



**Medical Facilities Planning**

**Long-Term and Behavioral Health Committee Minutes**

April 22, 2014  
 1:00 – 3:00 p.m.  
 Brown Bldg. Room 104

MEMBERS PRESENT: Dr. T.J. Pulliam, Chair;, Don Beaver, Peter Brunnick, Stephen DeBiasi, Denise Michaud, Dr. Christopher Ullrich
MEMBERS ABSENT: Dr. Jaylan Parikh
Medical Facilities Planning Staff Present: Elizabeth Brown, Paige Bennett, Tom Dickson, Andrea Emanuel, Kelli Fisk, Nadine Pfeiffer
DHSR Staff Present: Drexdal Pratt, Martha Frisone, Lisa Pittman, Patsy Christian, Cheryl Ouimet
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
<b>Welcome &amp; Announcements</b>	<p>Dr. Pulliam welcomed members, staff and guests to the first Long-Term and Behavioral Health (LTBH) Committee meeting of 2014.</p> <p>He stated that the purpose of this meeting was to review the policies, methodologies and petitions requesting changes in basic policies and methodologies for the Proposed 2015 Plan (SMFP), review and vote on three petitions.</p> <p>Dr. Pulliam stated the meeting was open to the public, but deliberations and recommendations were limited to the members of the LTBH Committee and staff, in order to respect the process of the State Health Coordinating Council (SHCC).</p> <p>Dr. Pulliam asked the committee members and staff seated at the table to introduce themselves.</p>		
<b>Review of Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</b>	<p>Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting. Dr. Pulliam inquired if anyone had conflicts or if there items or matters on the agenda, they wished to declare that they would derive a benefit from or intended to recuse themselves from voting on the matter. Dr. Pulliam asked members to review the agenda and declare any conflicts. There were no recusals.</p> <p>Dr. Pulliam stated that if a conflict of interest, not on the agenda, came up</p>		

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	during the meeting that the member with the conflict would make a declaration of the conflict.		
<b>Approval of September 11, 2013 Minutes</b>	A motion was made and seconded to accept the September 11, 2013 LTBH meeting minutes.	Mr. Beaver Mr. Brunnick	Minutes approved
<b>Nursing Care Facilities - Chapter 10</b>	<p><b>Policies and Need Methodology Review</b> Ms. Brown stated there are eight policies applicable to nursing home facilities. In reviewing, the nursing care facilities methodology, Ms. Brown noted that need is projected by the number of residents by county and age group. Ms. Brown stated that population data are provided by the North Carolina Office of State Budget and Management (OSBM), and the active military population numbers provided by American Community Survey, and the utilization data was provided from the Nursing Home 2014 Data Supplement to Licensure Renewal Application.</p> <p>Ms. Brown stated the agency received two petitions regarding Nursing Care Facilities.</p> <p><b>Petitioner: North Carolina Health Care Facilities Association</b> The petitioner requested a review of the State Medical Facilities Plan’s nursing home bed need methodology and related policies in coordination with stakeholder representatives, in order to assess whether changes needed to be made to the methodology and/or policies to better address current patterns in nursing home bed utilization.</p> <p><b>Committee Recommendations</b> A motion was made to form a workgroup to assess the current methodology and policies to determine whether the current methodology and policies are responsive to the current long-term care environment to include participation from subject matter experts for consideration for the 2016 Plan.</p> <p><b>Petitioner: UNC Hospitals</b> UNC Hospitals (UNC) petitioned the State Health Coordinating Council (SHCC) to add a new nursing care facility policy to the <i>2015 State Medical Facilities Plan (2015 SMFP)</i>. Specifically, UNC requests that the following policy be added:</p>	Mr. Beaver Ms. Michaud	Motion approved

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	<p><b>POLICY NH-9: PLAN EXEMPTION FOR VENTILATOR NURSING CARE BEDS</b></p> <p>A nursing care facility may apply for a certificate of need for additional ventilator-dependent nursing care beds equal to the greater of ten beds or ten percent of its existing beds without regard to the nursing care bed need shown in Chapter 10: Nursing Care Facilities. To qualify for such an exemption, applications for certificates of need shall demonstrate how the proposed nursing care bed capacity will be used exclusively for ventilator dependent patients.</p> <p>The beds developed under this policy shall be excluded from the inventory used to project nursing care bed need for the general population.</p> <p><b>Committee Recommendations:</b> A motion was made and seconded to deny the petition.</p> <p>A motion was made and seconded to recommend acceptance of nursing care facilities policies, assumptions and methodology and advancing years by one for inclusion in the Proposed 2015 SMFP.</p>	<p>Mr. Beaver Mr. Brunnick</p> <p>Ms. Michaud Mr. Brunnick</p>	<p>Motion approved</p> <p>Motion approved</p>
<p><b>Adult Care Homes - Chapter 11</b></p>	<p><b>Policies and Need Methodology Review</b></p> <p>Ms. Brown noted there were two policies relating to Chapter 11; these policies were found in Chapter 4 of the 2014 SMFP.</p> <p>Ms. Brown reviewed the adult care homes methodology. She noted the sources of data used were similar to the nursing care facilities; with population information from the North Carolina Office of State Budget and Management (OSBM), active military population numbers provided by American Community Survey, and utilization data provided from the Adult Care and Nursing Home 2014 Data Supplement to Licensure Renewal Application and the Nursing Care Supplement from the Hospital 2014 License Renewal Application.</p> <p><b>Committee Recommendations</b></p>		

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	A motion was made and seconded to recommend acceptance of adult care homes policies, assumptions and methodology and to advance years by one for inclusion in the Proposed 2015 SMFP.	Mr. Beaver Mr. DeBiasi	Motion approved
<b>Medicare Certified Home Health Services - Chapter 12</b>	<p><b>Policies and Need Methodology Review</b> Ms. Brown noted there was one policy related to Chapter 12; located in Chapter 4 of the 2014 SMFP.</p> <p>Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County.</p> <p>Ms. Brown noted the data sources used with the home health standard methodology for the Proposed 2015 State Medical Facilities Plan will be:</p> <ul style="list-style-type: none"> <li>• patient origin data compiled from Home Health Agency 2014 Annual Data Supplement to Licensure Application; and</li> <li>• County population projections by age group (for 2016) obtained from the North Carolina Office of State Budget and Management.</li> </ul> <p><b>Committee Recommendations</b> A motion was made and seconded to recommend acceptance of home health services policy, assumptions and methodology and to advance years by one for inclusion in the Proposed 2015 SMFP.</p>	Mr. Brunnick Ms. Michaud	Motion approved
<b>Hospice Services - Chapter 13</b>	<p><b>Policies and Need Methodology Review</b> Ms. Brown noted general policies were the only policies that applied to this chapter. Ms. Brown stated the Hospice Home Care standard methodology used to project need was a 14-step process. Ms. Brown also mentioned the Hospice Inpatient Bed methodology for new inpatient beds was a 12-step process used to project need by county.</p> <p>Ms. Brown stated there was no need methodology for hospice residential beds. Ms. Brown noted one petition was received this spring for the Hospice chapter.</p>		

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	<p><b>Petition: Heath Law Firm, PLLC</b> The petitioner requested the Hospice Inpatient Bed methodology be changed such that the projected days of care for inpatient estimates are determined using the county average length of stay (ALOS).</p> <p><b>Committee Recommendations</b> A motion was made and seconded to deny the petition.</p> <p>A motion was made and seconded to recommend acceptance of hospice services assumptions and methodology and to advance years by one for inclusion in the Proposed 2015 SMFP.</p>	<p>Mr. Beaver Ms. Michaud</p> <p>Mr. DeBiasi Mr. Brunnick</p>	<p>Mr. Brunnick recused from voting. Motion approved</p> <p>Motion approved</p>
<p><b>End-Stage Renal Disease Dialysis Facilities - Chapter 14</b></p>	<p><b>Policies and Need Methodology Review</b></p> <p>Ms. Brown noted there was one policy related to Chapter 14; located in Chapter 4 of the 2014 SMFP.</p> <p>Ms. Brown stated the agency requested that the Chapter 14 narrative language be update as follows to additional direction and clarification in the county and facility need methodology.</p> <p>The recommended wording for the County Need Methodology is as follow:</p> <p>1.</p> <p style="padding-left: 40px;">d. From each county's projected number of June 30, <del>2014</del> <i>2015</i> in-center stations is subtracted the county's number of stations certified for Medicare, certificate of need-approved and awaiting certification, awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which certificate of need decisions have not been made. The remainder is the county's June 30, <del>2014</del> <i>2015</i> projected station surplus or deficit. <i>A remainder including fractions of 0.50 or greater is rounded to the</i></p>		

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	<p><i>next highest whole number and a remainder including fractions of 0.50 or less is rounded to the next lowest whole number.</i></p> <p>e. If a county's June 30, <del>2014</del> 2015 projected station deficit is 10 or greater and the January SDR shows that utilization of each dialysis facility in the county is 80 percent or greater, the June 30, 2014 county station need determination is the same as the June 30, <del>2014</del> 2015 projected station deficit. <i>If a county's June 30, 2015 projected station deficit is 10 or greater and the January SDR shows the county has no dialysis facility located in the county, then the June 30, 2015 county station need determination is the same as the June 30, 2015 projected station deficit.</i> If a county's June 30, <del>2014</del> 2015 projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80 percent, the county's June 30, <del>2014</del> 2015 station need determination is zero.</p> <p>Ms. Brown noted the same language is repeated for Item # 2 d and e.</p> <p>The recommended wording for the Facility Need Methodology is as follow:</p> <p>3.</p> <p>v. The sum from 3.B.iv is divided by 3.2, and from the quotient is subtracted the facility's current number of certified stations as recorded in the current SDR and the number of pending new stations for which a certificate of need <i>application</i> has been <del>issued</del> <i>approved</i>. The remainder is the number of stations needed.</p> <p>Ms. Brown stated there were no petitions received regarding the ESRD Dialysis Facilities Policy, ESRD Dialysis Facilities Assumptions, and ESRD Dialysis Facilities Need Methodologies.</p> <p><b>Committee Recommendations</b></p>		

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	A motion was made and seconded to recommend acceptance of End-Stage Renal Disease dialysis policies, assumptions and methodology and the suggested language to advance years by one for inclusion in the Proposed 2015 SMFP.	Mr. Brunnick Mr. DeBiasi	Motion approved
<b>Psychiatric Inpatient Services - Chapter 15</b>	<p><b>Policies and Need Methodology Review</b> Ms. Brown reviewed the policies and methodology for psychiatric inpatient services in Chapter 15.</p> <p><u>Basic Assumptions of the Methodology</u></p> <ul style="list-style-type: none"> <li>• Description of methodology used is on pages 367-369 of 2014 SMFP.</li> <li>• The methodology used to project short-term psychiatric beds focuses on short-term beds only (60 days or less).</li> <li>• In 2012 and 2013, the SHCC approved adjusting the methodology for psychiatric, substance abuse and ICF/IID in order to account for ongoing LME-MCO mergers.</li> <li>• Service area is catchment area for the local management entity/ managed care organization. There are 16 LME-MCOs for mental health in NC.</li> <li>• Sources of Data were also expanded to include annual Mental Health/Substance Abuse Hospital License Renewal Applications as a source for utilization data for mental health hospitals when Truven Health Analytics data is not available.</li> <li>• Steps: <ul style="list-style-type: none"> <li>○ Need is determined in two parts. <ul style="list-style-type: none"> <li>▪ Part 1: Bed need for children and adolescents is described on page 369.</li> <li>▪ Part 2: Bed need for adults is described on pages 369.</li> <li>▪ Days of care two years in advance is determined applying actual patient days from the previous year to the projected population for the age group two</li> </ul> </li> </ul> </li> </ul>		

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	<p>years out.</p> <ul style="list-style-type: none"> <li>▪ The projected child and adolescent patient days are adjusted downward by 20% to account for the established decreasing utilization patterns of this age group.</li> <li>▪ Occupancy is assumed to be 75% when calculating bed need for the projected two years in advance.</li> </ul> <p>The amount of need per service area is then established based on the size of the service area's projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds.</p> <p><b>Committee Recommendations</b> A motion was made and seconded to recommend acceptance of psychiatric inpatient services policies, assumptions and methodology to advance years by one for inclusion in the Proposed 2015 SMFP.</p>	<p>Mr. Beaver Mr. DeBiasi</p>	<p>Motion approved</p>
<p><b>Substance Abuse/Chemical Dependency - Chapter 16</b></p>	<p><b>Policies and Need Methodology Review</b> There were no policies applicable to Chemical Dependency, Detoxification, Inpatient and Residential Services. Ms. Brown reviewed steps of the Chemical Dependency, Detoxification, Inpatient and Residential Services Assumptions and Need Methodology.</p> <ul style="list-style-type: none"> <li>• Steps: <ul style="list-style-type: none"> <li>○ Days of care two years in advance is determined applying actual patient days from the previous year to the projected population two years out.</li> <li>○ Occupancy is assumed to be 75% when calculating bed need for the projected two years in advance.</li> <li>○ The amount of need per service area is then established based on the size of the service area's projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds.</li> <li>○ Child/adolescent beds are assumed to equal 9% of the total bed. This is applied to the projected inventory to determine</li> </ul> </li> </ul>		



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	<p>child/adolescent unmet need.</p> <p>There were no petitions received regarding the Psychiatric Inpatient Services Assumptions and Psychiatric Inpatient Services Need Methodology</p> <p><b>Committee Recommendations</b> A motion was made and seconded to recommend acceptance of substance abuse/ chemical dependency policy, assumptions and methodology to advance years by one for inclusion in the Proposed 2015 SMFP.</p>	<p>Mr. DeBiaso Ms. Michaud</p>	<p>Motion approved</p>
<b>Intermediate Care Facilities Chapter 17</b>	<p><b>Policies and Need Methodology Review</b> Ms. Brown reviewed the policies and methodology for Chapter 17. Ms. Brown noted there were two policies in Chapter 17 that are in Chapter 4 of the 2014 SMFP.</p> <p><b>Committee Recommendations</b> A motion was made and seconded to recommend acceptance of intermediate care facilities policies, assumptions and methodology to advance years by one for inclusion in the Proposed 2015 SMFP.</p>	<p>Mr. Brunnick Ms. Michaud</p>	<p>Motion approved</p>
<b>Other Business</b>	<p>Dr. Pulliam noted the next Committee meeting is May 6<sup>th</sup> and the SHCC meeting is May 28<sup>th</sup>. He then thanked the members and staff.</p>		
<b>Adjournment</b>	<p>Dr. Pulliam adjourned the meeting.</p>		