Healthcare Planning & Certificate of Need Section

State Health Coordinating Council Meeting – D R A F T

Minutes

June 1, 2017

Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Stephen DeBiasi, Dr. Sandra Greene, Dr. Mark Ellis, Kurt Jakusz, Dr. Lyndon Jordan, Stephen Lawler, Kenneth Lewis, James Martin, Dr. Robert McBride, Denise Michaud, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam
Members Absent: Senator Ralph Hise, Valarie Jarvis, Representative Donny Lambeth, Brian Lucas
Healthcare Planning Staff Present: Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel, Sharetta Blackwell **DHSR Staff Present:** Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson, Julie Halatek, Gloria Hale **Attorney General's Office:** Bethany Burgon, June Ferrell, Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome	Dr. Ullrich welcomed Council members, staff and visitors to the second meeting of the planning cycle for the N.C. 2018 State Medical Facilities Plan (SMFP). He introduced the special guest speaker, Dr. Mandy Cohen, the Secretary of Department of Health and Human Services.		
Guest Speaker: Secretary Mandy Cohen, MD	Secretary Cohen wanted to talk about the changes coming to NC and to make sure the decisions and discussions of the SHCC reflect the current thinking: The first issue is the transformation of Medicaid to a managed care model. It is anticipated this will be launched in 2019 and they hope to have approval of the submitted waiver. It is anticipated this change will bring opportunities and changes in the health systems. The thinking is more expansive and includes broader improvements to health outside of the walls of the hospital. Some		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	of the considerations include: access to care, value for the dollars spent, and new ways for organizations to interact with each other through sharing information and data. The second issue is the opioid crisis. This is causing strain in ED, and public health systems. DHHS is looking at how different groups can work together in a coordinated way. Another issue is working on increasing access for all behavioral health services. Secretary Cohen answered several questions from members. The first question was regarding the impact on CCNC under the new managed care model. She indicated DHHS will be reviewing the services, including their data analytics and the prescription partnership program to identify what may be effective and how they can be continued. A second question was related to the costs of NC Fast data entry overtime. Secretary Cohen acknowledged the transition from paper to a digital platform had challenges, but the benefits of tracking patients was worth it and that there are discussion on how to offset the costs to the counties. Finally, Dr. Ullrich, asked for a commitment to have regular input and feedback from the Department. He noted such communication should include identified challenges where the SHCC can contribute constructive solutions. Secretary agreed and stated DHHS will be making changes with full transparency with the SHCC and the entire health care community.		
Announcements/ Introductions	The Proposed 2018 SMFP will be posted on the Healthcare Planning and Certificate of Need Section's website in the beginning of July and will be followed by public hearings for comments at various locations throughout the state from July 11 to July 26, 2017. There are copies of the public hearing schedules as well as the schedules for this year's remaining Council and Committee meetings on the table in the back of the room.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Dr. Ullrich noted that two Committees received comments past the submitted deadline. They both voted not to consider the comments and to adhere to the deadlines as outlined in the SMFP. Next, Dr. Ullrich asked the Council members to introduce themselves by stating their name, affiliation, and SHCC appointment type. Mark Payne introduced Martha Frisone in her new role as Chief of Healthcare Planning and Certificate of Need and Sharetta Blackwell as the new Administrative Assistant to Healthcare Planning. Dr. Ullrich asked that staff and the Attorney General's staff introduce themselves.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order No. 122 Extending the State Health Coordinating Council	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or 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. Dr. Ullrich asked members to declare conflicts as agenda items came up.		
Approval of Minutes from March 1, 2017	A motion was made and seconded to accept the minutes of March 1, 2017.	Mr. Lawler Mr. DeBiasi	Motion approved; Unanimously.
Recommendations from Acute Care Services Committee	Dr. Sandra Greene presented the report for the Acute Care Services Committee. The Acute Care Services Committee met twice this year, first on April 4 and again on May 2. Topics reviewed and discussed at the April 4 meeting included: • Current Acute Care Services policies and methodologies; • Review of recommendations from the Operating Room Methodology Workgroup; • A Change to Policy AC-3, based on the recommendation of the Operating Room Methodology Workgroup; • Adherence to strict deadlines for accepting comments to petitions; and • A presentation by Triangle Orthopaedics Surgery Center.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Topics reviewed and discussed at the May 2 meeting included: • Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters; • A comparison between Licensure and Truven Health Analytics data; • Presentation of data pertaining to the new operating room methodology. Comments were received regarding the revision of the operating room methodology. In addition, there was one petition related to Chapter 6. The Committee authorized staff to update narratives, tables, and need determinations for the Proposed 2018 SMFP, as updates are received. The following is an overview of the Committee's recommendations for Acute Care Services (Chapters 5 through 8) for the Proposed 2018 SMFP. **Chapter 5: Acute Care Hospital Beds** The Committee reviewed and discussed the policies, methodology, and assumptions for acute care beds. Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding ±5%. Staff will work with the Sheps Center, Truven, and the hospitals during the summer to improve discrepant data. Staff will notify the Committee if need projections change. Committee members reviewed draft Tables 5A, 5B, and 5C. At the time of the meeting, calculations resulted in a need determination of 93 acute care beds. North Carolina Baptist Hospital notified the Agency of errors in their Truven data. They requested that the Committee substitute days of care from the License Renewal Application in the Proposed 2018 SMFP with the expectation that the refreshed Truven data will be corrected for the final 2018 SMFP. This substitution removed the draft need in Forsyth County originally reported at the May 2 meeting. Since the meeting, data updates and corrections added needs in Moore and Orange Counties and adjusted the		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	need in Mecklenburg County, for a total draft need determination of 90 acute care beds: **32 additional acute care beds in the Mecklenburg County service area** **22 additional acute care beds in the Moore County service area** **36 additional acute care beds in the Orange County service area** **Chapter 6: Operating Rooms** At last year's meeting in September, the Committee noted that Triangle Orthopaedics Surgery Center was not in compliance with one of the requirements of the Single Specialty Ambulatory Surgery Facility Demonstration Project. The facility did not meet the requirement that at least 7% revenue would be attributed to self-pay and Medicaid patients. As a result, the Agency directed the facility to provide payer mix data more frequently and to describe their activities and plans to achieve the 7% requirement. As requested, Triangle Orthopaedics reported back at the April 2017 meeting. The payer mix reports showed that the facility has been achieving the 7% requirement and that activities designed to achieve and maintain this level are ongoing. There was one petition for Chapter 6. The Agency received two letters of support for this petition. The Agency received one comment after the deadline, which the Committee voted not to accept and voted to reiterate adherence to the comment deadlines. The Agency did not consider this comment when preparing its report. ***Petitioner:*** J. Arthur Dosher Memorial Hospital ***Request:*** The petitioner made two requests. The first request was the addition of Policy AC – 7. This policy would require an applicant for one or more operating rooms in a service area with a critical access hospital to obtain a letter from that hospital stating that the proposed ORs would not have an adverse impact on its ability to provide essential services. The second request was to dispense with the standard rounding of fractional OR deficits in service areas with a critical access hospital unless the critical		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	access hospital reports at least 90% utilization of its OR capacity, based on the new OR methodology assumptions. ***Committee Recommendation:*** The Agency's analysis showed that the unique characteristics of Brunswick County made the circumstances described in the petition unlikely to exist anywhere else in the state. Spring petitions are intended to address policies and methodologies with the potential for a statewide impact. The summer petition process would be the appropriate avenue by which to address Dosher Hospital's concerns. The Committee voted to deny the petition; the vote was 3 in favor of denial, 1 opposed. The Committee approved a motion to have the staff study and review issues surrounding the provision of surgical services in Brunswick County and report back at the next meeting. The staff provided a report at the May 2 meeting that showed the certificates of need issued in rural counties, the pattern of surgical procedures in Brunswick County since 2011, and current need determinations in the Brunswick County service area. The Committee reviewed and discussed the changes recommended by the Operating Room Methodology Workgroup and by Healthcare Planning staff. The Committee voted to make the following changes to the methodology and assumptions: • Group facilities by the total number of surgical hours derived from data reported on the License Renewal Application. • Calculate operating room deficits and surpluses separately for each health system. • Base availability and utilization assumptions on the group to which the facility is assigned. • Need determination calculations use case times reported by the facility, adjusted for outliers. • When a need is calculated, the minimum need determination is two operating rooms. The maximum operating room need determination in a single service area is six. These changes will be evaluated after the first year of implementation of the new methodology.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• Revise Policy AC-3 to include in the inventory and need determination calculations all operating rooms approved under this policy and their associated procedures, regardless of the date of approval. Staff added a table in the methodology section of the narrative to show the average inpatient and ambulatory case times by group. This information is important for the CON application process. The Committee reviewed Tables 6A, 6B, and 6C. At the time of the May 2 Acute Care Services Committee meeting, the new methodology resulted in a need determination for 28 ORs. Since that meeting, corrections and updates to the tables resulted in **need determinations for 30 ORs:** **2 ORs in Buncombe County; 4 ORs in Durham County** **6 ORs in Forsyth County; 6 ORs in Mecklenburg County** **6 ORs in Orange County; 6 ORs in Wake County** Updated Tables 6A, 6B, and 6C have been posted for this meeting. The Committee reviewed the new Table 6E, which lists the four facilities issued Certificates of Need to develop operating rooms for the Dental Single Specialty Ambulatory Surgical Facility Demonstration Project. The Committee also reviewed the Endoscopy Room Inventory in Table 6F. The updated table has been posted for this meeting. **Chapter 7: Other Acute Care Services** The Committee reviewed the policy and methodologies for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. Staff presented draft Tables 7A, 7C, 7E and 7F. There are **no need determinations** for these services at this time.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 8: Inpatient Rehabilitation Services The Committee reviewed the methodology and assumptions for Inpatient Rehabilitation Services, as well as a draft of Table 8A. Application of the standard methodology indicated **no need for additional inpatient rehabilitation beds** in the state at this time. **Committee Recommendation Regarding Acute Care Services:** The Committee recommends acceptance of the Acute Care Services policies, methodology and assumptions, and draft tables, with the understanding that staff will make updates as needed. In addition, references to dates will be advanced one year, as appropriate. The Committee discussed the changing landscape in healthcare with more patients having insurance and whether the 7% requirement for the demonstration projects is appropriate. Further discussion centered on access issues, including financial access. High deductible plans do provide insurance, but are still barriers to care if the patient is unable to afford the deductible. Secretary Cohen was supportive of the new requirements of the dental demonstration projects. Dr. McBride discussed the difficulty in Mallard Creek meeting the 7% requirement. They have hired a private transport company to pick up patients. He hopes this issue will be discussed further. Dr. Ullrich welcomed suggestions on how the calculation needed to change and stated that after 3 year of solid data they can consider making changes to the requirements of the single specialty demonstration projects. Ms. Apperson expressed concerns about losing the history of both the 7% requirement for the single specialty projects and the 30% requirement for the dental projects as a result of any changes to the projects.	Mr. DeBiasi	Motion Approved; Unanimously
Recommendations from Long Term Behavioral Health Committee	Ms. Denies Michaud presented the report for the Long Term Behavioral Health Committee. The Long-Term and Behavioral Health (LTBH) Committee met twice this year, first on April 7th and again on May 5th.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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**		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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**		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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**		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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.** **<u>Recommendation for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17 for the Proposed 2018 SMFP:</u>**	Dr. Greene	Motion approved; Mr. Burgin recused.

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	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. **Ms. Michaud provided an update from previous LTBH Committee discussion:** A final item concerns something that was not discussed by the Committee this year. Session Law 2015-241 Section 12F (d) and (e) required DHHS to develop a plan to use a portion (no more than 25 million dollars) of the funds from the sale of the Dorothea Dix property to produce up to 150 new behavioral inpatient beds. The plan was finalized last year and as a result, in 2016, the SHCC voted to include beds approved for development in the appropriate inventories. Of note, these beds do not require a certificate of need. The beds have finally been awarded and I would like to share with you an update. On May 31, 2017, the General Assembly awarded Duke Life Point Maria Parham Medical Center approximately $10 million to develop 33 licensed psychiatric inpatient beds for adults at the site of the closed Franklin Regional Medical Center. Also, Charles A. Cannon, Jr. Memorial Hospital in Avery County was awarded approximately $6.5 million to develop 27 licensed psychiatric inpatient beds for adults. Once the information is finalized, placeholders for the new beds to be developed will be included in the planning inventory in Chapter 15 (in Table 15A). Because some of the beds will be converted from acute care beds to psychiatric beds, placeholders will also be included in Chapter 5 (in Table 5A), as appropriate.		
Recommendations from Technology and Equipment Committee	Dr. Christopher Ullrich presented the report for the Technology and Equipment Committee. The Technology and Equipment Committee met once on May 10, 2017. The topics reviewed and discussed included:		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• Current policies, assumptions, and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2018 State Medical Facilities Plan (SMFP); • Preliminary drafts of need projections generated by the standard methodologies; • Mobile PET scanner utilization analysis; and • Fixed multi-position MRI Scanner demonstration projects. The following is an overview of the Committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation for Chapter 9 - Technology and Equipment of the Proposed 2018 Plan. This report's organization is by equipment and aligns with the organization of Chapter 9 of the SMFP. **Chapter 9: Technology and Equipment** No petitions or comments were received on any section of Chapter 9. **Lithotripsy:** Application of the methodology based on data and information currently available results in **no draft need determinations** at this time. **Gamma Knife:** Based on data and information currently available, **no draft need determinations** have been identified at this time. **Linear Accelerators:** Application of the methodology based on data and information currently available results in **no draft need determinations** at this time. **Positron Emission Tomography (PET) Scanners:** As an item of outstanding old business, the Committee reviewed the number of TE-1 Fixed PET to Mobile PET conversions and mobile PET utilization. The		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	analysis and subsequent recommendation from the Agency, was that one additional mobile scanner would be needed to maintain statewide coverage. The Committee voted to approve **a need determination for one mobile PET scanner statewide**. There were **no need determinations for fixed PET scanners**. **Magnetic Resonance Imaging (MRI) Scanners:** Application of the methodology based on data and information currently available results in **two need determinations for fixed MRI scanners in the multi-county service area of Pasquotank/Camden/Currituck/Perquimans and in Union County.** This is an update from the information initially presented at the May 10th Committee meeting. The need for one fixed MRI scanner in Mecklenburg County was removed when data corrections were received. The Committee discussed another outstanding business item, adding the two demonstration projects for the fixed multi-positional MRI scanners 9Q(6) back into the need determination table 9P. The Agency's analysis showed that adding these scanners to the inventory would not result in significant changes in the need determinations and thus recommended it. The Committee agreed and voted to make this change. **Cardiac Catheterization Equipment:** Application of the methodology based on data and information currently available **results in one need determination for fixed cardiac catheterization equipment in Buncombe County** at this time. **Recommendation for Chapter 9: Technology and Equipment for the Proposed 2018 SMFP:** The Committee recommends the current assumptions, methodologies and draft tables for lithotripsy, gamma knife, linear accelerators, PET scanners, MRI Scanners, and cardiac catheterization equipment be accepted for the Proposed 2018 Plan. References to dates will be advanced one year, as appropriate. Also, the Committee recommend to authorize the staff to update all narratives, tables and need determinations for the Proposed 2018	Dr. Patel	Motion approved; Unanimously.

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Plan as new and corrected data are received. Need determinations are subject to change.		
Adoption of the NC Proposed 2018 State Medical Facilities Plan	Dr. Ullrich asked for a motion to adopt the *Proposed 2018 State Medical Facilities Plan*, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the *Plan*. Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as it is received, as well as make non-substantive edits to narratives.	Mr. Lewis Dr. Parikh Ms. Michaud Mr. Brunnick	Motion approved; Unanimously. Motion approved; Unanimously.
Review of the Public Hearings and Remaining SHCC Meeting Schedule/Other Business	Dr. Ullrich reviewed the six public hearings, dates and locations that they would take place beginning on July 11, 2017 with the final public hearing on July 26, 2017. Mr. Payne stated the July 26, 2017 public hearing would take place in the same room as this meeting of the SHCC. Dr. Ullrich encouraged everyone to attend at least one public hearing. Dr. Ullrich provided additional thoughts on Secretary Cohen's presentation and noted that she discussed a Medicaid overhaul process with integration of behavioral health and transition to managed care. In addition, Ms. Michaud provided an update on the inpatient behavioral beds from Session Law 2015-241. In discussion with Director Payne and staff there will be a review of the behavioral health bed and substance use disorder bed and service areas and methodologies for the 2019 State Medical Facilities Plan. In the meantime, Dr. Ullrich strongly encouraged the use of the petition process until the review can be complete. Ms. Frisone provided an update on the per diem process.		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.	Dr. Parikh Dr. Jordan	Motion approved; Unanimously.