

Long-Term and Behavioral Health Committee Report

Recommendations to the North Carolina State Health Coordinating Council

September 28, 2011

On September 16, 2011, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed North Carolina 2012 State Medical Facilities Plan.

Chapter 10: Nursing Care Facilities

One petition, two comments and five letters of support were received during the public comment period. The petitioner requests an adjusted need determination for 14 nursing care beds in Brunswick County. Due to the pattern of significant population growth, the geographical size of the county, primary locations of population density within county limits, significant pending (yet to be opened) nursing care bed inventory, chronic nursing care bed deficits and an increase in the number of Brunswick County residents being served in contiguous counties, the Committee recommends the petition be approved.

Based on the standard methodology and updating of the data, there is to date one county with a need determination for nursing care beds. The county and number of beds are: Camden – 10 beds.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Nursing Care Facilities policies, assumptions, methodology, and need determinations be approved for the North Carolina 2012 State Medical Facilities Plan (SMFP).

Chapter 11: Adult Care Homes

One petition and one comment were received during the public comment period. The petitioner requests an adjusted need determination for a 50 bed Adult Care Home Demonstration Project in Alexander County. Given that the petition lacks quantitative information defining the existence of the problem and lacks evaluative criteria necessary to measure the success of the project, and that it seeks to specify an existing building in a specific county thereby proposing limits on whom can apply, and acknowledging the significant growth in the number of Special Care Units already approved statewide, the Committee recommends the petition be denied.

Based on the standard methodology, updating of the data and approved adjusted need determination this past spring, there are to date, 6 counties with need determinations for Adult Care Home Beds. The counties and number of beds are: Chatham – 40 beds; Hyde – 30 beds; Jones – 30 beds; Perquimans - 30 beds; Tyrrell – 20 beds and Washington – 10 beds.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Adult Care Home policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP.

Chapter 12: Home Health Services

One petition and four comments were received during the public comment period. The petitioner requests an adjusted need determination for a reduction of projected need in Mecklenburg County from two agencies to one agency. The standard Home Health methodology does not allow a placeholder for a new agency when it is developed in response to an adjusted need determination, need is projected by patients served and not by number of agencies, updating and corrections of provider submitted data has been addressed and the standard methodology continues to project need for two agencies. Therefore, the Committee recommends the petition be denied.

Based on the standard methodology and updating of the data, there are to date, two counties with need determinations. The counties and number of agencies are: Mecklenburg – 2 Agencies; and Wake – 1 Agency.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Home Health policy, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP.

Chapter 13: Hospice Services

Four petitions, four comments and 42 letters of support were received during the public comment period. The petitions requested adjusted need determinations for inpatient hospice beds.

Petition – Carolina East Home Care & Hospice: The petitioner requests an adjusted need determination for 3 hospice inpatient beds for Duplin County. Due to minimal size of existing facility and significant increase in days of care, the Committee recommends an adjusted need determination for three additional beds in Duplin County be approved.

Petition – Gordon Hospice House/Hospice of Iredell County: The petitioner requests an adjusted need determination for three hospice inpatient beds for Iredell County. The Committee recommends the petition be approved.

Petition – Hospice of Rockingham County: The petitioner requests an adjusted need determination for three hospice inpatient beds for Rockingham County. Due to an extremely high occupancy rate for the previous reporting period and minimal size of new facility, the Committee recommends an adjusted need determination for two beds in Rockingham County be approved.

Petition – Hospice of Scotland County: The petitioner requests an adjusted need determination for two hospice inpatient beds for Scotland County. Utilization data indicates a projected surplus of two inpatient beds through 2015. Therefore, the Committee recommends the petition be denied.

Based on the standard methodology and updating of data, there is currently no need for any new Hospice Home Care Offices anywhere in the State. Additionally, there is to date, one county with a need determination for hospice inpatient beds. The county and number of beds are: Mecklenburg – 7 inpatient beds.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Hospice Services assumptions, methodology and need determinations be approved for the NC 2012 SMFP.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

One petition, one resolution and six comments were received during the public comment period. The petitioner requests an adjusted need determination for a new dialysis facility in Macon County. The Committee considered the travel distances of Macon County residents submitted within the petition as compared to Basic Principle #10a, difficult terrain and previous projected need determinations. The Committee recommends the petition be approved allowing for the development of a new dialysis facility in Macon County with a minimum of five dialysis stations, as projected in the July 2011 Semiannual Dialysis Report and a maximum of the number “projected as needed” in the most recent “Semiannual Dialysis Report” available prior to the Certificate of Need application due date.

The Committee recommends no changes from what is presented in the Proposed 2012 Plan, except for updating the Summary of Dialysis Station Supply and Utilization based on the July 2011 Semiannual Dialysis Report.

Chapter 15: Psychiatric Inpatient Services

No petitions or comments were received on the Psychiatric Inpatient Services chapter during the public comment period.

Child/Adolescent Psychiatric Inpatient Beds:

Based on the standard methodology and updating of the data, there are to date, 14 LME coverage areas with need determinations for Child/Adolescent Psychiatric Beds. The LME coverage areas and number of beds are: Beacon Center – 5 beds; Crossroads – 4 beds; Cumberland – 4 beds; Durham - 1 bed; East Carolina Behavioral Health – 9 beds; Eastpointe – 4 beds; Five County – 4 beds; Johnston – 4 beds; Mental Health Partners – 3 beds; Piedmont – 11 beds; Sandhills – 7 beds; Smoky Mountain – 7 beds; Southeastern Center – 7 beds and Southeastern Regional – 4 beds.

Adult Psychiatric Inpatient Beds:

Based on the standard methodology and updating of the data, there are to date, 7 LME coverage areas with need determinations for Adult Psychiatric Beds. The LME coverage areas and number of beds are: Crossroads – 2 beds; Five County – 3 beds; Mecklenburg – 5 beds; Onslow-Carteret - 5 beds; Pathways – 3 beds; Smoky Mountain – 22 beds and Wake – 38 beds.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Psychiatric Inpatient policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP.

Chapter 16: Substance Abuse/Chemical Dependency Services

One petition was received during the public comment period. The petitioner requests an adjusted need determination for an unspecified amount of Adult beds in Robeson County. The Committee considered the fact that the petition was incomplete due to lack of supporting data, the declining Adult Substance Abuse bed need for the Southeastern Regional LME, and the number and variety of other types of Substance Abuse services available within the region of North Carolina where Robeson County is located. The Committee recommends the petition be denied.

Child/Adolescent Inpatient and Residential Services:

Based on the standard methodology and updating of the data, there are to date, three Mental Health Planning Region/LME coverage areas with need determinations for Child/Adolescent beds. The Mental Health Planning Region/LME coverage areas and number of beds are: Eastern Region – 2 beds; South Central Region – 7 beds; and Western Region – 11 beds.

Adult Inpatient and Residential Services:

Based on the standard methodology and updating of the data, there are to date no need determinations for Adult beds anywhere in the State.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data are received and that the current Substance Abuse policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP.

Chapter 17: Intermediate Care Facilities for the Mentally Retarded (ICF-MR)

No petitions or comments were received on the ICF-MR chapter during the public comment period.

The Committee recommends allowing Planning staff and DHSR Mental Health Licensure Section to contact the NC Association of Community Based ICF/MR and CAP Service Providers to work together to obtain additional data from ICF/MR Providers to establish baseline occupancy and patient origin data in future years via the Licensure Renewal Process.

There are to date no need determinations for any additional ICF-MR beds anywhere in the state.

The Committee recommends allowing staff to update tables as new and corrected data are received and that the current ICF-MR policies, assumptions, methodology and need determinations be approved for the NC 2012 SMFP.

Other Action:

The Committee recommends allowing staff to update narratives, tables and need determinations for the NC 2012 SMFP as new and corrected data are received.