



Medical Facilities Planning Branch

## State Health Coordinating Council Meeting

**Draft Minutes**

**October 1, 2014**

**Brown Building, Raleigh, North Carolina**

**Members Present:** Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Christina Apperson, Peter Brunnick (via phone), Stephen DeBiasi, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Representative Donny Lambeth, Kenneth Lewis, Dr. Robert McBride, Denise Michaud (via phone), Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. Karl Pete, Dr. T. J. Pulliam, Gloria Whisenhunt (via phone)

**Members Absent:** Don Beaver, Douglas Cody, Dr. Mark Ellis, Senator Ralph Hise, Stephen Lawler

**MFPB Staff Present:** Elizabeth Brown, Paige Bennett, Amy Craddock, Kelli Fisk, Tom Dickson, Nadine Pfeiffer,

**DHSR Staff Present:** Drexdal Pratt, Martha Frisone, Lisa Pittman

**AG's Office:** June Ferrell

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2015 State Medical Facilities Plan. He acknowledged that 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>Dr. Ullrich stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2015 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. He stated action would be taken on updated 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>		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or</p>		

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	<p>intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up.</p> <p>Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition, Mr. DeBiasi recused from voting on the New Hanover County Operating Room petition.</p>		
Approval of Minutes from September 3, 2014	A motion was made and seconded to accept the minutes of September 3, 2014.	Dr. Patel Dr. Greene	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. Greene presented the report from the Acute Care Services Committee and stated the Acute Care Services (ACS) Committee met once after the May Council meeting, on September 17, 2014.</p> <p>Following was an overview of the Committee’s recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2015 State Medical Facilities Plan.</p> <p><b><u>Chapter 5: Acute Care Hospital Beds</u></b> One petition was received on this chapter.</p> <p><u>Petitioner: Cape Fear Valley Health System</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination to reduce the number of beds in Cumberland County from 82 to zero.</p> <p><u>Comments:</u> One comment was received in support of the petition.</p> <p><u>Committee Recommendation</u> The standard methodology created a need for 82 acute care beds in the proposed plan in Cumberland County. The committee determined that special circumstances including spikes in utilization; increasing usage of Veterans Affairs services; and the opening of facilities in the contiguous service area of Hoke County, significantly inflated the number of acute care beds needed in the Cumberland Service area. The committee recommended approving the petition.</p>		

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	<p>Dr. Greene noted this petition may need to be pulled out and voted on separately due to the numbers of beds asked to be removed in the petition (82) are different now that there is refreshed Truven data (84).</p> <p><b><i>Data Discrepancy Report</i></b></p> <p>The Committee originally reviewed a list of 28 hospitals with discrepancies between their 2014 Truven Health Analytics (“Truven”) and Division of Health Services Regulation Hospital License Renewal Application (“Licensure”) acute days of care data greater than ± five percent. The Medical Facilities Planning Branch received the resubmitted Truven data from the Cecil G. Sheps Center in September. After the data had been refreshed, the current discrepancy report denoted 15 hospitals that have a ± five percent discrepancy. Out of those, seven hospitals did not provide an update. Pioneer Community Hospital of Stokes corrected their Truven data. The refreshed data removed the need from the plan, but they still maintained a greater than 5% discrepancy. It appeared that further attempts to reconcile the data would not change the projection of no need for new beds in any of the affected service areas.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Cumberland County, 84 Acute Care Beds</li> <li>• New Hanover County, 31 Acute Care Beds</li> <li>• Orange County, 46 Acute Care Beds</li> <li>• Vance-Warren Health Service Area, 11 Acute Care Beds</li> </ul> <p><b><u>Chapter 6: Operating Rooms</u></b></p> <p>Two petitions were received on this chapter.</p> <p><u>Petitioner:</u> Wilmington Health PLLC</p> <p><u>Request:</u> The petitioner requested an adjusted need determination for two</p>		

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	<p>additional operating rooms in New Hanover County in the 2015 State Medical Facilities Plan.</p> <p><u>Comments:</u> Two comments were received that opposed to the petition.</p> <p><u>Committee Recommendation</u> The standard methodology created a 0.45 operating room deficit in the Proposed 2015 SMFP. This was five hundredths from creating a need for one operating room in New Hanover County. Data showed that operating rooms in the service have higher than 90% utilization in all but one of the last five years. In addition, there were two operating rooms in the county that are CON approved, but are only 50% developed. The committee decided to wait for additional data from the undeveloped operating rooms in order to receive accurate and updated utilization information. Therefore, the committee recommended denying the petition.</p> <p>Dr. Greene stated additional information had been received since the Committee met on September 17, 2014, noting the two operating rooms have been completed and this is information the Committee did not have when a vote was taken on this petition in September. Dr. Greene stated the OR's were complete but are not in use at this time. She stated that this petition may need to be pulled out for further discussion.</p> <p><u>Petitioner:</u> <u>Blue Ridge Bone and Joint Clinic</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for a demonstration project, single specialty, two operating room, in the Buncombe-Madison-Yancey Service Area.</p> <p><u>Comments:</u> Three comments were received regarding this petition. Two comments were received that opposed the petition and the other was from the petitioner.</p>		

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	<p><b><u>Committee Recommendation</u></b>  The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee felt there was not enough evaluation data on the three approved sites before approving a new, fourth location. In addition, the original criteria for the Single Specialty Demonstration Project in the NC 2010 SMFP developed by the State Health Coordinating Council set the minimum number of ambulatory and shared operating rooms in each project service area at 50. Buncombe County had 45 shared and ambulatory operating rooms. The Committee recommended denying this petition.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change.</p> <p>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.</p> <p><b><u>Chapter 7: Other Acute Care Services</u></b>  There were no petitions or comments related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>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.</p> <p><b><u>Chapter 8: Inpatient Rehabilitation</u></b>  There were no petitions or comments related to this chapter.</p>		

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	<p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>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.</p> <p><u>Committee Recommendation</u> The Committee recommends the current assumptions and methodologies for these chapters be accepted for the 2015 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 2015 SMFP as new and corrected data are received.</p> <p><u>Council Recommendation</u> A motion was made and seconded to extract the Cumberland County (Cape Fear Valley Health System) petition for further discussion.</p> <p>Dr. Ullrich asked for a vote for the Cumberland County petition to be revised to read, “an adjusted need determination to reduce the number of beds in Cumberland County from 84 to zero.”</p> <p>Dr. Ullrich asked members if anyone wanted to extract the New Hanover County (Wilmington Health, PLLC) petition.</p> <p>A motion was made and seconded to extract the New Hanover (Wilmington Health, PLLC) petition for re-discussion.</p> <p>After a lengthy discussion, there was no motion to change the action of the committee and the discussion was eventually concluded. During the discussion, Dr. Greene indicated in the next few years there was potential for a workgroup to review the single specialty ambulatory demonstration</p>	<p>Dr. Pulliam Mr. Adams</p> <p>Dr. Patel Dr. McBride</p>	<p>Motion approved All in favor</p> <p>Motion approved</p>

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	<p>project evaluations, but it was concluded the timing of this would be at the discretion of the SHCC chair.</p> <p>A motion was made and seconded to accept the committee report as submitted and revised.</p>	<p>Dr. Pulliam Dr. McBride</p>	<p>Motion approved Mr. DeBiasi recused from voting</p>
<p>Recommendations from the Technology and Equipment Committee</p>	<p>Dr. Ullrich stated on September 9, 2014, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2015 State Medical Facilities Plan (SMFP). The Committee made the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2015 SMFP.</p> <p><b><u>Chapter 9: Technology and Equipment</u></b></p> <p><b>Positron Emission Tomography (PET) Scanners Section</b>  Since the Proposed 2015 SMFP, there were no changes in the need projections for PET scanners. There was no need determination for additional fixed or mobile PET scanners anywhere in the state. Since the last State Health Coordinating Council meeting there were minor corrections to data in Table 9L that did not result in changes to any need determinations. The committee voted to include mobile and fixed PET methodology on the agenda for next year.</p> <p>The committee did not receive any petitions for the PET scanner section, but received a total of nine comments regarding the Policy <i>TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners</i>. Over the summer, based on these comments further edits were made to the policy. The committee reviewed the new draft policy. The committee voted on and approved the policy as presented at the meeting with one change; there will be one annual review date for all applicants.</p> <p>Furthermore, as a result of the spring vote to remove the east and west health services areas, the committee reviewed the language for the PET section and new draft Tables 9M(1) and 9M(2). They voted to amend the language to include the verbiage delineating a statewide service area for PET scanners and to make changes to the tables as presented by DHSR with one requested edit;</p>		

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	<p>they asked that the total utilization rate for each individual scanner be included in Table 9M(1).</p> <p><b>Cardiac Catheterization Equipment Section</b>            Since the Proposed 2015 SMFP, there were no changes in need projections for cardiac catheterization equipment. The Proposed 2015 SMFP showed no need determinations for fixed, shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state.</p> <p><b><i>Cardiac Catheterization Data:</i></b>            During the summer, one petition for an adjusted need determination in the cardiac catheterization section in the 2015 SMFP was received.</p> <p><u>Petitioner: Rex Healthcare</u></p> <p><u>Request:</u> Rex Healthcare requested an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u>            The Committee discussed the petition and agency report, which recommended denial of the petition request. The concurrence was that Wake County: 1) has a trend of a declining volume of cardiac catheterization; 2) has a surplus of machines in the service area; and 3) will potentially see further volume declines because of changes in statewide regulations and medical practice. The Committee recommends to the SHCC that the petition request be denied for an adjusted need determination for one unit of fixed cardiac catheterization equipment in Wake County.</p> <p><b>Magnetic Resonance Imaging (MRI) Section</b>            The Proposed 2015 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and New Hanover counties. Over the summer, the Medical Facilities Planning Branch received updated data resulting in corrections to the MRI scanner inventory table. The changes did not add any</p>		



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	<p>MRI scanners to the inventory, nor did they add any additional need determinations.</p> <p><b>MRI Scanner Data:</b> The Committee received one petition over the summer for an adjusted need determination in the MRI Scanner section of the 2015 SMFP. The petition request and Committee recommendation are summarized below.</p> <p><u>Petition: Carolinas Healthcare System</u></p> <p><u>Request:</u> Carolinas Healthcare System requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County.</p> <p><u>Committee Recommendation</u> The Committee discussed the petition and agency report, which recommended approval of the petition request. The concurrence was that Lincoln County does have unique circumstances including a slow projected growth rate in the county that would probably preclude existing or new providers from meeting the CON standards for a qualified applicant and potential changes to future MRI volumes. The Committee recommended to the SHCC that the petition request be approved for an adjusted need determination.</p> <p><b>Linear Accelerator Section</b> Since the Proposed 2015 SMFP, there were no changes in need projections for linear accelerators. The Proposed 2015 SMFP included one need determination for a linear accelerator in the Harnett County. Harnett County becomes a new service area due to Harnett County's population increasing to over 120,000 with no linear accelerator in the county. There was no need indicated anywhere else in the state for additional linear accelerators.</p> <p><b>Lithotripsy and Gamma Knife Section</b> Since the Proposed 2015 SMFP, there were no changes in the need projections for lithotripsy or gamma knife. There is no need identified for lithotripters or gamma knives anywhere in the state. The Committee received no petitions or</p>		

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	<p>comments over the summer regarding the lithotripsy or gamma knife section of the Proposed 2015 SMFP.</p> <p><u>Committee Recommendation</u> The Committee recommended to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment with the understanding that staff authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p> <p><u>Council Recommendation</u> A motion was made and seconded to accept the Technology and Equipment Committee report as presented.</p>	<p>Dr. Patel Dr. Parikh</p>	<p>Motion approved</p>
<p>Recommendations from the Long-Term &amp; Behavioral Health Committee</p>	<p>Dr. Pulliam presented the report from the Long-Term and Behavioral Health (LT-BH) Committee. He stated the Committee met once after the May Council meeting, on September 16, 2014.</p> <p>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 2015 State Medical Facilities Plan.</p> <p><b><u>Chapter 10: Nursing Care Facilities</u></b> There was one petition related to this chapter.</p> <p><u>Petitioner: Bermuda Village Retirement Community</u></p> <p><u>Request:</u> Petitioner requested an adjusted need determination for 12 nursing care beds in Davie County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> The standard methodology consistently identified no need for new nursing care beds in Davie County, however because of local characteristics of nursing care facility utilization, the Committee recommended approving this petition.</p>		

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	<p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>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.</p> <p><b><u>Chapter 11: Adult Care Homes</u></b> There were no petitions related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Brunswick County, 330 Adult Care Home Beds</li> <li>• Jones County, 20 Adult Care Home Beds</li> <li>• Washington County, 10 Adult Care Home Beds</li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 12: Home Health Services</u></b> There were two petitions related to this chapter.</p> <p><u>Petition Myriad Homecare Agency (MHA), LLC</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for one Medicare-certified home health agency or office in Wake County to address the special needs of the Hispanic-Latino population in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> Wake County residents are well served by home health providers. Based on data available to the agency it is not possible to determine that</p>		

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	<p>there is sufficient need among the Hispanic-Latino population to support one additional Medicare-certified home health agency or office in Wake County. The Committee recommended denying this petition.</p> <p><u>Petition: Triangle Orthopaedic Associates, PA (TOA)</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for one Medicare-certified home health agency or office located in either Wake, Durham, or Orange County, committed to coordinating post-acute care with an orthopaedic surgery program as part of a demonstration project in the 2015 State Medical Facilities Plan (SMFP).</p> <p><u>Committee Recommendation</u> Residents of Wake, Durham, and Orange counties are well served by home health providers. According to the Proposed 2015 SMFP, “it is determined that there is no need for additional Medicare-certified home health agencies or offices anywhere in the state.” Chapter Two of the SMFP mentions that petitions requesting adjusted need determinations are limited to an adjusted need determination in the North Carolina Proposed State Medical Facilities Plan. There are no newly developed demonstration projects in the Proposed 2015 SMFP for any kind of facility, service, or equipment. However, SHCC Committees initiate demonstration projects of any type. Then the SHCC Chairman establishes a workgroup that meets with stakeholders to develop the demonstration project criteria. For this planning cycle, the SHCC has not initiated any demonstration projects. The Committee recommended denying the petition.</p> <p><b><i>Policies Applicable to Home Health Services (HH) Revised</i></b> Policy HH-3: Need determination for Medicare-certified Home Health Agency in a County</p> <p>When a county<sup>1</sup> has no Medicare-certified home health agency office physically located within the county’s borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not</p>		

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	<p>an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The “need determination” shall be reflected in the <i>next</i> annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)</p> <p><sup>1</sup>Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.</p> <p>The committee recommended adoption of the revised policy language. Additionally, the committee took action to remove a need determination for one Medicare-certified home health agency or office in Granville County that was generated by Policy HH-3 prior to the committee’s recommended adoption of revised policy language.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations.</p> <p>Need determinations are subject to change.</p>		

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	<p><b><u>Chapter 13: Hospice Services</u></b>  There were three petitions related to this chapter.</p> <p><u>Petition: Burke Hospice and Palliative Care, Inc. (BHPC)</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for three hospice inpatient beds in Burke County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u>  The petition outlined several unique circumstances that exist and demonstrate the need for three additional inpatient beds in Burke County. The most notable of these made by BHPC is how the application of the standard methodology does not accurately project hospice days of care (DOC) based on what is occurring in the county. To accurately reflect what was occurring in the county, the committee recommended projecting 2018 days of care for the inpatient estimate utilizing 2018 days of care at the county average length of stay (ALOS) for Burke County. This resulted in a total projected hospice inpatient bed deficit of three beds. Burke County’s total admissions, DOC, and ALOS have steadily increased on the last four reporting periods. Nearly one-half of all county deaths are served by hospice. The Committee recommended approving this petition.</p> <p><u>Petition: Caldwell Hospice and Palliative Care</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for three hospice inpatient beds for Caldwell County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u>  Because the county average length of stay exceeds the statewide median average length of stay and results in projected inpatient days of care figures that do not accurately reflect the hospice inpatient bed need in Caldwell County by the standard methodology, the Committee recommended approving this petition.</p>		

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	<p><u>Petition: Richmond County Hospice, Inc.</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for three hospice inpatient beds in Richmond County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> The Committee acknowledged that it is difficult to forecast the changes and trends in healthcare utilization based on one year’s worth of data. The committee recommends denial of this petition.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodologies based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Hospice Home Care Office <ul style="list-style-type: none"> <li>○ Cumberland County, 1 Office</li> </ul> </li> <li>• Hospice Inpatient Beds <ul style="list-style-type: none"> <li>○ No draft need determinations at this time.</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 14: End-Stage Renal Disease Dialysis Facilities</u></b> There were no petitions or comments on this chapter.</p> <p>The need for new dialysis stations is determined two times each calendar year. Determinations were made available in the North Carolina Semi-annual Dialysis Report (SDR).</p> <p>The Committee reviewed and adopt revised format for Table A and Table B to be incorporated in the next Semi-annual Dialysis Report.</p> <p><b><u>Chapter 15: Psychiatric Inpatient Services</u></b> There were no petitions or comments on this chapter.</p>		

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	<p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ Alliance Behavioral Healthcare, 43 beds</li> <li>○ CoastalCare, 26 beds</li> </ul> </li> <li>• Child/Adolescent Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ East Carolina Behavioral Health, 18 beds</li> <li>○ Eastpointe, 25 beds</li> <li>○ Smoky Mountain Center, 3 beds</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 16: Substance Abuse Inpatient &amp; Residential Services (Chemical Dependency) Treatment Beds</u></b></p> <p>There were no petitions or comments on this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Adult Chemical Dependency (Substance Abuse) Residential Treatment Beds: <ul style="list-style-type: none"> <li>○ Eastern Region, 26 beds</li> <li>○ Central Region, 52 beds</li> </ul> </li> </ul>		



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	<ul style="list-style-type: none"> <li>• Child/Adolescent Chemical Dependency (Substance Abuse) Residential Treatment Beds:               <ul style="list-style-type: none"> <li>○ Eastern Region, 10 beds</li> <li>○ Central Region, 18 beds</li> <li>○ Western Region, 2 beds</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</u></b></p> <p>There were no petitions or comments on this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>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.</p> <p><u>Committee Recommendation</u></p> <p>The Committee recommended to the State Health Coordinating Council approval of Chapters 10 - 17: Long-Term and Behavioral Health with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p> <p>A motion was made and seconded to accept the Long-Term and Behavioral Health Committee report as presented.</p> <p>Ms. Whisenhunt wanted the minutes to reflect that she had concerns regarding the Triangle Orthopaedic Associates, PA petition.</p>	<p>Dr. Parikh Dr. Akers</p>	<p>Motion approved</p>
<p>SHCC's Recommendation to the Governor</p>	<p>Having heard each of the Committee Reports, and taking action on each, Dr. Ullrich asked members for a show of hands that were in favor to direct staff to incorporate the council's actions into a recommended version of the N.C. 2015 State Medical Facilities Plan for submission to the governor.</p>		<p>All members were in favor</p>

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	Dr. Ullrich asked members for a show of hands to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.		All members were in favor
Other Business	<p>Dr. Ullrich announced to assist those who prepare Certificate of Need applications to compete for need determinations in the Plan, he asked staff to make the Council's recommended need determinations and Certificate of Need review dates available on the DHSR website for work planning purposes only. These recommended need determinations and dates will be accompanied by a disclaimer, which advises that nothing is final until the 2015 SMFP is signed by the governor.</p> <p>Dr. Ullrich also announced the dates for the State Health Coordinating Council meetings for next year, as follows:</p> <p>Wednesday – March 4, 2015  Wednesday – June 3, 2015  Wednesday – September 2, 2015 (Teleconference Meeting)  Wednesday – October 7, 2015</p> <p>Dr. Ullrich also reviewed the preliminary dates for the three standing committees and stated additional information for the council and committee meetings would be posted on the Division of Health Services Regulation's website throughout the year.</p>		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		