Healthcare Planning & Certificate of Need Section

State Health Coordinating Council Meeting
Minutes
October 7, 2015
Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Peter Brunnick, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam, James Burgin
Members Absent: Christina Apperson, Don Beaver, Senator Ralph Hise, Representative Donny Lambeth, Gloria Whisenhunt
Healthcare Planning Staff Present: Shelley Carraway, Elizabeth Brown, Paige Bennett, Amy Craddock, Kelli Fisk, Tom Dickson **DHSR Staff Present:** Drexdal Pratt, Martha Frisone, Lisa Pittman, Fatima Wilson, Mike McKillip, Celia Inman, Gloria Hale **Attorney General's Office:** June Ferrell, Derick Hunter

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2016 State Medical Facilities Plan. He acknowledged that the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff. Dr. Ullrich stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2016 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. He stated action would be taken on updated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval. The members introduced themselves by stating their name, profession/employer and SHCC appointment type followed by staff introductions.		
Review of Executive Order No. 46 Reauthorizing the State	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed		

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Health Coordinating Council	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. Ullrich asked members to declare conflicts as agenda items came up. Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition,		
Approval of Minutes from September 2, 2015	A motion was made and seconded to accept the minutes of September 2, 2015.	Mr. Brunnick Dr. Greene	Motion approved
Recommendations from the Acute Care Services Committee	Dr. Greene presented the report from the Acute Care Services Committee and stated the Acute Care Services (ACS) Committee met once after the May Council meeting, on September 8, 2015. Following was an overview of the Committee's recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2016 State Medical Facilities Plan. Corrections to the number of comments and letters of support to the petitions submitted for Operating Rooms were shared with the Committee and are noted in the SHCC minutes from the September 2, 2015 meeting. **Chapter 5: Acute Care Hospital Beds** No petitions were received for this chapter. ***Data Discrepancy Report*** Data provided to Truven Health Analytics for 2014 was compared to data from the Division of Health Services Regulation Hospital License Renewal Application to examine discrepancies between the two data sources. The Committee originally reviewed a list of 23 hospitals with acute days of care discrepancies between the two data sources that exceed ± five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 12 hospitals that have a greater than ± five percent discrepancy. Out of those, seven hospitals did not update their original Truven data. The inventory has been updated, based on available information, to reflect any changes and includes placeholders where applicable. The inventory is subject to further changes.		

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	Application of the methodology, based on data and information currently available, results in the following draft need determination: • Orange County, 84 Acute Care Beds Need determinations are subject to change. **Chapter 6: Operating Rooms** Three petitions were received for this chapter. Petitioner: Blue Ridge Bone and Joint Clinic Request: The petitioner requests an adjusted need determination for a demonstration project for a single specialty, two operating room ambulatory surgical facility, in the Buncombe - Madison-Yancey Service Area. Comments: One comment was received from the petitioner, and two comments in opposition to this petition were received. **Committee Recommendation:** The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee determined that it was not appropriate to recommend a fourth site for a demonstration project, because the final evaluation of the current demonstration project has not been conducted. In addition, the original criteria for the Single Specialty Demonstration Project in the NC *2010 SMFP* developed by the State Health Coordinating Council set the minimum number of ambulatory and shared operating rooms (ORs) in each project service area at 50. Buncombe County does not meet this criterion, because it has 43 shared and ambulatory operating rooms. The Committee recommends denying this petition. The Committee reviewed and discussed Petitions 2 and 3 together, but voted on each petition separately. The Committee		

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	Recommendation is identical for both petitions and was presented after both petition summaries. Petitioner: Knowles, Smith and Associates Request: The petitioner requests an adjusted need determination for one operating room in Cumberland County to be included in a demonstration dental-only ambulatory surgical center. Eight comments, including two by the petitioner, were submitted. Five comments were in support, and one was opposed. Three letters of support were received. Petitioner: Triangle Implant Center Request: The petitioner requests an adjusted need determination for one operating room and related procedure rooms in Wake County to be included in a demonstration dental-only ambulatory surgical center. Twelve comments, including two by the petitioner, were submitted. Seven comments were in opposition, two were in support, and one was neutral. There were 26 letters of support submitted. **Committee Recommendation for Petitions:** The petitioners demonstrated special situations that are not appropriately addressed by the standard methodology. The Division of Health Service Regulation held a stakeholder meeting on June 3, 2015, to gather more information on the issue of access to ORs for dental surgery. This meeting identified access to ORs for dental procedures as a significant challenge in many areas of the state, particularly for patients on Medicaid. The Committee recommended denial of both of these petitions. Instead, based on the stakeholder meeting and other information reviewed, the Committee proposed that the *2016 North Carolina State Medical Facilities Plan* include a statewide need determination for a Dental Single Specialty Ambulatory Surgical Demonstration Project (Project), with the criteria described below.		

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	The applicants for a demonstration project would have to show that the proposed facility is substantially committed to providing dental surgery to persons of low income, including Medicaid recipients. Locating the facilities in different regions of the state exemplifies the access and value Basic Principles by preventing a single area from having a concentration of dental OR facilities. The Committee proposed establishment of a special need determination for up to four new separately licensed dental single specialty ambulatory surgical facilities with up to two operating rooms each, such that there is a need identified for one new ambulatory surgical facility in each of the four following regions: • Region 1: HSA IV • Region 2: HSA III • Region 3: HSA V and HSA VI • Region 4: HSA I and HSA II Recognizing the problems of access to ORs for dental surgery, the Committee discussed a proposed Demonstration Project, and arrived at the following 11 criteria: 1. The application shall contain a description of the percentage ownership interest in the facility by each oral surgeon and dentist. 2. The proposed facility shall provide open access to non-owner and non-employee oral surgeons and dentists. 3. The facility shall provide only dental and oral surgical procedures requiring sedation. 4. The proposed facility shall obtain a license no later than one year from the effective date of the certificate of need. 5. The proposed facility shall be certified by the Centers for Medicare and Medicaid Services (CMS), and shall commit to continued compliance with CMS conditions of participation. 6. The proposed facility shall provide care to underserved dental patients. At least 3 percent of the total number of patients served each year shall be charity care patients and at least 30 percent of the total number of patients served each year shall be Medicaid recipients.		

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	7. The proposed facility shall obtain accreditation no later than one year after licensure by the Accreditation Association for Ambulatory Health Care (AAAHC), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or The Joint Commission (TJC), and shall commit to continued compliance with their respective standards. 8. Health care professionals affiliated with the proposed facility, if so permitted by North Carolina law and hospital by-laws, are required to establish or maintain hospital staff privileges with at least one hospital and to begin or continue meeting Emergency Department coverage responsibilities with at least one hospital. 9. The proposed facility shall meet all reporting, monitoring and evaluation requirements of the demonstration project. 10. For each of the first three full federal fiscal years of operation, the applicant(s) shall provide the projected number of patients for the following payor types, broken down by age (under 21, 21 and older): (i) charity care; (ii) Medicaid; (iii) TRICARE; (iv) private insurance; (v) self-pay; and (vi) payment from other sources. 11. The proposed facility shall demonstrate that it will perform at least 900 surgical cases per operating room during the third full federal fiscal year of operation. The inventory was updated, based on available information, to reflect any changes, and includes placeholders where applicable. The inventory is subject to further changes. Application of the methodology, based on data and information currently available, results in the following draft need determinations: • Brunswick County, 1 OR • Columbus County, 1 OR • New Hanover County, 3 ORs • Rowan County, 1 OR Need determinations are subject to change.		

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	Chapter 7: Other Acute Care Services There were no petitions or comments related to this chapter. The inventory was updated, based on available information, to reflect any changes and includes placeholders where applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change. **Chapter 8: Inpatient Rehabilitation** There were no petitions or comments related to this chapter. The inventory was updated, based on available information, to reflect any changes and includes placeholders where applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change. **Recommendations Related to All Chapters** The Committee recommended to the State Health Coordinating Council approval of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff was authorized to continue making necessary updates to the narratives, tables, and need determinations as indicated. A motion was made and seconded to accept the Acute Care Committee report.		

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		Dr. Pulliam Mr. DeBiasi	Motion approved Dr. Akers voted no
Recommendations from the Long-Term and Behavioral Health Committee	Dr. Pulliam stated on September 4, 2015, the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 4, 2015. The following is an overview of the Committee's recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the *2016 State Medical Facilities Plan (SMFP)*. Corrections to the number of comments and letters of support to the petitions submitted for Nursing Home and Adult Care Home were shared with the Committee and are noted in the SHCC minutes from the September 2, 2015 meeting **Chapter 10: Nursing Care Facilities** There was one petition related to this chapter. Thirteen comments were received in total in support of the petition, with two from the petitioner. Petitioner: LifeCare Hospitals of North Carolina Request**:** LifeCare Hospitals of North Carolina requests an adjusted need determination for 40 nursing home beds available to patients in the following categories of conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis in Nash County in the *2016 SMFP*. This petition received sixteen letters of support, and six comments in support, two from the petitioner.		

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	<u>Committee Recommendation:</u> The standard methodology has consistently identified that there is no need for new nursing care beds in Nash County. However, the eastern region of North Carolina does not currently have beds licensed specifically for patients requiring special care such as mechanical ventilation. Nash County, due to its geographical location, would provide greater access to these specialized beds for patients from the eastern region, the Committee recommends approving this petition. The Committee further recommends that the petition for an adjusted need determination be approved with the following qualifying language for *Table 10C: Nursing Care Bed Need Determinations:* *In response to a petition, the State Health Coordinating Council approved the adjusted need determination for 40 additional nursing care beds for Nash County. Applicants must demonstrate these beds will be limited to patients who, upon admission, have the following conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis.* The Committee received an oral report from the Nursing Home Methodology Workgroup. The Workgroup met on April 10th, May 1, July 29, and September 4th. There was one Data Subgroup meeting on April 22nd. The workgroup proposed changes in the methodology include: • One use rate (no age groups) calculated by county with annual change rate projection of 36 months. • Smoothing of average change rate applied to each county with substitution of the state rate at ½ standard deviation (SD) above and below the mean. • Vacancy factor applied to bed utilization summary (95%).		

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	• For need determinations, use of the higher between the median occupancy rate among all facilities in a county or the county weighted average. • Alignment of exclusions for beds and occupancy The workgroup requested all final changes to the methodology go through the entire planning cycle for the *2017 SMFP*. The committee unanimously voted in favor of the motion. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change. Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change. **Chapter 11: Adult Care Homes** There was one petition related to this chapter. Petitioner: Mr. Alvin B. Harmon Request: Mr. Alvin Harmon requests a special need adjustment to the *Proposed 2016 State Medical Facilities Plan* for a midsized Adult Care Home Facility in Halifax County, specifically Enfield, North Carolina. No comments were received on this petition. **Committee Recommendation:** The petition does not include a request with a specific number of beds for Halifax County. Furthermore, a review of the data and utilization specific to Halifax County, showed that applying standard methodology does not generate a need for new adult care home beds. The Committee recommends denying the petition. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.		

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	Application of the methodology based on data and information currently available results in the following draft need determinations. • Ashe County, 30 Adult Care Home beds • Graham County, 20 Adult Care Home beds • Jones County, 30 Adult Care Home beds • Perquimans County, 50 Adult Care Home beds • Washington County, 20 Adult Care Home beds Need determinations are subject to change. **Chapter 12: Home Health Services** There were no petitions or comments on this chapter. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change. The application of the methodology based on data and information currently available results in no draft need determinations. Need determinations are subject to change. **Chapter 13: Hospice Services** There was one petition related to this chapter. Petitioner: Hospice of Davidson County Request: Hospice of Davidson County requests an adjusted need determination for four hospice inpatient beds in Davidson County in the *North Carolina 2016 SMFP*. . Forty-eight letters of support were received in total in support of the petition; one comment was received from the petitioner.		

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	Committee Recommendation: The Committee was informed that the changes requested by the petitioner to the methodology were numerous and substantial modifications. The Committee acknowledged that Davidson County does have a few unique attributes, but even combined, these attributes do not give rise to resource requirements that differ from hospice inpatient providers in other counties. Committee discussion centered mainly on two aspects: 1) understanding how Medicare-certified, dually licensed hospice inpatient facilities operate; and 2) if by approving the request, what affect would that have on the hospice inpatient bed methodology. During the discussion, Mr. Brunnick provided operational insight into hospice care. Specifically, he indicated that at times the acuity level of the patient is not equivalent to the licensure level of the bed they may occupy. In addition, he stated there would be no cost to the provider to convert the beds from the residential licensure level to the higher, general inpatient bed level. Other members brought up for discussion the effect approving the request would have on the inpatient methodology. The concern was that an approval of the request could set a precedence for future adjusted need petitions requesting conversion of hospice residential beds to inpatient beds without meeting established criteria. The Committee learned there are 171 hospice residential beds in the current inventory. The Committee voted four in favor and two in opposition, recommending denial of this petition. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change. Application of the methodologies based on data and information currently available results in the following draft need determinations.		

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	• Hospice Home Care Office
	  o No draft need determinations at this time.
	• Hospice Inpatient Beds
	  o Draft need determination for 8 hospice inpatient beds in Cumberland County
	  o It is determined that there is no draft need for additional hospice inpatient beds anywhere else in the state.
	
	Need determinations are subject to change.
	
	Chapter 14: End-Stage Renal Disease Dialysis Facilities
	There were no petitions or comments on this chapter.
	
	The need for new dialysis stations is determined two times each calendar year. Determinations are made available in the *North Carolina Semi-annual Dialysis Report (SDR)*.
	
	Chapter 15: Psychiatric Inpatient Services
	There were no petitions or comments on this chapter.
	
	The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.
	
	Application of the methodology based on data and information currently available results in the following draft need determinations.
	
	• Adult Psychiatric Inpatient Beds:
	  o Alliance Behavioral Healthcare, 32 beds
	  o Sandhills Center, 4 beds
	
	• Child/Adolescent Psychiatric Inpatient Beds:
	  o Eastpointe, 29 beds
	  o Sandhills Center, 1 bed
	  o Smoky Mountain Center, 5 beds		

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	Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Dependency Treatment Beds) There were no petitions or comments on this chapter. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change. Application of the methodology based on data and information currently available results in the following draft need determinations. • Adult Chemical Dependency (Substance Abuse) Residential Treatment Beds: o Eastern Region, 23 beds o Central Region, 16 beds • Child/Adolescent (Substance Abuse) Residential Treatment Beds: o Eastern Region, 9 beds o Central Region, 19 beds Need determinations are subject to change. **Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities** There were no petitions or comments on this chapter. The inventory has been updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change. Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.		

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	<u>Recommendations Related to All Chapters</u> The Committee recommends to the State Health Coordinating Council approval of Chapters 10 - 17: Long-Term Care Facilities and Services with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated. A motion was made and seconded to accept the Long Term Behavioral Health Committee report as presented.	Mr. Lewis Dr. Parikh	Motion approved Mr. Brunnick recused from Hospice of Davidson County
Recommendations from the Technology and Equipment Committee	Dr. Ullrich stated on September 16, 2015, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2016 State Medical Facilities Plan (SMFP). The Committee made the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2016 SMFP. **Chapter 9: Technology and Equipment** **<u>Magnetic Resonance Imaging (MRI) Section</u>** The Proposed 2016 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and Mecklenburg counties. Over the summer, Healthcare Planning received updated data resulting in corrections to the MRI scanner inventory table. The changes created a need determination for one additional fixed MRI scanner in Guilford County. There were two comments regarding the MRI section. The Committee received three petitions over the summer for an adjusted need determination in the MRI Scanner section of the 2016 SMFP. <u>Petitioner:</u> Carolinas Healthcare System		

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	Request: Carolinas Healthcare System requests an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County. No comments were received on this petition. **Committee Recommendation:** The Committee discussed the petition and Agency Report, which recommended approval of the petition request. The concurrence was that Lincoln County does have unique circumstances including a potential changes to future MRI volumes and slow projected growth rate in the county that would probably preclude existing or new providers from meeting the CON standards for a qualified applicant. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination. Petitioner: Raleigh Radiology Request: Raleigh Radiology requests an adjusted need determination to add the need for one fixed MRI scanner in Wake County. Two letters of support, two comments in opposition, and one general comment were received regarding this petition. **Committee Recommendation:** The Committee discussed the petition and Agency Report, which recommended approval of the petition request. Data presented in the Agency Report demonstrated a high weighted procedure average for the last ten years with only one need being generated by the standard methodology. Projections on the data indicated a need determination would potentially be generated by the standard methodology next year. Additional dialogue included the potential for grandfathered mobile MRI machines to suppress need determinations. The Committee agreed that the proactive approach to healthcare planning was preferred and recommends to the SHCC that the petition be approved for an adjusted need determination for one fixed MRI machine in Wake County.		

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	Petitioner: J. Arthur Dosher Memorial Hospital Request: J. Arthur Dosher Memorial Hospital requests adjusted need determination to add the need for one fixed MRI scanner in Brunswick County with a lowered tiered planning threshold of 1,716 weighted procedures for applicants. This petition received 45 letters of support and one comment of opposition. **Committee Recommendation:** The Committee discussed the petition and Agency Report, which recommended approval of the petition request. The concurrence was that Brunswick County does have unique circumstances including a machine that is classified in the SMFP as fixed, but is available for fewer hours than a mobile machine. The fixed machine is located four miles from the hospital, which potentially serves as a barrier to inpatient care. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination. **Cardiac Catheterization Equipment Section** Since the Proposed 2016 SMFP, there have been no changes in need projections for cardiac catheterization equipment. The Proposed 2016 SMFP showed one need determination for fixed cardiac catheterization equipment in Cumberland County. There were no need determinations for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state. During the summer two petitions were received for adjusted need determinations in the cardiac catheterization section in the 2016 SMFP. Petitioner: Rex Healthcare Request: Rex Healthcare requests an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County		

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	in the 2016 SMFP. There were four comments in total including one from the petitioner, one in support, and two in opposition. **Committee Recommendation:** The Committee has no recommendation to forward to the SHCC on this petition. The Committee vote resulted in a tie and the motion died. Petitioner: Harnett Health Request: Harnett Health requests an adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment in Harnett County in the 2016 SMFP. Nine letters of support were received. **Committee Recommendation:** The Committee discussed the petition and Agency Report, which recommended approval of the petition request. Based on the data presented in the Agency Report, the Committee agreed that Harnett County has the volume of cardiac catheterization to support a shared fixed machine. In addition, the current driving times to the nearest cardiac catheterization lab is potentially outside of current clinical recommendations for ST elevated myocardial infarction patients. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Harnett County. **Positron Emission Tomography (PET) Scanners Section** Since the Proposed 2016 SMFP, there have been no changes in the need projections for PET scanners. There is no need determination for additional fixed or mobile PET scanners anywhere in the state. The committee received one petition regarding PET scanners. Petitioner: Alliance Healthcare Services Request: Alliance Healthcare Services requests an adjusted need determination for zero conversions pursuant to Policy TE-1 of fixed to		

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	mobile PET scanners in the 2016 SMFP. Two comments were received in opposition. **Committee Recommendation:** The petition and Agency Report, which recommended denial of the petition request, was discussed by the Committee. The consensus was that potential changes in the next few years in mobile PET indicate the possibility of needing more capacity than is currently existing or even proposed. The Agency Report indicated the Division of Health Services Regulation will continue to monitor and re-evaluate annually applicants for Policy TE-1, PET utilization, and site distribution. The Committee recommends to the SHCC denial of this petition. **Lithotripsy Section** Since the Proposed 2016 SMFP, there have been no changes in the need projections for lithotripsy. There is a statewide need determination identified for one lithotripter. The Committee received no petitions or comments over the summer regarding the lithotripsy section of the Proposed 2016 SMFP. **Linear Accelerator Section** Since the Proposed 2016 SMFP, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and only one comment regarding the linear accelerator section. **Gamma Knife Section** Since the Proposed 2016 SMFP, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the Proposed 2016 SMFP.		

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	<u>Recommendations Related to All Chapters</u> The Committee recommends to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.	Mr. Lewis Mr. Adams	Mr. DeBiasi recused from the J. Arthur Dosher petition Dr. Ullrich recused from Carolinas Healthcare System petition
	A motion was made and seconded to extract the Rex Healthcare petition for discussion.	Mr. Burgin Dr. Parikh	Motion approved
	A vote was taken to extract the Rex Healthcare petition for further discussion.		Vote 9-8 To extract petition
	Dr. Ullrich asked Ms. Paige Bennett to review the agency report regarding the Rex Healthcare petition. <u>Agency Report Summary:</u> Rex Healthcare requests an adjusted need determination for one additional unit of fixed cardiac catheterization. Application of the standard methodology does not generate a need in Wake County. Rex is requesting the adjusted need determination due to their unique utilization trends. Rex has a current inventory of four machines. Using the 80% utilization in the methodology, the number of machines for Wake County and Rex is 12.33 and 5, respectively. The last ten years of growth rate in Wake county have demonstrated a decline. However, recent data for Wake County demonstrates an increase in procedures. Rex Hospital over the last five years has demonstrated a consistent increase in the number of procedures. Application of the standard methodology demonstrates deficits at Rex for the last two years, with the current deficit calculated at one machine. Rex's deficit is being offset by the surplus in Wake County.		

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	Council members discussed the petition at length. Topics covered during the conversation include: physician alignment and referral patterns; service area demand; specific equipment utilization in the county; methodology calculations; hospital business practices; equipment costs and price; and patient access and care. Council members also were interested in discussing the data calculations in the Agency Report and the number of years of utilization used to support the agency's position.		
	A motion was in made and seconded to deny the petition.	Dr. Greene Dr. Pulliam	Motion approved
	A vote was taken to deny the petition for one additional cardiac catheterization need in Wake County.		Vote 12-5 To deny the petition
	A motion was made to accept the amended Technology and Equipment report.	Mr. Lewis Mr. Adams	Motion approved
Clarification to Language for Policy TE-2, Dental Operating Room Demonstration Project, and Need Determination for Brunswick Co	Ms. Frisone provided for following report. In a CON review there are normally performance standard rules that would apply. These rules are usually based on the methodologies. The obvious intent of the SHCC, for the performance standards to not apply, was not made explicit in the language of Policy TE-2, the Dental Operating Room Demonstration Project, and the need determination in Brunswick Co. Applicants would potentially not be able to meet these standards. The need determination would be nullified without language clarification.		

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	Staff request language clarifications: For both Policy TE-2 and the Brunswick County adjusted need determination for one MRI Scanner the following sentence would be added: *The performance standards in 10A NCAC 14C .2703 would not be applicable.* For the Dental Operating Room Demonstration Project the following sentence would be added: *The performance standards in 10A NCAC 14C .2103 would not be applicable*. A motion was made and seconded to approve the clarification language for TE-2, need determination for Brunswick County and the Dental ASC Demonstration Project.	Dr. McBride Dr. Moore	Motion approved
SHCC's Recommendation to the Governor	Having heard each of the Committee Reports, and taking action on each, Dr. Ullrich asked for a motion to direct staff to incorporate the council's actions into a recommended version of the N.C. 2016 State Medical Facilities Plan for submission to the governor. In addition, Dr. Ullrich asked for a motion to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.	Dr. Pulliam Dr. Greene	All members were in favor
Other Business	Dr. Ullrich thanked all the Council members and former member for sharing their time and serving on the Council, and a special thank you to those that served in leadership roles as Committee Chairs. Dr. Ullrich thanked the staff for their support and the public for their participation. Dr. Ullrich asked for a round of applause. Mr. Pratt announced after 42 years of public service he planned to retire January 31, 2016. Mr. Pratt expressed his appreciation to staff and the Council members. Mr. Pratt thanked Dr. Ullrich for his leadership role and guidance to the SHCC. Mr. Pratt received a standing ovation. Dr. Ullrich announced that to assist those who prepare Certificate of Need applications to compete for need determinations in the Plan, he asked staff to		

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	make the Council's recommended need determinations and Certificate of Need review dates available on the DHSR website for work planning purposes only. The recommended need determinations and dates will be accompanied by a disclaimer, which advises that nothing is final until the 2016 SMFP is signed by the Governor. Dr. Ullrich also announced the dates for the State Health Coordinating Council meetings for next year, as follows: Wednesday – March 3, 2016 Wednesday – May 25, 2016 Wednesday – September 7, 2016 (Teleconference Meeting) Wednesday – October 5, 2016		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		