
Long Term and Behavioral Health Committee Recommendations to the North Carolina State Health Coordinating Council May 30, 2018

The Long-Term and Behavioral Health (LTBH) Committee met twice this year, first on April 5th and again on May 3rd.

The topics reviewed and discussed at the April 5th meeting included:

- current LTBH policies and methodologies and recommendations to revise the Adult Care Home (ACH) need methodology and policies;
- one petition for Medicare Certified Home Health Services;
- potential for transitioning the Semiannual Dialysis Reports (SDRs) to the SMFP for the NC 2019 SMFP;
- revision of data tables such that data is clarified for Chapters 15 and 16; and
- revision of the narrative for Chapter 17.

The topics reviewed and discussed at the May 3rd meeting included:

- preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters;
- introduction of five proposed tables based on the recommended changes to the Adult Care Home need methodology and policies;
- addition of Policy ICF/IID-4; and
- preliminary drafts of tables for the Semiannual Dialysis Report for July 2018.

Comments were received regarding the revision of the Adult Care Home need methodology and policies and potentially transitioning the SDRs to the SMFP.

The following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters 10-17, of the Proposed 2019 SMFP.

Chapter 10: Nursing Care Facilities

- The Committee reviewed the policies and methodologies for nursing care facilities.
- Staff presented draft tables for this chapter. Application of the methodology based on data and information currently available indicated **no need for additional nursing home beds** anywhere in the state.

Chapter 11: Adult Care Homes

- The Committee reviewed the current policies and methodology for adult care homes.
- The Committee also reviewed and discussed the recommendations for revising the Adult Care Home methodology and policies, which were developed in collaboration with a group of interested parties and Healthcare Planning Staff. The Committee voted to make the following changes to the methodology, policies and assumptions:
 - Calculate bed use rates for each county's projected utilization by using the county average change rate (ACR) over the last five years rather than age-specific use rates calculated for the state.
 - Include a vacancy factor to calculate each county's adjusted projected utilization.
 - Use an occupancy rate of 80%, rather than 85%, as the threshold for determining need.
 - Revise language in *Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds* to reflect that all adult care home beds in Continuing Care Retirement Communities (CCRCs) will be removed from the bed inventory.
 - Revise language in listed assumptions to reflect that all adult care home beds in CCRCs will be removed from the bed inventory and from the occupancy rate calculations, regardless of whether the beds were developed pursuant to Policy LTC-1.
 - Revise language in *Policy LTC-2: Relocation of Adult Care Home Beds* to reflect that beds can be relocated from any county with a surplus of beds to any county in the State with a deficit of beds.
 - Develop a policy that aims to increase access to adult care home beds by special assistance populations.
- Staff presented draft proposed tables. Relevant proposed tables reflected bed need if either a 90% or 95% vacancy factor were applied. The Committee voted to apply a 95% vacancy factor. Application of the proposed methodology based on the 95% vacancy factor and on data and information currently available results **in a need determination for 260 beds:**
 - **70 beds in Macon County**
 - **20 beds in Mitchell County**
 - **50 beds in Pamlico county**
 - **50 beds in Polk County**
 - **70 beds in Warren County**
- **In comparison, the bed need determination according to the current methodology is for 100 beds:**
 - **20 beds in Ashe County**
 - **80 beds in Cherokee County**

Chapter 12: Home Health Services

- The Committee reviewed the policy and methodology for home health services.
- Staff presented draft tables for this chapter. Application of the methodology based on data and information currently available results in no need determinations for home health offices anywhere in the state.
- LeadingAge North Carolina requested a new policy to exempt from to the need determination methodology Medicare-certified home health agencies for Continuing Care Retirement Communities (CCRCs). Specifically, the exemption would apply to CCRCs that want to license and implement a Medicare-certified home health agency to serve only individuals with whom the CCRC has a continuing care contract. LeadingAge proposed the policy to enable CCRCs to live up to the commitment to provide a continuum of aging care having home health services delivered by a third party. The petition also noted, and the Agency analysis confirmed, that a very small proportion of the total home health patients in the state would be affected by the proposed change. The Committee agreed with the Agency that a projection of this size does not support the addition of a new statewide policy, and voted to deny the Petition.

Chapter 13: Hospice Services

- The Committee reviewed the methodologies for hospice services.
- Staff presented draft tables for this chapter. Application of the methodologies based on data and information currently available results in no need determinations for hospice home care offices and hospice inpatient beds anywhere in the state.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

- The Committee reviewed the policy and methodologies for End-Stage Renal Disease Dialysis Facilities at the April 5 meeting.
- The Agency held a meeting of interested parties on April 13 to discuss moving from a semiannual to annual reporting period for dialysis services. The Agency will continue to work with interested parties as staff prepares to incorporate dialysis services into the 2020 SMFP.

- At the May 3 meeting, staff presented preliminary draft tables for the Semiannual Dialysis Report for July 2018. Inventories of dialysis facilities, utilization rates, and need determinations for new dialysis stations will be published in the July 2018 SDR. This report will be available on the DHSR website.

Chapter 15: Psychiatric Inpatient Services

- The Committee reviewed the current policies and methodology for psychiatric inpatient services.
- The Committee voted to modify Table 15A such that Veritas Collaborative's six child/adolescent beds for eating disorders are excluded from the inventory.
- Staff presented draft tables based on the approved revision and the current methodology. Application of the methodology based on data and information currently available results in **no draft need determination for adult psychiatric inpatient beds and the following draft need determination for child/adolescent psychiatric inpatient beds:**
 - **1 in Alliance Behavioral Healthcare LME-MCO**
 - **2 in Sandhills Center LME-MCO**
 - **17 in Vaya Health LME-MCO**

Chapter 16: Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)

- The Committee reviewed the current policies and methodology for substance use disorder inpatient and residential services.
- The Committee also voted to remove columns in Table 16A that reflected the inventory of detox-only beds.
- Staff presented draft tables based on the approved revision and the current methodology. Application of the methodology based on data and information currently available results in the following draft need determination for:
 - **Child/Adolescent Chemical Dependency Treatment Beds**
 - **Eastern Region, 2 beds**
 - **Central Region, 19 beds**
 - **Western Region, 3 beds**
 - **Adult Chemical Dependency Treatment Beds**
 - **Eastern Region, 32 beds**

We are in the process of receiving corrected data from a facility in the Eastern Region and this is expected to impact the need determination for the adult beds and may also impact the need determination for child/adolescent beds in the Eastern Region.

Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities

- The Committee reviewed the current policies for ICF/IID beds. The Committee voted to add *Policy ICF/IID-4: Transfer of ICF/IID Beds from State Operated Developmental Centers Pursuant to Session Law 1983 House Bill 1395* to the Proposed 2019 Plan. This policy will clarify guidelines for the transfer of beds from state developmental centers to community-based ICF/IID facilities.
- The Committee voted to revise the chapter narrative by removing the results of the 1998 survey of surrounding states regarding their practices and the number of ICF/IID beds in those states. This would result in the removal of the section 'Other States' ICF/IID Bed Totals' and the section 'Comparison of North Carolina to Other States and Need Determination Methodology.'
- Staff presented draft tables showing the inventory of ICF/IID beds. There is no need methodology associated with these beds nor a need determination.

Recommendation for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17 for the Proposed 2019 SMFP:

The Committee recommends that the current assumptions and methodology be accepted as presented for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, for the Proposed 2019 Plan, and that references to dates be advanced one year, as appropriate. Also, the committee recommends to authorize staff to update narratives, tables and need determinations as new and corrected data are received.