

MEETING MINUTES**Long Term Care and Behavioral Health Committee Meeting**

May 14, 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**

Valarie Jarvis
Glendora Brothers
Chris Ullrich
Tim Rogers
Cooper Linton
Denise Michaud
Vincent Morgus
Quintana Stewart
James Martin

Staff

Amy Craddock
Tom Dixon
Martha Frisone
Elizabeth Brown
Andrea Emmanuel
Derrick Hunter (AG)
Trenesse Michael
Fatimah Wilson
Gloria Hale
Melinda Boyette

PDA, Inc.

Kelly Ivey
Monica Martinez
Nancy Lane

Issue	Discussion
Business Meeting Introduction	<p>Ms. Jarvis called the meeting to order at 10:08 am.</p> <p>Committee member Introductions. Introductions of all Division of Health Service Regulation staff members in attendance.</p> <p>Review of Executive Order No. 122.</p> <ul style="list-style-type: none"> Cooper Linton: Duke (employer) submitted comments on the proposed Psych Methodology; he reported no financial interest, but wanted the committee aware of the connection. <p>Ms. J recognized Amy Craddock, Asst. Chief of Healthcare Planning for housekeeping announcements:</p> <p>She reviewed Gov. Cooper's review of Senate Bill 704, which requires remote meetings of government bodies during a State of Emergency. As a result, SHCC meetings will occur via WebEx. Because the meetings are open to the public for attendance, the Agency will release instructions for connecting at least 7 days prior to the meeting date.</p> <p>For ease of communication, all SHCC members were asked to identify themselves before speaking and all votes will be taken by roll call. Members count in the quorum only if present on the call. If during the call the quorum lost, the committee can still vote on action items, but the public can question the decision. All comments by committee in the written chat function of WebEx during the meeting will be saved and considered part of public record.</p> <p>Questions have been asked about the June SHCC meeting and the July Public Hearings. SB704 would apply to these meetings. However, at this time no decision has been made regarding format of those meetings. As soon as the Agency is able to determine best course of action, announcements will be made on the website and via interested parties email blast.</p>

Issue	Discussion
Business Meeting – 2021 SMFP	<p>Mr. Rogers made a motion seconded by Mr. Morgus to approve the minutes from the April 9, 2020 meeting; the vote carried unopposed with no discussion.</p> <p>Ms. J explained that going forward in the meeting, because votes will be taken by roll call, instead of voting on each chapter, the committee will have one comprehensive vote to at the end of the meeting addressing all chapters at once. At that time, committee members will have the opportunity to request a discussion or vote on a specific item if needed.</p>
Chapter 10 – Nursing Care Facilities	<p>Ms. J recognized Trenesse Michaels, Planner.</p> <p>TM reviewed the data tables and proposed need determinations for C10.</p> <ul style="list-style-type: none"> • The number of licensed beds in the state did increased this year. • No need determinations were generated. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion. There was none.</p>
Chapter 11 – Adult Care Homes	<p>Ms. J recognized Trenesse Michaels, Planner.</p> <p>TM reviewed the data tables and proposed need determinations for C11.</p> <ul style="list-style-type: none"> • The number of beds in the state decreased this year. • The methodology generated 5 need determinations seen here. • The data at this time is preliminary and subject to ongoing revisions. <p>TM made one additional note that technical edits to made to C11 were identical to those approved for C10 during the April LTCBH meeting. The updates are posted to the website.</p> <p>Ms. J opened the floor for discussion:</p> <p style="padding-left: 40px;">Mr. Morgus – there is a real diff between a need of 10 ACH beds and 80 ACH beds. Which is an outlier? Why is there such a large difference?</p> <p style="padding-left: 80px;">TM – The bed rates in the methodology are based on population and lower utilization breeds higher need.</p> <p style="padding-left: 80px;">Tom Dixon – The number of counties with a need of 10 beds (4 counties) versus those that need 80 beds (1 county) is more of a coincidence that anything.</p>

Issue	Discussion
Chapter 12 – Home Health Services	<p>Ms. J recognized Elizabeth Brown, Planner</p> <p>EB noted first that in during the 4/9/2020 meeting, the committee approved removing the patient origin tables from the written SMFP. As a result, the table numbers in Chapters 12 and 13 have changed.</p> <p>EB reviewed the data tables and proposed need determinations for C12.</p> <ul style="list-style-type: none"> • All data tables have been posted for review. • The methodology generated 1 need determination for a Medicare-certified Home Health Agency in Mecklenburg County. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion:</p> <p>Ms. J – At the previous meeting, there was discussion of leaving the tables in C12 and 13 numbered the same, but instead of including the full patient origin data, leaving a place holder with the link to the online data. Has that changed?</p> <p>AC – You are correct. The table numbers will not change; we will adjust and do what was agreed to in the meeting.</p> <p>Mr. Rogers – Also, our agency will be helping to instruct and supplements. EB are you getting the data you needed from places lacking at previous meeting?</p> <p>EB – We are still lacking data for home health from 8 facilities. For purposes of this table, we ran scenarios with and without data using the 3-year average or just the previous year. The published tables reflect using the previous year’s data and that still only generated one need. We had the same issue with four hospice agencies and handled that data the same way.</p>
Chapter 13 – Hospice Services	<p>Ms. J recognized Elizabeth Brown, Planner</p> <p>EB reviewed the data tables and proposed need determinations for C13.</p> <ul style="list-style-type: none"> • All data tables have been posted for review. • The methodology generated no need determinations. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion. There was none.</p>
Chapter 14 – Psych & Inpatient Services	<p>Ms. J recognized Andrea Emmanuel, Planner</p> <p>AE reviewed the data tables and proposed need determinations for C14.</p> <ul style="list-style-type: none"> • All data tables have been posted for review. • The methodology generated no need determinations. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion:</p> <p>Mr. Rogers – is this methodology using the presentation that was sent out separately?</p> <p>AE – No, this is based on current approved methodology. AC will review the proposed in a presentation later.</p>
Chapter 15 – Substance Abuse Disorder / Chemical Dependence	<p>Ms. J recognized Andrea Emmanuel, Planner</p> <p>AE reviewed the data tables and proposed need determinations for C15.</p> <ul style="list-style-type: none"> • All data tables have been posted for review. • The methodology generated no need determinations. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion. There was none.</p>

Issue	Discussion
Chapter 16 – ICF-IID	<p>Ms. J recognized Andrea Emmanuel, Planner</p> <p>AE reviewed the data tables and proposed need determinations for C16.</p> <ul style="list-style-type: none"> • All data tables have been posted for review. • The data looks like there was a five-bed decrease from last year. However, the lower number is correct. Previously “new beds” were counted as additions when in fact they were relocations. • The methodology generated no need determinations. • The data at this time is preliminary and subject to ongoing revisions. <p>Ms. J opened the floor for discussion. There was none.</p>
Voting / Add'l Discussion	<p>Ms. J opened the floor for discussion and voting on all chapters.</p> <p>Dr. Ullrich commented that COVID-19 has affected financial stability of healthcare providers across the state. Atrium had a \$30M quarterly loss. The SHCC may see many petitions this summer to remove need determinations in 2021 because providers will be unable to apply.</p> <p>No further discussion.</p> <p>Ms. Brothers made a motion seconded by Ms. Stewart to accept the tables as written and allow staff to make technical edits and update data.</p> <p>AC conducted vote by roll call. The motion carried unopposed.</p>
Psych Bed Methodology discussion	<p>Ms. J recognized Amy Craddock, Asst. Chief of Healthcare Planning.</p> <p>AC reviewed the presentation regarding the psych bed methodology. See presentation here.</p> <p>The presentation was sent out to the public and received 10 comments. Most of the comments focused on the adult psych methodologies, not children. No comments were received regarding substance abuse.</p> <p>The comments were generally about improving access, the Agency agrees that the current methodology does not promote improved access.</p> <p>Ms. Brothers – Agrees in needing equity in access. Patients in her area are having a crisis of elderly with dual diagnoses and staying in ED too long. AC – agree that is a non-starter, beds in state or ACHs are only options, but most don't have geriatric beds, especially with violence in the mix; would like to address that kind of equity but unsure how.</p> <p>Mr. Rogers – Could you discuss the mix of who submitted comments and what they said? Full elimination of the methodology: Atrium, NCHA, Duke Needs additional review: Mission</p> <p>Mr. Rogers – There is a precedent set in other chapters that a task force be put together. I recommend not making a decision today, but instead involving stakeholders. Don't want to overlook some patients.</p> <p>Dr. Ullrich – The presentation is all based on statements with no dialogue amongst stakeholders. The Agency has a long history of being unable to even give beds away. Not in favor of just eliminating the methodology. I think that this is not really an action item, but the beginning of a discussion. It may even need legislation. Furthermore, because of COVID-19, not sure when it would be possible to have a stakeholder meeting. Preferably not over WebEx. Maybe there is a round 2 of comments on the comments.</p>

Issue	Discussion
	<p>AC – I was hoping mostly for additional insights out of this meeting, not an action item. The Agency started this internal discussion and review 2 years ago. It has taken that long to get to a place to bring it to the committee. We need help thinking of things we haven't thought of; or other things to try.</p> <p>Mr. Morgus – Not often a representative of Small Business that could chime in, but here is a thought. We have been working a lot in telehealth; being actively engaged with several. How does that relate to this topic and get incorporated into the conversation.</p> <p>Ms. Frisone – In that case, CON law only regulates inpatient 24-hr treatment facilities. So there are many mental health services not addressed.</p> <p>Ms. J – It looks like a work group is the action item. Can we have small groups? I know right now the quarantine requires 10 or less people together. Is that a possibility over the next season?</p> <p>Ms. Frisone – It's true that groups of 10 can meet, but these meetings have to be open to the public and we would have no control of how many people would want to attend.</p> <p>Ms. J – Could the committee meet in person and the public join via WebEx?</p> <p>**The committee continued a discussion of various meeting options and their feasibility during pandemic restrictions. The conclusion was that the committee would work to find something that is inclusive and meets regulations. The focus of the taskforce would be all four methodologies at once. The Agency will request a second round of comments on the presentation.</p>
Other Business	Ms. J explained that Gov. Cooper signed an amendment to Chapter 3 of the 2020 SMFP adjusting the CON application due date schedule in response to COVID-19. The updated schedule can be seen here.
Business Meeting – 2021 SMFP	Ms. Michaud made a motion seconded by Mr. Linton to adjourn the business meeting adjourn at 11:45a. AC conducted the vote by roll call, which carried unopposed.

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.