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# Long Term & Behavioral Health Committee

## Recommendations to the North Carolina State Health Coordinating Council

June 3, 2015

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The Long-Term and Behavioral Health (LTBH) Committee met twice after the March Council meeting, first on April 10th and again on May 1st.

The topics reviewed and discussed at the April 10th meeting included:

- Current Long-Term and Behavioral Health policies and methodologies.
- A petition requesting changes to the hospice inpatient bed need methodology.

The topics reviewed and discussed at the May 1st meeting included:

- Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters.

Following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2016 State Medical Facilities Plan.

### **Chapter 10: Nursing Care Facilities**

There were no petitions and no 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 results 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 2016 Plan. In addition, references to dates would be advanced one year, as appropriate.

### **Nursing Home Methodology Workgroup**

*The workgroup met on April 10<sup>th</sup> and May 1<sup>st</sup> following the LTBH Committee meetings. A subgroup of individuals reviewing the data met once, on April 22<sup>nd</sup>. The workgroup has focused on various changes to this methodology including:*

- *Use of a county rate model*
- *Use of a hybrid rate model with 1, 1.5, and 2 standard deviations for outlier counties*
- *Adjustments for in/out migration of patients*
- *Application of a vacancy factor such as 90% and 93%*

- *Change in the percentage of CCRC exclusions to 15%*

*The workgroup will meet again in July to review and discuss the different methodologies. A date for the meeting is to be determined. Recommendations will be presented at the last LTBH Committee meeting on September 4<sup>th</sup> and will be forwarded to the SHCC for consideration for inclusion in the 2017 State Medical Facilities Plan.*

### **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 results in the following draft need determinations.

- Ashe County, 30 Adult Care Home beds
- Graham County, 20 Adult Care Home beds
- Jones, 30 Adult Care Home beds
- Washington, 20 Adult Care 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 2016 Plan. In addition, references to dates would be advanced one year, as appropriate.

### **Chapter 12: Home Health Services**

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 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 Home Health Services:**

The Committee recommends the current assumptions and methodology be accepted for the Proposed 2016 Plan. References to dates would be advanced one year, as appropriate.

### **Chapter 13: Hospice Services**

There was one petition related to this chapter.

#### ***Petition***

**Petitioners:** Association for Home and Hospice Care of North Carolina and the Carolinas Center for Hospice and End of Life Care

**Request:** The petitioner requests “to modify Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate, rather than the static six percent current in the methodology.”

**Committee Recommendation:** The Committee recommends modifying Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate. This change in methodology requires different data to be pulled from other data fields than the current standard methodology uses on the license renewal data supplement, the further recommends the Division of Health Service Regulation work with the Association of Home and Hospice Care of North Carolina and The Carolinas Center for Hospice and End of Life Care to educate hospice providers on accurately and fully completing Hospice Annual Data Supplements to Licensure Renewal Applications in order to improve data integrity. Finally, the Committee recommends reviewing the hospice inpatient methodology in two years, for the Proposed 2018 Plan, to determine if the adopted change to Step 7 of the methodology is producing the intended effects.

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 Home Care**

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.

- **Hospice Inpatient Bed**

Application of the proposed revised methodology based on data and information currently available results in an **eight bed need determination in Cumberland County**. Need determinations are subject to change.

➤ *Note: Carrol S. Roberson Center, a hospice inpatient facility located in Cumberland County, did not renew hospice license for 2015.*

#### **Recommendations Related to Hospice Services:**

Additionally, the Committee recommends the current assumptions and methodology be accepted for the Proposed 2016 Plan. References to dates would be advanced one year, as appropriate.

### **Chapter 14: End-Stage Renal Disease Dialysis Facilities**

There were no petitions or comments related to this chapter.

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 2016 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 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 the following draft need determinations.

- Child Psychiatric Inpatient Beds:
  - Cardinal Innovations Healthcare Solutions LME-MCO, 12 beds
  - East Carolina Behavioral Health LME-MCO, 22 beds
  - Eastpointe LME-MCO, 29 beds
  - Sandhills Center LME-MCO, 1 bed
  - Smoky Mountain Center LME-MCO, 5 beds
  
- Adult Psychiatric Inpatient Beds:
  - Alliance Behavioral Healthcare LME-MCO, 30 beds
  - CoastalCare LME-MCO, 12 beds
  - Sandhills Center LME-MCO, 3 beds

Need determinations are subject to change.

#### **Recommendations Related to Psychiatric Inpatient Services:**

The Committee recommends adding language to the Methodology to clarify the definition of the planning inventory.

The Committee also recommends that the current assumptions and methodology, as clarified, be accepted for the Proposed 2016 Plan, and that dates 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 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 the following draft need determinations.

- Adult Chemical Dependency (Substance Abuse) Treatment Beds:
  - Central Region, 2 beds
- Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds:
  - Central Region, 5 beds

Need determinations are subject to change.

#### **Recommendations Related to Substance Abuse Inpatient & Residential Services:**

The Committee recommends adding language to the Methodology to clarify the definition of the planning inventory.

The Committee also recommends that the current assumptions and methodology, as clarified, be accepted for the Proposed 2016 Plan, and that dates be advanced one year, as appropriate.

### **Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities**

There were no petitions no 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 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 that the current assumptions and methodology be accepted for the Proposed 2016 Plan, and that references to dates be advanced one year, as appropriate.