

MEETING MINUTES

Long Term Care and Behavioral Health Committee Meeting

April 9, 2020

****NOTE:** Due to COVID-19 this meeting was conducted via WebEx. Members of the public were allowed to attend by phone only.

ATTENDEES

SHCC Members

Valerie Jarvis
 Vincent Morgus
 Glendora Brothers
 Tim Rogers
 James Martin
 Christopher Ullrich
 Cooper Linton
 Denise Michaud
 Tonya McDaniel

Staff

Amy Craddock
 Tom Dixon
 Martha Frisone
 Derrick Hunter (AG)
 Trenesse Michael
 Melinda Boyette

PDA, Inc.

Elizabeth Brown
 Kelly Ivey
 Andrea
 Emmanuel
 Gloria Hale
 Fatimah Wilson
 Julie Faenza
 Tanya Saporito

Issue	Discussion
Business Meeting Introduction	Ms. Jarvis called the meeting to order at 10:20am. Committee member Introductions. Introductions of all Division of Health Service Regulation staff members in attendance. Review of Executive Order No. 46. <ul style="list-style-type: none"> • No recusals
Business Meeting – 2021 SMFP	Approval of meeting minutes from September 5, 2019; approval carried unopposed with no discussion. Mr. Rogers made a motion seconded by Ms. Brothers to accept the minutes as written. The vote carried unopposed with no discussion.
Chapter 10 – Nursing Care Facilities	Ms. J recognized Trenesse Michael, Planner for Healthcare Planning Section. Ms. M reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Nursing Care Facilities. Ms. Michaud made a motion seconded by Mr. Martin to accept the policies and methodology as written. The vote carried unopposed with no discussion. <u>Technical Edits</u> Ms. M presented technical edits for Chapter 10 – seen here – to the committee. <ul style="list-style-type: none"> • Mr. Morgus – 3rd paragraph reporting year – clarifies to the current data • Ms. Michael and Dr. Craddock confirmed Technical edits do not require a vote from the committee.
Chapter 11 – Adult Care Homes	Ms. M reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Adult Care Beds. Ms. Michaud made a motion seconded by Ms. Brothers to accept the policies and methodology as written. The vote carried unopposed with no discussion.

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	<p><u>Technical Edits</u> Technical edits for Chapter 11 mirror Chapter 10. No discussion.</p>
<p>Chapter 12 – Home Health Services</p>	<p>Ms. J recognized Elizabeth Brown, Planner for Healthcare Planning Section.</p> <p>Ms. B reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Home Health Services.</p> <p>Mr. Rogers made a motion seconded by Ms. Brothers to accept the policies and methodology as written. Ms. J opened the floor for discussion.</p> <ul style="list-style-type: none"> • Mr. Rogers – the staff is helping the Agency to collect data from reporting from organization across the state; understand some is still outstanding. Agency update on current status? <ul style="list-style-type: none"> ○ Ms. B – The Agency does not currently have an update; the deficit in data if more significant in hospice than in home health <p>The vote carried unopposed.</p>
<p>Chapter 13 – Hospice Services</p>	<p>Ms. B reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Hospice Services.</p> <p>Ms. Brothers made a motion seconded by Mr. Morgus to accept the policies and methodology as written. Ms. J opened the floor to discussion.</p> <ul style="list-style-type: none"> • Mr. Linton – may need to look at this methodology if have aberrant data as a result for COVID-19. Will have anecdotal from the community soon. <ul style="list-style-type: none"> ○ Dr. C – the Agency has been thinking and talking about this. It expects anomalies, but really unclear as to what it may look like. The Agency will look to people with expertise to advise. <p>The vote carried unopposed.</p> <p>Additional discussion occurred regarding COVID-19 and the home health / hospice market:</p> <ul style="list-style-type: none"> • Dr. U – The experience in Charlotte is that few COVID-19 patients are making it to hospice. The trend seems to be recovery or death. How will changes affect data? Will the Agency normalize against the year before? <ul style="list-style-type: none"> ○ Ms. B – The Planners look at the data presented and work to normalize it as appropriate in the modeling. As a team, the Agency decides how to handle the outliers; those suggestions are brought to the appropriate committee to make a final decision • Dr. U – Has Mr. Linton seen similar trend? <ul style="list-style-type: none"> ○ Mr. Linton – It is too early to tell. Agree that the trend has not hit hospice, but more so in home health. Patients are presenting at home in home health, or treating at the hospital and recovering at home with post-acute care. Not sure that Wake is seeing the same surge as Mecklenburg. ○ Mr. Rogers – The NCHA is trying to understand these trends as well. Home health workers are trying to be ready, assuming there is available PPE. AHHC has also seen increased referrals to home health. Agencies in urban sectors are bracing for surge. AHHC is working with NC/DHHS to pre-emptively waiver language needed for inpatient settings should that become an issue. • Ms. Brothers – Sentara has also seen a rapid decline in inpatient. With such a quick process, there has been concern over making referrals to hospice – it just can’t happen fast enough. They are also committed to keeping home health staff safe with insufficient PPE. One trend of note is significant kidney failure. • Mr. Linton – At this time the only early anecdotal evidence available is a surge in in-home infusion referrals, especially in urban markets.

Issue	Discussion
Chapter 14 – Psych & Inpatient Services	<p>Ms. J recognized Andrea Emmanuel, PhD, Planner for Healthcare Planning Section.</p> <p>Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Psychiatric and Inpatient Services.</p> <p>Mr. Rogers made a motion seconded by Ms. Brothers to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p>
Chapter 15 – Substance Abuse Disorder / Chemical Dependence	<p>Ms. J recognized Andrea Emmanuel, PhD, Planner for Healthcare Planning Section.</p> <p>Dr. E reviewed the policies and methodology applicable to this chapter. She reported no Agency recommended changes or petitions related to Substance Abuse Disorders / Chemical Dependence.</p> <p>Mr. Martin made a motion seconded by Ms. Michaud to accept the policies and methodology as written. The vote carried unopposed with no discussion.</p>
Chapter 16 – ICF-IID	<p>Ms. J recognized Andrea Emmanuel, PhD, Planner for Healthcare Planning Section.</p> <p>Dr. E reviewed the policies applicable to this chapter. This chapter has no methodology.</p> <p><u>Policies ICF-IID 1-3</u> Discussion with staff from the Mental Health Agency revealed these policies are not currently relevant or needed. Agency recommends deletion of these policies.</p> <p><u>Policies ICF-IID 4-5</u> Likely this is covered under Policy ICF-IID 5, if the new Policy ICF-IID 5 is adopted. See the proposed policy here.</p> <ul style="list-style-type: none"> • Ms. J – will the policy be renumbered? <ul style="list-style-type: none"> ○ Dr. E and Martha Frisone confirmed that the policy number will remain “5” even if it is the only policy. This avoids confusion when looking back at other CONs. <p>She reported no Agency petitions related to ICF-IID.</p> <p>Ms. Michaud made a motion seconded by Mr. Martin to accept the policies and methodology as written.</p> <ul style="list-style-type: none"> • Dr. U – I am aware of two facilities in the state with these beds that exceed the 15 bed maximum set in the policy. How do they fit into these definitions? Why is there a limitation of 15 beds? <ul style="list-style-type: none"> ○ Ms. F – The need determination that allowed those facilities to apply for and be awarded more beds included a waiver of those rules. The limitation is in the rules, which haven’t been repealed as yet. The policy therefore reflects the rule. • Mr. Morgus – Check the edit on last line – “pieces” not “prices”. <p>The vote carried unopposed.</p>
Other Business	<p>Ms. J recognized Amy Craddock, Assistant Chief of Healthcare Planning for a special proposal.</p> <p><u>Patient Origin Tables</u> Dr. C explained that Tables 9A, 12A, and 13A provide patient origin data for ESRD, Home Health, and Hospice. The tables, while they provide important information, the data is not used in the methodologies for need determinations. Recommendation that the data be found online only and not included in the hard copies of the SMFP. This was presented to the Full SHCC in March. At that time, the committee recommended that the affected committees discuss the change internally and vote.</p>

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	<ul style="list-style-type: none"> • Mr. Rogers– As point of clarification, those patient origin listed on the sheet, are those going online too? <ul style="list-style-type: none"> ○ Dr. C – Those patient origin table are already online; we provided that as an example. • Mr. Rogers – For those persons / entities that I represent, Table 12A is the one that is used the most. Do not believe that it will save much very much money if eliminated. It is a really useful written document. Over 100 Agencies use those tables in planning. <ul style="list-style-type: none"> ○ Dr. C. – To my knowledge, no one has bought 100 SMFPs this year. I agree they are useful, but that is not reflected in purchase records of the SMFP. Truthfully, it is not about saving money, it is about saving space – 94 pages – in the printed SMFP. We are running the risk of bumping up into the maximum number of pages that can be comfortably bound. I understand that people like the paper as a tool. That said other industries use applicable patient origin data for their planning and have found the online access reasonable. It makes sense to have all posted in one place. • Mr. Linton – Is there a way to produce in a format that is downloadable and able to be manipulated? Planners would appreciate ability to upload a more user friendly download version <ul style="list-style-type: none"> ○ Dr. C – If planners are using a printed copy, don’t have that ability now. However, the Agency does not usually present data that way to the public. It probably can be done, but we haven’t done in the past ○ Ms. J – How would a hospice utilize the info if changeable format ○ Mr. Linton – When looking at unmet need in community, or planned for growth, being able to look at patient origin or any collected data would be embraced by provider community. Just encourage to move to more digital user friendly • Dr. U – Is the posted data in excel? <ul style="list-style-type: none"> ○ Dr. C – No it’s a PDF • Mr. Rogers – I propose keeping Table 12A (home health) in the book and moving 13A (hospice) to the web. <ul style="list-style-type: none"> ○ Dr. C – The Agency can consider it. ○ Mr. Rogers – the report on hospice is provided from another source and therefore would cause less strain on providers using it. • Ms. Frisone – I am struggling why with having a printed copy is more convenient than a website? The Agency is really concerned about being able to print a Plan at all if we can’t cut down on total pages. • Ms. J – Is there any history of other chapters having issues when the change was made? <ul style="list-style-type: none"> ○ Ms. Frisone – Other chapters have never been included, They have only been available by request until they were posted online. The change would only apply to Hospice and Home Health. • Mr. Linton – I don’t see a distinction between seeing a link that’s printed vs. already printed. I had hoped the discussion would lead to how we present info to the Agency; that we could find a way that is more efficient and less errored and easier to use. <ul style="list-style-type: none"> ○ Ms. Frisone – The online data presentation to the division is coming; unsure of timeline; maybe not till 2022. <p>Mr. Morgus made a motion seconded by Ms. Michaud to accept the Agency proposal to post patient origin data online. The motion passed with one opposition.</p> <p>No other business was presented.</p>
<p>Business Meeting – 2021 SMFP</p>	<p>Ms. Brothers made a motion seconded by Mr. Rogers that the business meeting adjourn at 11:50a.</p> <p>The vote carried unopposed.</p>

These minutes are believed to be an accurate account of the meeting held. If there is any understanding to the contrary, please contact the undersigned within seven (7) days of receipt of these minutes.

Submitted by:

Kelly Ivey
PDA, Inc.