
Long Term & Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

May 29, 2013

The Long-Term and Behavioral Health (LT-BH) Committee met twice after the March Council meeting, first on April 17th and again on May 17th.

The topics reviewed and discussed at the April 17th meeting included:

- Current Long-Term and Behavioral Health policies and methodologies.
- Medicare-certified Home Health need methodology rounding recommendations.
- A petition requesting changes to the hospice inpatient need methodology.
- A petition requesting a new ICF/IID policy.
- A recommendation to allow ESRD dialysis providers to self-report utilization data to the Agency.
- Recommendations for clarifying language in the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID narratives.

The topics reviewed and discussed at the May 17th meeting included:

- Preliminary drafts of need projections generated by the standard methodologies in the LT-BH chapters.
- Recommendations for adding license renewal applications as data sources for the Psychiatric Inpatient Services; Substance Abuse Inpatient & Residential Services; and ICF/IID chapters.
- Language revisions within the ESRD chapter resulting from the change in the data source.

Following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2014 State Medical Facilities Plan.

Chapter 10: Nursing Care Facilities

There were no petitions or comments related to this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Recommendations Related to Nursing Care Facilities:

The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate.

Chapter 11: Adult Care Homes

There were no petitions or comments on this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change.

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

- Hoke County, 20 Adult Care Home beds
- Jones County, 30 Adult Care Home beds
- Pamlico County, 30 Adult Care Home beds

Need determinations are subject to change.

Recommendations Related to Adult Care Homes:

The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate.

Chapter 12: Home Health Services

There was one comment related to this chapter related to the application of Policy HH-3 to Granville County.

At the September 14, 2012 meeting, the Committee requested a revision to Step 13 of the need methodology to provide a mechanism for rounding when determining need. The Committee reviewed a draft of the revision, which included language allowing the remainder in this step to be rounded to the next whole number if it is .50 or more or to be rounded to the next lowest whole number if it is less than .50.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

While application of the methodology based on data and information currently available results in no draft need determinations, the application of Policy HH-3 results in the following draft need determination.

- Granville County, 1 Home Health Agency or Office

Need determinations are subject to change.

Recommendations Related to Home Health Services:

The Committee recommends that Step 13 of the need methodology be amended to include language allowing for rounding when determining need.

The Committee recommends the current assumptions and methodology be accepted except as modified by recommended action on the proposed language for rounding in the methodology for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate.

Chapter 13: Hospice Services

There was one petition and three comments related to this chapter.

Petition

Petitioner: Hospice of Wake County

Request: The petitioner requested an adjustment “to the hospice inpatient bed need methodology by decreasing the inpatient day percent calculation (Step 7 in the Hospice Inpatient Bed Need Methodology) from 6.0% to 3.5%.”

Comments: Two comments opposing the petition and one comment in support were received.

Committee Recommendation: The Committee recommends denying this petition. The Committee additionally recommends studying the Hospice Inpatient Bed Need Methodology with input from additional subject matter experts.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

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

- Hospice Inpatient Beds
 - Guilford County, 15 Inpatient Beds
 - Lee County, 7 Inpatient Beds

Need determinations are subject to change.

Recommendations Related to Hospice Services:

The Committee recommends denying the petition put forth by Hospice of Wake County. The Committee recommends studying the Hospice Inpatient Bed Need Methodology with input from additional subject matter experts.

Additionally, the Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. References to dates would be advanced one year, as appropriate.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

There were no petitions or comments related to this chapter.

ESRD utilization data was previously provided by the Southeastern Kidney Council for county of origin for patients, dialysis provider, and modality (inpatient or in-home). Last fall, the Agency learned that CMS began to use a new dialysis reporting system (CROWNWeb), under which dialysis providers submit dialysis billing data directly to CMS instead of through an intermediary network, such as the Southeastern Kidney Council. Two problems arose from this change. First, the new system does not permit dialysis networks to access to raw data. Secondly, reports generated by CROWNWeb would no longer include modality. These changes meant that the Agency could no longer rely on this source for utilization data for Chapter 14 of the Plan. The Committee approved a request from the Agency to explore the use of self-reported data obtained directly from dialysis providers in North Carolina. In May, the Agency met with dialysis providers and with their support, the Agency established an electronic reporting format for obtaining the needed data. Beginning with the July 2013 SDR, the Agency would like to use this utilization data to replace the data formerly supplied by the Southeastern Kidney Council.

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

Recommendations Related to End-Stage Dialysis Facilities:

The Committee recommends allowing ESRD dialysis providers to self-report utilization data to the Agency since this data is no longer available through the Southeastern Kidney Council.

The Committee recommends the current assumptions and methodologies be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate.

Chapter 15: Psychiatric Inpatient Services

There were no petitions or comments on this chapter.

The Committee discussed updating the language in Chapter 15's narrative to address two issues. First, the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state. Secondly, the methodology listed Truven Health Analytics (Truven) as the sole source of utilization data for all psychiatric inpatient facilities although not all mental health hospitals report to Truven. The Committee discussed allowing the use of patient days of care data reported in the annual license renewal applications of mental health hospitals who do not report to Truven in order to avoid undercounting the days of care provided in the state.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

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

- Child Psychiatric Inpatient Beds:
 - Cardinal Innovations 1 LME-MCO, 11 beds
 - Cumberland LME-MCO, 5 beds

- Durham LME-MCO, 3 beds
- East Carolina Behavioral Health, 9 beds
- Eastpointe LME-MCO, 13 beds
- Smoky Mountain 1 LME-MCO, 2 beds
- Smoky Mountain 2 LME-MCO, 3 beds
- Adult Psychiatric Inpatient Beds:
 - Coastal Care LME-MCO, 2 beds
 - Smoky Mountain Center 1 LME-MCO, 7 beds

Need determinations are subject to change.

Recommendations Related to Psychiatric Inpatient Services:

The Committee recommends adding clarifying language to the Basic Assumptions of the Methodology, Assumption 1, to bring the need methodology in line with the statewide LME-MCO service areas. In addition, the Committee recommends adding the patient days of care from the annual license renewal applications of mental health hospitals who do not report to Truven Health Analytics as a source of data for Chapter 15.

The Committee also recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate.

Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds)

There were no petitions or comments on this chapter.

The Committee discussed updating the language in Chapter 16's narrative to address two issues. First, the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state. Secondly, the methodology listed Truven Health Analytics (Truven) as the sole source of utilization data for substance abuse inpatient facilities although not all mental health hospitals report to Truven. The Committee discussed allowing the use of patient days of care data reported in the annual license renewal applications of mental health hospitals who do not report to Truven in order to avoid undercounting the days of care provided in the state. The Committee discussed adding the Substance Abuse Residential Form supplement, as attached to the annual license renewal application for residential treatment facilities, as a source of utilization data for these providers.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

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

- Adult Substance Abuse Inpatient & Residential Service Beds:
 - No draft need determinations at this time
- Child Substance Abuse Inpatient & Residential Service Beds:
 - Western Region, 9 beds

Need determinations are subject to change.

Recommendations Related to Substance Abuse Inpatient & Residential Services:

The Committee recommends adding clarifying language to the Application of the Methodology to bring the need methodology in line with the statewide LME-MCO service areas. In addition, the Committee recommends adding the patient days of care from the annual license renewal applications of mental health hospitals who do not report to Truven Health Analytics as a source of data and the Substance Abuse Residential Form supplement, as attached to the annual license renewal application for residential treatment facilities, as a source of utilization data for these providers for Chapter 16.

The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. In addition, references to dates would be advanced one year, as appropriate.

Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities

There was one petition and two comments related to this chapter.

Petition

Petitioner: Residential Services, Inc.

Request: The petitioner requested the transfer of vacant ICF/IID beds from state institutions to existing community facilities who lost slots in the Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities program due to recent Center for Medicare and Medicaid Services policy changes.

Comments: Two comments in support of this petition were received.

Committee Recommendation: The committee recommends approving this petition.

The Committee discussed updating the language in Chapter 17's narrative to address the changes in the number of LME-MCOs and their catchment areas needed to be updated to bring the methodology in line with the current LME-MCO map of the state.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Recommendations Related to Intermediate Care Facilities for Individuals with Intellectual Disabilities:

The Committee recommends approving the petition submitted by Residential Services, Inc.

The Committee also recommends adding clarifying language to the Need Determinations text to bring the need methodology in line with the statewide LME-MCO service areas.

The Committee recommends the current assumptions and methodology be accepted for the Proposed 2014 Plan. Also, references to dates would be advanced one year, as appropriate.