



Healthcare Planning and Certificate of Need Section

Long-Term and Behavioral Health Committee Minutes- *DRAFT*

September 4, 2015

10:00 a.m. – 12 Noon

Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Denise Michaud– Chair; Donald Beaver; Peter Brunnick; Stephen DeBiasi; Dr. Jaylan Parikh; Dr. T.J. Pulliam; Kurt Jakusz
Members Absent: Gloria Whisenhunt
Healthcare Planning Staff: Paige Bennett; Elizabeth Brown; Amy Craddock; Tom Dickson; Kelli Fisk
DHSR Staff Present: Shelley Carraway; Martha Frisone; Gloria Hale; Fatima Wilson
Attorney General’s Office: Derrick Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<p>Welcome & Announcements</p> <p><i>(Correction: Eleven comments, including one by the petitioner, were submitted in support of the petition. The oral report by Mr. Jakusz to the SHCC on September 2, 2015 incorrectly stated seventy letters of support were received.)</i></p>	<p>Ms. Michaud welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>Ms. Michaud stated the purpose of this meeting was to review petitions and comments received in response to the <i>Proposed 2016 State Medical Facilities Plan</i>. She stated the Committee would also review updated tables, reflecting changes since the <i>Proposed Plan</i> was published, in order to make the Committee’s recommendation to the State Health Coordinating Council for the <i>Proposed 2016 State Medical Facilities Plan</i>. Ms. Michaud noted this meeting is open to the public. However, discussions, deliberations and recommendations are limited to the members of the Long-Term & Behavioral Health Committee.</p> <p>Ms. Michaud stated this was the third and final Long-Term & Behavioral Health Committee meeting scheduled for this year.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p>		

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Introductions			
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	<p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Ms. Michaud 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.</p> <p>There were no recusals.</p>		
Approval of May 1, 2015 Minutes	A motion was made and seconded to accept the May 1, 2015 minutes.	Dr. Pulliam Mr. Beaver	Motion approved
Nursing Care Facilities – Chapter 10	<p>Chapter 10 - Nursing Care Facilities</p> <p>Ms. Paige Bennett stated there was one petition submitted for 40 Nursing Care beds in Nash County. Before Ms. Bennett presented the agency report on this petition, she provided the following update on the Nursing Home Bed Methodology Work Group.</p> <p>The Workgroup met on April 10th, May 1, July 29, and September 4th. There was one Data Subgroup meeting on April 22nd.</p> <p>The workgroup proposed changes in the methodology include:</p> <ul style="list-style-type: none"> • One use rate (no age groups) calculated by county with annual change rate projection of 36 months. • Smoothing of average change rate applied to each county with substitution of the state rate at ½ standard deviation (SD) above and below the mean. • Vacancy factor applied to bed utilization summary (95%). • For need determinations, use of the higher between the median occupancy rate among all facilities in a county or the county weighted average. • Alignment of exclusions for beds and occupancy <p>The workgroup has requested the changes to the methodology go through the entire planning cycle for the <i>2017 SMFP</i>.</p> <p>Committee Recommendation For Workgroup Proposed Changes: A motion was made and seconded to have the Work Group recommendations go through the full cycle for the 2017 Plan.</p>	Dr. Parikh Dr. Pulliam	Motion approved

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	<p>Chapter 10: Ms. Bennett stated one petition for Chapter 10; Eleven comments were received in support of this petition. Additionally, two comments were received from the petitioner.</p> <p>Request: LifeCare Hospitals of North Carolina (LifeCare) respectfully petitioned the State Health Coordinating Council (SHCC) to create an adjusted need determination for 40 additional nursing care beds in Nash County in the <i>2016 State Medical Facilities Plan</i>. In order to ensure that the beds do not duplicate services already available in the area, while providing access to the target population, medical complex patients such as <i>ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis.</i></p> <p>Ms. Bennett stated currently, there are a total of 90 ventilator beds in three facilities statewide. The geographical distribution of these beds are limited to the western region of NC. The last remaining facility with ventilator beds in the east, Vidant Pungo Hospital, closed in 2014. Nash County is located in the eastern region of NC.</p> <p>Carson, et al. (2006) in the article entitled, <i>The Changing Epidemiology of Mechanical Ventilation: A Population-Based Study</i>, utilized hospital discharge data from all NC hospitals, excluding federal and psychiatric, from 1996 to 2002 to determine how the rates of ventilator patients has changed over time. The research shows an 11% increase in the incidence of mechanical ventilation during the 7 years studied. Using the data from the journal article, an estimated rate was derived which was used to calculate an estimated number of beds. The estimated number of beds using the data assumptions from the Carson research calculated at 37 beds, just three below the petitioner's request.</p> <p>Ms. Bennett stated the eastern region of NC does not currently have beds licensed specifically for patients requiring special care such as mechanical ventilation. Nash County, due to its geographical location, would provide greater access to these</p>		

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	<p>specialized beds for patients from the eastern region. The agency recommends approval of the petition.</p> <p>Committee Recommendation For Chapter 10: A motion was made and seconded to approve the petition with the following qualifying language for <i>Table 10C: Nursing Care Bed Need Determinations</i>:</p> <p><i>In response to a petition, the State Health Coordinating Council approved the adjusted need determination for 40 additional nursing care beds for Nash County. Applicants must demonstrate these beds will be limited to patients who, upon admission, have the following conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis.</i></p>	<p>Dr. Parikh Mr. Brunnick</p>	<p>Motion approved</p>
<p>Adult Care Homes - Chapter 11</p>	<p>Chapter 11 - Adult Care Homes Ms. Bennett stated one petition was submitted for a midsized Adult Care Home Facility in Halifax County, specifically Enfield, North Carolina; no comments were received</p> <p>Request: The petitioner requested a special need adjustment to the <i>Proposed 2016 State Medical Facilities Plan</i> for a midsized Adult Care Home Facility in Halifax County, specifically Enfield, NC. The petition presented two primary reasons to support the licensing of additional ACH beds in Halifax County:</p> <ol style="list-style-type: none"> (1) Residents would like to place their family members in a facility, which allows for easy access. (2) Residents are placing their loved ones outside of Halifax County. <p>Ms. Bennett stated the ACH License Renewal Application (LRA) does not collect data on patient origin. Thus, the out migration of patients from Halifax County is difficult to measure by the Agency.</p>		

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	<p>Currently, there are four facilities serving Halifax County. Applying the standard methodology to Halifax’s County’s inventory of ACH beds results in an 18 bed deficit. The overall current occupancy rate of Halifax County is 64.8%, well below the required 85% as outlined in the need methodology.</p> <p>Ms. Bennett noted this petition does not outline a specific number of beds for Halifax County, making it difficult to assess the proposal. The standard methodology has identified that there is no need for new ACH beds in Halifax County. A review of data and utilization specific to Halifax County, showed that applying the standard methodology does not generate a need for ACH beds. The agency recommended denying the petition.</p> <p><u>Committee Recommendation for the Petition:</u> A motion was made and seconded to deny the petition.</p>	Mr. Beaver Dr. Pulliam	Motion approved
Home Health Services - Chapter 12	<p>Chapter 12 - Home Health Services Ms. Brown stated there were no petitions related to Medicare-certified home health beds.</p>		
Hospices Services – Chapter 13	<p>Chapter 13: Hospice Services Ms. Brown stated one petition pertaining to hospice inpatient beds was submitted for consideration. Ms. Brown reviewed the agency report on this petition.</p> <p><u>Request:</u> Hospice of Davidson County (HDC) requested an adjusted need determination for four hospice inpatient beds to be added in Davidson County to the <i>North Carolina 2016 State Medical Facilities Plan (SMFP)</i>.</p> <p><u>Committee Recommendation for the Petition:</u> A motion was made and seconded to deny the petition.</p> <p>Ms. Brown provided the following updates:</p>	Dr. Pulliam Dr. Parikh	Motion approved (Vote: 4 in favor, 2 in opposition)

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	<p>Refreshed Hospice Data</p> <ul style="list-style-type: none"> A couple of provider submitted revised data since the publication of the <i>Proposed 2016 SMFP</i>. The hospice database has been updated and reports have been refreshed. <p>Data Changes:</p> <ul style="list-style-type: none"> Hospice of Iredell County, Inc. (HOS1338) <ul style="list-style-type: none"> Admissions changed from 133 to 183 Rowan Hospice & Palliative Care, LLC (HOS2425) <ul style="list-style-type: none"> Admissions changed from 250 to 500 DOC changed from 11,530 to 23,055 Deaths changed from 229 to 458 Rowan Hospice & Palliative Care, LLC (HOS3918) <ul style="list-style-type: none"> Admissions changed from 250 to 0 DOC changed from 11,528 to 0 Deaths changed from 229 to 0 <p>• Table 13A: Hospice data by County of Patient Origin – 2014 Data – Draft 9/4/2015 Net effect of the refreshed data:</p> <table border="1" data-bbox="663 862 1570 1031"> <thead> <tr> <th></th> <th>Admissions</th> <th>DOC</th> <th>Deaths</th> </tr> </thead> <tbody> <tr> <td>Proposed 2016 SMFP</td> <td>40,787</td> <td>3,037,328</td> <td>36,090</td> </tr> <tr> <td>2016 SMFP - Draft 9/4/15</td> <td>40,837</td> <td>3,037,325</td> <td>36,090</td> </tr> <tr> <td>Difference</td> <td>50</td> <td>-3</td> <td>0</td> </tr> </tbody> </table> <p>• Table 13B: Year 2017 Hospice Home Care Office Need Projections – Draft 9/4/2015 The refreshed data had no effect on Table 13B. This is because there were no changes in the number of hospice patient deaths.</p> <p>• Table 13G: Hospice Home Care Office Need Determination There is no change in need for additional hospice home care offices anywhere in the state.</p> <p>• Table 13C: Year 2019 Hospice Inpatient Bed Need Projections – Draft 9/4/2015</p>		Admissions	DOC	Deaths	Proposed 2016 SMFP	40,787	3,037,328	36,090	2016 SMFP - Draft 9/4/15	40,837	3,037,325	36,090	Difference	50	-3	0		
	Admissions	DOC	Deaths																
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	<p>Net effect of the refreshed data: No change in hospice inpatient bed need determinations.</p> <ul style="list-style-type: none"> • Proposed 2016 SMFP – Cumberland County: deficit 8 hospice inpatient beds • Will be adding a footnote to the table to note that out-of-state residence are not included in the calculations in the standard methodology. • Table 13H: Hospice Inpatient Bed Need Determinations Remains unchanged, reflecting need in Cumberland County for 8 Hospice Inpatient Beds. 		
ESRD Dialysis Services – Chapter 14	<p>Chapter 14 - ESRD Dialysis Services Ms. Brown reported there were no petitions received for Chapter 14, ESRD Dialysis Services.</p>		
Psychiatric Inpatient Services – Chapter 15	<p>Chapter 15 - Psychiatric Inpatient Services Dr. Craddock reported there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services.</p> <p>Dr. Craddock reviewed the updated inventory based on all available information (including refreshed Truven data).</p> <ul style="list-style-type: none"> • At this time, application of the methodology shows draft need determinations, in the following LME-MCOs: <ul style="list-style-type: none"> ○ <u>Child</u> Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ▪ Cardinal Innovations -- 12 beds ▪ Eastpointe – 29 beds ▪ Sandhills Center – 1 bed ▪ Smoky Mountain Center – 5 beds ○ <u>Adult</u> Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ▪ Alliance – 56 beds ▪ Sandhills Center – 4 beds 		
Substance Abuse Inpatient and Residential Services – Chapter 16	<p>Chapter 16 - Substance Abuse Inpatient and Residential Services Dr. Craddock reported that there were no petitions or comments regarding Chapter 16, Substance Abuse Inpatient and Residential Services.</p>		

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	<p>Dr. Craddock reviewed the updated inventory based on all available information.</p> <ul style="list-style-type: none"> • At this time, application of the methodology shows draft need determinations in the following regions: <ul style="list-style-type: none"> ○ <u>Child</u> Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ▪ Eastern Region – 9 beds ▪ Central Region – 19 beds ○ <u>Adult</u> Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ▪ Eastern Region – 23 beds ▪ Central Region -- 16 beds <p>The inventory and need determinations are subject to change.</p>		
<p>Intermediate Care Facilities for Individuals with Intellectual Disabilities – Chapter 17</p>	<p>Chapter 17 - Intermediate Care Facilities for Individuals with Intellectual Disabilities Dr. Craddock reported Chapter 17 had no petitions or comments.</p>		
<p>Other Business</p>	<p><u>Committee Recommendation:</u> A motion was made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended <i>Proposed 2016 State Medical Facilities Plan</i> as new and corrected data is received.</p> <p>Ms. Michaud reminded members the last full SHCC meeting for 2015 will be held on October 7th beginning at 10:00 am.</p> <p>Ms. Michaud asked for a motion to adjourn the meeting.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to adjourn the meeting.</p>	<p>Mr. Beaver Dr. Parikh</p> <p>Dr. Parikh Mr. Beaver</p>	<p>Motion approved</p> <p>Motion approved</p>