
Long-Term & Behavioral Health Committee

May 27, 2009

Recommendations to the N. C. State Health Coordinating Council

The Long-Term & Behavioral Health Committee met on May 15, 2009. The Committee considered policies and methodologies for nursing care, adult care homes, home health, hospice services, dialysis facilities, psychiatric inpatient services, substance abuse inpatient and residential services, and intermediate care facilities for the mentally retarded from the 2009 State Medical Facilities Plan; and, recommendations of the Hospice Methodologies Task Force. From its deliberations, the Long-Term & Behavioral Health Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation of the Proposed 2010 State Medical Facilities Plan.

Recommendations Related to the Nursing Care Facilities Chapter:

Policies related to nursing care facilities begin on page 24 of the 2009 State Medical Facilities Plan and the Nursing Care Facilities Chapter begins on page 171 of the Plan.

The Committee recommends that the current nursing facility policies, assumptions and methodology be accepted for the Proposed 2010 Plan. Also, for the Proposed 2010 Plan, references to dates would be advanced one year.

Combined data from freestanding and hospital-based nursing care facilities were used for development of “use rates per 1000 population.” In keeping with the current methodology, use rates were trended forward for thirty months. The resulting draft “Use rates per 1000 Population” are noted at the bottom of Draft Table 10B (Attachment A).

The inventory of nursing care beds has been updated to reflect changes in licensure status and exclusions. Application of the draft “Use Rates” to population projections for 2013 using the standard methodology would result in two need determinations in the State for review during 2010. The need determinations would be for 10 beds in Camden County and 70 beds in Johnston County. Refer to Draft Table 10B (Attachment A) for the bed need analysis by county.

Recommendations Related to the Adult Care Homes Chapter:

The policies related to adult care homes are on pages 30-31 of the 2009 State Medical Facilities Plan and the Adult Care Homes Chapter begins on page 195 of the Plan.

The Committee recommends that the current adult care home policies, assumptions and methodology be accepted for the Proposed 2010 Plan. Also, references to dates would be advanced one year, as appropriate.

Five year combined data from freestanding adult care homes and nursing home/hospital-based adult care homes were used for development of “use rates per 1000 population.” The resulting draft “Use rates per 1000 Population” are noted at the bottom of Draft Table 11B (Attachment B). It is noted that utilization data used in the development of the use rates are subject to change prior to publication of the Proposed 2010 Plan.

The inventory of adult care home beds has been updated based on available information to reflect changes in licensure status and exclusions. It is noted that the inventory is subject to further changes. Application of the draft “Use Rates” to population projections for 2013 would result in need determinations in three counties for a total of 80 adult care home beds for review during 2010. The counties are: Camden – 10 beds; Dare – 30 beds; and, Gates – 40 beds. Refer to Draft Table 11B (Attachment B) for a bed need analysis by county.

Recommendations Related to the Home Health Services Chapter:

The policy related to Home Health Services is on pages 31-32 of the 2009 SMFP and the Home Health Services Chapter begins on page 229.

The Committee considered that there would be a need determination in Granville County in the Proposed 2010 Plan based on Policy HH-3. As was done for the Proposed 2009 Plan, the Committee recommends that the need determination for Granville County be removed from the Proposed 2010 Plan. A statement would be included in the Proposed 2010 Plan indicating that while there would have been a need determination for Granville County based on Policy HH-3, there was an adjusted determination of no new need for a Medicare-Certified Home Health Agency for the Proposed 2010 Plan. It is noted that the Granville-Vance District Home Health Agency office was moved a relatively short distance from its former location, 15 Home Health Agencies reported serving patients in Granville County based on 2009 License Renewal Applications and the number of patients reported as having been served increased from last year based on 2008 and 2009 License Renewals.

The Committee recommends that the home health services policy, assumptions and methodology be accepted for the Proposed 2010 Plan. Also, references to dates would be advanced one year, as appropriate.

Application of the standard methodology to current population projections for 2011 would indicate a need determination for one new Medicare-Certified home health agency or office in Wake County for review during calendar year 2010 as shown on draft Table 12C (Attachment C).

Recommendations Related to the Hospice Services Chapter:

In 2008, based on the recommendation of the Long-Term and Behavioral Health Committee, the State Health Coordinating Council authorized the formation of a Hospice Methodologies Task Force to make recommendations for the Proposed 2010 State Medical Facilities Plan.

An eleven member Task Force was formed and met four times. Represented on the group were members of the Council as well as hospice entities and a member of the

general public. Serving as resource people were the President and Chief Executive Officer of the Carolinas Center for Hospice and End of Life Care, the President of Health Planning Source and representatives of the Division of Medical Assistance, and the Division of Health Service Regulation Certificate of Need and Acute and Home Care Licensure and Certification Sections. The meetings were open to and attended by members of the public.

The Task Force presented its recommendations to the Committee. The Task Force's recommendations are detailed in Attachment D which provides draft narrative of Chapter 13 for the Proposed 2010 Plan as well as draft Tables 13B and 13C. The following is an overview of changes proposed by the Task Force.

Hospice Home Care Offices:

- Utilize the two year trailing average growth rate in the number of deaths served and in the percent of deaths served.
- No need determinations for counties with three or more hospice home care offices (excludes hospice inpatient and residential only facilities) per 100,000 population.
- The threshold for a need determination would be a deficit of 90 or greater.
- The placeholder for new hospice offices would be based on a threshold of 90.

Hospice Inpatient Beds:

- Utilize projected hospice days of care calculated by multiplying projected hospice admissions by the lower of the statewide median average length of stay or the actual average length of stay for each county.
- Project hospice admissions by applying the two year trailing average growth rate in the number of admissions served to current admissions.
- Inpatient days as a percent of total days of care are determined to be approximately six percent.

The Task Force also recommended reviewing the hospice methodologies for the 2012 SMFP in order to determine the effect of all of these changes. Further, with regard to data reporting, The Carolinas Center for Hospice and End of Life Care and the Association for Home & Hospice Care of North Carolina will follow-up with the Division of Health Service Regulation's Acute and Home Care Licensure Section.

The Committee recommends acceptance of the Hospice Methodologies Task Force recommendations. Further, the Committee recommends acceptance of the hospice services assumptions and methodologies as outlined in the Hospice Methodologies Task Force recommendations for inclusion in the Proposed 2010 Plan with references to years being advanced as appropriate. The Committee authorized staff to work with the Committee Chair and other resource people to refine items as we move forward.

Application of the revised hospice home care office methodology using current information would indicate no need for new hospice home care offices for review during calendar year 2010 anywhere in the State, as shown on draft Table 13B (Attachment D).

Application of the revised hospice inpatient bed methodology using current information would indicate need determinations in two counties as shown in the last column of draft Table 13C (Attachment D). The counties are Randolph and Sampson, each with six beds.

Recommendations Related to the End-Stage Renal Disease Dialysis Services Chapter:

The dialysis policy appears on page 32 of the 2009 SMFP. The narrative for the Dialysis Chapter begins on page 311 of that plan.

There were no “carry-over issues” regarding the Dialysis Chapter and no petitions or comments seeking revisions were received this spring. The Committee reviewed the current policy, basic principles, and methodology and recommends no substantive changes for the Proposed 2010 SMFP.

A proposed narrative for the Dialysis Chapter is included in this packet as LTBH Attachment E. Data in the “Summary of Dialysis Station Supply and Utilization” have been updated and references to dates have been advanced by one year, as appropriate. As with the 2009 SMFP, the methodology requires Semiannual Dialysis Reports (SDRs) to be issued in January and July of 2010. Because the intent is to publish updated patient information twice each year, projected need determinations are not included in the “Proposed SMFP.”

Recommendations Related to the Psychiatric Inpatient Services Chapter:

Policies related to psychiatric inpatient services begin on page 33 of the 2009 State Medical Facilities Plan (SMFP) and the Psychiatric Inpatient Services Chapter begins on page 317 of the 2009 SMFP. A map of counties comprising the 24 Local Management Entities (LMEs) for mental health, developmental disabilities, and substance abuse services is in LTBH Attachment F of this report.

The Committee recommends that the current psychiatric inpatient services policy, assumptions and methodology be accepted for the Proposed 2010 Plan. Also, for the Proposed 2010 Plan, references to dates would be advanced one year.

The Committee recommends adoption of the following clarifying language for the Chapter 15 narrative, which, if approved, would be placed as item one under Basic Assumptions of the Methodology, which is on page 318 of the 2009 SMFP:

“A psychiatric inpatient bed’s service area is the catchment area for the Local Management Entity (LME) for mental health, developmental disabilities, and substance abuse services in which the bed is located. The counties comprising each of the 24 local management entity catchment areas for mental health, developmental disabilities, and substance abuse services are listed in Table 15B.”

There were no petitions or comments. The Committee reviewed draft tables for Chapter 15 of the Proposed 2010 SMFP. Using the standard methodology and data and information currently available, there would be determinations of need in the following LME areas for child/adolescent psychiatric inpatient beds: Smoky Mountain, Piedmont, Durham, Johnston, Onslow–Carteret,

Beacon Center, East Carolina Behavioral Health, and Eastpointe (see LTBH Attachments G and H). Further, there would be determinations of need in the following LME areas for adult psychiatric inpatient beds: Smoky Mountain, Pathways, Mecklenburg, Crossroads, and Johnston (see LTBH Attachments G and H).

Recommendations Related to the Substance Abuse Inpatient and Residential Services Chapter:

The Substance Abuse Inpatient and Residential Services Chapter begins on page 329 of the 2009 SMFP. The Committee recommends that the current Substance Abuse Inpatient and Residential Services assumptions and methodology be accepted for the Proposed 2010 Plan. Also, for the Proposed 2010 Plan, references to dates would be advanced one year. There were no petitions or comments.

The Committee recommends adoption of clarifying language for the Chapter 16 narrative regarding service areas, and providing clarification regarding need determinations for residential chemical dependency treatment beds. The recommendation includes adding the words “Chemical Dependency Treatment Beds” to the title of Chapter 16 (see LTBH Attachment I).

The Committee reviewed draft tables for Chapter 16. Using the standard methodology and data and information currently available, there would be a determination of need for adult chemical dependency treatment beds in the South Central Mental Health Planning Region (see LTBH Attachments J and K). In addition, there would be a determination of need for child/adolescent chemical dependency treatment beds in the South Central Mental Health Planning Region (see LTBH Attachments J and K).

Recommendations Related to the Intermediate Care Facilities for the Mentally Retarded Chapter:

Policies related to Intermediate Care Facilities for the Mentally Retarded (ICF-MR) begin on page 33 of the 2009 SMFP, and Chapter 17 begins on page 337 of the 2009 SMFP. The Committee recommends that the current ICF-MR policies, assumptions and methodology be accepted for the Proposed 2010 Plan. Also, for the Proposed 2010 Plan, references to dates would be advanced one year. There were no petitions or comments.

Using the standard methodology and current data, there would not be a determination of need for additional ICF/MR beds anywhere in the State.

Other Action

The Committee authorized staff to update narratives, tables and need determinations for the Proposed 2010 Plan as new and corrected data are received.

Table 10B: Nursing Bed Need Projections for 2013 (Draft for May 27, 2009 Council Meeting - Draft 2010 Plan)

County	Projected 2013 Population				Projected 2013 Bed Utilization				Projected Bed Utilization Sum	Licensed Plus Prev. Allocations	Exclusions	Planning Inventory	Surplus/Deficit *." = Deficit	Deficit Index	Occupancy Rate </>90	New Beds Needed
	Under Age 65*	Age 65-74	Age 75-84	Age 85 up	<65	65-74	75-84	85+								
Gaston	196,990	18,684	8,875	3,086	114	160	275	332	882	972	41	931	49			0
Gates	10,270	1,109	575	240	6	10	18	26	59	70	0	70	11			0
Graham	6,603	937	567	211	4	8	18	23	52	80	0	80	28			0
Granville	51,262	4,745	2,336	832	30	41	72	90	232	240	0	240	8			0
Greene	18,943	1,741	920	355	11	15	28	38	93	115	0	115	22			0
Guilford	442,244	39,726	19,647	8,778	257	341	608	945	2,151	2,536	167	2,369	218			0
Halifax	46,006	4,669	2,765	1,367	27	40	86	147	300	345	0	345	45			0
Harnett*	109,993	8,479	4,053	1,425	64	73	125	153	416	425	0	425	9			0
Haywood	46,208	6,536	4,074	1,687	27	56	126	182	391	475	0	475	84			0
Henderson	91,386	10,936	6,944	3,444	53	94	215	371	733	912	29	883	150			0
Hertford	19,847	2,086	1,190	513	12	18	37	55	122	151	0	151	29			0
Hoke*	44,386	2,741	1,265	373	26	24	39	40	129	132	0	132	3			0
Hyde	4,339	513	339	142	3	4	10	15	33	80	0	80	47			0
Iredell	152,391	13,944	6,620	2,336	88	120	205	252	665	653	0	653	-12	2%		0
Jackson	33,173	3,872	2,004	714	19	33	62	77	191	200	0	200	9			0
Johnston	171,298	13,779	5,916	2,032	99	118	183	219	620	555	0	555	-65	10%	>90%	70
Jones	8,473	993	586	273	5	9	18	29	61	80	0	80	19			0
Lee	55,140	4,823	2,517	1,020	32	41	78	110	261	294	0	294	33			0
Lenoir	47,908	5,225	2,959	1,180	28	45	92	127	291	307	0	307	16			0
Lincoln	73,292	7,234	3,127	1,023	43	62	97	110	312	330	0	330	18			0
Macon	29,334	4,118	2,677	1,150	17	35	83	124	259	284	0	284	25			0
Madison	18,258	2,203	1,183	445	11	19	37	48	114	180	0	180	66			0
Martin	19,507	2,171	1,266	483	11	19	39	52	121	154	0	154	33			0
McDowell	39,855	4,358	2,421	874	23	37	75	94	230	270	0	270	40			0
Mecklenburg	858,769	64,447	27,511	11,623	498	554	851	1252	3,155	3,382	336	3,046	-109	3%	<90%	0
Mitchell	12,835	1,826	1,077	420	7	16	33	45	102	127	0	127	25			0
Montgomery	23,800	2,504	1,357	599	14	22	42	65	142	141	0	141	-1	1%		0
Moore*	74,589	8,654	6,097	3,343	43	74	189	360	666	730	31	699	33			0
Nash	86,628	8,155	3,912	1,544	50	70	121	166	408	478	0	478	70			0
New Hanover	175,563	17,491	8,819	3,577	102	150	273	385	910	1,039	15	1,024	114			0
Northampton	16,988	2,070	1,272	623	10	18	39	67	134	149	0	149	15			0
Onslow*	145,224	7,559	4,190	1,272	84	65	130	137	416	359	0	359	-57	14%	<90%	0
Orange	122,419	9,867	4,232	1,989	71	85	131	214	501	476	15	461	-40	8%		0
Pamlico	9,834	1,545	1,046	416	6	13	32	45	96	96	0	96	0			0
Pasquotank	35,844	3,333	1,756	843	21	29	54	91	195	266	37	229	34			0

* Projections for under age 65 were adjusted to exclude active duty military personnel.

"Combined" Ratios for Beds per 1000
 Population; Projected-forward 30 Months:
 0.58 Beds/1000 Under Age 65
 8.59 Beds/1000 Age 65-74
 30.95 Beds/1000 Age 75-84
 107.71 Beds/1000 Age 85 up

Table 10B: Nursing Bed Need Projections for 2013 (Draft for May 27, 2009 Council Meeting - Draft 2010 Plan)

County	Projected 2013 Population				Projected 2013 Bed Utilization				Projected Bed Utilization Sum	Licensed Plus Prev. Allocations	Exclusions	Planning Inventory	Surplus/Deficit *." = Deficit	Deficit Index	Occupancy Rate </>90	New Beds Needed
	Under Age 65*	Age 65-74	Age 75-84	Age 85 up	<65	65-74	75-84	85+								
Pender	50,726	5,490	2,849	1,022	29	47	88	110	275	253	0	253	-22	8%		0
Perquimans	11,525	1,474	892	376	7	13	28	40	87	98	0	98	11			0
Person	32,203	3,340	1,790	681	19	29	55	73	176	200	0	200	24			0
Pitt	156,334	10,883	5,131	2,000	91	93	159	215	558	570	15	555	-3	1%		0
Polk	14,958	2,122	1,371	725	9	18	42	78	147	221	26	195	48			0
Randolph	128,693	13,151	6,323	2,310	75	113	196	249	632	720	0	720	88			0
Richmond	40,502	3,942	2,072	800	23	34	64	86	208	276	0	276	68			0
Robeson	121,471	9,306	4,327	1,585	70	80	134	171	455	525	4	521	66			0
Rockingham	77,200	8,662	4,712	1,894	45	74	146	204	469	595	0	595	126			0
Rowan	128,731	12,291	6,385	2,866	75	106	198	309	687	885	5	880	193			0
Rutherford	56,360	6,226	3,333	1,296	33	53	103	140	329	420	0	420	91			0
Sampson	61,008	5,442	2,929	1,081	35	47	91	116	289	342	0	342	53			0
Scotland	33,796	3,130	1,408	526	20	27	44	57	147	212	35	177	30			0
Stanly	52,619	5,548	2,996	1,263	31	48	93	136	307	406	0	406	99			0
Stokes	40,854	4,593	2,126	708	24	39	66	76	205	322	0	322	117			0
Surry	62,925	7,014	3,918	1,618	36	60	121	174	392	472	0	472	80			0
Swain	12,478	1,383	710	219	7	12	22	24	65	120	0	120	55			0
Transylvania	25,006	3,722	2,551	1,187	15	32	79	128	253	267	0	267	14			0
Tyrrell ***	3,547	368	267	141	2	3	8	15	29	**30	-30	30	1			0
Union	213,278	16,438	6,732	2,006	124	141	208	216	689	697	0	697	8			0
Vance	37,773	3,396	1,789	696	22	29	55	75	181	232	0	232	51			0
Wake*	936,409	68,574	26,955	10,100	543	589	834	1088	3,054	2,423	194	2,229	-825	27%	<90%	0
Warren	15,898	1,971	1,315	650	9	17	41	70	137	140	0	140	3			0
Washington	10,630	1,284	762	317	6	11	24	34	75	114	30	84	9			0
Watauga	41,292	3,994	2,067	868	24	34	64	93	216	196	0	196	-20	9%		0
Wayne*	98,575	8,776	4,926	1,785	57	75	152	192	477	480	0	480	3			0
Wilkes	57,036	6,823	3,695	1,318	33	59	114	142	348	417	0	417	69			0
Wilson	72,788	6,769	3,519	1,423	42	58	109	153	363	394	0	394	31			0
Yadkin	33,717	3,672	2,027	717	20	32	63	77	191	223	0	223	32			0
Yancey	15,426	2,095	1,286	574	9	18	40	62	129	140	0	140	11			0
NC Totals *	8,663,614	788,331	394,283	156,808	5,025	6,772	12,203	16,890	40,890	45,341	1,510	43,831				80

* Projections for under age 65 were adjusted to exclude active duty military personnel.

"Combined" Ratios for Beds per 1000
 Population; Projected-forward 30 Months:
 0.58 Beds/1000 Under Age 65
 8.59 Beds/1000 Age 65-74
 30.95 Beds/1000 Age 75-84
 107.71 Beds/1000 Age 85 up

*** The Tyrrell County nursing beds are located in Washington County (30).

Table 11B: Adult Care Home Need Projections for 2013 (Draft for May 27, 2009 Council Meeting - Draft 2010 Plan)

County	Projected 2013 Population					Projected 2013 Bed Utilization					Projected Bed Utilization Sum	(1) Currently Licensed	(2) # License Pending	(3) Exclusions	(4) Planning Inventory	(5) Surplus/Deficit ** = Deficit	(6) Deficit Index	(7) Occ. Rate <85	(8) Beds Needed
	< 35*	35-64	65-74	75-84	85 up	<35*	35-64	65-74	75-84	85+									
Alamance	75,259	64,941	12,878	6,805	2,982	10	108	90	133	245	585	783	0	20	763	178		0	
Alexander	16,612	15,871	3,643	1,728	570	2	26	25	34	47	134	126	10	0	136	2		0	
Alleghany	4,418	4,619	1,331	830	295	1	8	9	16	24	58	22	40	0	62	4		0	
Anson	11,381	9,928	2,197	1,123	586	1	16	15	22	48	103	113	0	0	113	10		0	
Ashe	10,848	11,077	3,005	1,718	706	1	18	21	34	58	132	136	0	0	136	4		0	
Avery	7,349	7,786	1,851	1,062	410	1	13	13	21	34	81	100	0	0	100	19		0	
Beaufort	21,086	17,845	4,949	2,660	1,004	3	30	34	52	82	201	167	50	0	217	16		0	
Bertie	9,443	7,516	1,722	1,074	463	1	12	12	21	38	85	45	60	0	105	20		0	
Bladen	15,011	12,165	2,952	1,570	575	2	20	21	31	47	121	150	0	0	150	29		0	
Brunswick	52,345	47,864	12,257	6,941	2,010	7	79	85	136	165	472	335	22	0	357	-115	24%	<85	
Buncombe	103,326	100,601	22,146	11,594	5,370	13	167	154	227	441	1,002	1,190	20	89	1,121	119		0	
Burke	41,403	38,024	8,713	4,683	1,768	5	63	61	92	145	366	427	0	24	403	37		0	
Cabarrus	96,879	82,322	14,835	6,705	2,501	13	137	103	131	205	589	944	0	12	932	343		0	
Caldwell	35,743	34,571	7,938	4,111	1,393	5	57	55	80	114	312	349	0	0	349	37		0	
Camden	4,434	4,156	938	480	166	1	7	7	9	14	37	0	24	0	24	-13	35%	**	
Carteret*	24,588	26,230	7,350	4,327	1,620	3	44	51	85	133	316	238	120	0	358	42		0	
Caswell	9,225	9,761	2,329	1,174	487	1	16	16	23	40	97	207	0	0	207	110		0	
Catawba	74,453	67,561	14,055	6,859	2,545	10	112	98	134	209	563	746	0	9	737	174		0	
Chatham	29,767	28,628	5,908	3,030	1,442	4	48	41	59	118	270	359	29	94	294	24		0	
Cherokee	11,496	11,029	3,345	1,993	774	1	18	23	39	64	146	24	70	0	94	-52	35%	<85	
Chowan	6,782	5,390	1,383	909	425	1	9	10	18	35	72	90	60	0	150	78		0	
Clay	4,316	4,442	1,369	819	387	1	7	10	16	32	65	70	0	0	70	5		0	
Cleveland	46,530	40,053	9,103	4,595	1,765	6	66	63	90	145	371	503	23	0	526	155		0	
Columbus	26,872	21,120	4,967	2,643	889	3	35	35	52	73	198	225	0	0	225	27		0	
Craven*	45,020	35,365	7,377	4,749	1,765	6	59	51	93	145	354	636	0	0	636	282		0	
Cumberland*	143,413	121,483	18,263	9,543	3,031	19	202	127	187	249	783	772	0	0	772	-11	1%	0	
Currituck	9,608	9,479	2,186	1,088	355	1	16	15	21	29	83	0	90	0	90	7		0	
Dare	12,276	13,408	3,435	2,097	748	2	22	24	41	61	150	90	30	0	120	-30	20%	>85	
Davidson	75,285	70,314	15,320	7,613	2,844	10	117	106	149	234	616	624	14	20	618	2		0	
Davie	19,294	18,225	4,114	2,063	811	3	30	29	40	67	168	212	0	0	212	44		0	
Duplin	27,143	21,421	4,206	2,422	862	4	36	29	47	71	187	413	4	0	417	230		0	
Durham	155,661	108,692	18,865	8,381	3,989	20	180	131	164	328	823	957	0	32	925	102		0	
Edgecombe	25,070	19,129	4,104	2,240	895	3	32	29	44	73	181	312	0	0	312	131		0	
Forsyth	170,682	150,847	29,435	15,153	6,582	22	250	205	297	541	1,314	2,132	164	92	2,204	890		0	
Franklin	28,959	26,417	4,910	2,243	809	4	44	34	44	66	192	240	0	0	240	48		0	

* Projections for under age 35 were adjusted to exclude active duty military personnel.

** Not Applicable. No licensed beds in County.

Average "Combined" Ratios for Beds per 1000 derived based on reported number of patients based on 2005 through 2009 License Renewal Applications.

0.13 Beds/1000	Under Age 35
1.66 Beds/1000	Age 35-64
6.95 Beds/1000	Age 65-74
19.57 Beds/1000	Age 75-84
82.12 Beds/1000	Age 85 up

(1) Number of licensed beds as reported by the Licensure and Certification and Adult Care Licensure Sections.

(2) Number of beds pending licensure per CON decisions; settlement or litigation; exemptions and pipeline beds per the Adult Care Licensure Section; and, unlicensed beds available in prior Plans that have not been CON approved.

(3) One-half number of beds in CCRCs.

(4) Derived from Currently Licensed plus # license pending minus exclusions.

(5) Derived from comparison of projected bed utilization sum and planning inventory.

(6) Deficit Index ("Deficit" divided by "Projected Utilization")

(7) Occ. rate < 85% in counties with "deficit indexes" of 10% or greater based on 2009 Lic. Renewal Applications, excluding CCRCs.

(8) Need based on "Deficit Index" of 10% or greater, average occupancy of 85% per License Renewal Application data and deficit of at least 5 beds. If deficit index is 50% or more, average occupancy is not applicable.

Table 11B: Adult Care Home Need Projections for 2013 (Draft for May 27, 2009 Council Meeting - Draft 2010 Plan)

County	Projected 2013 Population					Projected 2013 Bed Utilization					Projected Bed Utilization Sum	(1) Currently Licensed	(2) # License Pending	(3) Exclusions	(4) Planning Inventory	(5) Surplus/Deficit *.* = Deficit	(6) Deficit Index	(7) Occ. Rate <85	(8) Beds Needed
	< 35*	35-64	65-74	75-84	85 up	<35*	35-64	65-74	75-84	85+									
Gaston	103,875	93,115	18,684	8,875	3,086	14	155	130	174	253	725	1,181	42	33	1,190	465			
Gates	5,407	4,863	1,109	575	240	1	8	8	11	20	47	10	0	0	10	-37	79%	NA	40
Graham	3,551	3,052	937	567	211	0	5	7	11	17	40	23	0	0	23	-17	43%	<85	0
Granville	25,738	25,524	4,745	2,336	832	3	42	33	46	68	193	251	0	0	251	58			0
Greene	9,840	9,103	1,741	920	355	1	15	12	18	29	76	57	0	0	57	-19	25%	<85	0
Guilford	233,467	208,777	39,726	19,647	8,778	30	347	276	384	721	1,758	2,425	-16	143	2,266	508			0
Halifax	25,583	20,423	4,669	2,765	1,367	3	34	32	54	112	236	205	0	0	205	-31	13%	<85	0
Harnett*	59,575	50,418	8,479	4,053	1,425	8	84	59	79	117	347	690	0	0	690	343			0
Haywood	22,947	23,261	6,536	4,074	1,687	3	39	45	80	139	305	273	50	0	323	18			0
Henderson	47,672	43,714	10,936	6,944	3,444	6	73	76	136	283	573	573	32	30	575	2			0
Hertford	11,188	8,659	2,086	1,190	513	1	14	14	23	42	96	181	0	0	181	85			0
Hoke*	24,802	19,584	2,741	1,265	373	3	33	19	25	31	110	173	0	0	173	63			0
Hyde	1,983	2,356	513	339	142	0	4	4	7	12	26	0	30	0	30	4			0
Iredell	80,880	71,511	13,944	6,620	2,336	11	119	97	130	192	548	858	0	0	858	310			0
Jackson	18,914	14,259	3,872	2,004	714	2	24	27	39	59	151	55	90	0	145	-6	4%		0
Johnston	91,213	80,085	13,779	5,916	2,032	12	133	96	116	167	523	731	0	0	731	208			0
Jones	4,432	4,041	993	586	273	1	7	7	11	22	48	20	30	0	50	2			0
Lee	30,800	24,340	4,823	2,517	1,020	4	40	34	49	84	211	323	0	0	323	112			0
Lenoir	26,412	21,496	5,225	2,959	1,180	3	36	36	58	97	230	336	0	0	336	106			0
Lincoln	38,181	35,111	7,234	3,127	1,023	5	58	50	61	84	259	307	96	0	403	144			0
Macon	15,435	13,899	4,118	2,677	1,150	2	23	29	52	94	201	78	110	0	188	-13	6%		0
Madison	9,414	8,844	2,203	1,183	445	1	15	15	23	37	91	89	0	0	89	-2	2%		0
Martin	10,793	8,714	2,171	1,266	483	1	14	15	25	40	95	212	0	0	212	117			0
McDowell	20,236	19,619	4,358	2,421	874	3	33	30	47	72	185	351	0	0	351	166			0
Mecklenburg	450,089	408,680	64,447	27,511	11,623	59	678	448	538	954	2,678	2,695	0	225	2,470	-208	8%		0
Mitchell	6,421	6,414	1,826	1,077	420	1	11	13	21	34	80	10	80	0	90	10			0
Montgomery	12,997	10,803	2,504	1,357	599	2	18	17	27	49	113	240	0	0	240	127			0
Moore*	39,674	34,915	8,654	6,097	3,343	5	58	60	119	275	517	629	10	40	599	82			0
Nash	46,238	40,390	8,155	3,912	1,544	6	67	57	77	127	333	522	0	0	522	189			0
New Hanover	91,535	84,028	17,491	8,819	3,577	12	139	122	173	294	739	1,117	0	0	1,117	378			0
Northampton	9,166	7,822	2,070	1,272	623	1	13	14	25	51	105	244	0	0	244	139			0
Onslow*	88,074	57,150	7,559	4,190	1,272	11	95	53	82	104	345	386	0	0	386	41			0
Orange	66,772	55,647	9,867	4,232	1,989	9	92	69	83	163	416	505	0	45	460	44			0
Pamlico	4,779	5,055	1,545	1,046	416	1	8	11	20	34	74	48	0	0	48	-26	35%	<85	0
Pasquotank	20,110	15,734	3,333	1,756	843	3	26	23	34	69	155	266	0	0	266	111			0

* Projections for under age 35 were adjusted to exclude active duty military personnel.

** Not Applicable. No licensed beds in County.

Average "Combined" Ratios for Beds per 1000 derived based on reported number of patients based on 2005 through 2009 License Renewal Applications.

0.13 Beds/1000 Under Age 35
1.66 Beds/1000 Age 35-64
6.95 Beds/1000 Age 65-74
19.57 Beds/1000 Age 75-84
82.12 Beds/1000 Age 85 up

(1) Number of licensed beds as reported by the Licensure and Certification and Adult Care Licensure Sections.

(2) Number of beds pending licensure per CON decisions; settlement or litigation; exemptions and pipeline beds per the Adult Care Licensure Section; and, unlicensed beds available in prior Plans that have not been CON approved.

(3) One-half number of beds in CCRCs.

(4) Derived from Currently Licensed plus # license pending minus exclusions.

(5) Derived from comparison of projected bed utilization sum and planning inventory.

(6) Deficit Index ("Deficit" divided by "Projected Utilization")

(7) Occ. rate <85% in counties with "deficit indexes" of 10% or greater based on 2009 Lic. Renewal Applications, excluding CCRCs.

(8) Need based on "Deficit Index" of 10% or greater, average occupancy of 85% per License Renewal Application data and deficit of at least 5 beds. If deficit index is 50% or more, average occupancy is not applicable.

Table 11B: Adult Care Home Need Projections for 2013 (Draft for May 27, 2009 Council Meeting - Draft 2010 Plan)

County	Projected 2013 Population					Projected 2013 Bed Utilization					Projected Bed Utilization Sum	(1) Currently Licensed	(2) # License Pending	(3) Exclusions	(4) Planning Inventory	(5) Surplus/Deficit *.* = Deficit	(6) Deficit Index	(7) Occ. Rate <85	(8) Beds Needed
	< 35*	35-64	65-74	75-84	85 up	<35*	35-64	65-74	75-84	85+									
Pender	26,001	24,725	5,490	2,849	1,022	3	41	38	56	84	222	102	100	0	202	-20	9%		0
Perquimans	6,186	5,339	1,474	892	376	1	9	10	17	31	68	48	0	0	48	-20	30%	<85	0
Person	16,540	15,663	3,340	1,790	681	2	26	23	35	56	142	214	0	0	214	72			0
Pitt	91,790	64,544	10,883	5,131	2,000	12	107	76	100	164	459	618	0	21	597	138			0
Polk	7,392	7,566	2,122	1,371	725	1	13	15	27	60	115	160	10	37	133	18			0
Randolph	67,465	61,228	13,151	6,323	2,310	9	102	91	124	190	515	622	0	0	622	107			0
Richmond	23,018	17,484	3,942	2,072	800	3	29	27	41	66	166	219	0	0	219	53			0
Robeson	71,611	49,860	9,306	4,327	1,585	9	83	65	85	130	372	583	40	21	602	230			0
Rockingham	39,435	37,765	8,662	4,712	1,894	5	63	60	92	156	376	432	0	0	432	56			0
Rowan	68,545	60,186	12,291	6,385	2,866	9	100	85	125	235	555	906	0	23	883	328			0
Rutherford	29,841	26,519	6,226	3,333	1,296	4	44	43	65	106	263	537	0	0	537	274			0
Sampson	33,399	27,609	5,442	2,929	1,081	4	46	38	57	89	234	282	0	0	282	48			0
Scotland	19,284	14,512	3,130	1,408	526	3	24	22	28	43	119	272	0	16	256	137			0
Stanly	28,133	24,486	5,548	2,996	1,263	4	41	39	59	104	245	236	0	0	236	-9	4%		0
Stokes	20,248	20,606	4,593	2,126	708	3	34	32	42	58	169	305	0	0	305	136			0
Surry	32,942	29,983	7,014	3,918	1,618	4	50	49	77	133	312	460	0	0	460	148			0
Swain	6,926	5,552	1,383	710	219	1	9	10	14	18	52	50	0	0	50	-2	3%		0
Transylvania	13,112	11,894	3,722	2,551	1,187	2	20	26	50	97	195	134	0	0	134	-61	31%	<85	0
Tyrrell	1,774	1,773	368	267	141	0	3	3	5	12	23	0	20	0	20	-3	11%	**	0
Union	116,875	96,403	16,438	6,732	2,006	15	160	114	132	165	586	512	0	0	512	-74	13%	<85	0
Vance	21,706	16,067	3,396	1,789	696	3	27	24	35	57	145	218	0	0	218	73			0
Wake*	500,979	435,430	68,574	26,955	10,100	65	723	477	528	829	2,621	2,633	212	69	2,776	155			0
Warren	8,358	7,540	1,971	1,315	650	1	13	14	26	53	106	170	0	0	170	64			0
Washington	6,073	4,557	1,284	762	317	1	8	9	15	26	58	49	20	0	69	11			0
Watauga	24,553	16,739	3,994	2,067	868	3	28	28	40	71	170	176	0	0	176	6			0
Wayne*	53,551	45,024	8,776	4,926	1,785	7	75	61	96	147	386	752	0	0	752	366			0
Wilkes	28,985	28,051	6,823	3,695	1,318	4	47	47	72	108	278	200	90	0	290	12			0
Wilson	39,850	32,938	6,769	3,519	1,423	5	55	47	69	117	293	474	0	0	474	181			0
Yadkin	17,589	16,128	3,672	2,027	717	2	27	26	40	59	153	189	0	0	189	36			0
Yancey	7,741	7,685	2,095	1,286	574	1	13	15	25	47	101	99	0	0	99	-2	2%		0
NC Totals *	4,640,072	4,023,542	788,331	394,283	156,808	603	6,679	5,479	7,716	12,877	33,354	41,453	1,876	1,095	42,234				80

* Projections for under age 35 were adjusted to exclude active duty military personnel.

** Not Applicable. No licensed beds in County.

Average "Combined" Ratios for Beds per 1000
 derived based on reported number
 of patients based on 2005 through 2009
 License Renewal Applications.

0.13 Beds/1000	Under Age 35
1.66 Beds/1000	Age 35-64
6.95 Beds/1000	Age 65-74
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82.12 Beds/1000	Age 85 up

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(5) Derived from comparison of projected bed utilization sum and planning inventory.

(6) Deficit Index ("Deficit" divided by "Projected Utilization")

(7) Occ. rate <> 85% in counties with "deficit indexes" of 10% or greater based on 2009 Lic. Renewal Applications, excluding CCRCs.

(8) Need based on "Deficit Index" of 10% or greater, average occupancy of 85% per License Renewal Application data and deficit of at least 5 beds. If deficit index is 50% or more, average occupancy is not applicable.

Table 12C: 2010 Need Projections for Medicare-Certified Home Health Agencies or Offices

(Proposed 2010 Plan - Draft for May 27, 2009 Council Meeting)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS			Need for New Agencies or Offices
		Adjusted Potential Total People Served	Projected Utilization in 2011	Surplus or Deficit ("-" = Deficit)**	
Cherokee	0	725	737	-12	0
Clay	0	264	270	-6	0
Graham	0	201	202	0	0
Haywood	0	1,264	1,252	12	0
Jackson	0	502	517	-15	0
Macon	0	705	708	-3	0
Swain	0	283	284	-1	0
Region A Totals	0	3,944	3,970	-27	
Buncombe	0	5,808	5,771	38	0
Henderson	0	2,741	2,683	58	0
Madison	0	572	570	2	0
Transylvania	0	955	942	13	0
Region B Totals	0	10,076	9,960	116	
Cleveland	0	3,010	3,056	-46	0
McDowell	0	1,208	1,240	-32	0
Polk	0	444	432	11	0
Rutherford	0	2,058	2,067	-9	0
Region C Totals	0	6,720	6,785	-65	
Alleghany	0	212	211	1	0
Ashe	0	478	474	4	0
Avery	0	445	439	6	0
Mitchell	0	450	442	8	0
Watauga	0	600	614	-15	0
Wilkes	0	1,765	1,762	3	0
Yancey	0	557	552	5	0
Region D Totals	0	4,506	4,500	7	
Alexander	0	992	1,005	-14	0
Burke	0	2,501	2,517	-15	0
Caldwell	0	2,876	2,886	-11	0
Catawba	0	4,545	4,604	-59	0
Region E Totals	0	10,914	11,014	-100	
Anson	0	759	698	62	0
Cabarrus	0	4,253	4,321	-67	0
Gaston	0	6,889	6,742	147	0
Iredell	0	4,281	4,288	-6	0
Lincoln	0	2,253	2,253	0	0
Mecklenburg	191	15,925	15,717	208	0
Rowan	0	4,071	3,896	175	0
Stanly	0	1,714	1,622	92	0
Union	0	2,770	2,992	-223	0
Region F Totals	191	42,916	42,636	280	
Alamance	0	3,623	3,632	-9	0
Caswell	0	677	668	9	0
Davidson	0	4,354	4,392	-38	0
Guilford	0	11,972	12,113	-141	0
Montgomery	0	990	961	29	0
Randolph	0	3,602	3,634	-32	0
Rockingham	0	2,826	2,732	93	0
Region G Totals	0	28,043	28,103	-60	
Davie	0	1,290	1,328	-38	0
Forsyth	0	9,936	10,037	-101	0
Stokes	0	1,553	1,573	-20	0
Surry	0	2,791	2,719	72	0
Yadkin	0	1,201	1,197	4	0
Region I Totals	0	16,771	16,861	-90	
Chatham	0	1,043	1,006	37	0
Durham	0	5,340	5,177	163	0
Johnston	0	3,763	3,805	-43	0
Lee	0	1,264	1,199	65	0
Moore*	0	2,411	2,234	177	0
Orange	0	1,967	1,919	47	0
Wake*	275	14,769	15,213	-444	1
Region J Totals	275	30,557	30,425	132	

Table 12C: 2010 Need Projections for Medicare-Certified Home Health Agencies or Offices
(Proposed 2010 Plan - Draft for May 27, 2009 Council Meeting)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS			Need for New Agencies or Offices
		Adjusted Potential Total People Served	Projected Utilization in 2011	Surplus or Deficit ("-" = Deficit)	
Franklin	0	1,643	1,674	-31	0
Granville	0	1,088	1,092	-4	0
Person	0	1,129	1,091	38	0
Vance	0	1,195	1,143	52	0
Warren	0	647	628	19	0
Region K Totals	0	5,703	5,625	78	
Edgecombe	0	1,282	1,254	28	0
Halifax	0	1,313	1,286	27	0
Nash	0	2,078	2,120	-42	0
Northampton	0	653	642	11	0
Wilson	0	2,248	2,295	-47	0
Region L Totals	0	7,575	7,591	-17	
Cumberland*	0	4,846	4,746	100	0
Harnett*	0	2,343	2,372	-29	0
Sampson	0	1,709	1,669	40	0
Region M Totals	0	8,898	8,785	113	
Bladen	0	1053	1038	14	0
Hoke*	0	822	876	-54	0
Richmond	0	1121	1095	26	0
Robeson	0	3732	3750	-18	0
Scotland	0	1154	1164	-10	0
Region N Totals	0	7,882	7,924	-43	
Brunswick	0	3,455	3,545	-90	0
Columbus	0	3,042	2,869	173	0
New Hanover	0	5,121	4,987	134	0
Pender	0	1,395	1,421	-26	0
Region O Totals	0	13,012	12,885	128	
Carteret*	0	2,103	2,100	4	0
Craven*	0	2,508	2,454	54	0
Duplin	0	1,785	1,775	10	0
Greene	0	495	499	-4	0
Jones	0	380	375	4	0
Lenoir	0	2,407	2,332	76	0
Onslow*	0	2,820	2,879	-60	0
Pamlico	0	279	276	4	0
Wayne *	0	3,103	3,057	46	0
Region P Totals	0	15,881	15,756	125	
Beaufort	0	1,279	1,260	19	0
Bertie	0	670	648	21	0
Hertford	0	772	744	27	0
Martin	0	944	904	40	0
Pitt	0	3,130	3,227	-97	0
Region Q Totals	0	6,795	6,805	-10	
Camden	0	168	172	-4	0
Chowan	0	373	355	18	0
Currituck	0	472	465	7	0
Dare	0	591	577	14	0
Gates	0	332	334	-3	0
Hyde	0	74	70	4	0
Pasquotank	0	812	794	19	0
Perquimans	0	317	315	2	0
Tyrrell	0	104	103	2	0
Washington	0	340	327	13	0
Region R Totals	0	3,583	3,512	71	
NC Totals	466	223,774	223,138		1

*Adjustments for "Active Duty Military Personnel" have been applied to the "Age 18-64" population projections for these counties.
 ** A projected deficit of 275 patients is the threshold of need for a new home health agency or office.

CHAPTER 13

HOSPICE SERVICES - Draft narrative for Proposed 2010 Plan - Outlines changes based on recommendations of the Hospice Methodologies Task Force regarding Changes from the Previous Plan, Basic Assumptions of the Method, Sources of Data and Application of the Standard Methodologies.

Changes from the Previous Plan

In 2008, based on the recommendation of its Long-Term and Behavioral Health Committee, the State Health Coordinating Council authorized the formation of a Hospice Methodologies Task Force to make recommendations for the Proposed 2010 State Medical Facilities Plan.

An eleven member Task Force was formed and met four times. Represented on the group were members of the Council as well as hospice entities and a member of the general public. Serving as resource people were the President and Chief Executive Officer of the Carolinas Center for Hospice and End of Life Care, the President of Health Planning Source and representatives of the Division of Medical Assistance, and the Division of Health Service Regulation Certificate of Need and Acute and Home Care Licensure and Certification Sections. The meetings were open to and attended by members of the public.

Hospice Home Care Offices:

The hospice home care methodology has been modified to utilize the two year trailing average growth rate in the number of deaths served and in the percent of deaths served. No need determinations are considered for counties with three or more hospice home care offices (excludes hospice inpatient and residential only facilities) per 100,000 population, as the data showed that counties in the state with a penetration rate of 40 percent or higher had three or fewer hospice home care offices located in the county and reporting service provision. The threshold for a need determination has been changed to a deficit of 90 or greater deaths, which represented the approximate number of deaths served at three hospice offices per 100,000 and a statewide median penetration rate (8.5 deaths per 1,000 [statewide death rate] x 100 = 850 deaths per 100,000 x 29.5 percent of deaths served = 251 deaths served by hospice / 3 hospice agencies = approx. 90). The placeholder for new hospice offices has been changed to the new threshold of 90 in order to maintain consistency.

Hospice Inpatient Beds:

The hospice inpatient bed methodology has been modified to utilize projected hospice days of care calculated by multiplying projected hospice admissions by the lower of the statewide median average length of stay or the actual average length of stay for each county. This selection reduces the inclusion of days of care that may not be appropriate for an inpatient facility. Projected hospice admissions are determined by the application of the two year trailing average growth rate in the number of admissions served to current admissions. Inpatient days as

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a percent of total days of care are determined to be approximately six percent based on statewide inpatient days as a percent of total days of care.

For the North Carolina Proposed 2010 State Medical Facilities Plan, references to dates have been advanced by one year. The SHCC Hospice Methodology Task Force recommends reviewing the hospice methodologies for the 2012 SMFP in order to determine the effect of all of these changes. Further, with regard to data reporting, The Carolinas Center for Hospice and End of Life Care and the Association for Home & Hospice Care of North Carolina will follow-up with the Division of Health Service Regulation's Acute and Home Care Licensure Section.

Basic Assumptions of the Method

Hospice Home Care Offices:

1. County mortality (death) rates for the most recent years (2003-2007) are used as the basis for hospice patient need projection. The five-year death rate for 2003-2007 is used as an indicator of deaths from all sites in each county and is not affected by changes in actual deaths from year to year.
2. Because previous years' data are used as the bases for projections, the two year trailing average growth rate in statewide number of deaths served should be calculated over the previous three years and applied to the current reported number of deaths served to project changes in the capacity of existing agencies to serve deaths from each county by the target year. Hospice deaths served will not be projected to exceed 60 percent of total deaths.
3. Median projected hospice deaths is projected by applying a projected statewide median percent of deaths served by hospice to projected deaths in each county. Projected statewide median percent of deaths served should be calculated by applying the two year trailing average growth rate in the statewide median percent of deaths served over the previous three years to the current statewide median percent of deaths served.
4. An additional hospice is indicated if: 1) the county's deficit is 90 or more, and 2) the number of licensed hospice home care offices located in the county per 100,000 population is three or less.

Hospice Inpatient Beds:

1. Because previous years' data are used as the bases for projections, the two year trailing average growth rate in statewide hospice admissions should be calculated over the previous three years and applied to the current reported number of hospice admissions to project total hospice admissions.
2. Total projected admissions and the lower of the statewide median average length of stay per admission and each county's average length of stay per admission are used as the basis for projecting estimated inpatient days for each county.
3. Six percent of total estimated days of care in each county is used as a basis for estimating days of care in licensed inpatient hospice facility beds.

Hospice Residential Beds:

Rules for hospice residential beds were adopted by the Medical Care Commission in 1991. This category of beds does not have a methodology to project need and no need

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methodology has been recommended for the North Carolina Proposed 2010 State Medical Facilities Plan.

Sources of Data

Population:

Estimates and projections of population were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded for any county with more than 500 active duty military personnel. These estimates were obtained from the "Selected Economic Characteristics" portion of the 2000 Census, under the category of "Employment Status – Armed Forces."

Number of Deaths and Death Rates:

Deaths and death rates are from "Selected Vital Statistics for 2007 and 2003-2007, Vol. 1" published by the North Carolina Department of Health and Human Services, State Center for Health Statistics.

Utilization and Licensed Offices:

Total reported hospice patient deaths, admissions, days of care and licensed offices by county were compiled from the "2009 Annual Data Supplement to Licensure Application" as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation by existing licensed hospices and by home care agencies and health departments who meet the requirements of the rules for hospice licensure.

Application of the Standard Methodology

The steps in applying the projection methods are as follows:

Hospice Home Care Offices:

Step 1: The 2003-2007 death rate/1000 population is entered.

Step 2: The estimated 2011 population of each county is entered with adjustments for the counties with more than 500 active duty military personnel.

Step 3: Projected 2011 deaths for each county is calculated by multiplying the county death rate (Step 1) by the 2011 estimated population (Step 2) divided by 1000.

Step 4: The total number of reported hospice patient deaths, by county of patient residence, from annual data supplements to licensure applications is entered.

Step 5: The "Two Year Trailing Average Growth Rate in Statewide Number of Deaths Served" over the previous three years is calculated.

<i>Year</i>	<i>Statewide # of Deaths Served</i>	<i>Growth</i>
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2006	22,653	
2007	24,897	9.9%
2008	26,353	5.8%
Two Year Trailing Average Growth Rate		7.9%

Step 6a: 2011 number of hospice deaths served at two year trailing average growth rate is calculated by multiplying the number of reported hospice deaths (Step 4) by the statewide two year trailing average growth rate for deaths served for three years (Step 5) (# of reported deaths x 107.9% x 107.9% x 107.9%).

Step 6b: 2011 number of hospice deaths served limited to 60 percent is calculated by multiplying the projected 2011 deaths for each county (Step 2) by 60 percent.

Step 6c: Projected 2011 number of hospice deaths served is determined to be the lower of:

(a) Projected 2011 number of hospice deaths served at two year trailing average growth rate (Step 6a), or;

(b) Projected 2011 number of hospice deaths served limited to 60 percent (Step 6b).

Step 7: The “Two Year Trailing Average Growth Rate in Statewide Median Percent of Deaths Served” over the previous three years is calculated.

<i>Year</i>	<i>Median Percent of Deaths Served</i>	<i>Growth</i>
2006	27.02%	
2007	29.50%	9.2%
2008	29.65%	0.5%
Two Year Trailing Average Growth Rate		4.8%

Step 8: The projected median statewide percent of deaths served is calculated by multiplying the current statewide median percent of deaths served by the statewide two year trailing average growth rate for median percent of deaths served (Step 7) for three years (statewide median percent of deaths served x 104.8% x 104.8% x 104.8%).

Step 9: Median projected 2011 hospice deaths is calculated by multiplying projected 2011 deaths (Step 3) by the projected statewide median percent of deaths served (Step 8).

Step 10: In counties for which additional hospice home care office need determinations were made, determine the difference between 90 and the number of hospice patient deaths reported by each new office in the county for which a need determination was made. If a new office reports more than 90 hospice patient deaths in the county for which a need determination was made, the office’s reported number of hospice

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patient deaths is not adjusted for that county. If a new office reported fewer than 90 hospice patient deaths in the county for which a need determination was made, an adjustment “placeholder” equal to the difference between the reported number of hospice patient deaths and 90 is used. The adjustment “placeholder” is made through the third annual Plan following either: a) issuance of the Certificate of Need if the approved applicant had a hospice home care office in the county prior to the issuance of the certificate; or, b) certification of the new office that received the Certificate of Need in the county for which a need determination was made if the approved applicant did not have an existing hospice home care office in the county prior to the issuance of the certificate.

Step 11: Project the number of patients in need (deficit or surplus) by subtracting the median projected 2011 hospice deaths (Step 9) for each county from the projected 2011 number of hospice deaths served (Step 6c) plus any adjustment (Step 10).

Step 12: The number of licensed hospice home care offices located in each county from annual data supplements to licensure applications is entered.

Step 13: The number of licensed hospice home care offices per 100,000 population for each county is calculated by dividing the number of licensed hospice offices (Step 12) by the 2011 estimated population (Step 2) divided by 100,000.

Step 14: A need determination would be made for a county if both of the following are true:

(a) The county’s deficit (Step 11) is 90 or more, and;

(b) The county’s number of licensed hospice home care offices per 100,000 population (Step 13) is three or less.

A hospice office’s service area is the hospice planning area in which the hospice office is located. Each of the 100 counties in the State is a separate hospice planning area.

Hospice Inpatient Beds:

Step 1: The total number of reported hospice admissions, by county of patient residence, from annual data supplements to licensure applications is entered.

Step 2: The total number of days of care, by county of patient residence, from annual data supplements to licensure applications is entered.

Step 3: The average length of stay per admission (ALOS) is calculated by dividing total days of care (Step 2) by total admissions (Step 1).

Step 4: The “Two Year Trailing Average Growth Rate in Statewide Number of Admissions” over the previous three years is calculated.

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Year	Statewide # of Hospice Admissions	Growth
2006	28,666	
2007	30,907	7.8%
2008	32,515	5.2%
Two Year Trailing Average Growth Rate		6.5%

Step 5: Total 2013 admissions is calculated for each county by multiplying the total admissions (Step 1) by the statewide two year trailing average growth rate for hospice admissions (Step 4) for five years (total admissions x 106.5% x 106.5% x 106.5% x 106.5% x 106.5%).

Step 6a: 2013 days of care at the county ALOS is calculated by multiplying the total 2013 admissions (Step 5) by the ALOS per admission for each county (Step 3).

Step 6b: 2013 days of care at the statewide ALOS is calculated by multiplying the total 2013 admissions (Step 5) by the statewide median ALOS per admission.

Step 6c: Projected 2013 days of care for inpatient estimates is determined to be the lower of:

(a) 2013 days of care at the county ALOS (Step 6a), or;

(b) 2013 days of care at the statewide ALOS (Step 6b).

Step 7: Projected 2013 inpatient days is calculated for each county by multiplying the projected 2013 days of care for inpatient estimates (Step 6c) by 6 percent.

Step 8: Projected inpatient hospice beds is calculated by dividing 2013 projected inpatient days (Step 7) by 365 days and then dividing by 0.85 to adjust for a targeted 85 percent occupancy.

Step 9: Adjust the projected inpatient hospice beds (Step 8) by the number of licensed hospice beds in each county, CON approved/licensure pending beds, and beds available in previous Plans.

Step 10: Calculate occupancy rates of existing hospice inpatient facilities based on 2009 annual data supplements to licensure application.

Step 11: Adjust projected beds in Step 9 for occupancy rates of existing facilities in counties (Step 10) that are not at 85 percent occupancy. Indicate for such counties either zero or the deficit indicated in Step 9, which ever is greater. Further adjustments are made for CON approved closures.

Step 12: For single counties with a projected deficit of six or more hospice inpatient beds, applications for single county Hospice Inpatient Units will be considered. The

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single county need equals the projected deficit. (A hospice inpatient facility bed's service area is the hospice inpatient facility bed planning area in which the bed is located. Each of the 100 counties in the State is a separate hospice inpatient facility bed planning area.)

The Long-Term and Behavioral Health Committee and the State Health Coordinating Council will consider petitions for adjusted need determinations that are filed in accordance with provisions outlined in Chapter 2 of the State Medical Facilities Plan.

Applicants for Certificate of Need are encouraged to contact the Certificate of Need Section to arrange pre-application conference prior to submission of application.

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Table 13B: Year 2011 Hospice Home Care Office Need Projections for Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
	2003-2007 Death Rate/1000 Population	2011 Population (excluding military)	Projected 2011 Deaths	2008 Reported # of Hospice Patient Deaths	2011 # of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2011 # of Hospice Deaths Served Limited to 60%	Projected 2011 # of Hospice Deaths Served	Median Projected 2011 Hospice Deaths	Place- holder for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Home Care Offices in County	Lic. Home Care Offices in Cty per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - NC Vital Statistics	Office of State Budget and Management	Col. B x (Col.C/1000)	2008 Lic. Data Supplements	Col. E x 3 Yrs Growth at 7.9% annually	Col. D x 60%	Lower # of Deaths between Col. F and Col. G	Col. D x Proj. Statewide Median Percent Deaths Served (34.2%)		Col. H + Col. J - Col. I	2008 Lic. Data Supplement	Col. L / (Col. C / 100,000)	If Col. M <= 3 and Col. K <= -90
North Carolina	8.5	9,659,530	82,106	26,353	33,084	49,264	33,084	28,056	180	5,208	240	3.6	0
Alamance	9.7	156,140	1,515	596	748	909	748	518		231	4	2.6	
Alexander	8.7	37,915	330	137	172	198	172	113		59	1	2.6	
Alleghany	12.2	11,324	138	28	35	83	35	47		(12)	1	8.8	
Anson	11	25,260	278	48	60	167	60	95		(35)	3	11.9	
Ashe	11.7	26,922	315	69	87	189	87	108		(21)	1	3.7	
Avery	10.6	18,380	195	40	50	117	50	67		(16)	1	5.4	
Beaufort	11.6	47,100	546	137	172	328	172	187		(15)	2	4.2	
Bertie	12.1	20,180	244	45	56	147	56	83		(27)	0	0.0	
Bladen	11.9	32,250	384	115	144	230	144	131		13	4	12.4	
Brunswick	9.6	114,000	1,094	339	426	657	426	374		52	4	3.5	
Buncombe	10.1	237,104	2,395	935	1,174	1,437	1,174	818		356	1	0.4	
Burke	9.7	92,464	897	347	436	538	436	306		129	1	1.1	
Cabarrus	8.2	190,124	1,559	551	692	935	692	533		159	2	1.1	
Caldwell	10	82,250	823	392	492	494	492	281		211	1	1.2	
Camden	7.9	10,019	79	14	18	47	18	27		(9)	0	0.0	
Carteret*	11	63,694	701	212	266	420	266	239		27	4	6.3	
Caswell	10.1	23,128	234	68	85	140	85	80		6	0	0.0	
Catawba	9	161,274	1,451	760	954	871	871	496		375	1	0.6	
Chatham	9.1	65,624	597	157	197	358	197	204		(7)	4	6.1	
Cherokee	12.1	27,931	338	62	78	203	78	115	90	52	1	3.6	
Chowan	12.5	14,806	185	32	40	111	40	63		(23)	1	6.8	
Clay	11.8	10,955	129	17	21	78	21	44		(23)	1	9.1	
Cleveland	10.5	100,581	1,056	479	601	634	601	361		240	1	1.0	
Columbus	11.8	55,783	658	210	264	395	264	225		39	4	7.2	
Craven*	9.7	92,835	900	228	286	540	286	308		(21)	4	4.3	
Cumberland*	6.7	290,141	1,944	713	895	1,166	895	664		231	8	2.8	
Currituck	8	23,024	184	52	65	111	65	63		2	0	0.0	
Dare	7.6	32,702	249	58	73	149	73	85		(12)	2	6.1	
Davidson	9.5	166,175	1,579	393	493	947	493	539		(46)	3	1.8	
Davie	8.9	43,097	384	126	158	230	158	131		27	2	4.6	
Duplin	9.9	55,058	545	125	157	327	157	186		(29)	4	7.3	
Durham	6.9	281,541	1,943	472	593	1,166	593	664		(71)	6	2.1	
Edgecombe	11.2	51,510	577	136	171	346	171	197		(26)	3	5.8	

Table 13B: Year 2011 Hospice Home Care Office Need Projections for Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
	2003-2007 Death Rate/1000 Population	2011 Population (excluding military)	Projected 2011 Deaths	2008 Reported # of Hospice Patient Deaths	2011 # of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2011 # of Hospice Deaths Served Limited to 60%	Projected 2011 # of Hospice Deaths Served	Median Projected 2011 Hospice Deaths	Place- holder for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Home Care Offices in County	Lic. Home Care Offices in Cty per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - NC Vital Statistics	Office of State Budget and Management	Col. B x (Col.C/1000)	2008 Lic. Data Supplements	Col. E x 3 Yrs Growth at 7.9% annually	Col. D x 60%	Lower # of Deaths between Col. F and Col. G	Col. D x Proj. Statewide Median Percent Deaths Served (34.2%)		Col. H + Col. J - Col. I	2008 Lic. Data Supplement	Col. L / (Col. C / 100,000)	If Col. M <= 3 and Col. K <= -90
Forsyth	8.6	361,134	3,106	1088	1,366	1,863	1,366	1,061		305	2	0.6	
Franklin	8.4	61,171	514	88	110	308	110	176		(65)	4	6.5	
Gaston	10	218,563	2,186	844	1,060	1,311	1,060	747		313	1	0.5	
Gates	10.3	11,950	123	22	28	74	28	42		(14)	0	0.0	
Graham	11.8	8,226	97	15	19	58	19	33		(14)	1	12.2	
Granville	8.8	57,898	510	93	117	306	117	174		(57)	2	3.5	
Greene	9.2	21,658	199	43	54	120	54	68		(14)	1	4.6	
Guilford	8.1	493,613	3,998	1229	1,543	2,399	1,543	1,366		177	4	0.8	
Halifax	11.6	54,971	638	123	154	383	154	218		(63)	3	5.5	
Harnett*	7.7	117,267	903	323	405	542	405	309		97	7	6.0	
Haywood	11.9	57,984	690	231	290	414	290	236		54	1	1.7	
Henderson	12.6	109,173	1,376	764	959	825	825	470		355	1	0.9	
Hertford	12.1	23,651	286	84	105	172	105	98		8	1	4.2	
Hoke*	6.6	46,444	307	78	98	184	98	105		(7)	2	4.3	
Hyde	12.1	5,409	65	42	53	39	39	22		17	1	18.5	
Iredell	8.6	166,843	1,435	556	698	861	698	490		208	3	1.8	
Jackson	9	38,656	348	124	156	209	156	119		37	1	2.6	
Johnston	7.1	180,925	1,285	271	340	771	340	439		(99)	8	4.4	
Jones	10.6	10,318	109	31	39	66	39	37		2	1	9.7	
Lee	9.2	61,105	562	156	196	337	196	192		4	2	3.3	
Lenoir	11.9	57,343	682	129	162	409	162	233		(71)	3	5.2	
Lincoln	8.8	80,614	709	216	271	426	271	242		29	1	1.2	
Macon	12.8	36,074	462	115	144	277	144	158		(13)	3	8.3	
Madison	11.2	21,586	242	85	107	145	107	83		24	1	4.6	
Martin	13.1	23,605	309	75	94	186	94	106		(12)	3	12.7	
McDowell	10.1	46,328	468	124	156	281	156	160		(4)	1	2.2	
Mecklenburg	6	928,285	5,570	1967	2,469	3,342	2,469	1,903		566	6	0.6	
Mitchell	12.6	16,104	203	73	92	122	92	69		22	1	6.2	
Montgomery	10	28,019	280	61	77	168	77	96		(19)	1	3.6	
Moore*	11.7	89,541	1,048	344	432	629	432	358		74	3	3.4	
Nash	9.9	97,702	967	219	275	580	275	331		(56)	4	4.1	
New Hanover	8.3	200,182	1,662	725	910	997	910	568		342	3	1.5	
Northampton	13.3	21,006	279	47	59	168	59	95		(36)	1	4.8	
Onslow*	5.1	152,046	775	194	244	465	244	265		(21)	4	2.6	
Orange	5.7	134,831	769	352	442	461	442	263		179	3	2.2	
Pamlico	11.2	12,860	144	25	31	86	31	49		(18)	2	15.6	
Pasquotank	9.4	41,638	391	99	124	235	124	134		(9)	2	4.8	

Table 13B: Year 2011 Hospice Home Care Office Need Projections for Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N
	2003-2007 Death Rate/1000 Population	2011 Population (excluding military)	Projected 2011 Deaths	2008 Reported # of Hospice Patient Deaths	2011 # of Hospice Deaths Served at Two Year Trailing Average Growth Rate	2011 # of Hospice Deaths Served Limited to 60%	Projected 2011 # of Hospice Deaths Served	Median Projected 2011 Hospice Deaths	Place- holder for New Hospice Office	Projected Number of Additional Patients in Need Surplus (Deficit)	Licensed Home Care Offices in County	Lic. Home Care Offices in Cty per 100,000	Additional Hospice Office Need
Source or Formula =>	Deaths - NC Vital Statistics	Office of State Budget and Management	Col. B x (Col.C/1000)	2008 Lic. Data Supplements	Col. E x 3 Yrs Growth at 7.9% annually	Col. D x 60%	Lower # of Deaths between Col. F and Col. G	Col. D x Proj. Statewide Median Percent Deaths Served (34.2%)		Col. H + Col. J - Col. I	2008 Lic. Data Supplement	Col. L / (Col. C / 100,000)	If Col. M <= 3 and Col. K <= -90
Pender	8.7	56,822	494	179	225	297	225	169		56	4	7.0	
Perquimans	11.8	13,730	162	33	41	97	41	55		(14)	0	0.0	
Person	10.6	37,824	401	98	123	241	123	137		(14)	1	2.6	
Pitt	7.5	166,851	1,251	327	411	751	411	428		(17)	7	4.2	
Polk	14.8	19,104	283	189	237	170	170	97		73	1	5.2	
Randolph	8.7	146,740	1,277	489	614	766	614	436		178	2	1.4	
Richmond	11.1	47,178	524	158	198	314	198	179		19	2	4.2	
Robeson	9.3	134,149	1,248	411	516	749	516	426		90	6	4.5	
Rockingham	11.6	92,263	1,070	267	335	642	335	366		(31)	2	2.2	
Rowan	9.9	145,581	1,441	398	500	865	500	492		7	3	2.1	
Rutherford	12.4	65,736	815	419	526	489	489	279		211	1	1.5	
Sampson	9.7	68,503	664	156	196	399	196	227		(31)	4	5.8	
Scotland	10.2	38,129	389	203	255	233	233	133		100	1	2.6	
Stanly	10.1	61,403	620	225	282	372	282	212		71	2	3.3	
Stokes	9.6	47,681	458	178	223	275	223	156		67	2	4.2	
Surry	11	74,642	821	345	433	493	433	281		153	3	4.0	
Swain	13	14,468	188	45	56	113	56	64		(8)	1	6.9	
Transylvania	12	31,950	383	130	163	230	163	131		32	1	3.1	
Tyrrell	8.1	4,306	35	5	6	21	6	12		(6)	1	23.2	
Union	5.9	219,530	1,295	337	423	777	423	443		(20)	5	2.3	
Vance	10.8	43,592	471	78	98	282	98	161		(63)	2	4.6	
Wake*	4.9	970,858	4,757	1536	1,928	2,854	1,928	1,626		303	9	0.9	
Warren	11.5	19,864	228	13	16	137	16	78		(62)	0	0.0	
Washington	11.4	13,052	149	23	29	89	29	51		(22)	2	15.3	
Watauga	6.8	47,061	320	55	69	192	69	109		(40)	1	2.1	
Wayne*	9.3	113,613	1,057	374	470	634	470	361		108	5	4.4	
Wilkes	10.1	68,247	689	138	173	414	173	236	90	28	2	2.9	
Wilson	10.1	82,231	831	174	218	498	218	284		(65)	5	6.1	
Yadkin	10.1	39,341	397	127	159	238	159	136		24	1	2.5	
Yancey	11.2	19,067	214	95	119	128	119	73		46	1	5.2	

*population projections were adjusted to exclude active duty military personnel.

Table 13C: Year 2013 Hospice Inpatient Bed Need Projections for the Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2008 data)	Total Days of Care (2008 Data)	ALOS per Admission	Total 2013 Admissions	2013 Days of Care at County ALOS	2013 Days of Care at Statewide ALOS	Projected 2013 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Appv'd/Lic. Pending/Prev. Need Determ.	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/(Surplus) Adjusted for facilities not at 85% occupancy (Col. N)
Source or Formula =>	2009 Lic. Data Supplement	2009 Lic. Data Supplement	Col. C / Col. B	Col. B x 5 Yrs Growth at 6.5% annually	Col. D x Col. E	Col. E x Statewide Median ALOS per Admission (77.2)	Lower # of Days of Care between Col. F and Col. G	Col. H * 6%	(Col. I/365) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2009 Lic. Data Supplement	
Alamance	684	56,443	82.5	938	77,369	72,393	72,393	4,344	14	6	8	0	92.17%	0
Alexander	147	11,067	75.3	201	15,170	15,558	15,170	910	3			3		3
Alleghany	35	3,125	89.3	48	4,284	3,704	3,704	222	1			1		1
Anson	60	4,273	71.2	82	5,857	6,350	5,857	351	1			1		1
Ashe	97	5,872	60.5	133	8,049	10,266	8,049	483	2			2		2
Avery	58	3,437	59.3	80	4,711	6,139	4,711	283	1			1		1
Beaufort	164	20,468	124.8	225	28,056	17,357	17,357	1,041	3		6	(3)		(3)
Bertie	49	3,759	76.7	67	5,153	5,186	5,153	309	1			1		1
Bladen	177	19,440	109.8	243	26,647	18,733	18,733	1,124	4			4		4
Brunswick	457	37,370	81.8	626	51,225	48,368	48,368	2,902	9		7	2		2
Buncombe	1,024	76,337	74.5	1,404	104,638	108,378	104,638	6,278	20	15		5	100.00%	5
Burke	391	32,773	83.8	536	44,923	41,382	41,382	2,483	8		8	0		0
Cabarrus	556	45,181	81.3	762	61,931	58,846	58,846	3,531	11	6	8	(3)	54.50%	(3)
Caldwell	460	37,572	81.7	631	51,501	48,685	48,685	2,921	9	6	3	0	90.16%	0
Camden	12	453	37.8	16	621	1,270	621	37	0			0		0
Carteret	275	20,724	75.4	377	28,407	29,105	28,407	1,704	5			5		5
Caswell	77	7,499	97.4	106	10,279	8,149	8,149	489	2			2		2
Catawba	809	62,861	77.7	1,109	86,166	85,623	85,623	5,137	17	11	6	(0)	100.00%	(0)
Chatham	211	18,235	86.4	289	24,995	22,332	22,332	1,340	4			4		4
Cherokee	82	3,005	36.6	112	4,119	8,679	4,119	247	1			1		1
Chowan	36	2,259	62.8	49	3,097	3,810	3,097	186	1			1		1
Clay	24	697	29.0	33	955	2,540	955	57	0			0		0
Cleveland	607	38,877	64.0	832	53,290	64,243	53,290	3,197	10	5	4	1	99.51%	1
Columbus	358	42,120	117.7	491	57,736	37,890	37,890	2,273	7		6	1		1
Craven	363	37,962	104.6	498	52,036	38,419	38,419	2,305	7		7	0		0
Cumberland	1,018	76,194	74.8	1,395	104,442	107,743	104,442	6,267	20	8		12	57.48%	0
Currituck	63	4,540	72.1	86	6,223	6,668	6,223	373	1			1		1
Dare	66	2,453	37.2	90	3,362	6,985	3,362	202	1			1		1
Davidson	491	35,325	71.9	673	48,421	51,966	48,421	2,905	9	8		1		1
Davie	139	11,124	80.0	191	15,248	14,711	14,711	883	3			3		3
Duplin	218	25,669	117.7	299	35,186	23,073	23,073	1,384	4	3		1		1
Durham	606	44,400	73.3	831	60,861	64,138	60,861	3,652	12	12		(0)		(0)
Edgecombe	181	16,032	88.6	248	21,976	19,157	19,157	1,149	4			4		4
Forsyth	1,225	87,840	71.7	1,679	120,406	129,651	120,406	7,224	23	20	10	(7)	100.00%	(7)
Franklin	126	13,832	109.8	173	18,960	13,336	13,336	800	3			3		3
Gaston	941	62,553	66.5	1,290	85,744	99,593	85,744	5,145	17	6	7	4	32.66%	0

Table 13C: Year 2013 Hospice Inpatient Bed Need Projections for the Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2008 data)	Total Days of Care (2008 Data)	ALOS per Admission	Total 2013 Admissions	2013 Days of Care at County ALOS	2013 Days of Care at Statewide ALOS	Projected 2013 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Appv'd/Lic. Pending/Prev. Need Determ.	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/(Surplus) Adjusted for facilities not at 85% occupancy (Col. N)
Source or Formula =>	2009 Lic. Data Supplement	2009 Lic. Data Supplement	Col. C / Col. B	Col. B x 5 Yrs Growth at 6.5% annually	Col. D x Col. E	Col. E x Statewide Median ALOS per Admission (77.2)	Lower # of Days of Care between Col. F and Col. G	Col. H * 6%	(Col. I/365) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2009 Lic. Data Supplement	
Gates	24	1,233	51.4	33	1,690	2,540	1,690	101	0			0		0
Graham	20	674	33.7	27	924	2,117	924	55	0			0		0
Granville	114	6,361	55.8	156	8,719	12,065	8,719	523	2			2		2
Greene	52	5,362	103.1	71	7,350	5,504	5,504	330	1			1		1
Guilford	1,442	132,055	91.6	1,977	181,013	152,618	152,618	9,157	30	14		16	80.82%	0
Halifax	145	11,289	77.9	199	15,474	15,346	15,346	921	3			3		3
Harnett	579	44,030	76.0	794	60,354	61,280	60,354	3,621	12	7	1	4	58.43%	0
Haywood	284	16,943	59.7	389	23,224	30,058	23,224	1,393	4		6	(2)		(2)
Henderson	841	72,202	85.9	1,153	98,970	89,009	89,009	5,341	17	19		(2)	80.19%	(2)
Hertford	85	5,024	59.1	117	6,887	8,996	6,887	413	1			1		1
Hoke	108	16,223	150.2	148	22,238	11,430	11,430	686	2			2		2
Hyde	55	9,591	174.4	75	13,147	5,821	5,821	349	1			1		1
Iredell	605	38,158	63.1	829	52,305	64,032	52,305	3,138	10	9		1	92.92%	1
Jackson	135	9,122	67.6	185	12,504	14,288	12,504	750	2			2		2
Johnston	425	36,490	85.9	583	50,018	44,981	44,981	2,699	9		12	(3)		(3)
Jones	49	5,302	108.2	67	7,268	5,186	5,186	311	1			1		1
Lee	225	22,407	99.6	308	30,714	23,813	23,813	1,429	5			5		5
Lenoir	216	17,305	80.1	296	23,721	22,861	22,861	1,372	4			4		4
Lincoln	261	21,699	83.1	358	29,744	27,624	27,624	1,657	5		6	(1)		(1)
McDowell	167	11,391	68.2	229	15,614	17,675	15,614	937	3			3		3
Macon	142	9,877	69.6	195	13,539	15,029	13,539	812	3			3		3
Madison	97	4,263	43.9	133	5,843	10,266	5,843	351	1			1		1
Martin	93	6,506	70.0	127	8,918	9,843	8,918	535	2			2		2
Mecklenburg	2,323	170,393	73.4	3,184	233,565	245,861	233,565	14,014	45	19		26	69.99%	0
Mitchell	83	12,606	151.9	114	17,280	8,785	8,785	527	2			2		2
Montgomery	90	8,684	96.5	123	11,904	9,525	9,525	572	2			2		2
Moore	437	41,377	94.7	599	56,717	46,251	46,251	2,775	9		11	(2)		(2)
Nash	259	19,697	76.1	355	26,999	27,412	26,999	1,620	5		6	(1)		(1)
New Hanover	847	64,093	75.7	1,161	87,855	89,644	87,855	5,271	17	12		5	98.72%	5
Northhampton	54	4,115	76.2	74	5,641	5,715	5,641	338	1			1		1
Onslow	265	16,477	62.2	363	22,586	28,047	22,586	1,355	4			4		4
Orange	430	24,649	57.3	589	33,787	45,510	33,787	2,027	7	6		1	100.00%	1
Pamlico	29	2,488	85.8	40	3,410	3,069	3,069	184	1			1		1
Pasquotank	107	8,124	75.9	147	11,136	11,325	11,136	668	2			2		2
Pender	210	15,819	75.3	288	21,684	22,226	21,684	1,301	4			4		4
Perquimans	40	1,882	47.1	55	2,580	4,233	2,580	155	0			0		0

Table 13C: Year 2013 Hospice Inpatient Bed Need Projections for the Proposed 2010 Plan (Draft for May 27, 2009 Council Meeting)

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	Column O
County	Total Admissions (2008 data)	Total Days of Care (2008 Data)	ALOS per Admission	Total 2013 Admissions	2013 Days of Care at County ALOS	2013 Days of Care at Statewide ALOS	Projected 2013 Days of Care for Inpatient Estimates	Projected Inpatient Days	Projected Total Inpatient Beds	Currently Licensed Beds	CON Appv'd/Lic. Pending/Prev. Need Determ.	Adjusted Projected Beds	Existing Facility Occupancy Rate	Deficit/(Surplus) Adjusted for facilities not at 85% occupancy (Col. N)
Source or Formula =>	2009 Lic. Data Supplement	2009 Lic. Data Supplement	Col. C / Col. B	Col. B x 5 Yrs Growth at 6.5% annually	Col. D x Col. E	Col. E x Statewide Median ALOS per Admission (77.2)	Lower # of Days of Care between Col. F and Col. G	Col. H * 6%	(Col. I/365) / 85%	Licensure Inventory		Col. J - (Col. K + Col. L)	2009 Lic. Data Supplement	
Person	122	9,626	78.9	167	13,195	12,912	12,912	775	2			2		2
Pitt	397	40,868	102.9	544	56,019	42,017	42,017	2,521	8	8		0	0.00%	0
Polk	208	18,054	86.8	285	24,747	22,014	22,014	1,321	4			4		4
Randolph	567	47,403	83.6	777	64,977	60,010	60,010	3,601	12		6	6		6
Richmond	229	33,280	145.3	314	45,618	24,237	24,237	1,454	5		6	(1)		(1)
Robeson	721	102,348	142.0	988	140,293	76,309	76,309	4,579	15	12	14	(11)	44.81%	(11)
Rockingham	282	17,926	63.6	387	24,572	29,846	24,572	1,474	5	3		2	56.41%	0
Rowan	490	33,622	68.6	672	46,087	51,860	46,087	2,765	9		7	2		2
Rutherford	475	55,092	116.0	651	75,517	50,273	50,273	3,016	10	4	6	(0)	98.29%	(0)
Sampson	292	35,942	123.1	400	49,267	30,905	30,905	1,854	6			6		6
Scotland	243	21,624	89.0	333	29,641	25,719	25,719	1,543	5	4	2	(1)		(1)
Stanly	242	14,086	58.2	332	19,308	25,613	19,308	1,158	4			4		4
Stokes	196	25,519	130.2	269	34,980	20,744	20,744	1,245	4		7	(3)		(3)
Surry	446	51,917	116.4	611	71,165	47,204	47,204	2,832	9	13		(4)		(4)
Swain	54	4,370	80.9	74	5,990	5,715	5,715	343	1			1		1
Transylvania	164	10,894	66.4	225	14,933	17,357	14,933	896	3			3		3
Tyrrell	4	148	37.0	5	203	423	203	12	0			0		0
Union	398	25,461	64.0	546	34,900	42,123	34,900	2,094	7		6	1		1
Vance	102	9,553	93.7	140	13,095	10,795	10,795	648	2			2		2
Wake	1,970	152,011	77.2	2,700	208,368	208,500	208,368	12,502	40	6	18	16	82.38%	0
Warren	21	567	27.0	29	777	2,223	777	47	0			0		0
Washington	23	1,777	77.3	32	2,436	2,434	2,434	146	0			0		0
Watauga	74	6,121	82.7	101	8,390	7,832	7,832	470	2			2		2
Wayne	495	31,945	64.5	679	43,788	52,390	43,788	2,627	8	6	6	(4)	100.00%	(4)
Wilkes	166	11,086	66.8	228	15,196	17,569	15,196	912	3			3		3
Wilson	221	23,263	105.3	303	31,888	23,390	23,390	1,403	5		8	(3)		(3)
Yadkin	155	12,495	80.6	212	17,127	16,405	16,405	984	3			3		3
Yancey	133	16,626	125.0	182	22,790	14,076	14,076	845	3			3		3
Total	32,515	2,679,306	77.2	44,570	3,441,306	3,441,306	3,441,306	206,478	666	248	208		TBD	

CHAPTER 14

END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Summary of Dialysis Station Supply and Utilization

Inventories of dialysis facilities and current utilization rates are presented twice a year in “Semiannual Dialysis Reports” required by this chapter. According to the “**January 2009 North Carolina Semiannual Dialysis Report**,” there were **160** End-Stage Renal Disease (ESRD) dialysis facilities certified and operating in North Carolina (*i.e., facilities reporting patient data via the Southeastern Kidney Council*), providing a total of **3,841** dialysis stations. Certificates of need had been issued for an additional **145** dialysis stations, but the stations were not yet certified. Another **128** dialysis stations had been requested, but had not completed the certificate of need review and appeals process. The number of facilities per county ranged from 0 to 13.

Utilization data are based on reported numbers of patients obtained from the Southeastern Kidney Council and the Mid-Atlantic Renal Coalition. Of the **156** certified facilities operational on **June 30, 2008**, **73** were at or above 80% utilization (*i.e., operating with at least 3.2 patients per station*).

Changes from the Previous Plan

No substantive changes in the dialysis policy or in the dialysis need methodology have been recommended for the **Proposed 2010 State Medical Facilities Plan**. Dates have been advanced by one year, as needed to represent the time period for the 2009 Plan.

Basic Principles

The principles underlying projection of need for additional dialysis stations are as follows:

1. Increases in the number of facilities or stations should be done to meet the specific need for either a new facility or an expansion.
2. New facilities must have a projected need for at least 10 stations (or 32 patients at 3.2 patients per station) to be cost effective and to assure quality of care.
3. The Medical Facilities Planning Section will maintain a list of existing facilities and stations, utilization rates and projected need by county that is up-dated semiannually. Updated projections will be available two times a year on a published schedule. Existing or potential providers interested in expanding in any area of the State may contact the Medical Facilities Planning Section for projected need in the area of interest. (*Note: A dialysis station’s service area is the dialysis station planning area in which the dialysis station is located. Except for the Cherokee-Clay-Graham Multi-County Planning Area and the Avery-Mitchell-*

Yancey Multi-County Planning Area, each of the 94 remaining counties is a separate dialysis station planning area.)

4. Updates of the projections may target counties that have developed sufficient need to warrant consideration for facility expansion or for establishment of a new facility. Actual numbers are not published in the Plan so they can be updated as appropriate by the Medical Facilities Planning Section.
5. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.
6. No existing facility may expand unless its utilization is 80% or greater. Any facility at 80% utilization or greater may apply to expand.
7. Facilities reporting no patients through the Southeastern Kidney Council for four consecutive Semiannual Dialysis Reports, beginning from March 1997, will be excluded from future inventories.
8. Quality of Care: All facilities should comply with Medicare and Medicaid regulations relating to the delivery and certification of ESRD services and with relevant North Carolina statutory provisions. An applicant already involved in the provision of end-stage renal disease services should provide evidence that care of high quality has been provided in the past. The following are considered indicators of quality of care and existing providers proposing to expand their operations should include in their applications data which include, but are not limited to, the following:
 - a. utilization rates
 - b. morbidity and mortality rates
 - c. numbers of patients that are home trained and patients on home dialysis
 - d. number of patients receiving transplants
 - e. number of patients currently on the transplant waiting list
 - f. hospital admission rates
 - g. conversion rates for patients who have acquired hepatitis or AIDS
9. Availability of Manpower and Ancillary/Support Services: The applicant should show evidence of the availability of qualified staff and other health manpower and management for the provision of quality ESRD services as well as the availability of a safe and adequate water supply, provision for treatment of wastewater discharge and a standing electrical service with backup capabilities.
10. Patient Access to In-Center ESRD Services: As a means of making ESRD services more accessible to patients, one of the goals of the N. C. Department of Health and Human Services is to minimize patient travel time to and from the center.

Therefore,

- a. End-stage renal disease treatment should be provided in North Carolina such that patients who require renal dialysis are able to be served in a facility no farther than 30 miles from the patients' homes.
 - b. In areas where it is apparent that patients are currently traveling more than 30 miles for in-center dialysis, favorable consideration should be given to proposed new facilities which would serve patients who are farthest away from existing, operational or approved facilities.
11. Transplantation Services: Transplantation services should be available to, and a priority for, all ESRD patients whose conditions make them suitable candidates for this treatment. New enrollees should meet with and have access to a transplantation representative to provide patient education and evaluation for transplantation.
12. Availability of Dialysis Care: The North Carolina State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for:
- a. Home training and backup for patients suitable for home dialysis in the ESRD dialysis facility or in a facility that is a reasonable distance from the patient's residence;
 - b. ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules;
 - c. Services in rural, remote areas.

Sources of Data

Inventory Data:

Data on the current number of dialysis facilities and stations shall be obtained from the Certificate of Need Section and from the Licensure and Certification Section, Division of Health Service Regulation, N. C. Department of Health and Human Services.

Dialysis Patient Data:

Data on the dialysis population by county and by facility as of **June 30, 2009** and as of **December 31, 2009** shall be provided by the Centers for Medicare and Medicaid Services (CMS) through the Southeastern Kidney Council, Inc. (SEKC) and the Mid-Atlantic Renal Coalition, Inc.

Method for Projecting New Dialysis Station Need

The Medical Facilities Planning Section (MFPS) shall determine need for new dialysis stations two times each calendar year, and shall make a report of such determinations available to all who request it. This report shall be called the North Carolina Semiannual Dialysis Report (SDR). Relocations of existing dialysis stations within a county shall be reviewed independently (*see Chapter 3, Category I*). The Semiannual Dialysis Reports will

use facility, station and active patient data as of **June 30, 2009 for the “January 2010 SDR”** and as of **December 31, 2009 for the “July 2010 SDR.”** A new five-year trend line will be established in the **“July 2010 SDR,”** based on validated data as reported to CMS for the time period ending **December 31, 2009** . Need for new dialysis stations shall be determined as follows:

- (1) County Need *(for the **January 2010 SDR** – Using the trend line ending with **12/31/08** data)*
 - (A) The average annual rate (%) of change in total number of dialysis patients resident in each county from the end of **2004** to the end of **2008** is multiplied by the county’s **June 30, 2009** total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total **June 30, 2010** patients.
 - (B) The percent of each county's total patients who were home dialysis patients on **June 30, 2009** is multiplied by the county's projected total **June 30, 2010** patients, and the product is subtracted from the county's projected total **June 30, 2010** patients. The remainder is the county's projected **June 30, 2010** in-center dialysis patients.
 - (C) The projected number of each county's **June 30, 2010** in-center patients is divided by 3.2. The quotient is the projection of the county's **June 30, 2010** in-center dialysis stations.
 - (D) From each county's projected number of **June 30, 2010** in-center stations is subtracted the county's number of stations certified for Medicare, CON-approved and awaiting certification, awaiting resolution of CON appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which CON decisions have not been made. The remainder is the county's **June 30, 2010** projected station surplus or deficit.
 - (E) If a county's **June 30, 2010** projected station deficit is ten or greater and the January SDR shows that utilization of each dialysis facility in the county is 80% or greater, the **June 30, 2010** county station need determination is the same as the **June 30, 2010** projected station deficit. If a county's **June 30, 2010** projected station deficit is less than ten or if the utilization of any dialysis facility in the county is less than 80%, the county’s **June 30, 2010** station need determination is zero.
- (2) County Need *(for the **July 2010 SDR** – Using a new trend line based on **12/31/2009** data)*
 - (A) The average annual rate (%) of change in total number of dialysis patients resident in each county from the end of **2005** to the end of **2009** is multiplied by the county's **December 31, 2009** total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total **December 31, 2010** patients.

- (B) The percent of each county's total patients who were home dialysis patients on **December 31, 2009** is multiplied by the county's projected total **December 31, 2010** patients, and the product is subtracted from the county's projected total **December 31, 2010** patients. The remainder is the county's projected **December 31, 2010** in-center dialysis patients.
- (C) The projected number of each county's **December 31, 2010** in-center patients is divided by 3.2. The quotient is the projection of the county's **December 31, 2010** in-center dialysis stations.
- (D) From each county's projected number of **December 31, 2010** in-center stations is subtracted the county's number of stations certified for Medicare, CON-approved and awaiting certification, awaiting resolution of CON appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which CON decisions have not been made. The remainder is the county's **December 31, 2010** projected station surplus or deficit.
- (E) If a county's **December 31, 2010** projected station deficit is ten or greater and the July SDR shows that utilization of each dialysis facility in the county is 80% or greater, the **December 31, 2010** county station need determination is the same as the **December 31, 2010** projected station deficit. If a county's **December 31, 2010** projected station deficit is less than ten or if the utilization of any dialysis facility in the county is less than 80%, the county's **December 31, 2010** station need determination is zero.

(3) Facility Need

A dialysis facility located in a county for which the result of the County Need methodology is zero in the current Semiannual Dialysis Report (SDR) is determined to need additional stations to the extent that:

- (A) Its utilization, reported in the current SDR, is 3.2 patients per station or greater.
- (B) Such need, calculated as follows, is reported in an application for a certificate of need:
 - (i) The facility's number of in-center dialysis patients reported in the previous Dialysis Report (SDR₁) is subtracted from the number of in-center dialysis patients reported in the current SDR (SDR₂). The difference is multiplied by 2 to project the net in-center change for 1 year. Divide the projected net in-center change for the year by the number of in-center patients from SDR₁ to determine the projected annual growth rate.
 - (ii) The quotient from (3)(B)(i) is divided by 12.

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- (iii) The quotient from (3)(B)(ii) is multiplied by 6 (*the number of months from **June 30, 2009 until December 31, 2009***) for the **January 4, 2010** SDR and by 12 (*the number of months from **December 31, 2009 until December 31, 2010***) for the **July 1, 2010** SDR.
 - (iv) The product from (3)(B)(iii) is multiplied by the number of the facility's in-center patients reported in the current SDR and that product is added to such reported number of in-center patients.
 - (v) The sum from (3)(B)(iv) is divided by 3.2, and from the quotient is subtracted the facility's current number of certified stations as recorded in the current SDR and the number of pending new stations for which a certificate of need has been issued. The remainder is the number of stations needed.
- (C) The facility may apply to expand to meet the need established in (3)(B)(v), up to a maximum of ten stations.

[NOTE: "Rounding" to the nearest whole number is allowed only in Step 1(C), Step 2(C) and Step 3(B)(v). In these instances, fractions of 0.5000 or greater shall be rounded to the next highest whole number.]

Unless specific “adjusted need determinations” are recommended by the North Carolina State Health Coordinating Council, an application for a certificate of need for additional dialysis stations can be considered consistent with the need determinations of this Plan only if it demonstrates a need by utilizing one of the methods of determining need outlined in this chapter.

Timeline

The schedule for publication of the North Carolina Semiannual Dialysis Reports and for receipt of certificate of need applications based on each issue of that report in shall be as follows:

<u>Data for</u> <u>Period Ending</u>	<u>Due Dates for</u> <u>SEKC Report</u>	<u>Publication</u> <u>of SDR</u>	<u>Application Due Dates</u> <u>for CON Applications</u>	<u>Beginning</u> <u>Review Dates</u>
June 30, 2009	Nov. 9, 2009	January 4, 2010	March 15, 2010	April 1, 2010
Dec. 31, 2009	May 10, 2010	July 1, 2010	September 15, 2010	October 1, 2010

Please be advised that 5:30 p.m. on the specified Application Due Date is the filing deadline for any certificate of need application in response to these dialysis reports. The filing deadline is absolute.

Table 15B: 2012 Projections of Psychiatric Bed Need By Local Management Entity (LME)
 Part 1. Projection of Child/Adolescent Psychiatric Bed Need for 2012 (for May 27, 2009 SHCC Meeting)

A	B	C	D	E	F	G	H	I	
Local Management Entity (LME)	2008 <18 Days of Care	2008 <18 Population	2012 <18 Population Projected	2012: <18 Projected Days of Care (B x D)-C	2012 Adjusted Days of Care (E ÷ 20%E)	<18 Number of Beds Needed (F ÷ 365)	<18 Total Beds needed (G/75%)	Psychiatric Bed Inventory Child/Adolescent	Child/Adolescent Bed Need (Surplus/Deficit (I-H) (Deficits are Shown as Minuses)
Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes 2009 SMFP Need Determination for 4 Child/Adol Beds	2,291	105,099	106,720	2,326	1,861	5	7	0	-3
Western Highlands: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey	2,959	105,276	108,752	3,057	2,445	7	9	17	8
Pathways: Cleveland, Gaston, Lincoln	1,758	89,599	93,297	1,831	1,464	4	5	27	22
Mental Health Partners: Catawba, Burke	941	56,605	57,706	959	767	2	3	15	12
Mecklenburg	6,936	228,229	242,227	7,361	5,889	16	22	42	20
Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union 2009 SMFP Need Determination for 5 Child/Adol Beds	3,543	175,413	190,481	3,847	3,078	8	11	0	-6
Crossroads: Surry, Iredell, Yadkin 2009 SMFP Need Determination for 3 Child/Adol Beds	895	63,078	65,234	926	740	2	3	0	0
CenterPoint: Forsyth, Stokes, Davie	2,130	102,998	107,219	2,217	1,774	5	6	66	60
A - C - R: Alamance, Caswell, Rockingham	1,126	59,370	60,942	1,156	925	3	3	8	5
Guilford	2,088	110,277	115,318	2,183	1,747	5	6	30	24
OPC: Orange, Person, Chatham	1,822	46,464	47,788	1,874	1,499	4	5	18	13
Durham	1,639	65,754	73,988	1,844	1,475	4	5	0	-5
Five County: Vance, Granville, Franklin, Warren, Halifax 2009 SMFP Need Determination for 4 Child/Adol Beds	1,306	54,874	54,044	1,286	1,029	3	4	0	0
Sandhills: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond 2009 SMFP Need Determination for 8 Child/Adol Beds	2,379	132,268	138,465	2,490	1,992	5	7	0	1
Southeastern Regional: Robeson, Bladen, Columbus, Scotland 2009 SMFP Need Determination for 3 Child/Adol Beds	1,029	67,442	68,346	1,043	834	2	3	0	0
Cumberland 2009 SMFP Need Determination for 4 Child/Adol Beds	1,201	90,633	93,694	1,242	993	3	4	0	0
Johnston 2009 SMFP Need Determination for 3 Child/Adol Beds	1,148	42,220	46,966	1,277	1,022	3	4	0	-1
Wake	5,900	216,713	245,637	6,687	5,350	15	20	62	42
Southeastern Center: New Hanover, Brunswick, Pender 2009 SMFP Need Determination for 6 Child/Adol Beds	1,662	72,794	77,802	1,776	1,421	4	5	0	1
Onslow - Carteret	1,323	62,242	68,522	1,456	1,165	3	4	0	-4
Beacon Center: Edgecombe, Nash, Wilson, Greene	1,276	60,390	61,183	1,293	1,034	3	4	0	-4
East Carolina Behavioral Health: Beaufort, Bertie, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton	1,734	94,844	98,722	1,805	1,444	4	5	0	-5
Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington 2009 SMFP Need Determination for 2 Child/Adol Beds	564	39,912	38,589	545	436	1	2	0	0
Eastpointe: Duplin, Lenoir, Sampson, Wayne	1,452	73,944	75,220	1,477	1,182	3	4	0	-4
CHILD/ADOLESCENT STATE TOTALS	49,102	2,216,438	2,336,862	51,960	41,568	114	152	327	

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

Table 15B: 2012 Projections of Psychiatric Bed Need By Local Management Entity (LME)
 Part 2. Projection of Adult Psychiatric Bed Need for 2012 (for May 27, 2009 SHCC Meeting)

LOCAL MANAGEMENT ENTITY (LME)	K 2008 18+ Days of Care	L 2008 18+ Population	M 2012 18+ Population Projected	N 2012: 18+ Projected Days of Care (K x M)-L	O Number of Beds Adults	P Total Adult Beds Needed (O ÷ 75%)	Q Adult Bed Inventory	Adult Bed (Surplus/Deficit) (Q-P) (Deficits are shown as Minuses)
Smoky Mountain: Alexander, Allegheny, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes 2009 SMFP Need Determination for 9 Adult Beds	14,479	412,521	431,023	15,128	41	55	32 9	-14
Western Highlands: Buncombe, Henderson, Madison, Mitchell, Polk, Rutherford, Transylvania, Yancey	25,309	395,484	417,310	26,706	73	98	126	28
Pathways: Cleveland, Gaston, Lincoln	14,057	287,920	313,784	15,320	42	56	50	-6
Mental Health Partners: Catawba, Burke	13,232	187,641	199,195	14,047	38	51	129	78
Mecklenburg	21,450	648,944	703,089	23,240	64	85	84	-1
Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	15,837	543,347	613,826	17,891	49	65	68	3
Crossroads: Surry, Iredell, Yadkin 2007 SMFP Need Determination for 12 Adult Beds	7,304	202,655	220,629	7,952	22	29	16 12	-1
CenterPoint: Forsyth, Stokes, Davie	12,968	328,417	351,490	13,879	38	51	104	53
A - C - R: Alamance, Caswell, Rockingham	6,937	201,711	213,991	7,359	20	27	36	9
Guilford	13,278	358,162	386,685	14,335	39	52	74	22
OPC: Orange, Person, Chatham	7,175	181,260	193,999	7,679	21	28	58	30
Durham	6,188	194,717	214,577	6,819	19	25	42	17
Five County: Vance, Granville, Franklin, Warren, Halifax 2009 SMFP Need Determination for 14 Adult Beds	8,774	177,922	185,106	9,128	25	33	20 14	1
Sandhills: Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	14,598	405,516	436,869	15,727	43	57	68	11
Southeastern Regional: Robeson, Bladen, Columbus, Scotland	7,724	186,913	193,966	8,015	22	29	33	4
Cumberland	5,112	226,312	235,959	5,330	15	19	28	9
Johnston 2009 SMFP Need Determination for 1 Adult Bed	5,990	120,556	140,010	6,957	19	25	20 1	-4
Wake 2009 SMFP Need Determination for 16 Adult Beds	17,751	647,869	761,476	20,864	57	76	62 16	2
Southeastern Center: New Hanover, Brunswick, Pender	9,643	274,196	301,178	10,592	29	39	62	23
Onslow - Carteret 2009 SMFP Need Determination for 12 Adult Beds	6,402	177,307	184,158	6,649	18	24	30 12	18
Beacon Center: Edgecombe, Nash, Wilson, Greene	8,505	185,564	194,433	8,911	24	33	67	34
East Carolina Behavioral Health: Beaufort, Bertie, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton	20,615	304,804	319,918	21,637	59	79	125	46
Albemarle: Camden, Chowan, Currituck, Dare, Hyde, Martin, Pasquotank, Perquimans, Tyrrell, Washington 2009 SMFP Need Determination for 17 Adult Beds	3,867	142,675	143,503	3,889	11	14	0 17	3
Eastpointe: Duplin, Lenoir, Sampson, Wayne	11,327	218,165	224,496	11,656	32	43	81	38
ADULT STATE TOTALS	278,522	7,010,578	7,580,670	299,711	821	1,095	1,496	

**Table 15C (1): 2012 Need Determination For Adult Psychiatric Inpatient Beds
(for May 27, 2009 SHCC Meeting)**

HSA	Local Management Entity (LME) and Counties	Adult Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	14	To be determined	To be determined
I, III	Pathways: Cleveland, Gaston, Lincoln	6	To be determined	To be determined
III	Mecklenburg	1	To be determined	To be determined
II, III	Crossroads: Surry, Iredell, Yadkin	1	To be determined	To be determined
IV	Johnston	4	To be determined	To be determined
It is determined that there is no need for additional Adult Psychiatric Inpatient Beds anywhere else in the State.				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3)

**Table 15C (2): 2012 Need Determination For Child/Adolescent Psychiatric Inpatient Beds
(for the May 27, 2009 SHCC Meeting)**

HSA	Local Management Entity (LME) and Counties	Child/Adolescent Psychiatric Bed Need Determination*	CON Application Due Date	CON Beginning Review Date
I	Smoky Mountain: Alexander, Alleghany, Ashe, Avery, Caldwell, Cherokee, Clay, Graham, Haywood, Jackson, McDowell, Macon, Swain, Watauga, Wilkes	3	To be determined	To be determined
II, III	Piedmont: Cabarrus, Davidson, Rowan, Stanly, Union	6	To be determined	To be determined
IV	Durham	5	To be determined	To be determined
IV	Johnston	1	To be determined	To be determined
VI	Onslow - Carteret	4	To be determined	To be determined
VI	Beacon Center: Edgecombe, Nash, Wilson, Greene	4	To be determined	To be determined
VI	East Carolina Behavioral Health: Beaufort, Bertie, Craven, Gates, Hertford, Jones, Pamlico, Pitt, Northampton	5	To be determined	To be determined
V, VI	Eastpointe: Duplin, Lenoir, Sampson, Wayne	4	To be determined	To be determined
It is determined that there is no need for additional Child/Adolescent Psychiatric Inpatient Beds anywhere else in the State.				

Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date.

The filing deadline is absolute (See Chapter 3).

CHAPTER 16
SUBSTANCE ABUSE INPATIENT AND RESIDENTIAL SERVICES
(CHEMICAL DEPENDENCY TREATMENT BEDS)

Summary of Bed Supply and Utilization

Three state-owned Alcohol and Drug Abuse Treatment Centers (ADATCs) provide Chemical Dependency (Substance Abuse) detoxification and treatment services with a total of 288 beds (located in Black Mountain, Buncombe County; Butner, Granville County; and Greenville, Pitt County). The non-state facilities which also provide these services include 19 specialty and acute hospitals and 19 residential treatment centers.

Changes from the Previous Plan

No substantive changes in basic principles and methodologies have been recommended for the Proposed North Carolina 2010 State Medical Facilities Plan. Throughout the chapter, data have been revised to reflect services provided during FY 2007-08, and dates have been advanced by one year, where appropriate. The base year is changed to 2008 and the base year utilization data is applied to Year 2012 population estimates.

Basic Principles

Services for people who are substance abusers should be organized in such a way that a continuum of care is available. Because their needs vary greatly, substance abusers require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state-operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community. This avoids institutionalization of individuals in acute distress and allows relocating people from state facilities to community programs to the extent appropriate services are developed in the community. Adolescents should receive substance abuse treatment services that are distinct from services provided to adults.

It is essential that a continuum of services be available for the treatment of substance abuse. Physical withdrawal from addicting substance(s) is accomplished through detoxification services. Hospitalization shall be considered the most restrictive form of therapeutic intervention or treatment and shall be used only when this level of 24-hour care and supervision is required to meet the patient's health care needs. Following detoxification, the individual should receive addiction-related services addressing his/her physical, emotional, psychological and social needs.

Also, individuals should have access to a continuum of appropriate services including periodic, day/night and residential/inpatient services. Support services (e.g., Alcoholics and Narcotics Anonymous, vocational rehabilitation) that help the individual remain in control of his/her life and prevent the possibility of relapse should also be available.

The 2003 Session of the General Assembly of North Carolina approved Session Law 2003-390, House Bill 815, which stated that it was:

“An act to amend the definition of chemical dependency treatment facility to provide that social setting detoxification facilities and medical detoxification facilities are not chemical dependency treatment facilities for the purposes of Certificate of Need requirements and to amend the definition of chemical dependency treatment bed to provide that beds licensed for detoxification are not chemical dependency treatment beds for the purposes of Certificate of Need requirements; and to provide that social setting detoxification facilities and medical detoxification facilities shall not deny admission or treatment to an individual on the basis of the individual's inability to pay.”

In response to House Bill 815, the detoxification-only beds for residential facilities were removed from the inventory in this chapter. Licenses for acute care hospitals were revised to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds. See DFS Advisory in Appendix E.

Basic Assumptions of the Methodology

1. Children and adolescents require treatment in units that are programmatically and physically distinct from adult patient units.
2. Target occupancy of substance abuse treatment units in hospitals and residential facilities is considered to be 85 percent.
3. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. The need in this Plan is projected for Year 2012.

Sources of Data

Number of Licensed Beds in Hospitals and Residential Facilities: North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure Section; Acute Care and Home Care Licensure Section.

Number of beds with CON approval but not yet licensed: North Carolina Department of Health and Human Services, Division of Health Service Regulation, Certificate of Need Section.

Number of Beds in State-Owned Facilities:

North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Population Data:

North Carolina Office of State Budget and Management (OSBM).

Utilization Data:

Thomson collected data for the period from October 2007 through September 2008 from hospital providers, and the Cecil G. Sheps Center distilled the data down to the individual counties.

Methodology for Determining Chemical Dependency (Substance Abuse) Treatment Bed Need

The methodology is based on 2008 hospital utilization data obtained from Thomson, a collector of hospital patient discharge information. Data utilization of chemical dependency (substance abuse) residential treatment facilities in 2008 were derived from the “2009 Substance Abuse Residential Facilities Data Collection Form” as submitted to the North Carolina Division of Health Service Regulation. The data that are collected and calculated include the number of discharges, days of care, and average lengths of stay for all substance abuse patients by their county of residence and age group, for a one-year time period.

Application of the Methodology

A chemical dependency treatment bed’s service area is the mental health planning region in which the bed is located (i.e., Western, North Central, South Central, Eastern). The local management entities comprising the four mental health planning regions are listed in Table 16B. The counties comprising each of the 24 local management entity catchment areas for mental health, developmental disabilities, and substance abuse services are listed in Table 15B. Each step explained below is applied individually to the 24 mental health local management entities (LMEs), and then bed surpluses/deficits in the LMEs are combined to arrive at the total surpluses/deficits for the four mental health planning regions. Treatment utilization data from acute care and specialty hospitals and from residential treatment facilities were incorporated into the methodology.

~~Any bed need determination shall be designated as a residential treatment bed need determination. Any residential treatment bed need determination not applied for would be reallocated in accordance with Policy GEN-1 and designated for either a residential or a hospital-based treatment bed need determination.~~

Part 1: Determining Projected Patient Days of Care and Total Bed Need

Step 1: The estimated Year 2012 days of care for all age groups is determined by taking the actual Year 2008 days of care, multiplying that number by the projected Year 2012 population and then dividing by the Year 2008 population.

Step 2: The Year 2012 days of care is divided by 365 and then by 85 percent to arrive at the total bed need in Year 2012, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance abuse) treatment beds in hospitals and residential treatment facilities.

Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults

- Step 1. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) in order to arrive at the Year 2012 *unmet* bed need for all age groups (“total bed surplus/deficit”).
- Step 2: Nine percent of the total bed need is subtracted as the estimated Year 2012 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents).
- Step 3. The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2012 child/adolescent unmet bed need.
- Step 4. The adult bed need is then calculated by subtracting the child/adolescent bed “surplus/deficit” from the total bed “surplus/deficit.”

Need Determination for Adult Chemical Dependency (Substance Abuse) Treatment Beds (for Review in 2010)

Through the standard methodology, there is a need determination for three adult chemical dependency (substance abuse) treatment beds for the South Central Mental Health Planning Region. However, the need determination shall be initially limited for development of only residential chemical dependency treatment beds and not hospital-based inpatient chemical dependency treatment beds. If no CON applications are received for the need determination in the scheduled review period, the need determination shall be reallocated in accordance with Policy GEN-1 and revised to permit development of either residential or hospital-based chemical dependency treatment beds. It is determined that there is no need for any additional adult chemical dependency (substance abuse) treatment beds (inpatient or residential) anywhere else in the State. The need determination is indicated in Table 16C.

Need Determination for Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds (for Review in 2010)

Through the standard methodology, there is a need determination for two child/adolescent chemical dependency (substance abuse) treatment beds for the South Central Mental Health Planning Region. However, the need determination shall be initially limited for development of only residential chemical dependency treatment beds and not hospital-based inpatient chemical dependency treatment beds. If no CON applications are received for the need determination in the scheduled review period, the need determination shall be reallocated in accordance with Policy GEN-1 and revised to permit development of either residential or hospital-based chemical dependency treatment beds. It is determined that there is no need for any additional child/adolescent chemical dependency (substance abuse) treatment beds (residential or inpatient) anywhere else in the State. The need determination is indicated in Table 16D.

Table 16B: 2012 Projection of Chemical Dependency (Substance Abuse) Treatment Bed Need By Mental Health Planning Region (for May 27, 2009 SHCC Meeting)

A LOCAL MANAGEMENT ENTITIES AND REGIONS	B DAYS OF CARE 2008	C 2008 POPULATION	D PROJECTED 2012 POPULATION	E 2012 PROJECTED DAYS OF CARE (B x D) ÷ C	F NUMBER OF BEDS (E ÷ 365)	G TOTAL BEDS NEEDED (F ÷ 85%)	H TOTAL BED INVENTORY	I		J CHILD/ ADOL. BED NEED (G x 9%)	K CHILD/ ADOL. BED INVENTORY	L		M		N O	
								TOTAL BED SURPLUS/DEFICIT (H - G)				CHILD/ ADOL. BED NEED (K - J)		ADULT BED NEED (SURPLUS/ DEFICIT) (I-L)		2010 Treatment Bed Need Determination	
								(Deficits are Shown as Minuses)				(Deficits are Shown as Minuses)		(Deficits are Shown as Minuses)		CHILD/ ADOL	ADULT
Smoky Mountain	3,737	517,620	537,743	3,882	11	13	0	-13	1	0	-1	-12					
Western Highlands	4,849	500,760	526,062	5,094	14	16	108	92	1	6	5	87					
Pathways	3,222	377,519	407,081	3,474	10	11	12	1	1	0	-1	2					
Mental Health Partners	2,888	244,246	256,901	3,038	8	10	16	6	1	0	-1	7					
Mecklenburg	22,786	877,173	945,316	24,556	67	79	99	20	7	19	12	8					
Piedmont	10,971	718,760	804,307	12,277	34	40	53	13	4	0	-4	17					
WESTERN REGION	48,453	3,236,078	3,477,410	52,321	143	169	288	119	12	25	10	109	NONE	NONE			
Crossroads	2,680	265,733	285,863	2,883	8	9	30	21	1	0	-1	22					
CenterPoint	7,217	431,415	458,709	7,674	21	25	44	19	2	8	6	13					
A - C - R	2,154	261,081	274,933	2,268	6	7	12	5	1	12	11	-6					
Guilford	13,734	468,439	502,003	14,718	40	47	123	76	4	0	-4	80					
OPC	2,032	227,724	241,787	2,157	6	7	0	-7	1	0	-1	-6					
Durham	1,196	260,471	288,565	1,325	4	4	0	-4	0	0	0	-4					
Five County	1,958	232,796	239,150	2,011	6	6	0	-6	1	0	-1	-5					
NORTH CENTRAL REGION	30,971	2,147,659	2,291,010	33,037	91	201	209	103	10	20	10	94	NONE	NONE			
Sandhills	10,050	537,784	575,334	10,752	29	35	26	-9	3	0	-3	-6					
Southeastern Regional	2,962	254,355	262,312	3,055	8	10	0	-10	1	0	-1	-9					
Cumberland	1,471	316,945	329,653	1,530	4	5	4	-1	0	0	0	-1					
Johnston	3,390	162,776	186,976	3,894	11	13	17	4	1	0	-1	5					
Wake	13,549	864,582	1,007,113	15,783	43	51	62	11	5	8	3	8					
SOUTH CENTRAL REGION	31,422	2,136,442	2,361,388	35,013	96	113	109	-4	10	8	-2	-3	2	3			
Southeastern Center	2,703	346,990	378,980	2,952	8	10	62	52	1	0	-1	53					
Onslow - Carteret	767	239,549	252,680	809	2	3	12	9	0	4	4	5					
Beacon Center	2,300	245,954	255,616	2,390	7	8	82	74	1	20	19	55					
East Carolina Behavioral Health	1,665	399,648	418,640	1,744	5	6	0	-6	1	0	-1	-5					
Albemarle	500	182,587	182,092	499	1	2	0	-2	0	0	0	-2					
Eastpointe	1,101	292,109	299,716	1,130	3	4	0	-4	0	0	0	-4					
EASTERN REGION	9,036	1,706,837	1,787,724	9,524	26	31	156	125	3	24	21	102	NONE	NONE			

**Table 16C: Year 2012
Need Determination For Adult
Chemical Dependency Treatment Beds*
(Scheduled for Certificate of Need Review During 2010)
(for May 27, 2009 SHCC Meeting)**

H S A	Mental Health Planning Region	Adult Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
II, IV, V	South Central Region	3 Residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.	To be determined	To be determined
It is determined that there is no need for additional adult chemical dependency treatment beds (inpatient or residential) anywhere else in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).

**Table 16D: Year 2012
Need Determination For Adolescent
Chemical Dependency Treatment Beds*
(Scheduled for Certificate of Need Review During 2010)
(for May 27, 2009 SHCC Meeting)**

H S A	Mental Health Planning Region	Adolescent Chemical Dependency Treatment Bed Need Determination	CON Application Due Date**	CON Beginning Review Date
II, IV, V	South Central Region	2 Residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.	To be determined	To be determined
It is determined that there is no need for additional adolescent chemical dependency treatment beds (inpatient or residential) anywhere else in the State.				

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (See Chapter 4).

** Application Due Dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application Due Date. The filing deadline is absolute (See Chapter 3).