
Long Term and Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

October 1, 2014

The Long-Term and Behavioral Health (LT-BH) Committee met once after the May Council meeting, on September 16, 2014.

Following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2015 State Medical Facilities Plan.

Chapter 10: Nursing Care Facilities

There was one petition related to this chapter.

Petition

- **Request:** Bermuda Village Retirement Community requests an adjusted need determination for 12 nursing care beds in Davie County in the 2015 SMFP.
- **Committee Recommendation:** The standard methodology has consistently identified that there is no need for new nursing care beds in Davie County, however because of local characteristics of nursing care facility utilization, the Committee recommends approving this petition.

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

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 were no petitions related to this chapter.

The inventory has been updated based on available information to reflect any changes and includes placeholders where 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.

- Brunswick County, 330 Adult Care Home beds
- Jones County, 20 Adult Care Home beds
- Washington County, 10 Adult Care Home beds

Need determinations are subject to change.

Chapter 12: Home Health Services

There were two petitions related to this chapter.

Petition 1

- **Request:** Myriad Homecare Agency (MHA), LLC requests an adjusted need determination for one Medicare-certified home health agency or office in Wake County to address the special needs of the Hispanic-Latino population in the 2015 SMFP.
- **Committee Recommendation:** Wake County residents are well served by home health providers. Based on data available to the agency it is not possible to determine that there is sufficient need among the Hispanic-Latino population to support one additional Medicare-certified home health agency or office in Wake County. The Committee recommends denying this petition.

Petition 2

- **Request:** Triangle Orthopaedic Associates, PA (TOA) requests an adjusted need determination for one Medicare-certified home health agency or office located in either Wake, Durham, or Orange County, committed to coordinating post-acute care with an orthopaedic surgery program as part of a demonstration project in the 2015 State Medical Facilities Plan (SMFP).
- **Committee Recommendation:** Residents of Wake, Durham, and Orange counties are well served by home health providers. According to the Proposed 2015 SMFP, “it is determined that there is no need for additional Medicare-certified home health agencies or offices anywhere in the state.” Chapter Two of the SMFP mentions that petitions requesting adjusted need determinations are limited to an adjusted need determination in the North Carolina Proposed State Medical Facilities Plan. There are no newly developed demonstration projects in the Proposed 2015 SMFP for any kind of facility, service, or equipment. However, SHCC Committees initiate demonstration projects of any type. Then the SHCC Chairman establishes a workgroup that meets with stakeholders to develop the demonstration project criteria. For this planning cycle, the SHCC has not initiated any demonstration projects. The Committee recommends denying this petition.

Policies Applicable to Home Health Services (HH) Revised

Policy HH-3: Need determination for Medicare-certified Home Health Agency in a County

When a county¹ has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the *next* annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

¹ Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.

The committee recommends adoption of the revised policy language. ***(Only read highlighted text, if inclined do so)**

Additionally, the committee took action to remove a need determination for one Medicare-certified home health agency or office in Granville County that was generated by Policy HH-3 prior to the committee's recommended adoption of revised policy language.

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

The application of the methodology based on data and information currently available results in no draft need determinations.

Need determinations are subject to change.

Chapter 13: Hospice Services

There were three petitions related to this chapter.

Petition 1

- **Request:** Burke Hospice and Palliative Care, Inc. (BHPC) requests an adjusted need determination for three hospice inpatient beds in Burke County in the 2015 SMFP.
- **Committee Recommendation:** The petition outlined several unique circumstances that exist and demonstrate the need for three additional inpatient beds in Burke County. The most notable of these made by BHPC is how the application of the standard methodology does not accurately project hospice days of care (DOC) based on what is occurring in the county. To accurately reflect what is occurring in the county, the committee recommends projecting 2018 days of care for the inpatient estimate utilizing 2018 days of care at the county average length of stay (ALOS) for Burke County. This will result in a total projected

hospice inpatient bed deficit of three beds. Burke County's total admissions, DOC, and ALOS have steadily increased on the last four reporting periods. Nearly one-half of all county deaths are served by hospice. The Committee recommends approving this petition.

Petition 2

- **Request:** Caldwell Hospice and Palliative Care requests an adjusted need determination for three hospice inpatient beds for Caldwell County in the 2015 SMFP.
- **Committee Recommendation:** Because the county average length of stay exceeds the statewide median average length of stay and results in projected inpatient days of care figures that do accurately reflect the hospice inpatient bed need in Caldwell County by the standard methodology, the Committee recommends approving this petition.

Petition 3

- **Request:** Richmond County Hospice, Inc. requests an adjusted need determination for three hospice inpatient beds in Richmond County in the 2015 SMFP.
- **Committee Recommendation:** The Committee acknowledged that it is difficult to forecast the changes and trends in healthcare utilization based on one year's worth of data. The committee recommends denial of this petition.

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

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

- Hospice Home Care Office
 - Cumberland County, 1 Office
- Hospice Inpatient Beds
 - No draft need determinations at this time.

Need determinations are subject to change.

Chapter 14: End-Stage Renal Disease Dialysis Facilities

There were no petitions or comments on this chapter.

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

The Committee did review and adopt revised format for Table A and Table B to be incorporated in the next Semi-annual Dialysis Report.

Chapter 15: Psychiatric Inpatient 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 where 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.

- Adult Psychiatric Inpatient Beds:
 - Alliance Behavioral Healthcare, 43 beds
 - Coastal Care System, 26 beds

- Child/Adolescent Psychiatric Inpatient Beds:
 - East Carolina Behavioral Health, 18 beds
 - Eastpointe, 25 beds
 - Smoky Mountain Center, 3 beds

Need determinations are subject to change.

Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Dependency Treatment Beds)

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 where 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.

- Adult Chemical Dependency (Substance Abuse) Residential Treatment Beds:
 - Eastern Region, 26 beds
 - Central Region, 52 beds

- Child/Adolescent (Substance Abuse) Residential Treatment Beds:
 - Eastern Region, 10 beds
 - Central Region, 18 beds
 - Western Region, 2 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 where applicable. The inventory is subject to further change.

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 to the State Health Coordinating Council approval of Chapters 10 - 17: Long-Term and Behavioral Health with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.