Healthcare Planning and Certificate of Need Section

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

September 9, 2016
10:00 a.m. – 12 Noon
Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. T.J. Pulliam-Chair; Peter Brunnick; Stephen DeBiasi; Denise Michaud; Kurt Jakusz; Dr. Jaylan Parikh
Members Absent: Jim Burgin
Healthcare Planning Staff: Paige Bennett; Elizabeth Brown; Amy Craddock; Patrick Curry; Tom Dickson; Andrea Emanuel **DHSR Staff Present:** Mark Payne; Martha Frisone; Lisa Pittman; Fatima Wilson; Gloria Hale
Attorney General's Office: Derek Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Welcome & Announcements **Introductions**	Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting. Dr. Pulliam stated the purpose of this meeting was to review petitions and comments received in response to the *Proposed 2017 State Medical Facilities Plan (SMFP)*. He stated the Committee would also review updated tables, reflecting changes since the *Proposed Plan* was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the *2017 State Medical Facilities Plan*. Dr. Pulliam 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. Dr. Pulliam stated this was the third and final Long-Term & Behavioral Health Committee meeting scheduled for this year. Dr. Pulliam asked the committee members and staff to introduce themselves.		
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Pulliam inquired if any member had a conflict of interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. There were no recusals.		.

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Approval of May 6, 2016 Minutes	A motion was made and seconded to accept the May 6, 2016 minutes.	Mr. Brunnick Mr. Parikh	Motion approved
Nursing Care Facilities – Chapter 10	**Chapter 10 - Nursing Care Facilities** Dr. Pulliam stated there were no petitions or comments submitted related to Chapter 10, Nursing Care Facilities. He asked Dr. Andrea Emanuel if there were any updates for this chapter. Dr. Emanuel noted that data was updated for Tables 10A and 10C, but the need determinations did not change. **<u>Committee Recommendation for Chapter 10</u>:** A motion made and seconded to forward Chapter 10, Nursing Care Facilities, with approved changes to the SHCC.	Ms. Michaud Mr. Brunnick	Motion approved
Adult Care Homes - Chapter 11	**Chapter 11 - Adult Care Homes** Dr. Pulliam stated there were three petitions submitted for Chapter 11, Adult Care Homes. **Petition 1:** The first is for an adjusted need determination for adult care home beds in Montgomery County. Dr. Emanuel presented the agency report on this petition. ***Request:*** Sandy Ridge Homes Holding Corporation has petitioned the State Health Coordinating Council (SHCC) to include an adjusted need determination for 16 adult care home beds in Montgomery County in the *2017 State Medical Facilities Plan*. The agency received 55 documents in support of this petition. ***Agency Response:*** The petitioner presents three primary reasons to support the licensing of additional adult care home beds in Montgomery County. Dr. Emanuel noted that special care unit beds are a specific type of adult care home or nursing home bed usually designated for residents with Alzheimer's disease or other dementia, or a mental health disability. First, the petitioner posits that the adult care home bed occupancy rate in Montgomery County is associated with special care unit bed occupancy rates in		

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	nearby counties. The petitioner demonstrates that more than a third of all of Montgomery County's adult care home beds are occupied by individuals originating from its contiguous counties. The agency does not collect data on patient origin for special care unit beds specifically. However, the agency has compared special care unit occupancy rates for Montgomery County and its six contiguous counties. Montgomery County's special care unit bed occupancy rates tend to be higher or mid-rank when compared to rates of its contiguous counties. Thus, results of the Agency's analysis support the belief that the Montgomery County may be serving individuals originating from nearby counties who are in need of special care unit beds. Secondly, the petitioner argues that high occupancy rates for Montgomery County are skewed because of consistent low occupancy of one of the county's adult care home facilities. The Agency examined adult care home bed occupancy rates of Brookstone Haven of Star Assisted Living, which is one of the adult care homes in Montgomery County. In 2013, this facility closed in order to add 13 special care unit beds. Montgomery County's adult care home bed occupancy rate also dropped during that time. Since 2013, as Brookstone Haven's adult care home bed occupancy rate has increased, so has the county's. We expect this trend will continue and Montgomery County soon will have occupancy rates that are again 85% or greater as they were in 2012. At that rate, the County would meet the minimum average adult care home bed occupancy threshold of 85%. Finally, the petitioner asserts that Montgomery County's adult care home bed use rate is consistent with the population most affected by Alzheimer's and dementia. The Agency compared the bed use rates for individuals 65 and older in Montgomery County to the same age cohort in the State. Based on bed use rates averaged out over 2012 through 2015, Montgomery County serves almost 50% more of its segment of the population aged 65-84 than does the State. The petitioner has confirmed that their assertion that there is a need for additional adult care home beds is specifically associated with a perceived need for special care unit beds. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency		

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	recommends approval of this request for an adjusted need determination for 16 adult care home beds in Montgomery County, with a preference for the addition of special care unit beds. **<u>Committee Recommendation for Petition 1</u>:** A motion made and seconded to approve the Petitioner's request for an adjusted need determination for adult care home beds with a preference for the addition of special care unit beds for Montgomery County in the *2017 SMFP*. **Petition 2:** ***Request:*** Artis Senior Living has submitted a petition requesting the 2017 SMFP show a need determination for 331 adult care home beds that would be a part of a special care unit in Buncombe County and 79 adult care home beds in Cabarrus County to also be a part of a special care unit. The Agency received one document in support of the petition by the petitioner. Special care unit beds are a specific type of adult care home or nursing home bed typically designated for residents with Alzheimer's disease or other dementia, or a mental health disability. ***Agency Response:*** The petitioner posits that the current methodology incorrectly determines the actual special care unit bed need for Buncombe and Cabarrus Counties. Despite the distinction that can be made between special care unit beds and adult care home and nursing home beds, in actuality, the current adult care home bed methodology does not separately determine special care unit bed need. To this end, the petitioners have commissioned Drs. Sloane and Zimmerman of the Sheps Center for Health Services Research at UNC-Chapel Hill to develop a special care unit bed need methodology. Calculations based on this methodology project a need for 331 special care unit beds in Buncombe County and 79 in Cabarrus County. To consider this request, the agency reviewed the petitioner's suggested methodology for determining special care unit bed need. When we applied the methodology to each county in the state, it resulted in a special care unit bed need	Mr. DeBiasi Ms. Michaud	Motion approved

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	in 77 counties and many of them would need at least 50 special care unit beds. This means that applying the suggested methodology would have a statewide impact rather than only affect Cabarrus and Buncombe Counties. Our plan process requires that the SHCC be able to begin considering such impactful methodology changes earlier in the year. Thus, in order to be in compliance with our plan process as noted in the *2017 Proposed State Medical Facilities Plan*, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denying this petition to adjust the need determination to show a 331 adult care home bed need in Buncombe County and a 79 adult care home bed need in Cabarrus County. ***Discussion Points*:** • Noah Hoffstetler asserted that the petition is posited as a pilot program in two counties rather than a suggestion for a methodology to be applied statewide. • Luke Price emphasized that the suggested methodology was developed with a focus on a need for SCUs in adult care homes, and this is a methodology that the agency currently does not have. He also noted that the suggested methodology was validated with data from Wake and Mecklenburg Counties. **<u>Committee Recommendation for Petition 2</u>:** A motion was made and seconded to deny the Petitioner's request for an adjusted need determination for adult care home beds for Cabarrus County and Buncombe County in the *2017 SMFP*. **Petition 3:** ***Request:*** Singh Development has submitted a petition to move 100 adult care home beds from Harnett County to Wake County. One comment was received in support of this petition.	Dr. Parikh Mr. Brunnick	Motion approved

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	Agency Response: The petitioner believes that the standard methodology for adult care home beds does not adequately project bed need for Wake County because it uses statewide rates for its projections. The petitioner describes a different methodology. This methodology makes use of data from the Wake County Department of Social Services to classify certain adult care home beds as unavailable. According to the petitioner, there are 92 Wake County beds unavailable for public use, and according to the petitioner's calculations, when these are taken out of the inventory; it results in a 187 adult care home bed deficit. The petitioner believes this is an issue that could be resolved by transferring beds from Harnett County. To establish a 234 adult care home bed surplus in Harnett County, the petitioner applied a similar, but not identical, methodology. This is because there is no data to determine the number of unavailable beds in Harnett County in the same way the petitioner did for Wake County. The agency finds that the petitioner is presenting a new methodology to determine adult care home bed need. One concern is the data the petitioner used to determine unavailable beds in Wake County is not vetted by the Agency. A second concern is, to adopt the suggested methodology, the criteria for determining the number of unavailable beds would need to be the same for all counties across the state. The Agency's plan process requires that the SHCC be able to begin considering methodology changes that would have a statewide impact earlier in the year. Thus, in order to be in compliance with our plan process as noted in the 2017 Proposed State Medical Facilities Plan, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the agency recommends denying this petition to transfer 100 adult care home beds from Harnett to Wake County. ***Discussion Points*:** • Michael Kahm, Vice-President of Singh Development Company, spoke about the unique circumstances of Harnett and Wake Counties even		

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	though the ACH bed surpluses are similar for both counties. He notes a higher demand in Wake County due to population growth and older facilities in Harnett County that have a high population of mental health patients. **<u>Committee Recommendation for Petition 3</u>:** A motion was made and seconded to deny the Petitioner's request to transfer adult care home beds from Harnett to Wake County in the *2017 SMFP*. Dr. Pulliam asked Dr. Emanuel if there were any updates related to Chapter 11. Dr. Emanuel noted that data was updated for Tables 11A and 11B, but the need determination did not change. She presented Table 11D as a new table which was inadvertently left out of the proposed 2017 SMFP but will be included in the final 2017 SMFP. **<u>Committee Recommendation for Chapter 11</u>:** A motion was made and seconded to forward Chapter 11, Adult Care Homes, with approved changes to the SHCC.	Dr. Parikh Mr. Brunnick Mr. DeBiasi Mr. Brunnick	Split vote: *In favor: Brunnick, Michaud, Jakusz, Parikh *Opposed: DeBiasi Motion approved Motion approved
Home Health Services - Chapter 12	**Chapter 12 - Home Health Services** Dr. Pulliam stated there was one petition related to Medicare-certified home health agency or office submitted for consideration. Ms. Brown presented the agency report on this petition. ***Request:*** The Petitioner, Mother's Helper requests an adjusted need determination be included in the *North Carolina 2017 State Medical Facilities Plan (SMFP)* for		

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	one Medicare-certified home health agency or office for Wake County to address a special segment of the population identified as high-risk mothers and babies, a segment that the Petitioner believes to be underserved in the county. Mother's Helper operates a home care business in Wake County (Raleigh) that are licensed to provide companion, sitter, respite, nursing care, infusion nursing and in-home aide services. ***Agency Response:*** Wake County residents are well served by home health providers. Based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, 29 agencies reported serving 16,013 patients residing in Wake County. While the Petitioner provides various types of information regarding high-risk pregnancies the mother-baby dyad; preterm deliveries; postpartum depression; ineffective bonding and breastfeeding; and the cost of NICU/PICU admissions in Wake County. There is no specific data provided to demonstrate the size of the population that needs these services or to demonstrate that the population is not currently receiving services from existing licensed Medicare-certified home health providers. The Agency does not collect data specific to the "high-risk mother and baby" population. However, based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, five agencies reported serving a total of 76 patients in the "under 18" age group who were residing in Wake County. *(This information is shown in Table 2 of the agency report.)* One of the agencies, Pediatric Services of America, Inc., provides home health services to only to pediatric patients. In addition to the 5 agencies that reported serving patients under 18 in Wake County, there are 24 other licensed Medicare-certified home health agencies eligible to provide services to all age groups: under age 18, 18-64, 65-74 and over 75. Neither Healthcare Planning and CON section nor the SHCC have the		

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	authority to impose limits on what patient groups an agency may or may not serve. The Home Health Data by County of Patient Origin – 2015 Data report provides information that 16,013 Wake County residents were recipients in 2015 and of those residents 76 *(or 0.5% of Wake County residents that received home health services)* were pediatric home health users. *(This information was noted in Table 3 of the agency report.)* However, what cannot be determined is whether any residents in Wake County are high-risk pregnant mothers or pediatric patients and who need home health services but are not receiving them. Additionally, the Petitioner states, "the intent and spirit of this proposal is not to duplicate existing services provided by the Pregnancy Medical Home and our health departments. To our knowledge there are no existing resources to supply in-home personal care service such as ours." The Agency found Community Care of North Carolina (CCNC) – Pregnancy Care Management Program is serving Medicaid and non-Medicaid eligible women in state. This statewide, population-based program services pregnant women and their infants. Baby Love is another program available to pregnant women that promotes a healthy pregnancy and positive birth outcomes. However, it is only available to citizens enrolled in Medicaid. And finally, Wake County Human Services participates in the Nurse – Family Partnership (NFP), a nationally recognized evidence-based nurse home visitation program for first-time, low-income mothers. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday." The services the Petitioner proposes to provide to the high-risk mother and baby population may to be a duplication of the services currently being provided by the various programs offered by the state and local government agencies.		

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<tr><td></td><td>The Agency and the State Health Coordinating Council (SHCC) acknowledges the importance of reducing barriers and making healthcare more accessible to all citizens. Furthermore, they both support local community efforts to provide healthcare services to individuals identified as members of this “high-risk” population.

Agency Recommendation:
The Agency supports the standard methodology for Medicare-certified home health agencies or offices as presented in the Proposed 2017 SMFP. Given available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denial of this petition.

Discussion Points:
• Ms. Foley, President of Mother’s Helper, spoke about the unique services her company has been providing to the high-risk mother and baby population in Wake and Cumberland counties. She also mentioned the recently announced freeze on CAP-C funds and the adverse effect that will have on this underserved population.

<u>Committee Recommendation for the Petition 4</u>:
A motion made and seconded to deny the Petitioner’s request for an adjusted need determination for Medicare-certified home health agency or office for Wake County in the Proposed 2017 SMFP.

Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 12.

Ms. Brown stated there were no updates for this chapter.
<u>Committee Recommendation for Chapter 12</u>:
A motion made and seconded to forward Chapter 12, Home Health Services, with approved changes to the SHCC.</td><td>Mr. Brunnick
Dr. Parikh

Ms. Michaud
Mr. DeBiasi</td><td>Motion approved

Motion approved</td></tr>
<tr><td>Hospices Services – Chapter 13</td><td>Chapter 13: Hospice Services
Dr. Pulliam stated one petition pertaining to hospice inpatient beds was submitted for consideration. Ms. Brown reviewed the agency report on this petition.</td><td></td><td></td></tr>
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	Request: Transitions LifeCare (TL) requests the removal of a need determination for seven additional hospice inpatient beds for Wake County from the *North Carolina 2017 State Medical Facilities Plan (SMFP).* Ms. Brown provided some history regarding the petition. TL applied and was granted a certificate of need (CON) on May 11, 2010 for 10 additional hospice inpatient beds based on a need determination for Wake County that appeared in the *2009 SMFP*. The development of these 10 additional hospice inpatient beds would bring the facility to a total of 24 hospice inpatient beds and 30 total beds overall. However, the additional 10 beds are still under development. The standard methodology does account for the 10 beds under development. The primary reason provided by the petitioner is that Wake County hospice inpatient utilization is lower than the statewide utilization rate. This is an accurate statement. For FY2014-2015 Wake County's 2-year trailing average inpatient utilization rate was 2.66%, which is slightly smaller than the statewide 2-year trailing average inpatient utilization rate of 3.78%. She noted in an original version of the report posted on-line and sent to the committee, this number was erroneously reported as 2.78%, but has been corrected. The standard methodology for determining the projected need for hospice inpatient beds is comprised of 12-Steps and is multifactorial. One key component of the methodology is admissions. Hospice admissions have steadily increased over the last 5-years. Wake County's admissions have increased at a faster rate than the statewide average. Table 1 in the agency report shows a 5-year compound annual growth rate of Wake County admissions of 6.4% compared to statewide rate of 3.4%. Days of Care (DOC) is another key component of the standard methodology. Wake County has seen a rising trend in the number of DOC in the past 5-years. Wake County's 5-year rate is double that of the statewide average rate, as depicted in Table 2 of the agency report. Wake County's five-year average annual growth rate for DOC is 5.2% compared to the statewide rate of 2.6%.		

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	Wake County is the second most populous county in the state with approximately 1,005,367 residents. Table 3 in the Agency report shows the difference between Wake County's 5-year annual average growth rate and the statewide average. It is anticipated that Wake County will continue to add 25,000 residents annually. TL operates the William M. Dunlap Center. Based on the Hospice 2016 Annual Data Supplement to the License Renewal Application information (FY2015), the inpatient facility occupancy rate is 94.46 percent. ***Agency Recommendation:*** The Agency supports the standard methodology for hospice inpatient beds as presented in the *Proposed 2017 Plan*. The Agency considered the available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments and, in consideration of factors discussed above, recommends denial of this petition. ***Discussion Points*:** • Cooper Linton, Vice-President of Marketing and Business Development at Transitions LifeCare (TL), spoke about the 10 hospice inpatient beds currently under development that are scheduled to come on-line in late 2017. Mr. Linton believes the addition of these beds will reduce TL's occupancy rate far below the current rate of 94%. He advised the Council it would be in everyone's best interest to remove the need until the utilization of the 10 new beds are realized.		
	Committee Recommendation for the Petition 5: A motion was made and seconded to approve the Petitioner's request to remove the need determination of seven hospice inpatient beds for Wake County from the *Proposed 2017 SMFP*. Mr. Brunnick shared a report issued by the US Department of Health and Human Services Office of Inspector General from March 2016 titled, "Hospices Inappropriately Billed Medicare Over $250 Million for General Inpatient Care"	Mr. DeBiasi Dr. Parikh	Motion approved

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	with the committee. North Carolina may see hospice inpatient bed utilization patterns shift in the future based on the report and continued CMS audits of inpatient facilities. Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 13. Ms. Brown stated the Agency received revised data from providers that resulted in changes to Tables 13A, 13B and 13C. However, changes in the data had no impact on the existing hospice inpatient bed need determination until the prior vote taken by the Committee. **<u>Committee Recommendation for Chapter 13</u>:** A motion made and seconded to forward Chapter 13, Hospice Services, with approved changes to the SHCC.	Ms. Michaud Dr. Parikh	Motion approved
ESRD Dialysis Services – Chapter 14	**Chapter 14 - ESRD Dialysis Services** Dr. Pulliam stated there was one petition pertaining to end-stage renal disease dialysis facility submitted for consideration. Ms. Brown presented the agency report on this petition. **Request:** The Petition requests an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum number of "projected as needed" [stations] in the most recent "Semiannual Dialysis Report" available prior to the certificate of need application due date in the *North Carolina 2017 State Medical Facilities Plan (SMFP).* **Analysis/Implications*:*** The *North Carolina Semiannual Dialysis Report – July 2016* indicates 10 residents of Graham County were receiving chronic outpatient dialysis services as of December 31, 2015 (based on data providers self-report to NC Division of Health Service Regulation). The reported number of patients from Graham County has varied from 2013 to 2016, ranging from a low of 10 to a high of 15 patients. The average annual rate of change in the total number of Graham		

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	County dialysis patients over the past four years indicates a small growth of 0.11% per year. This is not surprising considering Graham County's population. Of the 15 Graham County patients reported on December 31, 2015, a total of five (33.3%) were receiving "home dialysis" rather than "in-center dialysis." Data are not available to determine whether patient choice of treatment location was based on issues related to travel for in-center service, as opposed to patient preference or medical necessity/preference. Based on a projected December 31, 2016 total of 10.4 in-center patients, an application of the standard dialysis methodology to the December 31, 2015 patient data projects a deficit of 3 dialysis stations for Graham County. The standard methodology also projects 5.2 home-based patients for December 31, 2016. The Petition cites long and sometimes dangerous commutes for in-center dialysis treatments over treacherous mountain roads, often in adverse weather conditions, as the principal basis for its request. Early start times for first shift patients exacerbate these issues. According to Graham County transportation officials, the van used to transport dialysis patients has been diverted to Asheville's Mission Hospital and 911 has been called due to a patient medical emergency occurring on the long ride back to Graham. In addition, most of the Petitioner's cited travel distances exceed the goal of "Basic Principle" #10a, which encourages the provision of End-Stage Renal Disease treatment "…in a facility no farther than 30 miles from the patient's homes…." Based on the most recent patient origin data, 65% of the residents receiving in-center dialysis travel 46.6 miles one-way (93.2 miles round-trip) to Swain County three times a week, as shown in Table 1 in the agency report. Swain County is not part of the multi-county dialysis planning area of Cherokee-Clay-Graham. It is a single county planning area. Of the 10 Graham County residents receiving in-center dialysis, the majority of them are traveling outside of the planning area.		

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	The SHCC has previously made exceptions to the minimum facility size to address similar concerns in response to previous petitions (Dare County - Adjusted Need Determination for 4 stations, *1996 SMFP*; Macon County – Adjusted Need Determination for 5 Stations, *2012 SMFP*). **Agency Recommendation:** The Agency supports the standard methodology for determining need for new dialysis stations as presented in the *Proposed 2017 Plan*. The Agency recognizes and supports the state health planning process and policies as identified in the *2016 SMFP* and approved by the SHCC and the Governor. Given available information submitted by the August 12, 2016 deadline and in consideration of factors discussed above, the Agency recommends approval of the request for an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent *Semiannual Dialysis Report* available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. **<u>Committee Recommendation for the Petition 6</u>:** A motion made and seconded to approve the Petitioner's request for an adjusted need determination for one new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. Dr. Pulliam asked Ms. Brown if there were any updates related to Chapter 14.	Ms. Michaud Mr. Brunnick	Motion approved

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	Ms. Brown stated there was one comment submitted during the summer related to end-stage renal disease dialysis. Ms. Frisone provided an update to the Committee. Ms. Frisone pointed out a few minor revisions to Certificate of Need made to Chapter 3 of the SMFP for 2017 as it relates to Chapter 14, ESRD and ESRD providers. Fresenius submitted comments during the summer pointing out there was some ambiguity in the language regarding the due dates for ESRD applications for both county need determinations and facility need determinations. The newly revised language resolves any prior confusion. Ms. Brown reminded Committee members dialysis patient data are supplied by ESRD providers bi-annually. Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for January 2017 on January 1, 2017. This report will be available on the DHSR website. **<u>Committee Recommendation for Chapter 14</u>:** A motion made and seconded to forward Chapter 14, End-Stage Renal Disease Dialysis, with approved changes to the SHCC.	Mr. Brunnick Mr. DeBiasi	Motion approved
Psychiatric Inpatient Services – Chapter 15	Dr. Craddock announced that Cardinal Innovations Healthcare Solutions and CenterPoint Human Services merged on July 1, 2016, reducing the number of LME-MCOs from eight to seven. The new LME-MCO retains the Cardinal name. The merger affects the inventory and need determination calculations for Chapters 15 and 16, and the inventory for Chapter 17. **Chapter 15 - Psychiatric Inpatient Services** Dr. Craddock reported there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services. Dr. Craddock reviewed the updated inventory based on all available information. The LME-MCO merger reduced the child/adolescent psychiatric inpatient bed need from 125 (in the Proposed SMFP) to 106. Updates to data and increased the adult bed need determination from 38 to 40. The inventory and need determinations are subject to change.		

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	Dr. Craddock also provided an update to the information presented at the April LTBH meeting regarding beds to be developed because of the sale of the Dorothea Dix Hospital property. **<u>Committee Recommendation for Chapter 15</u>:** A motion made and seconded to forward Chapter 15, Psychiatric Inpatient Services, with approved changes to the SHCC.	Mr. Brunnick Ms. Michaud	Motion approved
Substance Abuse Inpatient and Residential Services – Chapter 16	**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. Dr. Craddock reviewed the updated inventory based on all available information. Updates to data did not change the need determinations from those presented in the Proposed SMFP. The inventory and need determinations are subject to change. **<u>Committee Recommendation for Chapter 16</u>:** A motion made and seconded to forward Chapter 16, Substance Abuse Inpatient and Residential Services, with approved changes to the SHCC.	Ms. Michaud Mr. DeBiasi	Motion approved
Intermediate Care Facilities for Individuals with Intellectual Disabilities – Chapter 17	**Chapter 17 - Intermediate Care Facilities for Individuals with Intellectual Disabilities** Dr. Craddock reported Chapter 17 had no petitions or comments. **<u>Committee Recommendation for Chapter 17</u>:** A motion made and seconded to forward Chapter 17, Intermediate Care Facilities for Individuals with Intellectual Disabilities, with approved changes to the SHCC.	Ms. Michaud Dr. Parikh	Motion approved
Other Business	**<u>Committee Recommendation to Staff for Chapters 10- 17</u>:**		

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	A motion made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended *Proposed 2017 State Medical Facilities Plan* as new and corrected data is received. Dr. Pulliam reminded members the last full SHCC meeting for 2016 will be held on October 5th beginning at 10:00 am in this room. Dr. Pulliam asked for a motion to adjourn the meeting.	Dr. Parikh Mr. Brunnick	Motion approved
Adjournment	**<u>Committee Recommendation for Adjournment</u>:** A motion made and seconded to adjourn the meeting.	Mr. Brunnick Dr. Parikh	Motion approved