
Long-Term and Behavioral Health Committee

Recommendations to the North Carolina State Health Coordinating Council

September 29, 2021

The Long-Term and Behavioral Health Committee held its final meeting of the year on September 9. The following is an overview of the Committee's recommendations for Long-Term Care Facilities and Services, Chapters 10-16, of the *2022 SMFP*.

Chapter 10: Nursing Homes

The Agency received one petition with no comments regarding nursing home facilities.

PruittHealth submitted a petition for an adjusted need determination for 36 nursing home beds in Cabarrus County, based on the impact of COVID-19 and the future need for nursing home beds. The Agency received five letters of support for the petition. Before the COVID-19 pandemic, Cabarrus County was experiencing growth in the number of nursing home patients, such that its 2019 occupancy was 86%. Even with an almost 20% drop in patients in 2020, the county maintained an 80% occupancy rate. Cabarrus County is also experiencing an 8% annual population growth with a projected 18.02% growth in the 65 and older population by 2025. The Committee concurred with the Agency's recommendation to approve the petition.

Data Updates

There were no significant updates to the tables in this chapter. Application of the methodology currently results in no need determinations. However, approval of the petition would result in a total need for 36 beds.

Chapter 11: Adult Care Homes

The Agency received one petition with no comments regarding adult care homes.

ALG submitted a petition for an adjusted need determination of 70 ACH beds in Hoke County, based on the impact of COVID-19 and the future need for ACH beds. Hoke County had a need for 80 beds in the 2021 SMFP but no applications were received. This need reflected an increase in utilization in 2019. The Agency found that the drop in residents in the 2018 data was due to a closed facility. The later increase in utilization was due to the facility reopening, rather than to a naturally occurring and sustainable growth in utilization. Also, the utilization trend did not appear to be related to the effects of COVID. The Committee concurred with the Agency's recommendation to deny the petition.

Data Updates

The application of the adult care home methodology based currently results in need determinations for 10 adult care home beds in Swain County.

Chapter 12: Home Health Services

The Agency received one petition related to this chapter.

BAYADA petitioned for an adjusted need determination for one Medicare-certified home health agency or office in Buncombe County. The Agency received five comments regarding this petition; three in support and two in opposition. There is a need determination when the projected deficit in the county exceeds 325 patients. Buncombe County has a deficit of 125 patients. The Petitioner asserted that the deficit is understated and proposed that the need determination should be calculated using only Buncombe county data only. BAYADA offered an alternate calculation in the Petition to reflect this assertion. However, the calculation did not use Buncombe county's data throughout the calculation. The Agency used Buncombe county's calculation throughout the methodology and found that the county deficit was 147 patients, which is still far below the

threshold of 325 patients for a new agency. The Committee concurred with the Agency's recommendation to deny the petition.

Data Updates

Updates have been made to the data for home health. Application of the methodology currently results in no need anywhere in the state for a new Medicare-certified home health agency or office.

Chapter 13: Hospice Services

The Agency received no petitions relating to hospice services.

Data Updates

The staff recommended and the committee agreed to a technical edit to Step 10-d.-2) of the hospice home care methodology by changing the word "certification" to "licensing" for the 2022 SMFP. In early 2022 (during preparation for the Proposed 2023 SMFP), staff will propose a more detailed rewrite of Step 10 of the methodology.

Also, the Committee agreed to eliminate Table 13G (Inventory of Hospice Residential Beds) from the 2022 Plan at the recommendation of staff. Table 13G contains identical data to that presented in Table 13F.

Application of the methodologies currently results in no need determinations for hospice home care agencies and a need determination for 10 hospice inpatient beds in Cumberland County.

Chapter 14: Psychiatric Inpatient Services

The Agency received no petitions, comments, or data updates related to this chapter. There is no need determination methodology for these beds.

Chapter 15: Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)

The Agency received no petitions, comments, or data updates related to this chapter. There is no need determination methodology for these beds.

Chapter 16: Intermediate Care Facilities for Individuals with Intellectual Disabilities

The Agency received no petitions, comments, or data updates related to this chapter. There is no need determination methodology for these beds. However, the committee agreed to a revision to Table 16A to organize ICF/IID facilities by county rather than by LME-MCO.

Recommendations Related to All Chapters

The Committee recommends to the State Health Coordinating Council approval of Chapters 10 through 16: Long-Term Care Facilities and Services, with the understanding that staff is authorized to continue making necessary updates to the narratives, tables, and need determinations.