



State Health Coordinating Council Meeting – **D R A F T** Minutes

Healthcare Planning & Certificate of Need Section

October 4, 2017

Brown Building, Raleigh, North Carolina

Members Present: Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Valarie Jarvis, Dr. Lyndon Jordan, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jaylan Parikh, Dr. Prashant Patel
Members Absent: Dr. Christopher Ullrich, Chairman, Senator Ralph Hise, Representative Donny Lambeth, Stephen Lawler, Brian Lucas, James Martin, Dr. T. J. Pulliam
Healthcare Planning Staff Present: Sharetta Blackwell, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel
DHSR Staff Present: Mark Payne, Martha Frisone, Lisa Pittman, Gloria Hale, Celia Inman, Mike McKillip
Attorney General’s Office: June Ferrell, Derek Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Sandra Greene presided. She welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2018 State Medical Facilities Plan (SMFP). She 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>She stated that the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the <i>Proposed 2018 SMFP</i> in response to the public hearings conducted across the state this summer. She stated action would be taken on updated tables and need projections. She noted that 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> <p>The members introduced themselves by stating their name, affiliation, and SHCC appointment type, followed by staff introductions.</p>		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council and Executive Order	<p>Dr. Greene gave an overview of the procedures to observe before taking action at the meeting. Dr. Greene inquired whether anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. She asked members to declare conflicts as agenda items came up.</p> <p>Dr. McBride recused himself from voting on the petition from Mallard Creek Surgery Center, due to his affiliation with OrthoCarolina. Dr. Jordan disclosed that, as a radiologist, he</p>		

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<p>No. 122 Extending the State Health Coordinating Council</p>	<p>provides fixed PET services and will be presenting a report on that topic; this was an acknowledgment, but not a formal recusal. Mr. Burgin recused himself from voting on the petition regarding Transitions LifeCare (he rents office space to the company for their Harnett County location).</p>		
<p>Approval of Minutes from September 6, 2017</p>	<p>A motion was made and seconded to accept the minutes of September 6, 2017.</p>	<p>Mr. Brunnick Dr. Jordan</p>	<p>Motion approved</p>
<p>Recommendations from the Acute Care Services Committee</p>	<p>Dr. Greene presented the report from the Acute Care Services Committee, which met once after the May Council meeting, on September 12, 2017. Following is an overview of the Committee’s recommendations for Acute Care Services, Chapters 5-8, of the <i>Proposed 2018 SMFP</i>. Dr. Greene noted that all inventories and need determinations are subject to change.</p> <p>The Agency received one petition for this chapter.</p> <p>Request: UNC Hospitals requests removal of the need determination in the <i>2018 SMFP</i> for 36 acute care beds in Orange County. The Agency received no letters or comments.</p> <p>Committee Recommendation: After incorporation of the refreshed Truven data, Orange County no longer has a need for acute care beds. Therefore, the Committee recommends to the SHCC denying the petition because it is moot.</p> <p>Data Discrepancy Report Staff compared Truven Health Analytics data for 2016 to data from the License Renewal Applications. The Committee originally reviewed a list of 19 hospitals with acute days of care discrepancies between the two data sources that exceed plus-or-minus five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 9 hospitals that have a greater than a five percent discrepancy. The changes in Truven data for those facilities with discrepancies do not affect need determinations.</p> <p>Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable. Application of the methodology, based on data and information currently available, results in the following draft need determinations:</p> <ul style="list-style-type: none"> • Mecklenburg County, 50 Acute Care Beds • Moore County, 22 Acute Care Beds 		

Chapter 6: Operating Rooms

The Agency received eight petitions for this chapter.

Petition 1: OrthoCarolina

Request: OrthoCarolina requests two changes to the requirements of the Single Specialty Ambulatory Surgery Demonstration Project: (1) reduction of the charity care (self-pay and Medicaid) requirement from 7% of total revenue to 5%; and (2) exclusion of the revenue from procedures that do not yet have a Medicare allowable amount or are not currently ambulatory surgery center-approved by Medicare from the denominator of the charity care percentage calculation. The Agency received three comments: one in opposition, one mixed, and one in favor.

Committee Recommendation: The Committee recommends to the SHCC approval of the exclusion of revenue from procedures that do not yet have a Medicare allowable amount from the calculation of the charity care percentage. When Medicare establishes allowable reimbursement amounts, the revenue for these procedures will be included in the calculations. This change applies to all demonstration sites. The Committee recommends denial of the request to reduce the requirement from 7% to 5%.

In addition, based on internal Agency discussions, as well as discussions with the demonstration sites and the Committee, it became clear that the original reporting instructions in the 2010 SMFP needed to be altered. The Committee, therefore, recommends altering the instructions provided to the demonstration sites such that they use revenue earned rather than revenue collected in the calculation of the percentage of revenue attributable to self-pay and Medicaid.

Petition 2: Cape Fear Valley Medical Center

Request: Cape Fear Valley Medical Center requests an adjustment to the operating room (OR) methodology such that the projected growth rate for surgical cases be held constant when population growth is negative. The Agency received one letter of support.

Committee Recommendation: The Committee recommends to the SHCC approval of the petition.

Petition 3: Wake Forest Baptist Health

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	<p><u>Request:</u> Wake Forest Baptist Health requests a reduction in the need determination for ORs in Forsyth County from six to four. The Agency received one neutral comment and one letter in opposition.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC that underutilized ORs be included in the inventory as though they were not underutilized when a CON has been issued for their replacement. This clarification to the methodology results in a reduction of the OR need in Forsyth County from six to four.</p> <p>In addition, the Agency brought to the Committee a recommendation regarding a situation unforeseen during the deliberations of the OR Methodology Workgroup. If, for example, ORs to be relocated from a hospital to a new entity in another health system are removed from the hospital’s inventory upon issuance of the CON, it is possible that this can generate a need in the service area, because doing so would reduce the health system’s inventory. This result does not reflect the intent of the methodology. The Committee recommends to the SHCC that Chapter 6 of the SMFP should include language such that ORs to be relocated will be removed from the original facility’s inventory when they are licensed in the new facility. Staff will draft language for review and approval in preparation for the Final 2018 SMFP.</p> <p><i>Petition 4: Duke University Health System</i></p> <p><u>Request:</u> This request was in the form of a comment. Duke University Health System submitted a comment regarding the definition of “health system” as used in the OR methodology. The Agency received no other comments or letters.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC clarifying the definition of health system to include leased facilities and to describe more clearly when a joint venture should be included in a health system.</p> <p><i>Petition 5: Wilmington Health</i></p> <p><u>Request:</u> Wilmington Health petitioned for an adjusted need determination for two ORs in Onslow County. This petition was withdrawn in August, so no action was taken.</p> <p><i>Petition 6: Graystone Ophthalmology Associates</i></p> <p><u>Request:</u> Graystone Ophthalmology Associates requests an adjusted need determination for one OR in Catawba County. Nineteen documents were submitted in support of the petition.</p>		

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	<p>Among these, 12 were from physicians in the practice. One letter was submitted in opposition to the petition.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approving the Petition.</p> <p><i>Petition 7: Cape Fear Valley Medical Center</i></p> <p><u>Request:</u> Cape Fear Valley Medical Center requests an adjusted need determination for one OR in Cumberland County. The Agency received two comments regarding the petition. One was from Cape Fear Valley Medical Center in favor of the petition. The other was opposed.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approving the petition, with the stipulation that the <i>2018 SMFP</i> include an adjusted need determination for one OR in Cumberland County to be used for the training of surgical residents in inpatient and outpatient procedures.</p> <p><i>Petition 8: Azura Vascular Care</i></p> <p><u>Request:</u> Fresenius Vascular Care, d/b/a Azura Vascular Care, and four other petitioners request an adjusted need determination for a demonstration project to develop two ORs in each of the six Health Service Areas statewide. These ORs would be located in single-specialty vascular access ambulatory surgical facilities, and would provide a full range of vascular access services necessary for end-stage renal disease patients. The Agency received 62 letters of support for this petition. Three comments recommending denial were also received, but one was withdrawn. One of the comments considered to be in opposition actually favored the idea of a demonstration project, but expressed objections to most of the petitioners’ proposals such that it was considered by the Agency to effectively be in opposition to the petition.</p> <p><u>Committee Recommendation:</u> The Committee acknowledged the need to examine this issue further, but agreed with the Agency that it is premature to move forward with a demonstration project at this time. Dr. Greene stated that she will work with the Agency early in 2018 to plan the appropriate next steps. The Committee recommends to the SHCC denying the petition.</p> <p><i>Draft Need Determinations</i></p> <p>Based on data and information currently available, application of the methodology results in the following draft need determinations at this time:</p>		

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	<ul style="list-style-type: none"> • Buncombe County, 2 ORs • Durham County, 4 ORs • Forsyth County, 6 ORs • Mecklenburg County, 6 ORs • Orange County, 6 ORs • Wake County, 6 ORs <p><u>Chapter 7: Other Acute Care Services</u></p> <p>The Agency received no petitions or comments for this chapter. Based on data and information currently available, application of the methodology results in no draft need determinations.</p> <p><u>Chapter 8: Inpatient Rehabilitation</u></p> <p>The Agency received one petition for this chapter.</p> <p><u>Request:</u> Novant Health and HealthSouth Corporation request an adjusted need determination for 50 inpatient rehabilitation beds in Health Service Area III. The Agency received 93 letters of support and two comments in opposition to this petition.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approving an amended request to the Petition to show a need for eight inpatient rehabilitation beds in HSA III in the <i>2018 SMFP</i>.</p> <p><i>Draft Need Determinations</i></p> <p>Based on data and information currently available, application of the methodology results in no draft need determinations at this time.</p> <p><u>Recommendations Related to All Chapters</u></p> <p>The Committee recommends to the SHCC approval of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations as indicated.</p>	<p>Mr. DeBiasi Dr. Parikh</p>	<p>Motion approved (Mr. Adams and Dr. McBride recused.)</p>
<p>Recommendations from the Long-Term and</p>	<p>Ms. Michaud stated that the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 8, 2017.</p>		

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<p>Behavioral Health Committee</p>	<p>Following is an overview of the Committee’s recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the <i>2018 SMFP</i>. For all chapters, inventories have been updated to reflect any changes, and tables include placeholders where applicable. All inventories and need determinations are subject to change.</p> <p><u>Chapter 10: Nursing Care Facilities</u></p> <p>There was one petition related to this chapter.</p> <p><u>Request:</u> Bermuda Village Retirement Community requests an adjusted need determination for 21 nursing beds in Davie County in the <i>2018 SMFP</i>. The agency received 22 documents in support of the petition and one document in opposition.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approving the petition for an adjusted need determination for 21 nursing home beds in Davie County in the <i>2018 SMFP</i>.</p> <p><i>Draft Need Determinations</i> The application of the methodology based on data and information currently available results in no draft need determinations.</p> <p><u>Chapter 11: Adult Care Homes</u></p> <p>There was one petition related to this chapter.</p> <p><u>Request:</u> Mr. Whitcomb Rummel and Ms. Christen Campbell have petitioned the SHCC for an adjusted need determination for 80 adult care home beds in Orange County in the <i>2018 SMFP</i>. Seven (7) documents in support of and one document in opposition to the Petition were received.</p> <p><u>Committee Recommendation</u> In late 2017/early 2018, the Council will be conducting a review and accepting comments on the standard methodology. Thus, the Committee makes the following two recommendations to the SHCC: 1) to invite the Petitioners to engage in the process for reviewing the adult care home standard methodology, and 2) to not approve the Petition to adjust the need determination for 80 adult care home beds in Orange County in the <i>2018 SMFP</i>.</p>		

	<p><i>Draft Need Determinations</i> The application of the adult care home methodology based on data and information currently available results in the following draft need determinations:</p> <ul style="list-style-type: none">• 30 beds in Ashe County• 60 beds in Cherokee County• 20 beds in Greene County• 20 beds in Jones County• 10 beds in Washington County <p><u>Chapter 12: Home Health Services</u></p> <p>There was one petition related to this chapter.</p> <p><u>Request:</u> Heaven Sent Private Care, LLC (Heaven Sent) requests an adjusted need determination be included in the <i>North Carolina 2018 State Medical Facilities Plan (SMFP)</i> for one Medicare-certified home health office in Randolph County. One document was received in opposition to this Petition.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC denying the Petition.</p> <p><i>Draft Need Determinations</i> The application of the methodology based on data and information currently available results in the following need determination:</p> <ul style="list-style-type: none">• Wake County – two new Medicare-certified home health agencies or offices <p><u>Chapter 13: Hospice Services</u></p> <p>The Agency received four petitions related to this chapter.</p> <p><i>Petition 1: Transitions LifeCare</i></p> <p><u>Request:</u> Transitions LifeCare (TL) requested the need determination for 14 hospice inpatient beds in Wake County in the <i>2018 SMFP</i> be reduced to 6 hospice inpatient beds.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC denying the Petitioner’s request to reduce the need determination to six hospice inpatient beds and alternatively, approving a need determination for 10 hospice inpatient beds for Wake County based on the proposed substitution of Wake County’s FY2015 Average Length of Stay (ALOS) instead of the FY2016 ALOS in the <i>2018 SMFP</i>.</p>		
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Petition 2: BAYADA Home Health Care, Inc.

Request: BAYADA Home Health Care, Inc. requested an adjusted need determination for a hospice home care office for Harnett County in the *2018 SMFP*.

Committee Recommendation: The Committee recommends to the SHCC denying this Petition.

Petition 3: Liberty Home Care Services

Request: Liberty Home Care Services requested an adjusted need determination for one hospice home care office in Hyde County.

Committee Recommendation: The Committee recommends to the SHCC approving this Petition.

Petition 4: Continuum Care Hospice

Request: Continuum Care Hospice requested an adjusted need determination for one hospice home care office in Mecklenburg County, specifically organized and staffed to serve African American patients.

Committee Recommendation: The Committee recommends to the SHCC denying this Petition.

Draft Need Determinations

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

- Hospice Home Care Office
 - Cumberland County – one new hospice home care office
- Hospice Inpatient Beds
 - Cumberland County – 10 hospice inpatient beds
 - Wake County – 14 hospice inpatient beds

Chapter 14: End-Stage Renal Disease Dialysis Facilities

There were no petitions or comments for this chapter.

Draft Need Determinations

Application of the County Need methodology for the *2018 SMFP* determined there is no need for additional dialysis stations anywhere in the state. The need for additional new dialysis

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	<p>stations is determined two times each calendar year. Determinations are made available in the <i>North Carolina Semiannual Dialysis Report (SDR)</i>.</p> <p><u>Chapter 15: Psychiatric Inpatient Services</u></p> <p>There were no petitions or comments for Chapter 15.</p> <p><i>Data Updates</i> There is one update that applies to Chapters 15, 16, and 17. Nash County has moved from the Eastpointe LME-MCO to the Trillium LME-MCO, effective July 1, 2017.</p> <p>Application of the methodology based on data and information currently available results in a draft need determination for seven child/adolescent psychiatric inpatient beds in the Sandhills LME-MCO and no need for adult beds anywhere in the state.</p> <p><i>Recommendations Related to Psychiatric Inpatient Services</i></p> <p>The committee received updates regarding beds to be developed with funds allocated by the General Assembly from the Dorothea Dix Hospital Property Fund. Some funds were awarded in 2016. In the 2017 session, the General Assembly awarded additional funds from the sale of the Dorothea Dix Hospital property, under Session Law 2017-57. Just as with the beds awarded previously under a different session law, the LTBH committee recommends to the SHCC that the beds developed based on SL 2017-57 be included in the regular psychiatric inpatient bed inventory once they are licensed, provided they are in categories covered in the SMFP.</p> <p><u>Chapter 16: Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)</u></p> <p>There was one petition for this chapter.</p> <p><u>Request:</u> Samaritan Colony requested 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><u>Committee Recommendation:</u> The Committee recommends to the SHCC that the <i>2018 SMFP</i> include a need determination for 14 adult substance use disorder treatment beds in the Sandhills Center LME-MCO for women, with a preference for development of beds in Moore or Richmond County. The Committee concurred with the Agency’s further recommendation that the need determination stipulate that CON applicants must commit to</p>		

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	<p>establishing a contract with an LME-MCO to treat underserved populations (indigent and/or uninsured).</p> <p><i>Draft Need Determinations</i> The application of the methodology based on data and information currently available results in a draft need for 15 child/adolescent beds in the Central Region and no adult beds anywhere in the state.</p> <p><u>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</u></p> <p>There were no petitions or comments related to this chapter.</p> <p><i>Draft Need Determinations</i> The application of the methodology based on data and information currently available results in no draft need determinations.</p> <p><u>Recommendations Related to All Chapters</u></p> <p>The Committee recommends to the SHCC approval of Chapters 10 - 17: Long-Term Care Facilities and Services with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	<p>Dr. McBride Mr. Brunnick</p>	<p>Motion approved (Mr. Burgin recused.)</p>
<p>Recommendations from the Technology and Equipment Committee</p>	<p>Dr. Jordan stated that on September 13, 2017, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the <i>North Carolina Proposed 2018 SMFP</i>.</p> <p>The Committee makes the following recommendations for consideration by the SHCC in preparation for the Technology and Equipment chapter of the <i>2018 SMFP</i>. For all sections of Chapter 9, inventories have been updated to reflect any changes, and tables include placeholders where applicable. All inventories and need determinations are subject to change.</p> <p><u>Magnetic Resonance Imaging (MRI) Section</u></p> <p>The Committee received one petition for this section.</p>		

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	<p><u>Request:</u> Sentara Albemarle Medical Center requested an adjusted need determination to remove the need for one fixed MRI scanner in the Pasquotank/Camden/Currituck/Perquimans Service Area.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approval of the Petition.</p> <p><i>Draft Need Determinations</i> The <i>Proposed 2018 SMFP</i> shows need determinations for a fixed MRI machine in the Pasquotank service area and in Union County. Since the proposed plan was published, staff updated data in Table 9P for Brunswick, Carteret, Dare, and Pasquotank service areas. None of the updated data changed the need determinations.</p> <p><u>Cardiac Catheterization Equipment Section</u></p> <p>The Agency received one petition for this section.</p> <p><u>Request:</u> Caldwell Memorial Hospital requested an adjusted need determination for a fixed cardiac catheterization machine in Caldwell County. This petition received four letters of support.</p> <p><u>Committee Recommendation:</u> The Committee recommends to the SHCC approval of the Petition.</p> <p><i>Draft Need Determinations</i> The <i>Proposed 2018 SMFP</i> showed one need determination for fixed cardiac catheterization equipment in the Buncombe/Graham/Madison/Yancey Service Area.</p> <p>Table 9X includes corrected the data for Caldwell County, now showing 684 weighted procedures rather than 600. No need determinations changed as a result. The only need determination for this section is 1 unit of fixed cardiac catheterization equipment in the Buncombe/Graham/Madison/Yancey service area.</p> <p><u>Positron Emission Tomography (PET) Scanners Section</u></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for positron emission tomography. The <i>Proposed 2018 SMFP</i> showed a need determination for one additional mobile PET scanner statewide. The Committee received no petitions and two comments regarding the positron emission tomography section of the <i>Proposed 2018 SMFP</i>.</p>		

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	<p><u>Lithotripsy Section</u></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for lithotripsy. There was no need indicated anywhere in the state for additional lithotripsy. The Committee received no petitions and no comments over the summer regarding the lithotripsy section of the <i>Proposed 2018 SMFP</i>.</p> <p><u>Linear Accelerator Section</u></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and no comments over the summer regarding the linear accelerator section of the <i>Proposed 2018 SMFP</i>.</p> <p><u>Gamma Knife Section</u></p> <p>Since the <i>Proposed 2018 SMFP</i>, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the <i>Proposed 2018 SMFP</i>.</p> <p><u>Recommendations Related to Entire Chapter</u></p> <p>The Committee recommends to the SHCC approval of Chapter 9: Technology and Equipment, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p>	<p>Mr. Brunnick Mr. Burgin</p>	<p>Motion approved (Dr. Jordan recused.)</p>
<p>SHCC’s Recommendation to the Governor</p>	<p>Having heard each of the Committee Reports, and taking action on each, Dr. Greene asked for a motion to direct staff to incorporate the council’s actions into a recommended version of the N.C. <i>2018 SMFP</i> for submission to the governor. In addition, Dr. Greene asked for a motion to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.</p>	<p>Ms. Michaud Mr. Brunnick</p>	<p>Motion approved</p>
<p>Other Business</p>	<p>Dr. Greene thanked all the Council members, and former council members, for sharing their time with us this year. She gave a special thanks to those who have played leadership roles as Committee Chairs. In addition, she thanked staff for their support. She thanked the audience for their participation throughout the year at Council meetings, committee meetings, and public hearings. She noted that everyone is a valuable part of this process.</p>		

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	<p>Mr. Adams asked committee members to consider before the first committee meetings in 2018 looking at equipment and services that perhaps no longer require formal need methodologies.</p> <p>Mr. Burgin asked whether it was possible to address issues with the quality of data received from facilities. Dr. Greene noted that although this activity takes a lot of staff time and it difficult to obtain corrected data, it is an important issue because planning depends on the underlying data.</p> <p>It was announced that there will be two meetings for those interested in the review of the Adult Care Home Bed Need Methodology and engaging in the process to determine what changes are needed, if any. These meetings will be held in this room, beginning at 10:00 a.m. on November 2 and on December 13.</p> <p>It was announced that staff will make the recommended need determinations and CON review dates available for work planning purposes only by posting them on the Healthcare Planning website the first week of November. These recommended need determinations and dates will be accompanied by a disclaimer, which will advise everyone that nothing is final until the Governor signs the <i>2018 SMFP</i>.</p> <p>Dr. Greene announced the dates for the State Health Coordinating Council meetings next year, as follows:</p> <ul style="list-style-type: none"> • Wednesday – March 7, 2018 • Wednesday – May 30, 2018 • Wednesday – August 29, 2018 • Wednesday – October 3, 2018 <p>All of the Council meetings will be held in this room (Brown Building, conference room 104, on the Dix Campus). The meeting on August 29, 2018 is intended as a telephone conference meeting, but members are free to attend in person if they prefer. Additional information for the Council and committee meetings will be posted on the Division of Health Service Regulation’s website throughout the year.</p>		
Adjournment	There being no further business, Dr. Greene adjourned the meeting.	Mr. Brunnick Dr. Jordan	Motion approved