



**State Health Coordinating Council Meeting
Minutes
October 3, 2012
10:00 a.m.
Brown Building, Raleigh, North Carolina**

Members Present: Dr. T. J. Pulliam Chair, Bill Bedsole, Greg Beier, Dr. Richard Bruch, Dr. Dennis Clement, Johnny Farmer, Anthony Foriest, Dr. Sandra Greene, Ted Griffin, Harold Hart, Laurence Hinsdale, Daniel Hoffmann, Dr. John Holt, Jr., Dr. Eric Janis, Dr. Brenda Latham-Sadler, Tim Ludwig, Frances Mauney, Mike Nagowski, Jerry Parks, Dr. Prashant Patel, Dr. Deborah Teasley, Pam Tidwell, Dr. Christopher Ullrich, John Young
Members Absent: Don Beaver, Dr. Don Bradley, Dr. Leslie Marshall, Zach Miller
MFPB Staff Present: Nadine Pfeiffer, Elizabeth Brown, Carol Potter, Shelley Callaway, Selena Youmans, Erin Glendening, Kelli Fisk
DHSR Staff Present: Drexal Pratt, Cheryl Ouimet, Craig Smith, Lisa Pittman
AG's Office: Scott Stroud

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Pulliam welcomed Council members, staff and visitors to the third meeting of the planning cycle for the N.C. 2013 State Medical Facilities Plan. He acknowledged the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff.</p> <p>All attendees stood for a moment of silence in memory of Representative William Wainwright.</p> <p>Dr. Pulliam stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2013 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. He stated action would be taken on up-dated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval.</p> <p>The members introduced themselves by stating their name, profession/employer and SHCC appointment type followed by staff introductions.</p>		

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Introductions	Mr. Pratt introduced Ms. Shelley Carraway as the new Planner for the Medical Facilities Planning Branch.		
Review of Executive Order No. 10 & 67	<p>Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order Nos. 10 and 67. Dr. Pulliam inquired if any member had a conflict of interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. He asked members to declare conflicts as other items arose that were not on the agenda. Mr. Nagowski recused from voting on the Cape Fear Valley Health System petition, Mr. Ludwig recused from voting on the Technology & Equipment petitions, Ms. Tidwell recused from voting on the CarePartners and Palliative Care and the Four Seasons Compassion for Life petition, Dr. Janis recused from the Johnston Health petition and Dr. Clements recused from voting on the Duke University Health Systems dba Duke Raleigh Hospital petition.</p> <p>Dr. Pulliam requested of members to make a declaration of the conflict if a conflict of interest arose for a member during the meeting.</p>		
Approval of Minutes from May 30, 2012	A motion was made and seconded to accept the minutes of May 30, 2012.	Dr. Ullrich Dr. Greene	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. Sandra Greene presented the report from the Acute Care Services Committee.</p> <p>Chapter 5: Acute Care Beds</p> <p>Dr. Greene reported that the committee reviewed the list of hospitals with discrepancies greater than \pm five percent between their 2011 Truven Health Analytics (“Truven”) and Division of Health Service Regulation Hospital License Renewal Application acute care days of care data. The committee directed staff to place a note in the NC 2013 SMFP for hospitals unable to reconcile the data within the criterion. Dr. Greene further noted that the refreshed Truven data did not change acute care bed need determinations from the 2013 Proposed SMFP, which were one bed in Bertie County, 119 beds in Cumberland-Hoke, 40 beds in Mecklenburg, and 24 beds in Pitt-Greene-Hyde service areas for a total of 184 additional beds needed statewide.</p>		

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	<p><u>Petitioner: Cape Fear Valley Health System</u> The petitioner requested that the need determination for 119 acute care beds in the Cumberland-Hoke service area be reduced to zero in the 2013 SMFP.</p> <p><u>Committee Recommendation:</u> The committee discussed the petition and agency report, which recommended that the petition be approved. The discussion included concerns about approving the petition, such as the large size of the need generated by the methodology (119 beds), the implications and message sent by not following the methodology, and the precedent set by considering bed surpluses outside the service area to decide about a petition for one service area. In discussing positive aspects of approving the petition, comments focused on the potential impact of the two new hospitals approved for Hoke County, particularly in light of the relatively small population of Hoke County - 46,000 to 47,000 people. Members noted the benefits of seeing if the high bed utilization rate continues into next year, and the likelihood that need for additional acute care beds would occur in next year's Plan. The committee recommended to the SHCC approval of the petition to decrease the need determination for acute care beds in the Cumberland-Hoke service area from 119 to zero.</p> <p>In reporting the committee's recommendation to approve Cape Fear Valley Health System's petition to decrease the number of acute care beds needed from 119 to zero in the Cumberland-Hoke service area, Dr. Greene expressed the committee's desire for the SHCC to discuss the petition and recommendations further.</p> <p><u>Petitioner: Vidant Medical Center</u> The petitioner requested that the need determination in the Proposed 2013 SMFP for 24 acute care beds in the Pitt-Greene-Hyde service area be reduced to zero beds.</p> <p><u>Committee Recommendation:</u> The committee discussed the petition and the agency report, which recommended approving the change in the acute care bed need determination to zero beds for the service area, but not to change the calculation of the average growth rate. Members</p>		

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	<p>acknowledged the impact of bringing a large number of beds into operation at once. The committee recommended to the SHCC approval of the petition to decrease the need determination for 24 acute care beds to zero in the Pitt-Greene-Hyde service area. Dr. Greene continued by stating the committee's recommendation to approve the petition from Vidant Medical Center to reduce the need determination for 24 acute care beds in the Pitt-Greene-Hyde service area to zero beds.</p> <p><u>Committee Recommendation:</u> The committee recommended that a workgroup be established to review the acute care bed need methodology, particularly aspects of bringing new beds into operation. The committee further recommended approval of Chapter 5, Acute Care Hospital Beds for the N.C. 2013 SMFP, with changes as approved, and with the understanding that staff would update tables as indicated.</p> <p>Chapter 6: Operating Rooms Dr. Greene reported no changes in need determinations for operating rooms (ORs) since the Proposed 2013 SMFP. The standard methodology resulted in need for one OR in Dare County and no need for ORs anywhere else in the state. Dr. Greene provided an update about a meeting with representatives from several hospitals to discuss their efforts to reconcile the Truven and Licensure surgical data. Dr. Greene reported that the dialogue was positive and insightful, negating the need for a workgroup on the topic.</p> <p><u>Petitioner: Blue Ridge Bone and Joint Clinic</u> The petitioner requested that the N.C. 2013 SMFP include a demonstration project for a single specialty, two operating room, ambulatory surgical facility in the Buncombe-Madison-Yancey operating room service area.</p> <p><u>Committee Recommendation:</u> The committee discussed the petition and agency report, and continued its support for the Single Specialty Ambulatory Surgery Facility Demonstration Project criteria, as well as the limitation to three demonstration project sites. The three facilities have received certificates of need, and one facility became licensed to operate in February 2012. The committee concluded that evaluation of existing project sites should occur before consideration of additional</p>		

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	<p>sites. The committee therefore, recommended to the SHCC denial of the petition.</p> <p><u>Petitioner: WakeMed Health & Hospitals</u> The petitioner requested an adjusted need determination in the 2013 Plan for two dedicated pediatric operating rooms in Wake County.</p> <p><u>Committee Recommendation:</u> After discussion and deliberation, the committee decided not to approve a petition from WakeMed Health & Hospitals for an adjusted need determination for two dedicated pediatric operating rooms in Wake County.</p> <p>Other Action Dr. Greene stated that the committee recommended approval of Chapter 6, Operating Rooms for the N.C. 2013 SMFP, with the understanding that staff would update tables as indicated.</p> <p>Chapter 7: Other Acute Care Services Dr. Greene reported no changes in the determination of no need for open-heart surgery services, burn intensive care services or transplantation services anywhere in the state. The committee received no petitions or comments for Chapter 7.</p> <p><u>Committee Recommendation:</u> The committee recommended approval of Chapter 7, Other Acute Care Services for the N.C. 2013 SMFP, with the understanding that staff would update tables as indicated.</p> <p>Chapter 8: Inpatient Rehabilitation Services Inpatient Rehabilitation Services: Dr. Greene reported no changes in the determination of no need for additional inpatient rehabilitation beds anywhere in the state. The committee received no petitions or comments for Chapter 8.</p> <p><u>Committee Recommendation:</u> The committee recommended approval of Chapter 8, Inpatient Rehabilitation Services for the N.C. 2013 SMFP, with the understanding that staff would update tables as indicated.</p>		

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	<p>Other Action Dr. Greene made a motion to accept the Acute Care Services Committee report, extracting the portion about the Cape Fear Valley Health System petition which was seconded by Mr. Young.</p> <p>Discussion about the motion focused on the Cape Fear Valley Hospital System petition. Concerns included the acute care bed need methodology’s use of historical data to estimate future needs; the agency report’s review of bed need and utilization outside of the service area; the large reduction in bed need from 119 to zero; no discussion of bed need resulting from taking out two spikes in utilization from the calculations; and the potential affect of 106 approved but undeveloped beds on future needs in the service area.</p> <p>Other Action Dr. Bruch made a motion, seconded by Dr. Clements and clarified by Dr. Greene, to calculate bed need for Cumberland-Hoke, excluding the two spikes in bed utilization.</p> <p>The SHCC voted on and approved Dr. Bruch’s motion, after which Dr. Greene asked staff to calculate the bed need for the Cumberland-Hoke service area based on parameters in the motion.</p> <p>Other Action Dr. Greene made a motion to deny the Cape Fear Valley Hospital System petition to reduce the acute care bed need determination to zero beds, which the SHCC approved.</p>	<p>Dr. Greene Mr. Young</p> <p>Dr. Bruch Dr. Clements</p> <p>Dr. Greene Dr. Ullrich</p>	<p>Motion approved Mr. Nagowski recused from voting</p> <p>Motion approved 18 – 1. Mr. Nagowski recused from voting</p> <p>Motion approved Mr. Nagowski recused from voting</p>
<p>Recommendations from the Technology & Equipment Committee</p>	<p>Dr. Christopher Ullrich provided the recommendations of the Technology and Equipment Committee for consideration by the SHCC in preparation for the Technology and Equipment chapter of the N.C. 2013 SMFP. The committee met on September 19, 2012.</p> <p>Chapter 9: Technology and Equipment</p> <p>Cardiac Catheterization Equipment Section Dr. Ullrich stated that there have been no changes in need determinations for</p>		

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	<p>cardiac catheterization equipment. The Proposed 2013 SMFP showed one need determination for an additional fixed unit of cardiac catheterization equipment in the Craven/Jones/Pamlico Service Area, but did not show a need determination for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere else in the state.</p> <p>Dr. Ullrich reported that there were two petitions for adjusted need determinations and one petition to change the language in the 2013 SMFP regarding cardiac catheterization equipment.</p> <p><u>Petitioner: Carteret County General Hospital (Carteret General)</u> The petitioner requested an adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment in Carteret County in the 2013 SMFP.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich reported that the committee recommended approval of the petition for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Carteret County. The committee members agreed that Carteret County has a sufficient number of cardiac patients in need of cardiac catheterization services, a geographically isolated population, support from regional resources and a local health system available to support a shared fixed cardiac catheterization laboratory. Comments from the committee recognized the regional coordination and collaboration of the healthcare providers.</p> <p><u>Petitioner: Johnston Health</u> The petitioner requested a change in the 2013 SMFP to include language to provide the mechanism to enable a change in the Certificate of Need (CON) rules to allow for the provision of interventional cardiac catheterization services in facilities that do not provide open-heart surgery.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich stated that the committee recommended denial of the petition in recognition of the fact that the appropriate mechanism for recommending changes in administrative rules is to submit a petition to the Director of the Division of Health</p>		

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	<p>Service Regulation. Dr. Ullrich stated the desire of the committee to present a unanimous voice of concern to the full SHCC about the need to change the rule to more appropriately reflect new guidance and standards of care in dealing with Percutaneous Coronary Intervention (PCI) without surgical back-up. Dr. Ullrich further reported that the process to change the rule has begun.</p> <p><u>Petitioner: Southeastern Regional Medical Center (SRMC)</u> The petitioner requested an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Robeson County.</p> <p><u>Committee Recommendation:</u> Dr. Ullrich reported that the committee recommended approval of the petition for an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Robeson County. Dr. Ullrich stated that the committee acknowledged the unique circumstances that support the need for a second unit of cardiac catheterization due to demand, demographics of the county and the lack of backup for emergency cases of cardiac catheterization for the open-heart surgery provider.</p> <p>Linear Accelerator Section Dr. Ullrich reported there have been no changes in determination of no need for additional linear accelerators indicated anywhere in the state.</p> <p>Dr. Ullrich reported that one petition was received for an adjusted need determination regarding linear accelerators.</p> <p><u>Petitioner: Duke University Health Systems dba Duke Raleigh Hospital</u> The petitioner requested an adjusted need determination for one additional linear accelerator to meet a perceived unmet need in Service area 20 (Wake, Franklin and Harnett Counties).</p> <p><u>Committee Recommendation:</u> Dr. Ullrich reported that the committee recommended denial of the petition for one additional linear accelerator in Service Area 20 serving Wake, Franklin and Harnett counties. The linear accelerator standard methodology demonstrates that the current</p>		

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	<p>inventory, including the CON approved linear accelerator to be developed, is providing sufficient access to linear accelerator services in Service Area 20.</p> <p>Positron Emission Tomography (PET) Scanners Section Dr. Ullrich stated that there have been no changes in need determinations for PET scanners. He stated that the Proposed 2013 SMFP showed one need determination for a fixed PET scanner in HSA II but did not show a need determination for additional mobile dedicated PET scanners anywhere in the state.</p> <p>Dr. Ullrich stated the committee received no petitions but did receive comments regarding the PET scanner section of the 2013 SMFP. Dr. Ullrich stated the committee is not required to act upon comments but did discuss the issues brought forth including the capacity for mobile and fixed PET scanners as well as general comments on the methodology. Dr. Ullrich stated no motion was required or taken on the comments.</p> <p>Lithotripsy Section Dr. Ullrich stated that there have been no changes in determination of no need for additional lithotripters anywhere in the state. Dr. Ullrich reported the committee received no petitions or comments regarding the lithotripsy section of the Proposed 2013 SMFP.</p> <p>Gamma Knife Section Dr. Ullrich stated that there have been no changes in determination of no need for additional gamma knives anywhere in the state. Dr. Ullrich stated the committee received no petitions or comments regarding the Gamma Knife section of the Proposed 2013 SMFP.</p> <p>Magnetic Resonance Imaging (MRI) Section Dr. Ullrich stated that there have been no changes in determination of no need for additional fixed or mobile MRI scanners anywhere in the state. Dr. Ullrich stated the committee received no petitions or comments on the MRI Scanner section of the Proposed 2013 SMFP.</p>		

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	Dr. Ullrich recommended approval of Chapter 9: Technology and Equipment for the 2013 SMFP with the understanding that staff was authorized to continue making necessary updates to tables as indicated.	Dr. Ullrich Dr. Clements	Motion approved Mr. Ludwig, Dr. Clements and Dr. Janis recused from voting.
Recommendations from the Long-Term & Behavioral Health Committee	<p>Mr. Parks provided the report for the Long-Term and Behavioral Health Committee and stated the committee met on September 14, 2012 to consider petitions and comments in response to the North Carolina Proposed 2013 State Medical Facilities Plan. The report was an overview of the committee's recommendations for Chapters 10-17, of the 2013 State Medical Facilities Plan (SMFP).</p> <p>Chapter 10: Nursing Care Facilities There were two petitions related to this Chapter.</p> <p><u>Petitioner: Bell House</u> The petitioner, Bell House, requested inclusion in the 2013 SMFP of a special need determination for 40 Skilled Nursing Facility beds in Guilford County earmarked for serving adults with physical disabilities caused by musculoskeletal conditions resulting from neurological disorders.</p> <p><u>Committee Recommendations:</u> Due to the specialized needs of the population and the absence of a viable alternative for care in a group setting, the committee recommended approving this petition. The committee further recommended that the adjusted need determination include the following language:</p> <ul style="list-style-type: none"> • The beds shall serve adults with physical disabilities caused by musculoskeletal conditions resulting from neurological disorders, such as cerebral palsy and spina bifida. • In choosing among competing applicants, priority shall be given to applicants who demonstrate that they currently serve adults with ortho-neurological disorders <p><u>Petitioner: OrthoCarolina</u> The petitioner, OrthoCarolina, requested an adjusted need determination for 16</p>		

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	<p>nursing facility beds to be utilized in conjunction with an existing or approved orthopedic ambulatory surgical facility in Mecklenburg County.</p> <p><u>Committee Recommendations:</u> Due to the absence of both statutes for the governance of such a facility and administrative rules for licensure of this type of combination facility, the committee recommended denying this petition.</p> <p>Committee members recommended that the SHCC consider innovative ways of caring for patients with cost reductions to provide care for citizens of North Carolina using the CarolinaOrtho petition as an example to determine if a work group needs to be formed.</p> <p>Other Actions Related to Nursing Care Facilities: The inventory was updated based on available information to reflect any changes and includes placeholders when applicable.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations at this time: Chatham County, 110 Nursing Home beds.</p> <p>Mr. Parks reminded everyone, that inventories and need determinations were subject to change throughout all chapters.</p> <p>Additional Note: The Planning Branch was in the process of expanding their databases so that all calculations were performed within MSAccess in order to reduce the possibility of errors in calculations. While converting the data to MSAccess from MSExcel, an error was discovered in the MSExcel formula used to calculate the statewide utilization rate for the Proposed Plan. Once corrected, the age-based utilization rates were updated for Table 10B and resulted in a need determination for Chatham County.</p> <p>The updated utilization rates are as follows:</p> <table data-bbox="493 1266 1291 1339"> <tr> <td>Under Age 65</td> <td>0.61 Beds/1000;</td> <td>Age 65-74</td> <td>7.76 Beds/1000</td> </tr> <tr> <td>Age 75-84</td> <td>26.12 Beds/1000;</td> <td>Age 85 up</td> <td>92.88 Beds/1000</td> </tr> </table>	Under Age 65	0.61 Beds/1000;	Age 65-74	7.76 Beds/1000	Age 75-84	26.12 Beds/1000;	Age 85 up	92.88 Beds/1000		
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	<p>Chapter 11: Adult Care Homes <u>Actions Related to Adult Care Homes:</u> Mr. Parks stated the inventory was updated based on available information to reflect any changes and included placeholders when applicable.</p> <p>Mr. Parks stated application of the methodology based on data and information currently available resulted in the following draft need determinations for Adult Care Home beds: Alexander County, 20 beds; Davidson County, 40 beds; Graham County, 20 beds; Hyde-Tyrell, 40 beds; Jones County, 30 beds; Pamlico County, 30 beds; and Polk County, 30 beds.</p> <p>There was one petition related to this Chapter.</p> <p><u>Petitioners: Meridian Senior Living, LLC; Hyde County Board of Commissioners; Tyrell County Board of Commissioners</u> The petition requested an adjusted need determination to the Hyde-Tyrell Combined Service Area from 40 beds to 50 beds.</p> <p><u>Committee Recommendation:</u> Because these counties have a longstanding pattern of need determinations totaling 50 beds and the loss of the 10 beds occurred with the application of the standard methodology as a result of an attempt to address issues of access for both counties. The committee recommended approving this petition.</p> <p>Chapter 12: Home Health Services There was one petition related to this Chapter.</p> <p><u>Petitioner: HealthKeeperz, Inc.</u> The petitioner, HealthKeeperz, submitted a petition requesting an adjusted need determination for a Medicare-certified home health agency in Brunswick County.</p> <p><u>Committee Recommendation:</u> Given that a need determination was generated for one new home health agency or office in Brunswick County at the deficit “threshold” of 275 patients using criteria in place prior to the SHCC’s May 30, 2012 revision of the standard methodology</p>		

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	<p>and a need determination missed being generated at the new “threshold” of 325 by .06 of a patient, the committee recommended approving the request for an additional Medicare-certified home health agency or office in Brunswick County.</p> <p>In addition, committee members suggested providing the additional home health office a “placeholder,” similar to the “placeholder” provided to the office that received a need determination by the standard methodology, for the three annual Plans following certification of the office based on need. The agency will count the greater of 325 patients or the actual number of patients served by the new office as part of the total people served.</p> <p>Actions Related to Home Health Services: The committee decided to consider further changes regarding rounding to the Home Health methodology for the Proposed 2014 Plan in the spring of 2013. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations at this time: Forsyth County, 1 Medicare-certified Home Health Agency or Office.</p> <p>Chapter 13: Hospice Services There were four petitions related to this Chapter.</p> <p><u>Petitioner: CarePartners and Palliative Care and Four Seasons Compassion for Life</u> The petition requested an adjusted need determination for six hospice inpatient beds in Buncombe County.</p> <p><u>Committee Recommendation:</u> The committee recognized Buncombe County would experience a reduction in their occupancy rate based on six recently licensed hospice inpatient beds in Haywood County in addition to in-process hospice inpatient bed expansions. Therefore, the committee recommended approving five hospice inpatient beds in</p>		

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	<p>Buncombe County. Five beds are consistent with the deficit identified in the Proposed 2013 SMFP.</p> <p><u>Petitioner: UNC Hospice</u> The petition requested to safeguard the need determination for six hospice inpatient beds in Chatham County.</p> <p><u>Committee Recommendation:</u> Based on Policy GEN-2 that states, “need determinations...shall be revised continuously through the calendar year to reflect all changes in inventories...” the committee recommended denying this petition.</p> <p><u>Petitioner: Mountain Valley Hospice & Palliative Care</u> The petition requested an adjusted need determination for three hospice inpatient beds in Surry County.</p> <p><u>Committee Recommendation:</u> The average length of stay for inpatients at Mountain Valley Hospice in Surry County was almost three times the statewide average length of stay for inpatients and no explanation was provided by the petitioner. In addition to the consistent surplus of hospice inpatient beds identified in the SMFP the last four years, the committee recommended denying the request for an adjusted need determination for three hospice inpatient beds in Surry County.</p> <p><u>Petitioner: Mountain Valley Hospice & Palliative Care</u> The petition requested an adjusted need determination for six hospice inpatient beds in Yadkin County.</p> <p><u>Committee Recommendation:</u> There is no licensed hospice inpatient or residential facility in Yadkin County and residents must travel to Forsyth, Iredell or Surry counties for hospice inpatient care. The committee acknowledged the steady increase the county has experienced in its average length of stay (ALOS) for the last four years and how it has been consistently above the state wide median ALOS. Based on the standard methodology’s adjustment for large discrepancies, the committee recommended using Yadkin County’s ALOS to project 2016</p>		

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	<p>days of care (DOC) and the total projected inpatient bed deficit for Yadkin County. The committee recommended approving four hospice inpatient beds in Yadkin County.</p> <p>Actions Related to Hospice Services: The inventory was updated based on available information to reflect any changes and included placeholders when applicable. Application of the methodologies based on data and information currently available resulted in the following draft need determinations at this time:</p> <p><u>Hospice Home Care:</u> Granville County, 1 office; Cumberland County, 1 office</p> <p><u>Hospice Inpatient:</u> 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>Chapter 14: End-Stage Renal Disease Dialysis Facilities There were no petitions related to this Chapter.</p> <p><u>Recommendations Related to End-Stage Dialysis Facilities:</u> 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).</p> <p>Due to recent changes in how the Centers for Medicare and Medicaid (CMS) and the Networks are collecting and reporting dialysis data, committee members reviewed and agreed upon an interim measure based on historical utilization patterns to project in-center and in-home dialysis patients by county until new reports could be developed.</p> <p>Chapter 15: Psychiatric Inpatient Services There were no petitions on this Chapter.</p>		

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	<p>Actions Related to Psychiatric Inpatient Services: The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. Application of the methodology based on data and information currently available resulted in the following draft need determinations at this time:</p> <p><u>Child Psychiatric Inpatient Beds:</u> Cumberland LME-MCO, 4 beds; Johnston LME-MCO, 3 beds; East Carolina Behavioral Health LME-MCO, 7 beds; Eastpointe LME-MCO, 6 beds; Cardinal Innovations LME-MCO, 10 beds; Smoky Mountain 1 LME-MCO, 3 beds; and Smoky Mountain 2 LME-MCO, 2 beds.</p> <p><u>Adult Psychiatric Inpatient Beds:</u> Coastal Care LME-MCO, 15 beds and Smoky Mountain 2 LME-MCO, 27 beds.</p> <p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds) There were no petitions on this Chapter.</p> <p>Actions Related to Substance Abuse Inpatient & Residential Services: The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. Application of the methodology based on data and information currently available resulted in the following draft need determinations at this time:</p> <p><u>Child Substance Abuse Inpatient & Residential Service Beds:</u> Eastern Region, 2 beds and Western Region, 10 beds</p> <p><u>Adult Substance Abuse Inpatient & Residential Service Beds:</u> Central Region, 13 beds</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities There were no petitions on this Chapter.</p>		

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	<p>Actions Related to Intermediate Care Facilities for Individuals with Intellectual Disabilities: The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. Application of the methodology based on data and information currently available resulted in no draft need determinations at this time.</p> <p><u>Recommendations Related to All Chapters:</u> The Committee recommended the current assumptions and methodologies for these chapters be accepted for the 2013 SMFP. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Committee members authorized staff to update narratives, tables and need determinations for the 2013 SMFP as new and corrected data are received.</p> <p>Other Action Mr. Parks recommended approval of Chapters 10 -17 with the understanding that staff was authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	Mr. Parks Ms. Mauney	Motion approved
SHCC's Recommendation to the Governor	<p>Having heard each of the Committee Reports, and taking action on each, Dr. Pulliam asked for an additional motion to direct staff to incorporate the council's actions into a recommended version of the N.C. 2013 State Medical Facilities Plan for submission to the governor, with permission for staff to continue making changes to inventory and corrections to data as they are received, as well as non-substantive edits to narratives.</p> <p>Dr. Pulliam thanked all council members for sharing their time with the SHCC this year, with a special thanks to those who played leadership roles as committee chairs. He also stated he would like to thank staff for their support and everyone in the audience for their participation throughout the year, at council meetings, committee meetings, and public hearings.</p>	Mr. Foriest Dr. Ullrich	Motion approved
Other Business	Dr. Pulliam stated in honor and in tribute to our past chairman, he entertained a motion to direct staff to modify the 2013 SMFP to dedicate it to the memory of Representative William Wainwright.	Dr. Greene Dr. Clements	Motion approved

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	<p>Dr. Pulliam announced that in response to a request from those who have to prepare Certificate of Need applications to compete for need determinations in the Plan, he has asked staff to make the council's recommended need determinations and Certificate of Need review dates available for work planning purposes only. These recommended need determinations and dates will be accompanied by a disclaimer, which advises everyone that nothing is final until the 2013 SMFP is signed by the governor. Dr. Pulliam also announced the dates for the State Health Coordinating Council meetings for next year, as follows:</p> <p>Wednesday – March 6, 2013</p> <p>Wednesday – May 29, 2013</p> <p>Wednesday – October 2, 2013</p> <p>Dr. Pulliam stated that to his knowledge, all council meetings would be held in Room 104 of the Brown Building on the Dix Hospital campus. Additional information for the council and committee meetings will be posted on the Division of Health Services Regulation's website throughout the year. Dr. Pulliam asked everyone to check the website for any updates on meetings.</p>		
Adjournment	There being no further business, Dr. Pulliam asked for a motion to adjourn the meeting	Dr. Bruch Dr. Greene	Motion approved