



Healthcare Planning and Certificate of Need Section

Long-Term and Behavioral Health Committee Minutes DRAFT
Tuesday, May 6, 2016
Brown Building
Dorothea Dix Campus, Raleigh, NC

Members Present: Dr. T.J. Pulliam - Chair, Peter Brunnick, Stephen DeBiasi, Kurt Jakusz, Denise Michaud, Dr. Jay Parikh
Members Absent: Jim Burgin
Healthcare Planning: Shelley Carraway, Paige Bennett, Elizabeth Brown, Amy Craddock PhD, Patrick Curry, Tom Dickson PhD, Kelli Fisk
DHSR Staff: Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting.</p> <p>He stated that the purpose of this meeting was to conduct a preliminary review of the data reports produced from the methodology for the Proposed 2017 State Plan. Dr. Pulliam stated the meeting was open to the public, but deliberations and recommendations were limited to the members of the LTBH Committee and staff, in order to respect the process of the State Health Coordinating Council (SHCC).</p> <p>Dr. Pulliam noted this was the second of three Long-Term & Behavioral Health Committee meetings scheduled for this year. The next meeting will be on September 9, 2016 at this location. The meeting in September will follow a series of public hearings scheduled from July 12, 2016 to July 28, 2016. This will allow the public to review and comment on projections in the Proposed 2017 Plan and petition for adjustments through July 28, 2016.</p> <p>Dr. Pulliam asked the committee members and staff to introduce themselves.</p>		

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Review of Executive Order No. 46: Ethical Standards for the State Health Coordinating Council	<p>Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting. Dr. Pulliam inquired if 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. Dr. Pulliam asked members to review the agenda and declare any conflicts on today's agenda. There were no recusals.</p> <p>Dr. Pulliam stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict of interest would make a declaration of the conflict.</p>																		
Approval of April 8, 2016, Minutes	<p>A motion made and second to accept the April 8, 2016, LTBH meeting minutes.</p>	<p>Dr. Parikh Ms. Michaud</p>	<p>Motion approved</p>																
Nursing Care Facilities - Chapter 10	<p>Review of Data Ms. Bennett reviewed Chapter 10.</p> <p>Table 10A</p> <table border="1" data-bbox="508 734 1415 863"> <thead> <tr> <th></th> <th>2016 SMFP</th> <th>2017 DRAFT</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Available Beds</td> <td>46,424</td> <td>46,440</td> <td>16</td> </tr> <tr> <td>Exclusions</td> <td>2,094</td> <td>3,011 (2,072)</td> <td>917 (22)</td> </tr> <tr> <td>Total Planning Inventory</td> <td>44,330</td> <td>43,429 (44,368)</td> <td>-901 (68)</td> </tr> </tbody> </table> <p><i>Old methodology data is in parentheses.</i></p> <p>The difference in exclusions totals with this year's data when comparing the new methodology to old methodology is an increase of 939 excluded beds, thus decreasing the total planning inventory by 939 as well.</p> <p>The old methodology does not produce any need determinations anywhere in the state.</p> <p>Table 10B is new and calculates the county rates according to the new methodology.</p> <p>Tables 10C & 10D The new methodology does calculate one need determination in Washington County for 20 nursing care beds. However, this need is because of excluded beds that have been in the inventory for over two decades (1991 and 1992-first year that references) that were moved from Washington to Tyrrell. The inventory in Washington County is listed as 84, but it is really 114 as shown on Table 10A. Once this exclusion is moved, the need disappears.</p>		2016 SMFP	2017 DRAFT	DIFFERENCE	Total Available Beds	46,424	46,440	16	Exclusions	2,094	3,011 (2,072)	917 (22)	Total Planning Inventory	44,330	43,429 (44,368)	-901 (68)		
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	<p>Note: There is a similar placeholder situation between Camden, Pasquotank and Currituck. Removing the beds from Camden and Tyrrell does not create a need since the current methodology is based on county rate. These two counties would need to petition for nursing care beds.</p> <p><u>Committee Recommendation</u> A motion made and second to remove the placeholder.</p> <p><u>Committee Recommendation</u> A motion made and second to recommend acceptance of Nursing Home data and draft need projections for the <i>Proposed 2017 SMFP</i>.</p>	<p>Ms. Michaud Dr. Parikh</p> <p>Ms. Michaud Dr. Parikh</p>	<p>Motion approved</p> <p>Motion approved</p>

**Adult Care Homes –
Chapter 11**

Review of Data

Ms. Bennett reviewed Chapter 11.

Table 11A

	2016 SMFP	2017 DRAFT	DIFFERENCE
Total Available Beds	44073	44255	182
Exclusions	204	234	30
Total Planning Inventory	43869	44021	152

Tables 11B & 11C

There were 3 need determinations in the draft tables:

Greene, HSA VI, 20 Beds

Jones, HSA VI, 30 Beds (Had 10 bed need in 2016 SMFP but no CON applications this year)

Washington, HSA VI, 10 Beds (Had 20 bed need in 2016 SMFP, but no CON apps this year.

It should be noted that the due dates for applications have not passed for some need determinations in the 2016 plan. Ashe County and Graham County have CON due dates May 16th.

Table 11D:

This is a new table. A consultant asked staff to investigate a nursing home with adult care beds that was not showing in the adult care inventory. What was discovered was nursing care facilities with 6 or less adult care beds were being excluded in the table and the need determination calculation. No documentation could be located that can explain why this decision was made. However, we presume the reason is facilities with 6 or less adult care beds are not regulated by CON and are not included in the SMFP. These facilities are licensed as family care homes rather than adult care homes. Therefore, rather than the facilities being listed in table 11A, it was decided to present the committee with the option of listing them as a separate inventory as seen in Table 11D. The committee will need to decide if this is preferred.

	<p><u>Committee Recommendation</u> A motion was made and seconded to accept the new Table 11-D.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to recommend acceptance of the adult care home data and draft need projections for the <i>Proposed 2017 Plan</i>.</p>	<p>Mr. Brunnick Dr. Parikh</p> <p>Mr. Burgin Ms. Michaud</p>	<p>Motion approved</p> <p>Motion approved</p>																		
<p>Medicare Certified Home Health Services – Chapter 12</p>	<p>Dr. Craddock reviewed Chapter 12.</p> <p>No petitions or comments were received for Home Health Services.</p> <p>Utilization Data:</p> <p>Patient origin data were compiled from the Home Health Agency 2016 Annual Data Supplement to the License Application with a data reporting period of October 1, 2014 to September 30, 2015. It is provider self-reported data.</p> <p>Today’s reports are preliminary. Numbers and need projections are subject to change as we continue to review, clean and receive refreshed data.</p> <p>Table 12A: Home Health Data by County of Patient Origin – 2015 Data Draft</p> <table border="1" data-bbox="510 755 1501 883"> <thead> <tr> <th></th> <th>2016 SMFP</th> <th>Proposed 2017 SMFP - Draft</th> <th>DIFFERENCE</th> </tr> </thead> <tbody> <tr> <td>Total Patients Served (All Counties)</td> <td>219,415</td> <td>230,063</td> <td>10,648 (+5%)</td> </tr> </tbody> </table> <p>Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population</p> <table data-bbox="510 1003 1518 1170"> <thead> <tr> <th><u>2014 Use Rates</u></th> <th><u>2015 Use Rates</u></th> </tr> </thead> <tbody> <tr> <td>01.97 Patients/1000 Under Age 18</td> <td>01.76 Patients/1000 Under Age 18</td> </tr> <tr> <td>10.97 Patients/1000 Age 18-64</td> <td>11.17 Patients/1000 Age 18-64</td> </tr> <tr> <td>61.16 Patients/1000 Age 65-74</td> <td>63.10 Patients/1000 Age 65-74</td> </tr> <tr> <td>160.29 Patients/1000 Age 75 & Over</td> <td>165.06 Patients/1000 Age 75 & Over</td> </tr> </tbody> </table> <p>Compared to 2014 data, the average “State Use Rates per 1, 000 Population” increased in all but one age group; the Under Age 18 category incurred a decrease of .21.</p> <p>Table 12C – Need Projections Draft</p> <ul style="list-style-type: none"> Four Placeholders from previous SMFPs: <ol style="list-style-type: none"> 1) Brunswick County 1 office: 		2016 SMFP	Proposed 2017 SMFP - Draft	DIFFERENCE	Total Patients Served (All Counties)	219,415	230,063	10,648 (+5%)	<u>2014 Use Rates</u>	<u>2015 Use Rates</u>	01.97 Patients/1000 Under Age 18	01.76 Patients/1000 Under Age 18	10.97 Patients/1000 Age 18-64	11.17 Patients/1000 Age 18-64	61.16 Patients/1000 Age 65-74	63.10 Patients/1000 Age 65-74	160.29 Patients/1000 Age 75 & Over	165.06 Patients/1000 Age 75 & Over		
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- 2) Forsyth County 1 office :
- 3) Mecklenburg County 1 office:
- 4) Wake County 1 office:

Table 12C – 2018 Need Projections for Medicare-certified Home Health Agencies or Offices and Table 12D – Need Determination Draft

- There is a need determination in Mecklenburg County for one new Medicare-certified home health agency or office NC Proposed 2017 SMFP – Draft 5-6-2016. *(There were zero need determinations in the NC 2016 SMFP.)*

Committee Recommendation:

A motion was made and seconded to recommend acceptance of the home health data and draft need projections for the *Proposed 2017 Plan*.

Dr. Parikh
Ms. Michaud

Motion approved

Hospice Services – Chapter 13

Chapter 13: Hospice Services

Review of Data

Dr. Craddock reviewed the hospice data by county of patient origin.

No petitions or comments were received for Hospice Services.

Utilization Data:

Patient origin data were compiled from the Hospice Agency 2016 Annual Data Supplement to the License Application with a data reporting period of October 1, 2014 to September 30, 2015. It is provider self-reported data.

Today's reports are preliminary. Numbers and need projections are subject to change as we continue to review, clean and receive refreshed data.

Table 13A: Hospice data by County of Patient Origin – 2015 Data Draft

	2016 SMFP	Proposed 2017 Draft	DIFFERENCE
Total Admissions	41,391	43,727	+2,336 (+5.6%)
Total Days of Care	3,056,017	3,217,102	+161,085 (+5%)
Total Deaths	36,596	38,337	+1,741 (+4.8%)

Table 13B: Year 2017 Hospice Home Care Office Need Projections Draft

- Cumberland County 1 office:
 - 2013 Need Determination – Placeholder = 53
- Granville County 1 office:
 - 2013 Need Determination – Placeholder 88

Table 13C: Hospice Inpatient Bed Need Projections – Draft

- Based on the newly revised standard methodology that uses a two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county (instead of a static 6 percent) to project hospice days of care and inpatient days of care for each county.

- This generated a hospice inpatient bed need determination for 8 beds in Cumberland County last year. This is represented by an 8 bed placeholder in Column L under Cumberland County.

Table 13D (1): Hospice Inpatient Facilities Inventory

- Total number of licensed Beds: 440
- Number of CON Approved/Licensed Pending Beds: 54
 - 2016: *Native Angels Hospice (HOS2861) in Robeson County had their CON withdrawn by the agency.*

Table 13D (2): Hospice Inpatient Facilities Occupancy Rate for FY2015 Draft

- Number of Hospice Inpatient Facilities with Occupancy Rates at or above 85%: 6 (Compared to 9 this time last year)

Table 13E & 13F: Hospice Residential Facilities/Residential Bed Inventory Draft

- Number of Licensed Beds: 167
- Number of Beds CON Approved/License Pending: 6

	<p>Table 13G: Hospice Home Care Office Need Determination Draft</p> <ul style="list-style-type: none"> • There are two Hospice Home Care Office need determinations at this time based on current data in the proposed draft tables: <ul style="list-style-type: none"> ○ Cumberland County: one new hospice home agency or office ○ Durham County: one new hospice home agency or office <p><u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of the hospice services and draft need projections for the <i>Proposed 2017 Plan</i>.</p>	Ms. Michaud Dr. Parikh	Motion approved
<p>End-Stage Renal Disease Dialysis Facilities – Chapter 14</p>	<p>Preview of Draft Narrative There were no petitions or comments regarding Chapter 14.</p> <p>Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for July 2016 on July 1st. This report will be available on the DHSR website.</p> <p>The Agency recommends updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate, for the Proposed 2017 SMFP.</p> <p><u>Committee Recommendation</u> A motion was made and seconded to recommend acceptance of the materials provided by staff regarding dialysis services for the <i>Proposed 2016 Plan</i>.</p>	Ms. Michaud Dr. Parikh	Motion approved

Psychiatric Inpatient Services - Chapter 15

Table 15A – Inventory of Beds

There is a total of 2,385 beds in the planning inventory, which includes licensed, CON-approved, and beds from the 2016 SMFP need determinations (1,969 adult, 416 child/adolescent). This reflects an increase of 49 beds from last year (37 adult, 12 child/adolescent).

Days of care increased by 4.5% for adults and 14.2% for children/adolescents.

	2016 SMFP	2017 Draft	Difference	% Difference
Total Adult DoC	434,709	454,243	19,534	4.5%
Total Child/Adol DoC	116,043	132,607	16,564	14.2%

Table 15B Part 1 and 15C(1): Child/Adolescent Need Projections and Draft Bed Need Determinations

Current data shows a draft need determination for 125 child/adolescent beds in 6 of the 8 LME-MCOs:

Alliance Behavioral Healthcare	36
Cardinal Innovations Healthcare Solutions	19
Eastpointe	36
Partners Behavioral Health Management	1
Sandhills Center	18
Smoky Mountain Center	15

These draft need determinations reflect the change to the methodology approved at the April LTBH meeting, and pending final SHCC approval at the meeting in May (removal of the 20% reduction in projected days of care for child/adolescent beds). Using the old methodology, there would have been a 57-bed need. This observation is consistent with the 81 vs 36 bed need using the 2016 SMFP data.

The due date for CON applications has passed for the 35 child/adolescent bed need determination in the 2016 SMFP. No applications were received.

Table 15B Part 2 and 15C(2): Adult Bed Need Projections and Draft Need Determinations

There were 38 draft need determinations in 2 LME-MCOs:

	<p style="text-align: center;">Alliance Behavioral Healthcare 23 Sandhills Center 15</p> <p>All due dates have passed for CON applications for the need determinations for adult beds in the 2016 SMFP. Applications were received for 32 of the 36 beds.</p> <p>Data is still under revision and Truven days of care data will be refreshed later in the year. These activities may impact need determinations for both adult and child/adolescent beds.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of the psychiatric inpatient services, data and draft need determinations for the <i>Proposed 2016 Plan</i>.</p>	<p>Dr. Parikh Ms. Michaud</p>	<p>Motion approved</p>
<p>Substance Abuse/Chemical Dependency - Chapter 16</p>	<p>Review of Data</p> <p>Table 16A Dr. Craddock reviewed Chapter 16.</p> <p>Table 16A – Inventory of Beds Total planning inventory is 634 beds - 584 licensed beds, 22 of which are child/adolescent beds and the remaining 562 are adult beds. The total planning inventory includes 50 CON-approved beds. Taken together, this is a net decrease of 8 beds from the 2016 SMFP planning inventory.</p> <p>Table 16B – Projection of Chemical Dependency Treatment Bed Need There were 162,605 days of care statewide. This is a 15.5% decrease from last year. There were no need determination for adult beds anywhere in the state. Table 16D shows a need determination for 17 child/adolescent beds, all of which are in the Central Region. All due dates have passed for CON applications for the need determinations in the 2016 SMFP. CON received applications for 22 of the 45 need determinations for adult beds (applications were in Central Region). No applications were received for the 28 child/adolescent bed need determinations. As with Chapter 15, data is still under revision and Truven days of care data will be refreshed later in the year. So, these activities may impact need determination for both adult and child/adolescent beds</p>		

	<p><u>Committee Recommendation</u> A motion was made and seconded to recommend acceptance of substance abuse/chemical dependency data and draft need determinations for the <i>Proposed 2017 SMFP</i>.</p>	Mr. Brunnick Dr. Parikh	Motion approved
Intermediate Care Facilities - Chapter 17	<p>Dr. Craddock reviewed Chapter 17.</p> <p>Table 17A and 17B</p> <p>Table 17A shows a total of 2,787 licensed beds in community-based facilities. The inventory of licensed beds is unchanged from last year. There are CONs to develop 3 additional beds, bringing the total inventory to 2,790. Table 17B shows 2,320 beds in state developmental centers. These numbers also are unchanged from last year.</p> <p>There is no need determination for either adult or child ICF/IID beds.</p> <p><u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of the ICF/IID data and draft need determinations for the <i>Proposed 2016 Plan</i>.</p>	Dr. Parikh Ms. Michaud	Motion approved

Other Business	Dr. Pulliam noted the next LTBH meeting will be on September 9, 2016 at this location. The next full SHCC meeting is May 25 th beginning at 10:00am. Dr. Pulliam thanked the members and staff.		
Adjournment	Dr. Pulliam called for adjournment. A motion was made and seconded to adjourn the meeting.	Ms. Michaud Dr. Parikh	Motion approved