



**State Health Coordinating Council Meeting
Minutes
October 2, 2013
10:00 a.m.
Brown Building, Raleigh, North Carolina**

Members Present: Jerry Parks, Chair, Dr. Richard Akers, Christina Apperson, Greg Beier, Dr. Don Bradley, Dr. Richard Bruch, Dr. Dennis Clement, Johnny Farmer, Anthony Foriest, Ted Griffin, Laurence Hinsdale, Daniel Hoffmann, Tim Ludwig, Dr. Leslie Marshall, Dr. Jeffrey Moore, Mike Nagowski, Dr. Prashant Patel, Dr. Karl Pete, Dr. T. J. Pulliam, Deborah Smith, Dr. Deborah Teasley, Dr. Christopher Ullrich (via phone), Paul Wiles, John Young
Members Absent: Don Beaver, Harold Hart, Zach Miller, Dr. Charles Niemeyer
MFPB Staff Present: Nadine Pfeiffer, Elizabeth Brown, Paige Bennett, Shelley Callaway, Selena Youmans, Erin Glendening, Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Martha Frisone, Lisa Pittman
AG's Office: June Ferrell

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Welcome & Announcements	<p>Mr. Parks welcomed Council members, staff and visitors to the third meeting of the planning cycle for the N.C. 2014 State Medical Facilities Plan. He acknowledged that the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff.</p> <p>Mr. Parks stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2014 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. He stated action would be taken on updated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval.</p>		
Introductions	The members introduced themselves by stating their name, profession/employer and SHCC appointment type followed by staff introductions. Mr. Pratt introduced staff from the Division.		
Review of Executive Order No. 10 & 67	Mr. Parks gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order Nos. 10 and 67. Mr. Parks inquired		

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	<p>if any member had a conflict of interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. He asked members to declare conflicts as other items arose that were not on the agenda. Mr. Nagowski recused from voting on the Cape Fear Valley Health System petition, Dr. Clements recused from voting on the Duke University Health Systems, dba Duke Raleigh Hospital, petition and Dr. Richard Bruch recused from voting on the Person Memorial Hospital petition.</p> <p>Mr. Parks requested of members to make a declaration of the conflict if a conflict of interest arose for a member during the meeting.</p>		
Approval of Minutes from May 29, 2013	A motion was made and seconded to accept the minutes of May 29, 2013.	Dr. Pulliam Dr. Bradley	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. T. J. Pulliam presented the report from the Acute Care Services Committee</p> <p>Chapter 5: Acute Care Hospital Beds One petition was received on this chapter.</p> <p><u>Petitioner: Cape Fear Valley Health System</u> The petitioner requested an adjusted need determination to reduce the number of beds in Cumberland County from 126 to 34 if the FirstHealth Hoke Community Hospital is licensed in 2013.</p> <p><u>Committee Recommendation:</u> The standard methodology created a need for 126 acute care beds in the proposed plan in Cumberland County. The committee determined that two special circumstances, spikes in the population and approved facilities yet to be open in the contiguous service area of Hoke County, significantly inflated the number of acute care beds needed in the Cumberland Service area. The committee recommended approving the petition.</p> <p><u>Data Discrepancy Report</u> Dr. Pulliam stated the Committee originally reviewed a list of 22 hospitals with discrepancies between their 2012 Truven Health Analytics (“Truven”) and Division of Health Services Regulation Hospital License Renewal Application (“Licensure”) acute days of care data greater than ± five percent. Following</p>		

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	<p>receipt of refreshed Truven data from the Cecil G. Sheps Center, the discrepancy report denoted 13 hospitals that have a \pm five percent discrepancy. Out of those, seven hospitals did not provide an update. Pioneer Community Hospital of Stokes corrected their Truven data, thereby removing need from the Proposed Plan, but they still maintained a greater than 5% discrepancy. Further attempts to reconcile the data would not change the projection of need for new beds in any of the affected service areas.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable and is subject to further changes.</p> <p>Dr. Pulliam stated the application of the methodology based on the refreshed data resulted in no change in the following need determinations from the Proposed 2014 Plan, with the exception of an increase of one acute care bed for Cumberland County:</p> <ul style="list-style-type: none"> • Cumberland County, 127 Acute Care Beds (Need is contingent on the licensure of FirstHealth Hoke Community Hospital in 2013) • Moore County, 51 Acute Care Beds • Pitt-Greene-Hyde-Tyrrell Service Area, 85 Acute Care Beds <p>Chapter 6: Operating Rooms</p> <p><u>Petitioner: Blue Ridge Bone and Joint Clinic</u> The petitioner requested an adjusted need determination for a demonstration project, single specialty, two operating room, in the Buncombe-Madison-Yancey Service Area.</p> <p style="padding-left: 40px;"><u>Committee Recommendation:</u> The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee felt there was not enough evaluation data on the three approved sites before approving a new, fourth location. The Committee recommended denying the petition.</p> <p>Dr. Pulliam stated the inventory had been updated based on available information to reflect any changes and included placeholders when applicable</p>		

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	<p>and is subject to further change.</p> <p>Dr. Pulliam noted the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP at the time. Need determinations are subject to change.</p> <p>Chapter 7: Other Acute Care Services Dr. Pulliam stated there were no petitions or comments related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable and is subject to further changes.</p> <p>Dr. Pulliam noted the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP at this time. Need determinations are subject to change.</p> <p>Chapter 8: Inpatient Rehabilitation Dr. Pulliam stated there were no petitions or comments related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable and is subject to further changes.</p> <p>Dr. Pulliam noted the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP at the time. Need determinations are subject to change.</p> <p>Recommendations Related to All Chapters Dr. Pulliam made a motion to recommend approval of the Acute Care Services report for the 2014 SMFP with the understanding that staff was authorized to continue making necessary updates to tables as indicated. In addition, references to dates would advanced by one year, as appropriate.</p>	<p>Dr. Pulliam Dr. Marshall</p>	<p>Motion approved Mr. Nagowski recused from voting.</p>

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<p>Recommendations from the Technology & Equipment Committee</p>	<p>Dr. Dennis Clements provided the recommendations of the Technology and Equipment Committee for consideration by the SHCC. The committee met on September 17, 2013 to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2014 State Medical Facilities Plan..</p> <p>Chapter 9: Technology and Equipment</p> <p>Cardiac Catheterization Equipment Section</p> <p>Dr. Clements stated since the Proposed 2014 SMFP, there were no changes in need projections for cardiac catheterization equipment. The Proposed 2014 SMFP showed one need determination for an additional fixed unit of cardiac catheterization equipment in the New Hanover County Service Area, but did not show a need determination for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere else in the state.</p> <p>Cardiac Catheterization Data:</p> <p><u>Petitioner: Davidson County Novant Health Thomasville Medical Center</u> The petitioner requested an adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment in Davidson County.</p> <p><u>Committee Recommendation:</u> The Committee discussed the petition and agency report, which recommended denial of the petition request. The concurrence was that Davidson County does not have sufficient volume of mobile cardiac patients in need of cardiac catheterization to support a shared fixed cardiac catheterization laboratory and no geographic barriers to impact resident's access to services. The Committee recommended the petition request be denied.</p> <p><u>Petitioner: New Hanover Regional Medical Center</u> The petitioner requested a change in the 2014 SMFP to remove the need for one additional unit of fixed cardiac catheterization equipment in New Hanover County.</p> <p><u>Committee Recommendation:</u> The Committee discussed the petition and</p>		

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	<p>agency report, which recommended approval of the petition request. The Committee recognized that New Hanover Regional Medical Center has unique attributes, such as longer operating hours allowing greater capacity on the equipment currently in the county, as well as being the only potential provider of cardiac catheterization services. The Committee recommended approval of the petition.</p> <p>Dr. Clements reported that there was a general discussion about the Cardiac Catheterization methodology; however no specific methodology changes were suggested or identified. There was an expressed interest in future discussion of the methodology, which was noted by the committee chair.</p> <p>Magnetic Resonance Imaging (MRI) Section</p> <p>Dr. Clements stated the Proposed 2014 SMFP showed one need determination for an additional fixed MRI scanner in Mecklenburg County. Updated data resulted in a correction to the MRI scanner inventory table which resulted in a projected need determination in Orange County. The Committee discussed the updated MRI scanner table, and noted the need determinations for two fixed MRI scanners – one in Mecklenburg County and one in Orange County - but no need for additional mobile MRI scanners anywhere else in the state.</p> <p>MRI Scanner Data:</p> <p><u>Petition: Person Memorial Hospital</u> The petitioner requested an adjusted need determination for one fixed MRI scanner in Person County in the 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Dr. Clements stated the Committee discussed the petition and agency report, which recommended approval of the petition request. The concurrence was that Person County does have unique circumstances including 1) a sufficient number of Person County residents in need of MRI services; 2) distance to current fixed MRI services; and 3) a local health care system available to support a fixed MRI scanner. The Committee recommended that the petition request be approved.</p>		

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	<p><u>Petitioner: Cape Fear Valley Health System</u> The petitioner requested a change in the 2014 SMFP for one fixed MRI scanner in Bladen County.</p> <p><u>Committee Recommendation:</u> Dr. Clements stated the Committee discussed the petition and agency report, which recommended denial of the petition request. There were no unique circumstances or geographic barriers in Bladen County at the time to warrant an adjusted need determination for a fixed MRI scanner. The Committee recommended denial of the petition.</p> <p>Linear Accelerator Section Dr. Clements stated since the Proposed 2014 SMFP, there have been no changes in need projections for linear accelerators. The Proposed 2014 SMFP included one need determination for a linear accelerator in the Harnett County. Harnett County would become a new service area due to Harnett County's population increasing to over 120,000 with no linear accelerator in the county. Dr. Clements stated there was no need indicated anywhere else in the state for additional linear accelerators.</p> <p>Linear Accelerator Data</p> <p><u>Petitioner: Duke University Health Systems dba Duke Raleigh Hospital</u> The petitioner requested an adjusted need determination for one additional linear accelerator to meet a perceived unmet need in Service area 20 (Wake and Franklin Counties).</p> <p><u>Committee Recommendation:</u> Dr. Clements stated the Committee discussed the petition and agency report, which recommended denial of the petition request. The discussion included an update on one CON approved linear accelerator that was approved in February 2011 but has not been developed., but was still on target to become operational in early 2014. Dr. Clements stated the linear accelerator standard methodology demonstrated that the current inventory, including the CON approved linear accelerator to be developed, was providing sufficient access to linear accelerator services in Service Area 20. The consensus of the Committee recognized that Duke Raleigh is unable to increase its inventory to meet demonstrated excess</p>		

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	<p>patient demand. The Committee recommended the petition be approved for one additional linear accelerator in Service Area 20.</p> <p>Lithotripsy and Gamma Knife Section Dr. Clements stated since the Proposed 2014 SMFP, there have been no changes in the need projections of no need for lithotripsy or gamma knife. Dr. Clements noted the Committee received no petitions or comments over the summer regarding the lithotripsy or gamma knife section of the Proposed 2014 SMFP.</p> <p>Positron Emission Tomography (PET) Scanners Section Dr. Clements stated since the Proposed 2014 SMFP, there have been no changes in the need projections of no need for fixed or mobile PET scanners.</p> <p>The Committee received no petitions but did receive comments over the summer regarding the PET scanner section of the Proposed 2014 SMFP and the issues were discussed by the Committee. Dr. Clements stated no motion was required or taken on this topic on the comments.</p> <p>Recommendations Related to Chapter 9 Dr. Clements recommended approval to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment with the understanding that staff was authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p> <p>Other Action In following up to the April 24, 2013 Technology and Equipment Committee meeting an open discussion was held to review options and alternatives for the PET methodology that included observations on the capacity for mobile and fixed PET scanners as well as general discussion points on the methodology. The agency will receive ideas and suggestions regarding the methodology and post them on a website to allow a forum for exchange of possible suggestions on the PET methodology.</p> <p>Dr. Patel initiated discussion of the linear accelerator petition. After brief discussion of members, input from staff and the petitioner, Dr. Bruch made a</p>	<p>Dr. Clements Dr. Pulliam</p>	<p>Motion approved Mr. Nagowski, Dr. Clements and Dr. Bruch recused from voting.</p>

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	<p>motion to extract the Duke Raleigh Hospital petition for a vote of the entire Council. Dr. Bruch also requested extraction of the Davidson County petition related to cardiac catheterization.</p> <p>Dr. Bruch made a motion approve the Committee report but to extract the Davidson County petition and the Duke Raleigh Hospital petition from the Technology and Equipment report for discussion and vote.</p> <p>Dr. Bruch made a motion to approve the Duke Raleigh Hospital petition.</p> <p>Dr. Bruch initiated discussion of the petition for a unit of shared fixed cardiac catheterization equipment in Davidson County. Dr. Bruch made a motion to approve the Davidson County petition. Discussion took place among SHCC members about cardiac catheterization. Staff input was requested and given.</p>	<p>Dr. Bruch Mr. Wiles</p> <p>Dr. Bruch Dr. Pulliam</p> <p>Dr. Bruch Ms. Apperson</p>	<p>Motion approved</p> <p>Vote 13-5 motion carried Dr. Clements recused from voting.</p> <p>Vote 7-12 motion failed</p>
<p>Recommendations from the Long-Term & Behavioral Health Committee</p>	<p>Mr. Farmer stated the Long-Term and Behavioral Health (LT-BH) Committee met once after the May Council meeting, on September 11, 2013 and he reviewed the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2014 State Medical Facilities Plan.</p> <p>Chapter 10: Nursing Care Facilities Mr. Farmer stated there were no petitions or comments related to this chapter.</p> <p>The inventory was updated, based on available information, to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Mr. Farmer stated the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP at this time. Need determinations are subject to change.</p>		

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	<p>Chapter 11: Adult Care Homes</p> <p><u>Petitioner: Lutheran Services of the Carolinas</u> The petitioner requested an adjusted need determination for 20 adult care home beds in Stanly County in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated the standard methodology has consistently identified that there is no need for new ACH beds in Stanly County, and a review of data specific to Stanly County supports the appropriateness of the outcome generated by applying the standard methodology. The Committee recommended denying the petition.</p> <p>Mr. Farmer stated the inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further change.</p> <p>Mr. Farmer stated the application of the methodology based on data and information currently available resulted no change in the following need determinations in the Proposed 2014 SMFP.</p> <ul style="list-style-type: none"> • Hoke County, 20 Adult Care Home beds • Jones County, 30 Adult Care Home beds • Pamlico County, 30 Adult Care Home beds <p>Need determinations are subject to change.</p> <p>Chapter 12: Home Health Services</p> <p><u>Petitioner: Granville Vance District Health Department</u> The petitioner requested the removal of the need determination for one Medicare-certified home health agency of office in Granville County in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated given that a need determination was generated for one new home health agency or office in</p>		

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	<p>Granville County in the Proposed 2014 SMFP based on Policy HH-3 and not the standard methodology, it is reasonable and appropriate to recommend the need determination be removed. The Committee recommended approving the petition.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Mr. Farmer stated the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP. Need determinations are subject to change.</p> <p><u>Chapter 13: Hospice Services</u></p> <p><u>Petitioner: Palliative Care Center & Hospice of Catawba Valley, Inc.</u> The petitioner requested an adjusted need determination for three hospice inpatient beds in Catawba County in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated the Committee acknowledged the role of a new hospice in Catawba County and how this facility contributed to the increase in Catawba County’s days of care, a reduced countywide occupancy rate while generating no need determination for the Proposed 2014 SMFP. The Committee recommended denying the petition.</p> <p><u>Petitioner: W&B Health Care, Inc.</u> The petitioner requested an adjusted need determination for a hospice residential care facility in Red Springs, NC in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated the Committee acknowledged that because these core components are not present in the petition, it was not possible to analyze the request. The Committee recommended denying the petition.</p>		

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	<p><u>Petitioner: Mountain Valley Hospice & Palliative Care</u> The petitioner requested an adjusted need determination for three hospice inpatient beds in Surry County in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated because the county average length of stay exceeded the statewide median average length of stay and resulted in projected inpatient days of care figures that do not accurately reflect the hospice inpatient bed need in Surry County by the standard methodology, the Committee recommended approving the petition.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Mr. Farmer stated application of the methodologies based on data and information currently available resulted in no change in the following draft need determinations from the Proposed 2014 SMFP, with the exception of a decrease in one hospice inpatient bed in Guilford County:</p> <ul style="list-style-type: none"> • Hospice Inpatient Beds <ul style="list-style-type: none"> ○ Guilford County, 15 Inpatient Beds ○ Lee County, 7 Inpatient Beds <p>Need determinations are subject to change.</p> <p>Chapter 14: End-Stage Renal Disease Dialysis Facilities</p> <p><u>Petitioner: Fresenius Medical Care</u> The petitioner requested the correction of the totals of dialysis patients by county of residency and the 5-year average annual change rate of each county's total ESRD patient population, as reported in error by dialysis providers and incorporated into the July 2013 Semi-Annual Dialysis Report.</p> <p><u>Committee Recommendation:</u> Mr. Farmer stated the Committee acknowledged that erroneous patient origin data would result in inaccuracies in future Semi-annual Dialysis Reports. The Committee</p>		

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	<p>recommended approving the petition.</p> <p>Mr. Farmer noted 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).</p> <p>Chapter 15: Psychiatric Inpatient Services</p> <p><u>Petitioner: Veritas Collaborative</u> The petitioner requested an adjusted need determination for 24 adult psychiatric inpatient beds for eating disorder patients in Durham LME-MCO in the Proposed 2014 SMFP.</p> <p><u>Committee Recommendation:</u> Based on the request that the need determination be restricted to Durham LME-MCO even though these beds would serve as a statewide resource and because the petition failed to meet the minimum criteria for review, the Committee recommended denying the petition.</p> <p>Mr. Farmer stated that because the analysis showed a need for such beds in North Carolina, Committee further recommends including a statewide need determination in the 2014 Proposed SMFP for 25 adult psychiatric inpatient beds for eating disorder patients, which will be excluded from the SMFP's inventory for the purposes of determining need within the state and that includes the following wording:</p> <p><i>The beds shall serve adults with a primary diagnosis of Eating Disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or equivalent criteria in the International Criteria of Diseases and Related Health Problems, Ninth Edition (ICD-9), such as anorexia nervosa, bulimia nervosa, binge-eating disorder, or eating disorder not otherwise specified.</i></p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p>		

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	<p>Mr. Farmer stated the application of the methodology based on data and information currently available resulted in the following need determinations reflecting decreases in total beds to both the Child and Adult Psychiatric Inpatient Beds from the Proposed 2014 SMFP:</p> <ul style="list-style-type: none"> • Child Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Coastal Care LME-MCO, 2 beds ○ Smoky Mountain Center 1 LME-MCO, 7 beds ○ Wake LME-MCO, 56 beds <p>Need determinations are subject to change.</p> <p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds) There were no petitions or comments on this chapter.</p> <p>Mr. Farmer stated the inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Mr. Farmer stated the application of the methodology based on data and information currently available results in resulted in no changes in need determinations from the Proposed 2014 SMFP as seen below, with the exception of an increase of three Child Substance Abuse beds for the Eastern Region :</p> <ul style="list-style-type: none"> • Adult Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ○ Eastern Region, 16 beds ○ Central Region, 23 beds 		

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	<ul style="list-style-type: none"> • Child Substance Abuse Inpatient & Residential Service Beds: <ul style="list-style-type: none"> ○ Eastern Region, 9 beds ○ Central Region, 3 beds ○ Western Region, 15 beds <p>Need determinations are subject to change.</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities There were no petitions or comments on this chapter.</p> <p>Mr. Farmer stated the inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Mr. Farmer stated the application of the methodology based on data and information currently available resulted in no change in need determinations from the Proposed 2014 SMFP at this time. Need determinations are subject to change.</p> <p>Recommendations Related to All Chapters The Committee recommends the current assumptions and methodologies for these chapters be accepted for the 2014 SMFP. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Mr. Farmer noted Committee members authorized staff to update narratives, tables and need determinations for the 2014 SMFP as new and corrected data are received.</p> <p>Dr. Marshall made a motion to pull the Veritas Collaborative petition from the report for further discussion.</p> <p>Mr. Farmer recommended to the State Health Coordinating Council approval of the Long-Term Behavioral Health Committee report with the understanding that staff was authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	<p>Dr. Marshall Dr. Patel</p> <p>Mr. Farmer Dr. Bradley</p>	<p>Motion approved</p> <p>Motion approved Ms. Smith recused from voting</p>

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	<p>A vote was taken to approve the Committee’s recommendation for the Veritas Collaborative including a statewide need determination in the 2014 Proposed SMFP for 25 adult psychiatric inpatient beds for eating disorder patients, which will be excluded from the SMFP’s inventory for the purposes of determining need within the state and that includes the following wording:</p> <p><i>The beds shall serve adults with a primary diagnosis of Eating Disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or equivalent criteria in the International Criteria of Diseases and Related Health Problems, Ninth Edition (ICD-9), such as anorexia nervosa, bulimia nervosa, binge-eating disorder, or eating disorder not otherwise specified.</i></p>		Vote 15-4 Motion carried as presented in committee report.
SHCC’s Recommendation to the Governor	<p>Having heard each of the Committee Reports, and taking action on each, Mr. Parks entertained a motion to direct staff to incorporate the council’s actions into a recommended version of the N.C. 2014 State Medical Facilities Plan for submission to the governor.</p> <p>Mr. Parks entertained a motion to allow staff to continue making changes to inventory and corrections to data as they are received, as well as non-substantive edits to narratives.</p>	<p>Mr. Parks Mr. Griffin</p> <p>Mr. Parks Dr. Marshall</p>	<p>Motion approved</p> <p>Motion approved</p>
Other Business	<p>Mr. Parks announced that to assist those who prepare Certificate of Need applications to compete for need determinations in the Plan, he has asked staff to make the council’s recommended need determinations and Certificate of Need review dates available on the DHSR website for work planning purposes only. These recommended need determinations and dates will be accompanied by a disclaimer, which advises that nothing is final until the 2014 SMFP is signed by the governor.</p> <p>Mr. Parks also announced the dates for the State Health Coordinating Council meetings for next year, as follows:</p> <p>Wednesday – March 5, 2014</p> <p>Wednesday – May 28, 2014</p>		

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	<p data-bbox="493 164 852 191">Wednesday – October 1, 2014</p> <p data-bbox="493 232 1436 326">Mr. Parks stated additional information for the council and committee meetings would be posted on the Division of Health Services Regulation’s website throughout the year.</p>		
Adjournment	There being no further business, Mr. Parks made a motion to adjourn the meeting	Mr. Parks Dr. Pulliam	Motion approved