

Long-Term and Behavioral Health Committee Report

Recommendations to the N. C. State Health Coordinating Council

October 13, 2010

On September 24, 2010, the Long-Term and Behavioral Health Committee met to consider petitions and comments in response to the Proposed 2011 North Carolina State Medical Facilities Plan.

Chapter 10: Nursing Care Facilities

One petition and related comments were received on the Nursing Care Facilities chapter of the Proposed 2011 N.C. SMFP during the public comment period. The petitioner requests an adjusted need determination for 240 nursing care beds in Wake County. Need for additional beds in Wake County has grown over the past years, and with the trend of increasing numbers of people in the age groups with the highest use of nursing care beds, the need is likely to continue to grow. The Committee recommends the petition be approved.

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, there are to date two counties with need determinations for a total of 20 beds: The counties and number of beds are Camden – 10 beds and, Perquimans – 10 beds.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data is received as the current Nursing Care Facilities policies, assumptions, methodology, and need determinations be approved for the 2011 N.C. SMFP.

Concerning the 2012 N.C. SMFP, the Long Term Care Nursing Home Beds Work Group met on September 10, 2010. Next meeting will be held on Tuesday, November 16, 2010. Meeting information is posted online at DHSR, Medical Facilities Planning Webpage.

Chapter 11: Adult Care Homes

One petition was received on the Adult Care Homes chapter of the Proposed 2011 N.C. SMFP during the public comment period. The petitioner requests an adjusted need determination for a 50 bed Adult Care Home Demonstration Project in Alexander County. Given the petition seeks to establish a demonstration project that would affect need projection methodologies, and the deadline for submission of such petitions for the 2011 N.C. SMFP has passed, the Committee recommends the petition be denied.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data is received as the current Adult Care Home policies, assumptions, methodology, and need determinations be approved for the 2011 N.C. SMFP.

Chapter 12: Home Health Services

No petitions or comments were received on the Home Health Services chapter of the Proposed 2011 N.C. SMFP during the public comment period.

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, there are to date, three counties with need determinations for three Medicare-certified Home Health Offices. The counties and number of offices are: Guilford – 1 Office; Mecklenburg – 2 Offices; and Cabarrus – 1 Office. For Wake County, due to updates in placeholders being applied based on updates in utilization data, there is, at this time, no longer a need determination for Wake County.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data is received as the current Home Health policy, assumptions, methodology, and need determinations be approved for the 2011 N.C. SMFP.

Chapter 13: Hospice Services

Six petitions and related comments were received during the public comment period on the Proposed 2011 N.C. SMFP. The petitions requested adjusted need determinations for inpatient hospice beds.

Petition 1 – Crystal Coast Hospice House. The petitioner requests an adjusted need determination for six hospice inpatient beds for Carteret County. Due to lack of hospice inpatient facilities in Carteret County, population demographics and increasing utilization of hospice services in surrounding counties, the Committee recommends there be an adjusted need determination for six beds for Carteret County.

Petition 2 – Gordon Hospice House/Hospice of Iredell County. The petitioner requests an adjusted need determination for six hospice inpatient beds for Iredell County. Due to Provider reporting they are operating at 100 percent capacity, previous deficit of three beds in Iredell County under past methodology, while current methodology displays no need determination since Iredell County has not achieved 85 percent utilization, and considering the current 100 percent capacity and continued increase in days of care, the Committee recommends there be an adjusted need determination for three beds in Iredell County.

Petition 3 – Hospice of Cleveland County. The petitioner requests an adjusted need determination for one hospice inpatient bed for Cleveland County. Due to increasing utilization of over 100 percent of existing inpatient beds, and waiting list of patients in skilled nursing facilities who were denied access due to Medicare regulations prohibiting hospice services to patients residing in skilled nursing facilities, the Committee recommends there be an adjusted need determination for one bed in Cleveland County.

Petition 4 – Hospice of the Piedmont. The petitioner requests an adjusted need determination for six hospice inpatient beds for Guilford County. Due to opposite physical site locations of the two hospice service providers (southwest Guilford County provider operating at lower occupancy and below 85 percent threshold and northeast Guilford County provider now operating at 100 percent occupancy), the Committee recommends there be an adjusted need determination for four beds in Guilford County.

Petition 5 – Hospice of Wilson. The petitioner requests an adjusted need determination for three hospice inpatient beds for Wilson County. Due to a need determination defined in 2009, which

resulted in no applications and current utilization data displaying no need determinations per the current methodology, the Committee recommends denial of the petition.

Petition 6 – Lower Cape Fear Hospice. The petitioner requests an adjusted need determination for six hospice inpatient beds for New Hanover County. Due to utilization increasing in 2008 from 99 percent to over 100 percent annualized for 2010 and increase in contracted days and days of care, the Committee recommends there be an adjusted need determination for six beds in New Hanover County.

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, there are to date, two counties with need determinations for hospice inpatient beds. The counties and number of beds are: Mecklenburg – 21 inpatient beds; and Craven – 6 inpatient beds.

Additionally, there is currently no need for any new Hospice Home Care Offices anywhere in the State.

The Committee recommends allowing staff to update tables and need determinations as new and corrected data is received as the current Hospice Services assumptions, methodology and need determinations be approved for the 2011 N.C. SMFP.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

No petitions or comments were received on the End-Stage Renal Disease Services chapter of the Proposed 2011 N.C. SMFP during the public comment period.

The Committee recommends to accept the materials provided by staff regarding dialysis services and to allow staff to update tables and need determinations for the 2011 N.C. SMFP as new and corrected data is received.

Chapter 15: Psychiatric Inpatient Services

No petitions or comments were received on the Psychiatric Inpatient Services chapter of the Proposed 2011 N.C. SMFP during the public comment period.

The Division of Mental Health/Development Disabilities & Substance Abuse Services have updated Local Management Entity (LME) Coverage Areas, in that counties once served by Albemarle LME, are now merged with East Carolina Behavioral Health (ECBH) LME. Based on this merger, Albemarle LME is no longer operational.

Counties affected by this merger include Currituck, Camden, Pasquotank, Perquimans, Chowan, Martin, Washington, Tyrrell, Dare and Hyde. These counties are now with ECBH LME.

For this Chapter, need is defined by LME coverage area, which each LME coverage area can be from one to multiple counties. The two defined areas of need are Adult Psychiatric Inpatient Beds and Child/Adolescent Inpatient Beds for this Chapter of the SMFP.

Adult Psychiatric Inpatient Beds:

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, including the new LME Coverage areas, there are to date, 6 LME coverage areas with need determinations for Adult Psychiatric Beds. The LME coverage areas and number of beds are: Smoky Mountain – 26 beds; Pathways – 2 beds; Mecklenburg – 8 beds; Five County - 21 beds; Wake – 24 beds and Onslow-Carteret – 7 beds.

Child/Adolescent Psychiatric Inpatient Beds:

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, including the new LME Coverage areas, there are to date, 13 LME coverage areas with need determinations for Child/Adolescent Psychiatric Beds. The LME coverage areas and number of beds are: Smoky Mountain – 6 beds; Piedmont – 9 beds; Crossroads – 3 beds; Durham - 5 beds; Five County – 4 beds; Sandhills – 8 beds; Southeastern Regional – 4 beds; Cumberland – 4 beds; Johnston – 5 beds; Southeastern Center – 6 beds; Beacon Center – 4 beds; East Carolina Behavioral Health – 9 beds and Eastpointe – 5 beds.

The Committee recommends allowing staff to update tables to reflect the LME Coverage Area change and need determinations as new and corrected data is received as the current Psychiatric Inpatient policies, assumptions, methodology, and need determinations be approved for the 2011 N.C. SMFP.

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

No petitions or comments were received on the Substance Abuse Inpatient and Residential Services chapter of the Proposed 2011 N.C. SMFP during the public comment period.

The Division of Mental Health/Development Disabilities & Substance Abuse Services have updated Local Management Entity (LME) Coverage Areas, in that counties once served by Albemarle LME, are now merged with East Carolina Behavioral Health (ECBH) LME. Based on this merger, Albemarle LME is no longer operational.

Counties affected by this merger include Currituck, Camden, Pasquotank, Perquimans, Chowan, Martin, Washington, Tyrrell, Dare and Hyde. These counties are now with ECBH LME.

For this Chapter, need is defined by Mental Health Planning Region coverage area, which each LME coverage area is part of a Mental Health Planning Region. There are multiple LME coverage areas per each Mental Health Planning Region. There are two defined areas of need being Adult Inpatient and Residential Treatment Beds and Child/Adolescent Inpatient and Residential Treatment Beds for this Chapter of the SMFP.

Adult Inpatient and Residential Services:

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, including the new LME Coverage areas, there is to date no need determinations for Adult Inpatient and Residential Treatment Beds anywhere in the State.

Child/Adolescent Inpatient and Residential Services:

Based on the standard methodology in the Proposed 2011 N.C. SMFP, and updating of the data, including the new LME Coverage areas, there are to date, three Mental Health Planning Region coverage areas with need determinations for Child/Adolescent Treatment Beds. The Mental Health Planning Region coverage areas and number of beds are: Western Region – 11 beds; South Central – 10 beds; and Eastern Region – 2 beds.

The Committee recommends allowing staff to update tables to reflect the LME Coverage Area change and need determinations as new and corrected data is received as the current Substance Abuse policies, assumptions, methodology, and need determinations be approved for the 2011 N.C. SMFP.

Chapter 17: Intermediate Care Facilities for the Mentally Retarded (ICF-MR)

No petitions or comments were received on the ICF-MR chapter of the Proposed 2011 N.C. SMFP during the public comment period.

The Division of Mental Health/Development Disabilities & Substance Abuse Services have updated Local Management Entity (LME) Coverage Areas, in that counties once served by Albemarle LME, are now merged with East Carolina Behavioral Health (ECBH) LME. Based on this merger, Albemarle LME is no longer operational.

Counties affected by this merger include Currituck, Camden, Pasquotank, Perquimans, Chowan, Martin, Washington, Tyrrell, Dare and Hyde. These counties are now with ECBH LME.

There is no determination of need for any additional ICF-MR beds anywhere in the state.

The Committee recommends the following Table 17A, Inventory of ICF/MR Facilities and Beds proposed changes for the 2011 N.C. SMFP:

- CON Project Number and Certification Vendor Number Columns to no longer be published due to not affecting need and is historical data that will be kept on file for use by the CON Section per previous review, request and approval by the CON Section of this proposed change. The proposed changes do not change the number of operational beds, policies, assumptions or methodology from the Proposed 2011 N.C. SMFP.
- 148 Thomas S. Bed Inventory Bed identifiers, identified by asterisk “*” are to be deleted from this Table since the funding source has been changed, per previous review and approval of The Division of Mental Health/Development Disabilities & Substance Abuse Services, whom have updated the funding sources per their jurisdiction and authority. The proposed change does not change the number of operational beds, policies, assumptions or methodology from the Proposed 2011 N.C. SMFP.

The Committee recommends the following Table 17B, Thomas S. Bed Inventory proposed change for the 2011 N.C SMFP:

- Table 17B, identifying the Thomas S. Bed Inventory, is deleted per previous review and approval of The Division of Mental Health/Development Disabilities & Substance Abuse Services, whom have updated the funding sources per their jurisdiction and authority. The proposed change does not change the number of operational beds, policies, assumptions or methodology from the Proposed 2011 N.C. SMFP.

The Committee recommends the following Table 17C, Beds Excluded from ICF/MR Inventory proposed change for the 2011 N.C SMFP:

- Current Table 17C in the Proposed 2011 N.C. SMFP becomes the new Table 17B in the 2011 N.C SMFP. The proposed change does not change the number of operational beds, policies, assumptions or methodology from the Proposed 2011 N.C. SMFP.

The Committee recommends allowing staff to update tables to reflect the LME Coverage Area change, other proposed changes identified for this Chapter and need determinations as new and corrected data is received as the current ICF-MR policies, assumptions, methodology and need determinations be approved for the 2011 N.C SMFP.