



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

Healthcare Planning and Certificate of Need Section

September 8, 2017

10:00 a.m. – 12 Noon

Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. Sandra Greene (ex-officio), Ms. Denise Michaud- LTBH Committee Chair, Dr. Jaylan Parikh-Vice-Chair, Dr. TJ Pulliam, Mr. Peter Brunnick, Mr. James Martin, Jr., Mr. James Burgin
Members Absent:
Healthcare Planning Staff: Ms. Paige Bennett, Ms. Elizabeth Brown, Amy Craddock PhD, Andrea Emanuel PhD, Tom Dickson PhD, Ms. Sharetta Blackwell
DHSR Staff Present: Ms. Martha Frisone, Ms. Celia Inman, Ms. Gloria Hale
Attorney General’s Office: Mr. Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Ms. Michaud welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>She stated that the purpose of this meeting was to review petitions and comments received in response to the <i>Proposed 2018 State Medical Facilities Plan (SMFP)</i>. She stated the Committee would also review updated tables, reflecting changes since the <i>Proposed Plan</i> was published, in order to make the Committee’s recommendation to the State Health Coordinating Council for the <i>2018 State Medical Facilities Plan</i>. Ms. Michaud noted this meeting is open to the public. However, discussions, deliberations and recommendations are limited to the members of the Long-Term & Behavioral Health Committee and staff, unless questions are specifically directed to someone in the audience.</p> <p>Ms. Michaud stated this was the third and final Long-Term & Behavioral Health Committee meeting scheduled for this year.</p> <p>Ms. Michaud asked the committee members and staff to introduce themselves.</p>		
Review of Executive Order No. 122: Extending the State Health Coordinating	<p>Ms. Michaud gave an overview of the procedures to observe before taking action at the meeting. Ms. Michaud inquired if anyone had a conflict, needed to declare that they would derive a benefit from any matter on the agenda, or intended to</p>		

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Council & Executive Order No. 46: Ethical Standards for the State Health Coordinating Council	<p>recuse themselves from voting on the matter. Ms. Michaud asked members to review the agenda and declare any conflicts on today’s agenda.</p> <ul style="list-style-type: none"> • Mr. Peter Brunnick recused himself from the Continuum Care Hospice Petition. • Mr. James Burgin recused himself from the Transitions LifeCare and BAYADA Home Health Care Petitions. 		
Approval of May 5, 2017 Minutes	<p>A motion was made and seconded to accept the May 5, 2017 minutes.</p>	<p>Mr. Brunnick Dr. Pulliam</p>	<p>Motion approved</p>
Nursing Care Facilities – Chapter 10	<p>Ms. Michaud stated there was one petition submitted for Chapter 10, Nursing Care Facilities.</p> <p><i>Petition 1: Bermuda Village Retirement Community</i> The petitioner requested an adjusted need determination for 21 nursing beds in Davie County. The Agency received 22 documents in support of this petition and one in opposition.</p> <p><u>Recommendation:</u> The Agency recommends adjusting the need determination in Davie County to include 21 additional nursing home beds. The committee voted to accept the Agency’s recommendation.</p> <p><i>Data Updates</i></p> <p>Dr. Emanuel noted that data was updated for Tables 10A, 10B, and 10C. She stated that the data for nursing home beds has been updated which has caused changes to the tables in Chapter 10.</p> <p>Table 10A: Since the proposed plan was published, there are 78 fewer nursing beds available. The number of exclusions has also decreased by 73 beds. Thus, the total planning inventory has decreased by 5 to a total of 43,464 nursing care beds.</p> <p>Table 10B: Table 10B shows the calculation of bed use rates for each county according to the current methodology. Either the county rate or the state rate of -0.0129 has been</p>	<p>Mr. Burgin Mr. Brunnick</p>	<p>Motion approved</p>

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	<p>applied to calculate bed need for each county, again according to the methodology. This is the bed need shown in the last column of Table 10C.</p> <p>Table 10C: Despite the changes to data, there continue to be no need determinations for nursing home beds anywhere in the state.</p> <p><u>Committee Recommendation:</u> A motion made and seconded to forward Chapter 10, Nursing Care Facilities, with approved changes to the SHCC.</p>	Dr. Pulliam Mr. Martin	Motion Approved
<p>Adult Care Homes - Chapter 11</p>	<p>Ms. Michaud stated there was one petition submitted for Chapter 11, Adult Care Homes.</p> <p><i>Petitioners: Mr. Whitcomb Rummel and Ms. Christen Campbell</i> The petitioner request for an adjusted need determination for 80 adult care home beds in Orange County. Seven (7) documents in support of the petition were received.</p> <p><u>Recommendation:</u> The Agency does not recommend approving this request. The Committee voted to approve the Agency’s recommendation to deny the petition.</p> <p><i>Data Updates</i></p> <p>Dr. Emanuel noted that data was updated for Table 11A, and there are new needs in the plan for Table 11B.</p> <p>Table 11A: The data for adult care home beds has been updated since the proposed plan was published, resulting in changes to tables in Chapter 11. For Table 11A, there are 54 fewer available beds and 40 more beds excluded from the inventory. Therefore, the total planning inventory has decreased by 94 for a total of 44,018 adult care home beds.</p> <p>Table 11B: Looking at Table 11B, we continue to have a need for 30 beds in Ashe County. In Cherokee County, we have a new need for 60 beds because the Agency withdrew a certificate of need issued in 2008 for 70 beds because the beds were never</p>	Mr. Brunnick Mr. Martin	Motion Approved

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	<p>developed. We also continue to have a need for 20 beds in Greene County. Since the proposed plan was published, we have removed the placeholder in the plan for Jones County when no CON applications were received, so there is now a need for 20 beds there. In Washington County, there is a need for 10 beds now, also because we removed the placeholder in the plan. That is a total need for 140 adult care home beds in the State.</p> <p style="text-align: center;"><u>Committee Recommendation:</u> A motion made and seconded to forward Chapter 11, Adult Care Homes, with approved changes to the SHCC.</p> <p><i>Discussion Points:</i> James Burgin emphasized the large number of surplus beds. Dr. Emanuel responded that the methodology requires that the deficit be a certain percentage of the available inventory in order for a need to be determined.</p>	Mr. Brunnick Dr. Pulliam	Motion approved
<p>Home Health Services - Chapter 12</p>	<p>Ms. Michaud stated that there was one petition pertaining to a Medicare-certified home health office submitted for consideration.</p> <p><i>Petitioner: Heaven Sent Private Care, LLC</i> The petitioner requests an adjusted need determination for one Medicare-certified home health agency or office in Randolph County.</p> <p><u>Recommendation:</u> The agency recommends denial of this Petition. The Committee voted to accept the Agency's recommendation to deny the petition.</p> <p><i>Data Updates</i> Ms. Brown noted that we received revised data from providers that resulted in changes to Tables 12A – 12D, but no changes to need determination.</p> <p style="text-align: center;"><u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 12, Home Health Services, with approved changes to the SHCC.</p>	Mr. Brunnick Dr. Pulliam Dr. Pulliam Mr. Burgin	Motion approved Motion approved
<p>Hospice Services - Chapter 13</p>	<p>Ms. Michaud stated there were four petitions pertaining to Hospice Services submitted for consideration.</p>		

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	<p><i>Petition 1: Transitions LifeCare</i> The petitioner requests the need determination for 14 hospice inpatient beds in Wake County in the 2018 SMFP be reduced to 6 hospice inpatient beds.</p> <p><u>Discussion:</u> Mr. Brunnick commented on Hospice inpatient need and utilization. He noted that out of the 41 facilities in the state there are only four facilities that generate an occupancy level greater than the minimum standard of 85%. He stated that it is noteworthy that we are continuing to see a decline in Hospice inpatient utilization primarily due to regulatory practice and possibly the changes in patient preference.</p> <p><u>Recommendation:</u> The Agency recommends denying the Petitioner’s request to reduce the need determination to six hospice inpatient beds in Wake County. Alternatively, the Agency recommends approving a need determination for 10 hospice inpatient beds for Wake County. The Committee voted to approve the Agency’s recommendation for a need determination for 10 hospice inpatient beds.</p> <p><i>Petition 2: BAYADA Home Health Care</i> The petitioner requests an adjusted need determination for a hospice home care office for Harnett County</p> <p><u>Discussion:</u> Mr. Burgin notes that as a 31 year resident of Harnett County he’s never had anyone inform him that they were unable to receive hospice services in Harnett County. He also states that the needs have been provided and agrees that the agency’s conclusions are very accurate.</p> <p>Mr. Brunnick comments that among the top counties in the state of North Carolina with the highest utilization for hospice services, eight of the ten have a single provider. He notes that there’s an inverse relationship between the number of providers and the access to care and he agrees with the agency’s position.</p> <p><u>Recommendation:</u> The Agency recommends denial of this petition. The Committee voted to approve the Agency’s recommendation.</p>	<p>Dr. Pulliam Mr. Martin</p> <p>Mr. Brunnick Mr. Martin</p>	<p>Motion approved</p> <p>Motion approved (Mr. Burgin recused)</p>

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	<p>Petition 3: Liberty Home Care Services The petitioner requests an adjusted need determination for one hospice home care office in Hyde County.</p> <p>Committee Recommendation: The Agency recommends approval of the petitioner’s request for an adjusted need determination for a hospice home care office in Hyde County. The Committee voted to approve the Agency’s recommendation.</p> <p>Petition 4: Continuum Care Hospice The petitioner requests an adjusted need determination for one hospice home care office in Mecklenburg County, specifically organized and staffed to serve African American patients</p> <p>Recommendation: The agency recommends denial of this Petition. The Committee voted to approve the Agency’s recommendation to deny the petition.</p> <p>Data Updates</p> <p>Ms. Brown noted that we received revised data from providers that resulted in changes to Tables 13A and 13C. These changes in the data had no impact on the existing hospice inpatient bed need determination.</p> <p>Committee Recommendation: A motion was made and seconded to forward Chapter 13, Hospice Home Care, with approved changes to the SHCC.</p>	<p>Mr. Brunnick Dr. Pulliam</p> <p>Mr. Burgin Mr. Martin</p> <p>Mr. Brunnick Dr. Pulliam</p>	<p>Motion approved</p> <p>Motion approved (Mr. Brunnick recused)</p> <p>Motion approved</p>
<p>ESRD Dialysis Services – Chapter 14</p>	<p>Ms. Michaud stated there were no petitions related to ESRD Dialysis services.</p> <p>Ms. Michaud asked Ms. Brown for any updates related to Chapter 14.</p> <p>The Agency recommends two minor wording changes to the chapter narrative.</p> <p>The first item: – recommend deleting the word, “determination” from the last sentence found in item #1.e. and #2.e. under County Need methodology.</p>		

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	<p>Reason: Not possible to have a need determination of zero.</p> <p>The second item: recommend reformatting the outline found under the Facility Need Methodology to match actual outline.</p> <p>Reason: Reduce confusion</p> <ul style="list-style-type: none"> • In addition, the Agency recommends updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate, for the 2018 SMFP. <p>Committee Recommendation: A motion made and seconded to forward Chapter 14, ESRD Dialysis Services, with approved changes to the SHCC.</p>	<p>Dr. Pulliam Mr. Burgin</p>	<p>Motion approved</p>
<p>Psychiatric Inpatient Services – Chapter 15</p>	<p>Ms. Michaud stated there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services.</p> <p>Ms. Michaud asked Dr. Craddock for any updates related to Chapter 15.</p> <p>Under Session Law 2017-57 (this year’s appropriations act), the General Assembly made additional non-recurring allocations from the Dorothea Dix Hospital Property Fund for psychiatric beds.</p> <ul style="list-style-type: none"> • Up to \$4 million to Caldwell Memorial Hospital (Caldwell County) • Up to \$4 million to Cape Fear Valley Medical Center (Cumberland County) • Up to \$4 million to Mission Health System (Buncombe County) • Up to \$3 million to Good Hope Hospital (Harnett County) • Up to \$2 million to Dix Crisis Intervention Center (Onslow County). • Additional \$2 million for the establishment of two new crisis facilities. <p>Like the previous award, at least 50% of beds must be reserved for indigent patients. The beds may be new beds, relocated psych beds, acute care beds converted to psych beds, or some combination. Healthcare Planning does not yet know how these beds will be licensed. As with the previous allocations, beds developed with these funds are exempt from Certificate of Need. Because this is a new allocation, the Agency recommends, just as with the beds previously</p>		

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<p>Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)- Chapter 16:</p>	<p>Ms. Michaud stated there was one petition submitted in relation to substance use disorder beds. The Agency received four letters of support for this petition.</p> <p><i>Petitioner: Samaritan Colony</i></p> <p>This petition requests an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women.</p> <p>Discussion: Mr. Burgin asked how the utilization of 195% and 151% was calculated. Dr. Craddock responded that the information was reported by the facility. The days of care based on Truven data and LRAs can be vastly different.</p> <p>Recommendation: The Agency recommends approval of request for an adjusted need determination for 14 additional residential substance use disorder treatment beds in Moore or Richmond County to be used for a residential treatment center for women. Further, the Agency recommends that the need determination stipulate that certificate of need applicants must commit to establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured). The Committee voted to approve the Agency’s recommendation.</p> <p><i>Data Updates</i></p> <ul style="list-style-type: none"> •Tables 16A and 16B were updated to reflect refreshed Truven data and Nash County’s move to Trillium. <p>At this time, application of the methodology shows the same need determinations that were in the Proposed Plan:</p> <ul style="list-style-type: none"> • <u>Child/Adolescent Beds</u>: Central Region – 15 beds • <u>Adult Beds</u>: None <p>Dr. Craddock also noted a technical correction to the narrative. The term days of “stay” was used in this chapter, but in other chapters of the SMFP the term days of “care” was used. Staff will change the wording to days of “care.”</p>	<p>Mr. Brunnick Dr. Pulliam</p>	<p>Motion approved</p>

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	<p><u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 16, Substance Use Disorder Inpatient & Residential Services with approved changes to the SHCC.</p>	Mr. Burgin Dr. Pulliam	Motion approved
<p>Intermediate Care Facilities for Individuals with Intellectual Disabilities - Chapter 17</p>	<p>Ms. Michaud stated there were no petitions or comments related to Chapter 17.</p> <p>Ms. Michaud asked Dr. Craddock were there updates related to Chapter 17.</p> <p>Dr. Craddock noted that the tables to reflect Nash County’s move to a new LME-MCO were updated, and there were no additional changes to the chapter.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to forward Chapter 17, Intermediate Care Facilities for Individuals with Intellectual Disabilities, with approved changes to the SHCC.</p>	Mr. Martin Dr. Pulliam	Motion approved
<p>Other Business</p>	<p><u>Ongoing Updates to Proposed 2018 SMFP:</u></p> <p>Ms. Michaud noted that in order to complete their work on the Proposed 2018 State Medical Facilities Plan, staff will need to continue to update various portions of the Plan as new data is received.</p> <p><u>Committee Recommendation to Staff for Chapters 10- 17:</u> A motion made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended <i>Proposed 2018 State Medical Facilities Plan</i> as new and corrected data is received.</p> <p>Ms. Michaud stated that the agency will hold two meetings to discuss potential modifications to the Adult Care Methodology. All SHCC members and interested parties are invited to attend. The first meeting will be held on November 2, at 10:00 a.m. and the second meeting will be held on December 13th, at 10:00 a.m. Both meetings will be held in this room.</p> <p>Ms. Michaud reminded members the last full SHCC meeting for 2017 will be held on October 4th beginning at 10:00 am in this room.</p>	Mr. Brunnick Mr. Burgin	Motion approved
<p>Adjournment</p>	<p>Ms. Michaud asked for a motion to adjourn the meeting.</p>	Dr. Pulliam Mr. Martin	Motion approved

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