

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Introductions	Dr. Pulliam asked members and staff to introduce themselves. All members stated their name and their profession/employer and SHCC appointment type followed by staff.		
Approval of Minutes from March 7, 2012	A motion was made and seconded to approve the minutes of March 7, 2012.	Dr. Clements Dr. Greene	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. Sandra Greene reviewed recommendations from the Acute Care Services Committee, which met twice after the March Council meeting, first on April 11th and again on May 8th.</p> <p>Chapter 5: Acute Care Hospital Beds Dr. Greene reported the Committee reviewed and discussed policies, methodology and assumptions for acute care beds, including a recommendation regarding Step 8 of the methodology. Additional suggested wording for Step 8 would clarify the need determination threshold as being a projected deficit of 20 or more beds or 10 percent of the total bed inventory for hospitals under common ownership in a service area.</p> <p><u>Committee Recommendation</u> The Committee recommended that the language be included in Chapter Five of the 2013 Proposed Plan, with no other changes to the methodology or policies.</p> <p>Committee members reviewed draft Tables 5A, 5B and 5C. The standard methodology indicated a need for additional acute care beds in the following service areas: 119 beds in Cumberland-Hoke, 40 beds in Mecklenburg, and 24 new beds in Pitt-Greene-Hyde.</p> <p>Dr. Greene discussed hospital data discrepancies exceeding +- 5% between Licensure and Thomson Reuters acute days of care. She reminded committee members that work would occur during the summer to improve discrepant data, and that they would be notified if need projections changed.</p> <p><u>Committee Recommendation for Chapter Five</u> The Committee recommended accepting the Acute Care Bed policies, methodology and assumptions, with additional language as noted above. The Committee further recommended accepting draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p>Chapter 6: Operating Rooms Dr. Greene reported the Committee reviewed the operating room methodology and draft tables, and received an update regarding evaluation of the Single Specialty Ambulatory Surgery Facility Demonstration Project.</p> <p><u>Data Source in the Standard Methodology</u> Committee members discussed whether Thomson Reuters data should replace data from Hospital License Renewal Applications and Ambulatory Surgery Facility License Renewal Applications (“Licensure”) to determine need for operating rooms. In response to Dr. Greene’s request that hospitals comment on using Thomson Reuters instead of Licensure data, hospital representatives reported difficulties in reconciling differences between the two data sources. Committee members reviewed need projections resulting from using</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>2010 and 2011 data from Licensure and Thomson Reuters. Discussion focused on variations in where Thomson Reuters procedures were performed. Committee members expressed concern that the Thomson Reuters data, may not adequately reflect utilization of operating rooms in the state; however, the overall proposal of using Thomson data warranted additional study and exploration for the 2014 SMFP.</p> <p><u>Committee Recommendation</u> The Committee recommended using 2011 Licensure data for the Proposed 2013 SMFP, and a workgroup to explore using Thompson Reuters data as the source of surgical data for the 2014 Proposed SMFP.</p> <p><u>Clarifying Language in Step 4m of the Standard Methodology</u> The Committee reviewed and discussed a staff recommendation regarding Step 4m of the methodology. The suggested sentence stated that operating rooms in service areas where all facilities were chronically underutilized would be included in the need determination step. The clarifying language would be consistent with the instruction to exclude operating rooms in chronically underutilized facilities in service areas with more than one licensed facility.</p> <p><u>Committee Recommendation</u> The Committee recommended that the language be included in Chapter Six of the 2013 Proposed Plan.</p> <p><u>Update Regarding Single Specialty Ambulatory Surgery Facility Demonstration Projects Evaluation</u> Two demonstration projects received certificates of need, and Piedmont Outpatient Surgery Center was licensed in February. Committee members reviewed and discussed drafts of the project evaluation questionnaire, and heard that the Certificate of Need Section would lead the evaluation, in collaboration with the Planning Branch.</p> <p>Dr. Greene noted the Committee reviewed draft Table 6D: Endoscopy Room Inventory.</p> <p><u>Committee Recommendation for Chapter Six</u> The Committee recommended accepting the operating room methodology and assumptions, with no changes other than the additional language noted above. The Committee recommended accepting draft tables and need determinations, which at the time showed need for one operating room in Forsyth County. After the May 8th Committee meeting, there was a change in need determinations due to updated population estimates to need for one additional operating room in Dare County, and no need anywhere else in the state. The Committee accepted draft tables with the understanding that staff would make updates as needed.</p> <p>Chapter 7: Other Acute Care Services Dr. Greene reported the Committee received no petitions or comments for Chapter Seven. The Committee reviewed policies, methodologies and assumptions for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. Staff presented draft Tables 7A, 7B, 7E and 7F, and noted that there were no need determinations for additional services at this time.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Committee Recommendation for Chapter Seven</u> The Committee recommended accepting the policies, methodology and assumptions for other acute care services in Chapter Seven. The Committee further recommended accepting draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p>Chapter 8: Inpatient Rehabilitation Services Dr. Greene reported that the Committee received no petitions or comments related to Inpatient Rehabilitation Services. She noted the Committee reviewed the methodology and assumptions for Inpatient Rehabilitation Services, as well as a draft of Table 8A. Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state.</p> <p><u>Committee Recommendation for Chapter Eight</u> The Committee recommended accepting the methodology and assumptions for Inpatient Rehabilitation Services. The Committee further recommended accepting draft Table 8A, with the understanding that staff would make updates as needed.</p> <p>Other Action Dr. Greene made a motion to accept the recommendations of the Acute Care Services Committee and authorized staff to update narratives, tables and need determinations for the Proposed 2013 Plan as new and corrected data were received.</p>	Dr. Greene Mr. Young	Motion approved
<p>Recommendations from the Technology & Equipment Committee</p>	<p>Dr. Dennis Clements provided the Technology & Equipment Committee Report. The Committee met on May 9, 2012 to consider policies, assumptions, methodologies and petitions for Linear Accelerators, Positron Emission Tomography (PET) Scanners, Lithotripsy, Gamma Knife, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2013 State Medical Facilities Plan.</p> <p><u>Recommendations Related to Lithotripsy Services</u> Dr. Clements reported there were no petitions or comments on this Section of this Chapter.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available resulted in no need determinations. The inventory and draft need determinations were subject to further changes.</p> <p><u>Recommendations Related to Gamma Knife Services</u> Dr. Clements reported there were no petitions or comments on this Section of this Chapter.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available resulted in no need determinations. The inventory and draft need determinations were subject to further changes.</p> <p><u>Recommendations Related to the Linear Accelerators</u> Dr. Clements noted there were no petitions or comments on this Section of this Chapter.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year as appropriate.</p> <p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available resulted in no need determinations. The inventory and draft need determinations were subject to further changes.</p> <p><u>Recommendations Related to Positron Emission Tomography (PET) Scanners</u> Dr. Clements noted there were no petitions or comments on this Section of this Chapter.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available resulted in a need determination for one fixed PET Scanner in HAS II. The inventory and draft need determinations were subject to further changes.</p> <p><u>Recommendations Related to Magnetic Resonance Imaging (MRI) Scanners</u> Dr. Clements noted there were no petitions or comments on this Section of this Chapter.</p> <p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available, resulted in a need determination for one fixed MRI Scanner in Rutherford MRI Service Area. The inventory and draft need determinations were subject to further changes.</p> <p><u>Recommendations Related to Cardiac Catheterization Equipment</u> Dr. Clements noted there were no petitions or comments on this Section of this Chapter.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Committee Recommendation</u> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2013 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p>The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. Application of the methodology based on data and information currently available, resulted in a need determination for one additional unit of fixed cardiac catheterization equipment in the Cardiac Catheterization Service Area of Craven/Jones/Pamlico. The inventory and draft need determinations were subject to further changes.</p> <p>Other Action Dr. Clements made a motion to approve the Technology & Equipment Committee recommendations and authorized staff to update narratives, tables and draft need determinations for the Proposed 2013 Plan as new and corrected data were received. Mr. Ludwig recused from voting stating there was a need determination in Craven County, which is the county where he is employed</p>	<p>Dr. Clements Dr. Teasley</p>	<p>Motion approved Mr. Ludwig recused from voting.</p>
<p>Recommendations from the Long-Term & Behavioral Health Committee</p>	<p>Mr. Parks provided the report for the Long-Term and Behavioral Health Committee. The Long-Term and Behavioral Health (LTBH) Committee met twice after the March Council meeting, first on April 13 and again on May 11.</p> <p>The topics reviewed and discussed at the April 13 meeting included:</p> <ul style="list-style-type: none"> - Current Long-Term and Behavioral Health policies and methodologies; - A petition, labeled as an Adult Care Home Demonstration Project, to offer an alternative for residents of Special Care Units with Alzheimer’s disease with violent behaviors; - An adult care home petition requesting a merger of the service areas of Hyde County and Tyrrell County. - Two petitions were received to amend the Home Health need methodology. - Three petitions were received to amend the End-Stage Renal Disease need methodology. <p>The topics reviewed and discussed at the May 11 meeting included:</p> <ul style="list-style-type: none"> - Recommendation made by the LTBH Committee to approve the petition submitted by Hospice of Wake County, Inc./Horizons Home Care requesting to modify the home health agency need methodology by increasing the deficit threshold for a need determination, and corresponding placeholder, from 275 patients to 325 patients. - Preliminary drafts of need projections generated by the standard methodologies. - The need to form a work group to study the End-Stage Renal Disease methodologies. - The new Local Management Entities (LME) maps demonstrating 23 LMEs transitioning to 11 LME/MCOs by January 2013. - <p>The Committee’s recommendations for the Long-Term and Behavioral Health Services Chapters, chapters 10-17, of the Proposed 2013 State Medical Facilities Plan (SMFP) are as follows:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 10: Nursing Care Facilities Mr. Parks reported that the Committee received no petitions or comments related to Nursing Care Facilities.</p> <p><u>Committee Recommendation for Chapter 10</u> The Committee recommended accepting the policies, methodology and assumptions for nursing care facilities in Chapter 10. Application of the standard methodology indicated no additional need for Nursing Care beds. The Committee further recommended accepting the draft need determinations. The inventory and draft need determinations were subject to further changes.</p> <p>Chapter 11: Adult Care Homes There were two petitions and one comment related to this chapter.</p> <p><u>Petition from Meridian Senior Living, LLC</u> The petition requested inclusion in the 2013 SMFP of a special need determination for a multidisciplinary Adult Care Home demonstration project in Alexander County offering an alternative to psychiatric commitment for residents of Special Care Units with Alzheimer’s disease who display violent behavior and whom the petitioner states require supervision beyond which many Special Care Units in adult care homes can provide. The Committee received no comments. The Committee recommended denial of this petition.</p> <p><u>Second petition from Meridian Senior Living, LLC; Hyde County Board of Commissioners Tyrrell County Board of Commissioners</u> The petition requested an adjustment to the service areas of Hyde County and Tyrrell County to combine them into a single service area with regard to adult care home beds that would allow an adult care home to be built that would serve the residents of both counties and would be large enough to take advantage of economies of scale and therefore be financially feasible. The Committee received a comment from the North Carolina Northeast Commission in support of this petition. The Committee recommended approval of the petition and combining Hyde and Tyrrell counties into a single service area for the Adult Care Home methodology for the 2013 SMFP.</p> <p>Mr. Parks reported the application of the standard methodologies based on data and information currently available resulted in the following draft need determinations for Adult Care Home beds: Alexander County - 20 beds; Graham County – 20 beds; Polk County – 40 beds; Davidson County – 40 beds; Pamlico County – 30 beds.</p> <p><u>Committee Recommendation for Chapter 11</u> The Committee recommended accepting the policies, methodology and assumptions in Chapter 11. The Committee further recommended accepting draft need projections with the understanding that staff would make updates as needed. The inventory and need determinations are subject to further changes.</p> <p>Chapter 12: Home Health Services Mr. Parks reported there were two petitions and one comment related to this Chapter.</p> <p><u>Petition from Hospice of Wake County, Inc., Horizons Home Care</u> The petition requested to modify the home health agency need methodology by increasing the deficit threshold for need determination, and corresponding placeholder, from 275 patients to 325 patients. Analysis and</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>background information regarding the petition are available on the Medical Facilities Planning website. The Committee recommended approval of the petition.</p> <p><u>Petition from Carolinas HealthCare System</u> The petition requested to convene a work group to review the home health agency need methodology. The Committee recommended denial of this petition.</p> <p>Mr. Parks reported the application of the standard methodology based on data and information currently available resulted the following draft need determination for a Home Health Agency or Office in Forsyth County.</p> <p><u>Committee Recommendation for Chapter 12</u> The Committee recommended the current assumptions and methodology be accepted except as modified by recommended action on the petition from Hospice of Wake County, Horizons Home Care (affecting threshold and placeholder) for the Proposed 2013 Plan. The Committee further recommended accepting draft need projections with the understanding that staff would make updates as needed. The inventory and need determinations were subject to further changes.</p> <p>Chapter 13: Hospice Services Mr. Parks reported there were no petitions or comments on this chapter. Application of the standard methodologies based on data and information currently available resulted in two need determinations for Hospice Home Care Offices: one in Granville County and one in Cumberland County and 39 need determinations for Hospice Inpatient Beds: McDowell County – 6 beds; Lincoln County -6 beds; Mecklenburg County – 6 beds; Chatham County – 6 beds; Craven County - 8 beds; and Onslow County - 7 beds.</p> <p><u>Committee Recommendation for Chapter 13</u> The Committee recommended accepting the policies, methodology and assumptions in Chapter 13. The Committee further recommended accepting draft need projections with the understanding that staff would make updates as needed. The inventory and need determinations were subject to further changes.</p> <p>Chapter 14: End-Stage Renal Disease Dialysis Facilities Mr. Parks stated there were three petitions and one comment related to this Chapter.</p> <p><u>Petition from Fresenius Medical Care, NA</u> The petition requested the utilization standard for existing facilities be increased from 80 percent to 95 percent before new dialysis stations could be added. In addition, the petitioner sought to increase the minimum size for a new dialysis facility from 10 to 12 stations. The Committee received comments from DaVita, another major provider of dialysis in North Carolina that indicated they were “categorically” opposed to requested changes to the dialysis need methodology as proposed in this petition. The Committee recommended denying this petition.</p> <p><u>Second Petition from Fresenius Medical Care, NA</u> The petition requested isolation/separation stations be excluded from the dialysis station methodology, allowing existing and approved dialysis facilities to develop isolation/separation stations outside of the scope of Certificate of Need (CON). The comments from DaVita indicated that all additions to hemodialysis stations were subject to Certificate of Need review. The Committee recommended denying this petition.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Petition from Bio-Medical Applications of North Carolina, Inc.</u> The petition requested the methodology used for determining county need for new dialysis stations be amended by removing Veteran’s Administration (VA) patients receiving treatment at VA dialysis clinics from the patient census data by county. The Committee recommended approving this petition.</p> <p>Mr. Parks stated the need for new dialysis stations is determined two times each calendar year. Determinations are made available in the North Carolina Semiannual Dialysis Report (SDR). He also reported the Committee decided not to establish a work group to consider further changes to the ESRD methodology for the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation for Chapter 14</u> The Committee recommended adoption of the recommended end-stage renal disease narrative language and additional narrative language be included in Chapter 14 narrative of the Proposed 2013 SMFP to address the removal of Veteran’s Administration patients receiving dialysis treatments at VA Dialysis clinics from the patient data clarifying this substantive change for the dialysis need methodology.</p> <p>Chapter 15: Psychiatric Inpatient Services Mr. Parks reported there were no petitions or comments received related to this chapter. Application of the standard methodology based on data and information currently available resulted in a draft need determination for Child Psychiatric Inpatient Beds in the Smoky Mountain LME-MCO for 5 beds. It also resulted in draft need determinations for Adult Psychiatric Inpatient Beds: Durham/Wake/Johnston/Cumberland LME-MCO, 12 beds; Eastern Coastal Care LME-MCO, 17 beds; Smoky Mountain LME-MCO, 26 beds.</p> <p><u>Committee Recommendation for Chapter 15</u> The Committee recommended accepting the policies, methodology and assumptions in Chapter 15. The Committee further recommended accepting draft need projections with the understanding that staff would make updates as needed. The inventory and need determinations were subject to further changes.</p> <p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds) Mr. Parks stated there were no petitions or comments received related to this chapter. Application of the standard methodology based on data and information currently available resulted in draft need determinations for Child Substance Abuse Inpatient & Residential Service Beds: Eastern Region, 2 beds; Central Region, 5 beds; Western Region, 13 beds. It resulted in no draft need determinations for Adult Substance Abuse Inpatient & Residential Service Beds anywhere in the state.</p> <p><u>Committee Recommendation for Chapter 16</u> The Committee recommended accepting the policies, methodology and assumptions in Chapter 16. The Committee further recommended accepting draft need projections with the understanding that staff would make updates as needed. The inventory and need determinations were subject to further changes.</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities Mr. Parks reported that the Committee received no petitions or comments related to Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Committee Recommendation for Chapter 17</u> The Committee recommended accepting the policies, methodology and assumptions for intermediate care facilities for individuals with intellectual disabilities in Chapter 17. Application of the standard methodology indicated no additional need determinations for intermediate care facilities for individuals with intellectual disabilities. The Committee further recommended accepting the draft need determinations. The inventory and need determinations are subject to further changes.</p> <p>Other Action Mr. Parks made a motion to approve the Long-Term & Behavioral Health Committee recommendations and authorized staff to update narratives, tables and need determinations for the Proposed 2013 Plan as new and corrected data were received.</p>	Mr. Parks Dr. Clements	Motion approved
Comments Regarding the Public Hearings	Ms. Nadine Pfeiffer reviewed the six public hearings and locations that would take place beginning July 13 th with the final public hearing on August 1, 2012. She encouraged Council members to attend these public hearings. Ms. Pfeiffer stated the August 1, 2012 Public Hearing would take place in the same room as this meeting of the SHCC.		
Adoption of the Proposed 2013 State Medical Facilities Plan	<p>Dr. Pulliam asked for a motion to adopt the Proposed 2013 State Medical Facilities Plan, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p> <p>Council members unanimously approved the motion to adopt the Proposed 2013 SMFP and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p>	Dr. Clements Dr. Greene Mr. Parks Mr. Young	Motion approved Motion approved
Adjournment	There being no further business, Dr. Pulliam asked for a motion to adjourn the meeting. All Council members approved the motion to adjourn the meeting.	Dr. Greene Mr. Farmer	Motion approved