
Long-Term and Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

October 7, 2020

The Long-Term and Behavioral Health Committee held its final meeting of the year on September 17. In preparation for this meeting, staff updated data tables to reflect any changes in inventories, utilization, and need determinations since release of the Proposed SMFP. Data presented here is current as of that meeting.

Following is an overview of the Committee's recommendations for Long-Term Care Facilities and Services, Chapters 10-16, of the *2021 SMFP*.

Chapter 10: Nursing Homes

The Agency received no petitions relating to nursing homes.

Data Updates

There were no significant updates to the tables in this chapter. Application of the methodology currently results in no need determinations.

Chapter 11: Adult Care Homes

The Agency received no petitions relating to adult care homes.

Data Updates

The application of the adult care home methodology based currently results in need determinations for 120 adult care home beds, broken down as follows:

- 10 beds in Anson County
- 10 beds in Avery County
- 80 beds in Hoke County
- 10 beds in Mitchell County
- 10 beds in Swain County

Chapter 12: Home Health Services

The Agency received one petition related to this chapter.

Petition: PruittHealth petitioned for an adjusted need determination for one Medicare-certified home health agency or office in Mecklenburg County. The Agency received no comments regarding this petition.

Committee Recommendation: The Proposed 2021 SMFP has a need determination for one new Medicare-certified home health agency or office in Mecklenburg County. This Petition requests a second need determination. There is a need determination when the projected deficit in the county exceeds 325 patients. Mecklenburg County has a deficit of 523.92 patients. A deficit of an additional 127 patients would be required to trigger a second need determination. PruittHealth believes that the COVID-19 pandemic exposed an unmet need for home health services for individuals with and recovering from infectious diseases. They suggest the second home health agency need determination should primarily, but not exclusively, care for patients with infectious diseases. However, the Petitioner provided no data to support the claim that home health agencies in Mecklenburg County do not currently serve this population adequately. The Agency also has no data in this area. The Agency and the SHCC acknowledge these unique times and the importance of reducing barriers to health care. However, there is no evidence that the agencies that

provide home health services to residents in Mecklenburg County fail to serve people with or recovering from infectious diseases. This observation, coupled with the fact that Mecklenburg County already has a need determination in the 2021 SMFP, led the committee to deny the petition.

Data Updates

The application of the methodology currently results in a need determination for one Medicare-certified home health agency or office in Mecklenburg County.

Chapter 13: Hospice Services

The Agency received one petition related to this chapter.

Petition: Caldwell Hospice & Palliative Care petitioned for six hospice inpatient beds in Watauga County. The Agency received five letters of support for this Petition.

Committee Recommendation: The Petitioner claimed that a need exists for inpatient hospice services in the “high country,” specifically in Ashe, Avery, and Watauga Counties. The largest population center in the region is in Watauga County. Elevation and the geographic features of the region make travel difficult and longer because there are no major highways. The closest hospice inpatient facilities are in Burke and Caldwell counties, which can be a one-to-three hour drive each way. Placing a facility in Watauga County could address the needs of the high country. The Petitioner argues that application of the standard methodology makes it unlikely for any of these three counties to independently trigger a need determination for inpatient hospice beds. They, therefore, proposed combining the data for these three counties to project a need for this region. A need exists for single counties when there is a projected deficit of six or more beds. Combining the deficits for Ashe, Avery and Watauga yields an overall hospice inpatient bed deficit of 5.39 using the standard methodology. The Agency agreed with the Petitioner that the region had distinctive and challenging characteristics,

and that the methodology would be unlikely to serve the individual counties well. The committee voted to approve the Petition.

Data Updates

Application of the methodologies currently results in no need determinations for hospice home agencies or inpatient beds.

Chapter 14: Psychiatric Inpatient Services

The Agency received no petitions or comments for this chapter.

Data Updates

Updates and corrections since the release of the Proposed 2021 SMFP have changed the needs. Currently there are need determinations for a total of 56 child/adolescent psychiatric inpatient beds in the following LME-MCOs:

- 25 in Eastpointe
- 2 in Partners Behavioral Health Management
- 12 in Sandhills Center
- 17 in Vaya Health

In addition, the state now has need for 12 adult psychiatric inpatient beds in the Sandhills Center LME-MCO.

Chapter 15: Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)

The Agency received no petitions for this chapter.

Data Updates

Updates and corrections since the release of the Proposed 2021 SMFP have changed the needs for substance use disorder treatment beds. Currently there are need determinations for a total of 22 beds in the following regions:

- 20 in the Central Region
- 2 in the Western Region

There are no current need determinations for adult beds.

Chapter 16: Intermediate Care Facilities for Individuals with Intellectual Disabilities

The Agency received no petitions, comments, or data updates related to this chapter. There is no need determination methodology for these beds.

Recommendations Related to All Chapters

The Committee recommends to the State Health Coordinating Council approval of Chapters 10 - 16: 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.