
Long Term and Behavioral Health Committee Recommendations to the North Carolina State Health Coordinating Council June 7, 2017

The Long-Term and Behavioral Health (LTBH) Committee met twice this year, first on April 7th and again on May 5th.

The topics reviewed and discussed at the April 7th meeting included:

- Current Long-Term and Behavioral Health policies and methodologies and one Adult Care Home petition;
- Proposed language changes in Chapters 15, 16 and 17; and
- Adherence to strict deadlines for accepting comments to petitions.

The topics reviewed and discussed at the May 5th meeting included:

- Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters; and
- Proposed introduction of two new tables and re-labeling of two existing tables in the Semiannual Dialysis Report beginning July 2017.

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 2018 State Medical Facilities Plan (SMFP).

Chapter 10: Nursing Care Facilities

- The Committee reviewed the policies and methodologies for nursing care facilities.
- Staff presented draft tables 10A, 10B, 10C and 10D. Application of the methodology based on data and information currently available indicated **no need for additional nursing home beds** anywhere in the state.

Chapter 11: Adult Care Homes

- The Committee reviewed the policies and methodologies for adult care homes.
- Staff presented draft tables 11A, 11B, 11C and 11D. Application of the methodology based on data and information currently available results in **need determinations for 50 beds**:
 - **30 beds in Ashe County**
 - **20 beds in Greene County**

- There was one petition for Chapter 11. The agency received one comment on the petition, and one comment on the comment (submitted after the deadline). The Committee voted to not consider the comments that were submitted late and to reiterate a commitment to adhering to strict deadlines as published in the SMFP. The Agency did not consider this comment when preparing its report.

Petitioner: Singh Development, LLC

Request: The petitioner submitted a proposal to amend policy LTC-2 which pertains to relocation of adult care home beds.

The current LTC-2 policy allows relocation of beds from one county provided: 1) the counties in question are contiguous to each other and the facility losing beds or moving currently serves residents of the county receiving beds; 2) a deficit is not created or increased in the county losing beds; and 3) a surplus is not created or increased in the county gaining beds.

The petitioner proposed to replace the existing third criterion with language that would allow relocation of licensed adult care home beds from a county with a surplus of beds to a contiguous high-growth county with a small surplus of beds. The replacement language reads as follows:

Demonstrate that a proposal to move licensed adult care home beds from a county with a surplus of beds to a county with a surplus of beds shall meet the following conditions, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins:

- a. The county losing beds as a result of the proposal has a surplus greater than or equal to 15 percent of available inventory;
- b. Once beds are moved, percent surplus of available beds for the county losing beds does not fall below 15 percent as a result of the project;
- c. The county receiving licensed adult care beds as a result of a proposal has a surplus of beds less than 15 percent of available inventory;
- d. Once beds are moved, percent surplus of available inventory for the county receiving beds does not exceed 15 percent as a result of the project; and,
- e. Using North Carolina Office of State Budget and Management population data, demonstrate the county receiving beds has a five year forward average population growth rate greater than North Carolina average.

Committee Recommendation: Staff analyses found that if the language of the third condition in the current policy were removed and replaced as proposed by the petitioner, the policy would lose language that currently explains the conditions under which counties with a deficit could receive beds.

Staff analyses also found the current Adult Care Home need methodology is similar to the former Nursing Home need methodology in that it uses some of the same elements that were removed from the Nursing Home methodology in order to improve the accuracy of nursing home bed need projections.

The Committee voted to approve the agency recommendation to deny the petitioner's request to amend Policy LTC-2. It also voted to approve the agency recommendation to review the Adult Care Home methodology no earlier than the 2019 SMFP cycle, depending on the availability of staffing resources.

Chapter 12: Home Health Services

- Application of the methodology based on data and information currently available results in **a draft need determination for Wake County for two new Medicare-certified home health agencies or offices.**

Chapter 13: Hospice Services

- Application of the methodology based on data and information currently available results in **one draft need determination for Cumberland County for a new home hospice office.**
- Application of the methodology based on data and information currently available results two draft need determinations:
 - **one in Cumberland County for 10 hospice inpatient beds; and**
 - **one in Wake County for 14 hospice inpatient beds.**

Chapter 14: End-Stage Renal Disease Dialysis Facilities

- The Committee voted to recommend including two additional tables in the Semiannual Dialysis Report. The addition of dialysis data by county of patient origin, would become Table A. The second new table, Table C: Census of Home Dialysis Patients, would show the total number home hemodialysis patients, number of home peritoneal patients and total number of home patients by county and provider number.

- Furthermore, in the same vote, the Committee agreed the former Table A will become Table B: Inventory of Dialysis Stations and Calculation of Utilization Rates and the former Table B will become Table D: ESRD Dialysis Station Need Determinations by Planning Area in the July 2017 Semiannual Dialysis Report and all future SDRs.
- 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 July 2017 on July 1st. This report will be available on the DHSR website.

Chapter 15: Psychiatric Inpatient Services

- The complexity of mapping ICD-9 codes to the new ICD-10 codes made data extraction onerous and time consuming. Staff recommended using Major Diagnostic Category (MDC) codes instead and presented an analysis that demonstrated very few differences in totals between the two approaches. The Committee voted to recommend using the MDC codes to identify psychiatric bed days of care reported to Truven rather than ICD-10 codes.
- Application of the revised methodology based on data and information currently available results in **no draft need determinations for adult or child/adolescent psychiatric inpatient beds.**

Chapter 16: Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)

- Similarly to Chapter 15, the Committee voted to use the MDC codes rather than ICD-10 codes to identify substance use disorder inpatient and residential days of care reported to Truven.
- Application of the methodology based on data and information currently available results in the following draft need determination:
 - **Child/Adolescent Chemical Dependency Treatment Beds**
 - **Central Region, 15 beds.**
 - **There was no need determination for adult beds anywhere in the state.**

Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities

- Application of the methodology based on data and information currently available results in **no draft need determinations at this time.**

Recommendation for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17 for the Proposed 2018 SMFP:

The Committee recommends that the current assumptions and methodology be accepted as presented for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, for the Proposed 2018 Plan, and that references to dates be advanced one year, as appropriate. Also, the committee recommends to authorize staff to update narratives, tables and need determinations as new and corrected data are received.