
Long-Term & Behavioral Health Committee

May 26, 2010

Recommendations to the N. C. State Health Coordinating Council

The Long-Term & Behavioral Health Committee met on May 14, 2010. The Committee considered policies, assumptions, methodologies and petitions for nursing care, adult care homes, home health services, hospice services, end-stage renal disease dialysis facilities, psychiatric inpatient services, substance abuse inpatient residential services (chemical dependency treatment beds), and intermediate care facilities for the mentally retarded for the 2011 State Medical Facilities Plan. From its deliberations, the Long-Term Care & Behavioral Health (LTC/BH) Committee noted that the data presented is preliminary and subject to change. The LTC/BH Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the Proposed 2011 State Medical Facilities Plan.

Recommendations Related to the Nursing Care Facilities Chapter:

Policies related to nursing care facilities are on pages 25-31 of the 2010 State Medical Facilities Plan and the Nursing Care Facilities Chapter begins on page 193 of the Plan.

The Committee recommends that the current nursing facility policies, assumptions and methodology and petition (to review and recommend changes to the Nursing Facility Bed Need methodology through a SHCC convened work group-NEEDS A MOTION TO APPOINT THE WORK GROUP) be accepted for the Proposed 2011 Plan. Also, for the Proposed 2011 Plan, references to dates would be advanced one year as appropriate.

The “use rates per 1,000 population” found in the 2010 SMFP were held constant pending additional data. It is noted that utilization data used in the development of use rates are subject to change prior to publication of the Proposed 2011 Plan.

The inventory of nursing care facilities has been updated based on available information to reflect any changes. It is noted that the inventory is subject to further changes. The current preliminary need is for 10 beds in Camden County.

Recommendations Related to the Adult Care Homes Chapter:

The policies related to adult care homes are on pages 32-33 of the 2010 State Medical Facilities Plan and the Adult Care Homes Chapter begins on page 217 of the Plan.

There were no petitions or comments. The Committee recommends that the current adult care home policies, assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

Five year combined data from freestanding adult care homes and nursing home/hospital-based adult care homes were used for development of “use rates per 1000 population.” The resulting “Use rates per 1000 Population” are noted at the bottom of Draft Table 11B. It is noted that utilization data used in the development of the use rates are subject to change prior to publication of the Proposed 2011 Plan.

The inventory of adult care homes has been updated based on available information to reflect changes. It is noted that the inventory is subject to further changes. Application of the draft “Use Rates” to population projections for 2014, and using the standard methodology and data and information currently available would result in preliminary need determinations in four counties for a total of 150 adult care home beds.

The counties are: Cherokee – 60 beds; Perquimans – 20 beds; Gates – 40 beds and, Jones – 30 beds. Refer to Draft Table 11B for a bed need analysis by county.

Recommendations Related to the Home Health Services Chapter:

The policy related to home health services is on page 33 of the 2010 SMFP and the Home Health Services Chapter begins on page 251.

There were no petitions or comments. The Committee recommends that the home health services policy, assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

The inventory of home health services has been updated based on available information to reflect changes. It is noted that the inventory is subject to further changes.

Using the standard methodology and data and information currently available for current population projections for 2012; indicates no preliminary need determination for any Medicare-Certified home health agencies in the State.

Recommendations Related to the Hospice Services Chapter:

The Hospice Services Chapter begins on page 287 of the Plan.

The Committee recommends that the current hospice services assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

The inventory of hospice services has been updated based on available information to reflect changes. It is noted that the inventory is subject to further changes.

Application of the 2010 SMFP approved and implemented revised hospice home care office methodology using current information indicates a preliminary need for one new hospice home care office for Union County, as shown on Draft Tables 13B & 13F for year 2012 services.

Application of the 2010 SMFP approved and implemented revised hospice inpatient bed methodology using current information indicates a preliminary need determination for six inpatient hospice beds in Lincoln County, as shown on Draft Tables 13C & 13G.

The Committee received a petition to consider a potential modification of the hospice methodology for the 2011 Plan. The Long-Term Care/Behavior Health Committee recommends not implementing the modification since the methodology was updated last year based on Task Force meetings, recommendations and resulting SHCC approval for application in the 2010 Plan.

Recommendations Related to the End-Stage Renal Disease Dialysis Services Chapter:

The dialysis policy is on page 33-34 of the 2010 SMFP. The narrative for the Dialysis Chapter begins on page 329 of the Plan.

There were no “carry-over issues” regarding the Dialysis Chapter and no petitions or comments seeking revisions were received this spring. The Committee reviewed the current policy, basic principles, and methodology and recommends no substantive changes for the Proposed 2011 SMFP.

Data in the “Summary of Dialysis Station Supply and Utilization” have been updated and references to dates have been advanced by one year, as appropriate. As with the 2010 SMFP, the methodology requires Semiannual Dialysis Reports (SDRs) to be issued in January and July of 2010. Because the intent is to publish updated patient information twice each year, projected need determinations are not included in the “Proposed SMFP.”

Recommendations Related to the Psychiatric Inpatient Services Chapter:

The policy related to psychiatric inpatient services is on page 34 of the 2010 SMFP and the Psychiatric Inpatient Services Chapter begins on page 335.

There were no petitions or comments. The Committee recommends that the current psychiatric inpatient services policy, assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

The inventory of psychiatric inpatient services has been updated based on available information to reflect any changes. It is noted that the inventory is subject to further changes.

Using the standard methodology and data and information currently available including current population projections for 2013, there would be preliminary need determinations for 44 beds in the following LME areas for child/adolescent psychiatric inpatient beds: Smoky Mountain, Piedmont, Crossroads, Five County, Sandhills, Southeastern Regional, Johnston, Southeastern Center, East Carolina Behavioral Health and Albemarle; as shown on Draft Tables 15B Part 1 & 15C (2).

Further, there would there would be preliminary need determinations for 101 beds in the following LME areas for adult psychiatric inpatient beds: Smoky Mountain, Mecklenburg, Crossroads, Five County, Wake and Albemarle, as shown on Draft Tables 15B Part 2 & 15C (1).

Recommendations Related to the Chemical Dependency (Substance Abuse) Inpatient and Residential Services Chapter:

The policy related to chemical dependency (substance abuse) inpatient and residential services is on page 34 of the 2010 SMFP and the Chemical Dependency Inpatient & Residential Services Chapter begins on page 347.

There were no petitions or comments. The Committee recommends that the current chemical dependency (substance abuse) inpatient and residential services policy, assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

The inventory of chemical dependency (substance abuse) inpatient and residential services has been updated based on available information to reflect any changes. It is noted that the inventory is subject to further changes.

Using the standard methodology and data and information currently available including current population projections for 2013, there would be preliminary need determinations for 11 beds for the Western Mental Health Planning Region for child/adolescent chemical dependency treatment beds for the LME's of: Smoky Mountain, Western Highlands, Pathways, Mental Health Partners, Mecklenburg and Piedmont as shown on Draft Tables 16B & 16D.

Further, there is a preliminary determination of no need for Adult chemical dependency treatment beds for the entire state as shown on Draft Tables 16B & 16C.

Recommendations Related to the Intermediate Care Facilities for the Mentally Retarded Chapter:

Policies related to Intermediate Care Facilities for the Mentally Retarded (ICF-MR) are on pages 35-36 of the 2010 SMFP, and Chapter 17 begins on page 355 of the 2010 SMFP.

There were no petitions or comments. The Committee recommends that the current ICF-MR policies, assumptions and methodology be accepted for the Proposed 2011 Plan. Also, references to dates would be advanced one year, as appropriate.

The inventory of ICF-MR's has been updated based on available information to reflect any changes. It is noted that the inventory is subject to further changes.

Using the standard methodology and data and information available; there is a preliminary determination of no need for additional ICF/MR beds anywhere in the State.

Other Action

The Committee authorized staff to update narratives, tables and need determinations for the Proposed 2011 Plan as new and corrected data are received.