.00	300	8
Total		4.00	1,200	181

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	f o o t n o t	2019 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Alamance	Alamance Regional Medical Center	1			1	b	1,078	0.90	0	
	TOTAL				1			1		0
Buncombe/Graham/Madison/Yancey	Mission Hospital	5			5	a	6,372	5.31	0	
	TOTAL				5			5		0
Burke	Carolinas HealthCare System Blue Ridge	1			1	c	637	0.53	0	
	TOTAL				1			1		0
Cabarrus	Atrium Health Cabarrus	2			2	b	3,255	2.71	1	
	TOTAL				2			3		1
Caldwell	Caldwell Memorial Hospital [DLP Healthcare]	1			1	c, d	806	0.67	0	
	TOTAL				1			1		0
Carteret	Carteret General Hospital	1			1	c	857	0.71	0	
	TOTAL				1			1		0
Catawba	Catawba Valley Medical Center	1			1	b	951	0.79	0	
	Frye Regional Medical Center	4			4	b	3,599	3.00	0	
	TOTAL				5			4		0
Cleveland	Atrium Health Cleveland [DLP Healthcare]	1			1	c	33	0.03	0	
	TOTAL				1			0		0
Craven/Jones/Pamlico	CarolinaEast Medical Center	2	1		3	b	1,974	1.64	0	
	TOTAL				3			2		0
Cumberland	Cape Fear Valley Medical Center	4			4	b	4,679	3.90	0	
	TOTAL				4			4		0
Durham/ Caswell	Duke Regional Hospital	2			2	b	1,565	1.30	0	
	Duke University Hospital	7			7	a	8,074	6.73	0	
	TOTAL				9			8		0
Forsyth	North Carolina Baptist Hospital	5			5	a	4,784	3.99	0	
	Novant Health Forsyth Medical Center	8			8	b	4,890	4.08	0	
	TOTAL				13			8		0
Gaston	CaroMont Regional Medical Center	3			3	b	2,967	2.47	0	
	TOTAL				3			2		0
Guilford	Cone Health	7			7	b	5,729	4.77	0	
	High Point Regional Medical Center	4			4	b	2,850	2.37	0	
	TOTAL				11			7		0
Halifax/Northampton	Vidant North Hospital	1			1	c	281	0.23	0	
	TOTAL				1			0		0
Harnett	Betsy Johnson Hospital	1			1	c	39	0.03	0	
	TOTAL				1			0		0
Haywood	Haywood Regional Hospital	1			1	c	1,060	0.88	0	
	TOTAL				1			1		0

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	for total	2019 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Henderson	Margaret R. Pardee Memorial Hospital [DLP Healthcare]	1	1		2	c	339	0.28	0	
	TOTAL				2			0		0
Iredell	Davis Regional Medical Center	1			1	c	271	0.23	0	
	Iredell Memorial Hospital	1			1	c	1,125	0.94	0	
	Lake Norman Regional Medical Center	1			1	c	405	0.34	0	
	TOTAL				3			1		0
Johnston	Johnston Health	1			1	c	1,362	1.13	0	
	TOTAL				1			1		0
Lee	Central Carolina Hospital	1			1	c	282	0.24	0	
	TOTAL				1			0		0
Lenoir	UNC Lenoir Health Care	1			1	c	471	0.39	0	
	TOTAL				1			0		0
Mecklenburg	Atrium Health Pineville	3			3	a	2,737	2.28	0	
	Carolinas Medical Center	9			9	a	10,811	9.01	0	
	Novant Health Huntersville Medical Center	1			1	b	785	0.65	0	
	Novant Health Matthews Medical Center	1			1	c	1,936	1.61	1	
	Novant Health Presbyterian Medical Center	2			2	b	2,631	2.19	0	
	TOTAL				16			16		0
Moore	FirstHealth Moore Regional Hospital	6			6	b	5,400	4.50	0	
	TOTAL				6			4		0
Nash	Nash General Hospital	2			2	c	1,438	1.20	0	
	TOTAL				2			1		0
New Hanover	New Hanover Regional Medical Center	5			5	b	7,549	6.29	1	
	TOTAL				5			6		1
Onslow	Onslow Memorial Hospital	1			1	c	60	0.05	0	
	TOTAL				1			0		0
Orange	UNC Hospitals	4			4	a	4,214	3.51	0	
	TOTAL				4			4		0
Pasquotank/ Camden/ Currituck/	Sentara Albemarle Medical Center	1			1	c	826	0.69	0	
	TOTAL				1			1		0
Pitt/Greene/ Hyde/Tyrell	Vidant Medical Center	7			7	a	5,654	4.71	0	
	TOTAL				7			5		0

Table 17A-3: Fixed Cardiac Catheterization Equipment, Capacity and Volume

A	B	C	D	E	F	G	H	I	J	K
Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	f o o t n o t	2019 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Randolph	Randolph Hospital	1			1	c	0	0.00	0	
	TOTAL				1			0		0
Robeson	Southeastern Regional Medical Center	2			2	b	1,797	1.50	0	
	TOTAL				2			1		0
Rowan	Novant Health Rowan Medical Center	1			1	c	966	0.81	0	
	TOTAL				1			1		0
Rutherford	Rutherford Regional Medical Center	1			1	c	39	0.03	0	
	TOTAL				1			0		0
Scotland	Scotland Memorial Hospital	1			1	c	431	0.36	0	
	TOTAL				1			0		0
Stanly	Atrium Health Stanly	1			1		0	0.00	0	
	TOTAL				1			0		0
Union	Atruim Health Union	1			1	c	785	0.65	0	
	TOTAL				1			1		0
Vance/Warren	Maria Parham Medical Center	1			1	c	61	0.05	0	
	TOTAL				1			0		0
Wake	Duke Raleigh Hospital [DLP Healthcare]	3			3	c	762	0.63	0	
	Rex Hospital	6			6	b	8,754	7.30	1	
	WakeMed	9			9	b	5,264	4.39	0	
	WakeMed Cary Hospital	1			1	c	828	0.69	0	
	TOTAL				19			13		0
Watauga	Watauga Medical Center	1			1	c	639	0.53	0	
	TOTAL				1			1		0
Wayne	Wayne UNC Health Care	1			1	c	1,261	1.05	0	
	TOTAL				1			1		0
Wilkes	Wilkes Regional Medical Center	1			1	c	0	0.00	0	
	TOTAL				1			0		0
Wilson	Wilson Medical Center	1			1	c	223	0.19	0	
	TOTAL				1			0		0
NORTH CAROLINA TOTALS		143	2	0	145		126,578	105		2

^a Adult procedures plus angioplasty x 1.75 plus pediatric procedures x 2

^b Adult procedures plus angioplasty x 1.75

^c Adult procedures

^d Procedures performed on mobile machine

Table 17A-4: Fixed Cardiac Catheterization Equipment Need Determination*

Service Area	Fixed Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Cabarrus	1	June 15, 2021	July 1, 2021
New Hanover	1	August 16, 2021	September 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 17A-5: Shared Fixed Cardiac Catheterization Equipment Need Determination

Service Area	Shared Cardiac Catheterization Equipment Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

B. GAMMA KNIVES

Introduction

Gamma knife, as defined in G.S.131E-176(7c), means “equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.” Two types of equipment, both using photon beams, perform this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

North Carolina has two gamma knife planning regions (service areas) - the western region (Health Service Areas [HSA] I, II, and III) and the eastern region (HSAs IV, V, and VI). Appendix A identifies the multicounty groupings that comprise the HSAs. The gamma knife at North Carolina Baptist Hospital in Forsyth County (HSA II) serves the western region. This facility performed 528 procedures during the reporting year. The gamma knife at Vidant Medical Center in Pitt County (HSA VI) serves the eastern region. This facility performed 211 procedures during the reporting year. Pursuant to the 2020 adjusted need determination, Carolinas Medical Center received a certificate of need (F-011898-20) to acquire a gamma knife in Mecklenburg County (HSA III).

The SMFP does not have a methodology to project need for additional gamma knives. A summer petition is required to place a need in the upcoming State Medical Facilities Plan (SMFP). If the need determination is approved, any person may apply for a certificate of need to acquire the gamma knife.

C. LINEAR ACCELERATORS

Introduction

G.S. 131E-176 (14g) defines a **linear accelerator** as “a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.”

Table 17C-1 lists the facilities that have linear accelerators. Table 17C-2 lists the facilities that also provide stereotactic radiosurgery treatment using appropriately equipped linear accelerators.

Data Sources

In addition to the data sources listed in the Introduction to this chapter, this methodology also obtains the July 1 estimated county population for 2020 provided by the North Carolina Office of State Budget and Management.

Definition

A linear accelerator's **service area** is one of the 28 multicounty groupings described in the Assumptions of the Methodology.

Assumptions of the Methodology

1. The methodology incorporates: (a) a geographic accessibility criterion, which is a population base of 120,000 as suggested by the Inter-Society Council for Radiation Oncology; (b) a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit [ESTV] procedures divided by 6,750 minus the number of present linear accelerators equals ≥ 0.25); and (c) a patient origin criterion (when a service area has 45% or more of the patients coming from outside the service area). A need determination exists when two of the three criteria are met within a service area.
2. The American College of Radiology recommends use of ESTVs because radiation treatments vary in complexity. In addition, when developing the original methodology ESTVs were recommended as part of the comments received during public hearings. Providers report procedures by Current Procedural Terminology (CPT) codes, which are converted to ESTVs (*Table 17C-3*).
3. Patient origin data from the current reporting year forms the basis for defining service areas (*Table 17C-4*). Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator. In these cases, two exceptions apply:
 - a. Where patient origin data indicates a county's residents primarily use a linear accelerator that is outside their home county, the county is aligned with the county where at least 45% of its residents go for linear accelerator services.
 - b. When a county with a linear accelerator has a population less than 120,000, that county is combined with an adjacent county to which the largest percentage of patients go for linear accelerator services, based on patient origin data.
4. Three principal questions must be addressed when determining whether a service area needs an additional linear accelerator:

- a. Do the linear accelerators in the service area perform more than 6,750 procedures (ESTVs) per accelerator per year?
- b. Is the population of the service area greater than 120,000 per accelerator?
- c. Does the patient origin data show that more than 45% of the patients come from outside the service area?

Application of the Methodology

The standard methodology for determining need for linear accelerators is calculated as follows:

Criterion 1:

- Step 1: Sum the 2020 population estimates for the counties that comprise each linear accelerator service area to determine the population for the service areas (*Table 17C-4*).
- Step 2: For each linear accelerator service area, sum the number of existing linear accelerators, the number of approved linear accelerators not yet operational but for which a certificate of need has been awarded, and the linear accelerator need determinations from previous years (*Table 17C-1*).
- Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied (*Table 17C-5*).

Criterion 2:

- Step 4: For each service area, use current patient origin data for the reporting year to count the number of patients served on linear accelerators located in the service area, and who reside in a county outside the service area.
- Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45% of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied (*Table 17C-5*).

Criterion 3:

- Step 6: For each linear accelerator service area, sum the number of reported ESTV procedures performed on the linear accelerators located in the service area.
- Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.
- Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.
- Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied (*Table 17C-5*).

If any two of the above three criteria are satisfied in a linear accelerator service area, the service area has a need determination for one additional linear accelerator (*Table 17C-5*).

Criterion 4:

Regardless of the results of Steps 1-9 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator in that county. As a result, the county becomes a separate, new linear accelerator service area.

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2018-9/30/2019	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	2,806	2,806
North Carolina Radiation Therapy Management Services - Franklin	1	Macon	1	1,795	1,795
Mission Hospital - Mission Cancer Care	2	Buncombe	3	17,350	5,783
North Carolina Radiation Therapy Management Services - Asheville	2	Buncombe	2	6,271	3,136
North Carolina Radiation Therapy Management Services - Weaverville	2	Buncombe	1	2,798	2,798
North Carolina Radiation Therapy Management Services - Clyde	2	Haywood	1	4,158	4,158
North Carolina Radiation Therapy Management Services - Marion	2	McDowell	1	4,434	4,434
Watauga Medical Center	3	Watauga	1	2,075	2,075
Margaret R. Pardee Memorial Hospital	4	Henderson	1	4,725	4,725
North Carolina Radiation Therapy Management Services - Hendersonville	4	Henderson	1	2,965	2,965
North Carolina Radiation Therapy Management - Brevard	4	Transylvania	1	2,270	2,270
Carolinas Healthcare System Blue Ridge	5	Burke	2	6,570	3,285
Caldwell Memorial Hospital	5	Caldwell	1	3,205	3,205
Catawba Valley Medical Center	5	Catawba	2	12,415	6,207
Frye Regional Medical Center	5	Catawba	1	2,634	2,634
Atrium Health Cleveland	6	Cleveland	1	6,506	6,506
CaroMont Regional Medical Center*	6	Gaston	3	16,403	5,468
North Carolina Radiation Therapy Management Services - Forest City	6	Rutherford	1	4,763	4,763
Atrium Health Pineville	7	Mecklenburg	1	10,451	10,451
Atrium Health University City	7	Mecklenburg	1	8,428	8,428
Carolinas Medical Center	7	Mecklenburg	3	18,602	6,201
Matthews Radiation Oncology Center	7	Mecklenburg	2	10,236	5,118
Novant Health Huntersville Medical Center	7	Mecklenburg	1	7,651	7,651
Novant Health Presbyterian Medical Center	7	Mecklenburg	2	11,191	5,595
Atrium Health Union	7	Union	1	8,783	8,783
Iredell Memorial Hospital	8	Iredell	2	7,024	3,512
Lake Norman Radiation Oncology	8	Iredell	1	6,535	6,535
Novant Health Rowan Medical Center	8	Rowan	1	6,333	6,333
Atrium Health Cabarrus	9	Cabarrus	3	13,321	4,440
Atrium Health Stanly	9	Stanly	1	3,588	3,588
North Carolina Baptist Hospital	10	Forsyth	4	25,469	6,367
Novant Health Forsyth Medical Center	10	Forsyth	5	20,291	4,058
Hugh Chatham Memorial Hospital	10	Surry	1	5,034	5,034
Lexington Medical Center	11	Davidson	1	4,093	4,093
Cone Health	12	Guilford	4	29,095	7,274

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2018-9/30/2019	Average Number of Procedures per Unit
High Point Regional Health	12	Guilford	2	10,856	5,428
UNC Rockingham Health Care	12	Rockingham	1	5,255	5,255
Randolph Hospital	13	Randolph	1	3,848	3,848
University of North Carolina Hospitals	14	Orange	6	40,917	6,819
Alamance Regional Medical Center	15	Alamance	2	10,053	5,027
Duke Regional Hospital	16	Durham	1	2,099	2,099
Duke University Hospital	16	Durham	8	40,578	5,072
Maria Parham Medical Center	16	Vance	1	3,943	3,943
FirstHealth Moore Regional Hospital	17	Moore	2	16,437	8,218
Scotland Memorial Hospital	17	Scotland	1	4,087	4,087
Cape Fear Valley Medical Center	18	Cumberland	5	18,611	3,722
Southeastern Regional Medical Center****	18	Robeson	2	7,591	3,796
North Carolina Radiation Therapy Management Services - Clinton	18	Sampson	1	2,933	2,933
New Hanover Regional Medical Center**	19	New Hanover	4	30,752	7,688
Franklin County Cancer Center	20	Franklin	1	0	0
Duke Raleigh Hospital	20	Wake	4	21,286	5,322
Rex Hospital	20	Wake	4	22,493	5,623
UNC Hospital Radiation Oncology -Holly Springs	20	Wake	1	0	0
UNC Rex Cancer Care of East Raleigh	20	Wake	1	3,764	3,764
Central Harnett Hospital	21	Harnett	1	0	0
Johnston Radiation Oncology	22	Johnston	1	5,932	5,932
Smithfield Radiation Oncology	22	Johnston	1	4,530	4,530
UNC Lenoir HealthCare	23	Lenoir	1	6,398	6,398
North Carolina Radiation Therapy Management Services - Goldsboro	23	Wayne	1	4,913	4,913
Carteret General Hospital	24	Carteret	1	6,427	6,427
CarolinaEast Medical Center	24	Craven	2	9,813	4,906
Onslow Radiation Oncology, LLC	25	Onslow	1	4,395	4,395
North Carolina Radiation Therapy Management Services - Roanoke Rapids	26	Halifax	1	2,163	2,163
Nash General Hospital	26	Nash	2	8,494	4,247
Wilson Medical Center	26	Wilson	1	2,104	2,104
Vidant Beaufort Hospital	27	Beaufort	1	8,280	8,280
Vidant Roanoke-Chowan Hospital	27	Hertford	1	2,254	2,254
North Carolina Radiation Therapy Management Services - Greenville	27	Pitt	4	9,677	2,419
The Outer Banks Hospital, Inc.	28	Dare	1	2,851	2,851
Sentara Albemarle Medical Center	28	Pasquotank	1	5,754	5,754

Table 17C-1: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2018-9/30/2019	Average Number of Procedures per Unit
Totals (70 Facilities)			128	629,741	4,920

* CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County.

** New Hanover Regional Medical Center has three linear accelerators in New Hanover County and one linear accelerator in Brunswick County.

*** Southeastern Regional Medical Center received conditional approval for second linear accelerator. N-011697-19

Table 17C-2: Stereotactic Radiosurgery Procedures

County	Facility	Number of Procedures
Alamance	Alamance Regional Medical Center	204
Buncombe	Mission Health	638
Buncombe	North Carolina Radiation Therapy Management Services-Asheville	71
Buncombe	North Carolina Radiation Therapy Management Services-Weaverville	10
Cabarrus	Atrium Cabarrus	403
Carteret	Carteret General Hospital	135
Catawba	Catawba Valley Medical Center	346
Catawba	Frye Regional Medical Center	78
Craven	CarolinaEast Health System	164
Durham	Duke Regional Hospital	12
Durham	Duke University Hospital	1,801
Forsyth	North Carolina Baptist Hospital	741
Forsyth	Novant Health Forsyth Medical Center	252
Franklin	North Carolina Radiation Therapy Management Services-Franklin	10
Gaston	CaroMont Regional Medical Center	200
Guilford	Cone Health	511
Guilford	High Point Regional Health	159
Haywood	North Carolina Radiation Therapy Management Services-Clyde	40
Henderson	North Carolina Radiation Therapy Management Services-Hendersonville	-
Iredell	Iredell Memorial Hospital	60
Lenoir	UNC Lenoir Health Care	102
McDowell	North Carolina Radiation Therapy Management Services-Marion	20
Mecklenburg	Atrium Health University	72
Mecklenburg	Atrium Health University City	98
Mecklenburg	Carolinas Medical Center	543
Mecklenburg	Novant Health Huntersville Medical Center	154
Mecklenburg	Novant Health Presbyterian Medical Center	295
Moore	FirstHealth Moore Regional Hospital	326
New Hanover	New Hanover Regional Medical Center	827
Orange	University of North Carolina Hospitals	1,165
Pitt	North Carolina Radiation Therapy Management Services-Greenville	20
Robeson	Southeastern Regional Medical Center	90
Rutherford	North Carolina Radiation Therapy Management Services-Forest City	37
Scotland	Scotland Memorial Hospital	34
Transylvania	North Carolina Radiation Therapy Management Services-Brevard	13
Union	Atrium Health Union	73
Wake	Duke Raleigh Hospital	310
Wake	Rex Hospital	384
Wayne	North Carolina Radiation Therapy Management Services-Goldsboro	25
Total		10,423

Table 17C-3: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
<i>Simple Treatment Delivery</i>		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (≤ 5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Intermediate Treatment Delivery</i>		
77407	Radiation treatment delivery (≤ 5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Complex Treatment Delivery</i>		
77412	Radiation treatment delivery (≤ 5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (≥ 20 MeV)	1.00
<i>Other CPT Codes</i>		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 17C-4: Linear Accelerator Service Areas

Area	County	2020 Total Population
1	Cherokee	29,972
1	Clay	12,058
1	Graham	8,686
1	Jackson	44,848
1	Macon	36,897
1	Swain	14,108
	Total	146,569
2	Buncombe	267,046
2	Haywood	63,813
2	Madison	22,843
2	McDowell	46,905
2	Mitchell	15,258
2	Yancey	18,794
	Total	434,659
3	Ashe	28,150
3	Avery	18,035
3	Watauga	58,731
	Total	104,916
4	Henderson	119,730
4	Polk	21,852
4	Transylvania	35,806
	Total	177,388
5	Alexander	38,755
5	Burke	91,934
5	Caldwell	83,703
5	Catawba	160,504
	Total	374,896
6	Cleveland	100,289
6	Gaston	223,842
6	Lincoln	88,151
6	Rutherford	69,105
	Total	481,387
7	Anson	25,289
7	Mecklenburg	1,131,342
7	Union	242,657
	Total	1,399,288
8	Iredell	184,023
8	Rowan	143,259
	Total	327,282
9	Cabarrus	216,608
9	Stanly	64,236
	Total	280,844
10	Alleghany	11,510
10	Davie	43,965
10	Forsyth	383,123
10	Stokes	46,360
10	Surry	73,231
10	Wilkes	70,490
10	Yadkin	38,236
	Total	666,915

Table 17C-4: Linear Accelerator Service Areas

Area	County	2020 Total Population
11	Davidson	170,888
	Total	170,888
12	Guilford	545,348
12	Rockingham	91,830
	Total	637,178
13	Randolph	145,807
	Total	145,807
14	Chatham	77,713
14	Orange	148,610
	Total	226,323
15	Alamance	174,055
15	Caswell	23,666
	Total	197,721
16	Durham	320,322
16	Granville	62,147
16	Person	40,529
16	Vance	46,142
16	Warren	19,898
	Total	489,038
17	Hoke	55,802
17	Lee	62,429
17	Montgomery	27,712
17	Moore	102,950
17	Richmond	44,993
17	Scotland	35,690
	Total	329,576
18	Bladen	34,444
18	Cumberland	333,209
18	Robeson	130,529
18	Sampson	64,458
	Total	562,640
19	Brunswick	146,135
19	Columbus	56,220
19	New Hanover	239,272
19	Pender	64,578
	Total	506,205
20	Franklin	70,212
20	Wake	1,109,883
	Total	1,180,095
21	Harnett	137,358
	Total	137,358
22	Johnston	212,401
	Total	212,401
23	Duplin	59,756
23	Lenoir	55,963
23	Wayne	126,606
	Total	242,325

Table 17C-4: Linear Accelerator Service Areas

Area	County	2020 Total Population
24	Carteret	71,640
24	Craven	103,983
24	Jones	10,194
24	Pamlico	13,283
	Total	199,100
25	Onslow	204,357
	Total	204,357
26	Edgecombe	52,447
26	Halifax	50,838
26	Nash	95,923
26	Northampton	20,258
26	Wilson	82,675
	Total	302,141
27	Beaufort	47,490
27	Bertie	19,601
27	Greene	21,051
27	Hertford	24,015
27	Hyde	5,156
27	Martin	23,039
27	Pitt	181,005
27	Washington	11,987
	Total	333,344
28	Camden	10,717
28	Chowan	14,074
28	Currituck	27,952
28	Dare	37,560
28	Gates	12,165
28	Pasquotank	39,685
28	Perquimans	13,637
28	Tyrrell	4,260
	Total	160,050

Table 17C-5: Linear Accelerator Service Areas and Calculations

Service Area	2020 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2018-2019 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations
Area 1	146,569	2	73,285	10.03%	4,601	2,301	-1.32	
Area 2	434,659	8	54,332	19.79%	35,010	4,376	-2.81	
Area 3	104,916	1	104,916	13.40%	2,075	2,075	-0.69	
Area 4	177,388	3	59,129	10.28%	9,959	3,320	-1.52	
Area 5	374,896	6	62,483	7.59%	24,822	4,137	-2.32	
Area 6	481,387	5	96,277	8.18%	27,672	5,534	-0.90	
Area 7*	1,399,288	11	127,208	20.65%	75,340	6,849	0.16	
Area 8	327,282	4	81,821	24.00%	19,891	4,973	-1.05	
Area 9	280,844	4	70,211	26.05%	16,909	4,227	-1.49	
Area 10	666,915	10	66,692	27.07%	50,793	5,079	-2.48	
Area 11*	170,888	1	170,888	14.04%	4,093	4,093	-0.39	
Area 12	637,178	7	91,025	23.57%	45,206	6,458	-0.30	
Area 13*	145,807	1	145,807	10.67%	3,848	3,848	-0.43	
Area 14**	226,323	6	37,721	79.02%	40,917	6,819	0.06	
Area 15	197,721	2	98,861	14.41%	10,053	5,027	-0.51	
Area 16**	489,038	10	48,904	63.44%	46,619	4,662	-3.09	
Area 17	329,576	3	109,859	23.44%	20,523	6,841	0.04	
Area 18	562,640	8	70,330	14.11%	29,135	3,642	-3.68	
Area 19*	506,205	4	126,551	11.20%	30,752	7,688	0.56	1
Area 20	1,180,095	11	107,281	16.14%	47,543	4,322	-3.96	
Area 21*	137,358	1	137,358		0	0	-1.00	
Area 22	212,401	2	106,201	42.63%	10,462	5,231	-0.45	
Area 23*	242,325	2	121,163	9.19%	11,311	5,655	-0.32	
Area 24	199,100	3	66,367	15.22%	16,240	5,413	-0.59	
Area 25*	204,357	1	204,357	9.58%	4,395	4,395	-0.35	
Area 26	302,141	4	75,535	6.14%	12,761	3,190	-2.11	
Area 27	333,344	6	55,557	33.08%	20,211	3,368	-3.01	
Area 28	160,050	2	80,025	3.33%	8,605	4,303	-0.73	
Totals	10,630,691	128	83,052		629,741	4,920	-34.71	1

* Service Area has at least 120,000 base population per accelerator.

** Area has more than 45% of its patients coming from outside the service areas.

Table 17C-6: Linear Accelerators Need Determination*

Service Area	Linear Accelerator Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Service Area 19	1	August 16, 2021	September 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

D. LITHOTRIPTORS

Introduction

A ***lithotripter***, according to G.S. 131E-176(14i), means “extra-corporeal shockwave technology used to treat persons with kidney stones and gallstones.” Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. A technician places an emitter in contact with the patient's abdomen to focus the shock waves on the stone. The shock waves then shatter the stone, which can be expelled in the urine. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure to which this section pertains.

Data Sources

In addition to the standard data sources listed in the Introduction to this chapter, this methodology also obtains the July 1 estimated population data from the North Carolina Office of State Budget and Management. The data is for the current SMFP publication year, which is two years beyond the current reporting year.

Definition

A lithotripter's service area is statewide. A ***statewide*** service area is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The incidence of urinary stone disease forms the basis of the methodology. The annual incidence of urinary stone disease is approximately 16 per 10,000 population. Lithotripsy is not an appropriate treatment for all cases of urinary stone disease. It has been estimated that lithotripsy is appropriate for 85% to 90% of kidney stone patients, when surgery is indicated¹. Therefore, the need determination methodology assumes that lithotripsy is appropriate in 90% of cases of urinary stone disease.
2. The annual treatment capacity of a lithotripter is 1,500 cases. The methodology considers 67% (or 1,000 cases) to be full utilization for purposes of projecting need.

Application of the Methodology

- Step 1: Divide the July 1 estimated state population by 10,000 and multiply the result by 16, which yields the estimated incidence of urinary stone disease per 10,000 population.
- Step 2: Multiply the result from Step 1 by 90% to calculate the number of patients in the state who have the potential to be treated by lithotripsy in one year.
- Step 3: Divide the result of Step 2 by 1,000 and round to the nearest whole number to calculate the low range of the annual treatment capacity of a lithotripter. A remainder of 0.50 or greater rounds to the next highest whole number; a remainder of less than 0.50 rounds to the next lowest whole number.

¹ Pahiri, J.J. & Razack, A.A. (2001) “Chapter 9: Nephrolithiasis.” In *Clinical Manual of Urology*, 3rd edition, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. New York: McGraw-Hill.

- Step 4: Sum the number of existing lithotriptors in the state (*Table 17D-1*), lithotriptors not yet operational but for which a certificate of need has been issued, and lithotriotor need determinations from previous years for which a certificate of need has yet to be issued.
- Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotriptors needed in the state (*Table 17D-2*).

Table 17D-1: Mobile and Fixed Lithotripsy Providers and Locations Served

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Carolina Lithotripsy	2	Eastern NC	CarolinaEast Medical Center	New Bern	NC	63
			Carteret General Hospital	Morehead City	NC	28
			Duke Raleigh Hospital	Raleigh	NC	21
			FirstHealth Moore Regional Hospital	Pinehurst	NC	197
			Halifax Regional Medical Center	Roanoke Rapids	NC	31
			Highsmith Rainey Specialty Hospital	Fayetteville	NC	75
			Johnston Medical Center	Smithfield	NC	56
			New Hanover Regional Medical Center	Wilmington	NC	116
			Novant Health Brunswick Medical Center	Bolivia	NC	53
			Rex Hospital	Raleigh	NC	1
			Rex Surgery Center of Cary	Cary	NC	79
			Scotland Memorial Hospital	Laurinburg	NC	58
			Southeastern Regional Medical Center	Lumberton	NC	4
			UNC Lenoir Health Care	Kinston	NC	18
			Vidant Beaufort Hospital	Washington	NC	24
			Vidant Medical Center	Greenville	NC	164
			WakeMed (Raleigh Campus)	Raleigh	NC	91
			Wayne Memorial Hospital	Goldsboro	NC	22
			Wilson Medical Center	Wilson	NC	11
			Total Procedures			
Average Procedures per Lithotriptor						556
Catabwa Valley Medical Center	2	Western and Central NC	Catawba Valley Medical Center	Hickory	NC	259
			Frye Regional Medical Center	Hickory	NC	40
			Scotland Memorial System	Laurinburg	NC	35
Total Procedures						334
Average Procedures per Lithotriptor						167

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Fayetteville Lithotriptors - SC II	1	Western NC	Charles George VA Medical Center	Asheville	NC	11
			Harris Regional Medical Center	Clyde	NC	75
			Haywood Regional Medical Center	Clyde	NC	96
			Margaret Pardee Hospital	Hendersonville	NC	101
			Park Ridge Hospital (Advent Healthcare)	Hendersonville	NC	79
			Frye Regional Medical Center	Hickory	NC	1
			Rutherford Regional Medical Center	Rutherfordton	NC	40
			St. Luke's Hospital	Columbus	NC	14
		Transylvania Community Hospital	Brevard	NC	39	
		Other Locations	Self Regional Healthcare	Greenwood	SC	1
Total Procedures						457
Average Procedures per Lithotriptor						457
Fayetteville Lithotriptors - VA I	1	Eastern NC	Sentara Albermarle Hospital	Elizabeth City	NC	17
			Vidant Chowan Hospital	Edenton	NC	23
		Other Locations	Mary Immaculate Hospital	Newport News	VA	86
			Riverside Doctors Surgical	Williamsburg	VA	1
			Riverside Doctors Hospital	Williamsburg	VA	29
			Mary Washington Hospital	Fredericksburg	VA	104
			Bon Secours Mercy Petersburg	Petersburg	VA	95
			Southside Community Hospital	Farmville	VA	12
			Spotsylvania Regional Medical Center	Fredericksburg	VA	3
			Stafford Regional Hospital	Stafford	VA	7
Total Procedures						377
Average Procedures per Lithotriptor						377

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Piedmont Stone Center	5	Western and Central NC	Alamance Regional Medical Center	Burlington	NC	142
			Caldwell UNC Health Care	Lenoir	NC	64
			Carolinas HealthCare System Blue Ridge	Valdese	NC	112
			Carolinas HealthCare System Blue Ridge	Morganton	NC	78
			Cone Health (Wesley Long Hospital)	Greensboro	NC	331
			Davis Regional Medical Center	Statesville	NC	52
			Wake Forest Baptist Health (High Point Medical Center)	High Point	NC	436
			Hugh Chatham Memorial Hospital	Elkin	NC	180
			Iredell Memorial Hospital	Statesville	NC	110
			Wake Forest Baptist Medical Center (Lexington Medical Center)	Lexington	NC	92
			Maria Parham Hospital	Henderson	NC	38
			Northern Regional Hospital	Mount Airy	NC	54
			Novant Health Forsyth Medical Center	Winston-Salem	NC	76
			Novant Health Rowan Medical Center	Salisbury	NC	221
			Novant Health Thomasville Medical Center	Thomasville	NC	37
			Piedmont Stone Center, PLLC	Winston-Salem	NC	626
			Randolph Hospital	Asheboro	NC	155
			Wake Forest Baptist Medical Center	Winston-Salem	NC	20
			Applachain Regional Healthcare System (Watauga Medical Center)	Boone	NC	161
			Wake Forest Baptist Health (Wilkes Regional Medical Center)	North Wilkesboro	NC	86
		Other Locations	Carilion New River Valley Medical Center	Christiansburg	VA	98
			Centra Health Lynchburg General Hospital	Lynchburg	VA	278
			Piedmont Day Surgery Center	Danville	VA	24
			Twin County Regional Hospital	Galax	VA	90
Total Procedures						3,561
Average Procedures per Lithotriptor						712

MOBILE LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Stone Institute of the Carolinas	2	Western and Central NC	Carolinas HealthCare System Cleveland	Shelby	NC	172
			Carolinas HealthCare System Huntersville	Huntersville	NC	86
			Carolinas HealthCare System Lincoln	Lincolnton	NC	1
			Carolinas HealthCare System Mercy	Charlotte	NC	134
			Carolinas HealthCare System Northeast	Concord	NC	146
			Carolinas HealthCare System Pineville	Charlotte	NC	425
			Carolinas HealthCare System Union	Monroe	NC	208
			Carolinas HealthCare System University	Charlotte	NC	225
			CaroMont Regional Medical Center	Gastonia	NC	196
			Presbyterian Orthopedic Hospital	Charlotte	NC	103
			Lake Norman Regional Medical Center	Mooreville	NC	154
			Novant Health Presbyterian Medical Center	Matthews	NC	124
Total Procedures						1,974
Average Procedures per Lithotriptor						987
Triangle Lithotripsy Corporation	1	East Central NC	Durham Ambulatory Surgery Center	Durham	NC	47
			Nash Day Hospital	Rocky Mount	NC	88
			North Carolina Specialty Hospital	Durham	NC	101
			Rex Hospital	Raleigh	NC	118
			Rex Surgery Center	Cary	NC	304
			Wake Medical	Raleigh	NC	125
			Wayne Memorial Hospital	Goldsboro	NC	39
Total Procedures						822
Average Procedures per Lithotriptor						822

FIXED LITHOTRIPSY

Provider	Machines	Area Generally Served	Facility	Location	State	Number of Procedures
Mission Hospital	1		Mission Hospital	Asheville	NC	315

Table 17D-2: Mobile and Fixed Lithotripsy
(Total Procedures/Units Reported)

Total Procedures Reported	Units Reported	Average Procedures Per Unit
8,952	15	597

Table 17D-3: Lithotripter Need Determination

Service Area	Lithotripter Need Determination	Certificate of Need Application Deadline	Certificate of Need Beginning Review Date
It is determined that there is no need anywhere in the state and no reviews are scheduled.			

E. MAGNETIC RESONANCE IMAGING SCANNERS

Introduction

G.S. 131E-176 (14m) defines a **magnetic resonance imaging (MRI) scanner** as “medical imaging equipment that uses nuclear magnetic resonance.” The methodology designates MRI scanners as either fixed or mobile. A **mobile** MRI scanner means the MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities. A **fixed** MRI scanner means an MRI scanner that is not a mobile MRI scanner.

Assumptions of the Methodology

1. An MRI procedure is a single procedure performed on one patient on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable CPT code associated with the MRI procedure. For example, an MRI brain scan with and without contrast is a single procedure with a single CPT code.
2. A fixed MRI scanner’s **service area** is the same as an Acute Care Bed Service Area as defined in Chapter 5 and shown in Figure 5.1.
3. A placeholder of one MRI scanner appears in the inventory in Table 17E-1 for each new fixed MRI scanner for which a certificate of need has been issued.
4. The inventory shall exclude: MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project (Table 17E-2).
5. Intraoperative Magnetic Resonance Imaging Scanners (iMRI), approved through Policy TE-2, shall not be counted in the inventory of fixed MRI scanners and the procedures performed on an iMRI will not be used in calculating the need methodology. Hospitals shall report intraoperative procedures and inpatient procedures performed on an iMRI separately (Table 17E-2). An iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.
6. Need thresholds are arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs but have mobile MRI scanners serving the area. The complexity of an MRI procedure is weighted based on whether the procedure is inpatient or outpatient and whether the procedure includes contrast or sedation. The methodology for determining need is based on fixed and mobile procedures performed at hospitals, fixed procedures performed at freestanding facilities, and procedures performed on mobile MRI scanners at mobile sites.

The tiers are based on the assumption that the time necessary to complete one MRI procedure (an outpatient procedure without contrast or sedation) is 30 minutes, or an average throughput of two procedures per hour on an MRI scanner. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week for 52 weeks per year, which equals 6,864 procedures annually, at 30 minutes per procedure ($66 \times 52 \times 2 = 6,864$). This definition of capacity represents 100% of the procedure volume the equipment can complete under ideal conditions.

7. The need determination for any one service area shall not exceed one MRI scanner per year, unless the SMFP includes an adjusted need determination for a specific MRI service area.

8. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination to replace the existing contracted service with a fixed MRI scanner under the applicant's ownership and control. It is consistent with the purposes of the Certificate of Need law and the SMFP for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility's own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

Application of the Methodology

Use the following table to obtain the appropriate planning threshold, based on the number of fixed scanners in the service area. Multiply 6,864 by the Planning Threshold to obtain the Inpatient and Contrast Adjusted Threshold corresponding to the number of fixed scanners in the service area (e.g., for facilities with four or more MRIs, multiply 6,864 by 70% to obtain the Inpatient and Contrast Adjusted Threshold of 4,805).

Number of Fixed Scanners in Service Area	Planning Threshold	Inpatient and Contrast Adjusted Thresholds
4 and over	70.0%	4,805
3	65.0%	4,462
2	60.0%	4,118
1	55.0%	3,775
0	25.0%	1,716

The following shows the weighting values to be assigned based on the complexity of the procedure type. Weights of 0.4 add 12 minutes to the standard 30-minute procedure time.

Procedure Type	Base Weight	Inpatient Weight	Contrast Weight	Procedure Time in Minutes
Outpatient - No Contrast/Sedation	1.0	0.0	0.0	30
Outpatient - with Contrast/Sedation	1.0	0.0	0.4	42
Inpatient - No Contrast/Sedation	1.0	0.4	0.0	42
Inpatient - with Contrast/Sedation	1.0	0.4	0.4	54

The standard methodology used to determine need for fixed MRI scanners is as follows, with results presented in Table 17E-1:

- Step 1: List the number of clinical fixed and mobile MRI scanners in each MRI service area by site to include: existing fixed or mobile MRI scanners in operation, approved fixed or mobile MRI scanners for which a certificate of need was issued but is pending development, and prior need determinations for which no certificate of need has yet been issued. The total is the number of fixed magnets in each service area (*Column E*).
- Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows (*Column F*):
 - a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;
 - b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. Table

17E-1 does not list mobile services separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.

- c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one; and

- Step 3: Sum the number of fixed equivalent magnets for each MRI service area (*Column F*).
- Step 4: Determine the total number of MRI procedures performed at each site regardless of whether the MRI scanner is fixed or mobile. If procedures are provided in a county that is part of more than one MRI service area, divide the procedures equally between the service areas (*Column G*).
- Step 5: Of the total number of procedures performed, determine the number performed by type (i.e., inpatient, outpatient, with contrast or sedation, without contrast or sedation) (*Columns H-K*).
- Step 6: For each site, multiply the number of inpatient procedures by 0.40 to calculate the inpatient adjustment.
- Step 7: For each site, multiply the number of contrast or sedation procedures by 0.40 to calculate the contrast adjustment.
- Step 8: For each site, sum the total number of procedures performed (Step 4), the inpatient adjustment (Step 6), and the contrast adjustment (Step 7) to calculate the total number of adjusted MRI procedures for each site (*Column L*).
- Step 9: For each service area, sum the number of adjusted total procedures for all sites in the service area (*Column L*).
- Step 10: Calculate the average number of adjusted total procedures per MRI scanner in the service area by dividing the adjusted total procedures for the service area (Step 9) by the sum of fixed equivalent magnets in the service area (Step 3) (*Column M*). If the number of fixed equivalent scanners (*Column F*) is less than one, then no calculation is performed. The adjusted total number of scans (*Column L*) is carried over for the calculation in Column M.
- Step 11: Apply the MRI Tiered Planning Threshold (see Assumptions of the Methodology) for the service area based on the number of existing, approved and pending fixed MRI scanners in the service area as identified in Step 1 (*Column N*).
- Step 12: In each service area, compare the average procedures per fixed equivalent magnet (Step 10) with the threshold for the service area (Step 11). If the average procedure per magnet is greater than or equal to the service area threshold, the service area has a need determination for one additional MRI scanner (*Column O*).

The SMFP does not have a methodology to project need for additional mobile MRI scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile MRI scanner.

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Alamance	Hospital Fixed	G-006214-00	Alamance Regional Medical Center	2	2.00	7,003	4,319	1,287	1,076	321	8,205			
Alamance	Mobile		Alamance Regional Outpatient Imaging Center	0	0.19	833	575	258	0	0	936			
Alamance	Mobile	J-8453-09	EmergeOrtho	0	0.09	393	389	4	0	0	395			
Alamance	Mobile	G-7038-04	EmergeOrtho, PA-Burlington (Alliance HealthCare Services)	0	0.05	202	200	2	0	0	203			
Alamance	Mobile		MedCenter - Mebane	0	0.19	840	580	260	0	0	944			
Alamance	Mobile	Grandfathered	University of North Carolina (Alliance Healthcare Services)	0	0.03	124	96	28	0	0	135			
Alamance	Mobile	G-7038-04	University of North Carolina (Alliance HealthCare Services)	0	0.04	188	127	61	0	0	212			
Alamance			2020 Need Determination	1	1.00	0	0	0	0	0	0			
Alamance				3	3.59	9,583					11,030	3,072	4,462	0
			No Service Site											
Alexander													1,716	0
Alleghany	Mobile	Grandfathered	Alleghany Memorial Hospital (Alliance Healthcare Services)	0	0.01	19	16	3	0	0	20			
Alleghany				0	0.01	19					20	20	1,716	0
Anson	Mobile	F-7040-04	Atrium Health-Anson (Carolinas Imaging Services, LLC)	0	0.06	104	67	33	3	1	119			
Anson				0	0.06	104					119	119	1,716	0
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital, Inc.	1	1.00	796	534	187	54	21	909			
Ashe				1	1.00	796					909	909	3,775	0
Avery	Mobile	Grandfathered	Charles A. Cannon Mem. Hosp. (Alliance Healthcare Services)	0	0.11	192	153	35	3	1	208			
Avery				0	0.11	192					208	208	1,716	0
Beaufort	Hospital Fixed	Q-005992-99	Vidant Beaufort Hospital	1	1.00	2,033	1,239	472	186	136	2,405			
Beaufort				1	1.00	2,033					2,405	2,405	3,775	0
			No Service Site											
Bertie													1,716	0
Bladen	Mobile	M-6605-02	Bladen Healthcare, LLC (Mobile Imaging of North Carolina, LLC)	0	0.18	306	237	69	0	0	334			
Bladen	Mobile		Cape Fear Valley-Bladen County Hospital	0	0.20	342	201	115	16	10	402			
Bladen				0	0.38	648					736	736	1,716	0
Brunswick	Hospital Fixed	O-011125-16	J. Arthur Doshier Memorial Hospital	1	1.00	1,197	817	358	11	11	1,353			
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center	1	1.00	3,984	2,405	1,152	290	137	4,670			
Brunswick	Mobile	Grandfathered	EmergeOrtho (Insight Imaging)	0	0.14	594	508	86	0	0	628			
Brunswick	Mobile	O-011125-16	J. Arthur Doshier Memorial Hospital	0	0.09	357	269	85	0	3	393			
Brunswick	Mobile	F-7001-04	New Hanover Regional-Brunswick (Alliance HealthCare Services)	0	0.24	990	493	497	0	0	1,189			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Brunswick	Mobile	O-6434-01	Novant Health Imaging South Brunswick (Cape Fear Diagnostic Imaging, LLC)	0	0.06	234	234	0	0	0	234			
Brunswick				2	2.53	7,356					8,468	3,347	4,118	0
Buncombe	Hospital Fixed		Mission Childrens	1	1.00	1,572	732	840	0	0	1,908			
Buncombe	Hospital Fixed		Mission Hospital - Carolina Spine & Neurosurgery	1	1.00	2,768	1,543	1,225	0	0	3,258			
Buncombe	Hospital Fixed	B-006869-03; B-008459-10	Mission Hospital - Main	2	2.00	7,920	246	490	4,126	3,058	12,213			
Buncombe	Hospital Fixed	B-006215-00	Mission Hospital - St. Joseph Campus	1	1.00	1,176	42	492	223	419	1,797			
Buncombe	Freestanding Fixed	Grandfathered	EmergeOrtho-Blue Ridge Division (Insight Imaging)	1	1.00	2,900	2,852	48	0	0	2,919			
Buncombe	Freestanding Fixed	B-6646-01	Mission Imaging Services (MH Mission Imaging, LLLP)	1	1.00	5,641	2,710	2,931	0	0	6,813			
Buncombe	Freestanding Fixed	B-4178-90	Mission Imaging Services (MH Mission Imaging, LLLP)	1	1.00	5,701	2,431	3,270	0	0	7,009			
Buncombe	Freestanding Fixed	B-6440-01	Open MRI of Asheville (Asheville Open MRI, LLC)	1	1.00	5,199	3,570	1,629	0	0	5,851			
Buncombe	Freestanding Fixed	B-5492-96	Open MRI of Asheville (Asheville Open MRI, LLC)	1	1.00	5,975	4,615	1,360	0	0	6,519			
Buncombe	Mobile	G-7038-04	Margaret R Pardee Memorial (Alliance HealthCare Services)	0	0.02	107	107	0	0	0	107			
Buncombe	Mobile	Grandfathered	Margaret R Pardee Memorial Hosp (Alliance Healthcare Services)	0	0.05	251	248	3	0	0	252			
Buncombe/Graham/Madison/Yancey				10	10.07	39,210					48,646	4,831	4,805	1
Burke	Hospital Fixed	E-006961-03; E-007203-05	Carolinas Healthcare System Blue Ridge - Main	1	1.00	3,549	1,502	894	882	271	4,476			
Burke	Hospital Fixed		Carolinas Healthcare System Blue Ridge - Valdese	1	1.00	1,231	816	415	0	0	1,397			
Burke	Mobile	E-7066-04	Blue Ridge Hickory (Blue Ridge Radiology)	0	0.47	1,943	1,487	456	0	0	2,125			
Burke	Mobile	E-8230-80	EmergeOrtho - Morganton (EmergeOrtho, PA)	0	0.37	1,505	1,429	76	0	0	1,535			
Burke				2	2.84	8,228					9,534	3,357	4,118	0
Cabarrus	Hospital Fixed		Atrium Health Cabarrus	1	1.00	1,564	1,090	474	0	0	1,754			
Cabarrus	Hospital Fixed		Atrium Health Cabarrus - Copperfield Imaging Center	2	2.00	5,998	3,407	2,591	0	0	7,034			
Cabarrus	Hospital Fixed	F-005933-98; F-006629-02; F-007086-04	Atrium Health Cabarrus-Main	2	2.00	10,067	2,567	2,175	3,307	2,018	13,874			
Cabarrus	Freestanding Fixed	F-7859-07	Carolinas HealthCare System Imaging-Kannapolis (Union Medical Services, LLC)	1	1.00	1,637	303	1,334	0	0	2,171			
Cabarrus	Freestanding Fixed	F-5916-98	Novant Health Imaging Cabarrus	1	1.00	1,544	1,215	329	0	0	1,676			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Cabarrus	Mobile	Grandfathered	Carolina Neuro. & Spine Assoc. (Alliance HealthCare Services)	0	0.28	1,347	1,185	162	0	0	1,412			
Cabarrus	Mobile	F-6626-02	Novant Health Imaging - Cabarrus (Jacksonville Diagnostic Imaging, LLC)	0	0.06	278	219	59	0	0	302			
Cabarrus	Mobile	Grandfathered	OrthoCarolina, PA (Alliance Healthcare services)	0	0.48	2,288	2,076	212	0	0	2,373			
Cabarrus				7	7.82	24,723					30,595	3,912	4,805	0
Caldwell	Hospital Fixed	E-007222-05	Caldwell Memorial Hospital	1	1.00	2,166	1,217	463	372	114	2,591			
Caldwell	Mobile	E-8230-80	EmergeOrtho - Lenoir (EmergeOrtho, PA)	0	0.38	1,419	1,325	94	0	0	1,457			
Caldwell				1	1.38	3,585					4,048	2,933	3,775	0
Carteret	Hospital Fixed	P-005282-95	Carteret General Hospital	1	1.00	3,689	1,910	1,187	392	200	4,481			
Carteret	Freestanding Fixed	P-8049-03	Seashore Imaging (Seashore Imaging, LLC)	1	1.00	1,951	0	0	0	0	0			
Carteret	Mobile	O-6434-01	Carolina Center for Surgery (Cape Fear Diagnostic Imaging, LLC)	0	0.14	567	567	0	0	0	567			
Carteret	Mobile	O-6434-01	Moore Orthopedics & Sports Medicine (Cape Fear Diagnostic Imaging, LLC)	0	0.13	549	549	0	0	0	549			
Carteret				2	2.27	6,756					5,597	2,465	4,118	0
Catawba	Hospital Fixed		Catawba Valley Medical Center - Imaging Center	1	1.00	2,656	1,414	1,242	0	0	3,153			
Catawba	Hospital Fixed		Catawba Valley Medical Center - Main	1	1.00	2,957	878	801	820	458	3,972			
Catawba	Hospital Fixed		Frye Regional Medical Center - Tate Campus	1	1.00	2,011	1,457	554	0	0	2,233			
Catawba	Hospital Fixed		Frye Regional Medical Center- Main	1	1.00	3,042	911	738	758	635	4,148			
Catawba	Mobile	E-8230-80	EmergeOrtho-Hickory (EmergeOrtho, PA)	0	0.38	1,814	1,565	249	0	0	1,914			
Catawba	Mobile	E-8230-80	EmergeOrtho-Newton (EmergeOrtho, PA)	0	0.07	351	317	34	0	0	365			
Catawba	Mobile		Frye Regional Medical Center - Tate Campus	0	0.31	1,491	844	647	0	0	1,750			
Catawba	Mobile	G-6271-00	Hickory Orthopaedic Center (Alliance HealthCare Services)	0	0.63	3,034	2,856	178	0	0	3,105			
Catawba				4	5.39	17,356					20,639	3,829	4,805	0
Chatham	Mobile	G-7038-04	Chatham Hospital (Alliance HealthCare Services)	0	0.32	541	340	158	17	26	632			
Chatham	Mobile	G-7038-04	Chatham Hospital (Alliance HealthCare Services)	0	0.14	242	140	66	15	21	291			
Chatham				0	0.46	783					923	923	1,716	0
Cherokee	Hospital Fixed	A-006767-03	Erlanger Murphy Medical Center	1	1.00	1,831	1,214	545	53	19	2,085			
Cherokee/Clay				1	1.00	1,831					2,085	2,085	3,775	0

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Chowan	Hospital Fixed	R-008168-08	Vidant Chowan Hospital	1	1.00	1,895	1,306	465	69	55	2,153			
Chowan				1	1.00	1,895					2,153	2,153	3,775	0
Cleveland	Hospital Fixed	C-005725-97	Atrium Health Cleveland	1	1.00	4,729	2,218	1,356	785	370	5,881			
Cleveland	Hospital Fixed		Cleveland Advanced Imaging Center	1	1.00	1,556	827	571	99	59	1,871			
Cleveland	Mobile	Grandfathered	OrthoCarolina-Shelby (Alliance Healthcare Services)	0	0.22	900	900	0	0	0	900			
Cleveland				2	2.22	7,185					8,653	3,898	4,118	0
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,404	1,293	416	490	205	2,930			
Columbus				1	1.00	2,404					2,930	2,930	3,775	0
Craven	Hospital Fixed		CarolinaEast Medical Center	1	1.00	3,253	1,258	832	805	358	4,194			
Craven	Hospital Fixed		CarolinaEast Medical Center - Diagnostic Center	1	1.00	2,036	1,303	720	8	5	2,331			
Craven	Freestanding Fixed	P-8108-08	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	3,513	2,365	1,148	0	0	3,972			
Craven	Freestanding Fixed	P-6764-03	CCHC Imaging Center (Coastal Carolina Health Care, PA)	1	1.00	3,635	2,772	863	0	0	3,980			
Craven/Jones/Pamlico				4	4.00	12,437					14,478	3,619	4,805	0
Cumberland	Hospital Fixed	M-006603-02	Cape Fear Valley Medical Center	3	3.00	7,594	1,814	1,137	3,406	1,237	10,401			
Cumberland	Freestanding Fixed	M-7924-07	Carolina Imaging of Fayetteville (Carolina Imaging of Fayetteville, LLC)	1	1.00	4,701	353	1,128	0	0	1,932			
Cumberland	Freestanding Fixed	M-5899-98	Carolinas Imaging of Fayetteville (Carolina Imaging of Fayetteville)	1	1.00	4,614	3,830	784	0	0	4,928			
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	6,293	5,188	1,105	0	0	6,735			
Cumberland	Freestanding Fixed		Valley Regional Imaging (Medical Imaging Center)	1	1.00	4,196	3,459	737	0	0	4,491			
Cumberland				7	7.00	27,398					28,486	4,069	4,805	0
Dare	Hospital Fixed	R-007329-05	The Outer Banks Hospital, Inc.	1	1.00	2,242	1,289	822	73	58	2,646			
Dare				1	1.00	2,242					2,646	2,646	3,775	0
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	3,199	2,007	886	200	106	3,718			
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	2,867	1,951	492	246	18	3,017			
Davidson				2	2.00	6,066					6,735	3,367	4,118	0
Davie	Hospital Fixed		Davie Medical Center	1	1.00	0	0	0	0	0	0			
Davie	Mobile	Grandfathered	Davie Medical Center (Alliance HealthCare Services)	0	0.57	2,162	1,319	681	110	52	2,520			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Davie	Mobile	G-7038-04	Davie Medical Center (Alliance HealthCare Services)	0	0.00	16	14	2	0	0	17			
Davie				1	1.57	2,178					2,537	1,616	3,775	0
Duplin	Mobile	Grandfathered	Duplin General Hospital Inc. (Alliance HealthCare Services)	0	0.01	10	7	3	0	0	11			
Duplin	Mobile	Q-6884-03	Duplin General Hospital Inc. (Alliance HealthCare Services)	0	0.75	1,284	594	301	203	186	1,634			
Duplin				0	0.76	1,294					1,646	1,646	1,716	0
Durham	Hospital Fixed	Grandfathered; J-006207-00	Duke Regional Hospital	2	2.00	9,383	3,973	2,966	1,510	934	11,921			
Durham	Hospital Fixed	J-005589-97; J-006109-99; J-008030-07; J-008275-08; J-008466-10; J-008663-11; J-001112-	Duke University Hospital - Main	9	9.00	38,970	9,637	20,079	3,569	5,685	52,977			
Durham	Hospital Fixed		Duke University Hospital - Southpoint Clinic	1	1.00	1,830	1,401	429	0	0	2,002			
Durham	Freestanding Fixed		2020 Need Determination	1	1.00	0	0	0	0	0	0			
Durham	Freestanding Fixed	J-6760-03	Durham-Independence Park (Durham Diagnostic Imaging, LLC)	1	1.00	1,801	1,133	668	0	0	2,068			
Durham	Freestanding Fixed	J-8107-08	EmergeOrtho	1	1.00	2,055	1,965	90	0	0	2,091			
Durham	Freestanding Fixed	J-7031-04	EmergeOrtho	1	1.00	4,522	4,187	335	0	0	4,656			
Durham	Mobile	Grandfathered	Duke Regional Hospital (Alliance HealthCare Services)	0	0.58	2,781	1,661	1,075	31	14	3,235			
Durham	Mobile		Duke University Hospital - Lenox Baker	0	0.27	1,300	617	683	0	0	1,573			
Durham	Mobile		Duke University Hospital - Page Road	0	0.21	1,022	1,022	0	0	0	1,022			
Durham	Mobile		Duke University Hospital-Page Road (Alliance)	0	0.20	967	967	0	0	0	967			
Durham	Mobile	M-6605-02	Durham Diagnostic-SouthPark-Triangle (Mobile Imaging of North Carolina, LLC)	0	0.10	498	381	117	0	0	545			
Durham	Mobile	O-006665-02	Durham SouthPark (Cape Fear Mobile Imaging)	0	0.08	394	290	104	0	0	436			
Durham	Mobile	Grandfathered	Raleigh Neurology Imaging (Alliance HealthCare Services)	0	0.07	330	141	189	0	0	406			
Durham/Caswell				16	17.51	65,853					83,897	4,791	4,805	0
Edgecombe	Hospital Fixed	L-008327-09	Vidant Edgecombe Hospital	1	1.00	2,178	1,050	555	244	329	2,761			
Edgecombe				1	1.00	2,178					2,761	2,761	3,775	0
Forsyth	Hospital Fixed	G-007083-04; G-008372-09	North Carolina Baptist Hospital	6	6.00	23,670	6,111	10,373	3,200	3,986	32,288			
Forsyth	Hospital Fixed	G-004293-91; G-006588-02; G-007919-07	Novant Health Forsyth Medical Center	3	3.00	11,637	3,480	1,427	4,343	2,387	15,855			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Clemmons	1	1.00	1,554	1,181	336	18	19	1,711			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Kernersville	1	1.00	1,392	811	354	164	63	1,650			
Forsyth	Hospital Fixed		Novant Health Forsyth Medical Center-Novant Health Imaging Kernersville	1	1.00	2,039	1,520	519	0	0	2,247			
Forsyth	Hospital Fixed	Grandfathered; G-007387-05	Novant Health Forsyth Medical Center-Novant Health Imaging Maplewood	2	2.00	8,048	4,371	3,677	0	0	9,519			
Forsyth	Freestanding Fixed	Grandfathered	Piedmont Imaging, LLC	1	1.00	5,557	4,313	1,244	0	0	6,055			
Forsyth	Freestanding Fixed	G-6893-03	Piedmont Imaging, LLC	1	1.00	5,817	4,528	1,289	0	0	6,333			
Forsyth	Freestanding Fixed	G-7780-07	Wake Forest Baptist Imaging (Wake Forest Baptist Imaging, LLC)	1	1.00	6,486	4,496	1,990	0	0	7,282			
Forsyth	Freestanding Fixed	G-11798-19	Wake Forest Baptist Imaging - Kernersville	1	1.00	0	0	0	0	0	0			
Forsyth	Mobile		Novant Health Forsyth Medical Center-Mobile MRI	0	0.37	1,768	1,318	450	0	0	1,948			
Forsyth	Mobile	G-7723-06	OrthoCarolina Kernersville (OrthoCarolina, PA (formerly dba Orthopedic Specialist of the Carolinas, PA)	0	0.10	466	448	18	0	0	473			
Forsyth	Mobile	G-7723-06	OrthoCarolina Winston Salem (OrthoCarolina, PA (formerly dba Orthopedic Specialist of the Carolinas, PA)	0	0.92	4,427	4,202	225	0	0	4,517			
Forsyth	Mobile	Grandfathered	Wake Forest Baptist Imaging (Alliance HealthCare Services)	0	0.28	1,331	1,020	311	0	0	1,455			
Forsyth	Mobile	Grandfathered	Wake Forest Baptist Imaging (Alliance HealthCare Services)	0	0.24	1,138	841	297	0	0	1,257			
Forsyth				18	19.91	75,330					92,588	4,650	4,805	0
			No Service Site											
Franklin													1,716	0
Gaston	Hospital Fixed	F-006620-02	CaroMont Regional Medical Center	1	1.00	6,744	1,742	1,724	1,950	1,328	9,276			
Gaston	Hospital Fixed	F-006622-02	CaroMont Regional Medical Center (CIS Belmont)	1	1.00	3,443	1,989	1,454	0	0	4,025			
Gaston	Hospital Fixed		CaroMont Regional Medical Center-CaroMont Imaging Services Summit	1	1.00	2,702	1,403	1,299	0	0	3,222			
Gaston	Hospital Fixed		The Diagnostic Center	1	1.00	0	0	0	0	0	0			
Gaston	Freestanding Fixed	F-8793-12	Novant Health Imaging Gastonia (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	1,864	1,465	399	0	0	2,024			
Gaston	Mobile	F-5723-97	Carolina Ortho & Sports Medicine (Insight Imaging)	0	0.28	1,329	1,218	111	0	0	1,373			
Gaston	Mobile	F-8000-07	MRI Specialists (MRI Specialists of the Carolinas, LLC)	0	0.06	271	155	116	0	0	317			
Gaston	Mobile	F-8000-07	MRI Specialists (MRI Specialists of the Carolinas, LLC)	0	0.31	1,477	955	522	0	0	1,686			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Gaston	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare services)	0	0.09	424	394	30	0	0	436			
Gaston	Mobile	Grandfathered	OrthoCarolina-Gastonia (Alliance Healthcare Services)	0	0.09	449	345	104	0	0	491			
Gaston				5	5.83	18,703					22,849	3,919	4,805	0
Granville	Hospital Fixed	K-010064-12	Granville Health System	1	1.00	1,135	778	191	131	35	1,292			
Granville	Mobile	J-8453-09	EmergeOrtho	0	0.11	413	406	7	0	0	416			
Granville	Mobile	Grandfathered	EmergeOrtho, PA-Oxford (Alliance Healthcare Services)	0	0.00	5	5	0	0	0	5			
Granville				1	1.11	1,553					1,713	1,543	3,775	0
Guilford	Hospital Fixed		Cone Health-Moses H. Cone Memorial Hospital	3	3.00	10,263	3,581	1,616	3,687	1,379	13,487			
Guilford	Hospital Fixed		Cone Health-Wesley Long Hospital	1	1.00	3,883	1,290	1,532	666	395	5,078			
Guilford	Hospital Fixed	G-005924-98	High Point Regional Health	2	2.00	4,523	2,042	1,103	940	438	5,691			
Guilford	Freestanding Fixed	G-7269-05	Cornerstone Imaging (Wake Forest Baptist Hospital)	1	1.00	4,519	3,501	1,018	0	0	4,926			
Guilford	Freestanding Fixed	G-8347-09	EmergeOrtho-Triad Region (EmergeOrtho, P.A)	1	1.00	5,809	5,540	269	0	0	5,917			
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,062	2,926	2,136	0	0	5,916			
Guilford	Freestanding Fixed		Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,297	3,182	2,115	0	0	6,143			
Guilford	Freestanding Fixed	G-6952-03	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	4,917	3,166	1,751	0	0	5,617			
Guilford	Freestanding Fixed	Grandfathered	Triad Imaging (Novant Health Imaging Triad)	1	1.00	3,574	2,979	595	0	0	3,812			
Guilford	Mobile	Grandfathered	Carolina Neuro. & Spine Assoc. (Alliance HealthCare Services)	0	0.35	1,674	1,132	542	0	0	1,891			
Guilford	Mobile		Cone Health-MedCenter High Point	0	0.11	542	355	187	0	0	617			
Guilford	Mobile	Grandfathered	Guilford Neurologic Associates Inc. (Kings Medical Group)	0	0.02	120	34	86	0	0	154			
Guilford	Mobile	Grandfathered	SE Orthopaedic Specialists, PA (Alliance HealthCare Services)	0	1.00	4,968	4,521	447	0	0	5,147			
Guilford			2020 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
Guilford				13	14.48	55,151					64,397	4,447	4,805	0
Halifax	Hospital Fixed	L-007257-05	Vidant North Hospital	1	1.00	1,660	258	1,088	292	22	2,230			
Halifax	Mobile	Grandfathered	EmergeOrtho, PA-Roanoke Rapids (Alliance HealthCare Services)	0	0.02	72	72	0	0	0	72			
Halifax	Mobile	J-8453-09	Northern Carolina Ortho (EmergeOrtho)	0	0.07	276	269	7	0	0	279			
Halifax/Northampton				1	1.09	2,008					2,580	2,367	3,775	0
Harnett	Hospital Fixed	M-006712-02; M-008287-09	Central Harnett Hospital	2	2.00	2,588	1,544	563	257	224	3,095			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Harnett	Mobile	M-6605-02	Carolina Regional Radiology (Mobile Imaging of North Carolina, LLC)	0	0.23	948	741	207	0	0	1,031			
Harnett				2	2.23	3,536					4,126	1,850	4,118	0
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,494	2,872	1,148	339	135	5,197			
Haywood				2	2.00	4,494					5,197	2,598	4,118	0
Henderson	Hospital Fixed		Advent Health Hendersonville	1	1.00	2,546	1,190	974	211	171	3,157			
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	5,279	3,156	1,575	264	284	6,242			
Henderson				3	3.00	7,825					9,399	3,133	4,462	0
Hertford	Hospital Fixed	Q-007213-05	Vidant Roanoke-Chowan Hospital	1	1.00	2,014	1,184	418	229	183	2,419			
Hertford/Gates				1	1.00	2,014					2,419	2,419	3,775	0
Hoke	Hospital Fixed		Cape Fear Valley Hoke Hospital	1	1.00	0	0	0	0	0	0			
Hoke	Hospital Fixed	N-011284-17	FirstHealth Moore Regional Hospital - Hoke Campus	1	1.00	0	0	0	0	0	0			
Hoke	Mobile	O-6434-01	First Health Hoke Community Hospital (Cape Fear Diagnostic Imaging, LLC)	0	0.14	570	342	228	0	0	661			
Hoke	Mobile	J-7008-04	First Health Hoke Community Hospital (Foundation Health Mobile Imaging, LLC)	0	0.11	448	371	77	0	0	479			
Hoke	Mobile	H-0061004-99	FirstHealth Moore Regional Hospital-Hoke (FirstHealth of The Carolinas, Inc)	0	0.10	419	346	41	20	12	453			
Hoke				2	2.35	1,437					1,593	678	4,118	0
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	1,152	647	222	192	91	1,390			
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	3,969	1,690	1,211	569	499	5,080			
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	2,888	1,529	879	332	148	3,491			
Iredell	Freestanding Fixed	F-6957-03	Piedmont HealthCare (Alliance Healthcare Services (Lessor))	1	1.00	3,344	2,249	1,095	0	0	3,782			
Iredell	Mobile	F-6626-02	Novant Health Imaging - Mooresville (Jacksonville Diagnostic Imaging, LLC)	0	0.01	53	32	21	0	0	61			
Iredell	Mobile	Grandfathered	Novant Health Imaging Mooresville (Kings Medical Group)	0	0.12	593	446	147	0	0	652			
Iredell	Mobile	Grandfathered	Novant Health Imaging Mooresville (Kings Medical Group)	0	0.22	1,036	774	262	0	0	1,141			
Iredell	Mobile	Grandfathered	Ortho Carolina-Mooresville (Alliance Healthcare services)	0	0.21	992	992	0	0	0	992			
Iredell	Mobile	G-6271-00	Ortho Carolina-Mooresville (Alliance HealthCare Services)	0	0.11	509	509	0	0	0	509			

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Iredell	Mobile	Grandfathered	OrthoCarolina-Mooresville (Alliance Healthcare Services)	0	0.10	499	499	0	0	0	499			
Iredell	Mobile	Grandfathered	Piedmont Healthcare (Alliance HealthCare Services)	0	0.42	2,001	1,246	755	0	0	2,303			
Iredell				5	6.19	17,036					19,900	3,215	4,805	0
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	3,186	2,133	666	247	140	3,663			
Jackson				2	2.00	3,186					3,663	1,832	4,118	0
Johnston	Hospital Fixed	J-007900-07	Johnston Health-Clayton	1	1.00	2,349	1,258	691	269	131	2,838			
Johnston	Hospital Fixed		Johnston Health-Smithfield	1	1.00	3,201	1,699	837	463	202	3,883			
Johnston	Mobile	J-8453-09	EmergeOrtho	0	0.08	313	295	18	0	0	320			
Johnston	Mobile	J-8268-08	Raleigh Radiology Clayton (Pinnacle Health Service of North Carolina, LLC)	0	1.00	4,411	3,560	821	0	0	4,709			
Johnston				2	3.08	10,274					11,750	3,815	4,118	0
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	1,920	1,446	98	309	67	2,136			
Lee				1	1.00	1,920					2,136	2,136	3,775	0
Lenoir	Hospital Fixed		UNC Lenoir Health Care	1	1.00	2,621	1,231	738	305	347	3,316			
Lenoir	Mobile		UNC Lenoir Health Care	0	0.04	146	65	44	18	19	186			
Lenoir				1	1.04	2,767					3,502	3,367	3,775	0
Lincoln	Hospital Fixed	F-008081-08; F011440-17	Atrium Health Lincoln	2	2.00	4,925	2,731	1,081	861	252	5,903			
Lincoln				2	2.00	4,925					5,903	2,952	4,118	0
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	2,133	1,506	523	77	27	2,395			
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	479	374	96	5	4	523			
Macon	Mobile	Grandfathered	Duke LifePoint Harris Regional at Franklin Med (Alliance Healthcare Services)	0	0.05	219	209	10	0	0	223			
Macon	Mobile	G-7038-04	Harris Regional at Franklin Med (Alliance HealthCare Services)	0	0.02	73	68	5	0	0	75			
Macon				2	2.07	2,904					3,215	1,553	4,118	0
Martin	Mobile	Q-6884-03	Martin General Hospital (Alliance HealthCare Services)	0	0.22	378	335	32	8	3	396			
Martin	Mobile	Grandfathered	Martin General Hospital (Alliance HealthCare Services)	0	0.04	76	64	7	1	4	82			
Martin				0	0.26	454					479	479	1,716	0
McDowell	Hospital Fixed	C-007304-05	Mission Hospital McDowell	1	1.00	2,130	1,388	554	116	72	2,456			
McDowell	Mobile	E-7066-04	Blue Ridge Marion (Blue Ridge Radiology)	0	0.17	653	529	124	0	0	703			
McDowell				1	1.17	2,783					3,158	2,699	3,775	0

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Mecklenburg	Hospital Fixed	F-006830-03; F-011425-17	Atrium Health Pineville	2	2.00	8,131	3,366	2,186	1,736	843	10,374			
Mecklenburg	Hospital Fixed	F-005919-98	Atrium Health University City	1	1.00	6,084	2,939	1,705	947	493	7,539			
Mecklenburg	Hospital Fixed		Carolinas Medical Center - Main	4	4.00	18,146	4,292	6,707	3,686	3,461	25,072			
Mecklenburg	Hospital Fixed		Carolinas Medical Center - Mercy	1	1.00	5,606	2,462	1,136	1,440	568	7,091			
Mecklenburg	Hospital Fixed	F-005580-97; F-008237-08/F-001184-16	Novant Health Huntersville Medical Center	2	2.00	6,450	3,460	2,173	535	282	7,759			
Mecklenburg	Hospital Fixed	F-006379-01; F-008688-11	Novant Health Matthews Medical Center	1	1.00	6,647	3,208	2,327	720	392	8,179			
Mecklenburg	Hospital Fixed		Novant Health Mint Hill Medical Center	1	1.00	3,245	1,709	1,291	159	86	3,894			
Mecklenburg	Hospital Fixed		Novant Health Presbyterian Medical Center-Charlotte Orthopedic Hospital	1	1.00	3,113	2,057	1,013	21	22	3,544			
Mecklenburg	Hospital Fixed	F-002332-85	Novant Health Presbyterian Medical Center-Main	2	2.00	11,073	3,561	3,648	2,448	1,416	14,644			
Mecklenburg	Hospital Fixed		Novant Health Presbyterian Medical Center-Novant Health Imaging Museum	1	1.00	3,084	1,871	1,213	0	0	3,569			
Mecklenburg	Freestanding Fixed	G-11798-19	Atrium Health Kenilworth Diagnostic Center #1	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-050755	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services, LLC)	1	1.00	3,858	2,468	1,390	0	0	4,414			
Mecklenburg	Freestanding Fixed	F-11182-16	Carolinas Imaging Services-Huntersville (Carolinas Imaging Services, LLC)	1	1.00	3,455	2,294	1,064	72	25	3,929			
Mecklenburg	Freestanding Fixed	F-005918-98	Carolinas Imaging Services-Southpark (Carolinas Imaging Services, LLC)	1	1.00	3,168	1,679	1,489	0	0	3,764			
Mecklenburg	Freestanding Fixed	F-8106-08	Charlotte (Carolina Neurosurgery & Spine Associates)	1	1.00	4,271	3,685	586	0	0	4,505			
Mecklenburg	Freestanding Fixed	F-5748-97	Novant Health Imaging Ballantyne (Presbyterian Ambulatory Holdings, LLC)	1	1.00	3,270	2,332	938	0	0	3,645			
Mecklenburg	Freestanding Fixed	F-7068-04	Novant Health Imaging South Park (Mecklenburg Diagnostic Imaging, LLC)	1	1.00	4,646	3,685	961	0	0	5,030			
Mecklenburg	Freestanding Fixed	F-10287-14	OrthoCarolina Ballantyne (OrthoCarolina, PA)	1	1.00	8,252	7,648	604	0	0	8,494			
Mecklenburg	Freestanding Fixed	J-6698-02	OrthoCarolina Spine Center (OrthoCarolina, PA)	1	1.00	6,819	5,533	1,286	0	0	7,333			
Mecklenburg	Mobile	F-6734-03	Ballantyne (Carolina Neurology & Spine Associates)	0	0.34	1,631	1,383	248	0	0	1,730			
Mecklenburg	Mobile	F-7040-04	Carolina Neurological Clinic (Carolinas Imaging Services, LLC)	0	0.07	326	198	128	0	0	377			
Mecklenburg	Mobile	Grandfathered	Carolina Neurosurgery & Spine (Alliance HealthCare Services)	0	0.28	1,368	1,197	171	0	0	1,436			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Mecklenburg	Mobile	F-6734-03	Charlotte (Carolina Neurology & Spine Associates)	0	1.00	4,900	3,789	1,111	0	0	5,344			
Mecklenburg	Mobile	Grandfathered	Charlotte Eye, Ear, Nose & Throat (Alliance HealthCare Services)	0	0.17	805	82	723	0	0	1,094			
Mecklenburg	Mobile	Grandfathered	Novant Health Ballantyne (Kings Medical Group)	0	0.00	19	19	0	0	0	19			
Mecklenburg	Mobile	Grandfathered	Novant Health Huntersville Medical Center (Kings Medical Group)	0	0.24	1,138	740	398	0	0	1,297			
Mecklenburg	Mobile	Grandfathered	Novant Health Huntersville Medical Center (Kings Medical Group)	0	0.03	162	101	61	0	0	186			
Mecklenburg	Mobile	F-6626-02	Novant Health Imaging - Steele Creek (Jacksonville Diagnostic Imaging, LLC)	0	0.12	598	394	204	0	0	680			
Mecklenburg	Mobile	Grandfathered	Novant Health Imaging Steele Creek (Kings Medical Group)	0	0.10	470	375	95	0	0	508			
Mecklenburg	Mobile	Grandfathered	Novant Health Imaging University (Kings Medical Group)	0	0.05	242	166	76	0	0	272			
Mecklenburg	Mobile	Grandfathered	Novant Health Imaging University (Kings Medical Group)	0	0.18	877	589	288	0	0	992			
Mecklenburg	Mobile	Grandfathered	Novant Health Matthew Medical Center (Kings Medical Group)	0	0.12	566	340	226	0	0	656			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.09	419	419	0	0	0	419			
Mecklenburg	Mobile	F-7987-07	OrthoCarolina Huntersville (OrthoCarolina, PA)	0	0.31	1,478	1,281	197	0	0	1,557			
Mecklenburg	Mobile	F-7987-07	OrthoCarolina Matthews (OrthoCarolina, PA)	0	0.55	2,653	2,652	1	0	0	2,653			
Mecklenburg	Mobile	F-7987-07	OrthoCarolina Mobile Spine (OrthoCarolina, PA)	0	0.52	2,503	2,269	234	0	0	2,597			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina, PA (Alliance Healthcare services)	0	0.20	967	967	0	0	0	967			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina-Spine Center (Alliance Healthcare Services)	0	0.16	758	658	100	0	0	798			
Mecklenburg			2020 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
Mecklenburg				26	30.53	131,198					156,365	5,122	4,805	1
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital	1	1.00	1,529	1,011	430	45	43	1,753			
Mitchell				1	1.00	1,529					1,753	1,753	3,775	0
Montgomery	Mobile	J-7008-04	First Health Montgomery Memorial Hospital (Foundation Health Mobile Imaging, LLC)	0	0.21	361	303	58	0	0	384			
Montgomery				0	0.21	361					384	384	1,716	0
Moore	Hospital Fixed	H-005602-97; H-006846-03; H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	13,944	10,110	1,512	2,042	280	15,590			
Moore	Freestanding Fixed	H-6845-03	Pinehurst Surgical Clinic PA (Alliance HealthCare Services)	1	1.00	5,779	5,432	327	0	0	5,890			
Moore	Freestanding Fixed	H-8365-09	Southern Pines Diagnostic Imaging (Triad Imaging, LLC)	1	1.00	2,281	1,620	661	0	0	2,545			
Moore				5	5.00	22,004					24,025	4,805	4,805	0

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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Nash	Hospital Fixed	L-005908-98	Nash General Hospital	2	2.00	5,282	4,177	0	1,105	0	5,724			
Nash	Mobile	Grandfathered	Boice Willis Clinic (Insight Imaging)	0	0.20	812	439	373	0	0	961			
Nash	Mobile	Grandfathered	Carolina Regional Orthopaedics (Alliance HealthCare Services)	0	0.02	77	77	0	0	0	77			
Nash	Mobile	Grandfathered	Carolina Regional Orthopaedics (Alliance HealthCare Services)	0	0.02	90	90	0	0	0	90			
Nash				2	2.24	6,261					6,852	3,059	4,118	0
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Main Campus	2	2.00	8,761	1,771	1,749	3,301	1,940	12,333			
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Medical Mall	1	1.00	2,173	1,152	1,021	0	0	2,581			
New Hanover	Hospital Fixed		New Hanover Regional Medical Center-Orthopedic Hospital	1	1.00	5,344	2,719	2,584	25	16	6,400			
New Hanover	Freestanding Fixed	0-7259-05	EmergeOrtho PA	1	1.00	5,140	4,772	398	0	0	5,329			
New Hanover	Freestanding Fixed	0-11063-15	Wilmington Health (Wilmington Health, PLLC)	1	1.00	4,039	2,573	1,466	0	0	4,625			
New Hanover	Mobile	Grandfathered	Delaney Radiologists (Insight Imaging)	0	0.54	2,592	1,969	623	0	0	2,841			
New Hanover	Mobile	0-7254-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.13	622	622	0	0	0	622			
New Hanover	Mobile	0-7254-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.69	3,338	1,516	1,822	0	0	4,067			
New Hanover	Mobile	Grandfathered	EmergeOrtho (Insight Imaging)	0	0.41	1,970	1,845	125	0	0	2,020			
New Hanover	Mobile	Grandfathered	New Hanover Reg. Med-Health (Alliance HealthCare Services)	0	0.10	484	225	259	0	0	588			
New Hanover	Mobile	F-7001-04	New Hanover Reg. Med-Health & Diagnostic (Alliance HealthCare Services)	0	0.26	1,248	565	683	0	0	1,521			
New Hanover	Mobile	Grandfathered	New Hanover Reg. Med-Health & Diagnostic (Alliance HealthCare Services)	0	0.00	20	11	9	0	0	24			
New Hanover	Mobile	F-7001-04	New Hanover Regional Medical (Alliance HealthCare Services)	0	0.09	448	193	255	0	0	550			
New Hanover	Mobile	Grandfathered	New Hanover Regional Medical Center (Alliance HealthCare Services)	0	0.11	531	253	278	0	0	642			
New Hanover	Mobile	O-006212-00	New Hanover Regional Medical Center-Brunswick Forest	0	0.20	977	481	496	0	0	1,175			
New Hanover	Mobile		New Hanover Regional Medical Center-Military Cutoff	0	0.20	980	448	532	0	0	1,193			
New Hanover	Mobile		New Hanover Regional Medical Center-North Campus	0	0.36	1,739	799	940	0	0	2,115			
New Hanover				6	9.09	40,406					48,627	5,350	4,805	1
Onslow	Hospital Fixed		Onslow Memorial Hospital	1	1.00	3,111	1,896	807	341	67	3,624			
Onslow	Freestanding Fixed	P-7324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, LLC)	1	1.00	2,304	1,907	397	0	0	2,463			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Onslow	Freestanding Fixed	P-8326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, LLC)	1	1.00	2,932	2,427	505	0	0	3,134			
Onslow	Mobile	Grandfathered	Diagnostic Imaging Partners (Insight Imaging)	0	0.07	323	206	117	0	0	370			
Onslow				3	3.07	8,670					9,590	3,124	4,462	0
Orange	Hospital Fixed		University of North Carolina Hospitals- Hillsborough	1	1.00	6,203	1,878	3,979	80	266	8,039			
Orange	Hospital Fixed		University of North Carolina Hospitals- Medical Center	6	6.00	23,500	7,707	8,602	3,563	3,628	31,268			
Orange	Hospital Fixed		University of North Carolina Hospitals-Imaging Center	2	2.00	7,945	2,926	5,003	3	13	9,958			
Orange	Freestanding Fixed	Grandfathered	Wake Radiology (Chapel Hill Diagnostic Imaging, LLC)	1	1.00	1,413	830	583	0	0	1,646			
Orange	Mobile	G-7038-04	UNC Hospital Imaging & Spine Center (Alliance HealthCare Services)	0	0.07	348	151	197	0	0	427			
Orange	Mobile	G-7038-04	UNC Hospital-Hillsborough (Alliance HealthCare Services)	0	0.16	761	435	326	0	0	891			
Orange	Mobile	Grandfathered	UNC-Hospital-Hillsborough Campus (Alliance HealthCare Services)	0	0.11	525	300	225	0	0	615			
Orange				10	10.34	40,695					52,845	5,111	4,805	1
Pasquotank	Hospital Fixed	R-007623-06	Sentara Albemarle Medical Center	1	1.00	3,689	2,236	841	462	150	4,330			
Pasquotank	Mobile	R-6293-00	Sentara Albemarle Medical Center	0	0.28	1,056	790	216	38	12	1,167			
Pasquotank/Camden/Currituck/Perquimans				1	1.28	4,745					5,497	4,295	3,775	1
Pender	Mobile	Grandfathered	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.03	60	29	31	0	0	72			
Pender	Mobile	Grandfathered	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.02	33	33	0	0	0	33			
Pender	Mobile	Grandfathered	Pender Memorial Hospital (Alliance HealthCare Services)	0	0.27	467	230	235	1	1	562			
Pender				0	0.32	560					668	668	1,716	0
Person	Hospital Fixed		Person Memorial Hospital	1	1.00	508	245	146	100	17	620			
Person				1	1.00	508					620	620	3,775	0
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	Vidant Medical Center	4	4.00	12,599	1,709	2,576	3,911	4,403	18,716			
Pitt	Freestanding Fixed		ECU Physicians MRI (Brody School of Medicine at East Carolina University)	1	1.00	4,324	3,082	1,242	0	0	4,821			
Pitt	Freestanding Fixed		Greenville MRI LLC (Greenville MRI, LLC)	1	1.00	4,840	0	0	0	0	0			
Pitt	Freestanding Fixed		Greenville MRI LLC (Greenville MRI, LLC)	1	1.00	4,469	0	0	0	0	0			
Pitt	Freestanding Fixed	Grandfathered	Physicians East P.A. (King's Medical Group)	1	1.00	2,942	2,007	935	0	0	3,316			
Pitt	Mobile	Grandfathered	Orthopaedics East, Inc. (Alliance Healthcare Services)	0	0.46	2,226	2,171	55	0	0	2,248			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Pitt/Greene/Hyde/Tyrrell				8	8.46	31,400					29,101	3,440	4,805	0
Polk	Mobile	F-7040-04	St. Luke's Hospital (Carolinas Imaging Services, LLC)	0	0.41	712	612	82	17	1	752			
Polk				0	0.41	712					752	752	1,716	0
Randolph	Hospital Fixed	G-006817-03; G-008342-09	Randolph Hospital	1	1.00	1,126	492	166	332	136	1,434			
Randolph	Freestanding Fixed	G-10355-14	MRI Asheboro (MRI of Asheboro)	1	1.00	3,352	1,844	1,508	0	0	3,955			
Randolph				2	2.00	4,478					5,389	2,695	4,118	0
Richmond	Hospital Fixed	H-011629-18 - relocate MRI from FirstHealthMoore Regional Hospital-Hamlet (closed)	FirstHealth Moore Regional Hospital - Richmond	1	1.00	0	0	0	0	0	0			
Richmond	Mobile	H-0061004-99	FirstHealth Moore Regional Hospital-Richmond (FirstHealth of The Carolinas, Inc)	0	0.60	2,273	1,901	238	98	36	2,436			
Richmond				1	1.60	2,273					2,436	1,523	3,775	0
Robeson	Hospital Fixed	N-005496-96; N-006606-02	Southeastern Regional Medical Center	2	2.00	6,154	3,681	1,048	1,022	403	7,304			
Robeson				2	2.00	6,154					7,304	3,652	4,118	0
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	3,003	1,812	573	518	100	3,519			
Rockingham	Hospital Fixed	G-006297-00	UNC Rockingham Health Care	1	1.00	1,615	1,189	217	133	76	1,816			
Rockingham				2	2.00	4,618					5,335	2,668	4,118	0
Rowan	Hospital Fixed		Novant Health Rowan Medical Center-Main	2	2.00	6,323	4,039	1,173	901	210	7,321			
Rowan	Hospital Fixed		Novant Health Rowan Medical Center-Novant Health Imaging	2	2.00	3,635	3,047	583	2	3	3,871			
Rowan				4	4.00	9,958					11,192	2,798	4,805	0
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	2,117	482	1,215	216	204	2,853			
Rutherford				1	1.00	2,117					2,853	2,853	3,775	0
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	1,556	1,429	54	71	2	1,608			
Sampson				1	1.00	1,556					1,608	1,608	3,775	0
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	1	1.00	2,828	1,768	631	480	100	3,503			
Scotland	Mobile	Grandfathered	OrthoCarolina PA (Alliance Healthcare Services)	0	0.33	1,238	1,238	0	0	0	1,238			
Scotland				1	1.33	4,066					4,741	3,565	3,775	0
Stanly	Hospital Fixed	F-007461-06	Atrium Health Stanly	1	1.00	3,304	1,895	877	373	159	3,931			
Stanly	Mobile	F-7040-04	Atrium Health-West Stanly Imaging (Carolinas Imaging Services, LLC)	0	0.10	359	278	81	0	0	391			
Stanly				1	1.10	3,663					4,323	3,930	3,775	1

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			No Service Site											
Stokes													1,716	0
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	3,144	2,104	587	339	114	3,606			
Surry	Hospital Fixed	G-006569-02; G-008115-08	Northern Hospital of Surry County	1	1.00	2,711	1,708	441	445	119	3,163			
Surry				2	2.00	5,855					6,768	3,384	4,118	0
			No Service Site											
Swain													1,716	0
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	1,803	1,314	402	56	31	2,011			
Transylvania				1	1.00	1,803					2,011	2,011	3,775	0
Union	Hospital Fixed	F-005920-98; F-011536-18	Atrium Health Union	2	2.00	5,908	2,620	1,314	1,420	554	7,445			
Union	Freestanding Fixed	F-006972-03	Carolinas Healthcare Imaging Services-Indian Trail (Union Medical Services, LLC)	1	1.00	1,398	1,162	236	0	0	1,492			
Union	Mobile	Grandfathered	OrthoCarolina, PA (Alliance Healthcare services)	0	0.21	920	914	6	0	0	922			
Union	Mobile	Grandfathered	OrthoCarolina-Monroe (Alliance Healthcare Services)	0	0.20	904	869	39	0	0	924			
Union	Mobile	F-6626-02	PIC - Monroe (Jacksonville Diagnostic Imaging, LLC)	0	0.18	794	564	230	0	0	886			
Union				3	3.59	9,924					11,669	3,250	4,462	0
Vance	Hospital Fixed	K-006527-01; K-007839-07	Maria Parham Medical Center	2	2.00	2,116	822	535	534	225	2,724			
Vance	Mobile	O-006665-02	Henderson (Cape Fear Mobile Imaging)	0	0.10	410	410	0	0	0	410			
Vance/Warren				2	2.10	2,526					3,134	1,492	4,118	0
Wake	Hospital Fixed	Grandfathered; J-008529-10	Duke Raleigh Hospital	2	2.00	11,023	4,726	4,211	1,103	983	13,935			
Wake	Hospital Fixed		Rex Hospital-Main	2	2.00	8,173	2,313	2,636	1,705	1,519	11,125			
Wake	Hospital Fixed		Rex Hospital-UNC Rex Health Care of Cary	1	1.00	0	0	0	0	0	0			
Wake	Hospital Fixed		WakeMed Cary Hospital	1	1.00	4,020	2,058	902	697	363	4,950			
Wake	Hospital Fixed		WakeMed-New Bern Avenue	2	2.00	10,522	4,208	2,153	2,542	1,619	13,695			
Wake	Freestanding Fixed	J0911167-16	Duke Radiology Holly Springs	1	1.00	0	0	0	0	0	0			
Wake	Freestanding Fixed		Raleigh Neurology Associates, P.A.	1	1.00	4,898	2,725	2,173	0	0	5,767			
Wake	Freestanding Fixed	Grandfathered	Raleigh Neurology Imaging, PLLC (Alliance Healthcare Services)	1	1.00	5,306	3,131	2,175	0	0	6,176			
Wake	Freestanding Fixed	G-11798-19	Raleigh Radiology - Cary*	1	1.00	0	0	0	0	0	0			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Freestanding Fixed	Grandfathered	Raleigh Radiology - Wake (Alliance Healthcare Services)	1	1.00	5,531	3,522	2,009	0	0	6,335			
Wake	Freestanding Fixed	Grandfathered	Raleigh Radiology Cary (Alliance Healthcare Services)	1	1.00	6,336	4,394	2,042	0	0	7,253			
Wake	Freestanding Fixed	J-7289-05	Raleigh Radiology Cedarhurst (Pinnacle Health Services Of North Carolina, LLC)	1	1.00	6,816	5,026	1,790	0	0	7,532			
Wake	Freestanding Fixed	J-11757-19	The Bone and Joint Surgery Clinic	1	1.00	1,745	1,745	0	0	0	1,745			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Diagnostic Imaging (Alliance Healthcare Services)	1	1.00	3,725	2,319	1,406	0	0	4,287			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology MRI (WR Imaging, LLC)	1	1.00	3,177	1,461	1,716	0	0	3,863			
Wake	Freestanding Fixed	J5783-97	Wake Radiology MRI (WR Imaging, LLC (formerly Raleigh MRI Center))	1	1.00	3,176	1,460	1,716	0	0	3,862			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology-Garner (Alliance Healthcare Services)	1	1.00	3,055	1,843	1,212	0	0	3,540			
Wake	Mobile	O-006665-02	Cary Ortho (Cape Fear Mobile Imaging)	0	0.26	1,249	1,249	0	0	0	1,249			
Wake	Mobile	Grandfathered	Cary Ortho (Foundations Health Mobile Imaging, LLC)	0	0.03	163	163	0	0	0	163			
Wake	Mobile	Grandfathered	Duke Health Raleigh Hospital (Alliance HealthCare Services)	0	0.03	156	1	0	84	71	246			
Wake	Mobile	Grandfathered	Duke Health Raleigh Hospital (Alliance HealthCare Services)	0	0.47	2,253	1,337	916	0	0	2,619			
Wake	Mobile	Grandfathered	Duke Health Raleigh Hospital (Alliance Healthcare Services)	0	0.10	486	290	196	0	0	564			
Wake	Mobile	G-7038-04	Duke Medical Raleigh Hospital (Alliance HealthCare Services)	0	0.01	72	65	7	0	0	75			
Wake	Mobile	Grandfathered; J-008529-10	Duke Raleigh Hospital	0	0.57	2,730	1,659	1,062	2	7	3,161			
Wake	Mobile	J-8453-09	EmergeOrtho	0	0.54	2,592	2,311	281	0	0	2,704			
Wake	Mobile	J-8453-09	EmergeOrtho	0	0.16	766	763	3	0	0	767			
Wake	Mobile	Grandfathered	EmergeOrtho, P.A. (Alliance Healthcare Services)	0	0.12	553	546	7	0	0	556			
Wake	Mobile	O-006665-02	Orthopaedic Specialists of NC (Cape Fear Mobile Imaging)	0	0.29	1,396	1,377	19	0	0	1,404			
Wake	Mobile	J-7008-04	Raleigh Neurosurgical Clinic (Foundation Health Mobile Imaging, LLC)	0	0.17	830	519	311	0	0	954			
Wake	Mobile	Grandfathered	Raleigh Neurosurgical Clinic (Foundations Health Mobile Imaging, LLC)	0	0.17	795	490	305	0	0	917			
Wake	Mobile	Grandfathered	Raleigh Neurosurgical Clinic (Kings Medical Group)	0	0.00	15	11	4	0	0	17			
Wake	Mobile	J-7756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.14	671	671	0	0	0	671			
Wake	Mobile	J-7756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.49	2,350	2,350	0	0	0	2,350			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Mobile	J-7756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.06	306	306	0	0	0	306			
Wake	Mobile	J-7756-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.15	714	714	0	0	0	714			
Wake	Mobile	Grandfathered	Raleigh Orthopedic (Alliance Healthcare Services)	0	0.11	540	540	0	0	0	540			
Wake	Mobile	Grandfathered	Raleigh Orthopedic (Alliance HealthCare Services)	0	0.04	192	192	0	0	0	192			
Wake	Mobile	Grandfathered	Raleigh Radiology - Brier Creek (Foundations Health Mobile Imaging, LLC)	0	0.46	2,189	1,504	685	0	0	2,463			
Wake	Mobile	J-8268-08	Raleigh Radiology Cedarhurst (Pinnacle Health Service of North carolina, LLC)	0	0.02	120	78	42	0	0	137			
Wake	Mobile	J-8268-08	Raleigh Radiology Wake Forest (Pinnacle Health Service of North carolina, LLC)	0	0.54	2,618	2,067	551	0	0	2,838			
Wake	Mobile	Grandfathered	Raleigh Radiology-Brier Creek (Kings Medical Group)	0	0.06	306	202	104	0	0	348			
Wake	Mobile	Grandfathered	Raleigh Radiology-Fuquay Varina (Alliance Healthcare Services)	0	0.17	827	590	237	0	0	922			
Wake	Mobile		Rex Hospital - Wakefield	0	0.13	601	224	377	0	0	752			
Wake	Mobile	J-7012-04	Wake Radiology Cary (WR Imaging, LLC-Mobile MRI 1)	0	0.09	456	318	138	0	0	511			
Wake	Mobile	J-7012-04	Wake Radiology Fuquay Varina (WR Imaging, LLC- Mobile MRI 1)	0	0.09	429	343	86	0	0	463			
Wake	Mobile	J-11291-17	Wake Radiology Rex Holly Springs (WR Imaging, LLC-Mobile MRI 2)	0	0.03	125	124	1	0	0	125			
Wake	Mobile	J-11291-17	Wake Radiology Rex Wakefield (WR Imaging, LLC-Mobile MRI 2)	0	0.19	897	461	436	0	0	1,071			
Wake	Mobile	J-7012-04	Wake Radiology Wake Forest (WR Imaging, LLC- Mobile MRI 1)	0	0.31	1,488	1,020	468	0	0	1,675			
Wake	Mobile		WakeMed Apex Healthplex	0	0.08	385	236	149	0	0	445			
Wake	Mobile		WakeMed Garner Healthplex	0	0.06	283	167	116	0	0	329			
Wake	Mobile	Grandfathered	WakeMed Garner Healthplex (Alliance HealthCare Services)	0	0.05	240	144	96	0	0	278			
Wake	Mobile		WakeMed North	0	0.12	589	354	222	12	1	683			
Wake	Mobile		WakeMed Raleigh Medical Park	0	0.11	528	363	165	0	0	594			
Wake	Mobile	Grandfathered	WakeMed-Apex Healthplex (Alliance HealthCare Services)	0	0.06	271	166	105	0	0	313			
Wake	Mobile	Grandfathered	WakeMed-Raleigh Medical Park (Alliance HealthCare Services)	0	0.06	286	210	76	0	0	316			
Wake				20	26.54	108,970					128,501	4,842	4,805	1
			No Service Site											
Washington													1,716	0
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	1	1.00	3,743	2,447	945	252	99	4,301			
Watauga	Mobile	G-7038-04	Watauga Medical Center (Alliance HealthCare Services)	0	0.02	76	24	51	1	0	97			
Watauga			AppMedical Services	1	1.00	0	0	0	0	0	0			

Table 17E-1: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Watauga				2	2.02	3,819					4,398	2,177	4,118	0
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne Memorial Hospital, Inc.	2	2.00	6,887	4,700	1,568	328	291	7,878			
Wayne				2	2.00	6,887					7,878	3,939	4,118	0
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	2,850	1,705	825	187	133	3,361			
Wilkes				1	1.00	2,850					3,361	3,361	3,775	0
Wilson	Hospital Fixed		Wilson Medical Center	2	2.00	3,320	1,188	1,430	188	514	4,378			
Wilson	Freestanding Fixed		EmergeOrtho	1	1.00	3,179	2,939	240	0	0	3,275			
Wilson	Mobile	Q-6884-03	Vidant Health Plex Wilson (Alliance HealthCare Services)	0	0.00	15	11	4	0	0	17			
Wilson	Mobile	Grandfathered	Vidant Medical Center (Alliance Healthcare Services)	0	0.00	7	5	2	0	0	8			
Wilson				3	3.00	6,521					7,678	2,559	4,462	0
			No Service Site											
Yadkin													1,716	0
Total				248	283.01	949,720	Total of Need Determinations 7							

Threshold 4+ Fixed Scanners = 4,805
3 Fixed Scanners = 4,462
2 Fixed Scanners = 4,118
1 Fixed Scanner = 3,775
0 Fixed Scanners = 1,716

* In response to a petition, the State Health Coordinating Council approved the removal of the fixed MRI scanner need determination in the Pasquotank/Camden/Currituck/Perquimans Counties Service Area.

** In response to a petition, the State Health Coordinating Council approved the removal of the fixed MRI scanner need determination in the Stanley County Service Area.

Table 17E-2: Existing and Approved Specialized MRI Scanners, Excluded from Inventory

Scanner Use	County	Provider	CON Project ID	Number of Scanners
Cardiovascular Clinical Use (Policy AC-3)	Durham	Duke University Hospital	J-006511-01	3
Dedicated Breast Scanning	Mecklenburg	Charlotte Radiology Breast Center	F-006725-02	1
Dedicated Breast Scanning	Forsyth	Breast Clinic MRI	G-007601-06	1
Dedicated Pediatric Use	Mecklenburg	Carolinas Medical Center (Levine Children's Hospital)	F-007219-05	1
Radiation Oncology	Durham	Duke University Hospital	J-006295-00	1
Radiation Oncology	Forsyth	North Carolina Baptist Hospital	G-006816-03	1
Use in Operating Room Suite	Durham	Duke University Hospital	J-008030-07	1
Intraoperative MRI (iMRI)	Mecklenburg	Carolinas Medical Center	F-011210-16	1

Note: These scanners shall be used only for the purposes indicated above. They shall not be used for general clinical purposes.

Table 17E-3: Fixed MRI Scanner Need Determination*

Services Area	Fixed MRI Scanners Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Buncombe/Graham/Madison/Yancey	1	February 15, 2021	March 1, 2021
Mecklenburg	1	August 16, 2021	September 1, 2021
New Hanover	1	September 15, 2021	October 1, 2021
Orange	1	October 15, 2021	November 1, 2021
Wake	1	April 15, 2021	May 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

F. POSITRON EMISSION TOMOGRAPHY SCANNERS

Introduction

A **positron emission tomography (PET) scanner**, as defined in G.S. 131E-176(19a), means “equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.”

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners also include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities. Many PET scanners are configured with a single gantry to accommodate computed tomography (CT) to acquire sequential PET and CT images during the same exam. All of these machines are PET scanners as defined in G.S. 131E-176 (19a), but they vary widely in their capabilities.

Dedicated PET scanners can be fixed or mobile. **Mobile** PET scanner means a dedicated PET scanner and its transporting equipment that is moved, at least weekly, to provide services at two or more host facilities. A **fixed** PET scanner is one that is not mobile. A dedicated fixed PET scanner's service area is the HSA in which the scanner is located. Appendix A identifies the multicounty groupings that comprise the HSAs.

Definition

A fixed PET scanner's **service area** is the HSA in which it is located (*Table 17F-1*). Appendix A identifies the multicounty groupings that comprise the HSAs. A mobile PET scanner's service area is statewide. A **statewide service area** is defined as a planning area that encompasses the entire state when determining need. For mobile equipment, the definition does not imply that a CON applicant is required to project that it will provide mobile services in a certain number of counties, HSAs, or regions. Similarly, once developed, the equipment does not have to serve a certain number of counties, HSAs, or regions.

Assumptions of the Methodology

1. The methodology concerns dedicated PET scanners only. Dedicated scanners do not perform other nuclear medicine procedures.
2. There is a need for one additional fixed dedicated PET scanner when each existing fixed dedicated PET scanner was utilized at or above 80% of capacity during the current reporting year. For the purposes of need determination calculations, the annual capacity of a fixed dedicated PET scanner is 3,000 procedures; 80% capacity is 2,400 procedures.

Application of the Methodology

Part 1 (*Table 17F-1*):

Determine the planning inventory of all fixed PET scanners in the state to include existing fixed PET scanners in operation, approved fixed PET scanners for which a certificate of need was issued but is pending development, and need determinations in prior SMFPs for which a certificate of need has not yet been issued (*Column C*).

- Step 1: For each facility that operates a PET scanner, determine the total number of procedures performed on all fixed PET scanners located at the facility for the current reporting year (*Column D*).
- Step 2: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.

Step 3: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 1, by the capacity calculated in Step 2. Multiply the results by 100 to convert the numbers to a utilization percentage (*Column E*).

Step 4: A service area has a need determination for an additional fixed PET scanner if the utilization percentage is 80% or greater at a facility, except as provided in Step 7 for both parts of the methodology combined.

Part 2:

Step 5: Identify each major cancer treatment facility, program or provider in the state, defined as providers that operate two linear accelerators that performed over 12,500 ESTV procedures during the current reporting year (*Table 17C-5*).

Step 6: A service area has a need determination for one additional fixed PET scanner if a major cancer treatment facility, program, or provider identified in Step 5 is hospital-based (i.e., on a hospital's license) and does not own or operate a fixed dedicated PET scanner, except as provided in Step 7 for both parts of the methodology combined.

Step 7: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology (*Table 17F-1, Column F*).

The SMFP does not have a methodology to project need for additional mobile PET scanners. A summer petition is required to place a need in the upcoming SMFP. If the need determination is approved, any person may apply for a certificate of need to acquire the mobile PET scanner.

Table 17F-1: Utilization of Existing Dedicated Fixed PET Scanners

A	B	C	D	E	F
HSA	Facility	Planning Inventory	2018-2019 Procedures	Utilization Rate	Need Determination
I	Catawba Valley Medical Center / Frye Regional Medical Center	1	1,215	40.50%	0
	Mission Hospital	1	2,507	83.57%	1
II	Alamance Regional Medical Center	1	844	28.13%	0
	High Point Regional Health	1	946	31.53%	0
	Cone Health	1	1,989	66.30%	0
	North Carolina Baptist Hospital	2	3,105	51.75%	0
	Novant Health Forsyth Medical Center	2	2,855	47.58%	0
III	Atrium Health Cabarrus	1	1,105	36.83%	0
	Atrium Health Union	1	595	19.83%	0
	Carolinas Medical Center	2	4,497	74.95%	0
	CaroMont Regional Medical Center	1	932	31.07%	0
	Iredell Memorial Hospital	1	502	16.73%	0
	Novant Health Presbyterian Medical Center	1	2,151	71.70%	0
IV	Duke Raleigh Hospital	1	0	0.00%	0
	Duke University Hospital	2	4,947	82.45%	1
	Rex Hospital	2	3,282	54.70%	0
	UNC Hospitals	2	4,019	66.98%	0
	Wake PET Services, Wake Radiology Oncology, Wake Radiology	1	550	18.33%	0
V	Cape Fear Valley Medical Center	1	1,023	34.10%	0
	First Imaging of the Carolinas	1	1,325	44.17%	0
	New Hanover Regional Medical Center	1	2,512	83.73%	1
	Southeastern Regional Medical Center*	1	0	0.00%	0
VI	CarolinaEast Medical Center	1	781	26.03%	0
	Nash General Hospital	1	414	13.80%	0
	Vidant Medical Center	1	2,561	85.37%	1
	TOTAL	31	44,657	48.02%	4

* CON issued for new PET June 27, 2020. CON Project ID: N-011866-20

Table 17F-2: PET Scanner Provider of Mobile Dedicated Scanners*

Mobile Provider	Procedures	Utilization Rate
		Year 2018-2019 Procedures, 2,600 as Capacity
Alliance Imaging I	3,716	143%
Alliance Imaging II	3,975	153%
Novant Health Forsyth Medical Center (NHFMC)	2,068	80%
TOTAL	9,759	

* 2018 Need Determination for 1 mobile scanner.

Table 17F-3: PET Scanner Sites Utilization of Existing Mobile Dedicated Scanners

Mobile Site	Mobile Provider	Number of Sites	Procedures
			2018-2019
Caldwell Memorial Hospital	Alliance I	1	158
Annie Penn Hospital	Alliance I	1	119
Carolinas HealthCare System Blue Ridge	Alliance I	2	253
Atrium Health Lincoln	Alliance I	1	209
Cleveland Regional Medical Center	Alliance I	1	764
Columbus Regional Healthcare System	Alliance II	1	138
Carteret General Hospital	Alliance II	1	399
Duke Raleigh Hospital	Alliance II	1	407
Harris Regional Hospital	Alliance I	1	260
Haywood Regional Medical Center	Alliance I	1	163
Johnston Health	Alliance II	1	303
Lake Norman Regional Medical Center	Alliance I	1	205
UNC Lenoir Healthcare	Alliance II	1	180
Margaret R. Pardee Memorial Hospital	Alliance I	1	422
Maria Parham Medical Center	Alliance I	1	27
Maria Parham Medical Center	Alliance II	1	186
Northern Regional Hospital	Alliance I	1	136
Novant Health Huntersville Medical Center	NHFMC	1	632
Novant Health Kernersville Medical Center	NHFMC	1	354
Novant Health Matthews Medical Center	NHFMC	1	513
Novant Health Rowan Medical Center-Julian Road	NHFMC	1	338
Novant Health Thomasville Medical Center	NHFMC	1	129
Novant Health Mint Hill Medical Center	NHFMC	1	102
Onslow Memorial Hospital	Alliance II	1	480
AdventHealth Hendersonville	Alliance I	1	257
Randolph Hospital	Alliance I	1	132
Rutherford Regional Medical Center	Alliance I	1	199
Sentara Albemarle Medical Center	Alliance II	1	418
Scotland Memorial Hospital	Alliance II	1	168
Stanley Regional Medical Center	Alliance I	1	247
Southeastern Regional Medical Center	Alliance II	1	353
The Outer Banks Hospital	Alliance II	1	110
Vidant Chowan Hospital	Alliance II	1	64
Watauga Medical Center	Alliance I	1	165
Wayne Memorial Hospital	Alliance II	1	350
Wilson Medical Center	Alliance II	1	375
Vidant Duplin Hospital	Alliance II	1	44
TOTAL		38	9,759

Table 17F-4: Fixed Dedicated PET Scanner Need Determination*

Service Area	Fixed Dedicated PET Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
HSA I	1	April 15, 2021	May 1, 2021
HSA IV	1	June 15, 2021	July 1, 2021
HSA V	1	October 15, 2021	November 1, 2021
HSA VI	1	September 15, 2021	October 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

Table 17F-5: Mobile PET Scanner Need Determination*

Service Area	Fixed Dedicated PET Need Determination	Certificate of Need Application Deadline**	Certificate of Need Beginning Review Date
Statewide***	1	October 15, 2021	November 1, 2021
It is determined that there is no need anywhere else in the state and no other reviews are scheduled.			

* Any person can apply to meet the need, not just the health service facility or facilities that generated the need.

** Application deadlines are absolute, pursuant to 10A NCAC 14C.0203(b). The filing deadline is 5:00 p.m. on the application deadline date.

*** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for a mobile PET scanner.

Appendix A:

North Carolina Health Service Areas

Appendix B:

List of Contiguous Counties

Appendix C:

Executive Orders 46 and 187

Appendix D:

North Carolina Certificate of Need Statute

Appendix E:

Certificate of Need Regulations

Appendix F:

Academic Medical Center Teaching Hospitals

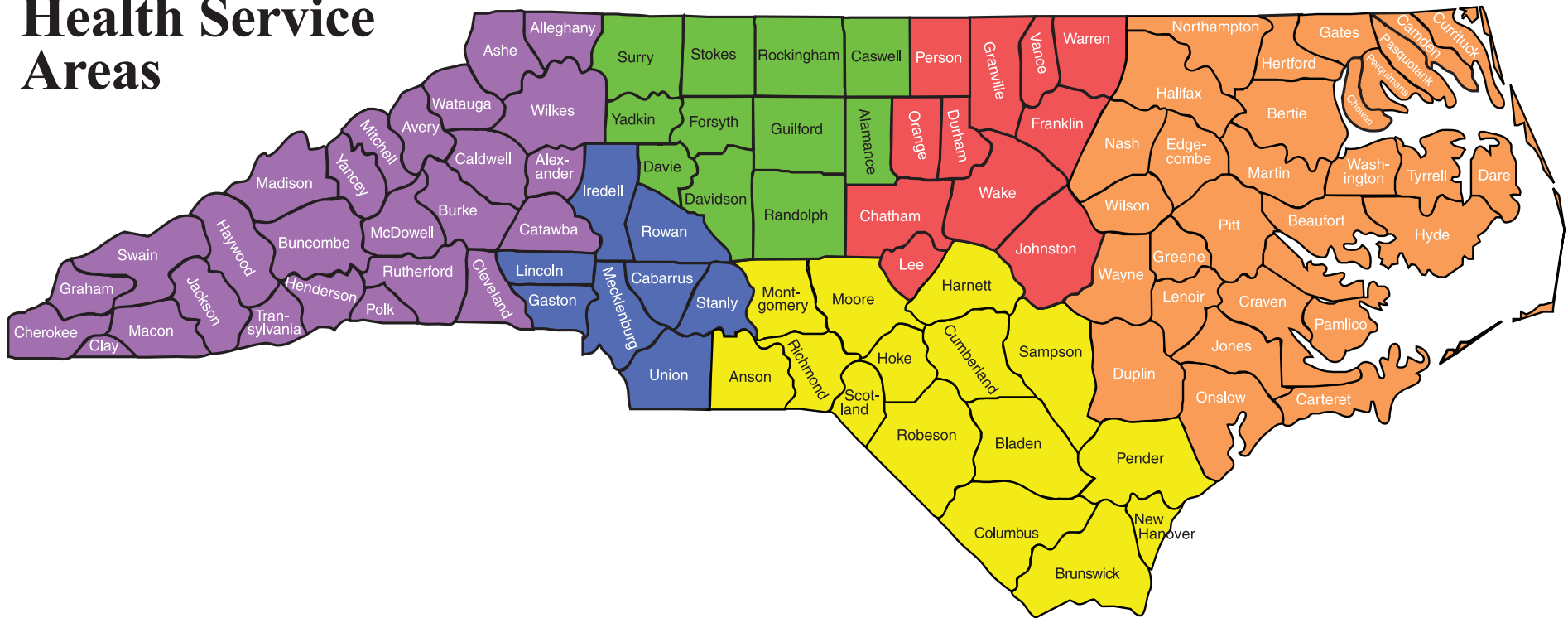
Appendix G:

Critical Access Hospitals

Appendix H:

Regulation of Detoxification Services Provided in Hospitals
Licensed under Articles 5, Chapter 131E, of the General
Statutes

Appendix A: North Carolina Health Service Areas



Health Service Areas	Counties	Color Code
HSA I	Alexander, Alleghany, Ashe, Avery, Buncombe, Burke, Caldwell, Catawba, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	
HSA II	Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin	
HSA III	Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union	
HSA IV	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Wake, Warren	
HSA V	Anson, Bladen, Brunswick, Columbus, Cumberland, Harnett, Hoke, Montgomery, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Scotland	
HSA VI	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson	

APPENDIX B

LIST OF CONTIGUOUS COUNTIES

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	MCDOWELL	MACON	MADISON	MARTIN	MECKLENBURG
Burke	Avery	Cherokee	Buncombe	Beaufort	Cabarrus
Catawba	Buncombe	Clay	Haywood	Bertie	Gaston
Cleveland	Burke	Graham	Yancey	Edgecombe	Lincoln
Gaston	Mitchell	Jackson		Halifax	Iredell
Iredell	Rutherford	Swain		Pitt	Union
Mecklenburg	Yancey			Washington	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONSLow	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

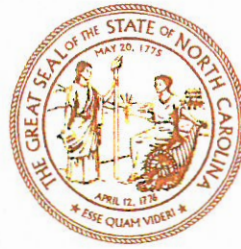
PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			



State of North Carolina

PAT McCrORY
GOVERNOR

March 4, 2014

EXECUTIVE ORDER NO. 46

REAUTHORIZING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council is a public advisory body established by Executive Order No. 139 on March 3, 2008; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the Governor; and

WHEREAS, the success of the State Health Coordinating Council depends on the membership of persons knowledgeable about healthcare services, facilities, and technology including physicians, representatives of business and industry, medical educators and members of professional associations; and

WHEREAS, the State Health Coordinating Council has only advisory authority and therefore is not a covered board under the State Ethics Act; and

WHEREAS, it is important that the State Health Coordinating Council exercise its advisory authority in a transparent manner so that the Governor and citizens have full knowledge of the professional and economic interests of members of the State Health Coordinating Council represent; and

By the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED:**

Section 1. Establishment

The North Carolina State Health Coordinating Council (hereinafter "NCSHCC") is hereby reestablished.

Section 2. Membership

The NCSHCC shall have the following duties and functions:

- a) Serve as a forum for hearing regional concerns and recommendations related to health planning;
- b) Compile a list of state health needs and advise the Department of Health and Human Services;
- c) Advise the Department of Human Resources on issues related to state health needs, giving attention to local, regional, and statewide needs;

- d) Review and comment on contents of documents related to health planning and make recommendations concerning them to the Secretary of Human and Human Services and the Governor;
- e) Advise the Department of Health and Human Services on cost-effective mechanisms for achieving health needs;
- f) Prepare the Annual State Medical Facilities Plan and present the plan to the Governor.

Section 3. Membership

The NCSHCC shall consist of 25 members who shall be appointed by the Governor as follows:

- a) One member from an academic medical center;
- b) Two members from business and industry (at least one individual representing small business and one representing large business);
- c) One member from the health insurance industry;
- d) Two members from county government (one representing a rural county and one representing an urban county);
- e) One member representing nursing homes;
- f) One members representing hospitals;
- g) One member representing home care facilities;
- h) One member representing hospice;
- i) One local health director;
- j) One licensed physician;
- k) One member from the North Carolina House of Representatives;
- l) One member from the North Carolina Senate;
- m) Eleven at-large members to represent other health professionals, business, industry and to ensure regional representation.

Section 4. Terms of Membership

The terms of membership of the NCSHCC shall be staggered so that the terms of approximately one-third of the members shall expire in a single calendar year. All members shall be appointed for a term of three years. Terms shall expire on December 31, and new terms shall begin on January 1. Members of the NCSHCC shall serve at the pleasure of the Governor.

Members currently serving on February 28, 2014 shall continue to serve at the pleasure of the Governor until their successors are appointed or otherwise noticed by the Office of the Governor.

Section 5. Vacancies

A vacancy occurring during a term of appointment is filled in the same manner as the original appointment and for the balance of the unexpired terms.

Section 6. Travel Expenses

Members of the NCSHCC shall receive necessary travel and subsistence expenses in accordance with the provision of G.S. § 138-5.

Section 7. Chairman

The Chairman and Vice Chairman of the NCSHCC shall be appointed by the Governor. The Chairman and Vice Chairman shall serve at the pleasure of the Governor. The NCSHCC may elect other such officers as it deems necessary.

Section 8. Meetings

The NCSHCC shall meet quarterly and at other times at the call of the Chairman or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

Section 9. Staff Assistance

The Department of Health and Human Services shall provide clerical support and other services required by the NCSHCC.

Section 10. Ethical Standards

1. The members of the NCSHCC shall always act in the best interests of the public and shall bring their particular knowledge and experience to the NCSHCC to serve the public interest as identified in the Certificate of Needs Law, Chapter 131E, Article 9 of the General Statutes.
2. The following process shall be observed for all meetings of the NCSHCC and NCSHCC subcommittees at which the NCSHCC or NCSHCC subcommittee takes any action:
 - a. At the beginning of each meeting, the Chair shall remind all members of their duty to act always in the best interest of the public without regard for their own professional, institutional or financial interests and that members should recuse themselves from voting on any matter on which they cannot meet this standard.
 - b. Prior to conducting any business, each member shall disclose any professional or institutional interest he or she may have in any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. The Chair will determine if the member needs to recuse himself or herself from voting on the matter in order to ensure the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - c. Prior to conducting any business, each member shall also disclose any financial benefit he or she may derive from any matter coming before the NCSHCC or NCSHCC subcommittee for action at that meeting. A member derives a financial benefit from a matter under consideration if the person or his/her spouse (i) has an ownership interest in an entity that is a party to the matter under consideration; (ii) will derive any income or commission as a direct result of action on the matter under consideration; or (iii) will acquire property as a direct result of action on the matter under consideration. When any member indicates that he or she will derive a financial benefit from a matter coming before the NCSHCC or any subcommittee, the member shall recuse himself or herself from voting on the matter.
 - d. A member who has recused himself or herself from voting is not prohibited from deliberating on the matter unless the Chair determines, after review, that participation by the member in deliberations would impair the integrity of the actions of the NCSHCC or NCSHCC subcommittee.
 - e. The minutes of the NCSHCC and its subcommittees will reflect all disclosures and recusals made pursuant to this section, and such minutes will be provided to the Governor for review with the SMFP.
 - f. A challenge to a member's participation in a vote on issues under this Executive Order may be raised only by a member of the NCSHCC or an employee of the

Division of Health Services Regulation of DHHS. In such case where a challenge is made, the Chair, in consultation with the DHHS legal counsel, shall determine whether the challenge is valid and the action that should be taken.

- g. For the purposes of this Executive Order, the term "Chair" means the Chair of the NCSHCC or the Chair of any NCSHCC subcommittee. In the absence of the Chair or if the professional, institutional, or financial interests of the Chair must be reviewed pursuant to this section, then the Vice-Chair of the NCSHCC or NCSHCC subcommittee shall make the determinations required by this section.
3. Members of the NCSHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. No member of the NCSHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the NCSHCC.
4. This Executive Order is for the Governor's purposes in reviewing and approving or amending the proposed SMFP submitted by the NCSHCC and DHHS. This Order does not and shall not be construed to create any rights, nor create claims, under the Certificate of Need Law, State Government Ethics Act, or otherwise.

This Executive Order is retroactive to March 1, 2014 and shall remain in effect until December 31, 2016, pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded. This order supersedes and replaces all other executive orders on this subject and specifically rescinds Executive Order No. 139 issued on March 3, 2008, Executive Order No. 10 issued on March 3, 2009, Executive Order No. 52 issued on March 2, 2010, and Executive Order No. 67 issued on October 4, 2010.

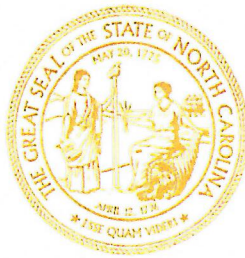
IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 4th day of March in the year of our Lord two thousand fourteen, and of the Independence of the United States of America the two hundred and thirty-eight.


Pat McCrory
Governor

ATTEST:


Elaine F. Marshall
Secretary of State





State of North Carolina

ROY COOPER
GOVERNOR

December 31, 2020

EXECUTIVE ORDER NO. 187

EXTENDING THE STATE HEALTH COORDINATING COUNCIL

WHEREAS, the State Health Coordinating Council ("NCSHCC") is a public body reestablished by Executive Order No. 46 entitled *Reauthorizing The State Health Coordinating Council* on March 4, 2014; and

WHEREAS, Executive Order No. 122 entitled *Extending The State Health Coordinating Council*, on December 29, 2016 extended the State Health Coordinating Council; and

WHEREAS, the Executive Order extending the State Health Coordinating Council expires on December 31, 2020; and

WHEREAS, the State Health Coordinating Council plays an important role in working with the North Carolina Department of Health and Human Services to prepare the State Medical Facilities Plan approved annually by the undersigned; and

WHEREAS, it is appropriate to update the schedule for meetings of the State Health Coordinating Council.

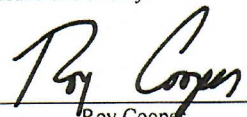
NOW THEREFORE, by the power vested in me as Governor by the Constitution and laws of the State of North Carolina, **IT IS ORDERED**:

Section 8. Meetings in Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby amended and restated to read:

The NCSHCC shall meet at least three (3) times each calendar year and at other times at the call of the Chairperson or upon written request of at least ten (10) of its members. All business meetings of the NCSHCC, its committees and subcommittees, or special task forces shall be open to the public.

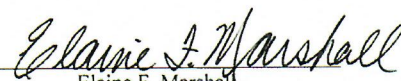
Executive Order No. 122, *Extending The State Health Coordinating Council*, signed on December 29, 2016, reestablished pursuant to Executive Order No. 46, *Reauthorizing The State Health Coordinating Council*, signed on March 4, 2014, is hereby extended except as amended above to December 31, 2024 pursuant to N.C. Gen. Stat. § 147-16.2(b), or until earlier rescinded.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed the Great Seal of the State of North Carolina at the Capitol in the City of Raleigh, this 31st day of December in the year of our Lord two thousand and twenty.



Roy Cooper
Governor

ATTEST:



Elaine F. Marshall
Secretary of State



APPENDIX D

NORTH CAROLINA CERTIFICATE OF NEED STATUTE

Article 9 Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

- (1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.
- (2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.
- (3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.
- (3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.
- (4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.
- (5) Repealed.
- (6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.
- (7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.
- (8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.
- (9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.
- (10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in

delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

- (11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.
- (12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

The following definitions apply in this Article:

- (1) Adult care home. – A facility with seven or more beds licensed under Part 1 of Article 1 of Chapter 131D of the General Statutes or under this Chapter that provides residential care for aged individuals or individuals with disabilities whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.
- (1a) Air ambulance. – Aircraft used to provide air transport of sick or injured persons between destinations within the State.
- (1b) Ambulatory surgical facility. – A facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional, or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under Part 4 of Article 6 of this Chapter, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.
- (1c) Ambulatory surgical program. – A formal program for providing on a same-day basis those surgical procedures which require local, regional, or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.
- (2) Bed capacity. – Space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
- (2a) Bone marrow transplantation services. – The process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.
- (2b) Burn intensive care services. – Services provided in a unit designed to care for patients who have been severely burned.
- (2c) Campus. – The adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.
- (2d) Capital expenditure. – An expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is

- not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.
- (2e) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
 - (2f) Cardiac catheterization equipment. – The equipment used to provide cardiac catheterization services.
 - (2g) Cardiac catheterization services. – Those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.
 - (3) Certificate of need. – A written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.
 - (4) Repealed by Session Laws 1993, c. 7, s. 2.
 - (5) Change in bed capacity. – Any of the following:
 - a. Any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another.
 - b. Any redistribution of health service facility bed capacity among the categories of health service facility bed.
 - c. Any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.
 - (5a) Chemical dependency treatment facility. – A public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or a substance use disorder. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of individuals with chemical dependence or substance use disorders, and related services. The facility or unit may be any of the following:
 - a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5 of this Chapter.
 - b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes.
 - c. A freestanding facility specializing in treatment of individuals with chemical dependence or substance use disorders that is licensed under Article 1A of former Chapter 122 of the General Statutes or Article 2 of Chapter 122C of the General Statutes. The facility may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance use disorder, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment of individuals with chemical dependence or substance use disorders. The term, however, does not include social setting detoxification facilities, medical detoxification facilities, halfway houses, or recovery farms.
 - (5b) Chemical dependency treatment beds. – Beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance use disorder are chemical dependency treatment beds. Chemical dependency treatment beds do not include beds licensed for detoxification.
 - (6) Department. – The North Carolina Department of Health and Human Services.
 - (7) Develop. – When used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

- (7a) Diagnostic center. – A freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars (\$10,000) or more exceeds five hundred thousand dollars (\$500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than five hundred thousand dollars (\$500,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.
- (7b) Expedited review. – The status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:
- a. The review is not competitive.
 - b. The proposed capital expenditure is less than five million dollars (\$5,000,000).
 - c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
 - d. The agency has not determined that a public hearing is in the public interest.
- (7c) Gamma knife. – Equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.
- (7d) Gastrointestinal endoscopy room. – A room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.
- (8),(9) Repealed by Session Laws 1987, c. 511, s. 1.
- (9a) Health service. – An organized, interrelated activity that is medical, diagnostic, therapeutic, rehabilitative, or a combination thereof and that is integral to the prevention of disease or the clinical management of an individual who is sick or injured or who has a disability. "Health service" does not include administrative and other activities that are not integral to clinical management.
- (9b) Health service facility. – A hospital; long-term care hospital; psychiatric facility; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for individuals with intellectual disabilities; home health agency office; chemical dependency treatment facility; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.
- (9c) Health service facility bed. – A bed licensed for use in a health service facility in the categories of (i) acute care beds; (ii) psychiatric beds; (iii) rehabilitation beds; (iv) nursing home beds; (v) intermediate care beds for individuals with intellectual disabilities; (vi) chemical dependency treatment beds; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.
- (10) Health maintenance organization (HMO). – A public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or satisfies all of the following:
- a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage.
 - b. Is compensated, except for copayments, for the provision of the basic health care services listed in sub-subdivision a. of this subdivision to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided

- and which is fixed without regard to the frequency, extent, or kind of health service actually provided.
- c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.
- (10a) Heart-lung bypass machine. – The equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.
 - (11) Repealed by Session Laws 1991, c. 692, s. 1.
 - (12) Home health agency. – A private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.
 - (12a) Home health services. – Items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for sub-subdivision e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:
 - a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse.
 - b. Physical, occupational, or speech therapy.
 - c. Medical social services, home health aid [sic] services, and other therapeutic services.
 - d. Medical supplies, other than drugs and biologicals and the use of medical appliances.
 - e. Any of the items and services listed in this subdivision which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual at home, or which are furnished at the facility while the individual is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.
 - (13) Hospital. – A public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77, except long-term care hospitals.
 - (13a) Hospice. – Any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.
 - (13b) Hospice inpatient facility. – A freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in sub-subdivision (5)b. of this section for hospice inpatient beds.
 - (13c) Hospice residential care facility. – A freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.
 - (14) Repealed by Session Laws 1987, c. 511, s. 1.

- (14a) Intermediate care facility for individuals with intellectual disabilities. – Facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for individuals with intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.
- (14b) Repealed by Session Laws 1991, c. 692, s. 1.
- (14c) Reserved for future codification.
- (14d) Repealed by Session Laws 2001-234, s. 2, effective January 1, 2002.
- (14e) Kidney disease treatment center. – A facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.
- (14f) “Legacy Medical Care Facility” means a facility that meets all of the following requirements:
 - a. Is not presently operating.
 - b. Has not continuously operated for at least the past six months.
 - c. Within the last 24 months:
 - 1. Was operated by a person holding a license under G.S. 131E-77; and
 - 2. Was primarily engaged in providing to inpatients or outpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.
- (14g) Linear accelerator. – A machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.
- (14h) Reserved for future codification.
- (14i) Lithotripter. – Extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.
- (14j) Reserved for future codification.
- (14k) Long-term care hospital. – A hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.
- (14l) Reserved for future codification.
- (14m) Magnetic resonance imaging scanner. – Medical imaging equipment that uses nuclear magnetic resonance.
- (14n) Main campus. – All of the following for the purposes of G.S. 131E-184(f) and (g) only:
 - a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.
 - b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.
- (14o) Major medical equipment. – A single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than seven hundred fifty thousand dollars (\$750,000). In determining whether the major medical equipment costs more than seven hundred fifty thousand dollars (\$750,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment.
- (15) Repealed by Session Laws 1987, c. 511, s. 1.
- (15a) Multispecialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.

- (15b) Neonatal intensive care services. – Those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.
- (16) New institutional health services. – Any of the following:
- a. The construction, development, or other establishment of a new health service facility.
 - b. Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding two million dollars (\$2,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds two million dollars (\$2,000,000).
 - c. Any change in bed capacity.
 - d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.
 - e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.
 - f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
 1. Bone marrow transplantation services.
 2. Burn intensive care services.
 - 2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate the equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
 3. Neonatal intensive care services.
 4. Open-heart surgery services.
 5. Solid organ transplantation services.
 - f1. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
 1. Air ambulance.¹
 2. Repealed.
 3. Cardiac catheterization equipment.
 4. Gamma knife.
 5. Heart-lung bypass machine.
 - 5a. Linear accelerator.
 6. Lithotripter.
 7. Magnetic resonance imaging scanner.
 8. Positron emission tomography scanner.
 9. Simulator.

¹ Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

- g.to k. Repealed.
 - l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.
 - m. Any conversion of nonhealth service facility beds to health service facility beds.
 - n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility.
 - o. The opening of an additional office by an existing home health agency **or** hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.
 - p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.
 - q. The relocation of a health service facility from one service area to another.
 - r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.
 - s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if the equipment would otherwise be subject to review in accordance with sub-subdivision f1. of this subdivision or sub-subdivision p. of this subdivision if it had been acquired in North Carolina.
 - t. Repealed.
 - u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.
 - v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.
- (17) North Carolina State Health Coordinating Council. – The Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.
- (17a) Nursing care. – Any of the following:
- a. Skilled nursing care and related services for residents who require medical or nursing care.
 - b. Rehabilitation services for the rehabilitation of individuals who are injured or sick or who have disabilities.
 - c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.
- These are services which are not primarily for the care and treatment of mental diseases.
- (17b) Nursing home facility. – A health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.
- (18) Offer. – In connection with health services, the act by a person of holding out as capable of providing, or as having the means to provide, specified health services.
- (18a) Repealed by Session Laws 2005-325, s. 1, effective for hospices and hospice offices December 31, 2005.
- (18b) Open-heart surgery services. – The provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.

- (18c) Operating room. – A room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.
- (19) Person. – An individual; a trust or estate; a partnership; a corporation, including associations, joint stock companies, and insurance companies; the State; or a political subdivision or agency or instrumentality of the State.
- (19a) Positron emission tomography scanner. – Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.
- (20) Project or capital expenditure project. – A proposal to undertake a capital expenditure that results in the offering of a new institutional health service. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.
- (21) Psychiatric facility. – A public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of individuals with mental illness.
- (22) Rehabilitation facility. – A public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of individuals with disabilities through an integrated program of medical and other services which are provided under competent, professional supervision.
- (22a) Replacement equipment. – Equipment that costs less than two million dollars (\$2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than two million dollars (\$2,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.
- (23) Repealed by Session Laws 1991, c. 692, s. 1.
- (24) Repealed by Session Laws 1993, c. 7, s. 2.
- (24a) Service area. – The area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.
- (24b) Simulator. – A machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.
- (24c) Reserved for future codification.
- (24d) Solid organ transplantation services. – The provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.
- (24e) Reserved for future codification.
- (24f) Specialty ambulatory surgical program. – A formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.
- (25) State Medical Facilities Plan. – The plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less

than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.

(26) Repealed by Session Laws 1983 (Regular Session, 1984), c. 1002, s. 9.

(27) Repealed by Session Laws 1987, c. 511, s.1.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

- (1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;
- (2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;
- (3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;
- (4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and services; and develop a State Medical Facilities Plan;
- (5) Implement, by rule, criteria for project review;
- (6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;
- (7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and
- (8) Repealed.
- (9) Collect fees for submitting applications for certificates of need.
- (10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

- (a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in

a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:

- (1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;
- (2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;
- (3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and
- (4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

- (b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.
- (c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:
 - (1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;
 - (2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or
 - (3) In the case of donated property, the date on which the gift is completed.
- (d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:
 - (1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.
 - (2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.
- (e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

- (a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:
 - (1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
 - (2) Substantially change the bed capacity of the facility; or
 - (3) Substantially change the medical or other patient care services of the facility.
- (b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.
- (c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180. Repealed. 8-26-05

§ 131E-181. Nature of certificate of need.

- (a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).
- (b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:
 - (1) Any increase in the consumer price index;
 - (2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
 - (3) Any increase in cost due to professional fees or the purchase of services and supplies.
- (c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that

has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.

- (d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

- (a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.
- (b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.
- (c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars (\$5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars (\$1,000,000). In no event may the fee exceed fifty thousand dollars (\$50,000).

§ 131E-183. Review criteria.

- (a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.
 - (1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.
 - (2) Repealed.
 - (3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.
 - (3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.

- (4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.
- (5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.
- (6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.
- (7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.
- (8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.
- (9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.
- (10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:
 - a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and
 - b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:
 - 1. Would be available under a contract of at least five years' duration;
 - 2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
 - 3. Would cost no more than if the services were provided by the HMO; and
 - 4. Would be available in a manner which is administratively feasible to the HMO.
- (11) Repealed
- (12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.
- (13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

- a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
 - b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
 - c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
 - d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.
- (14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.
- (15) through (18) Repealed.
- (18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.
- (19) Repealed.
- (20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.
- (21) Repealed.
- (b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.
- (c) Repealed.

§ 131E-184. Exemptions from review.

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
- (1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.
 - (1a) To comply with State licensure standards.
 - (1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.
 - (2) Repealed.

- (3) To provide data processing equipment.
 - (4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.
 - (5) To replace or repair facilities destroyed or damaged by accident or natural disaster.
 - (6) To provide any nonhealth service facility or service.
 - (7) To provide replacement equipment.
 - (8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision.
 - (9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.
- (b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).
- (c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided all of the following are true:
- (1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, one or more of the area mental health, developmental disabilities, and substance abuse authorities, or a combination thereof to provide psychiatric beds to patients referred by the contracting agency or agencies.
 - (2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.
- (d) In accordance with, and subject to the limitations of G.S. 148-19.1, the Department shall exempt from certificate of need review the construction and operation of a new chemical dependency or substance abuse facility for the purpose of providing inpatient chemical dependency or substance abuse services solely to inmates of the Department of Correction. If an inpatient chemical dependency or substance abuse facility provides services both to inmates of the Department of Correction and to members of the general public, only the portion of the facility that serves inmates shall be exempt from certificate of need review.
- (e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
- (1) The proposed capital expenditure would meet all of the following requirements:
 - a. Be used solely for the purpose of renovating, replacing on the same site, or expanding any of the following existing facilities:
 1. Nursing home facility.
 2. Adult care home facility.
 3. Intermediate care facility for individuals with intellectual disabilities.
 - b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:
 - a. Conversion of semiprivate resident rooms to private rooms.

- b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.
 - c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.
- (f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(22a) if all of the following conditions are met:
 - (1) The equipment being replaced is located on the main campus.
 - (2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.
 - (3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:
 - (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
 - (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
 - (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.
- (h) The Department must exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility shall give the Department written notice of all of the following:
 - (1) Its intention to acquire or reopen a Legacy Medical Care Facility within the same county and the same service area as the facility that ceased continuous operations. If the Legacy Medical Care Facility will become operational in a new location within the same county and the same service area as the facility that ceased continuous operations, then the person responsible for giving the written notice required by this section shall notify the Department, as soon as reasonably practicable and prior to becoming operational, of the new location of the Legacy Medical Care Facility. For purposes of this subdivision, "service area" means the service area identified in the North Carolina State Medical Facilities Plan in effect at the time the written notice required by this section is given to the Department.
 - (2) That the facility will be operational within 36 months of the notice.

The Department shall extend the time by which a facility must be operational in order to be exempt from certificate of need review under this subsection by one additional 36-month period if the person seeking to reopen or acquire the Legacy Medical Care Facility gives the Department written notice of extension within 36 months of the original notice of intent to acquire or reopen the Legacy Medical Care Facility. The written notice of extension must notify the Department

 - (i) that the person has undertaken all reasonable efforts to make the facility operational within 36 months of the notice of intent,
 - (ii) that, despite these reasonable efforts, the person does not anticipate the facility will be operational within that time, and

- (iii) of its intention that the facility will be operational within 36 months of the notice of extension.

§ 131E-185. Review process.

- (a) Repealed.
- (a1) Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.
 - (1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:
 - a. Facts relating to the service area proposed in the application;
 - b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
 - c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.
 - (2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars (\$5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:
 - a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
 - b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
 - c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.
 - (3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.
 - (4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.
 - (5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the

Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.

- (a2) When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.
- (b) Repealed.
- (c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

- (a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded bed capacity for nursing care or intermediate care for individuals with intellectual disabilities shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.
- (b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

- (a) Deleted. See Session Law 2009-373; SB 804.
- (b) Deleted. See Session Law 2009-373; SB 804.
- (c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:
 - (1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.
 - (2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.
 - (3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.
 - (4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.
 - (5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

- (a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

- (1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.
- (2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.
- (3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.
- (4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

- (a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand dollars (\$50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

- (b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.

- (b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

- (1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars (\$5,000) and may not exceed fifty thousand

dollars (\$50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars (\$300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

- (2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.
- (c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

- (a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.
- (b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.
- (c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.

§ 131E-190. Enforcement and sanctions.

- (a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.
- (b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.
- (c) Repealed.
- (d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.
- (e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.
- (f) The Department may assess a civil penalty of not more than twenty thousand dollars (\$20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article.
- (g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.
- (h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.
- (i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

APPENDIX E

CERTIFICATE OF NEED REGULATIONS

Changes from the Previous Plan

The following rules were readopted with substantive changes effective January 1, 2021:

10A NCAC 14C .0202 DEFINITIONS
10A NCAC 14C .0203 FILING APPLICATIONS
10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD
10A NCAC 14C .0303 REPLACEMENT EQUIPMENT
10A NCAC 14C .2101 DEFINITIONS (ORs)
10A NCAC 14C .2103 PERFORMANCE STANDARDS (ORs)
10A NCAC 14C .2201 DEFINITIONS (ESRD)
10A NCAC 14C .2203 PERFORMANCE STANDARDS (ESRD)
10A NCAC 14C .3901 DEFINITIONS (GI ENDO)
10A NCAC 14C .3903 PERFORMANCE STANDARDS (GI ENDO)

10A NCAC 14C .0102 LOCATION OF THE AGENCY

As used in this Subchapter, the agency is the Certificate of Need Section in the Division of Health Service Regulation, North Carolina Department of Health and Human Services. The location of the agency is 809 Ruggles Drive, Raleigh, North Carolina, 27603. The mailing address of the agency is Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, NC 27699-2704. The telephone number of the agency is 919-855-3873.

10A NCAC 14C .0202 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) “Applicant” means each person identified in Section A of the application forms listed in 10A NCAC 14C .0203(a).
- (2) “Application deadline” means no later than 5:00 p.m. on the 15th day of the month preceding the month that the review period begins. If the 15th day of the month falls on a weekend or a State holiday as set forth in 25 NCAC 01E .0901, which is hereby incorporated by reference including subsequent amendments, the application deadline is the next business day.
- (3) “Competitive review” means two or more applications submitted to begin review in the same review period proposing the same new institutional health service in the same service area and the CON Section determines that approval of one application may require denial of another application included in the same review period.
- (4) “CON Section” means the Healthcare Planning and Certificate of Need Section of the Division of Health Service Regulation.
- (5) “Full fiscal year” means the 12-month period used by the applicant to track and report revenues and operating expenses for the services proposed in the application.
- (6) “Health service” shall have the same meaning as defined in G.S. 131E-176(9a).
- (7) “New institutional health service” shall have same meaning as defined in G.S. 131E-176(16).
- (8) “Person” shall have the same meaning as defined in G.S. 131E-176(19).
- (9) “Proposal” means a new institutional health service that requires a certificate of need.

- (10) “Related entity” means a person that:
 - (a) shares the same parent corporation or holding company with the applicant;
 - (b) is a subsidiary of the same parent corporation or holding company as the applicant; or
 - (c) participates with the applicant in a joint venture that provides the same type of health services proposed in the application.
- (11) “Review category” means the categories described in Chapter 3 of the annual State Medical Facilities Plan.
- (12) “Review period” means the 90 to 150 days that the CON Section has to review a certificate of need application and issue a decision pursuant to G.S. 131E-185 and G.S. 131E-186. There are eleven review periods each calendar year. Each review period starts on the first day of the month and the first review period starts on February 1. There is no review period beginning January 1.
- (13) “State Medical Facilities Plan” shall have the same meaning as defined in G.S. 131E-176(25). For purposes of this Subchapter, the annual State Medical Facilities Plan is hereby incorporated by reference, including subsequent amendments and editions. This document is available at no cost at <https://info.ncdhhs.gov/dhsr/ncsmfp/index.html>.
- (14) “USB flash drive” means a device used for data storage that includes a flash memory and an integrated universal serial bus interface.

10A NCAC 14C .0203 FILING APPLICATIONS

- (a) “Application form” refers to one of the following:
 - (1) the Certificate of Need Application form; or
 - (2) the Dialysis or End Stage Renal Disease Services Application form.
- (b) An application form may be obtained from the CON Section by:
 - (1) sending an email to DHSR.CON.Applications@dhhs.nc.gov; or
 - (2) calling (919) 855-3873.
- (c) An email request for an application form shall:
 - (1) describe the proposal;
 - (2) identify the city or county where the proposal would be located; and
 - (3) include the estimated capital cost for the proposal.
- (d) For each proposal, the CON Section shall determine based on Chapter 3 of the annual State Medical Facilities Plan in effect at the time the review begins the:
 - (1) review category; and
 - (2) review period.
- (e) An application is complete for inclusion in the review period if the CON Section determines that all of the following are true:
 - (1) the original application is printed, placed between a front and back cover, and bound using metal paper fasteners;
 - (2) the original and one copy of the application were received by the CON Section on or before the application deadline for the review period;
 - (3) the entire application fee required by G.S. 131E-182(c) was received by the CON Section; and
 - (4) each applicant identified in Section A of the application form signed the certification page that asks the applicant to certify that the information in the application is correct and they intend to develop and offer the project as described in the application.
- (f) The copy of the application shall be printed and bound consistent with Subparagraph (e)(1) of this Rule or in an electronic format saved on a USB flash drive. The files on the USB flash drive shall not be encrypted or password protected.
- (g) No later than the fifth business day following the application deadline, the CON Section shall notify the contact individual identified in Section A of the application if the application is complete.

- (h) If the application is not complete pursuant to Paragraph (e) of this Rule, the CON Section shall notify the contact individual identified in Section A of the application of what is missing or incorrect. The applicant shall only provide the items listed below in order to complete the application after the application deadline:
 - (1) a signed certification page; or
 - (2) the copy of the application.
- (i) Signed certification pages or the copy of the application shall be received by the CON Section no later than 5:00 p.m. on the last business day of the month preceding the first day of the review period.
- (j) The CON Section shall not include the application in the review period if it is not complete pursuant to Paragraph (e) of this Rule by 5:00 p.m. on the last business day of the month preceding the first day of the review period.

10A NCAC 14C .0204 AMENDMENTS TO APPLICATIONS

An applicant may not amend an application. Responding to a request for additional information made by the agency after the review has commenced is not an amendment.

10A NCAC 14C .0205 EXTENSION OF REVIEW PERIOD

- (a) If the review is not expedited, the review may be extended for the following reasons:
 - (1) the total number of applications, including those in other review periods, prevents the CON Section from completing the review in 90 days;
 - (2) the applicant has not submitted a response to a request from the CON Section for clarifying information; or
 - (3) the CON Section received clarifying information from the applicant but is not able to complete the review in 90 days.
- (b) The CON Section shall notify the contact individual identified in Section A of the application if the review period is extended. Failure to receive such notice prior to the last day of the review period does not entitle the applicant to a certificate of need nor authorize the applicant to proceed with the proposal in the application without a certificate of need.

10A NCAC 14C .0303 REPLACEMENT EQUIPMENT

- (a) This Rule defines the terms used in the definition of “replacement equipment” set forth in G.S. 131E-176(22a).
- (b) “Currently in use” means that the equipment to be replaced has been used by the person requesting the exemption at least 10 times to provide a health service during the 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section.
- (c) Replacement equipment is not “comparable” if:
 - (1) the replacement equipment to be acquired is capable of providing a health service that the equipment to be replaced cannot provide; or
 - (2) the equipment to be replaced was acquired less than 12 months prior to the date the written notice required by G.S. 131E-184(a) is submitted to the CON Section and it was refurbished or reconditioned when it was acquired by the person requesting the exemption.

10A NCAC 14C .0402 ISSUES

The correctness, adequacy, or appropriateness of criteria, plans, and standards shall not be an issue in a contested case hearing.

SECTION .1100 – CRITERIA AND STANDARDS FOR NURSING FACILITY OR ADULT CARE HOME SERVICES

10A NCAC 14C .1102 PERFORMANCE STANDARDS

- (a) An applicant proposing to add nursing facility beds to an existing facility, except an applicant proposing to transfer existing certified nursing facility beds from a State Psychiatric Hospital to a community facility, shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed nursing facility beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish a new nursing facility or add nursing facility beds to an existing facility, except an applicant proposing to transfer existing certified nursing facility beds from a State Psychiatric Hospital to a community facility, shall not be approved unless occupancy is projected to be at least 90 percent for the total number of nursing facility beds proposed to be operated, no later than two years following the completion of the proposed project. All assumptions, including the specific methodologies by which occupancies are projected, shall be clearly stated.
- (c) An applicant proposing to add adult care home beds to an existing facility shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed adult care home beds within the facility in which the new beds are to be operated was at least 85 percent.
- (d) An applicant proposing to establish a new adult care home facility or add adult care home beds to an existing facility shall not be approved unless occupancy is projected to be at least 85 percent for the total number of adult care home beds proposed to be operated, no later than two years following the completion of the proposed project. All assumptions, including the specific methodologies by which occupancies are projected, shall be stated.

SECTION .1400 – CRITERIA AND STANDARDS FOR NEONATAL SERVICES

10A NCAC 14C .1401 DEFINITIONS

The definitions in this Rule shall apply to all rules in this Section:

- (1) "Approved neonatal service" means a neonatal service that was not operational prior to the beginning of the review period.
- (2) "Existing neonatal service" means a neonatal service in operation prior to the beginning of the review period.
- (3) "High-risk obstetric patients" means those patients requiring specialized services provided by an acute care hospital to the mother and fetus during pregnancy, labor, delivery and to the mother after delivery. The services are characterized by specialized facilities and staff for the intensive care and management of high-risk maternal and fetal patients before, during, and after delivery.
- (4) "Level I neonatal services" means services provided by an acute care hospital to full term and pre-term neonates that are stable, without complications, and may include neonates that are small for gestational age or large for gestational age.
- (5) "Level II neonatal service" means services provided by an acute care hospital in a licensed acute care bed to neonates and infants that are stable without complications but require special care and frequent feedings; infants of any weight who no longer require Level III or Level IV neonatal services, but still require more nursing hours than normal infants; and infants who require close observation in a licensed acute care bed.
- (6) "Level III neonatal service" means services provided by an acute care hospital in a licensed acute care bed to neonates or infants that are high-risk, small (approximately 32 and less than 36 completed weeks of gestational age) but otherwise healthy, or sick with a moderate

degree of illness that are admitted from within the hospital or transferred from another facility requiring intermediate care services for sick infants, but not intensive care. Level III neonates or infants require less constant nursing care than Level IV services, but care does not exclude respiratory support.

- (7) "Level IV neonatal service" means neonatal intensive care services provided by an acute care hospital in a licensed acute care bed to high-risk medically unstable or critically ill neonates (approximately under 32 weeks of gestational age) or infants requiring constant nursing care or supervision not limited to continuous cardiopulmonary or respiratory support, complicated surgical procedures, or other intensive supportive interventions.
- (8) "Neonatal bed" means a licensed acute care bed used to provide Level II, III or IV neonatal services.
- (9) "Neonatal intensive care services" shall have the same meaning as defined in G.S. 131E-176(15b).
- (10) "Neonatal service area" means a geographic area defined by the applicant from which the patients to be admitted to the service will originate.
- (11) "Neonatal services" means any of the Level I, Level II, Level III or Level IV services defined in this Rule.
- (12) "Obstetric services" means any normal or high-risk services provided by an acute care hospital to the mother and fetus during pregnancy, labor, delivery and to the mother after delivery.
- (13) "Perinatal services" means services provided during the period shortly before and after birth.

10A NCAC 14C .1403 PERFORMANCE STANDARDS

- (a) An applicant shall demonstrate that the proposed project is capable of meeting the following standards:
 - (1) if an applicant is proposing to increase the total number of neonatal beds (i.e., the sum of Level II, Level III and Level IV beds), the overall average annual occupancy of the combined number of existing Level II, Level III and Level IV beds in the facility is at least 75 percent, over the 12 months immediately preceding the submittal of the proposal;
 - (2) if an applicant is proposing to increase the total number of neonatal beds (i.e., the sum of Level II, Level III and Level IV beds), the projected overall average annual occupancy of the combined number of Level II, Level III and Level IV beds proposed to be operated during the third year of operation of the proposed project shall be at least 75 percent; and
 - (3) The applicant shall document the assumptions and provide data supporting the methodology used for each projection in this rule.
- (b) If an applicant proposes to develop a new Level III or Level IV service, the applicant shall document that an unmet need exists in the applicant's defined neonatal service area, unless the State Medical Facilities Plan includes a need determination for neonatal beds in the service area. The need for Level III and Level IV beds shall be computed for the applicant's neonatal service area by:
 - (1) identifying the annual number of live births occurring at all hospitals within the proposed neonatal service area, using the latest available data compiled by the State Center for Health Statistics;
 - (2) identifying the low birth weight rate (percent of live births below 2,500 grams) for the births identified in (1) of this Paragraph, using the latest available data compiled by the State Center for Health Statistics;
 - (3) dividing the low birth weight rate identified in (2) of this Paragraph by .08 and subsequently multiplying the resulting quotient by four; and
 - (4) determining the need for Level III and Level IV beds in the proposed neonatal service area as the product of:

- (A) the product derived in (3) of this Paragraph, and
- (B) the quotient resulting from the division of the number of live births in the initial year of the determination identified in (1) of this Paragraph by the number 1000.

SECTION .1600 – CRITERIA AND STANDARDS FOR CARDIAC CATHETERIZATION EQUIPMENT AND CARDIAC ANGIOPLASTY EQUIPMENT

10A NCAC 14C .1601 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved" means the equipment was not in operation prior to the beginning of the review period and had been issued a certificate of need.
- (2) "Capacity" of an item of cardiac catheterization equipment means 1500 diagnostic-equivalent procedures per year. One therapeutic cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or under is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure.
- (3) "Cardiac catheterization equipment" shall have the same meaning as defined in G.S. 131E-176(2f).
- (4) "Cardiac catheterization procedure," for the purpose of determining utilization in a certificate of need review, means a single episode of diagnostic or therapeutic catheterization which occurs during one visit to a cardiac catheterization room, whereby a flexible tube is inserted into the patient's body and advanced into the heart chambers to perform a hemodynamic or angiographic examination or therapeutic intervention of the left or right heart chamber, or coronary arteries. A cardiac catheterization procedure does not include a simple right heart catheterization for monitoring purposes as might be done in an electrophysiology laboratory, pulmonary angiography procedure, cardiac pacing through a right electrode catheter, temporary pacemaker insertion, or procedures performed in dedicated angiography or electrophysiology rooms.
- (5) "Cardiac catheterization room" means a room or a mobile unit in which there is cardiac catheterization or cardiac angioplasty equipment for the performance of cardiac catheterization procedures. Dedicated angiography rooms and electrophysiology rooms are not cardiac catheterization rooms.
- (6) "Cardiac catheterization service area" means a geographical area defined by the applicant, which has boundaries that are not farther than 90 road miles from the facility, if the facility has a comprehensive cardiac services program; and not farther than 45 road miles from the facility if the facility performs only diagnostic cardiac catheterization procedures; except that the cardiac catheterization service area of an academic medical center teaching hospital designated in 10A NCAC 14B shall not be limited to 90 road miles.
- (7) "Cardiac catheterization services" means the provision of diagnostic cardiac catheterization procedures or therapeutic cardiac catheterization procedures performed utilizing cardiac catheterization equipment in a cardiac catheterization room.
- (8) "Comprehensive cardiac services program" means a cardiac services program which provides the full range of clinical services associated with the treatment of cardiovascular disease including community outreach, emergency treatment of cardiovascular illnesses, non-invasive diagnostic imaging modalities, diagnostic and therapeutic cardiac catheterization procedures, open heart surgery and cardiac rehabilitation services. Community outreach and cardiac rehabilitation services shall be provided by the applicant or through arrangements with other agencies and facilities located in the same city. All other components of a comprehensive cardiac services program shall be provided within a single facility.

- (9) "Diagnostic cardiac catheterization procedure," for the purpose of determining utilization in a certificate of need review, means a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery.
- (10) "Electrophysiology procedure" means a diagnostic or therapeutic procedure performed to study the electrical conduction activity of the heart and characterization of atrial ventricular arrhythmias.
- (11) "Existing" means the equipment was in operation prior to the beginning of the review period.
- (12) "High-risk patient" means a person with reduced life expectancy because of left main or multi-vessel coronary artery disease, often with impaired left ventricular function and with other characteristics as referenced in the American College of Cardiology/ Society for Cardiac Angiography and Interventions Clinical Expert Consensus Document on Cardiac Catheterization Laboratory Standards (June 2001) report.
- (13) "Mobile equipment" means cardiac catheterization equipment and transporting equipment which is moved to provide services at two or more host facilities.
- (14) "Percutaneous transluminal coronary angioplasty (PTCA)" is one type of therapeutic cardiac catheterization procedure used to treat coronary artery disease in which a balloon-tipped catheter is placed in the diseased artery and then inflated to compress the plaque blocking the artery.
- (15) "Primary cardiac catheterization service area" means a geographical area defined by the applicant, which has boundaries that are not farther than 45 road miles from the facility, if the facility has a comprehensive cardiac services program; and not farther than 23 road miles from the facility if the facility performs only diagnostic cardiac catheterization procedures; except that the primary cardiac catheterization service area of an academic medical center teaching hospital designated in 10A NCAC 14B shall not be limited to 45 road miles.
- (16) "Therapeutic cardiac catheterization procedure," for the purpose of determining utilization in a certificate of need review, means a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery.

10A NCAC 14C .1603 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire cardiac catheterization equipment shall demonstrate that the project is capable of meeting the following standards:
 - (1) each proposed item of cardiac catheterization equipment, including mobile equipment but excluding shared fixed cardiac catheterization equipment, shall be utilized at an annual rate of at least 60 percent of capacity excluding procedures not defined as cardiac catheterization procedures in 10A NCAC 14C .1601(5), measured during the fourth quarter of the third year following completion of the project;
 - (2) if the applicant proposes to perform therapeutic cardiac catheterization procedures, each of the applicant's therapeutic cardiac catheterization teams shall be performing at an annual rate of at least 100 therapeutic cardiac catheterization procedures, during the third year of operation following completion of the project;
 - (3) if the applicant proposes to perform diagnostic cardiac catheterization procedures, each diagnostic cardiac catheterization team shall be performing at an annual rate of at least 200 diagnostic-equivalent cardiac catheterization procedures by the end of the third year following completion of the project;

- (4) at least 50 percent of the projected cardiac catheterization procedures shall be performed on patients residing within the primary cardiac catheterization service area;
- (b) An applicant proposing to acquire mobile cardiac catheterization equipment shall:
 - (1) demonstrate that each existing item of cardiac catheterization equipment, excluding mobile equipment, located in the proposed primary cardiac catheterization service area of each host facility shall have been operated at a level of at least 80 percent of capacity during the 12 month period reflected in the most recent licensure form on file with the Division of Health Service Regulation;
 - (2) demonstrate that the utilization of each existing or approved item of cardiac catheterization equipment, excluding mobile equipment, located in the proposed primary cardiac catheterization service area of each host facility shall not be expected to fall below 60 percent of capacity due to the acquisition of the proposed mobile cardiac catheterization equipment;
 - (3) demonstrate that each item of existing mobile equipment operating in the proposed primary cardiac catheterization service area of each host facility shall have been performing at least an average of four diagnostic-equivalent cardiac catheterization procedures per day per site in the proposed cardiac catheterization service area in the 12 month period preceding the submittal of the application;
 - (4) demonstrate that each item of existing or approved mobile equipment to be operating in the proposed primary cardiac catheterization service area of each host facility shall be performing at least an average of four diagnostic-equivalent cardiac catheterization procedures per day per site in the proposed cardiac catheterization service area in the applicant's third year of operation; and
 - (5) provide documentation of all assumptions and data used in the development of the projections required in this Rule.
- (c) An applicant proposing to acquire cardiac catheterization equipment excluding shared fixed and mobile cardiac catheterization shall:
 - (1) demonstrate that its existing items of cardiac catheterization equipment, except mobile equipment, located in the proposed cardiac catheterization service area operated at an average of at least 80 percent of capacity during the twelve month period reflected in the most recent licensure renewal application form on file with the Division of Health Service Regulation;
 - (2) demonstrate that its existing items of cardiac catheterization equipment, except mobile equipment, shall be utilized at an average annual rate of at least 60 percent of capacity, measured during the fourth quarter of the third year following completion of the project; and
 - (3) provide documentation of all assumptions and data used in the development of the projections required in this Rule.
- (d) An applicant proposing to acquire shared fixed cardiac catheterization equipment as defined in the applicable State Medical Facilities Plan shall:
 - (1) demonstrate that each proposed item of shared fixed cardiac catheterization equipment shall perform a combined total of at least 225 cardiac catheterization and angiography procedures during the fourth quarter of the third year following completion of the project; and
 - (2) provide documentation of all assumptions and data used in the development of the projections required in this Rule.
- (e) If the applicant proposes to perform cardiac catheterization procedures on patients age 14 and under, the applicant shall demonstrate that it meets the following additional criteria:
 - (1) the facility has the capability to perform diagnostic and therapeutic cardiac catheterization procedures and open heart surgery services on patients age 14 and under; and

- (2) the proposed project shall be performing at an annual rate of at least 100 cardiac catheterization procedures on patients age 14 or under during the fourth quarter of the third year following initiation of the proposed cardiac catheterization procedures for patients age 14 and under.

SECTION .1700 - CRITERIA AND STANDARDS FOR OPEN-HEART SURGERY SERVICES AND HEART-LUNG BYPASS MACHINES

10A NCAC 14C .1701 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved heart-lung bypass machine" means a heart-lung bypass machine that was not operational prior to the beginning of the review period.
- (2) "Capacity" of a heart-lung bypass machine means 400 adult-equivalent open heart surgical procedures per year. One open heart surgical procedure on persons age 14 and under is valued at two adult open heart surgical procedures. For purposes of determining capacity, one open heart surgical procedure is defined to be one visit or trip by a patient to an operating room for an open heart operation.
- (3) "Cardiac Surgical Intensive Care Unit" means an intensive care unit as defined in 10A NCAC 14C .1201(2) and that is for exclusive use by post-surgical open heart patients.
- (4) "Existing heart-lung bypass machine" means a heart-lung bypass machine in operation prior to the beginning of the review period.
- (5) "Heart-lung bypass machine" has the same meaning as defined in G.S. 131E-176(10a).
- (6) "Open heart surgery services" has the same meaning as defined in G.S. 131E-176(18b).
- (7) "Open heart surgical procedures" means specialized surgical procedures that:
 - (a) utilize a heart-lung bypass machine (the "pump"); and
 - (b) are designed to correct congenital or acquired cardiac and coronary disease by opening the chest for surgery on the heart muscle, valves, arteries, or other parts of the heart.

10A NCAC 14C .1703 PERFORMANCE STANDARDS

- (a) An applicant that proposes to develop open-heart surgery services shall:
 - (1) demonstrate that the projected utilization and proposed staffing patterns are such that each open heart surgical team shall perform at least 150 open heart surgical procedures in the third year following completion of the project; and
 - (2) document the assumptions and provide data supporting the methodology used to make these projections.
- (b) An applicant that proposes to acquire a heart-lung bypass machine shall demonstrate either:
 - (1) that the applicant's projected annual utilization of its existing, approved, and proposed heart-lung bypass machines (other than a machine acquired pursuant to 10A NCAC 14C .1703(b)(3)) will be at least 200 open heart surgical procedures per machine during the third year following completion of the project;
 - (2) that the projected annual utilization of its existing, approved, and proposed heart-lung bypass machines (other than a machine acquired pursuant to 10A NCAC 14C .1703(b)(3)), will be at least 900 hours per year during the third year following completion of the project, as measured in minutes used or staffed on standby for all procedures; or
 - (3) that the proposed machine is needed to provide coverage for open-heart surgery emergencies and will not be scheduled for use at the same time as the applicant's equipment used to support scheduled open heart surgical procedures.

SECTION .1900 – CRITERIA AND STANDARDS FOR RADIATION THERAPY EQUIPMENT

10A NCAC 14C .1901 DEFINITIONS

These definitions shall apply to all rules in this Section:

- (1) "Approved linear accelerator" means a linear accelerator which was not operational prior to the beginning of the review period.
- (2) "Complex Radiation treatment" is equal to 1.0 ESTV and means: treatment on three or more sites on the body; use of techniques such as tangential fields with wedges, rotational or arc techniques; or use of custom blocking.
- (3) "Equivalent Simple Treatment Visit [ESTV]" means one basic unit of radiation therapy which normally requires up to fifteen (15) minutes for the uncomplicated set-up and treatment of a patient on a megavoltage teletherapy unit including the time necessary for portal filming.
- (4) "Existing linear accelerator" means a linear accelerator in operation prior to the beginning of the review period.
- (5) "Intermediate Radiation treatment" means treatment on two separate sites on the body, three or more fields to a single treatment site or use of multiple blocking and is equal to 1.0 ESTV.
- (6) "Linear accelerator" shall have the same meaning as defined in G.S. 131E-176(14g).
- (7) "Linear accelerator service area" means a single or multi-county area as used in the development of the need determination in the applicable State Medical Facilities Plan.
- (8) "Megavoltage unit" means MRT equipment which provides a form of teletherapy that involves the delivery of energy greater than, or equivalent to, one million volts by the emission of x-rays, gamma rays, electrons, or other radiation.
- (9) "Megavoltage radiation therapy (MRT)" means the use of ionizing radiation in excess of one million electron volts in the treatment of cancer.
- (10) "MRT equipment" means a machine or energy source used to provide megavoltage radiation therapy including linear accelerators and other particle accelerators.
- (11) "Radiation therapy equipment" means medical equipment which is used to provide radiation therapy services.
- (12) "Radiation therapy services" means those services which involve the delivery of controlled and monitored doses of radiation to a defined volume of tumor bearing tissue within a patient. Radiation may be delivered to the tumor region by the use of radioactive implants or by beams of ionizing radiation or it may be delivered to the tumor region systemically.
- (13) "Radiation therapy service area" means a single or multi-county area as used in the development of the need determination in the applicable State Medical Facilities Plan.
- (14) "Simple Radiation treatment" means treatment on a single site on the body, single treatment field or parallel opposed fields with no more than simple blocks and is equal to 1 ESTV.
- (15) "Simulator" shall have the same meaning as defined in G.S. 131E-176(24b).
- (16) "Special technique" means radiation therapy treatments that may require increased time for each patient visit including:
 - (a) total body irradiation (photons or electrons) which equals 2.5 ESTVs;
 - (b) hemi-body irradiation which equals 2.0 ESTVs;
 - (c) intraoperative radiation therapy which equals 10.0 ESTVs;
 - (d) neutron and proton radiation therapy which equals 2.0 ESTVs;
 - (e) intensity modulated radiation treatment (IMRT) which equals 1.0 ESTV;
 - (f) limb salvage irradiation at lengthened SSD which equals 1.0 ESTV;
 - (g) additional field check radiographs which equals .50 ESTV;
 - (h) stereotactic radiosurgery treatment management with linear accelerator or gamma knife which equals 3.0. ESTVs; and
 - (i) pediatric patient under anesthesia which equals 1.5 ESTVs.

10A NCAC 14C .1903 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a linear accelerator shall demonstrate that each of the following standards will be met:
 - (1) an applicant's existing linear accelerators located in the proposed radiation therapy service area performed at least 6,750 ESTV treatments per machine or served at least 250 patients per machine in the twelve months prior to the date the application was submitted;
 - (2) each proposed new linear accelerator will be utilized at an annual rate of 250 patients or 6,750 ESTV treatments during the third year of operation of the new equipment; and
 - (3) an applicant's existing linear accelerators located in the proposed radiation therapy service area are projected to be utilized at an annual rate of 6,750 ESTV treatments or 250 patients per machine during the third year of operation of the new equipment.
- (b) A linear accelerator shall not be held to the standards in Paragraph (a) of this Rule if the applicant provides documentation that the linear accelerator has been or will be used exclusively for clinical research and teaching.
- (c) An applicant proposing to acquire radiation therapy equipment other than a linear accelerator shall provide the following information:
 - (1) the number of patients who are projected to receive treatment from the proposed radiation therapy equipment, classified by type of equipment, diagnosis, treatment procedure, and county of residence; and
 - (2) the maximum number and type of procedures that the proposed equipment is capable of performing.
- (d) The applicant shall document all assumptions and provide data supporting the methodology used to determine projected utilization as required in this Rule.

SECTION .2000 – CRITERIA AND STANDARDS FOR HOME HEALTH SERVICES

10A NCAC 14C .2001 DEFINITIONS

The following definitions in this Rule shall apply to all rules in this Section:

- (1) "Home Health Agency" shall have the same meaning as defined in G.S. 131E-176(12).
- (2) "Home Health Services" shall have the same meaning as defined in G.S. 131E-176(12).

10A NCAC 14C .2003 PERFORMANCE STANDARDS

An applicant shall project, in the third year of operation, an annual unduplicated patient caseload for the county in which the facility will be located that meets or exceeds the minimum need used in the applicable State Medical Facilities Plan to justify the establishment of a new home health agency office in that county. An applicant shall not be required to meet this performance standard if the home health agency office need determination in the applicable State Medical Facilities Plan was not based on application of the standard methodology for a Medicare-certified home health agency office.

SECTION .2100 – CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2101 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved operating rooms" means those operating rooms that were approved for a certificate of need by the CON Section prior to the date on which the applicant's proposed project was submitted to the CON Section, but that have not been licensed.

- (2) "Dedicated C-section operating room" means an operating room as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (3) "Existing operating rooms" means those operating rooms in ambulatory surgical facilities and hospitals that were reported in the Ambulatory Surgical Facility License Renewal Application Form or in the Hospital License Renewal Application Form submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation, and that were licensed prior to the beginning of the review period.
- (4) "Health System" shall have the same meaning as defined in Chapter 6 in the annual State Medical Facilities Plan.
- (5) "Operating room" means a room as defined in G.S. 131E-176(18c).
- (6) "Operating Room Need Methodology" means the Methodology for Projecting Operating Room Need in Chapter 6 in the annual State Medical Facilities Plan.
- (7) "Service area" means the Operating Room Service Area as defined in Chapter 6 in the annual State Medical Facilities Plan.

10A NCAC 14C .2103 PERFORMANCE STANDARDS

- (a) An applicant proposing to increase the number of operating rooms, excluding dedicated C-section operating rooms, in a service area shall demonstrate the need for the number of proposed operating rooms in addition to the existing and approved operating rooms in the applicant's health system in the applicant's third full fiscal year following completion of the proposed project based on the Operating Room Need Methodology set forth in the annual State Medical Facilities Plan. The applicant is not required to use the population growth factor.
- (b) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2200 – CRITERIA AND STANDARDS FOR END-STAGE RENAL DISEASE SERVICES

10A NCAC 14C .2201 DEFINITIONS

The following definitions shall apply to this Section:

- (1) "Dialysis" means the artificially aided process of transferring body wastes from a person's blood to a dialysis fluid to permit discharge of the wastes from the body.
- (2) "Dialysis facility" means a kidney disease treatment center as defined in G.S. 131E-176(14e).
- (3) "Dialysis station" means the treatment area in a dialysis facility used to accommodate the equipment and supplies needed to perform hemodialysis on a single patient.
- (4) "Hemodialysis" means the form of dialysis in which the blood is circulated outside the body through equipment that permits transfer of waste through synthetic membranes.
- (5) "Home hemodialysis" means hemodialysis performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the hemodialysis.
- (6) "In-center hemodialysis" means hemodialysis performed in a dialysis facility.
- (7) "Peritoneal dialysis" means the form of dialysis in which a dialysis fluid is introduced into the person's peritoneal cavity and is subsequently withdrawn. This form of dialysis is performed in a location other than a dialysis facility by the patient after the patient is trained in a dialysis facility to perform the peritoneal dialysis.

10A NCAC 14C .2203 PERFORMANCE STANDARDS

- (a) An applicant proposing to establish a new dialysis facility for in-center hemodialysis services shall document the need for at least 10 dialysis stations based on utilization of 2.8 in-center patients per

station per week as of the end of the first full fiscal year of operation following certification of the facility. An applicant may document the need for fewer than 10 stations if the application is submitted in response to an adjusted need determination in the State Medical Facilities Plan for fewer than 10 stations.

- (b) An applicant proposing to increase the number of in-center dialysis stations in:
 - (1) an existing dialysis facility; or
 - (2) a dialysis facility that is not operational as of the date the certificate of need application is submitted but has been issued a certificate of needshall document the need for the total number of dialysis stations in the facility based on 2.8 in-center patients per station per week as of the end of the first full fiscal year of operation following certification of the additional stations.
- (c) An applicant proposing to establish a new dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the facility.
- (d) An applicant proposing to increase the number of home hemodialysis stations in a dialysis facility dedicated to home hemodialysis or peritoneal dialysis training shall document the need for the total number of home hemodialysis stations in the facility based on training six home hemodialysis patients per station per year as of the end of the first full fiscal year of operation following certification of the additional stations.
- (e) The applicant shall provide the assumptions and methodology used for the projected utilization required by this Rule.

SECTION .2300 – CRITERIA AND STANDARDS FOR COMPUTED TOMOGRAPHY EQUIPMENT

10A NCAC 14C .2301 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved computed tomography (CT) scanner" means a CT scanner which was not operational prior to the beginning of the review period but which had been issued a certificate of need.
- (2) "Computed tomography" means a technique whereby a sharply collimated X-ray beam is passed through the human body from a source which rotates around the body in a specific arc. As the beam passes through the body from its perimeter, its intensity is reduced. The transmitted intensity of the beam varies in accordance with the density of the tissue it passes through and is measured by sensitive detectors and, from this information, two-dimensional cross-sectional pictures or other images may be generated. A computer is used to generate the image from the measurements of X-ray beam intensity. Tissue images can be done with or without contrast agents. Computed tomography services are rendered by CT scanners.
- (3) "Computed tomography (CT) scanner" means an imaging machine which combines the information generated by a scanning X-ray source and detector system with a computer to reconstruct a cross-sectional image of the full body, including the head.
- (4) "Computed tomography (CT) service area" means a geographical area defined by the applicant from which the applicant projects to serve patients.
- (5) "CT scan" means one discrete image of a patient produced by a CT scanner.
- (6) "Existing CT scanner" means a computed tomography scanner in operation prior to the beginning of the review period.
- (7) "Fixed CT scanner" means a CT scanner that is used at only one location or campus.

- (8) "HECT unit" means a unit that is equivalent to one CT scan which is derived by applying a weighted conversion factor to a CT scan in accordance with the Head Equivalent Computed Tomography studies formula developed by the National Electric Manufacturers, based on the "Leonard Methodology".
- (9) "Mobile CT scanner" means a CT scanner and transporting equipment which is moved to provide services at two or more host facilities.
- (10) "Related entity" means the parent company of the applicant, a subsidiary company of the applicant (i.e., the applicant owns 50 percent or more of another company), a joint venture in which the applicant is a member, or a company that shares common ownership with the applicant (i.e., the applicant and another company are owned by some of the same persons).

10A NCAC 14C .2303 PERFORMANCE STANDARDS

An applicant proposing to acquire a CT scanner shall demonstrate each of the following:

- (1) each fixed or mobile CT scanner to be acquired shall be projected to perform 5,100 HECT units annually in the third year of operation of the proposed equipment;
- (2) each existing fixed or mobile CT scanner which the applicant or a related entity owns a controlling interest in and is located in the applicant's CT service area shall have performed at least 5,100 HECT units in the 12 month period prior to submittal of the application; and
- (3) each existing and approved fixed or mobile CT scanner which the applicant or a related entity owns a controlling interest in and is located in the applicant's CT service area shall be projected to perform 5,100 HECT units annually in the third year of operation of the proposed equipment.

SECTION .2400 – CRITERIA AND STANDARDS FOR INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

10A NCAC 14C .2401 DEFINITIONS

The definitions in this Rule shall apply to all rules in this Section:

- (1) "Intermediate care facility for the mentally retarded (ICF/MR)" shall have the same meaning as defined in G.S. 131E-176(14a).
- (2) "Active treatment" means:
 - (a) regular participation in professionally developed and supervised activities, experiences, or therapies in accordance with an individual plan of care;
 - (b) an individual plan of care which is a written plan that is based on individual choice and sets forth measurable goals or behaviorally stated objectives and prescribes an integrated program of individually designed activities, experiences or therapies necessary to achieve such goals or objectives;
 - (c) an interdisciplinary professional evaluation consisting of complete medical, social, or psychological diagnosis and an evaluation of the individual's need for the facility's care, prior to admission but not to exceed three months before admission to the facility or, in the case of individuals who make application while in such facility, before requesting payment under the plan;
 - (d) re-evaluation medically, socially, and psychologically, at least annually by the staff involved in carrying out the resident's individual plan of care, including review of the individual's progress toward meeting the plan of care, assessment of continuing need for facility care, and consideration of alternate methods of care; and
 - (e) an individual plan (as part of the individual's total plan of care) developed prior to discharge that is based on individual choice by a qualified developmental disabilities professional and other appropriate professionals, which includes the present residence, specifying the type of care and services that will be needed to

enable the individual to function in a different environment and also includes provisions for protective supervision.

- (3) "Qualified Developmental Disabilities Professional" means a staff person in an ICF/MR facility designated to be responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the facility's program, recording each resident's progress and initiating periodic review of each individual plan of care. A Qualified Developmental Disabilities Professional shall meet the minimum qualifications for employment as defined in the 42 CFR 483.430 which is incorporated by reference including all subsequent amendments.
- (4) "Catchment area" means the geographic part of the State served by a specific area authority ("Area authority" means the Mental Health, Developmental Disabilities, and Substance Abuse Authority.)

10A NCAC 14C .2403 PERFORMANCE STANDARDS

- (a) An applicant proposing to add ICF/MR beds to an existing facility shall not be approved unless the average occupancy, over the six months immediately preceding the submittal of the application, of the total number of ICF/MR beds within the facility in which the new beds are to be operated was at least 90 percent.
- (b) An applicant proposing to establish new ICF/MR beds shall not be approved unless occupancy is projected to be at least 90 percent for the total number of ICF/MR beds proposed to be operated in the entire facility, no later than one year following the completion of the proposed project.
- (c) An applicant proposing to establish new ICF/MR beds shall comply with one of the following models:
 - (1) a residential community based freestanding facility with six beds or less, i.e., group home model;
 - (2) a community-based facility with 7 to 15 beds if documentation is provided that a facility of this size is necessary because adequate residential community based freestanding facilities are not available in the Area Authority catchment area to meet the needs of the population to be served; or
 - (3) a facility with greater than 15 beds if the proposed new beds are to be established in response to an adjusted need determination contained in the 2003 State Medical Facilities Plan.
- (d) No more than three intermediate care facilities for the mentally retarded housing a combined total of 18 persons shall be developed on contiguous pieces of property, with the exception that this standard shall be waived for beds proposed to be established in response to an adjusted need determination contained in the 2003 State Medical Facilities Plan.

SECTION .2500 – CRITERIA AND STANDARDS FOR SUBSTANCE USE DISORDER (CHEMICAL DEPENDENCY TREATMENT) BEDS

10A NCAC 14C .2501 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Chemical dependency treatment beds" shall have the same meaning as defined in G.S. 131E-176(5b).
- (2) "Detoxification beds" means chemical dependency treatment beds that are used during the period of time when the patient is withdrawing from psycho-active substances under medical direction.
- (3) "Intensive treatment beds" means chemical dependency treatment beds that are not detoxification beds.

- (4) "Clinical staff members" means the employees of a chemical dependency treatment program who provide treatment or rehabilitation services to a patient.
- (5) "Aftercare plan" means a component of a treatment plan which provides continued contact with the patient after completion of the structured treatment process in order to maintain or improve on the patient's recovery progress.

10A NCAC 14C .2503 PERFORMANCE STANDARDS

- (a) An applicant proposing additional intensive treatment beds shall not be approved unless the overall occupancy, over the nine months immediately preceding the submittal of the application, of the total number of intensive treatment beds within the facility in which the beds are to be located has been:
 - (1) 75 percent for facilities with a total of 1 through 15 intensive treatment beds; or
 - (2) 85 percent for facilities with a total of 16 or more intensive treatment beds.
- (b) An applicant shall not be approved unless the overall occupancy of the total number of intensive treatment beds to be operated in the facility is projected by the fourth quarter of the third year of operation following completion of the project, to be:
 - (1) 75 percent for facilities with a total of 1 through 15 intensive treatment beds; or
 - (2) 85 percent for facilities with a total of 16 or more intensive treatment beds.
- (c) The applicant shall document the specific methodology and assumptions by which occupancies are projected, including the average length of stay and anticipated recidivism rate.

SECTION .2600 – CRITERIA AND STANDARDS FOR PSYCHIATRIC BEDS

10A NCAC 14C .2601 DEFINITIONS

The definitions in this Rule apply to all rules in this Section:

- (1) "Psychiatric Beds" means beds in:
 - (a) psychiatric units of general hospitals licensed under G.S. Chapter 131E-77, Article 5;
 - (b) free-standing psychiatric hospitals licensed under G.S. Chapter 122C-23, Article 2.
- (2) "Involuntary Admissions" means those persons admitted under the involuntary commitment procedure defined in G.S. Chapter 122, Article 5, Part 7.
- (3) "Service Area" means the counties in the Mental Health Planning Area, as defined in the applicable State Medical Facilities Plan.
- (4) "Professional Staff" means any employee who provides treatment or habilitation services to a patient receiving psychiatric treatment in a general hospital, psychiatric hospital or inpatient unit of a community mental health center. This includes, but is not necessarily limited to, physicians licensed to practice medicine in North Carolina, psychiatric nurses, practicing psychologists or psychiatric social workers.

10A NCAC 14C .2603 PERFORMANCE STANDARDS

- (a) An applicant proposing to add psychiatric beds in an existing facility shall not be approved unless the average occupancy over the six months immediately preceding the submittal of the application of the total number of licensed psychiatric beds within the facility in which the beds are to be operated was at least 75 percent.
- (b) An applicant proposing to establish new psychiatric beds shall not be approved unless occupancy is projected to be 75% for the total number of licensed psychiatric beds proposed to be operated in the facility no later than the fourth quarter of the second operating year following completion of the project.

SECTION .2700 - CRITERIA AND STANDARDS FOR MAGNETIC RESONANCE IMAGING SCANNER

10A NCAC 14C .2701 DEFINITIONS

The following definitions apply to all rules in this Section:

- (1) "Approved MRI scanner" means an MRI scanner which was not operational prior to the beginning of the review period but which had been issued a certificate of need.
- (2) "Capacity of fixed MRI scanner" means 100 percent of the procedure volume that the MRI scanner is capable of completing in a year, given perfect scheduling, no machine or room downtime, no cancellations, no patient transportation problems, no staffing or physician delays and no MRI procedures outside the norm. Annual capacity of a fixed MRI scanner is 6,864 weighted MRI procedures, which assumes two weighted MRI procedures are performed per hour and the scanner is operated 66 hours per week, 52 weeks per year.
- (3) "Capacity of mobile MRI scanner" means 100 percent of the procedure volume that the MRI scanner is capable of completing in a year, given perfect scheduling, no machine or room downtime, no cancellations, no patient transportation problems, no staffing or physician delays and no MRI procedures outside the norm. Annual capacity of a mobile MRI scanner is 4,160 weighted MRI procedures, which assumes two weighted MRI procedures are performed per hour and the scanner is operated 40 hours per week, 52 weeks per year.
- (4) "Dedicated breast MRI scanner" means an MRI scanner that is configured to perform only breast MRI procedures and is not capable of performing other types of non-breast MRI procedures.
- (5) "Existing MRI scanner" means an MRI scanner in operation prior to the beginning of the review period.
- (6) "Extremity MRI scanner" means an MRI scanner that is utilized for the imaging of extremities and is of open design with a field of view no greater than 25 centimeters.
- (7) "Fixed MRI scanner" means an MRI scanner that is not a mobile MRI scanner.
- (8) "Magnetic Resonance Imaging" (MRI) means a non-invasive diagnostic modality in which electronic equipment is used to create tomographic images of body structure. The MRI scanner exposes the target area to nonionizing magnetic energy and radio frequency fields, focusing on the nuclei of atoms such as hydrogen in the body tissue. Response of selected nuclei to this stimulus is translated into images for evaluation by the physician.
- (9) "Magnetic resonance imaging scanner" (MRI Scanner) is defined in G.S. 131E-176(14m).
- (10) "Mobile MRI region" means either the eastern part of the State which includes the counties in Health Service Areas IV, V and VI (Eastern Mobile MRI Region), or the western part of the State which includes the counties in Health Service Areas I, II, and III (Western Mobile MRI Region). The counties in each Health Service Area are identified in Appendix A of the State Medical Facilities Plan.
- (11) "Mobile MRI scanner" means an MRI scanner and transporting equipment which is moved at least weekly to provide services at two or more campuses or physical locations.
- (12) "MRI procedure" means a single discrete MRI study of one patient.
- (13) "MRI service area" means the Magnetic Resonance Imaging Planning Areas, as defined in the applicable State Medical Facilities Plan, except for proposed new mobile MRI scanners for which the service area is a mobile MRI region.
- (14) "MRI study" means one or more scans relative to a single diagnosis or symptom.
- (15) "Multi-position MRI scanner" means an MRI scanner as defined in the State Medical Facilities Plan, pursuant to a special need determination for a demonstration project.
- (16) "Related entity" means the parent company of the applicant, a subsidiary company of the applicant (i.e., the applicant owns 50 percent or more of another company), a joint venture

- in which the applicant is a member, or a company that shares common ownership with the applicant (i.e., the applicant and another company are owned by some of the same persons).
- (17) "Temporary MRI scanner" means an MRI scanner that the Certificate of Need Section has approved to be temporarily located in North Carolina at a facility that holds a certificate of need for a new fixed MRI scanner, but which is not operational because the project is not yet complete.
 - (18) "Weighted MRI procedures" means MRI procedures which are adjusted to account for the length of time to complete the procedure, based on the following weights: one outpatient MRI procedure without contrast or sedation is valued at 1.0 weighted MRI procedure, one outpatient MRI procedure with contrast or sedation is valued at 1.4 weighted MRI procedures, one inpatient MRI procedure without contrast or sedation is valued at 1.4 weighted MRI procedures; and one inpatient MRI procedure with contrast or sedation is valued at 1.8 weighted MRI procedures.
 - (19) "Weighted breast MRI procedures" means MRI procedures which are performed on a dedicated breast MRI scanner and are adjusted to account for the length of time to complete the procedure, based on the following weights: one diagnostic breast MRI procedure is valued at 1.0 weighted MRI procedure (based on an average of 60 minutes per procedure), one MRI-guided breast needle localization MRI procedure is valued at 1.1 weighted MRI procedure (based on an average of 66 minutes per procedure), and one MRI-guided breast biopsy procedure is valued at 1.6 weighted MRI procedures (based on an average of 96 minutes per procedure).

10A NCAC 14C .2703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a mobile magnetic resonance imaging (MRI) scanner shall:
 - (1) demonstrate that each existing mobile MRI scanner which the applicant or a related entity owns a controlling interest in and operates in the mobile MRI region in which the proposed equipment will be located, except temporary MRI scanners, performed 3,328 weighted MRI procedures in the most recent 12 month period for which the applicant has data [Note: This is not the average number of weighted MRI procedures performed on all of the applicant's mobile MRI scanners.]; with the exception that in the event an existing mobile MRI scanner has been in operation less than 12 months at the time the application is filed, the applicant shall demonstrate that this mobile MRI scanner performed an average of at least 277 weighted MRI procedures per month for the period in which it has been in operation;
 - (2) demonstrate annual utilization in the third year of operation is reasonably projected to be at least 3328 weighted MRI procedures on each of the existing, approved and proposed mobile MRI scanners owned by the applicant or a related entity to be operated in the mobile MRI region in which the proposed equipment will be located [Note: This is not the average number of weighted MRI procedures performed on all of the applicant's mobile MRI scanners.]; and
 - (3) document the assumptions and provide data supporting the methodology used for each projection required in this Rule.
- (b) An applicant proposing to acquire a fixed magnetic resonance imaging (MRI) scanner, except for fixed MRI scanners described in Paragraphs (c) and (d) of this Rule, shall:
 - (1) demonstrate that the existing fixed MRI scanners which the applicant or a related entity owns a controlling interest in and locates in the proposed MRI service area performed an average of 3,328 weighted MRI procedures in the most recent 12 month period for which the applicant has data;
 - (2) demonstrate that each existing mobile MRI scanner which the applicant or a related entity owns a controlling interest in and operates in the proposed MRI service area except temporary MRI scanners, performed 3,328 weighted MRI procedures in the most recent 12

- month period for which the applicant has data [Note: This is not the average number of weighted MRI procedures performed on all of the applicant's mobile MRI scanners.];
- (3) demonstrate that the average annual utilization of the existing, approved and proposed fixed MRI scanners which the applicant or a related entity owns a controlling interest in and locates in the proposed MRI service area are reasonably expected to perform the following number of weighted MRI procedures, whichever is applicable, in the third year of operation following completion of the proposed project:
 - (A) 1,716 weighted MRI procedures in MRI service areas in which the SMFP shows no fixed MRI scanners are located,
 - (B) 3,775 weighted MRI procedures in MRI service areas in which the SMFP shows one fixed MRI scanner is located,
 - (C) 4,118 weighted MRI procedures in MRI service areas in which the SMFP shows two fixed MRI scanners are located,
 - (D) 4,462 weighted MRI procedures in MRI service areas in which the SMFP shows three fixed MRI scanners are located, or
 - (E) 4,805 weighted MRI procedures in MRI service areas in which the SMFP shows four or more fixed MRI scanners are located;
 - (4) if the proposed MRI scanner will be located at a different site from any of the existing or approved MRI scanners owned by the applicant or a related entity, demonstrate that the annual utilization of the proposed fixed MRI scanner is reasonably expected to perform the following number of weighted MRI procedures, whichever is applicable, in the third year of operation following completion of the proposed project:
 - (A) 1,716 weighted MRI procedures in MRI service areas in which the SMFP shows no fixed MRI scanners are located,
 - (B) 3,775 weighted MRI procedures in MRI service areas in which the SMFP shows one fixed MRI scanner is located,
 - (C) 4,118 weighted MRI procedures in MRI service areas in which the SMFP shows two fixed MRI scanners are located,
 - (D) 4,462 weighted MRI procedures in MRI service areas in which the SMFP shows three fixed MRI scanners are located, or
 - (E) 4,805 weighted MRI procedures in MRI service areas in which the SMFP shows four or more fixed MRI scanners are located;
 - (5) demonstrate that annual utilization of each existing, approved and proposed mobile MRI scanner which the applicant or a related entity owns a controlling interest in and locates in the proposed MRI service area is reasonably expected to perform 3,328 weighted MRI procedures in the third year of operation following completion of the proposed project [Note: This is not the average number of weighted MRI procedures to be performed on all of the applicant's mobile MRI scanners.]; and
 - (6) document the assumptions and provide data supporting the methodology used for each projection required in this Rule.
- (c) An applicant proposing to acquire a fixed dedicated breast magnetic resonance imaging (MRI) scanner for which the need determination in the State Medical Facilities Plan was based on an approved petition for an adjustment to the need determination shall:
 - (1) demonstrate annual utilization of the proposed MRI scanner in the third year of operation is reasonably projected to be at least 1,664 weighted MRI procedures which is .80 times 1 procedure per hour times 40 hours per week times 52 weeks per year; and
 - (2) document the assumptions and provide data supporting the methodology used for each projection required in this Rule.
 - (d) An applicant proposing to acquire a fixed extremity MRI scanner for which the need determination in the State Medical Facilities Plan was based on an approved petition for an adjustment to the need determination shall:

- (1) demonstrate annual utilization of the proposed MRI scanner in the third year of operation is reasonably projected to be at least 80 percent of the capacity defined by the applicant in response to 10A NCAC 14C .2702(f)(7); and
 - (2) document the assumptions and provide data supporting the methodology used for each projection required in this Rule.
- (e) An applicant proposing to acquire a fixed multi-position MRI scanner for which the need determination in the State Medical Facilities Plan was based on an approved petition for a demonstration project shall:
- (1) demonstrate annual utilization of the proposed multi-position MRI scanner in the third year of operation is reasonably projected to be at least 80 percent of the capacity defined by the applicant in response to 10A NCAC 14C .2702(g)(7); and
 - (2) document the assumptions and provide data supporting the methodology used for each projection required in this Rule.

SECTION .2800 - CRITERIA AND STANDARDS FOR REHABILITATION SERVICES

10A NCAC 14C .2801 DEFINITIONS

The definitions in this Rule will apply to all rules in this Section.

- (1) "Rehabilitation Facility" means a facility as defined in G.S. 131E-176.
- (2) "Rehabilitation" means the process to maintain, restore or increase the function of disabled individuals so that an individual can live in the least restrictive environment, consistent with his or her objective.
- (3) "Outpatient Rehabilitation Clinic" is defined as a program of coordinated and integrated outpatient services, evaluation, or treatment with emphasis on improving the functional level of the person in coordination with the patient's family.
- (4) "Rehabilitation Beds" means inpatient beds for which a need determination is set forth in the current State Medical Facilities Plan and which are located in a hospital licensed pursuant to G.S. 131E-77.
- (5) "Traumatic Brain Injury" is defined as an insult to the brain that may produce a diminished or altered state of consciousness which results in impairment of cognitive abilities or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent and cause partial or total functional disability or psychological maladjustment.
- (6) "Stroke" (cerebral infarction, hemorrhage) is defined as the sudden onset of a focal neurologic deficit due to a local disturbance in the blood supply to the brain.
- (7) "Spinal Cord Injury" is defined as an injury to the spinal cord that results in the loss of motor or sensory function.
- (8) "Pediatric Rehabilitation" is defined as inpatient rehabilitation services provided to persons 14 years of age or younger.

10A NCAC 14C .2803 PERFORMANCE STANDARDS

- (a) An applicant proposing to establish new rehabilitation beds shall not be approved unless the average occupancy, over the nine months immediately preceding the submittal of the application, of the total number of licensed rehabilitation beds within the facility in which the new beds are to be operated was at least 80 percent.
- (b) An applicant proposing to establish new rehabilitation beds shall not be approved unless occupancy is projected to be 80 percent for the total number of rehabilitation beds to be operated in the facility no later than two years following completion of the proposed project.

SECTION .3700 - CRITERIA AND STANDARDS FOR POSITRON EMISSION TOMOGRAPHY SCANNER

10A NCAC 14C .3701 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved positron emission tomography (PET) scanner" means a PET scanner which was not operational prior to the beginning of the review period but which had been issued a certificate of need.
- (2) "Cyclotron" means an apparatus for accelerating protons or neutrons to high energies by means of a constant magnet and an oscillating electric field.
- (3) "Dedicated PET Scanner" means PET Scanners as defined in the applicable State Medical Facilities Plan.
- (4) "Existing PET scanner" means a PET scanner in operation prior to the beginning of the review period.
- (5) "Mobile PET Scanner" means a PET scanner and transporting equipment that is moved, at least weekly, to provide services at two or more host facilities.
- (6) "PET procedure" means a single discrete study of one patient involving one or more PET scans.
- (7) "PET scan" means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure.
- (8) "PET scanner service area" means the PET Scanner Service Area as defined in the applicable State Medical Facilities Plan.
- (9) "Positron emission tomographic scanner" (PET) is defined in G.S. 131E-176(19a).
- (10) "Radioisotope" means a radiochemical which directly traces biological processes when introduced into the body.

10A NCAC 14C .3703 PERFORMANCE STANDARDS

- (a) An applicant proposing to acquire a dedicated PET scanner, including a mobile dedicated PET scanner, shall demonstrate that:
 - (1) the proposed dedicated PET scanner, including a proposed mobile dedicated PET scanner, shall be utilized at an annual rate of at least 2,080 PET procedures by the end of the third year following completion of the project;
 - (2) if an applicant operates an existing dedicated PET scanner, its existing dedicated PET scanners, excluding those used exclusively for research, performed an average of at least 2,080 PET procedures per PET scanner in the last year; and
 - (3) its existing and approved dedicated PET scanners shall perform an average of at least 2,080 PET procedures per PET scanner during the third year following completion of the project.
- (b) The applicant shall describe the assumptions and provide data to support and document the assumptions and methodology used for each projection required in this Rule.

SECTION .3800 - CRITERIA AND STANDARDS FOR ACUTE CARE BEDS

10A NCAC 14C .3801 DEFINITIONS

The following definitions shall apply to all Rules in this Section:

- (1) "Acute care beds" means acute care beds licensed by the Division of Health Service Regulation in accordance with standards in 10A NCAC 13B .6200, and located in hospitals licensed pursuant to G.S. 131E-79.
- (2) "Average daily census" means the number of days of inpatient acute care provided in licensed acute care beds in a given year divided by 365 days.

- (3) "Campus" shall have the same meaning as defined in G.S. 131E-176(2c).
- (4) "Service Area" means the single or multi-county area as used in the development of the acute care bed need determination in the applicable State Medical Facilities Plan.

10A NCAC 14C .3803 PERFORMANCE STANDARDS

- (a) An applicant proposing to develop new acute care beds shall demonstrate that the projected average daily census (ADC) of the total number of licensed acute care beds proposed to be licensed within the service area, under common ownership with the applicant, divided by the total number of those licensed acute care beds is reasonably projected to be at least 66.7 percent when the projected ADC is less than 100 patients, 71.4 percent when the projected ADC is 100 to 200 patients, and 75.2 percent when the projected ADC is greater than 200 patients, in the third operating year following completion of the proposed project or in the year for which the need determination is identified in the State Medical Facilities Plan, whichever is later.
- (b) An applicant proposing to develop new acute care beds shall provide all assumptions and data used to develop the projections required in this rule and demonstrate that they support the projected inpatient utilization and average daily census.

SECTION .3900 - CRITERIA AND STANDARDS FOR GASTROINTESTINAL ENDOSCOPY PROCEDURE ROOMS IN LICENSED HEALTH SERVICE FACILITIES

10A NCAC 14C .3901 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Approved gastrointestinal (GI) endoscopy rooms" means GI endoscopy rooms that were approved for a certificate of need by the CON Section prior to the date the application was submitted but that are not licensed as of the date the application is submitted.
- (2) "Existing GI endoscopy rooms" means GI endoscopy rooms that were licensed prior to the beginning of the review period.
- (3) "GI endoscopy procedure" means each upper endoscopy, esophagoscopy, or colonoscopy procedure performed on a patient during a single visit to the licensed health service facility.
- (4) "Licensed health service facility" means either a hospital as defined in G.S. 131E-176(13) or an ambulatory surgical facility as defined in G.S. 131E-176(1b).
- (5) "New GI endoscopy room" means a GI endoscopy room that is not included in the inventory of GI endoscopy rooms in the State Medical Facilities Plan as of the date the application is submitted.
- (6) "Service area" means the county where the proposed GI endoscopy room will be developed.

10A NCAC 14C .3903 PERFORMANCE STANDARDS

An applicant proposing to develop a new GI endoscopy room in a licensed health service facility shall:

- (1) identify the proposed service area;
- (2) identify all existing and approved GI endoscopy rooms owned or operated by the applicant or a related entity located in the proposed service area;
- (3) provide projected utilization for each of the first three full fiscal years of operation following completion of the project for all GI endoscopy rooms identified in Item (2) of this Rule;
- (4) project to perform an average of at least 1,500 GI endoscopy procedures per GI endoscopy room during the third full fiscal year of operation following completion of the project in the GI endoscopy rooms identified in Item (2) of this Rule; and
- (5) provide the assumptions and methodology used to project the utilization required by this Rule.

SECTION .4000 - CRITERIA AND STANDARDS FOR HOSPICE INPATIENT FACILITIES AND HOSPICE RESIDENTIAL CARE FACILITIES

10A NCAC 14C .4001 DEFINITIONS

The following definitions shall apply to all rules in this Section:

- (1) "Bereavement counseling" means counseling provided to a hospice patient's family or significant others to assist them in dealing with issues of grief and loss.
- (2) "Caregiver" means the person whom the patient designates to provide the patient with emotional support, physical care, or both.
- (3) "Care plan" means a plan as defined in 10A NCAC 13K .0102 of the Hospice Licensing Rules.
- (4) "Home-like" means furnishings of a hospice inpatient facility or a hospice residential care facility as defined in 10A NCAC 13K .1110 or .1204 of the Hospice Licensing Rules.
- (5) "Hospice" means any coordinated program of home care as defined in G.S. 131E-176(13a).
- (6) "Hospice inpatient facility" means a facility as defined in G.S. 131E-176(13b).
- (7) "Hospice residential care facility" means a facility as defined in G.S. 131E-176(13c).
- (8) "Hospice service area" means for residential care facilities, the county in which the hospice residential care facility will be located and the contiguous counties for which the hospice residential care facility will provide services.
- (9) "Hospice services" means services as defined in G.S. 131E-201(5b).
- (10) "Hospice staff" means personnel as defined in 10A NCAC 13K .0102 of the Hospice Licensing Rules.

10A NCAC 14C .4003 PERFORMANCE STANDARDS

- (a) An applicant proposing to develop hospice inpatient facility beds or hospice residential care facility beds shall demonstrate that:
 - (1) the average occupancy rate of the licensed hospice beds, for each level of care, in the facility is projected to be at least 50 percent for the last six months of the first operating year following completion of the project;
 - (2) the average occupancy rate for the licensed hospice beds, for each level of care, in the facility is projected to be at least 65 percent for the second operating year following completion of the project; and
 - (3) if the application is submitted to address the need for hospice residential care beds, each existing hospice residential care facility which is located in the hospice service area operated at an occupancy rate of at least 65 percent for the 12 month period reported on that facility's most recent Licensure Renewal Application Form.
- (b) An applicant proposing to add hospice inpatient facility beds to an existing hospice inpatient facility shall document that the average occupancy of the licensed hospice inpatient facility beds in its existing facility was at least 65 percent for the nine months immediately preceding the submittal of the proposal.
- (c) An applicant proposing to add residential care beds to an existing hospice residential care facility shall document that the average occupancy of the licensed hospice residential care beds in its existing facility was at least 65 percent for the nine months immediately preceding the submittal of the proposal.

APPENDIX F

ACADEMIC MEDICAL CENTER TEACHING HOSPITALS

Academic Medical Center Teaching Hospital	Medical School Affiliation	Date Designated
North Carolina Baptist Hospital Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (984) 974-1000	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4100	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

APPENDIX G

CRITICAL ACCESS HOSPITALS

County	Facility Name, Address and Telephone Number
Alexander	Alexander Hospital (closed) 326 Third Street, SW Taylorsville, North Carolina 28681 (828) 377-4745
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	Vidant Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Doshier Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000

County	Facility Name, Address and Telephone Number
Cherokee	Erlanger Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Carolina 28906 (828) 837-8161
Chowan	Vidant Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311
Stokes	LifeBrite Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831

County	Facility Name, Address and Telephone Number
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington County Hospital 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital (closed) 624 West Main Street Yadkinville, North Carolina 27055 (336) 679-2041



APPENDIX H

**North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section**

2704 Mail Service Center ■ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom., Secretary

<http://facility-services.state.nc.us>

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

DFS ADVISORY

Title: Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes

Date: October 22, 2003

Purpose

The purpose of this Advisory is to provide The Agency's interpretation of the certificate of need requirements for acute care hospitals to develop new or expanded detoxification services and interpretation of hospital licensing requirements for beds used for detoxification services.

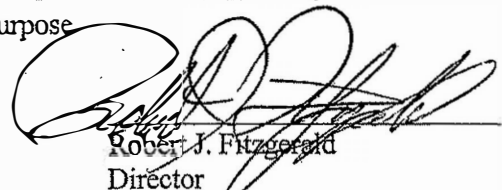
Background

House Bill 815, which revised Article 9, Chapter 131E, the Certificate of Need Law, was approved August 7, 2003, and excludes "social setting detoxification" and "medical detoxification" facilities from the definition of chemical treatment facilities licensed under Chapter 122C. Consequently, the Certificate of Need Law no longer regulates the development of facilities licensed as "non-hospital medical detoxification for individuals who are substance abusers" or "social setting detoxification for substance abuse."

Policy

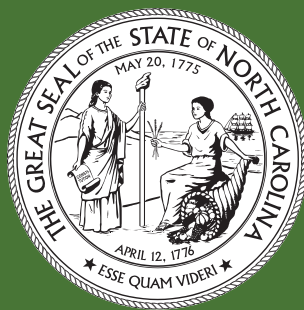
The change in the law did not revise the definition of a "chemical treatment facility" for detoxification units in an acute care hospital licensed under Article 5, Chapter 131E. Pursuant to enactment of House Bill 815, the Agency recently reviewed the licensure regulations for acute care hospitals and determined there is no licensure category for medical detoxification services that is separate from the licensure categories for psychiatric, substance abuse or acute care beds. In other words, medical detoxification services may be a component of licensed psychiatric, substance abuse and acute care services in acute care hospitals. Therefore, acute care hospitals may provide medical detoxification services in existing licensed psychiatric, substance abuse/chemical dependency treatment or acute care beds without a certificate of need. As a result of this interpretation, the Agency will revise current licenses for acute care hospitals to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds given that, to date, detoxification beds have been recognized by the Agency as one type of substance abuse bed.

In summary, if an acute care hospital wants to develop new or expanded detoxification services at this time, it may do so without a certificate of need, as long as the services are provided in an existing licensed acute care, psychiatric or substance abuse bed. However, if an acute care hospital wants to increase the bed capacity in its facility to develop or expand detoxification services, it must first obtain a certificate of need to add either licensed acute care, psychiatric or substance abuse beds for that purpose.


Robert J. Fitzgerald
Director



Location: 701 Barbour Drive ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
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NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Health
Service Regulation

State Medical Facilities Plan