

Sent via electronic mail to: [DHSR.SMFP.Petitions-Comments@dhhs.nc.gov](mailto:DHSR.SMFP.Petitions-Comments@dhhs.nc.gov)

May 6, 2020

Ms. Valerie Jarvis, Chair  
Long-Term and Behavioral Health Committee  
North Carolina State Health Coordinating Council  
c/o Division of Health Service Regulation  
Healthcare Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

**Re: Potential Changes to Behavioral Health Need Methodologies**

Dear Ms. Jarvis and Members of the Committee:

WakeMed appreciates the opportunity to comment on the recent overview of potential changes in the need methodologies for Psychiatric and Substance Use Disorder beds for consideration in Chapters 14 and 15 of the Proposed 2021 State Medical Facilities Plan. Given that the current bed need methodologies were adopted in 1983, we appreciate the Committee's willingness to review options for their modification. WakeMed acknowledges the difficulty in gauging true behavioral health bed need across the state, given that not all beds slated for transfer from State-owned hospitals to private facilities have been added to the official inventory, and that not all behavioral health beds in operation, and their respective utilization, are reported to DHSR.

Regarding Psychiatric beds, most of the options provided by the Agency offer logical solutions for modifications of the existing methodology. Of these, Option 1 (modifying service areas from LME-MCOs to Health Service Areas) and Option 2 (modifying the basis for calculating utilization) are both feasible alternatives, yet do not sufficiently address the inherent limitations of the current methodology. Only Option 4, maintaining the status quo. Is not an acceptable alternative.

Short of a complete overhaul of the Behavioral Health bed need methodologies, which would be both time- and resource-intensive, Option 3, eliminating the mathematically-based need methodology, presents the best alternative moving forward. Adoption of such a change would allow persons to propose new beds subject to CON review and approval, if conforming to CON Rules and SMFP parameters. Given that several other services regulated in the SMFP do not rely on a mathematical calculation of need, this would not create an undue precedent.

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In summary, WakeMed supports the adoption of Option 3 for the Behavioral Health bed need methodologies in the Proposed 2021 SMFP. Thank you again for allowing us to comment. If you have questions, please feel free to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Robbie Roberts". The signature is written in a cursive, flowing style.

Robbie Roberts  
Manager, Market Planning