
Long-Term and Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

October 4, 2017

The Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 8, 2017.

Following is an overview of the Committee's recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the *2018 State Medical Facilities Plan (SMFP)*. For all chapters, inventories have been updated to reflect any changes, and tables include placeholders where applicable. All inventories and need determinations are subject to change.

Chapter 10: Nursing Care Facilities

There was one petition related to this chapter.

Petition: Bermuda Village Retirement Community

- **Request:** Bermuda Village Retirement Community requests an adjusted need determination for 21 nursing beds in Davie County in the *2018 SMFP*. The agency received 22 documents in support of the petition and one document in opposition.
- **Committee Recommendation:** The standard need methodology has determined there is no need for additional nursing home beds in Davie County. A key concern of the Petitioner is that preferences for private rooms and the high number of beds in shared rooms keep occupancy rates artificially low, causing high out-migration to other counties for nursing care, and negatively impact quality of care. The agency found that adjusting need for an additional 21 nursing beds is expected to have minimal impact on nursing home bed inventory for Davie County. Agency analyses also show that if the high percentage of beds in shared rooms, patient migration patterns, and the size and growth of the aging population in Davie County are considered, additional beds may be warranted. The

Committee recommends to the SHCC that the Petition request be approved to adjust the need determination for 21 nursing home beds in Davie County in the *2018 SMFP*.

Data Updates

The application of the methodology based on data and information currently available results in no draft need determinations.

Chapter 11: Adult Care Homes

There was one petition related to this chapter.

Petition: Mr. Whitcomb Rummel and Ms. Christen Campbell

- **Request:** Mr. Whitcomb Rummel and Ms. Christen Campbell have petitioned the SHCC for an adjusted need determination for 80 adult care home beds in Orange County in the *2018 SMFP*. Seven (7) documents in support of and one document in opposition to the Petition were received.
- **Committee Recommendation:** The standard need methodology has determined there is no need for additional adult care home beds in Orange County. However, the Petitioners believe that not enough of the current adult care home bed inventory, including memory care beds, is accessible to modest- and middle-income individuals in the Chapel Hill/Orange County area. The Agency determined that there is a surplus of beds in the Orange County service area, and they are distributed throughout facilities deemed non-exclusive by the Petitioners. Also, when beds are excluded pursuant Policy LTC-1, a surplus of adult care home beds remains. The possibility of modifying existing adult care home beds so that they can support memory care is covered under a separate process. However, the Petitioners have raised an important issue regarding the full inventory inclusion of Continuing Care Retirement Community beds developed before Policy LTC-1 was established. In late 2017/early 2018, the Council will be conducting a review and accepting comments on the standard methodology. Thus, the Committee makes the following two recommendations to the SHCC: 1) to

invite the Petitioners to engage in the process for reviewing the adult care home standard methodology, and 2) to not approve the Petition to adjust the need determination for 80 adult care home beds in Orange County in the *2018 SMFP*.

Data Updates

The application of the adult care home methodology based on data and information currently available results in the following draft need determinations:

- 30 beds in Ashe County
- 60 beds in Cherokee County
- 20 beds in Greene County
- 20 beds in Jones County
- 10 beds in Washington County

Chapter 12: Home Health Services

There was one petition related to this chapter.

Petition: Heaven Sent Private Care, LLC

- **Request:** Heaven Sent Private Care, LLC (Heaven Sent) requests an adjusted need determination be included in the *North Carolina 2018 State Medical Facilities Plan (SMFP)* for one Medicare-certified home health office in Randolph County. One document was received in opposition to this Petition.
- **Committee Recommendation:** The standard methodology has determined there is no need for a new Medicare-certified home health office in Randolph County. The Petitioner described their organization as the only faith-based Home Health Care agency in the region. Heaven Sent stated there is a need in Randolph County for faith-based Home Health Care providers that provide both traditional and spiritual care. The Agency was not able to accurately evaluate this assertion. The Supplements and LRAs do not collect data that would allow for Agency analysis of providers of spiritual care. Furthermore, the Petitioner provided no specific client data to support their claim that Randolph County needed additional services.

The Agency and the SHCC acknowledge the importance of reducing barriers and making health care more accessible to all citizens. However, there was no clear evidence that the needs of the residents in Randolph County were not being currently met by the existing licensed Medicare-certified Home Health providers. The committee concurred with the Agency's recommendation to deny this Petition.

Data Updates

The application of the methodology based on data and information currently available results in the following need determination:

- Wake County – two new Medicare-certified home health agencies or offices

Chapter 13: Hospice Services

Four petitions were received related to this chapter.

Petition 1: Transitions LifeCare

- **Request:** Transitions LifeCare (TL) requested the need determination for 14 hospice inpatient beds in Wake County in the *2018 SMFP* be reduced to 6 hospice inpatient beds.
- **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommends denying the Petitioner's request to reduce the need determination to six hospice inpatient beds and alternatively, approving a need determination for 10 hospice inpatient beds for Wake County based on the proposed substitution of Wake County's FY2015 Average Length of Stay (ALOS) instead of the FY2016 ALOS in the *2018 SMFP*.

Petition 2: BAYADA Home Health Care, Inc.

- **Request:** BAYADA Home Health Care, Inc. requested an adjusted need determination for a hospice home care office for Harnett County in the *2018 SMFP*.
- **Committee Recommendation:** The primary reasons cited in the Petition were that county residents are underserved, the county is rural, and two of the licensed hospice home care providers located in the county are not serving patients. According to the *Proposed 2018 SMFP*, Step 12 of the hospice home care standard methodology states, “The number of licensed hospice home care offices located in each county from annual data supplements to licensure applications is entered.” This means every licensed home care provider that completes an annual data supplement to licensure [renewal] application is included in the methodology, even if that facility did not provide patient services. Three active hospice home care facilities located in Harnett County provided over 75 percent of hospice services to Harnett County residents during FY2016. The remaining patients in Harnett County were served by another nineteen hospice home care agencies. Based on this information, and the fact that the current standard methodology did not determine a need for Harnett County, the agency concludes that the citizens are well served by the current hospice home care facilities providing services to the county. The Committee concurred with the Agency’s recommendation to deny this Petition.

Petition 3: Liberty Home Care Services

- **Request:** Liberty Home Care Services requested an adjusted need determination in the *2018 SMFP* for one hospice home care office in Hyde County.
- **Committee Recommendation:** The Petitioner asked for an adjusted need determination for a hospice home care office because they believe there is a unique set of circumstances in Hyde County preventing residents of the County from readily receiving hospice home care services. The only licensed

hospice home care office served patients during the 2015-2016 data year. However, updated information provided to the Agency shows they are still licensed, still have an office, but are currently serving patients from an office in Beaufort County. Therefore, service may be limited for Hyde County residents. Hyde County has unique circumstances related to geography. It is a coastal county with dispersed townships. The driving distance from the closest hospice home care office located in a contiguous county to any one township in Hyde County is 44.5 miles or over an hour drive one way. Due to the small population, it is unlikely that a need would be generated in the county based on the standard methodology. The Committee concurred with the Agency's recommendation to approve this Petition.

Petition 4: Continuum Care Hospice

- **Request:** Continuum Care Hospice requested an adjusted need determination for the *2018 SMFP* for one hospice home care office in Mecklenburg County, specifically organized and staffed to serve African American patients.
- **Committee Recommendation:** A review of the racial demographics showed Mecklenburg County's African-American population is 10 percentage points greater as compared to NC. Mecklenburg County has a younger population than the State overall. Mecklenburg County's admissions of African-Americans at 20.96% is well above the State at 15.26%. A review of the Medicare data shows a similar percentage based on Medicare beneficiaries only. Mecklenburg County Medicare beneficiary percentage is 19% as compared to the State at 14%. Data sources show that facilities in Mecklenburg County serve a greater percentage of African-American hospice patients than the percentage statewide. The Agency and the SHCC supports existing licensed hospice facilities' efforts to increase utilization for all underserved populations. The committee concurred with the Agency's recommendation to deny this Petition.

Data Updates

Application of the methodologies based on data and information currently available results in the following draft need determinations:

- Hospice Home Care Office
 - Cumberland County – one need determination for a new hospice home care office
- Hospice Inpatient Beds
 - Cumberland County – 10 hospice inpatient beds
 - Wake County – 14 hospice inpatient beds

Chapter 14: End-Stage Renal Disease Dialysis Facilities

There were no petitions or comments for this chapter.

Data Updates

Application of the County Need methodology for the *2018 SMFP* determined there is no need for additional dialysis stations anywhere in the state.

The need for additional new dialysis stations is determined two times each calendar year. Determinations are made available in the *North Carolina Semiannual Dialysis Report (SDR)*.

Chapter 15: Psychiatric Inpatient Services

There were no petitions or comments for Chapter 15.

Data Updates

There is one update that applies to Chapters 15, 16, and 17. Nash County has moved from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.

Application of the methodology based on data and information currently available results in a draft need determination for seven child/adolescent psychiatric inpatient beds in the Sandhills LME-MCO and no need for adult beds anywhere in the state.

Recommendations Related to Psychiatric Inpatient Services

At the May 25, 2016 SHCC meeting, Dr. Pulliam announced that, under Session Law 2015-241, the General Assembly allocated funds from the Dorothea Dix Hospital Property Fund to develop new psychiatric inpatient beds. In 2017, The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services selected the following facilities to develop these beds: Charles A. Cannon Hospital in Avery County and Duke LifePoint-Maria Parham Medical Center in Franklin County (at the closed Franklin Medical Center). After the last LTBH meeting, the Agency learned that Southeastern Medical Center in Robeson County was also awarded funds to develop beds.

In the 2017 session, the General Assembly awarded additional funds from the sale of the Dorothea Dix Hospital property, under Session Law 2017-57. These beds are to be developed at four hospitals (Caldwell Memorial Hospital in Caldwell County, Cape Fear Valley Medical Center in Cumberland County, Mission Hospital in Buncombe County, and Good Hope Hospital in Harnett County). The exact number of beds to be developed is not yet known. Just as with the beds awarded under Session Law 2015-241, the LTBH committee recommends that the beds developed based on SL 2017-57 be included in the regular psychiatric inpatient bed inventory once they are licensed, provided they are in categories covered in the SMFP.

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

There was one petition for this chapter.

Petition: Samaritan Colony

- **Request:** Samaritan Colony requested an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women.
- **Committee Recommendation:** The Petitioner focused on the lack of treatment availability for women who are uninsured or indigent, especially in Sandhills Center. The methodology considers need at the regional level and Sandhills Center is in the Central Region. Most programs in the region accept women, but several are private-pay only. Those that accept women who are uninsured or indigent have very high utilization. The Committee concurred with the Agency's recommendation that the 2018 SMFP include a need determination for 14 adult substance use disorder treatment beds in the Sandhills Center LME-MCO for women, with a preference for development of beds in Moore or Richmond County. The Committee concurred with the Agency's further recommendation that the need determination stipulate that CON applicants must commit to establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured).

Data Updates

The application of the methodology based on data and information currently available results in a draft need for 15 child/adolescent beds in the Central Region and no adult beds anywhere in the state.

Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities

There were no petitions or comments related to this chapter.

Data Updates

The application of the methodology based on data and information currently available results in no draft need determinations.

Recommendations Related to All Chapters

The Committee recommends to the State Health Coordinating Council approval of **Chapters 10 - 17: Long-Term Care Facilities and Services** with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.