Medical Facilities Planning

State Health Coordinating Council Meeting
Minutes
September 28, 2011
10:00 am – 12:00 Noon
Brown Building, Raleigh, North Carolina

MEMBERS PRESENT: William Wainwright, Chair; Bill Bedsole; Greg Beier; Dr. Richard Bruch; Dr. Dennis Clements; Johnny Farmer; Anthony Foriest; Dr. Sandra Greene; Ted Griffin; Harold Hart; Laurence Hinsdale; Daniel Hoffmann; Dr. John Holt, Jr.; Dr. Eric Janis; Dr. Brenda Latham-Sadler; Frances Mauney; Dr. Prashant Patel; Dr. T.J. Pulliam; Dr. Deborah Teasley; Pam Tidwell; Dr. Christopher Ullrich; Dr. Zane Walsh; John Young

MEMBERS ABSENT: Don Beaver; Dr. Don Bradley; Dr. Leslie Marshall; Zach Miller; Jerry Parks

Medical Facilities Planning Section Staff Present: Patrick Baker; Erin Glendening; Carol Potter, Carol Hutchison and Kelli Fisk
DHSR Staff Present: Drexdal Pratt, Jim Keene, Patsy Christian, Craig Smith, Martha Frisone

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Representative Wainwright welcomed Council members, staff and visitors to the third meeting of the planning cycle for the N.C. 2012 State Medical Facilities Plan. He acknowledged this business meeting is open to the public but is not a public hearing and discussion will be limited to Council Members and staff. Representative Wainwright discussed an issue regarding requests to submit additional information and revise petitions after the end of the public comment period. This included new information sent to Council Members as recently as yesterday subsequent to Committee Meetings and in one instance, changing the nature of the request. Representative Wainwright stated that these actions could not be allowed. The Council solicited public input by conducting seven public hearings this year. To complete the business of the Council, a structured process must be maintained to receive public input regarding the Plan. This structure allows anyone to voice opinion during the public comment period and allows time for those supporting or opposing the petitions to be heard before the issues are reviewed by staff and considered by the assigned SHCC Committees. Timelines are published in advance and are available to all. The deadline for submitting requests had ended, the standing Committees have completed their work and have brought their recommendations to the full Council today for action. Representative Wainwright stated that the established process must be respected, which he has reiterated in previous meetings, and encouraged everyone to follow this process for the future. Representative Wainwright stated the purpose of the meeting was to receive recommendations from the standing committees (*i.e.,* Acute Care Services, Technology and Equipment, and Long-		

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	Term Care and Behavioral Health) regarding changes to the Proposed 2012 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. Action will be taken on up-dated tables and need projections. Following the meeting, staff will incorporate SHCC actions into a final set of recommendations which will be submitted to the Governor for review and approval. When the plan is signed by the Governor, staff will arrange for the approved N.C. 2012 State Medical Facilities Plan, scheduled to take effect on January 1, 2012, to be published as a printed document and posted on the Division of Health Service Regulation's website.		
Review of Executive Order No. 10 & 67	Representative Wainwright gave an overview of the procedures to observe before taking action at the meeting. This included the Memorandum dated September 12, 2011 from Mr. Mark Davis, General Counsel and Ms. Kendra Hill, Chief Ethics Officer providing clarification of issues related to "recusal" and "participation in deliberations." Representative Wainwright inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Representative Wainwright asked members to declare conflicts as other items arise that are not on the agenda. There were no recusals.		There were no recusals.
Introductions	Representative Wainwright asked members to introduce themselves.		
Approval of Minutes from May 25, 2011	A motion to accept the minutes of May 25, 2011 was made and seconded.	Dr. Pulliam Dr. Clements	Motion approved to accept minutes.
Recommendations from the Acute Care Services Committee	Dr. Sandra Greene gave the report from the Acute Care Services Committee, which met on 9/15/2011 to consider petitions and comments received in response to Chapters 5 through 8 of the Proposed 2012 SMFP, and to make recommendations for the Acute Care chapters of the NC 2012 SMFP. Committee members reviewed hospital data discrepancies of greater than ± five percent between 2010 Thomson Reuters and Licensure acute care days of care. Three hospitals were not able to reconcile the two data sources, one hospital did not respond, and five hospitals still exceeded the ± five percent discrepancy criterion after correcting their data. It appeared that further attempts to reconcile the data would not change the projection of no need for new beds in any of the affected service areas. The Committee directed staff to place a note in the NC 2012 SMFP for hospitals that did not respond or were not able to reconcile the data, or whose refreshed data was still beyond the established criterion. Using the refreshed Thomson data, acute care bed need projections changed only in the Yadkin County service area from five beds to zero beds. The methodology projected the following need determinations: 28 beds in Cumberland-Hoke, 27 beds in Orange, and 97 beds in Pitt-Greene-		

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	Hyde service areas for a total of 152 additional beds needed statewide. *Petitions*: The Committee received one Acute Care Bed petition during the public comment period. Petitioner: Pitt County Memorial Hospital Request: Pitt County Memorial Hospital (PCMH) requested that the need determination in the Proposed 2012 SMFP for 97 acute care beds in the Pitt-Greene-Hyde service area be reduced to 65 acute care beds. The Committee recommends approval of the petition to decrease the need determination for acute care beds in the Pitt-Greene-Hyde service area from 97 to 65. Committee Recommendation Regarding Chapter 5: The Committee recommends approval of Chapter 5, Acute Care Hospital Beds for the NC 2012 SMFP, with changes as approved. Chapter 6: Operating Rooms Since the Proposed 2012 SMFP, there have been no changes in need projections for operating rooms (ORs), and there is no need for ORs anywhere in the state. *Petitions*: Over the summer, the Committee received two petitions for this chapter and no comments, other than comments received about specific petitions. Petitioner: Blue Ridge Bone and Joint Clinic Request: The petitioner requested that the NC 2012 SMFP include a demonstration project for a single specialty, two operating room, orthopedic ambulatory surgical facility in the Buncombe-Madison-Yancey operating room service area. The Committee recommends denial of the petition. Petitioner: Boone SurgCare, PLLC Request: The petitioner requested an adjusted need determination for three additional multi-specialty operating rooms for an ambulatory surgery facility to be located in Watauga County, and serve patients from Watauga, Ashe, Avery, Alleghany, Wilkes and Caldwell counties. Committee Recommendation: The Committee recommends denial of the petition. Pediatric Operating Room Workgroup: Committee member Mr. John Young presented recommendations from the Pediatric Operating Room Workgroup:		

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	1) There is a need to change the operating room standard methodology and calculate need using a different multiplier (1.125) [to project need] for pediatric operating rooms. 2) This calculation means that all [inpatient] pediatric surgeries (except for circumcisions) be weighted at 12.5% more than adult surgeries. 3) Pediatric patients for this chapter will be defined as patients <18 years of age. Committee Recommendation: Following extensive discussion, the Committee concluded that designation of ORs for pediatric surgical services might be better handled by hospitals themselves than by a change in the standard methodology in the SMFP. The Committee voted not to move the Pediatric OR Workgroup's recommendations forward for the Proposed 2013 SMFP, and to suggest that hospitals with high volumes of pediatric cases consider submitting adjusted need determination petitions to address their needs for pediatric operating rooms. Committee Recommendation Regarding Chapter 6: The Committee recommends approval of Chapter 6, Operating Rooms for the NC 2012 SMFP, with changes as approved. <u>Chapter 7: Other Acute Care Services</u> Since the Proposed 2012 SMFP, there have been no changes in need projections for open-heart surgery services, heart-lung bypass machines, burn intensive care services or transplantation services: Petitions and Comments: Over the summer, the Committee received two petitions for the chapter, comments about petitions, and comments in response to presentation in the Proposed 2012 Plan of alternatives for the final methodology step for burn intensive care services. <u>Heart-Lung Bypass Machines</u> Petitioners: Duke University Health System, and separately, WakeMed Health and Hospitals Requests: Duke requested removal of the heart-lung bypass machine need determination methodology from the NC 2012 Plan. Should that request be denied, the petitioner requested an adjusted need determination for three additional heart-lung bypass machines in Durham County. WakeMed concurred with Duke's petition and requested removal of the heart-lung bypass machine need determination methodology from the NC 2012 Plan. The Committee recommends approval of the WakeMed petition and the part of the Duke petition to remove the heart-lung bypass machine need determination methodology from the NC 2012 Plan. The Committee recommends denial of the part of the petition from Duke for an adjusted need determination for three additional heart-lung bypass machines in Durham County. Committee Recommendation: The Committee recommends approval of the additional language		

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	for Chapter 7, attached to the Agency Report for the Duke and WakeMed petitions. Burn Intensive Care Services The Committee recommends approval of Alternative One for the final methodology step, which indicates a need for eight additional burn intensive care beds to meet the projected statewide need. Committee Recommendation Regarding Chapter 7: The Committee recommends approval of Chapter 7, Other Acute Care Services for the NC 2012 SMFP, with changes as approved. Chapter 8: Inpatient Rehabilitation Services Since the Proposed 2012 SMFP, there have been no changes in need projections for inpatient rehabilitation beds. *Petitions*: Over the summer, the Committee received one petition for this chapter and no comments, other than comments received about the petition. Petitioner: Duke University Health System Request: The petitioner requested that the need determination for inpatient rehabilitation beds in Health Service Area (HSA) IV be increased from 4 to 20 beds in the NC 2012 SMFP. The Committee recommends approval of the petition to increase the need determination for inpatient rehabilitation beds in HSA IV from 4 to 20 in the NC 2012 SMFP. Committee Recommendation Regarding Chapter 8: The Committee recommends approval of Chapter 8, Inpatient Rehabilitation Services for the NC 2012 SMFP, with changes as approved. Policy AC-3: Regarding Academic Medical Center Teaching Hospitals Committee member John Young presented comments and recommendations from the North Carolina Hospital Association (NCHA) regarding Policy AC-3 in the SMFP. After discussion and deliberation, the Committee recommends approval of the revised language for Policy AC-3 for inclusion in the NC 2012 Plan. Spring 2011 Petitions: Request: Petition from Novant Health to repeal or revise Policy AC-3 in the NC 2012 SMFP Committee Recommendation: In light of the previous recommendation to approve revised language for Policy AC-3, the Committee recommends denial of the petition. Request: Petition from Duke University Health System, North Carolina Baptist Hospital, University of North Carolina Hospitals, and Pitt County Memorial Hospital to amend Policy AC-3 in the NC		

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	2012 SMFP Committee Recommendation: In light of the previous recommendation to approve revised language for Policy AC-3, the Committee recommends denial of the petition. Representative Wainwright asked for a motion to approve the Acute Care Services Committee recommendations. Council members approved the Acute Care Services Committee recommendations.	Dr. Ullrich Dr. Clements	Motion approved to accept the Acute Care Services Committee recommendations.
Recommendations from the Technology & Equipment Committee	Dr. Christopher Ullrich reviewed the recommendations from the Technology & Equipment Committee. On September 7, 2011, the Technology and Equipment Committee met to consider petitions and comments in response to the Proposed North Carolina 2012 State Medical Facilities Plan (SMFP). <u>Chapter 9: Technology and Equipment</u> Cardiac Catheterization Equipment Section The Proposed 2012 SMFP showed one need determination for additional "fixed" unit of cardiac catheterization equipment in New Hanover County, but did not show a need determination anywhere else in the state. The Proposed 2012 SMFP showed no need determination for "shared fixed" cardiac catheterization anywhere in the state. <u>Cardiac Catheterization Data:</u> During the summer, two revisions were made to the cardiac catheterization equipment inventory table in New Hanover County, but neither revision eliminated the projected need for one additional unit of fixed cardiac catheterization equipment in the county. Two petitions for adjusted need determinations were received during the public comment period regarding cardiac catheterization equipment. New Hanover Regional Medical Center (NHRMC) requested removal of the need determination in New Hanover County for one additional unit of fixed cardiac catheterization equipment. No comments were received on the petition. Research from the Health Care Advisory Board shows a projected decline over the next 5 to 10 years in numbers of diagnostic cardiac catheterization procedures to be performed nationwide. Further, the numbers of total diagnostic cardiac catheterization procedures and total diagnostic equivalent procedures declined in the state between 2005 and 2010. Also, one additional fixed cardiac catheterization laboratory is under development at NHRMC and will provide additional capacity when operational. The Committee recommends the petition be approved, reducing the projected need in New Hanover County to zero. Iredell Health System (IHS) requested an adjusted need determination for shared fixed cardiac		

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	catheterization equipment for Iredell County in a program that provides both diagnostic and therapeutic cardiac catheterization equipment. Specifically, the petition states that the certificate of need applicant for the shared fixed cardiac catheterization equipment must use existing equipment and show evidence that therapeutic catheterization procedures have been performed for the past 12 months. Fifty-six comments were received on the petition. The petitioner bases its request for an additional shared fixed cardiac catheterization laboratory on cardiac catheterization procedures performed at Iredell Memorial Hospital after the standard reporting period (FY 2010) specified in the SMFP. Based on data for the FY 2010 reporting period, there is a surplus of two fixed cardiac catheterization laboratories in Iredell County, and Iredell Memorial Hospital showed a need for only one fixed unit, which the hospital currently owns and operates. Committee members decided the current cardiac catheterization equipment capacity is sufficient for Iredell County and unique circumstances do not exist to warrant an adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment. Therefore, the Committee recommended denial of the petition. After approval of the NHRMC petition and denial of the IHS petition, the Committee noted there are no need determinations for cardiac catheterization equipment anywhere in the state. The Committee recommends approval of the Cardiac Catheterization Equipment Section for the NC 2012 SMFP. <u>Linear Accelerator Section</u> Linear Accelerator Data: One correction was made to the linear accelerator equipment inventory in the Proposed 2012 SMFP, which added one additional linear accelerator in Pitt County. The Committee received no petitions or comments over the summer regarding the Linear Accelerator section of the SMFP. The Committee reviewed updated linear accelerator tables and noted there are no need determinations for linear accelerators anywhere in the state. The Committee recommends approval of the linear accelerator section for the NC 2012 SMFP. <u>Magnetic Resonance Imaging (MRI) Section</u> MRI Scanner Data: Several minor corrections were made to the MRI scanner inventory tables that appeared in the Proposed Plan, however, the changes did not add any MRI scanners to the inventory, increase the total number of MRI scans performed in FY 2010, or result in a projected need determination anywhere in the state. The Committee received no petitions or comments over the summer on the MRI Scanner section of the SMFP. The Committee reviewed updated MRI scanner tables, and noted there are no need determinations for fixed or mobile MRI scanners anywhere in the state. The Committee recommends approval of the MRI section for the NC 2012 SMFP. <u>Positron Emission Tomography (PET) Scanners Section</u> The Committee received no petitions or comments over the summer regarding the PET Scanner		

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	section of the SMFP. The Committee reviewed tables for PET scanners, and noted there is no need determination for fixed or mobile PET scanners anywhere in the state. The Committee recommends approval of the PET section for the NC 2012 SMFP. Lithotripsy Section The Committee received no petitions or comments over the summer regarding the Lithotripsy section of the NC 2012 SMFP. The Committee noted there is no need determination for lithotripters anywhere in the state, and recommends approval of the Lithotripsy section for the NC 2012 SMFP. Gamma Knife Section The Committee received no petitions or comments over the summer regarding the Gamma Knife section of the SMFP. The Committee noted there is no need determination for Gamma Knife equipment anywhere in the state, and recommends approval of the Gamma Knife section for the NC 2012 SMFP. The Committee recommends to the State Health Coordinating Council that Chapter 9: Technology and Equipment be adopted and that, apart from data updates discussed and approved, no substantive changes will be recommended for the NC 2012 SMFP. Other Action: In addition, the Committee authorized staff to continue to make updates and corrections to the data and tables until the NC 2012 SMFP is finalized. Representative Wainwright asked for a motion to approve the Technology & Equipment Committee recommendations. Council members approved the recommendations of the Technology & Equipment Committee.	Mr. Beier Dr. Greene	Motion approved to accept the Technology & Equipment Committee recommendations.
Recommendations from the Long-Term & Behavioral Health Committee	Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee. Dr. Pulliam stated the Long-Term and Behavioral Health Committee met on September 16, 2011 to consider petitions and comments in response to the North Carolina Proposed 2012 State Medical Facilities Plan. Chapter 10: Nursing Care Facilities One petition, two comments and five letters of support were received during the public comment period. The petitioner requested an adjusted need determination for 14 nursing care beds in Brunswick County. Due to the pattern of significant population growth, geographical size of the county, primary locations of population density within county limits, significant pending (yet to be opened) nursing care bed inventory, chronic nursing care bed deficits and an increase in the number of Brunswick County residents being served in contiguous counties, the Committee		

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	recommended the petition be approved. Based on the standard methodology and updating of the data, there was to date one county with a need determination for nursing care beds. The county and number of beds were: Camden – 10 beds. The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Nursing Care Facilities policies, assumptions, methodology, and need determinations be approved for the North Carolina 2012 State Medical Facilities Plan (SMFP). <u>Chapter 11: Adult Care Homes</u> One petition and one comment were received during the public comment period. The petitioner requested an adjusted need determination for a 50 bed Adult Care Home Demonstration Project in Alexander County. Given the petition lacked quantitative information defining the existence of the problem and lacked evaluative criteria necessary to measure the success of the project, and sought to specify an existing building in a specific county thereby proposing limits on whom can apply, and acknowledging the significant growth in the number of Special Care Units already approved statewide, the Committee recommended the petition be denied. Based on the standard methodology, updating of the data and approved adjusted need determination this past spring, there were to date 6 counties with need determinations for Adult Care Home Beds. The counties and number of beds were as follows: Chatham, 40 beds; Hyde, 30 beds; Jones, 30 beds; Gates (transferred from Perquimans), 30 beds; Tyrrel, 20 beds and Washington, 10 beds. The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Adult Care Home policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP. <u>Chapter 12: Home Health Services</u> One petition and four comments were received during the public comment period. The petitioner requested an adjusted need determination for a reduction of projected need in Mecklenburg County from two agencies to one agency. The standard Home Health methodology does not allow a placeholder for a new agency when it is developed in response to an adjusted need determination, need is projected by patients served and not by number of agencies, updating and corrections of provider submitted data has been addressed and the standard methodology continues to project need for two agencies. Therefore, the Committee recommended the petition be denied. Based on the standard methodology and updating of the data, there were to date two counties with need determinations. The counties and number of agencies were as follows: Mecklenburg, 2 Agencies; and Wake, 1 Agency.		

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	The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Home Health policy, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP. <u>Chapter 13: Hospice Services</u> Four petitions, four comments and 42 letters of support were received during the public comment period. The petitions requested adjusted need determinations for inpatient hospice beds. Petition – Carolina East Home Care & Hospice: The petitioner requested an adjusted need determination for 3 hospice inpatient beds for Duplin County. Due to minimal size of existing facility and significant increase in days of care, the Committee recommended an adjusted need determination for three additional beds in Duplin County be approved. Petition – Gordon Hospice House/Hospice of Iredell County: The petitioner requested an adjusted need determination for three hospice inpatient beds for Iredell County. The Committee recommended the petition be approved. Petition – Hospice of Rockingham County: The petitioner requested an adjusted need determination for three hospice inpatient beds for Rockingham County. Due to an extremely high occupancy rate for the previous reporting period and minimal size of new facility, the Committee recommended an adjusted need determination for two beds in Rockingham County be approved. Petition – Hospice of Scotland County: The petitioner requested an adjusted need determination for two hospice inpatient beds for Scotland County. Utilization data indicated a projected surplus of two inpatient beds through 2015. Therefore, the Committee recommended the petition be denied. Based on the standard methodology and updating of data, there was currently no need for any new Hospice Home Care Offices anywhere in the State. Additionally, there was to date, one county with a need determination for hospice inpatient beds. The county and number of beds were: Mecklenburg, 7 inpatient beds. The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Hospice Services assumptions, methodology and need determinations be approved for the NC 2012 SMFP. <u>Chapter 14: End-Stage Renal Disease Dialysis Facilities</u> One petition, one resolution and six comments were received during the public comment period. The petitioner requested an adjusted need determination for a new dialysis facility in Macon County. The Committee considered the travel distances of Macon County residents submitted within the petition as compared to Basic Principle #10a, difficult terrain and previous projected need determinations. The Committee recommended the petition be approved allowing for the		

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	development of a new dialysis facility in Macon County with a minimum of five dialysis stations, as projected in the July 2011 Semiannual Dialysis Report and a maximum of the number "projected as needed" in the most recent "Semiannual Dialysis Report" available prior to the Certificate of Need application due date. The Committee recommended no changes from what was presented in the Proposed 2012 Plan, except for updating the Summary of Dialysis Station Supply and Utilization based on the July 2011 Semiannual Dialysis Report. Chapter 15: Psychiatric Inpatient Services No petitions or comments were received on the Psychiatric Inpatient Services chapter during the public comment period. Child/Adolescent Psychiatric Inpatient Beds: Based on the standard methodology and updating of the data, there were to date 14 LME coverage areas with need determinations for Child/Adolescent Psychiatric Beds. The LME coverage areas and number of beds were as follows: Beacon Center, 5 beds; Crossroads, 4 beds; Cumberland, 4 beds; Durham, 1 bed; East Carolina Behavioral Health, 9 beds; Eastpointe, 4 beds; Five County, 4 beds; Johnston, 4 beds; Mental Health Partners, 3 beds; Piedmont, 11 beds; Sandhills, 7 beds; Smoky Mountain, 7 beds; Southeastern Center, 7 beds and Southeastern Regional, 4 beds. Adult Psychiatric Inpatient Beds: Based on the standard methodology and updating of the data, there were to date 7 LME coverage areas with need determinations for Adult Psychiatric Beds. The LME coverage areas and number of beds were as follows: Crossroads, 2 beds; Five County, 3 beds; Mecklenburg, 5 beds; Onslow-Carteret, 5 beds; Pathways, 3 beds; Smoky Mountain, 22 beds and Wake, 38 beds. The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Psychiatric Inpatient policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP. Chapter 16: Substance Abuse/Chemical Dependency Services One petition was received during the public comment period. The petitioner requested an adjusted need determination for an unspecified number of Adult beds in Robeson County. The Committee considered the fact that the petition was incomplete (due to lack of supporting data), that the Adult Substance Abuse bed need for the Southeastern Regional LME was declining, and that the number and variety of other types of Substance Abuse services available within the region of North Carolina where Robeson County is located is significant. The Committee recommended the petition be denied. Child/Adolescent Inpatient and Residential Services:		

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	Based on the standard methodology and updating of the data, there were to date three Mental Health Planning Region/LME coverage areas with need determinations for Child/Adolescent beds. The Mental Health Planning Region/LME coverage areas and number of beds were as follows: Eastern Region, 2 beds; South Central Region, 7 beds; and Western Region, 11 beds. Adult Inpatient and Residential Services: Based on the standard methodology and updating of the data, there were to date no need determinations for Adult beds anywhere in the State. The Committee recommended allowing staff to update tables and need determinations as new and corrected data are received and that the current Substance Abuse policies, assumptions, methodology, and need determinations be approved for the NC 2012 SMFP. <u>Chapter 17: Intermediate Care Facilities for the Mentally Retarded (ICF-MR)</u> No petitions or comments were received on the ICF-MR chapter during the public comment period. The Committee recommended allowing Planning staff and DHSR Mental Health Licensure Section to contact the NC Association of Community Based ICF/MR and CAP Service Providers to work together to obtain additional data from ICF/MR Providers to establish baseline occupancy and patient origin data in future years via the Licensure Renewal Process. There were to date no need determinations for any additional ICF-MR beds anywhere in the state. The Committee recommended allowing staff to update tables as new and corrected data are received and that the current ICF-MR policies, assumptions, methodology and need determinations be approved for the NC 2012 SMFP. <u>Other Action:</u> The Committee recommended allowing staff to update narratives, tables and need determinations for the NC 2012 SMFP as new and corrected data are received. Representative Wainwright asked for a motion to approve the Long-Term & Behavioral Health Committee recommendations. Council members approved the LTBH Committee's recommendations.	Mr. Foriest Mr. Young	Motion was approved to accept the Long-Term & Behavioral Health Committee recommendations.

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SHCC's Recommendation to the Governor	Having heard each of the Committee Reports, and taking action on each, Representative Wainwright asked for an additional motion to direct staff to incorporate the Council's actions into a recommended version of the N.C. 2012 State Medical Facilities Plan for submission to the Governor, with permission for staff to continue making changes to inventory and corrections to data as they are received, as well as non-substantive edits to narratives. Representative Wainwright thanked all Council Members for sharing their time with the SHCC this year, with a special "thanks" to those who played leadership roles as "Committee" or "Work Group" Chairs. He also stated he would like to thank staff for their support and everyone in the audience for their participation throughout the year, at Council meetings, Committee meetings, and Public Hearings.	Dr. Ullrich Dr. Pulliam	Motion was approved for staff to incorporate the Council's actions into N.C. 2012 SMFP for submission to the Governor and to make changes to inventory and data as received.
Other Business	Representative Wainwright announced that in response to a request from those who have to prepare "Certificate of Need Applications" to compete for need determinations in the Plan, he has asked staff to make the Council's recommended need determinations and Certificate of Need Review Dates available for work planning purposes only. These recommended need determinations and dates will be accompanied by a Disclaimer which advises everyone that nothing is final until the 2012 SMFP is signed by the Governor. Representative Wainwright also announced the dates for the State Health Coordinating Council meetings for next year, as follows: Wednesday – March 7, 2012 Wednesday – May 30, 2012 Wednesday – October 3, 2012 Representative Wainwright stated that to his knowledge, all Council meetings will be held in Room 104 of the Brown Building on the Dix Hospital Campus. Additional information for the Council and Committee meetings will be posted on the Division of Health Services Regulation's website throughout the year. Representative Wainwright asked everyone to always check the website for any "late-breaking" information on meetings.		
Adjournment	There being no further business, Representative Wainwright asked for a motion to adjourn the meeting. All Council members approved the motion to adjourn the meeting.	Mr. Beier Dr. Clements	Motion approved to adjourn the meeting.