Long Term & Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

October 2, 2013

The Long-Term and Behavioral Health (LT-BH) Committee met once after the May Council meeting, on September 11, 2013.

The following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2014 State Medical Facilities Plan.

Chapter 10: Nursing Care Facilities

There were no petitions or comments related to this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Chapter 11: Adult Care Homes

There was one petition related to this chapter.

Petition

Petitioner: Lutheran Services of the Carolinas

<u>Request</u>: The petitioner requests an adjusted need determination in the Proposed 2014 SMFP for 20 adult care home beds in Stanly County.

Comments: One comment and 11 letters of support were received.

<u>Committee Recommendation</u>: The standard methodology has consistently identified that there is no need for new adult care home beds in Stanly County, and a review of data specific to Stanly County supports the appropriateness of the outcome generated by applying the standard methodology. The Committee recommends denying this petition.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change.

Application of the methodology based on data and information currently available results in the following draft need determinations.

- Hoke County, 20 Adult Care Home beds
- Jones County, 30 Adult Care Home beds
- Pamlico County, 30 Adult Care Home beds

Need determinations are subject to change.

Chapter 12: Home Health Services

There was one petition related to this chapter.

Petition

Petitioner: Granville Vance District Health Department

<u>Request</u>: The petitioner requests the removal of the need determination in the Proposed 2014 SMFP for one Medicare-certified home health agency of office in Granville County.

<u>Comments</u>: One comment in support of this petition was received.

<u>Committee Recommendation</u>: Given that a need determination was generated for one new home health agency or office in Granville County in the Proposed 2014 SMFP based on Policy HH-3 rather than the standard methodology, it is reasonable and appropriate to recommend the need determination be removed. The Committee recommends approving this petition.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of relevant policies and methodologies based on data and information currently available results in the following draft need determinations.

• Granville County, 1 home health agency or office based on Policy HH-3.

Need determinations are subject to change.

Chapter 13: Hospice Services

There were three petitions related to this chapter.

Petition 1

Petitioner: Palliative Care Center & Hospice of Catawba Valley, Inc.

<u>Request</u>: The petitioner requests an adjusted need determination in the Proposed 2014 SMFP for three hospice inpatient beds in Catawba County.

Comments: No comments on this petition were received.

<u>Committee Recommendation</u>: The Committee acknowledges the role of a new hospice in Catawba County in contributing to the increase in Catawba County's days of care while not producing a countywide occupancy rate high enough to generate a need determination. The Committee recommends denying this petition.

Petition 2

Petitioner: W&B Health Care, Inc.

<u>Request</u>: The petitioner requests an adjusted need determination in the Proposed 2014 SMFP for a hospice residential care facility in Red Springs, NC.

Comments: No comments on this petition were received.

<u>Committee Recommendation</u>: The Committee acknowledges that because core components are not present in the petition, it was not possible to analyze the request. The Committee recommends denying this petition.

Petition 3

Petitioner: Mountain Valley Hospice & Palliative Care

<u>Request</u>: The petitioner requests an adjusted need determination in the Proposed 2014 SMFP for three hospice inpatient beds in Surry County.

<u>Comments</u>: One comment in support of this petition and 306 letters of support were received.

<u>Committee Recommendation</u>: The Committee acknowledges that by the standard methodology, the county average length of stay exceeds the statewide median average length of stay resulting in projected inpatient days of care that do not accurately reflect the hospice inpatient bed need in Surry County. The Committee recommends approving this petition.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodologies based on data and information currently available results in the following draft need determinations.

- Hospice Inpatient Beds
 - Guilford County, 15 Inpatient Beds
 - Lee County, 7 Inpatient Beds

Need determinations are subject to change.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

There was one petition related to this chapter.

Petition

Petitioner: Fresenius Medical Care

<u>Request</u>: The petitioner requests the correction of the totals of dialysis patients by county of residence and the 5-year average annual change rate of each county's total ESRD patient population, as reported in error by dialysis providers and incorporated into the July 2013 Semi-Annual Dialysis Report.

<u>Comments</u>: No comments on this petition were received.

<u>Committee Recommendation</u>: The Committee acknowledges that erroneous patient origin data will result in inaccuracies in the 5-year average annual change rate for future Semi-annual Dialysis Reports. The Committee recommends approving this petition.

The need for new dialysis stations is determined two times each calendar year. Determinations are made available in the North Carolina Semiannual Dialysis Report (SDR).

Chapter 15: Psychiatric Inpatient Services

There was one petition related to this chapter.

Petition

Petitioner: Veritas Collaborative

<u>Request</u>: The petitioner requests an adjusted need determination in the Proposed 2014 Plan for 24 adult psychiatric inpatient beds for eating disorder patients in Durham LME-MCO. Comments: One comment and 8 letters of support were received.

<u>Committee Recommendation</u>: Based on the request that the need determination be restricted to Durham LME-MCO even though these beds would serve as a statewide resource and because the petition failed to meet the minimum criteria for review, the Committee recommends denying this petition.

Because the Agency's analysis shows a need for such beds in North Carolina, the Committee further recommends including a statewide need determination in the 2014 Proposed SMFP for 25 adult psychiatric inpatient beds for eating disorder patients, which will be excluded from the SMFP's inventory for the purposes of determining need within the state. The Committee further recommends that the need determination include the following wording:

The beds shall serve adults with a primary diagnosis of Eating Disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) or equivalent criteria in the International Criteria of Diseases and Related Health Problems, Ninth Edition (ICD-9), such as anorexia nervosa, bulimia nervosa, binge-eating disorder, or eating disorder not otherwise specified.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in the following draft need determinations.

- Child Psychiatric Inpatient Beds:
 - Cardinal Innovations 1 LME-MCO, 17 beds
 - o Cumberland LME-MCO, 8 beds
 - o Durham LME-MCO, 1 bed
 - o East Carolina Behavioral Health LME-MCO, 12 beds
 - Eastpointe LME-MCO, 22 beds
 - o Johnston LME-MCO, 5 beds
 - o Smoky Mountain 1 LME-MCO, 3 beds
 - Smoky Mountain 2 LME-MCO, 4 beds

Long Term & Behavioral Health Committee Report October 2, 2013; page 5 of 5

- Adult Psychiatric Inpatient Beds:
 - Coastal Care LME-MCO, 4 beds
 - Durham LME-MCO, 1 bed
 - Smoky Mountain Center 1 LME-MCO, 8 beds
 - Wake LME-MCO, 56 beds

Need determinations are subject to change.

Chapter 16: Substance Abuse Inpatient & Residential Services

There were no petitions or comments on this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in the following draft need determinations.

- Child Substance Abuse Inpatient & Residential Service Beds:
 - Eastern Region, 6 beds
 - Central Region, 3 beds
 - Western Region, 15 beds
- Adult Substance Abuse Inpatient & Residential Service Beds:
 - Eastern Region, 16 beds
 - Central Region, 23 beds

Need determinations are subject to change.

Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities

There were no petitions or comments on this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.

Application of the methodology based on data and information currently available results in no draft need determinations at this time. Need determinations are subject to change.

Recommendations Related to All Chapters

The Committee recommends the current assumptions and methodologies for these chapters be accepted for the Proposed 2014 SMFP. In addition, references to dates would be advanced one year, as appropriate. Committee members authorized staff to update narratives, tables and need determinations for the Proposed 2014 SMFP as new and corrected data are received.