



**Long-Term and Behavioral Health Committee Minutes –  
Thursday, April 9, 2020  
10:00 a.m. -12 Noon  
WebEx Event**

**DRAFT**

Healthcare Planning and Certificate of Need Section

<b>Members Present:</b> Ms. Valarie Jarvis, Ms. Denise Michaud, Ms. Glendora Brothers, Mr. Cooper Linton, Ms. Tonya McDaniel, Mr. Jim Martin, Mr. Vince Morgus, Jr., Mr. Tim Rogers, Dr. Chris Ullrich ( <i>ex officio</i> - did not vote on any motions)
<b>Members Absent:</b> Ms. Quintana Stewart
<b>Healthcare Planning:</b> Dr. Amy Craddock, Ms. Melinda Boyette, Ms. Elizabeth Brown, Dr. Tom Dickson, Dr. Andrea Emanuel, Ms. Trenesse Michael
<b>DHSR Staff:</b> Ms. Martha Frisone, Ms. Gloria Hale, Ms. Fatimah Wilson, Ms. Julie Faenza, Ms. Celia Inman, Ms. Tonya Saporito, Mr. Greg Yakaboski
<b>AG's Office:</b> Mr. Derek Hunter

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Ms. Jarvis welcomed members, staff and the public to the first Long-Term and Behavioral Health (LTBH) Committee meeting of 2020. The meeting was held remotely due to the COVID-19 State of Emergency. Ms. Jarvis stated that the purpose of this meeting was to review the polices and methodologies to determine whether changes are needed for the <i>Proposed 2021 State Medical Facilities Plan</i> and to vote on a recommendation for the State Health Coordinating Council (SHCC). Ms. Jarvis 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 were specifically directed to someone in the audience.</p> <p>Ms. Jarvis welcomed a new SHCC member, Mr. Cooper Linton and Mr. Vince Morgan, a former member of the T&amp;E Committee to their first LTBH Committee meeting. Then she asked the committee members and staff to introduce themselves.</p>		
<b>Review of Executive Order No. 122: Extending the State Health Coordinating Council &amp; Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</b>	<p>Ms. Jarvis gave an overview of the procedures to observe before taking action at the meeting. Ms. Jarvis inquired whether 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. She asked members to review the agenda and declare any conflicts on today's agenda. Ms. Jarvis stated that any member who recuses himself or herself is not prohibited from deliberating on the matter unless she, as Chair, determined that doing so would negatively impact the integrity of the</p>		

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	Committee. Ms. Jarvis stated that if a conflict of interest for a matter not on the agenda came up during the meeting, the member with the conflict of interest would make a declaration of the conflict.		
<b>Approval of September 5, 2019 Minutes</b>	A motion was made and seconded to accept the September 5, 2019 meeting minutes.	Mr. Rogers Ms. Brothers	Motion approved
<b>Nursing Care Facilities - Chapter 10</b>	<p>No petitions or comments were received for this chapter. Ms. Trenesse Michael provided a review of the policies and the need methodology for Chapter 10.</p> <p><b><u>Review of Nursing Home Policies</u></b> Ms. Michael reviewed the four policies that pertain to Nursing Homes.</p> <p><b><u>Technical Edits</u></b> Ms. Michael reviewed narrative edits to Chapter 10. Assumption 2 should have specified that the “out of County” patients refers to patients from a county outside of the contiguous service area. Assumption 4 of the methodology is incorrectly stated. It says that the five-year average annual change rate is “projected forward three years beyond the current SMFP.” The actual calculation simply multiplies the 5-year change rate by 3; this is not a projection. It is simply the application of a multiplier to increase the utilization beyond what has been calculated using the 5-year change rate, presumably because when the methodology was revised, the workgroup felt this was appropriate to achieve a more realistic measure of need. Assumption 4 was corrected and Assumption 5 was added to address this issue. The description of the steps in the methodology is inconsistent with other chapters. That is, the description of the steps in Chapters 10 and 11 doesn’t start with the first step, but rather starts farther into the methodology. Language was added to achieve a more complete explanation of the steps, and to make the presentation more consistent with other chapters. No changes were made to the methodology. There was no vote on the proposed edits to the narrative by the committee. The edits will be provided to Ms. Jarvis for approval.</p> <p><b><u>Review of Nursing Home Need Methodology</u></b> Ms. Michael reviewed the nursing home need methodology.</p>		

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	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve the policies and the need methodology for Chapter 10 and forward to the SHCC.</p>	Ms. Michaud Mr. Martin	Motion approved
<b>Adult Care Homes – Chapter 11</b>	<p>No petitions or comments were received for this chapter. Ms. Michael presented the policies and the need methodology for Chapter 11.</p> <p><b><u>Review of Adult Care Home Policies</u></b> Ms. Michael noted there are three policies that pertain to Adult Care Homes.</p> <p>Ms. Michael stated that the same edits will be made to the Chapter 11 narrative that are being made to the Chapter 10 narrative. There was no vote on the proposed edits to the narrative by the committee. The edits will be provided to Ms. Jarvis for approval.</p> <p><b><u>Review of Adult Care Home Need Methodology</u></b> Ms. Michael reviewed the need methodology.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve policies and the need methodology for Chapter 11 and forward to the SHCC.</p>	Ms. Michaud Ms. Brothers	Motion approved
<b>Medicare Certified Home Health Services – Chapter 12</b>	<p>No petitions or comments were received for this chapter. Ms. Elizabeth Brown provided a review of the policy and the methodology.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion made and seconded to approve the methodology and policies for Chapter 12 and forward to the SHCC.</p>	Mr. Rogers Ms. Brothers	Motion Approved
<b>Hospice Services – Chapter 13</b>	<p>No petitions or comments were received for this chapter. Ms. Brown noted that there are no policies specific to hospice services and then summarized the methodologies for these services.</p>		

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	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve policies and the methodologies for Chapter 13 and forward to the SHCC.</p>	Ms. Brothers Mr. Morgus	Motion approved
<p><b>Psychiatric Inpatient Services - Chapter 14</b></p>	<p>Dr. Emanuel shared that due to the COVID-19 pandemic, the staff have revised the plan to review the need methodologies for both Psychiatric and Substance Use Disorder beds. Rather than holding an Interested Parties meeting after the LTBH meeting, staff will send out a document for review by the third week of April. The committee will discuss possible changes to the methodologies at the May 19<sup>th</sup> LTBH meeting.</p>		
	<p>No petitions or comments were received for this chapter. Dr. Emanuel presented the policies applicable to Chapters 14, 15 and 16, and the methodology and policy specific to Chapter 14.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve the policies for Chapters 14-16, and the methodology and policy specific to Chapter 14 and forward to the SHCC.</p>	Mr. Rogers Ms. Brothers	Motion approved
<p><b>Substance Use Disorder /Chemical Dependency - Chapter 15</b></p>	<p>No petitions or comments were received for this chapter. Dr. Emanuel noted there are no policies specific to Substance Use Disorder services aside from Policy MH-1 (reviewed earlier). She reviewed the need methodology for this chapter.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve the methodology for Chapter 15 and forward to the SHCC.</p>	Mr. Martin Ms. Michaud	Motion approved
<p><b>Intermediate Care Facilities for Individuals with Intellectual Disabilities - Chapter 16</b></p>	<p>No petitions or comments were received for this chapter. There is no need methodology for ICF/IID beds. Dr. Emanuel reviewed the four policies that are specific to ICF/IID beds. She also presented a proposal to remove the four policies and to add Policy ICF/IID-5 to the <i>SMFP</i>.</p> <p><b>Proposed Policy ICF/IID-5 Transfer of ICF/IID Beds from State Operated Developmental Centers to Community-Based Facilities</b></p>		

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	<p>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community-based facilities through the certificate of need process. This policy covers the relocation of beds only and does not provide for or preclude transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to a community-based facility shall be closed upon licensure of the transferred beds.</p> <p>Applicants proposing to relocate beds from a state operated developmental center shall be required to submit a certificate of need application. The application shall include a written agreement signed by all the following persons:</p> <ul style="list-style-type: none"> <li>a) The director of the local management entity/managed care organization serving the county where the community-based facility is or will be located;</li> <li>b) The director of the state operated developmental center transferring the beds;</li> <li>c) The director of the North Carolina Division of State Operated Healthcare Facilities;</li> <li>d) The secretary of the North Carolina Department of Health and Human Services; and</li> <li>e) The operator of the community-based facility.</li> </ul> <p>The maximum number of beds in the facility upon project completion shall not exceed 15 beds.</p> <p>The project shall not result in more than three facilities housing a combined total of 18 persons being developed on contiguous pieces of property.</p>		
	<p><b><u>Committee Recommendation</u></b> A motion was made and seconded to approve the proposal to remove policies ICF/IID 1-4, add Policy ICF/IID-5 and forward to the SHCC.</p>	Ms. Michaud Mr. Martin	Motion approved
<b>Healthcare Planning Proposal to Post patient Origin Reports Online</b>	Dr. Amy Craddock reviewed a Proposal to Post Patient Origin Reports Online. The Proposal moves Tables 12A and 13A (along with 9A) from the SMFP to the Agency’s website. The patient origin reports will be located in the same place as patient origin reports for other health services.		

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	<p><b><u>Committee Recommendation</u></b>  A motion was made and seconded to approve the Proposal to Post Patient Origin Reports Online and forward to the SHCC.</p>	Mr. Morgus Ms. Michaud	Motion approved
<b>Recommendations</b>	All recommendations pertaining to all Chapters will be forwarded to the SHCC for action at the June 10 meeting.		
<b>Other Business</b>	Ms. Jarvis noted the next LTBH committee meeting will be on Thursday, May 14, 2020 at 10:00 a.m. The next full SHCC meeting is Wednesday, June 10, 2020 at 10:00 a.m. We do not yet know whether either meeting will be held remotely or whether one or both meetings will be in Brown 104. Staff will notify everyone when the information becomes available.		
<b>Adjournment</b>	Ms. Jarvis called for adjournment, and a motion was made and seconded to adjourn the meeting.	Ms. Brothers Mr. Morgus	Motion approved