



Long-Term and Behavioral Health Committee Minutes DRAFT

Tuesday, May 1, 2015

Brown Building

Dorothea Dix Campus, Raleigh, NC

Healthcare Planning and Certificate of Need Section

Members Present: Dr. T.J. Pulliam - Chair, Don Beaver, Peter Brunnick, Stephen DeBiasi, Kurt Jakusz, Denise Michaud, Dr. Jay Parikh
Members Absent: None
Healthcare Planning: Shelley Carraway, Greg Yakaboski, Paige Bennett, Elizabeth Brown, Amy Craddock PhD, Tom Dickson PhD, Kelli Fisk
DHSR Staff: Drexdal Pratt, Cheryl Ouimet, Patsy Christian, Martha Frisone, Lisa Pittman
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
Welcome & Announcements	Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting. 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 2016 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). Dr. Pulliam asked the committee members and staff to introduce themselves.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions												
Review of Executive Order No. 46: Ethical Standards for the State Health Coordinating Council	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. 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.		.												
Approval of April 10, 2015, Minutes	A motion was made and seconded to accept the April 10, 2015, LTBH meeting minutes.	Mr. Jakusz Ms. Michaud	Motion approved												
Nursing Care Facilities - Chapter 10	Review of Data Ms. Bennett reviewed the draft of Table 10A stating there was a decrease of 48 beds in the statewide inventory. Table 10A <table><tr><td></td><td>2015 SMFP</td><td>2016 DRAFT</td></tr><tr><td>Total Available Beds</td><td>46,430</td><td>46,400</td></tr><tr><td>Exclusions</td><td>2,131</td><td>2,149</td></tr><tr><td>Total Planning Inventory</td><td>44,299</td><td>44,251</td></tr></table> Ms. Bennett reviewed the draft of Tables 10B and 10C, noting there were no deficits that met the threshold for need determinations. <u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of Nursing Home data and draft need projections for the <i>Proposed 2016 SMFP</i>.		2015 SMFP	2016 DRAFT	Total Available Beds	46,430	46,400	Exclusions	2,131	2,149	Total Planning Inventory	44,299	44,251	Mr. Beaver Dr. Parikh	Motion approved
	2015 SMFP	2016 DRAFT													
Total Available Beds	46,430	46,400													
Exclusions	2,131	2,149													
Total Planning Inventory	44,299	44,251													

**Adult Care Homes - Chapter
11**

Review of Data

Ms. Bennett reviewed the draft of Table 11A's inventory of adult care home beds.

Table 11A

	2015 SMFP	2016 DRAFT
Total Available Beds	42,481	42,579
Exclusions	154	187
Total Planning Inventory	43,575	42,392

Tables 11B and 11C Drafts

Ms. Bennett stated there were three need determinations:

Ashe County, HSA I, 30 Beds (A 21 Bed Facility closed)

Graham, HSA I, 20 Beds

Jones, HSA VI, 10 Beds

Ms. Bennett noted that the due dates for applications have not passed for some need determinations in the *2015 SMFP* Brunswick County's CON application deadline is August 17, 2015. No applications were received for either Jones or Washington Counties

Committee Recommendations

A motion was made and seconded to recommend acceptance of the adult care home data and draft need projections for the *Proposed 2016 Plan*.

Mr. Jakusz
Mr. DeBiasi

Motion approved

**Medicare Certified Home
Health Services – Chapter 12**

Ms. Brown reviewed the draft Table 12A

Table 12A

	2015 SMFP	Proposed 2016 SMFP - Draft	DIFFERENCE
Total Patients Served (All Counties)	222,278	217,892	4,386

Ms. Brown noted, a key home health provider (*Native Angels Home Health – HC3421*) that is located in Cumberland County and reported serving approximately 500 Cumberland County residents annually did not receive the correct data supplement this year. Ms. Brown stated the agency contacted the provider, sent them the correct data supplement and will add their information to the database as soon as it is received.

Table 12B

2013 Use Rates

02.18 Patients/1000 Under Age 18

11.30 Patients/1000 Age 18-64

63.40 Patients/1000 Age 65-74

166.04 Patients/1000 Age 75 & Over

2014 Use Rates

01.91 Patients/1000 Under Age 18

10.85 Patients/1000 Age 18-64

60.78 Patients/1000 Age 65-74

159.75 Patients/1000 Age 75 & Over

- Compared to 2013 data, the average “State Use Rates per 1, 000 Population” decreased for all four age groups.

Table 12C – Need Projections

- Four Placeholders:
 - 1) Brunswick County:
2013 Need Determination – 325 placeholder
G-010161-13: Conditional approval issued 12/02/13; Appeal filed;
Contested Case 4/26/2014; CON issued 10/2/2014 to UniHealth Home Health.
 - 2) Forsyth County:
2013 Need Determination – 325 placeholder
O-010113-13: CON issued 4/10/2014 to UniHealth Home Health.
 - 3) Mecklenburg County:
2012 Need Determination – 325 placeholder

	F-010004-12: CON issued 8/19/2013 to Health @ Home – CMC North (HC4677); (Certification date; 855 form; data supplement; HC1038; etc.) • Provider self-reported data incomplete; need determinations subject to change. 4) Wake County: 2012 Need Determination - 325 placeholder J-008819-19: CON issued 7/31/2013 to Maxium Healthcare Services (HC4694); Licensed issued 9/23/2014 – 12/31/2015; no renewal process – no data supplement, no data. • Provider self-reported data incomplete; need determinations subject to change. Ms. Brown stated there were zero need determinations <i>NC Proposed 2016 SMFP</i> – Draft this time. (There were zero need determinations in the <i>NC 2015 SMFP</i>.) <u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of the home health data and draft need projections for the <i>Proposed 2016 Plan</i>.	Dr. Parikh Mr. Burgin	Motion approved
--	--	----------------------------------	------------------------

Hospice Services – Chapter 13**Chapter 13: Hospice Services****Review of Data**

Ms. Brown reviewed the hospice data by county of patient origin.

Table 13A

	2015 SMFP	Proposed 2016 Draft	DIFFERENCE
Total Admissions	41,067	40,626	(441)
Total Days of Care	2,972,471	3,027,097	+54,626
Total Deaths	35,357	35,972	+615

- Reviewing patient origin data notice one particular provider stood out from all the other providers. At a glimpse, the data shows an increase in patient services in most areas the provider is serving. Some of those increases are quite significant.

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

- Cherokee County:
 - 2009 Need Determination – Removed
(A-008292-09: CON issued 4/21/2010 to Regency Hospice of Andrews; original license issued 3/31/2011)
- Cumberland County:
 - 2013 Need Determination – 90 Remains
(M-010233-13: CON issued 3/29/2014 to PruittHealth Hospice – Fayetteville; original license issued 3/6/2015 per MFF)
 - 2015 Need Determination – 90 Added
(Application date 6/15/2015)
- Granville County:
 - 2013 Need Determination – 90 Remains
(K-010172-13: CON issued 10/3/2014 to Gentiva Hospice; no license issued per MFF)

Table 13C: Hospice Inpatient Bed Need Projections – Draft

- Based on the current standard methodology that uses a static 6 percent to project hospice days of care and inpatient days of care for each county.

	- This has generated a draft hospice inpatient bed need determination for 12 beds in Cumberland County (HSA V) as shown in Table 13H. Table 13C: Hospice Inpatient Bed Need Projections – Proposed Revised Methodology - Draft - Based on the proposed revised methodology that two-year trailing average statewide inpatient utilization rate using statewide inpatient days of care. - This has generated a draft hospice inpatient bed need determination for 8 beds in Cumberland County (HSA V) as reflected in Table 13H. Reason: Carrol S. Roberson Center did not renew license 2015 - Duplin: Carolina East Hospice Care Center; and - Harnett: E. Carlton Powell Hospice Center. Table 13D(1): Hospice Inpatient Facilities - Total number of licensed Beds: 437 - Number of CON Approved/Licensed Pending Beds: 67 Table 13D(2): Hospice Inpatient Facilities Occupancy Rate for FY 2014 - Number of Hospice Inpatient Facilities with Occupancy Rates at or above 85%: 9 (<i>Compared to 7 this time last year</i>) Table 13E & 13F: Hospice Residential Facilities/Residential Bed Inventory - Number of Licensed Beds: 171 - Number of Beds CON Approved/License Pending: 6 <u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of the hospice data and projections for the <i>Proposed 2016 Plan</i>.	Mr. Jakusz Ms. Michaud	Motion approved
End-Stage Renal Disease Dialysis Facilities – Chapter 14	Preview of Draft Narrative Ms. Brown noted that the dialysis methodology appears in both the proposed and final versions of the SMFP, but need determinations would not be published in the <i>SMFP</i>. Ms. Brown noted that the <i>SMFP</i> requires publication of semiannual determinations of need issued by staff in January and July as the “<i>North Carolina Semiannual Dialysis Reports</i>,” which are posted on the DHSR web site. <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>.	Mr. Beaver Mr. Burgin	Motion approved

**Psychiatric Inpatient Services
- Chapter 15**

Review of Data

Dr. Craddock stated there were 77 facilities providing psychiatric inpatient services (9 psychiatric hospitals, 68 acute care hospitals) during the 2013-2014 reporting year.

Dr. Craddock stated there is a total of 2,286 beds in the planning inventory, includes licensed, CON-approved, and beds from the 2015 SMFP need determinations (1,901 adult, 385 child/adolescent).

Dr. Craddock noted this calculation uses the language approved at the first LTBH meeting, when committee approved the inclusion of prior year need determinations in the planning inventory in Table 15A. Therefore, this year's total bed numbers are not directly comparable to last year's total bed numbers because prior year need determinations were not in the total bed inventory in Table 15A until this year.

Dr. Craddock noted licensed beds can be compared, however. N=2,053, increase of 31 beds from last year (15 adult, 16 adolescent).

Table 15A – Inventory of Beds

Licensed only	2015 SMFP	2016 DRAFT	DIFFERENCE
Total Adult Inventory	1699	1714	+15
Total Child/Adol Inventory	323	339	+16
Total	2022	2053	+31

Dr. Craddock noted days of care can be compared from the previous to the current reporting year. Days of care for adults increased by 6.6%, 12% for children/adolescents.

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

	2015 SMFP	2016 Draft	Difference	% Difference
Total Adult DOC	407,389	434,317	26,928	6.6%
Total Child/Adolescent DOC	103,526	116,027	12,501	12%

	Dr. Craddock stated current data showed a need determination for 22 child/adolescent beds (in 5 of the 9 LME/MCOs): Cardinal Innovations Healthcare Solutions: 12 beds East Carolina Behavioral Health: 4 beds Eastpointe: 4 Sandhills Center: 1 Smoky Mountain Center: 1 bed Dr. Craddock stated the 46 child/adolescent bed need determinations in the 2015 SMFP and the due date for CON applications has passed for 43 of those beds. No applications were received to develop these beds. Table 15B Part 2 and 15C(2): Adult Bed Need Projections and Determinations Dr. Craddock stated there were 42 need determinations in 3 LME-MCOs: Alliance: 29 beds Coastal Care System: 8 beds Sandhills Center: 5 beds Dr. Craddock noted, again looking at the adult bed need determinations from the 2015 SMFP. All due dates have passed for CON applications for the 69 need determinations in the 2015 SMFP. Applications were received for all but 6 of these beds. <u>Committee Recommendation:</u> A motion was made and seconded to recommend acceptance of psychiatric inpatient data and draft need determinations for the <i>Proposed 2016 SMFP</i>.	Dr. Parikh Mr. Jakusz	Motion approved
Substance Abuse/Chemical Dependency - Chapter 16	Review of Data Table 16A Dr. Craddock noted the chemical dependency treatment covered in the SMFP is provided in 28 facilities across the state (5 psychiatric hospitals, 9 acute care hospitals, and 14 substance abuse residential facilities.) Dr. Craddock stated as in Chapter 15, the planning inventory in Table 16A now includes beds awarded in the 2015 SMFP need determinations. (This is based on language approved at the first LTBH meeting, where the committee approved the inclusion of prior year need determinations in the planning inventory in Table 16A.) Therefore, the grand total number of beds does not directly compare to previous		

SMFPs.

Dr. Craddock stated there was a total planning inventory of 711 treatment/detox beds, and a total of 592 licensed beds, 22 of which are child/adolescent and remaining 570 are adult beds.

Licensed only	2015 SMFP	2016 DRAFT	DIFFERENCE
Total Adult Inventory	566	570	+4
Total Child/Adolescent Inventory	26	22	-4
Total	592	592	

(Child/adolescent -4 is because in previous years these beds had been shown as all adolescent. Currently, there are 4 child/adolescent and 4 adult.)

Dr. Craddock stated the Need Determinations from the *2015 SMFP* shown in Table 16A reflect the revised needs after the issuance of 2 CONs in December of 2014. (39 adult beds, and 15 child/ado beds)

Dr. Craddock stated the total days of care during 2013-2014 was 33,293, which represents an increase of 18% over the previous year (28,188). The number of licensed beds did not increase from the previous year. (In the Plan, DOC are not broken down by child/adolescent and adult.)

Table 16B – Projection of Chemical Dependency Treatment Bed Need

Dr. Craddock noted DOC numbers are still under revision, and changes are expected that may impact need determination for both adult and child beds.

Dr. Craddock stated Referring to the need determinations in the *2015 SMFP*, due dates for CON applications have not passed.

Need Determinations in Tables 16C and 16D.

Dr. Craddock stated Table 16C showed a need determination for 1 adult bed in the Central Region.

Dr. Craddock stated Table 16D shows need determination for 5 child/adolescent beds, all of which are in the Central Region.

Committee Recommendation:

A motion was made and seconded to recommend acceptance of substance abuse/chemical dependency data and draft need determinations for the *Proposed 2016 SMFP*.

Mr. Beaver
Dr. Parikh

Motion approved

Intermediate Care Facilities - Chapter 17	Review of Data Tables 17C and 17D Dr. Craddock review Tables 17C and 17D. Dr. Craddock stated according to current need methodologies there were no need determinations for adult or child ICF-IID beds. <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> .	Ms. Michaud Mr. Jakusz	Motion approved
Other Business	Dr. Pulliam noted the next LTBH meeting is September 4, 2015. The next full SHCC meeting is June 3 rd 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