



## Long-Term and Behavioral Health Committee Minutes

May 11, 2012  
Brown Bldg. Room 104

### Medical Facilities Planning

MEMBERS PRESENT: Jerry Parks-Chairman, Don Beaver, Johnnie Farmer, Anthony Foriest, Ted Griffin, Zach Miller, Dr. T.J. Pulliam, Pam Tidwell
MEMBERS ABSENT: Frances Maoney
STAFF PRESENT: Nadine Pfeiffer, Elizabeth Brown, Jim Keene, Erin Glendening, Kelli Fisk
DHSR STAFF PRESENT: Craig Smith
AG's Office: Scott Stroud

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
Welcome & Announcements	<p>Mr. Parks welcomed members and guests.</p> <p>Mr. Parks stated the meeting is open to the public, but deliberations and recommendations are limited to the members of the LTBH Committee and staff, in order to respect the process of the SHCC.</p>		
Review of Executive Order No. 10 and 67: Ethical Standards for the State Health Coordinating Council	Mr. Parks reviewed Executive Orders No.10 and 67 "Ethical Standards for the State Health Coordinating Council" Guide, asking all members that as they introduce themselves to include if they would be recusing themselves from any items on today's agenda.		
Introductions	Mr. Parks inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. There were no recusals for today's meeting.		
Approval of April 13, 2012	A motion was made and seconded to accept the April 13, 2012 minutes.	Dr. Pulliam Mr. Beaver	Motion approved
Nursing Care Facilities – Chapter 10	<p>Mr. Keene provided an overview of the tables in Chapter 10.</p> <p>Mr. Keene stated that in Table 10A Inventory of Nursing Home and Hospital Nursing Care Beds, this table list everything that exist in the state with nursing beds, whether they are in a nursing home or hospital setting. Mr. Keens also stated this table provides the break out of beds that are not only licensed, but also the beds that are pending licensure that have been previous approved by CON but are not yet developed or ones that are previous years planned that are still available in the SMFP, but have not yet finished the CON process.</p> <p>Mr. Keene stated the background for the total available beds minus</p>		

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Recommendation	<p>exclusions, which has gone down slightly from last year's inventory. Mr. Keene noted the total planning inventory for beds is 44,226.</p> <p>Mr. Keene stated by county this total is pulled into the need projection table, which is Table 10B. Mr. Keene stated in Table 10B the projection population for 2016, which is the target need for need determination and projective utilization, is based on the beds per 1000 population.</p> <p>Mr. Keene stated the use rate per 1000 population had slightly increased for age under 65. He noted this is up from 0.59, which was used in the 2012 SMFP. Mr. Keene reported age group 65-74 is 57.7598 down from 7.72, age group 75-84 is 16.0879 this is down from 25.69 and for age 85 and up 70.6390 this is down from 90.39. Mr. Keene noted the use rate per 1000 population has dropped.</p> <p>Mr. Keene stated there are no additional nursing care bed needs for review for the 2014 planning cycle.</p> <p>A motion was made and seconded to accept the nursing care facilities policies, assumptions and methodology and advancing years by one for inclusion in the 2013 SMFP.</p>	Dr. Pulliam Mr. Foriest	Motion approved
Adult Care Homes - Chapter 11	<p>Mr. Keene noted that staff has worked hard at merging the data from the adult care home database, hospital licensure renewal data base and the nursing home licensure data base. Mr. Keene state that in combining these data bases this has provided the last and most up-to-date information.</p> <p>Mr. Keene stated that in Table 11A the adult care homes are listed by counties of existing adult care homes.</p> <p>Mr. Keene stated in Table 11B indicates the summary of data from the previous print out, and the projective 2016 population target population for need projections.</p> <p>Mr. Keene noted there were four markers that met the threshold for need determinations in the following counties: Alexander County 20 beds, Graham County 20 beds, Polk County 40 beds and Pamlico 30 beds.</p> <p>Mr. Keene reported there was a slight increase between 2012-2013 in rate per 1000 population for the under 65-age group, but a decline in the other four age groups.</p>		

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Recommendations	A motion was made and seconded to accept the adult care home policies, assumptions and methodology and advancing years by one for inclusion in the 2013 SMFP.	Dr. Pulliam Mr. Foriest	Motion approved
Home Health Services - Chapter 12	<p>Ms. Brown stated in Table 12A the home health data is listed by county of patient of origin for 2011 data. Ms. Brown stated the data was from the 2012 annual data supplement licensure applications. Ms. Brown noted that all materials that were posted were in draft form as this is a continuing process and can effect the need determinations.</p> <p>Ms. Brown reported in Beaufort County, Beaufort Regional Home Care had an ownership change. Ms. Brown stated they were purchased by University Health Systems Home Health and Hospice they are now Vidant Health. Ms. Brown stated this home care reported on their 2010 data 303 patients and that number dropped to 26 in this years supplement. Ms. Brown stated they only reported one months worth of data. Ms. Brown noted they were open for 12 months but reported data for one month due to change of ownership. Ms. Brown noted they have agreed to resubmit the data.</p> <p>Ms. Brown contacted Guardian House Services in Catawba County and asked that they resubmit their data.</p> <p>Ms. Brown reported that she contacted Advance Home Care in Stanly County which has agencies in Cabarrus and Guilford County due to their numbers of patients by age group were identical including total number of patients in both counties. Ms. Brown asked that they check Stanly County numbers along with all numbers reporting for the each of their counties due to total number of patients were the same as total number of visits. Ms. Brown stated once the data was resubmitted for both counties, the revised numbers for both agencies including Forsyth County the numbers that was resubmitted and license number HC0297 came back with every age category including the total number of patients served. Ms. Brown noted last month the committee received a petition from Wake Hospice Horizon Home Care petitioning for the threshold to change from 275 to 325 and to look at the data. Ms. Brown stated that previously posted was need determinations with both variations A threshold of 275 and variation B a threshold of 325. Ms. Brown stated when staff ran a comparison of the data at 275 to 325 the need determination was the same when staff received the revised data from Forsyth County, the need determination for Forsyth County at 325 was elimated by one patient. It came in at 324.</p> <p>Ms. Brown reviewed Table 12B and stated nothing stood out. Ms. Brown noted the military population was adjusted for one age group, that age group</p>		

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Recommendations	<p>was 18-54. Ms. Brown review Table 12C and again nothing stood out. Mr. Brown noted where the need projection showed up staff ran data for two different thresholds, one at 275 this showed one need projection in Forsyth County and one need projection in Brunswick County. Ms. Brown stated the data was run with the threshold at 325 there was only one need projection and this was in Brunswick County.</p> <p>A motion was made and seconded to accept the home health services policy, assumptions and methodology and to advance years by one for inclusion in the Proposed 2013 SMFP.</p>	Mr. Griffin Mr. Farmer	Motion approved
Hospice Services - Chapter 13	<p>Ms. Brown reviewed Table 13A: Hospice Data by County of Patient Origin. Ms. Brown noted the information is based on the Hospice Agency 2012 annual data supplement licensure. Ms. Brown noted that this information is self-reported data by the providers. Ms. Brown reported the big change was in Anson County due to Hospice of Anson County being purchased by Hospice of Union County. Ms. Brown stated there are several providers that staff are working with to obtain the data.</p> <p>Ms. Brown reviewed Table 13B: Hospice Home Care Office Need Projections. Ms. Brown stated staff continues to wait on revised data from several providers. Ms. Brown stated there are need projections in three different counties for hospice home care office, Granville County for one, Warren County for one and Cumberland County for one.</p> <p>Ms. Brown stated in Table 13B:1 includes addition of new facilities, Crystal Coast Hospice House a CON has been approved for six beds, Hospice Home of Alamance and Caswell County, CON approved six beds they now have 14 licensed beds, in Randolph County, Randolph Hospice House CON approved six beds they now are licensed for 12 inpatient beds and Johnston Memorial had a name change to SECU Hospice House of Johnston Health. Ms. Brown noted there are 350 total licensed hospice inpatient beds and 118 beds that are pending licensure.</p> <p>Ms. Brown stated an that Table 13B:2 has been updated to reflect all the beds that come on line based on information received from the data supplement or information that staff have confirmed with acute care licensure and certification. Ms. Brown noted the occupancy rates in Table 13B:2 is accurate,</p> <p>Ms. Brown stated the only change in Table 13E was Crystal Coast Hospice House has a pending CON for four residential beds.</p>		

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Recommendations	<p>In Table 13F, Ms. Brown indicated there was only one change.</p> <p>Ms. Brown noted the draft need determinations for inpatient beds, McDowell six, Lincoln six, Mecklenburg six, Chatham six, Craven eight and Onslow seven.</p> <p>A motion was made and seconded to accept the hospice services assumptions and methodology and to advance years by one for inclusion in the Proposed 2013 SMFP.</p>	Dr. Pulliam Mr. Miller	Motion approved
End-Stage Renal Disease Dialysis Facilities Chapter 14	<p>Ms. Brown reviewed the proposed language</p> <p><b>Changes from the Previous Plan</b></p> <p>One substantive change has been recommended for the dialysis need methodology in the Proposed 2013 State Medical Facilities Plan. In response to a petition, the Long-Term and Behavioral Health Committee (<i>later, if adopted...this will be changed to "the Council"</i>) has recommended removing Veteran's Administration (VA) patients receiving dialysis treatments at VA dialysis clinics from the patient data by county, which is used to project County Need. Dialysis facilities operated by the VA are not regulated by Certificate of Need. Removing these patients from the County Need projections will avoid potential duplication of services for individuals who have access to treatment through the VA based on military service that are not available to the general public.</p> <p>Veterans receiving dialysis services in non-VA dialysis facilities will continue to be included in the data by county of patient origin, which is used to project need for additional dialysis stations in community-based dialysis facilities that are regulated by Certificate of Need.</p> <p>No other changes in the dialysis policy or in the dialysis need methodology have been recommended for the Proposed 2013 State Medical Facilities Plan. Dates have been advanced by one year, as needed to represent the time period for the 2013 Plan.</p> <p><b>Basic Principles</b></p> <p>7. Facilities reporting no patients through the Southeastern Kidney Council for four consecutive Semiannual Dialysis Reports, beginning from March 1997, will be excluded from future inventories.</p>		

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Recommendations	<p><b>Sources of Data</b></p> <p><b>Dialysis Patient Data:</b></p> <p><i>(...at the end of the current wording, with revised dates...add the following:)</i>  <b>Data by county of patient origin provided through the SEKC will exclude patients receiving services at dialysis facilities operated by the Veterans Administration that are not regulated by Certificate of Need.</b></p> <p>A motion was made to recommend acceptance of end-stage renal disease dialysis policies, assumptions and methodology and to advance years by one for inclusion in the Proposed 2013 SMFP.</p>	Ms. Tidwell Dr. Pulliam	Motion approved
Psychiatric Inpatient Services - Chapter 15	<p>Mr. Keene reviewed the new LME maps stating the methodology will need to be tweaked due to last years plan that indicated each step explained below is applied to the 23 local management entities to arise at surplus or decepits. Mr. Keene stated the 23 are now 11 due to the proposed groupings that will be in place by the time the 2013 SMFP becomes available. Mr. Keene noted this reorganization attempt would affect Chapters 15, 16 and 17.</p> <p>Mr. Keene briefly reviewed Table 15A stating the data source is received from Thompson Reuters.</p> <p>Mr. Keene stated in Table 15B showed the target year for 2015 by the new LME map. Mr. Keene stated the days of care are provided by Thompson Reuters and this is projective against the population for 2015 as this is a percentage of day's care they are anticipating. Mr. Keene stated that both need projections are anticipated occupancy rates at 75%. Mr. Keene stated in Table 15B the Smokey Mountain area projective deficits of five.</p> <p>Mr. Keene stated in Table 15C:1 there is an anticipated projective need for five additional child adolescent psychiatric beds in the Smokey Mountain area. Mr. Keene stated in Table 15B days of care were applied to projective population for 18 and above for 2015 with three service areas with projective needs: Durham, Wake, Johnston, Cumberland 12, Partners BHM – Burke, Catawba, Lincoln, Gaston, Cleveland, Iredell, Yadkin, Surry and Davidson 17 adult beds and Smokey Mountain 26 adult beds.</p>		

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Recommendations	A motion was made and seconded to accept the psychiatric inpatient services policies, assumptions and methodology to advance years by one for inclusion in the Proposed 2013 SMFP.	Mr. Foriest Mr. Beaver	Motion approved
Other Business	Mr. Parks made a motion to form a workgroup to study the end stage renal section in Chapter 13.		Motion denied All opposed
Substance Abuse/Chemical Dependency Introduction; Chapter 16           Recommendations	<p>Mr. Keen reviewed Table 16A stating the detox only beds are not counted in this inventory. Mr. Keene stated the totals were broken down by adult and child adolescent and are grouped by the eastern, central and western regions.</p> <p>Mr. Keene stated Table 16B was grouped by the three main regions stating this group had canceled out some of the needs in previous years planned. Mr. Keene noted this is where taking larger geographic areas and grouping them together has actually had an affect on the projective needs.</p> <p>Mr. Keene stated that Table 16C showed no additional need for child adolescent chemical dependency beds.</p> <p>Mr. Keene reported that Table 16D showed no need for adult substance abuse treatment beds.</p> <p>A motion was made and seconded to accept the substance abuse/ chemical dependency policy, assumptions and methodology to advance years by one for inclusion in the Proposed 2013 SMFP.</p>	Dr. Pulliam Mr. Beaver	Motion approved
Intermediate Care Facilities Introduction; Chapter 17           Recommendations	<p>Mr. Keene stated Table 17A showed inventory, which had been regroup by the new LME maps.</p> <p>Mr. Keene reported in Table 17B indicated the number of ICF-MR's that are remaining in the state. Mr. Keene noted there were no additional needs for ICF-MR beds.</p> <p>A motion was made and seconded to accept the intermediate care facilities for the mentally retarded policy, assumptions and methodology to advance years by one for inclusion in the Proposed 2012 SMFP.</p> <p>Mr. Parks entertained a motion to allow staff to update narratives, tables and need determinations for the Proposed 2013 Plan as new and corrected data is received.</p>	Dr. Pulliam Mr. Farmer	Motion approved
Other Business	Mr. Parks entertained a motion to form a work group to study end stage renal section in Chapter 14.		Motion denied All opposed
Adjournment	Mr. Parks entertained a motion to adjourn the meeting.		Motion approved

