Medical Facilities Planning

State Health Coordinating Council Minutes
May 29, 2013
10:00 – 12 Noon
Brown Bldg. Room 104

MEMBERS PRESENT: Jerry Parks; Don Beaver; Bill Bedsole; Dr. Don Bradley; Dr. Richard Bruch; Dr. Dennis Clements; Johnny Farmer; Anthony Foriest; Dr. Sandra Greene; Ted Griffin; Laurence Hinsdale; Daniel Hoffmann; Dr. John Holt, Jr.; Dr. Eric Janis; Dr. Brenda Latham-Sadler; Timothy Ludwig; Dr. Leslie Marshall; Michael Nagowski; Dr. Charles Niemeyer; Dr. Prashant Patel; Dr. T.J. Pulliam; Dr. Deborah Teasley; Pam Tidwell; Dr. Christopher Ullrich; John Young
MEMBERS ABSENT: Greg Beier; Harold Hart; Zach Miller
Medical Facilities Planning Branch Staff Present: Nadine Pfeiffer; Elizabeth Brown; Shelley Carraway; Selena Youmans; Robin Krizan; Erin Glendening; Kelli Fisk DHSR Staff Present: Drexdal Pratt; Craig Smith; Martha Frisone; Lisa Pittman
AG's Office: June Ferrell; Marc Lodge

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Mr. Parks welcomed council members, staff and visitors to the second meeting of the planning cycle for the N.C. 2014 State Medical Facilities Plan. He acknowledged this meeting was open to the public but was not a public hearing. Mr. Parks stated that the focus of the meeting was to hear recommendations from the Acute Care Services, Technology & Equipment and Long-Term Care Behavioral Health Committees of the SHCC for the incorporation of policies, assumptions, need methodologies and preliminary need determination projections for the Proposed 2014 State Medical Facilities Plan (SMFP). Mr. Parks asked the council members and staff to introduce themselves.		
Review of Executive Order No. 10 and 67: Ethical Standards for the State Health Coordinating Council	Mr. Parks gave an overview of the procedures to observe before taking action at the meeting. 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. Mr. Parks asked members to declare conflicts as agenda items came up. Dr. Bruch, Dr. Holt and Mr. Nagowski recused from voting from the acute care services recommendations.		

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Approval of Minutes from March 6, 2013	A motion was made and seconded to approve the minutes of March 6, 2013.	Dr. Bradley Dr. Niemeyer	Motion approved
Recommendations from the Acute Care Services Committee	Mr. Parks directed attention to the recommendations in the Acute Care Services Committee Report for Chapter 5. Mr. Parks stated on May 24, 2013, he was informed by the AG's office that the SHCC does not have the authority nor was it within the purview of the SHCC to recommend or declare a moratorium on bed need. Mr. Parks stated, "The committee further recommends a one-year moratorium on acute care bed need projections for the Proposed 2014 SMFP," would be removed from the committee report, and the amended report would be posted on the Medical Facilities Planning Branch web site and all written material and record would reflect this information. Mr. Parks stated that the MFPB would soon be fully staffed and that the committee and staff would be working to determine if there is a continued need to form a workgroup to review the methodology. Dr. Greene presented the report from the Acute Care Services Committee, which met twice after the March council meeting, once on April 10th and again on May 8th. **Chapter 5: Acute Care Hospital Beds** Dr. Greene reported that the Committee reviewed and discussed the policies, methodology and assumptions for acute care beds. The Committee discussed a bed need analysis using data from the 2004-2013 SMFPs and were in favor of the initiation of a work group to look further into the need methodology. For the Proposed 2014 State Medical Facilities Plan, the acute care service areas were reviewed and updated and the following multicounty service areas have been determined: o The Durham/Caswell, Cherokee/Clay, Buncombe/Graham/Madison/Yancey, Vance/Warren, Halifax/Northampton, Craven/Jones/Pamlico, Beaufort/Hyde, Hertford/Gates service areas remain unchanged. o Yancey will be divided between Buncombe/Graham/Madison/Yancey and Mitchell/Yancey Service Areas. Mitchell will no longer be a single county		

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	service area. o Tyrrell will no longer be in a multi-county service area with Chowan. Tyrrell will be in the Pitt/Greene/Hyde/Tyrrell service area. Chowan will become a single county service area. o Graham will no longer be in a multi-county service area split between Buncombe/Graham/Madison/Yancey and Jackson. Jackson will become a single county service area. o Gates will no longer be in a multi-county service area divided between Hertford/Gates and Pasquotank/Camden/Currituck/Gates/Perquimans. Gates will be in a multi-county service area with only Hertford. Dr. Greene reported that the committee reviewed the list of hospitals with discrepancies greater than ± five percent between their 2012 Truven Health Analytics and Division of Health Service Regulation Hospital License Renewal Application acute care days of care data. She reminded committee members that work would occur during the summer to improve discrepant data. Committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which used Truven Health Analytics acute care days of care, indicated a need for additional acute care beds in the following service areas: 126 beds in Cumberland, 51 beds in Moore, 85 beds in Pitt-Greene-Hyde-Tyrrell, and 26 beds in Stokes As indicated in former Governor Perdue's 2013 State Medical Facilities Plan approval letter dated 12/21/12, the determination of need in the 2013 State Medical Facilities Plan and subsequent Plans for Hoke County and Cumberland County will reflect no need for acute care bed services until one of the two approved hospitals in Hoke County is licensed, in order that a more accurate determination can be made regarding the need of Hoke County residents. Therefore, Cumberland County was footnoted in Table 5A and shown with no need in Table 5B. The committee discussed the need shown in Stokes County. There was a -66.28% discrepancy between the Licensure and Truven Health Analytics acute days of care data. This discrepancy created an artificial need determination for Stokes County. The committee voted to take out this need determination. Therefore, Stokes was footnoted in Table 5A and shown with no need in Table 5B.		

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	Committee Recommendation for Chapter Five The Committee recommended accepting the Acute Care Bed policies, methodology and assumptions, as well as accepting the draft tables with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate. The Committee recommended taking out the need determination for Stokes County in the Proposed 2014 Plan, due to discrepant data and removing the need for Cumberland County in response to the letter from former Governor Beverly Perdue in the 2013 SMFP reflecting the need to be zero until a hospital is licensed in Hoke County. **Chapter 6: Operating Rooms** Dr Greene reported the Committee reviewed and discussed the methodology and assumptions for operating rooms. There was one petition discussed regarding OR services. <u>Petitioner: MedCapital Advisors, LLC</u> The petitioner requested Certificate of Need (CON) and licensure exceptions to be applied to all ambulatory surgical facilities regardless of medical/surgical specialty and that orthopedic surgery, ophthalmology, urology, OB/GYN general surgery and other medical/surgical specialties be allowed to develop and operate single specialty ambulatory surgical facilities, not subject to the requirements of CON and state licensure, equally as plastic surgery, oral maxillofacial surgery, and otolaryngology (ENT) do presently. <u>Comments</u>: Seven comments were submitted opposing the petition. <u>Committee Recommendation</u>: The petition was deemed outside the purview of the SHCC and consequently it was recommended that the petition be denied. However, the members of the Acute Care Committee expressed concern about the ramifications of the legislation referenced in the petition that would remove the health planning and CON process from ambulatory surgery facilities, stating that “the potential impact of such a change is far reaching. Studies have shown that increasing ambulatory surgical centers without regard for need would increase utilization and cost for overall health care services. While the current CON and planning process is not perfect, we should continue to build on our current system and processes and work towards improvements in quality, access, and value.”		

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	The committee discussed reactivation of the Quality, Access and Value subcommittee. The benefits being to ensure the core governing principles are retained, but with some adjustment of emphasis: promote high quality health care services as measured by outcomes and satisfaction; promote equitable access to health care services for all North Carolina's people; and promote high value practices that will maximize the health care benefit gained for resources expended. Due to staff limitations, it was believed seeking outside resources to lead the charge would be beneficial to the SHCC. For the Proposed 2014 State Medical Facilities Plan, the OR service areas have been reviewed and updated and the following multi-county service areas have been determined: o The Cherokee/Clay, Jackson/Graham/Swain, Buncombe/Madison/Yancey, Vance/Warren, Halifax/Northampton, Craven/Jones/Pamlico, and Beaufort/Hyde service areas remain unchanged. o Caswell will no longer be in a multi-service area with Person. Caswell will be in the Alamance/Caswell service area. Person will become a single county service area. o Hyde will be divided in a multi-county service area between Pitt/Greene/Hyde and Beaufort/Hyde. A recommendation was reviewed regarding proposed language for Step 3d of the methodology, which included a table explaining the assignment of Hyde County's population growth to the Pitt-Greene-Hyde and Beaufort-Hyde operating room service areas. Committee members reviewed draft Tables 6A, 6B & 6C. Application of the standard methodology no need for additional operating rooms anywhere in the state. The Committee reviewed Table 6E: Endoscopy Room Inventory. The Committee was also given the Single Specialty AMSU Demonstration Project Report for Piedmont Outpatient Surgery Center. **Committee Recommendation for Chapter Six** The Committee recommended denying the petition submitted by MedCapital		

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	Advisors. The committee also recommends reinstating the Quality, Access and Value Committee as a sub-committee of the SHCC and seeking alternate resources to move forward. The Committee further recommends accepting the operating room methodology and assumptions, with no changes other than the language revision for Step 3 of the methodology. The Committee accepted draft tables with the understanding that staff would make updates as needed. **Chapter 7: Other Acute Care Services** Dr. Greene reported the Committee received no petitions or comments related to Chapter Seven. The Committee reviewed the policy, 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, 7C, 7D, 7E and 7F, and noted that there were no need determinations for additional services at this time. **Committee Recommendation for Chapter Seven** The Committee recommended accepting the policies, methodology and assumptions for other acute care services in Chapter Seven. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff will make updates as needed. **Chapter 8: Inpatient Rehabilitation Services** Dr. Greene reported the Committee received no petitions or comments related to Chapter 8. The Committee reviewed the methodology and assumptions for inpatient rehabilitation services, as well as a draft of Table 8A and 8B. Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state. **Committee Recommendation for Chapter Eight** The Committee recommended accepting the methodology and assumptions for Inpatient Rehabilitation Services. The Committee further recommended accepting draft tables and need projections, with the understanding that staff will make updates as needed. **Council Recommendations** A motion was made and seconded to accept the Acute Care Services Committee report and authorize staff to update narrative, tables, data changes and results or		

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	effects of such changes in the Plan and references to dates would be advanced one year, as appropriate	Dr. Greene Mr. Ludwig	Motion approved Recusals: Dr. Holt Dr. Bruch Mr. Nagowski
Recommendations from the Technology & Equipment Committee	Dr. Christopher Ullrich provided the Technology & Equipment Committee Report which contained the Committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the Proposed 2014 State Medical Facilities Plan (SMFP). In concurrence with Chairman Parks, Dr. Ullrich truncated the report to eliminate redundancies. Dr. Ullrich stated the Technology and Equipment Committee met on April 24, 2013. Topics reviewed and discussed included: • Current policies, assumptions and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2014 State Medical Facilities Plan; • Preliminary drafts of need projections generated by the standard methodologies; • A petition to establish a need methodology for mobile Positron Emission Tomography (PET) Scanner services; • Follow-up on the rule making process regarding cardiac catheterization discussed at the Technology and Equipment Committee meeting held September 19, 2012. **Recommendations Related to All Sections of Chapter 9** The Committee recommends the current assumptions, methodology and draft tables be accepted for each section of Chapter 9 of the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate for each section.		

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	Chapter 9: Lithotripsy With regards to lithotripsy, the methodology showed no need determinations at this time throughout the State. **Chapter 9: Gamma Knife** With regards to gamma knife, no need determinations were identified. **Chapter 9: Linear Accelerators** With regard to linear accelerators, there is a need determination is for one additional linear accelerator in Harnett County. **Chapter 9: Positron Emission Tomography (PET) Scanners** With regard to PET scanners, there was one petition and numerous comments received on the petition. Petitioner: MedQuest Associates and Novant Health The request was for the establishment of a "methodology for mobile PET scanners that generates a need determination for a new mobile PET scanner when an existing mobile PET/CT scanner in the defined service area exceeds the 2,600 annual procedure capacity," which results in one additional need determination for a mobile PET scanner in each of the two service areas. Currently the state is divided into two service areas – East and West – which encompasses HSA I, II and II in the West and IV, V and VI in the East. One mobile scanner is located in each of these areas. Comments: Three comments in favor and one opposing the petition were received. Committee Recommendation: The Committee reviewed the petition and agency report, which recommended denial of the petition request. Comments on the broad look at combined mobile and fixed PET service capacity and utilization indicated current access and availability of PET scanning services was good. However, based on input over the past several years, the optimum balance and distribution of mobile PET scanning services may not be in place.		

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	Recommendations Related to Positron Emission Tomography (PET) Scanners The Committee determined that the petition should be denied in accordance with Agency recommendations. The methodology showed no need determination for new PET scanner capacity. In addition to recommending denial of the petition, the Committee recognized that the issue needed more in-depth analysis and discussion, which will be completed by the Technology and Equipment Committee, to explore options and alternatives for PET scanning service coverage across the state with a proposed option to be brought forth during the 2015 SMFP planning process. A methodology change must be completed in March. If a consensus is reached, the goal would be a proposal that would be filed next year in March for consideration for the 2015 Plan. **Chapter 9: Magnetic Resonance Imaging (MRI) Scanners** With regards to Magnetic Resonance Imaging, a need determination was identified for one additional MRI Scanner in the Mecklenburg MRI Service Area. **Chapter 9: Cardiac Catheterization Equipment** Cardiac catheterization equipment showed a need for one additional piece of fixed cardiac catheterization equipment in New Hanover County. For the cardiac catheterization section of this chapter, it was noted that the term Percutaneous Transluminal Coronary Angioplasty (PCTA) Interventional procedure is no longer industry standard. The updated terminology for this type of procedure is Percutaneous Coronary Intervention (PCI) procedure. **Recommendations Related to Cardiac Catheterization** The Committee recommends allowing staff to make the change from PTCA to PCI for this section in the narrative and table headings to reflect the current terminology. **Recommendations Related to Chapter 9** Finally, the Committee recommends authorizing staff to update narratives, tables and need determinations for the Proposed 2014 Plan as new and corrected		

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	data are received. **Council Recommendations** A motion was made and seconded to accept the Technology and Equipment Committee report and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan and references to dates would be advanced one year, as appropriate.	Dr. Ullrich Dr. Patel	Motion approved
Recommendations from the Long-Term & Behavioral Health Committee	Mr. Farmer provided the report for the Long-Term and Behavioral Health Committee. He stated the Long-Term and Behavioral Health (LT-BH) Committee met twice after the March Council meeting, first on April 17th and again on May 17th. The topics reviewed and discussed at the April 17th meeting included: • Current Long-Term and Behavioral Health policies and methodologies. • Medicare-certified Home Health need methodology rounding recommendations. • A petition requesting changes to the hospice inpatient need methodology. • A petition requesting a new ICF/IID policy. • A recommendation to allow ESRD dialysis providers to self-report utilization data to the Agency. • Recommendations for clarifying language in the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID narratives. The topics reviewed and discussed at the May 17th meeting included: • Preliminary drafts of need projections generated by the standard methodologies in the LT-BH chapters. • Recommendations for adding license renewal applications as data sources for the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID chapters. • Language revisions within the ESRD chapter resulting from the change in the data source. The following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2014 State Medical		

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	Facilities Plan: **Chapter 10: Nursing Care Facilities** There were no petitions or comments related to this chapter. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change. **Recommendations Related to Nursing Care Facilities** The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate. **Chapter 11: Adult Care Homes** There were no petitions or comments on this chapter. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change. Application of the methodology based on data and information currently available resulted in the following draft need determinations. • Hoke County, 20 Adult Care Home beds • Jones County, 30 Adult Care Home beds • Pamlico County, 30 Adult Care Home beds Need determinations are subject to change. **Recommendations Related to Adult Care Homes** The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate.		

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	Chapter 12: Home Health Services There was one comment related to this chapter related to the application of Policy HH-3 to Granville County. At the September 14, 2012 meeting, the Committee requested a revision to Step 13 of the need methodology to provide a mechanism for rounding when determining need. The Committee reviewed a draft of the revision, which included language allowing the remainder in this step to be rounded to the next whole number if it is .50 or more or to be rounded to the next lowest whole number if it is less than .50. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. While application of the methodology based on data and information currently available results in no draft need determinations, the application of Policy HH-3 results in the following draft need determination. • Granville County, 1 Home Health Agency or Office Need determinations are subject to change. **Recommendations Related to Home Health Services** The Committee recommends that Step 13 of the need methodology be amended to include language allowing for rounding when determining need. The Committee recommends the current assumptions and methodology be accepted except as modified by recommended action on the proposed language for rounding in the methodology for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate. **Chapter 13: Hospice Services** There was one petition and three comments related to this chapter.		

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	Petitioner: Hospice of Wake County Request: The petitioner requested an adjustment "to the hospice inpatient bed need methodology by decreasing the inpatient day percent calculation (Step 7 in the Hospice Inpatient Bed Need Methodology) from 6.0% to 3.5%." Comments: Two comments opposing the petition and one comment in support were received. Committee Recommendation: The Committee recommends denying this petition. The Committee additionally recommends studying the Hospice Inpatient Bed Need Methodology with input from additional subject matter experts. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. Application of the methodologies based on data and information currently available results in the following draft need determinations. • Hospice Inpatient Beds o Guilford County, 15 Inpatient Beds o Lee County, 7 Inpatient Beds Need determinations are subject to change. **Recommendations Related to Hospice Services** The Committee recommends denying the petition put forth by Hospice of Wake County. The Committee recommends studying the Hospice Inpatient Bed Need Methodology with input from additional subject matter experts. Additionally, the Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. References to dates would be advanced one year, as appropriate.		

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	Chapter 14: End-Stage Renal Disease Dialysis Facilities There were no petitions or comments related to this chapter. ESRD utilization data was previously provided by the Southeastern Kidney Council for county of origin for patients, dialysis provider, and modality (inpatient or in-home). Last fall, the Agency learned that CMS began to use a new dialysis reporting system (CROWNWeb), under which dialysis providers submit dialysis billing data directly to CMS instead of through an intermediary network, such as the Southeastern Kidney Council. Two problems arose from this change. First, the new system does not permit dialysis networks to access to raw data. Secondly, reports generated by CROWNWeb would no longer include modality. These changes meant that the Agency could no longer rely on this source for utilization data for Chapter 14 of the Plan. The Committee approved a request from the Agency to explore the use of self-reported data obtained directly from dialysis providers in North Carolina. In May, the Agency met with dialysis providers and with their support, the Agency established an electronic reporting format for obtaining the needed data. Beginning with the July 2013 SDR, the Agency would like to use this utilization data to replace the data formerly supplied by the Southeastern Kidney Council. 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). **Recommendations Related to End-Stage Dialysis Facilities** The Committee recommends allowing ESRD dialysis providers to self-report utilization data to the Agency since this data is no longer available through the Southeastern Kidney Council. The Committee recommends the current assumptions and methodologies be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate. **Chapter 15: Psychiatric Inpatient Services** There were no petitions or comments on this chapter. The Committee discussed updating the language in Chapter 15's narrative to address two		

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	issues. First, the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state. Secondly, the methodology listed Truven Health Analytics (Truven) as the sole source of utilization data for all psychiatric inpatient facilities although not all mental health hospitals report to Truven. The Committee discussed allowing the use of patient days of care data reported in the annual license renewal applications of mental health hospitals who do not report to Truven in order to avoid undercounting the days of care provided in the state. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available resulted in the following draft need determinations. Child Psychiatric Inpatient Beds: o Cardinal Innovations 1 LME-MCO, 11 beds o Cumberland LME-MCO, 5 beds o Durham LME-MCO, 3 beds o East Carolina Behavioral Health, 9 beds o Eastpointe LME-MCO, 13 beds o Smoky Mountain 1 LME-MCO, 2 beds o Smoky Mountain 2 LME-MCO, 3 beds Adult Psychiatric Inpatient Beds: o Coastal Care LME-MCO, 2 beds o Smoky Mountain Center 1 LME-MCO, 7 beds Need determinations are subject to change. **Recommendations Related to Psychiatric Inpatient Services** The Committee recommends adding clarifying language to the Basic Assumptions of the Methodology, Assumption 1, to bring the need methodology in line with the statewide LME-MCO service areas. In addition, the Committee recommends adding the patient days of care from the annual license renewal		

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	applications of mental health hospitals who do not report to Truven Health Analytics as a source of data for Chapter 15. The Committee also recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate. **Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds)** There were no petitions or comments on this chapter. The Committee discussed updating the language in Chapter 16's narrative to address two issues. First, the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state. Secondly, the methodology listed Truven Health Analytics (Truven) as the sole source of utilization data for substance abuse inpatient facilities although not all mental health hospitals report to Truven. The Committee discussed allowing the use of patient days of care data reported in the annual license renewal applications of mental health hospitals who do not report to Truven in order to avoid undercounting the days of care provided in the state. The Committee discussed adding the Substance Abuse Residential Form supplement, as attached to the annual license renewal application for residential treatment facilities, as a source of utilization data for these providers. The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available resulted in the following draft need determinations. Adult Substance Abuse Inpatient & Residential Service Beds: o No draft need determinations at this time Child Substance Abuse Inpatient & Residential Service Beds: o Western Region, 9 beds		

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	Need determinations are subject to change. **Recommendations Related to Substance Abuse Inpatient & Residential Services** The Committee recommends adding clarifying language to the Application of the Methodology to bring the need methodology in line with the statewide LME-MCO service areas. In addition, the Committee recommends adding the patient days of care from the annual license renewal applications of mental health hospitals who do not report to Truven Health Analytics as a source of data and the Substance Abuse Residential Form supplement, as attached to the annual license renewal application for residential treatment facilities, as a source of utilization data for these providers for Chapter 16. The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate. **Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities** There was one petition and two comments related to this chapter. Petitioner: Residential Services, Inc. Request: The petitioner requested the transfer of vacant ICF/IID beds from state institutions to existing community facilities who lost slots in the Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities program due to recent Center for Medicare and Medicaid Services policy changes. Comments: Two comments in support of this petition were received. Committee Recommendation: The committee recommends approving this petition. The Committee discussed updating the language in Chapter 17's narrative to address the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state.		

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	The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change. **Recommendations Related to Intermediate Care Facilities for Individuals with Intellectual Disabilities** The Committee recommends approving the petition submitted by Residential Services, Inc. The Committee also recommends adding clarifying language to the Need Determinations text to bring the need methodology in line with the statewide LME-MCO service areas. The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate. **Council Recommendations** A motion was made and seconded to accept the Long-Term and Behavioral Health Committee report and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan and references to dates would be advanced one year, as appropriate.	Mr. Farmer Mr. Griffin	Motion approved
Comments Regarding the Public Hearings	Mr. Parks reviewed the six public hearings and locations that would take place beginning July 12th with the final public hearing on July 31, 2013. He encouraged Council members to attend these public hearings. Mr. Parks stated the July 31, 2013 public hearing would take place in the same room as this meeting of the SHCC.		
Adoption of the Proposed 2014 State Medical Facilities Plan	**Council Recommendations** Mr. Parks asked for a motion to adopt the Proposed 2014 State Medical Facilities Plan, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.	Dr. Ullrich Dr. Bradley	Motion approved
Adjournment	There being no further business, Mr. Parks adjourned the meeting.		