DHSR

Medical Facilities Planning

State Health Coordinating Council Meeting

DRAFT October 13, 2010

10:00 am – 12:00 Noon

The Jane S. McKimmon Center, Raleigh, North Carolina

MEMBERS PRESENT: Speaker Pro Tempore William Wainwright, Bill Bedsole, Greg Beier, Dr. Don Bradley, Dr. Richard Bruch, Dr. Dennis Clements, Johnnie Farmer, Senator Anthony Foriest, Dr. Sandra Greene, Ted Griffin, Harold Hart, Laurence Hinsdale, Dr. Eric Janis, Dr. Brenda Latham-Sadler, Frances Mauney, Dr. William McMillan, Jr., Jerry Parks, Dr. Prashant Patel, Dr. T.J. Pulliam, Pam Tidwell, Dr. Christopher Ullrich, John Young
MEMBERS ABSENT: Don Beaver, Dr. Lawrence Cutchin, Daniel Hoffmann, Dr. John Holt, Jr., Dr. Leslie Marshall, Zach Miller, Dr. Zane Walsh
Medical Facilities Planning Section Staff Present: Patrick Baker, Erin Glendening, Carol Potter and Kelli Fisk **DHSR Staff Present**: Elizabeth Brown, Drexdal Pratt and Craig Smith

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Chairman Wainwright welcomed Council members, staff and visitors to the final meeting of the planning cycle for the 2011 State Medical Facilities Plan. Chairman Wainwright indicated that this meeting is open to the public but it is not a public hearing. The focus of this meeting is to consider and act on recommendations from the State Health Coordinating Council (SHCC) Committees for the 2011 State Medical Facilities Plan (SMFP). The 2011 Plan will be posted on the internet January 1, 2011 and will be available for purchase in January.		
Executive Order #10	Chairman Wainwright gave an overview of the procedures to observe before taking action at the meeting. Chairman Wainwright inquired if anyone had a conflict, 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. Chairman Wainwright asked members to indicate if there were any disclosed professional or institutional interest they may have, or financial benefit they (or spouse) may derive, with respect to any matter on the agenda, and whether they intended to recuse themselves from voting on any matter.		
Recusals	Members indicated the following recusals: Dr. Clements – Acute Care Committee Report pertaining to Policy AC-3, Dr. Latham-Sadler – Policy AC-3, Dr. Greene – Policy AC-3, Mr. Beier – Policy AC-3 & Novant Health Rowan Regional Medical Center petition, Mr. Hinsdale – Columbus Regional Healthcare System petition.		

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Amending Executive Order No. 10, Ethical Standards The State Health Coordinating Council	Mr. Marc Lodge from the Attorney General's Office reviewed Executive Order No. 67. Mr. Lodge stated Governor Perdue signed Executive Order No. 67 on October 4, 2010 and noted that the change is to one paragraph (italics indicate the change). 3. Members of the SHCC are expected to and should confer with DHHS on any matters that come before them in the development of the SMFP. ***No member of the SHCC, however, may confer with any DHHS employee regarding any proposed provision of the SMFP or any proposed or pending certificate of need application in which the member has a direct, conflicting professional, institutional or financial interest, except in public meetings conducted by DHHS or the SHHC.*** Except as amended herein, Executive Order 10 remains in full force and effect.		
Approval of Minutes from May 26, 2010	A motion was made and seconded to approve the minutes of May 26, 2010 as presented. Chairman Wainwright stated he would like to take a moment to explain the process for receiving Committee Reports. Chairman Wainwright thanked all SHCC members for their participation in the Committee process, and stated that every Committee and member worked diligently and transparently to consider petitions, policies, and methodologies. As a result of that hard work, every issue included in the 2011 N.C. SMFP had been discussed in the SHCC Committees or public hearings. Chairman Wainwright stated that due to substantial discussion, consideration, deliberation and public input throughout the process, the full SHCC would not repeat those deliberations during the meeting. Chairman Wainwright stated each Committee chair would report on his or her Committee's deliberation and recommendations. Council members may direct questions to the Committee chair after each chair completed the report. Once all the Committees reported, the SHCC would discuss the recommendations, and vote to approve or reject the 2011 N.C. SMFP as recommended by each of the Committees. Chairman Wainwright stated again, that due to extensive deliberation that had occurred in development of each Committee's recommendations, the SHCC would not reconsider individual issues today. Chairman Wainwright asked that Dr. Sandra Greene give the Acute Care Services Committee report. He stated that due to the number of SHCC members recusing themselves from voting on the AC-3 petition, the Acute Care Services Committee report would be voted on separately, while the rest of the Committee reports would be voted on as one vote.	Dr. Pulliam Dr. Clements	Motion approved

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Acute Care Services Committee Report	Dr. Greene gave the Acute Care Committee report. Dr. Greene stated the Acute Care Committee met September 15th to consider petitions and comments received in response to Chapters 5 through 8 of the Proposed 2011 SMFP. Committee members reviewed a listing of the hospitals with discrepancies between the 2009 Thomson Reuters data and the License Renewal Application data of greater than five percent. Three hospitals, Chatham Hospital, Washington Hospital and Yadkin Valley Community Hospital (previously Hoots Memorial) had not been able to reconcile their data. The Sheps Center and the Planning staff processed the resubmitted Thomson data. Need determinations for acute care beds as a result of refreshed data are: Bertie-three beds; Buncombe-Madison-Yancey-51 beds (reduced from 69 due to adjusted need determination petition); Cumberland-Hoke- 65 beds; Pitt-Greene-Hyde- 48 beds; Mecklenburg-107 beds; and Wake-101 beds. Committee Recommendation Regarding Acute Care Days Data: If Chatham Hospital, Washington Hospital and Yadkin Valley Community Hospital are unable to reconcile their data; a note should be placed in the 2011 N.C. SMFP indicating that their data were not reconciled. **Chapter 5: Acute Care Hospital Beds** Three Acute Care Bed petitions were received during the public comment period. 1. Petitioner: Novant Health, Inc. Request: The petitioner requests that the State Health Coordinating Council repeal or revise Policy AC-3 Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects. The proposed revisions to Policy AC-3 would prohibit the addition of beds, operating rooms or equipment in counties with surpluses, and would require annual reports, development of special rules, and inclusion of provider written statements in applications. Committee Recommendation: Given that the petition seeks changes in Policy AC-3 that would have a statewide effect, and the deadline for submission of such petitions for the 2011 N.C. SMFP has passed, the Committee recommends denial of the petition. 2. Petitioner: Cape Fear Valley–Bladen County Hospital and Cape Fear Valley Health System Request: The petitioner requests that (1) language be inserted into Chapter Five narrative stating that "there is a need for a total of 25 acute care beds to be located in a critical access hospital in Bladen County"; (2) Policy AC-5 not apply "to the replacement of an existing critical access hospital in Bladen County"; and (3) observation days, respite care days, and other		

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	services provided in a licensed acute care bed be used in determining utilization of acute care beds. Committee Recommendation: In response to a Spring petition, changes to Policy AC-5 regarding Critical Access Hospitals are under review. The petitioner is asking for additional changes that would have a statewide impact. Furthermore, the requested adjustment in beds would continue to result in a need determination of no need for additional acute care beds in Bladen County. Therefore, the Committee recommends the petition be denied. 3. Petitioner: Mission Hospital Request: Mission Hospital requests that the need determination for Acute Care Beds in the Buncombe-Yancey-Madison service area be reduced from 69 to 51 acute care beds, which is consistent with an 80% target occupancy rate for the service area. Committee Recommendation: The Acute Care Services work group and the Committee recommended changes to the acute care bed need methodology, including changes in target occupancy rates. In recognition of the service area's unique circumstances, the Committee recommends approval of the petition to reduce the need determination in the Buncombe-Yancey-Madison service area from 69 to 51 acute care beds in the 2011 N.C. SMFP. *Comments Regarding Proposed Policy AC-5.* The Proposed SMFP included proposed changes to Policy AC-5 to allow swing bed use to be counted as acute care bed utilization for Critical Access Hospitals. The Council received three comments, two in favor and one requesting additions to the policy. The Committee recommends that Proposed Policy AC-5, as published in the Proposed 2011 N.C. SMFP, be included in the 2011 N.C. SMFP. The Committee authorized staff to make updates and corrections to Chapter 5 tables and narrative, as needed. The Committee voted to forward the approved recommendations regarding the Acute Care Hospital Bed Chapter to the SHCC. **Chapter 6: Operating Rooms** Five Operating Room (OR) petitions were received during the public comment period 1. Petitioner: Blue Ridge Bone and Joint Clinic Request: The petitioner requests that the 2011 N.C. SMFP include a demonstration project for a single specialty, two operating room, orthopedic ambulatory surgical facility in the Buncombe-Madison-Yancey operating room service area.		

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	Committee Recommendation: The Committee supports the criteria established last year for the Single Specialty Ambulatory Surgery Facility Demonstration Project, as well as the decisions to limit the demonstration project to three sites and to consider expanding the project only if the facilities are meeting or exceeding all program evaluation criteria. The Committee, therefore, recommends denial of the petition. 2. Petitioner: Columbus Regional Healthcare System Request: The petitioner requests that its number of inpatient and ambulatory cases in the operating room need inventory be corrected and that the need determination for an operating room in Columbus County be eliminated, as indicated by the standard methodology when using the corrected data. Committee Recommendation: The Committee recommends that the petition be approved, and that Tables 6A, 6B and 6C in the 2011 N.C. SMFP reflect the changes accordingly. 3. Petitioner: Graystone Eye Surgery Center, LLC Request: Graystone Eye Surgery Center requests an adjusted need determination to include a need for one additional surgical operating room in Catawba County in the 2011 N.C. SMFP. Committee Recommendation: The Committee considered several factors, including that three of the four surgical services providers in the service area have recent utilization rates approaching or exceeding 80 percent. Two providers, including Graystone, exceeded 80 percent utilization for the past three years. The Committee concluded that the petitioner sufficiently demonstrated unique or special circumstances, and recommends approval of the petition. 4. Petitioner: Novant Health, Inc. Request: Novant Health and Rowan Regional Medical Center (RRMC) request an adjusted need determination to remove the need for one additional surgical operating room in Rowan County shown in the Proposed 2011 N.C. SMFP. Committee Recommendation: The Committee acknowledged that RRMC currently is the only provider of surgical services in Rowan County. The petitioners reported that annualized surgical operating room utilization decreased in 2010, and that the actual time per surgery case was less than assumed in the standard methodology. The Committee recommends approval of the petition to change the need determination for an additional operating room to zero in Rowan County in the 2011 N.C. SMFP.		

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	5. Petitioner: WakeMed Health and Hospitals Request: WakeMed Health and Hospitals requests an adjusted need determination in the 2011 N.C. SMFP for four additional specialized operating rooms dedicated to pediatric surgery and exempt from inclusion in the inventory of ORs in the 2011 N.C. SMFP. Committee Recommendation: The Committee considered information submitted in the petition, including description of surgery-related needs unique to pediatric patients, and differences between operating room set-ups for children and adults. The current methodology does not distinguish between pediatric and adult ORs. Furthermore, the petitioner's request to exclude the pediatric ORs from the regular inventory would require a methodology change. In view of this, and in support of the standard methodology, the Committee recommends denial of the petition. The Committee authorized staff to make updates and corrections to Chapter 6 tables and narrative, as needed. The Committee voted to forward the approved recommendations regarding the Operating Rooms chapter to the SHCC. **Chapter 7: Other Acute Care Services** Committee Recommendation, Chapter 7: Approve Chapter 7, Other Acute Care Services, including updates and corrections to Chapter 7 tables and narrative, as needed. **Chapter 8: Inpatient Rehabilitation Services** Committee Recommendation, Chapter 8: Approve Chapter 8, Inpatient Rehabilitation Services, including updates and corrections to Chapter 8 tables and narrative, as needed.		
Technology and Equipment Committee Report	Dr. Ullrich presented the report from the Technology and Equipment Committee: The Technology and Equipment Committee met on September 8th to consider petitions and comments received in response to Chapter Nine of the Proposed 2011 North Carolina State Medical Facilities Plan (N.C. SMFP). Linear Accelerator Section: The Council received no petitions or comments over the summer regarding the Linear Accelerator section of the 2011 N.C. SMFP. The Committee reviewed the linear accelerator tables and noted that there are no need determinations for linear accelerators anywhere in the state. The Committee recommends approval of the linear accelerator section for the 2011 N.C. SMFP.		

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	Positron Emission Tomography (PET) Scanners Section: The Council received one petition over the summer regarding the PET Scanner section of the 2011 N.C. SMFP. Petition: neo pet, LLC (the official company name is not capitalized) requests an adjusted need determination for one mobile PET scanner for the western region of the state. Committee Recommendation: The Committee concluded that there is sufficient combined fixed and mobile PET service capacity in western North Carolina. Therefore, the Committee recommends that the petition be denied. Additional Committee Recommendation: The Committee reviewed the PET scanner tables and noted that there are no need determinations for mobile or fixed PET scanners anywhere in the state. The Committee recommends approval of the PET scanner section for the 2011 N.C. SMFP. Magnetic Resonance Imaging (MRI) Section: The Council received one petition over the summer regarding the MRI Scanner section of the 2011 N.C. SMFP. Petition: Southeastern Orthopaedic Specialists, P.A. (SOS) requests an adjusted need determination for a fixed MRI scanner in Guilford County for the 2011 N.C. SMFP. Committee Recommendation: The Committee considered information about the petition, including the volume of mobile MRI procedures performed at SOS, and that the mobile MRI equipment serving SOS is a grandfathered unit belonging to Alliance Healthcare. The standard methodology indicates that the 0.90 fixed equivalency for the mobile procedures performed at SOS, and the 1.00 placeholder for the 2009 N.C. SMFP need determination should be included in the 2011 N.C. SMFP, resulting in no need determination for a fixed MRI scanner in Guilford County. The Committee concluded that there are not sufficiently unique circumstances in Guilford County to warrant an adjusted need determination for a fixed MRI scanner. Therefore, the Committee recommends that the petition be denied. *Comments:* The Committee acknowledged receipt of comments in support of language in the Proposed 2011 N.C. SMFP regarding no need determination for additional mobile MRI scanners in the state. Additional Committee Recommendation: The Committee reviewed MRI tables, and noted that there is a need determination for a fixed MRI scanner each in Gaston, Pitt-Greene-Hyde and Mecklenburg service areas, and no need for additional mobile MRI scanners anywhere in the state. The Committee recommends approval of the MRI section for the 2011 N.C. SMFP.		

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	Cardiac Catheterization Equipment Section: The Council received one petition over the summer regarding the Cardiac Catheterization Equipment section of the 2011 N.C. SMFP. Petition: Central Carolina Hospital requests an adjusted need determination for shared fixed cardiac catheterization equipment for Lee County for the 2011 N.C. SMFP. Committee Recommendation: The Committee considered and discussed the Agency recommendation to deny the petition, based in part on the volume of mobile cardiac catheterization procedures provided in Lee County, which, at 174 procedures, did not meet the threshold of 240 procedures established through the standard methodology. Committee members learned additional information from the petitioner during the Committee meeting, and decided that sufficiently unique circumstances exist in Lee County to warrant an adjusted need determination for one unit of shared fixed cardiac catheterization equipment. Therefore, the Committee recommends approval of the petition. Additional Committee Recommendation: The Committee noted that there are no need determinations, other than the adjusted need determination for Lee County, for cardiac catheterization equipment anywhere else in the state. The Committee recommends approval of the Cardiac Catheterization Equipment section for the 2011 N.C. SMFP. Lithotripsy Section: The Council received no petitions or comments over the summer regarding the Lithotripsy section of the 2011 N.C. SMFP. The Committee noted that there is no need determination for lithotripters anywhere in the state, and recommends approval of the Lithotripsy section for the 2011 N.C. SMFP. Gamma Knife Section: The Council received no petitions or comments over the summer regarding the Gamma Knife section of the 2011 N.C. SMFP. The Committee noted that there is no need determination for a Gamma Knife anywhere in the state, and recommends approval of the Gamma Knife section for the 2011 N.C. SMFP. The Committee recommends to the SHCC that Chapter 9: Technology and Equipment be adopted and that, apart from data updates, no substantive changes will be reflected in the 2011 N.C. SMFP. In addition, the Committee authorized staff to make updates and corrections to the data and tables as indicated.		

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Long-Term & Behavioral Health Committee Report	Dr. Pulliam stated The Long-Term and Behavioral Health Committee met on September 24th to consider petitions and comments in response to the Proposed 2011 North Carolina State Medical Facilities Plan. Dr Pulliam then presented the following report from the Long-Term Behavioral Health Committee: 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		

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	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 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		

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	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.		

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	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		

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	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		

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	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		

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	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.		
Quality, Access and Value Committee Report	Dr. Bradley presented the following report from the Quality, Access and Value Committee: The Quality, Access and Value Committee have met once since the May 26, 2010 meeting of the State Health Coordinating Council. Dr. Dana Copeland presented an overview of how the QAV Committee was created. Dr. Copeland discussed key topics that were considered during the four QAV Work Group meetings, including use of National Standards, the evolution of metrics, measuring uncompensated care, utilizing established metrics that allow for comparison to North		

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	Carolina performance, determining resource needs based on Quality indicator performance, focusing on the principle of parts being accountable to the whole, and integrated delivery of services. Staff updated the committee on meetings with Mr. Hoffman and staff with the VA Mid-Atlantic Health Care Network and with Dr. Greene at the Sheps Center regarding HCUP Indicator Data. At the meeting, Dr. Greene provided a presentation regarding the indicator data sources. Chairman Wainwright entertained a motion to accept the report from the Quality, Access and Value Committee report. A motion was made and seconded.	Dr. Green Dr. Pulliam	Motion approved.
Facility Energy Efficiency & Sustainability Work Group Report	Mr. John Young provided the following report regarding the FEES Work Group. The Governor's Office established leadership and vision in helping the healthcare segment of the State of North Carolina move towards more Energy Efficiency and Sustainability by presenting the State Health Coordinating Council (SHCC) with a Charge of incorporating Energy Efficiency into the State Health Planning process. Under Chairman Wainwright's leadership and Vice Chair Dr. Pulliam's guidance and with the support of DSR Director Drexdal Pratt and his team, the Facility Energy Efficiency and Sustainability Workgroup (FEES) was established. As per our agreement with the Governor's office, the FEES workgroup is charged with establishing a two-phase approach to meeting the Governor's vision, a "foundational policy" to be included in the 2011 State Medical Facilities Plan (SMFP) and a more definitive policy to be included in the 2012 SMFP. Mr. Young provided a brief history of the proposed Policy Gen-4. Mr. Young stated the FEES workgroup accomplished the first phase of this charge by developing and recommending to the State Health Coordinating Council (SHCC) Policy Gen-4 for consideration. The FEES workgroup recommend a foundational policy for the 2011 SMFP, for consideration, and to continue to work through the coming year on refining a more definitive Policy to be recommended for the 2012 SMFP. Chairman Wainwright entertained a motion to accept the FEES Work Group report. A motion was made and seconded.	Dr. Bradley Dr. Ullrich	Motion approved

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Adoption of Committee Reports	Chairman Wainwright entertained a motion to adopt the report of the Acute Care Services Committee Report, give staff authorization to review and correct data, and make correspondents adjustments. A motion was made and seconded. Chairman Wainwright entertained a motion to adopt the remaining reports presented to the SHCC. A motion was made and seconded.	Senator Foriest Mr. Parks Dr. Pulliam Dr. Bradley	Motion approved Recusals: AC 3 (4) Novant Health (1) Columbus Regional (1) Motion approved.
Adoption of the Final 2011 State Medical Facilities Plan	Chairman Wainwright thanked division staff and Council members, Dr. Greene, Dr. Ullrich, Dr. Pulliam, Dr. Bradley and Mr. Young who chaired committees and work groups during the year. Chairman Wainwright asked for a motion to approve adoption of the 2011 North Carolina State Medical Facilities Plan, and authorize staff to make the necessary updates and narrative changes that would be required prior to the time the plan is submitted to the Governor. A motion was made and seconded. At this time, Chairman Wainwright stated that the SMFP that is being recommended has been through a thorough, complete and transparent process. He will recommend to Governor Perdue that the SMFP be approved as presented to her, and that she not entertain any request to change the SMFP because: 1) Anyone who petitioned the SHCC had their concerns heard and considered fairly and transparently, as the Proposed SMFP reflects the SHCC's consideration of those concerns. 2) Anyone who did not petition the SHCC should not seek to have the SHCC's fair and transparent recommendations overturned without having petitioned the SHCC first. Chairman Wainwright thanked SHCC members for their service to the state, and for their time and commitment to developing the SMFP that will be recommended to Governor Perdue. Chairman Wainwright also thanked the Committee chairs and the Medical Facilities staff.	Dr. Bradley Dr. Greene	Motion approved
Other Business	There was no other business.		
Adjournment	Chairman Wainwright entertained a motion to adjourn the meeting. A motion was made and seconded.	Dr. Ullrich Dr. Pulliam	Motion approved