

Recommendations and Related Materials

*from the*

Long-Term and Behavioral Health  
Committee

*for the*

October 8, 2008

State Health Coordinating Council Meeting

**Long-Term and Behavioral Health Committee**  
**Recommendations to the N. C. State Health Coordinating Council**  
**October 8, 2008**

On September 26, 2008, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed 2009 State Medical Facilities Plan. Copies of Agency Reports, Petitions and Comments are included in the meeting information packet.

**Nursing Care Facilities:** Chapter 10 – pages 191 to 213 of the Proposed 2009 Plan.

One petition was received on the Nursing Care Facilities chapter of the Proposed 2009 Plan during the public comment period.

Jason R. Bartell petitioned for an adjusted need determination in Stanly County to allow for development of a 110 bed nursing home. The Committee recommends that the petition be denied.

Based on the standard methodology in the Proposed 2009 Plan there is, to date, a need determination for ten new nursing facility beds in Camden County. The committee recommends that the Nursing Care Facilities policies, assumptions, methodology and need determinations be approved.

**Adult Care Homes:** Chapter 11 – pages 215 to 247 of the Proposed 2009 Plan.

No petitions or comments were received on the Adult Care Homes chapter of the Proposed 2009 Plan during the public comment period.

Based on the standard methodology in the Proposed 2009 Plan there are, to date, 11 counties with need determinations for a total of 350 beds. The counties and number of beds are: Alexander – 10; Alleghany – 40; Camden – 20; Cherokee – 80; Dare – 50; Gates – 40; Hyde – 30; Jones – 30; Polk – 10; Tyrrell – 20; and, Washington – 20. The committee recommends that the Adult Care Homes policies, assumptions, methodology and need determinations be approved.

**Home Health Services:** Chapter 12 – pages 249 to 287 of the Proposed 2009 Plan.

One petition was received on the Home Health Services chapter of the Proposed 2009 Plan during the public comment period.

Personal Home Care of NC, LLC, petitioned for:

“Inclusion of an adjusted need determination for one home health agency in Mecklenburg County to address the special needs of the non-English speaking, non-Hispanic population. Qualified applicants should show evidence of fluency in multiple languages other than Spanish, including Russian and should have a track record of successfully serving the County.”

The Committee recommends that the petition be approved in part with conditions to be placed on the certificate of need if one were to be issued. The committee recommends that there be a need determination in the 2009 Plan for one home health agency in Mecklenburg County to address the special needs of the non-English speaking, non-Hispanic population and that qualified applicants should show evidence of fluency in multiple languages other than Spanish. The committee further recommends that the conditions outlined on the attached draft Table 12D be placed on the certificate of need.

Based on the standard methodology, there is no need determination for an additional Medicare-certified home health agency or office anywhere in the State. The committee recommends that the Home Health policy, assumptions, methodology and need determinations be approved

**Hospice Services:** Chapter 13 – pages 289 to 328 of the Proposed 2009 Plan.

Eight petitions and related comments were received during the public comment period on the Proposed 2009 Plan. Three of the petitions request removal of hospice home care office need determinations that were in the Proposed 2009 Plan. Four petitions request need determinations for inpatient hospice beds and one petition requests the removal of a need determination for inpatient hospice beds.

Hospice Home Care - 1: Hospice of Davidson County requests removal of the need determination for a new hospice home care agency in Davidson County. The committee recommends that the petition be approved.

Hospice Home Care - 2: Community Home Care of Vance County, Inc. d/b/a Community Home Care and Hospice requests removal of the need determination for a new hospice home care office in Johnston County. The Committee recommends that the petition be approved.

Hospice Home Care - 3: Hospice of Union County requests removal of the need determination for a new hospice home care office in Union County. The Committee recommends that the petition be approved.

Inpatient Hospice – 1: Hospice and Palliative Care Center of Alamance-Caswell requests an adjusted need determination for five additional hospice inpatient beds in Alamance County. The Committee recommends that the petition be approved. It is noted that there would be a need determination for five beds in the 2009 Plan unless revised data results in a need determination for six or more beds.

Inpatient Hospice – 2: Home Care Services of Haywood Regional Medical Center requests an adjusted need determination for six hospice inpatient beds in Haywood County. The Committee recommends that the petition be approved.

Inpatient Hospice – 3: Hospice of the Carolina Foothills requests elimination of the need determination for six inpatient hospice beds in Polk County. The Committee recommends that the petition be approved.

Inpatient Hospice – 4: Hospice of Scotland County requests an adjusted need determination for two hospice inpatient beds for Scotland County. The Committee recommends that the petition be approved.

Inpatient Hospice – 5: Hospice of Wake County requests an adjusted need determination for ten hospice inpatient beds for Wake County. The Committee recommends that the petition be approved.

Data revisions that have been received to date are reflected in updated Tables 13A, B and C. These tables are included with the Agency Report on the inpatient hospice petitions.

Based on the standard methodology using data submitted to date, and the above recommended need adjustments, there would be need determinations in the 2009 Plan for additional hospice home care offices in Cherokee and Wilkes counties.

Based on the standard methodology using data submitted to date, and the above recommended need adjustments, there would be need determinations in the 2009 Plan for hospice inpatient beds as follows: Alamance – 6, Bladen – 8, Cabarrus – 8, Catawba – 6, Craven – 7, Haywood – 6, Lee – 8, Lincoln – 6, Sampson – 11, Scotland – 2, Stokes – 7, Wake – 10, and Wilson – 8.

The committee recommends the Hospice assumptions, methodologies and need determinations be approved. It is noted that a Hospice Methodologies Task Force will be convened to fully evaluate the hospice home care and hospice inpatient need determination methodologies for the Proposed 2010 Plan.

**End-Stage Renal Disease Dialysis Facilities:** Chapter 14 – pages 329 to 334 of the Proposed 2009 Plan.

No petitions or comments were received on the End-Stage Renal Disease Dialysis Facilities chapter of the Proposed 2009 Plan during the public comment period.

The Committee recommends approval of the Proposed 2009 Plan Dialysis Chapter with inventory update.

**Psychiatric Inpatient Services:** Chapter 15 – pages 335 to 344 of the Proposed 2009 Plan.

The Committee recommends approval of Tables 15A, 15B and 15C, which were revised because of the July 2008 merger of the Foothills Local Management Entity (LME) with the Smoky Mountain Center LME. Please see the LME map in the Committee packet for more information. Since the Committee meeting, a correction in bed inventory has eliminated a need determination for eight adult psychiatric beds in Cumberland County, and has created a need determination for four child/adolescent beds in Cumberland County. Updated Tables 15B and 15C are attached.

There was one petition from Crossroads Behavioral Healthcare, Elkin, NC requesting that the State Health Coordinating Council:

- (1) Modify the proposed language in the 2009 State Medical Facilities Plan to require new psychiatric beds to be designated involuntary if the Local Management Entity needs beds for involuntary admissions; and
- (2) Prohibit the conversion of skilled care beds to psychiatric beds, and retain the provision requiring the conversion of excess licensed acute care beds to inpatient psychiatric beds.

The Committee recommends denial of the petition.

The Committee recommends approval of the Psychiatric Inpatient Services chapter policy, assumptions, methodologies and need determinations.

**Substance Abuse Inpatient and Residential Services:** Chapter 16 - pages 345 to 353 of the Proposed 2009 Plan.

Table 16B was revised to reflect the July 2008 merger of the Foothills LME with the Smoky Mountain Center LME. The Committee recommends approval of Table 16B. No petitions or comments were received on the Substance Abuse Inpatient and Residential Services chapter of the Proposed 2009 Plan during the public comment period.

The Committee recommends approval of the Substance Abuse Inpatient and Residential Services chapter assumptions, methodologies and need determinations.

**Intermediate Care Facilities for the Mentally Retarded:** Chapter 17 - pages 355 to 372 of the Proposed 2009 Plan.

Tables in Chapter 17 will be revised to reflect inventory changes due to the July 2008 merger of the Foothills Local Management Entity (LME) with the Smoky Mountain Center LME. No petitions or comments were received on the Intermediate Care Facilities for the Mentally Retarded chapter of the Proposed 2009 Plan during the public comment period.

The Committee recommends approval of the Intermediate Care Facilities for the Mentally Retarded Chapter assumptions, methodologies and need determinations.

### **Other**

The committee recommends authorizing staff to update narrative, tables and need determinations as data is received between the committee meeting and the Council meeting.

**Table 12D: Medicare-Certified Home Health Agency or  
Office Need Determination  
DRAFT FOR NC State Health Coordinating Council Meeting  
October 8, 2008**

*(Scheduled for Certificate of Need Review Commencing in 2009)*

It is determined that the county listed in the table below needs an additional Medicare-Certified Home Health Agency or Office as specified.

COUNTY	HSA	NUMBER OF NEW HOME HEALTH AGENCIES/OFFICES NEEDED	CON APPLICATION DUE DATE**	CON BEGINNING REVIEW DATE
Mecklenburg	III	1 (with conditions*)	To Be Determined	To Be Determined
It is determined that there is no need for additional Medicare-Certified Home Health Agencies or Offices anywhere else in the state and no other reviews are scheduled. ***				

\* There is a need determination for one home health agency in Mecklenburg County to address the special needs of the non-English speaking, non-Hispanic population. Qualified applicants should show evidence of fluency in multiple languages other than Spanish, including Russian.

In the event a certificate of need were to be issued in response to this need determination, the following conditions shall be placed on the certificate of need:

1. The Home Health Agency or Office shall actively market to and serve non-English speaking, non-Hispanic persons in Mecklenburg County.
2. The Home Health Agency or Office shall accept, within Medicare Conditions of Participation and North Carolina State licensure rules, referrals for non-English speaking, non-Hispanic persons in Mecklenburg County from home health agencies and others.
3. Following certification, the Home Health Agency or Office shall annually provide a notarized affidavit indicating the number of non-English speaking, non-Hispanic persons served in Mecklenburg County and that all qualified referrals of such persons were served. Absent demonstration to the satisfaction of the Certificate of Need Section that the Home Health Agency or Office has materially complied with representations made in the certificate of need application regarding the non-English speaking, non-Hispanic persons served in Mecklenburg County, the holder of the certificate of need agrees to surrender the certificate of need and cease to be a Medicare-Certified Home Health Agency or Office.
4. In the event of a change of ownership of the agency or office, the conditions of the certificate of need shall apply to all future owners of the Home Health Agency or Office.

\*\* Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (see Chapter 3).

\*\*\* While there would have been a need determination for Granville County based on Policy HH-3, there is an adjusted determination of no new need for a Medicare-Certified Home Health Agency or Office for Granville County for the 2009 Plan.

TABLE 15B: 2011 Projection of Psychiatric Bed Need By Local Management Entity (LME)

PART 1. PROJECTION OF CHILD/ADOLESCENT PSYCHIATRIC BED NEED FOR YEAR 2011

A LOCAL MANAGEMENT ENTITY (LME)	B 2007 <18 Days of Care	C 2007 <18 Population	D 2011<18 Population Projected	E 2011<18 Projected Days of Care (B x D)/C	F 2011 Adjusted Days of Care E-20%E	G <18 Number of Beds (F + 365)	H <18 Total Beds Needed (G + 75%)	I Psychiatric Bed Inventory Child/ Adolescent	Child/Adolescent Bed Need (Surplus/Deficit) (I - H) (Deficits are Shown as Minuses)
Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	1,274	105,854	107,888	1,298	1,039	3	4	0	-4
Western Highlands: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey	904	104,247	107,548	933	746	2	3	9	6
Pathways: Cleveland, Gaston, Lincoln	2,365	88,991	89,637	2,382	1,906	5	7	20	13
Mental Health Partners: Catawba, Burke	802	57,944	58,683	812	650	2	2	28	26
Mecklenburg	7,992	222,663	250,110	8,977	7,182	20	26	42	16
Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	3,000	179,799	196,519	3,279	2,623	7	10	5	-5
Crossroads: Surry, Iredell, Yadkin	1,124	64,718	68,783	1,195	956	3	3	0	-3
CenterPoint: Forsyth, Stokes, Davie	2,037	103,919	108,209	2,121	1,697	5	6	66	60
A - C - R: Alamance, Caswell, Rockingham	1,316	60,399	61,376	1,337	1,070	3	4	8	4
Guilford	2,112	110,625	114,935	2,194	1,755	5	6	32	26
OPC: Orange, Person, Chatham	1,625	47,264	49,464	1,701	1,361	4	5	28	23
Durham	1,314	61,422	66,134	1,415	1,132	3	4	12	8
Five County: Vance, Granville, Franklin, Warren, Halifax	1,201	56,547	56,548	1,201	961	3	4	0	-4
Sandhills: Anson, Hammett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	2,522	131,740	137,069	2,624	2,099	6	8	0	-8
Southeastern Regional: Robeson, Bladen, Columbus, Scotland	1,152	67,562	66,869	1,140	912	2	3	0	-3
Cumberland	1,309	83,599	81,454	1,275	1,020	3	4	0	-4
Johnston	990	42,078	47,625	1,121	896	2	3	0	-3
Wake	6,488	215,630	246,838	7,427	5,942	16	22	72	50
Southeastern Center: New Hanover, Brunswick, Pender	1,854	69,760	76,265	2,027	1,622	4	6	0	-6
Onslow - Carteret	1,731	53,210	53,254	1,732	1,386	4	5	20	15
Beacon Center: Edgecombe, Nash, Wilson, Greene	1,386	60,773	60,240	1,374	1,099	3	4	10	6
East Carolina Behavioral Health: Beaufort, Bertie, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton	1,892	91,136	92,543	1,921	1,537	4	6	10	4
Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	686	40,718	42,330	713	571	2	2	0	-2
Eastpointe: Duplin, Lenoir, Sampson, Wayne	1,587	74,178	75,099	1,607	1,285	4	5	20	15
<b>CHILD/ADOLESCENT STATE TOTALS</b>	<b>48,663</b>	<b>2,194,776</b>	<b>2,315,420</b>	<b>51,807</b>	<b>41,445</b>	<b>114</b>	<b>151</b>	<b>382</b>	

**TABLE 15B: 2011 Projection of Psychiatric Bed Need By Local Management Entity (LME)**

**PART 2. PROJECTION OF ADULT PSYCHIATRIC BED NEED FOR YEAR 2011**

LOCAL MANAGEMENT ENTITY	K 2007 18+ Days of Care	L 2007 18+ Population	M 2011: 18+ Population Projected	N 2011: Projected Days of Care (K x M)÷L	O Number of Beds Adults (N÷365)	P Total Adult Beds Needed (O ÷ 75%)	Q Adult Bed Inventory	Adult Bed (Surplus/ Deficit) (Q-P) (Deficits are Shown as Minuses)
Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	11,937	408,502	421,946	12,330	34	45	0	-35
2008 SMFP Need Determination for 10 Adult Beds							10	
Western Highlands: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey	14,963	391,492	410,756	15,699	43	57	134	77
Pathways: Cleveland, Gaston, Lincoln	14,858	282,014	295,593	15,573	43	57	57	0
Mental Health Partners: Catawba, Burke	9,751	184,003	190,144	10,076	28	37	116	79
Mecklenburg	20,305	640,172	717,791	22,767	62	83	84	1
Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	14,499	518,875	569,109	15,903	44	58	63	5
Crossroads: Surry, Iredell, Yadkin	7,172	196,701	211,903	7,726	21	28	16	
2007 SMFP Need Determination for 12 Adult Beds							12	0
CenterPoint: Forsyth, Stokes, Davie	13,158	321,285	341,253	13,976	38	51	104	53
A - C - R: Alamance, Caswell, Rockingham	7,005	197,838	204,012	7,223	20	26	36	10
Guilford	13,463	350,159	372,392	14,318	39	52	72	20
OPC: Orange, Person, Chatham	6,675	176,921	187,363	7,069	19	26	48	22
Durham	5,792	193,166	206,217	6,183	17	23	42	19
Five County: Vance, Granville, Franklin, Warren, Halifax	9,009	174,462	181,449	9,370	26	34	20	-14
Sandhills: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	13,742	396,875	421,267	14,587	40	53	60	7
Southeastern Regional: Robeson, Bladen, Columbus, Scotland	7,531	185,468	189,756	7,705	21	28	33	5
Cumberland	5,293	230,001	237,712	5,470	15	20	28	8
Johnston	5,084	115,189	130,469	5,758	16	21	20	-1
Wake	16,082	617,245	711,516	18,538	51	68	52	-16
Southeastern Center: New Hanover, Brunswick, Pender	11,152	269,812	303,142	12,530	34	46	62	16
Onslow - Carteret	5,653	179,560	187,994	5,919	16	22	10	-12
Beacon Center: Edgecombe, Nash, Wilson, Greene	8,503	183,068	187,944	8,729	24	32	57	25
East Carolina Behavioral Health: Beaufort, Bertie, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton	20,051	303,383	317,529	20,986	57	77	115	38
Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	4,376	141,997	149,912	4,620	13	17	0	-17
Eastpointe: Duplin, Lenoir, Sampson, Wayne	10,261	216,386	221,227	10,491	29	38	61	23
<b>ADULT STATE TOTALS</b>	<b>256,315</b>	<b>6,874,594</b>	<b>7,368,396</b>	<b>273,546</b>	<b>749</b>	<b>999</b>	<b>1,312</b>	

**Table 15C (1): 2011 Need Determination For Adult Psychiatric Inpatient Beds**

HSA	Local Management Entity (LME) and Counties	Adult Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	35	To be determined	To be determined
IV,VI	Five County: Vance, Granville, Franklin, Warren, Halifax	14	To be determined	To be determined
IV	Johnston	1	To be determined	To be determined
IV	Wake	16	To be determined	To be determined
VI	Onslow -Carteret	12	To be determined	To be determined
VI	Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	17	To be determined	To be determined
<b>It is determined that there is no need for additional Adult Psychiatric Inpatient Beds anywhere else in the State.</b>				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

**Table 15C (2): 2011 Need Determination For  
Child/Adolescent Psychiatric Inpatient Beds**

HSA	Local Management Entity (LME) and Counties	Child/Adolescent Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	4	To be determined	To be determined
II, III	Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	5	To be determined	To be determined
II, III	Crossroads: Surry, Iredell, Yadkin	3	To be determined	To be determined
IV, VI	Five County: Vance, Granville, Franklin, Warren, Halifax	4	To be determined	To be determined
II, IV, V	Sandhills: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	8	To be determined	To be determined
V	Southeastern Regional: Robeson, Bladen, Columbus, Scotland	3	To be determined	To be determined
V	Cumberland	4	To be determined	To be determined
IV	Johnston	3	To be determined	To be determined
V	Southeastern Center: New Hanover, Brunswick, Pender	6	To be determined	To be determined
VI	Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington	2	To be determined	To be determined
<b>It is determined that there is no need for additional Child/Adolescent Psychiatric Inpatient Beds anywhere else in the State.</b>				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date.

The filing deadline is absolute (See Chapter 3).