



DRAFT

Long-Term and Behavioral Health Committee Minutes
Friday, May 5, 2017
10:00 a.m. -12 Noon
Brown Bldg. Room 104, Raleigh, NC

Healthcare Planning and Certificate of Need Section

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| Members Present: Ms. Denise Michaud – LTBH Committee Chair, Dr. Chris Ullrich – SHCC Chair, Mr. Peter Brunnick, Mr. James Burgin, Mr. Kurt Jakusz, Mr. Jim Martin, Dr. T.J. Pulliam |
| Members Absent: Mr. Keith Branch, Dr. Jaylan Parikh |
| Healthcare Planning Staff: Ms. Paige Bennett, Ms. Elizabeth Brown, Amy Craddock PhD, Tom Dickson PhD, Andrea Emanuel PhD |
| DHSR Staff: Mr. Mark Payne, Ms. Martha Frisone |
| AG’s Office: Mr. Derek Hunter |

| Agenda Items | Discussion/Action | Motion/ Seconded | Recommendations/ Actions |
|------------------------------------|---|---------------------|-----------------------------|
| Welcome & Announcements | <p>Ms. Michaud welcomed members, staff and guests to the second Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>She stated that the purpose of this meeting was to conduct a preliminary review of the data tables and need determinations for Chapters 10-13, and 15-17 for the Proposed 2018 State Medical Facilities Plan (SMFP), and to make recommendations that would be forwarded to the SHCC for consideration at the June 7, 2017 meeting. Ms. Michaud stated the meeting was open to the public, but discussion would be limited to members of the Long-Term and Behavioral Health Committee and staff, unless questions are specifically directed to someone in the audience.</p> <p>Ms. Michaud noted that there would be a series of six public hearings on the Proposed Plan during the month of July and petitions and comments on the Proposed</p> | | |

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| | <p>Plan would be accepted in July and August.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p> | | |
| <p>Review of Executive Order No. 122: Extending the State Health Coordinating Council & Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</p> | <p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting. Ms. Michaud inquired if anyone had a conflict, needed to declare that they would derive a benefit from any matter on the agenda, or intended to recuse themselves from voting on the matter. Ms. Michaud asked members to review the agenda and declare any conflicts on today's agenda. There were no recusals.</p> <p>Ms. Michaud stated that if a conflict of interest not on the agenda came up during the meeting, the member with the conflict of interest would make a declaration of the conflict.</p> | | |
| <p>Approval of April 7, 2017 Minutes</p> | <p>A was motion made and second to accept the April 7, 2017 LTBH meeting minutes.</p> | <p>Mr. Brunnick Mr. Martin</p> | <p>Motion approved</p> |
| <p>Nursing Care Facilities - Chapter 10</p> | <p>Dr. Andrea Emanuel provided the following review of data for Chapter 10</p> <p>Table 10A Based on the draft of Table 10A, there are 127 more nursing beds available than there were last year. However, compared to last year, 55 fewer beds will be excluded from the inventory. Thus, the total planning inventory has increased by 182 to a total of 43,610 nursing care beds.</p> <p>Table 10B Table 10B shows the calculation of bed use rates for each county according to the current methodology. These use rates are applied to calculate bed need, which is shown in Table 10C.</p> <p>Tables 10C & 10D According to the calculations in Table 10C and as summarized in Table 10D, the current methodology does not show needs for nursing home beds anywhere in the state.</p> | | |

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| | <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the nursing home data and draft need projections for Chapter 10 to the SHCC.</p> | Dr. Pulliam Mr. Brunnick | Motion approved |
| <p>Adult Care Homes – Chapter 11</p> | <p>Dr. Emanuel next provided the following report on data and placeholders for Chapter 11:</p> <p>Table 11A According to draft Table 11A, there are 65 more adult care home beds available than there were last year. Based on the preliminary data, 237 beds will be excluded from the planning inventory, which is the same number of beds excluded last year. Therefore, the total planning inventory has also increased by 65 to a total of 44,104 adult care home beds.</p> <p>Tables 11B & 11C As calculated in Table 11B and summarized in Table 11C, there are two bed need determinations at this point – one for 30 beds in Ashe County and one for 20 beds in Greene County. Also, the need determinations in the 2017 plan for Jones and Washington counties (30 and 10 beds, respectively) have a CON application due date on July 17th, so these beds remain in the plan.</p> <p>Table 11D Table 11D is an inventory for facilities that have 6 or fewer adult care beds. These beds are not regulated by CON and they are not included in the need determination calculation. However, they are presented here since they are not included in any of the other tables for this chapter.</p> <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the adult care home data and draft need projections for Chapter 11 to the SHCC.</p> | Dr. Pulliam Mr. Brunnick | Motion approved |
| <p>Medicare Certified Home Health Services – Chapter 12</p> | <p>Next, Ms. Elizabeth Brown provided the following review of the data and placeholders for Chapter 12:</p> | | |

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| | <p>Utilization Data: Patient origin data were compiled from the Home Health Agency 2017 Annual Data Supplement to License Application with a data reporting period of October 1, 2015 to September 30, 2016. It is provider self-reported data.</p> <p>Reports are preliminary. Numbers and need projections are subject to change as staff continue to review, clean and receive refreshed data.</p> <p>Table 12A: Home Health Data by County of Patient Origin – 2016 Data Draft</p> <table border="1" data-bbox="537 553 1451 711"> <thead> <tr> <th></th> <th>2017 SMFP</th> <th>Proposed 2018 SMFP - Draft</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Patients Served (All Counties)</td> <td>229,207</td> <td>226,827</td> <td>(2,380)</td> </tr> </tbody> </table> <p>Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Compared to 2015 data, the average “State Use Rates per 1, 000 Population” decreased in all four age groups.</p> <p>Table 12D – Need Projections Draft There are currently two placeholders:</p> <ul style="list-style-type: none"> • Forsyth County – 325 • Mecklenburg County - 325 <p>Table 12D – 2018 Need Projections for Medicare-certified Home Health Agencies or Offices and Table 12E – Need Determination Draft The standard methodology generated two need determinations in Wake County for new Medicare-certified home health offices in the <i>NC Proposed 2018 SMFP</i>.</p> <p>Ms Brown noted that there was one need determination in Mecklenburg County for one new Medicare-certified home health office in the NC 2017 SMFP. CON received three applications on April 17, 2017 for review and consideration.</p> | | 2017 SMFP | Proposed 2018 SMFP - Draft | DIFFERENCE | Total Patients Served (All Counties) | 229,207 | 226,827 | (2,380) | | |
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| | <p><u>Committee Recommendation</u> A motion was made and seconded a recommendation to accept the Medicare-certified home health data and draft need projections for Chapter 12.</p> | Mr. Brunnick Mr. Martin | Motion Approved | | | | | | | | | | | | | | | | |
| Hospice Services – Chapter 13 | <p>Ms. Brown presented the following review of data and placeholders for Chapter 13:</p> <p>Utilization Data: Patient origin data were compiled from the Hospice Agency 2017 Annual Data Supplement to License Application with a data reporting period of October 1, 2015 to September 30, 2016. It is provider self-reported data.</p> <p>Reports are preliminary. Numbers and need projections are subject to change as staff continue to review, clean and receive refreshed data.</p> <p>Table 13A: Hospice data by County of Patient Origin – 2016 Data Draft</p> <table border="1" data-bbox="537 797 1461 1045"> <thead> <tr> <th></th> <th>2017 SMFP</th> <th>Proposed 2018 Draft</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Admissions</td> <td>44,246</td> <td>45,569</td> <td>+1,323</td> </tr> <tr> <td>Total Days of Care</td> <td>3,231,700</td> <td>3,381,797</td> <td>+150,097</td> </tr> <tr> <td>Total Deaths</td> <td>39,164</td> <td>40,464</td> <td>+1,300</td> </tr> </tbody> </table> <p>Table 13B: Year 2019 Hospice Home Care Office Need Projections Draft Based on provider self-reported data, the hospice home care standard methodology generated one need determination.</p> <p>Table 13G: Hospice Home Care Office Need Determination Draft There is one hospice home care office need determination at this time based on current data in the proposed draft table.</p> <ul style="list-style-type: none"> • Cumberland County: one new hospice home office | | 2017 SMFP | Proposed 2018 Draft | DIFFERENCE | Total Admissions | 44,246 | 45,569 | +1,323 | Total Days of Care | 3,231,700 | 3,381,797 | +150,097 | Total Deaths | 39,164 | 40,464 | +1,300 | | |
| | 2017 SMFP | Proposed 2018 Draft | DIFFERENCE | | | | | | | | | | | | | | | | |
| Total Admissions | 44,246 | 45,569 | +1,323 | | | | | | | | | | | | | | | | |
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| | <p>Table 13C: Hospice Inpatient Bed Need Projections – Draft The standard methodology that uses a two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county to project hospice days of care and inpatient days of care for each county. This generated two draft hospice inpatient bed need determinations: 10 hospice inpatient beds in Cumberland County (HSA V) and 14 hospice inpatient bed in Wake County (HSA IV) as reflected in draft Table 13H.</p> <p>Ms. Brown noted that, in accordance with Policy GEN-1, a 9 bed placeholder in Cumberland County for 2017 SMFP Need Determination has been removed since the Certificate of Need Section received no applications by the 5:00 p.m. April 17, 2017 deadline.</p> <p>Table 13D (1): Hospice Inpatient Facilities - Draft There are 449 licensed hospice inpatient beds in North Carolina. An additional 48 hospice inpatient beds are CON-Approved and under development.</p> <p>Table 13D (2): Hospice Inpatient Facilities Occupancy Rate for FY2015 - Draft Four hospice inpatient facilities have occupancy rates equal to or above the 85 percent utilization rate established in the standard methodology for hospice inpatient beds.</p> <p>Table 13E & 13F: Hospice Residential Facilities/Residential Bed Inventory - Draft There are currently 159 licensed hospice residential beds and 6 CON-approved residential beds under development.</p> | | |
| | <p><u>Committee Discussion</u> Mr. Brunnick noted that it was relevant that only four inpatient facilities in the state had a utilization rate $\geq 85\%$. The Committee and staff should consider this information when we look at future needs.</p> | | |
| | <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the hospice data and draft need projections for Chapter 13 to the SHCC.</p> | Mr. Jakusz Mr. Burgin | Motion approved |

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| <p>End-Stage Renal Disease Dialysis Facilities – Chapter 14</p> | <p>Ms. Brown also provided the following review of the data and placeholders for Chapter 14:</p> <p>For the July 2017 North Carolina Semiannual Dialysis Report, staff recommends the following:</p> <ul style="list-style-type: none"> • The addition of dialysis data by county of patient origin. This would become Table A: Dialysis Data by County of Patient Origin - <u>Month Year</u> Data. • Table B: Inventory of Dialysis Stations and Calculation of Utilization Rates* is the former Table A. • Table C: Census of Home Dialysis Patients, shows the total number of home hemodialysis patients, number of home peritoneal patients and total number of home patients by county and provider number. • Table D: ESRD Dialysis Station Need Determinations by Planning Area, is the former Table B. <p>The proposed recommendation above follows formats of other chapters (i.e. home health, hospice, etc.) in the SMFP. Data from Table B and Table C both contribute to the output/need determination(s) in Table D.</p> <p>These are the only changes related to Chapter 14 recommended by the Agency.</p> | | |
| | <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the staff recommendation for the 2017 Semiannual Dialysis Report and all future SDRs with newly revised Tables A-D</p> | <p>Mr. Burgin Dr. Pulliam</p> | <p>Motion approved</p> |
| | <p>End-Stage Renal Disease Dialysis providers, operating certified dialysis facilities supply patient data to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section bi-annually.</p> <p>Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will appear in the North Carolina</p> | | |

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| | <p>Semiannual Dialysis Report (SDR) for July 2017 on July 1st. This report will be available on the DHSR website.</p> <p>In response to a petition, the State Health Coordinating Council approved an adjusted need determination for Graham County in the 2017 SMFP and 2017 January SDR. The Certificate of Need Section received one application for review and consideration by the March 15, 2017 deadline.</p> | | |
| | <p><u>Committee Recommendation</u></p> <p>A motion made and seconded to recommend updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate for the <i>Proposed 2018 SMFP</i>.</p> | <p>Dr. Pulliam Mr. Brunnick</p> | <p>Motion approved</p> |
| <p>Psychiatric Inpatient Services - Chapter 15</p> | <p>Dr. Amy Craddock provided the following review of the data and placeholders for Chapter 15:</p> <p>Language Change</p> <p>She referenced a document provided to the Committee that shows the proposed language for Chapter 15 to implement the use of Major Diagnostic Category (MDC) codes, as the committee approved at the last meeting.</p> <p>Table 15A – Inventory of Beds</p> <p>This table reflects Nash County’s move from the Eastpointe to the Trillium LME-MCO, which is slated to become effective on July 1. There are 2,400 beds in the planning inventory. This number includes licensed beds, CON-approved beds, and placeholders for the 2017 SMFP need determinations. There are 1,984 adult, 416 child/adolescent beds.</p> <p>Current data shows no draft need determinations for child/adolescent or adult beds, so Tables 15C1 and C2 were not produced for this meeting.</p> <p>Data is still under revision and Truven days of care data will be refreshed during the summer. Most of the due dates have not passed for CON applications for the need determinations in the 2017 SMFP. Removal of these placeholders and these other</p> | | |

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| | <p>data activities may change need determinations. Also, if the expected merger of Eastpointe and Cardinal takes place in July, the needs may change.</p> <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the changes to the Chapter 15 narrative, Psychiatric Inpatient data and draft need determinations for purposes of the Proposed 2018 SMFP</p> | <p>Mr. Brunnick Mr. Jakusz</p> | <p>Motion approved</p> |
| <p>Substance Abuse/Chemical Dependency - Chapter 16</p> | <p>Dr. Craddock next provided the following review of the data and placeholders for Chapter 16:</p> <p>Language Change</p> <p>The document provided to the Committee shows the proposed language for Chapter 16 to implement the use of MDC codes, as the committee approved at the last meeting.</p> <p>Table 16A – Inventory of Beds</p> <p>This table also reflects Nash County’s move from Eastpointe to Trillium. The total planning inventory is 656 beds. There are 615 licensed beds, 45 of which are child/adolescent beds; the remaining 611 are adult beds. The total planning inventory includes 41 CON-approved beds.</p> <p>Table 16B – Projection of Chemical Dependency Treatment Bed Need</p> <p>There was no need determination for adult beds anywhere in the state.</p> <p>Table 16D shows a need determination for 15 child/adolescent beds, all of which are in the Central Region.</p> <p>The due date has passed for CON applications for the need determination in the 2017 SMFP for 17 child/adolescent beds. No applications were received.</p> | | |

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| | <p>Data is still under revision and Truven days of care data will be refreshed later in the year. These activities may impact need determinations for both adult and child/adolescent beds. Also, if the expected merger of Eastpointe and Cardinal takes place in July, the needs may change.</p> | | |
| | <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance of the changes to the Chapter 16 narrative, Substance Use Disorder data and draft need determinations for purposes of the Proposed 2018 SMFP.</p> | <p>Mr. Martin Dr. Pulliam</p> | <p>Motion approved</p> |
| <p>Intermediate Care Facilities - Chapter 17</p> | <p>Dr. Craddock then provided the following review of the data and placeholders for Chapter 17:</p> <p>Table 17A and 17B</p> <p>Table 17A shows a total of 2,785 licensed beds in community-based facilities. There are CONs to develop 10 additional beds, bringing the total inventory to 2,795. Table 17B shows 2,317 beds in state developmental centers. These numbers reflect de-licensure of 3 beds, because these beds have been licensed as community-based ICF/IID beds.</p> <p>There is no need determination for either adult or child ICF/IID beds.</p> | | |
| | <p><u>Committee Recommendation</u> A motion made and seconded to recommend acceptance ICF/IID data for purposes of the Proposed 2018 SMFP.</p> | <p>Mr. Brunnick Dr. Pulliam</p> | <p>Motion approved</p> |
| <p>Other Business</p> | <p>A motion was made to recommend to approve data with the understanding that staff will continue to update and make necessary corrections and changes prior to sending forward to the SHCC.</p> <p>Ms. Michaud noted the next LTBH committee meeting will be on Friday, September 8, 2017 at 10:00 a.m. at this location. Also, the next full SHCC meeting will be on June 7, 2017 at 10:00 a.m. at this location.</p> | <p>Dr. Pulliam Mr. Brunnick</p> | <p>Motion approved</p> |

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| Adjournment | Ms. Michaud called for adjournment. A motion was made to adjourn the meeting. | Dr. Pulliam Mr. Martin | Motion approved |