

RRC STAFF OPINION

*PLEASE NOTE: THIS COMMUNICATION IS EITHER 1) ONLY THE RECOMMENDATION OF AN RRC STAFF ATTORNEY AS TO ACTION THAT THE ATTORNEY BELIEVES THE COMMISSION SHOULD TAKE ON THE CITED RULE AT ITS NEXT MEETING, OR 2) AN OPINION OF THAT ATTORNEY AS TO SOME MATTER CONCERNING THAT RULE. THE AGENCY AND MEMBERS OF THE PUBLIC ARE INVITED TO SUBMIT THEIR OWN COMMENTS AND RECOMMENDATIONS (ACCORDING TO RRC RULES) TO THE COMMISSION.*

AGENCY: Secretary of Health and Human Services

RULE CITATION: State Medical Facilities Plan

RECOMMENDED ACTION:

- X Approve. Note staff's comment
- Object, based on:
  - Lack of statutory authority
  - Unclear or ambiguous
  - Unnecessary
  - Failure to comply with the APA
- Extend the period of review

COMMENT:

The Department of Health and Human Services is required to create an annual State Medical Facilities Plan. The Plan used to be a rule and, as such, was subject to the Administrative Procedure Act. Session Law 2003-229 amended the APA to state that the State Medical Facilities Plan is exempt from the APA. However, the Plan is still subject to RRC review to ensure that the process was conducted in accordance with the statute.

G.S. 131E-177 states, in relevant part:

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

(4) Develop policy, criteria, and standards for health service facilities planning; shall conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in [G.S. 131E-176\(16\)](#)f., and equipment as specified in [G.S. 131E-176\(16\)](#)f1., which shall include consideration of adequate geographic location of equipment and services; **and develop a State Medical Facilities Plan;**

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G.S. 131E-176(25) states:

(25) "State Medical Facilities Plan" means the plan prepared by the Department of Health and Human Services and the North Carolina State Health Coordinating Council, and approved by the Governor. In preparing the Plan, the Department and the State Health Coordinating Council shall maintain a mailing list of persons who have requested notice of public hearings regarding the Plan. Not less than 15 days prior to a scheduled public hearing, the Department shall notify persons on its mailing list of the date, time, and location of the hearing. The Department shall hold at least one public hearing prior to the adoption of the proposed Plan and at least six public hearings after the adoption of the proposed Plan by the State Health Coordinating Council. The Council shall accept oral and written comments from the public concerning the Plan.

G.S. 150B-2(8a)k. states:

(8a) "Rule" means any agency regulation, standard, or statement of general applicability that implements or interprets an enactment of the General Assembly or Congress or a regulation adopted by a federal agency or that describes the procedure or practice requirements of an agency. The term includes the establishment of a fee and the amendment or repeal of a prior rule. The term does not include the following:

k. The State Medical Facilities Plan, if the Plan has been prepared with public notice and hearing as provided in G.S. 131E-176(25), reviewed by the Commission for compliance with G.S. 131E-176(25), and approved by the Governor.

Given the statutory mandates, the RRC does not review the contents of the Plan, but instead reviews the process to ensure compliance with G.S. 131E-176(25). The Department of Health and Human Services and State Health Coordinating Council have submitted documentation to the RRC showing compliance with all parts of G.S. 131E-176(25).

In its submission, the Department and Council provided the mailing and email list of persons who requested notice of public hearings regarding the Plan and were provided notice of the date, time, and location of each hearing.

The agencies provided notice of each hearing date via email on January 17, 2014. It also provided noticed on February 19, 2014, through the Winston Salem Journal, of the initial public hearing, which was held on March 5, 2014. Following that hearing, the Council adopted the proposed plan on May 23, 2014.

The agencies held six public hearings after the adoption. In addition to the January 17, 2014 email notice, the notice was also published on June 19, 2014 in the Asheville Citizen Times. The six public hearings were held:

1. July 8, 2014 in Wilmington.
2. July 11, 2014 in Greensboro.
3. July 15, 2014 in Asheville.
4. July 18, 2014 in Charlotte.
5. July 22, 2014 in Greenville.

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6. July 30, 2014 in Raleigh.

The Department submitted sign-up sheets for each hearing and Council minutes, showing that written and oral comments were received and reviewed. The Plan was adopted on October 1, 2014. The plan was approved by the Governor on December 22, 2014.

Staff believes that the Department and Council fulfilled the requirements of G.S. 131E-176 and recommends finding the agencies conformed to G.S. 131E-176(25) in preparing the State Medical Facilities Plan.

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Division Director

MEMORANDUM

**TO:** Amanda Reeder, Staff Attorney  
Rules Review Commission

**FROM:** Drexdal Pratt, Division Director *DR*

**SUBJECT:** 2015 State Medical Facilities Plan

**DATE:** December 16, 2014

FILED  
2014 DEC 16 PM 1:08  
OFFICE OF  
ADMIN HEARINGS

In the 2003 Session of the General Assembly, House Bill 1151 (SL 2003-229) was ratified to amend the Administrative Procedure Act. Among other things, the legislation amended GS 150B-2(8a) and GS 131E-176(25) to exclude from rule-making the State Medical Facilities Plan (SMFP) if it had been prepared with public notice and hearings.

The purpose of this memorandum is to ask the Rules Review Commission to review the process of adopting the 2015 SMFP for compliance with GS 131E-176(25).

Attached for your review and consideration are several attachments attesting to our compliance with GS 131E-176(25). Those include several notices of hearings, minutes from meetings of the State Health Coordinating Council, and evidence where oral and written comments were accepted for the 2015 SMFP. When Governor McCrory has approved and signed the Plan, I will email the signature page to you.

Should you have any questions or need additional information, please feel free to contact me at 855-3811.

Enclosures

cc: Martha Frisone, Interim Chief CON

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## Development of N.C. 2015 State Medical Facilities Plan Summary

Pursuant to G.S. 131E-176(25), the N.C. 2015 State Medical Facilities Plan (Plan) was prepared by the Medical Facilities Branch of the Department of Health and Human Services in collaboration with the N.C. State Health Coordinating Council (SHCC) and approved by the governor.

### **Interested Parties**

A list of interested parties is kept on file with the Medical Facilities Planning Branch. Names are added upon request. **(Attachment A)**

### **Public Hearings**

A total of seven public hearings were held in conjunction with the development of the Plan. **(Attachment A-1)**

#### ***Prior to the adoption of the Proposed Plan on May 28, 2014 by the SHCC***

##### **1. March 5, 2014**

- Dorothea Dix Campus  
801 Biggs Street  
Raleigh, NC  
The Brown Building – Room 104
- Newspaper ad regarding hearing and notifications **(Attachment B)**
- Sign-in sheet for meetings **(Attachment C)**

#### ***Following adoption of the proposed Plan on May 28, 2014 by the SHCC***

##### **2. July 8, 2014**

- Coastal Area Health Education Center
- Wilmington

##### **3. July 11, 2014**

- Greensboro Area Health Education Center
- Greensboro

##### **4. July 15, 2014**

- Mountain Area Health Education Center
- Asheville
- Newspaper ad regarding six statewide hearings and notifications **(Attachment D)**
- Sign-in sheets for six statewide public hearings **(Attachment E)**

##### **5. July 18, 2014**

- Carolinas College of Health Sciences
- Charlotte

6. July 22, 2014

- Pitt County Office Bldg.
- Greenville

7. July 30, 2014

- Dorothea Dix Campus
- Raleigh

#### **Public Comments**

The SHCC accepted oral and written comments from the public concerning the Proposed Plan at the March 5, 2014, SHCC Meeting and Public Hearing. At the October 1, 2014 meeting the chairman of the three standing committees provided reports on the petitions and comments to the Council from the Acute Care Services Committee, Long-Term and Behavioral Health Committee and Technology and Equipment Committee. At this same meeting, the members of the SHCC adopted the final Plan. **(Attachment F)**

#### **Governor approval**

The Plan was submitted to the governor's office for approval on November 1, 2014. It was signed on December \_\_\_\_, 2014. **(Attachment G)**

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<input type="checkbox"/>	danderson@carolinashealthcare.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	danny.waller@onslowmemorial.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				

<input type="checkbox"/>	dave.auderson@carolinashealthcare.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	david.long@pendermemorial.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	dcsuddreth@autumncorp.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	DeeDeeMurphy@healthplanningsource.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	djfrench45@bellsouth.net	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	dlegarth@n.rr.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	dlewis@rpcconsulting.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	dmiller@rowan.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	DZerman@unch.unc.edu	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	ed.rush@iredellmemorial.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	erick.hawkins@rexhealth.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	erikl@corplawoffice.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	fbeck@fredbeck.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	fcampbell@brookspierce.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	fkirschbaum@nexsenpruet.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	hcallaway@raleighortho.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				

<input type="checkbox"/>	<a href="mailto:jht@jht-law.com">jht@jht-law.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jim.roskelly@mosescsone.com">jim.roskelly@mosescsone.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jjennings@wakemed.org">jjennings@wakemed.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jlewis@ncmedsoc.org">jlewis@ncmedsoc.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jimhaubenreiser@novanthealth.org">jimhaubenreiser@novanthealth.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:Joel.Mills@advhomecare.org">Joel.Mills@advhomecare.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jorser@wakemed.org">jorser@wakemed.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:joselyn.westcott@ssa.gov">joselyn.westcott@ssa.gov</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:jreynolds@kirschlaw.com">jreynolds@kirschlaw.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:kbutler@randolphhospital.org">kbutler@randolphhospital.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:kristy.hubard@nhnmc.org">kristy.hubard@nhnmc.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:kstein@raleighortho.com">kstein@raleighortho.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:lhamby@catawbavalleyinc.org">lhamby@catawbavalleyinc.org</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:lisle@granvillemedical.com">lisle@granvillemedical.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:lmiller@capefearvalley.com">lmiller@capefearvalley.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:MAllen@nexsenpruet.com">MAllen@nexsenpruet.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:maxm@corplawoffice.com">maxm@corplawoffice.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<input type="checkbox"/>	<a href="mailto:mdickinson@hprhs.com">mdickinson@hprhs.com</a>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				

<input type="checkbox"/>										
<input type="checkbox"/>	mlodge@ncdoj.gov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	mphelps@ncmedsoc.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	mvicario@ncha.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	nlane@pda-inc.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	Noah.Huffstetler@nelsonmullins.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	pdhkr@beaufortco.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	ppack@pda-inc.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	robin.leake@goldenliving.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	roblumbres@gmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	rroberts@wakemed.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	skeene@ncmedsoc.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	skwaddle@autumncorp.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	staylor@wakemed.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	stgodwin@capefearvalley.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	timrogers@homeandhospicecare.org	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	
<input type="checkbox"/>	yaggy001@mc.duke.edu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)	



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
  
Drexdal Pratt  
Division Director

January 10, 2014

**MEMORANDUM**

**TO:** Interested Parties of the North Carolina State Medical Facilities Plan

**FROM:** Nadine Pfeiffer, Branch Manager *NP*  
Medical Facilities Planning Branch

**SUBJECT:** 2014 North Carolina State Medical Facilities Plan

**DATE:** January 10, 2014

On December 18, 2013, the 2014 North Carolina State Medical Facilities Plan was posted on the North Carolina Division of Health Service Regulation division's web site at <http://www.ncdhhs.gov/dhsr/ncsmfp>. Individuals are able to view, print or download the plan free of charge. Printed copies are now available for purchase on-line with a credit card (MasterCard or Visa). Some individuals may choose to complete the enclosed order form and return it with payment to order a printed copy. If so, please see the enclosed order form for details.

For your convenience enclosed you will find a schedule for all the State Health Coordinating Council (SHCC), committee meetings and public hearings for the North Carolina 2015 State Medical Facilities Plan. In addition, please see the enclosed reallocation notice.

Enclosures

NP:kf

cc: Drexdal Pratt  
Shelley Carraway

[www.ncdhhs.gov](http://www.ncdhhs.gov) • <http://www.ncdhhs.gov/dhsr/mfp/index.html>  
Tel 919-855-3865 • Fax 919-715-4413

Location: Edgerton Building, 809 Ruggles Drive • Raleigh, NC 27603  
Mailing Address: 2714 Mail Service Center • Raleigh, NC 27699-2714  
An Equal Opportunity / Affirmative Action Employer



**Fisk, Kelli**

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**From:** Fisk, Kelli  
**Sent:** Friday, January 17, 2014 3:40 PM  
**To:** DHHS.DHSR.MFP.Interested.Parties  
**Cc:** Carraway, Shelley; Pfeiffer, Nadine; Glendening, Erin  
**Subject:** 2014 State Medical Facilities Plan  
**Attachments:** 2014 SMFP - NP.pdf; 2014 SMFP Order Form.pdf; Meeting - Public Hearing Dates For 2014.pdf; Reallocation - Bertie Co. From The 2013 SMFP.pdf

Please see the attachment regarding the order form for the N.C. 2014 SMFP. Also included you will find a schedule for all the SHCC, committee meetings and public hearings for the 2015 SMFP. In addition, please see the reallocation notice.

We are expecting hard copies of the Plan in our office by the end of next week.

Thank you,  
Kelli Fisk  
N.C. Department of Health and Human Services  
Program Assistant V, Medical Facilities Planning Branch - Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, N.C. 27603  
Phone: 919-855-3866  
Fax: 919-715-4413  
[kelli.fisk@dhhs.nc.gov](mailto:kelli.fisk@dhhs.nc.gov)  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

## **North Carolina State Health Coordinating Council**

March 5, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 28, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
October 1, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

Directions to the Brown Building can be found at:  
[www.ncdhhs.gov/dhsr/brown.html](http://www.ncdhhs.gov/dhsr/brown.html)

**The Council will conduct a public hearing on statewide issues related to development of the North Carolina Proposed 2015 State Medical Facilities Plan immediately following the business meeting on March 5, 2014.**

### **Acute Care Services Committee**

April 11, 2014 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 9, 2014 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	1:00 p.m.
September 12, 2014 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

### **Long-Term and Behavioral Health Committee**

April 8, 2014 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 6, 2014 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
September 16, 2014 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

### **Technology and Equipment Committee**

April 23, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 7, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
September 17, 2014 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

**◆PUBLIC HEARINGS: North Carolina Proposed 2015 State Medical Facilities Plan◆**

Citizens are invited to attend public hearings on the North Carolina Proposed 2015 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

<b>Wilmington</b>	<b>July 8, 2014</b> <i>(Tuesday)</i>	<b>1:30-2:30 p.m.</b>	New Hanover Regional Medical Center 2131 S. 17th Street Wilmington, NC Classroom D 910-343-7491
<b>Greensboro</b>	<b>July 11, 2014</b> <i>(Friday)</i>	<b>1:30-2:30 p.m.</b>	The Women's Education Center Women's Hospital 1200 North Elm Street Greensboro, NC Room 5 & 6 336-832-1000
<b>Asheville</b>	<b>July 15, 2014</b> <i>(Friday)</i>	<b>1:30-2:30 p.m.</b>	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Pisgah Room 828-257-4400
<b>Charlotte</b>	<b>July 18, 2014</b> <i>(Friday)</i>	<b>1:30-2:30 p.m.</b>	Carolinas College of Health Sciences 1200 Blythe Blvd. Charlotte, NC Room 240 704-355-5043
<b>Greenville</b>	<b>July 22, 2014</b> <i>(Tuesday)</i>	<b>1:30-2:30 p.m.</b>	Pitt County Office Bldg. Commissioners Auditorium 1717 West 5 <sup>th</sup> Street Greenville, NC Commissioner's Auditorium 2 <sup>nd</sup> Floor 252-902-2950
<b>Raleigh</b>	<b>July 30, 2014</b> <i>(Wednesday)</i>	<b>1:30-2:30 p.m.</b>	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968

# North Carolina 2014 State Medical Facilities Plan Order Form

Name: \_\_\_\_\_  
*(Required)*

Organization: \_\_\_\_\_  
*(Optional)*

Mailing Address: \_\_\_\_\_  
*(Required)*

\_\_\_\_\_

E-Mail: \_\_\_\_\_  
*(Optional)*

Phone Number: \_\_\_\_\_  
*(Required)*

If your zipcode is inside N.C.  
and does not begin with  
287, 288 or 289:

\$20.60	NC 2014 SMFP
<u>7.45</u>	Shipping
\$28.05	Per Copy

If your zipcode begins with  
287, 288, 289 or outside of NC:

\$20.60	NC 2014 SMFP
<u>8.90</u>	Shipping
\$29.50	Per Copy

Number of copies \_\_\_\_\_ x \$ = \$ \_\_\_\_\_  
*(Required)* *Total Due*

Check enclosed in amount of: \$ \_\_\_\_\_  
*Same as Total Due*

Checks should be made to: North Carolina Division of Health Service Regulation

Return completed form to: Division of Health Service Regulation  
Medical Facilities Planning Branch  
2714 Mail Service Center  
Raleigh, N.C. 27699-2714



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Drexdal Pratt  
Division Director

MEMORANDUM

TO: Recipients of the 2014 State Medical Facilities Plan

FROM: Craig R. Smith, Chief *CR Smith*  
Certificate of Need Section

Nadine Pfeiffer, Branch Manager *NP*  
Medical Facilities Planning

DATE: December 23, 2013

SUBJECT: **Reallocation of one acute care bed for Bertie County from the 2013 State Medical Facilities Plan (SMFP) pursuant to Policy GEN-1**

The Certificate of Need Section and the Medical Facilities Planning Branch of the Division of Health Service Regulation announce the reallocation of one (1) acute care bed in Bertie County from the 2013 SMFP. The reallocation is the result of no applications being filed for the review that began December 1, 2013.

As a result, there is now a need for one (1) acute care bed in Bertie County. The certificate of need review for this bed begins May 1, 2014. Therefore, persons who are interested in applying for the one (1) acute care bed in Bertie County must submit their CON application to the CON Section no later than 5:30 p.m. on April 15, 2014.

For more information, write the Certificate of Need Section, Division of Health Service Regulation, 2704 Mail Service Center, Raleigh, North Carolina 27699-2704 or call (919) 855-3873.



Certificate of Need Section

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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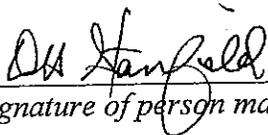
# AFFIDAVIT OF PUBLICATION

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared D.H. Stanfield, who being duly sworn, deposes and says: that he is Controller of the Winston-Salem Journal, engaged in the publishing of a newspaper known as the Winston-Salem Journal, published, issued and entered as second class mail in the City of Winston-Salem, in said County and State: that he is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a true copy of which is attached hereto, was published in the Winston-Salem Journal on the following dates:

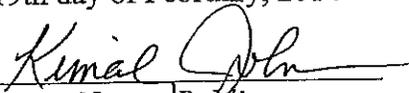
February 19, 2014

and that the said newspaper in which such notice, paper document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

This 19th day of February, 2014

  
(signature of person making affidavit)

Sworn to and subscribed before me, this 19th day of February, 2014

  
Notary Public

My Commission expires: September 28, 2015

**KIMALEY JOHNSON**  
NOTARY PUBLIC  
FORSYTH COUNTY  
STATE OF NORTH CAROLINA  
MY COMMISSION EXPIRES 9-28-2015

## PUBLIC NOTICE

**NORTH CAROLINA  
STATE HEALTH COORDINATING  
COUNCIL MEETING  
and  
PUBLIC HEARING**

The North Carolina State Health Coordinating Council will meet **Wednesday, March 5, 2014** at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C. This session will include a business meeting and a public hearing.

At the conclusion of the business meeting, a public hearing will be held to allow individuals to comment on issues with statewide implications as work begins on the North Carolina Proposed 2015 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to the Medical Facilities Planning Branch of the DHHS Division of Health Service Regulation by March 5, 2014 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Medical Facilities Planning Branch, please visit: <http://www.ncdhhs.gov/dhsr/ncsmfp/>.

The State Medical Facilities Plan is an annual document which contains policies and methodologies used in determining need for new health care facilities and services in North Carolina. The major objective of the plan is to provide individuals, institutions, state and local government agencies, and community leadership with policies and projections of need to guide local planning for specific health care facilities and services.

People with disabilities who need assistance to participate in the meeting are requested to notify the Medical Facilities Planning Branch in advance so that reasonable accommodations can be arranged. People who use a TDD may contact the Planning Branch via "RELAY" at 1-800-735-8262.

WSJ: February 19, 2014

**Fisk, Kelli**

---

**From:** Fisk, Kelli  
**Sent:** Tuesday, February 18, 2014 5:10 PM  
**To:** DHHS.DHSR.MFP.Interested.Parties  
**Cc:** Carraway, Shelley  
**Subject:** March 5, 2014 Public Hearing Notice  
**Attachments:** PUBLIC NOTICE FOR 3-5-14.doc

Thank you,  
Kelli Fisk  
N.C. Department of Health and Human Services  
Program Assistant V, Medical Facilities Planning Branch - Division of Health Service Regulation  
809 Ruggles Drive  
Raleigh, N.C. 27603  
Phone: 919-855-3866  
Fax: 919-715-4413  
[kelli.fisk@dhhs.nc.gov](mailto:kelli.fisk@dhhs.nc.gov)  
[www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr)

# PUBLIC NOTICE

## NORTH CAROLINA

### STATE HEALTH COORDINATING COUNCIL MEETING

and

### PUBLIC HEARING

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March 5, 2014 NC STATE HEALTH COORDINATING COUNCIL

1. Jerry Parks- Chairman

*[Handwritten signature]*

2. Dr. Richard Akers

*Richard E. Akers*

3. Christina Apperson

(A)

4. Donald C. Beaver

(A)

5. Greg Beier

*Greg Beier*

6. Dr. Don Bradley

(A)

7. Dr. Richard Bruch

(A)

8. Dr. Dennis Clements

*Dr. Dennis Clements*

9. Johnnie R. Farmer

*Johnnie R. Farmer*

10. Anthony Foriest

*Anthony Foriest*

11. Ted N. Griffin

*Ted N. Griffin*

12. Laurence C. Hinsdale

(A)

13. Daniel F. Hoffmann

*Daniel F. Hoffmann*

14. Timothy Ludwig

*Timothy Ludwig*

15. Dr. Leslie Marshall

(A)

16. Zach Miller

(A)

17. Dr. Jeffrey Moore

*Jeffrey Moore*

18. Michael Nagowski

*Michael Nagowski*

19. Dr. Charles Niemeyer

*Charles Niemeyer*

20. Dr. Prashant Patel

*Prashant Patel*

21. Dr. Karl Pete (present)

*present*

22. Dr. Thomas J. Pulliam

*Thomas J. Pulliam*

23. Deborah Smith

*Deborah Smith*

24. Dr. Deborah Teasley

*Deborah Teasley*

25. Dr. Christopher G. Ullrich

*Christopher G. Ullrich*

26. Paul Wiles

*to MCC*

27. John Young

*[Handwritten signature]*

*[Handwritten notes on right margin]*

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Name	Representing	Speaking
Tiffany Brooks	MedQuest	no
Tim Rogers	AHHC NC	no
Jay Boel	Piedmont Dialysis	no
Tracey Colvard	AHITE	NO
Robbie Roberts	WakeMed	
Kevin Smith	Alliant	NO
Greg Bass	CHS	NO
Todd Hemphill	BOBE Hemphill	NO
MIKE VICARIO	NCHA	No
NANCY LANE	PDA	No
LINDSEY JORDAN	WAKE RADIOLGY	NO
DEAN MURPHY	Ascendient	NO
Gary Qualls	KL Gates	No
BERNIE VONLEHMEN	GMK Associates	NO
Carolyn Haer	KL Gates	no
Eric Rull	Johns Health	Yes

Meeting of the North Carolina State Health Coordinating Council & Public Hearing  
The Brown Building - Raleigh, N.C.

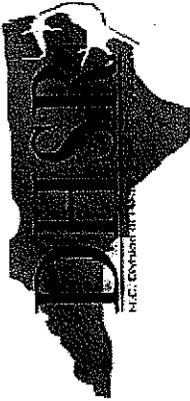
March 5, 2014

10:00 a.m.

4 TOTAL SPEAKERS

Please Print

Name	Representing	Speaking
Daniel Carter	Ascendient	No
DAVID FRENCH	ALLIANCE HEALTHCARE	NO
Jill Rosenblum	NBM Health Planning	NO
Sandy Godwin	CFVHS	NO
Ruth Marker	Johnston Health	no
Tracey Woodruff	Johnston Health	NO
April Colver (Sam)	Johnston Health	no
Sam Clark	NCHCPA	Yes
<del>Theresa F...</del>		
Barbara Freedy	Norant Health	Yes
Jeff Shovelin	Vidant Health	NO
David Meyer	KeyStone Planning	No
DAVID LEGARIT	DANES PLANNING	NO
✓ Ruth Levy	Heath Law Firm	Yes
Melissa Streater	Cone Health	No
MAX MASON	PRINCIPLE LTC	NO
CRAIG SPIVEY	PRINCIPLE LTC	NO
BRIM MOORE	MISSION HEALTH	NI
Nancy Jones Martin	NBM HPA	NO
Catharine Cummer	DUHS	No



# State Health Coordinating Council Meeting Minutes

March 5, 2014

10:00 am – 12:00 Noon

Brown Building, Raleigh, North Carolina

## Medical Facilities Planning

**MEMBERS PRESENT:** Jerry Parks; Greg Beier; Dr. Dennis Clements; Johnnie Farmer; Anthony Foriest; Ted Griffin; Daniel Hoffmann; Timothy Ludwig; Mike Nagowski; Dr. Charles Niemeyer; Dr. Prashant Patel; Dr. T.J. Pulliam; Dr. Deborah Teasley; Dr. Christopher Ullrich; John Young

**MEMBERS ABSENT:** Donald Beaver; Dr. Don Bradley; Dr. Richard Bruch; Laurence Hinsdale; Dr. Leslie Marshall; Zach Miller;

**Medical Facilities Planning Section Staff Present:** Nadine Pfeiffer; Paige Bennett; Elizabeth Brown; Shelley Carraway; Selena Youmans; Tom Dickson

**DHSR Staff Present:** Drexdal Pratt; Martha Frisone; Lisa Pittman; Gloria Hale

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Mr. Parks welcomed Council members, staff and visitors to the first meeting of the planning cycle for the 2015 State Medical Facilities Plan. Mr. Parks explained the meeting had two parts, with there being a business meeting that was open to the public, but was not a public hearing and afterwards, there being a public hearing for anyone wishing to address the State Health Coordinating Council (SHCC) and make comments on issues they wished to bring before the Council. He noted that this was the first of seven public hearings to be held this year with the other six to be held this summer.		
Introductions	All Council members introduced themselves, stating their workplace and position on the council. Mr. Drexdal Pratt, DHSR Division Director, introduced staff from Planning and Certificate of Need.		
Review of Executive Order No. 10 and No. 67	Mr. Parks gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order Nos. 10 and 67. Mr. Parks inquired if any member had a conflict of interest, needed to declare if they were deriving a financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. No member affirmed having a conflict of interest, potentially deriving a financial benefit from any matter on the agenda and no member recused themselves from voting on any agenda item. Mr. Parks requested that if a conflict of interest arose for a member during the meeting, the member would make a declaration of the conflict.		
Approval of Minutes from October 3, 2012	A motion was made and seconded to approve the minutes of October 2, 2013 as presented.	Dr. Ullrich Mr. Griffin	Motion approved
Report from the February 5, 2014 PET Discussion Meeting	Dr. Ullrich stated attending the February 5, 2014 meeting were numerous groups of stakeholders, Alliance Imaging (current operator of two mobile PET systems, various planners, hospital and university managers, and two SHCC members (Dr. Ullrich and Dr. Bradley.) Additionally, stakeholders that had submitted a petition within the last six years		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
	<p>were invited.</p> <p>Dr. Matthew Mauro, Chairman, Department of Radiology, UNC School of Medicine: presented a succinct and informative summary on the research and clinical indications for the use of PET technology along with the limitations. Dr. Mauro stated in summary, the next 1-3 years PET would continue to be used primarily in the treatment of cancer. Dr. Mauro noted there were biomarkers being developed that make the use of PET in the diagnosis and treatment of other diseases more feasible in the future.</p> <p>Dr. Ullrich stated there was a broad consensus on the basics for changing how to deal with PET at the SHCC level. Dr. Ullrich stated there was concern about an unresolved issue on how a mobile site would be able to add additional time if they chose to use a different provider and how one would access current sites that have another provider. The question that remains is should more capacity be made?</p> <p>Dr. Ullrich also noted stakeholders expressed concern that there needs to be some restraints on moving mobile capacity into counties with existing fixed sites. Dr. Ullrich stated many of those sites are underutilized and that capacity and access may not be an issue in those counties. How to balance the need to continue services in the rural counties would be one of the challenges the Technology and Equipment Committee will deal with. Dr. Ullrich noted whatever changes are implemented, the results cannot jeopardize the rural service as part of the reform of the process.</p> <p>Dr. Ullrich stated the group broadly agreed that a set of changes could be achieved this year. He thanked everyone that contributed thoughts and ideas on how to move forward with PET methodology.</p>		
Recess Business Meeting	Mr. Parks concluded the business meeting.		
Convening of the Public Hearing Regarding the Proposed 2015 SMFP	<p>Mr. Parks called the Public Hearing to order with four individuals signed up to speak.</p> <p>The first speaker was Mr. Sam Clark from Nursing Home Association. Mr. Clark asked the Council for a change in the nursing home bed need methodology.</p> <p>The second speaker was Ms. Barbara Freedy from Novant/MedQuest. Ms. Freedy asked the Council for a change in the PET methodology.</p> <p>The third speaker was Ms. Ruth Levy from Health Law. Ms. Levy asked the Council for a change in the hospice inpatient bed methodology.</p>		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
36	<p>The fourth speaker was Dr. Eric Janis from Johnston Health. Dr. Janis asked the Council to create language in the 2015 Plan that would clarify that fixed cardiac catheterization equipment at hospitals should be able to perform both diagnostic and interventional procedures.</p> <p>Mr. Parks asked if anyone else in the audience would like to speak. Mr. Tim Rogers stated he would like to speak.</p> <p>Mr. Tim Rogers from the Association of Home and Hospice Care of North Carolina talked about revising the hospice methodology.</p>		
Reconvene Business Meeting	Mr. Parks adjourned the public hearing and reconvened the business meeting.		
Adjournment	With no other business, Mr. Parks adjourned the meeting.		



**State Health Coordinating Council Minutes**

**May 28, 2014**

**10:00 a.m. – 12 Noon**

**Medical Facilities Planning Branch**

**Brown Building Room 104, Raleigh, North Carolina**

<p><b>Members Present :</b> Dr. Christopher Ullrich; Trey Adams; Dr. Richard Akers; Christina Apperson; Don Beaver, Peter Brunnick; Stephen DeBiasi; Dr. Mark Ellis; Dr. Sandra Greene; Kelly Hollis; Kurt Jakusz; Representative Donny Lambeth; Stephen Lawler; Dr. Robert McBride; Dr. Jeffrey Moore; Dr. Jaylan Parikh; Dr. Prashant Patej; Dr. Karl Pete; Dr. T.J. Pulliam</p>
<p><b>Members Absent :</b> Douglas Cody; Senator Ralph Hise; Denise Michaud; Gloria Whisenhunt</p>
<p><b>Medical Facilities Planning Branch Staff Present:</b> Nadine Pfeiffer; Paige Bennett; Elizabeth Brown; Andrea Emanuel; Tom Dickson; Kelli Fisk</p>
<p><b>DHSR Staff Present:</b> Drexdal Pratt; Martha Frisone;</p>
<p><b>AG's Office:</b> June Ferrell</p>

<b>Agenda Items</b>	<b>Discussion/Action</b>	<b>Motions</b>	<b>Recommendations/ Actions</b>
<b>Welcome &amp; Announcements</b>	<p>Dr. Ullrich welcomed council members, staff and visitors to the second meeting of the planning cycle for the N.C. 2015 State Medical Facilities Plan. He acknowledged this meeting was open to the public but was not a public hearing. Dr. Ullrich stated that the focus of the meeting was to hear recommendations from the Acute Care Services, Technology &amp; Equipment and Long-Term and Behavioral Health Committees of the SHCC for the incorporation of policies, assumptions, need methodologies and preliminary need determination projections for the Proposed 2015 State Medical Facilities Plan (SMFP).</p> <p>Dr. Ullrich asked the council members and staff for a brief introduction.</p> <p>Dr. Ullrich publically acknowledged all former members and their contributions of the SHCC.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>58  <b>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council</b></p>	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up. There were no recusals.</p>		
<p><b>Approval of Minutes from March 5, 2014</b></p>	<p>A motion was made and seconded to approve the minutes of March 5, 2014.</p>	<p>Dr. Pulliam Dr. Patel</p>	<p>Motion approved</p>
<p><b>Recommendations from the Acute Care Services Committee</b></p>	<p>Dr. Greene presented the report from the Acute Care Services committee, which met twice after the March council meeting, first on April 22<sup>nd</sup> and again on May 9<sup>th</sup>.</p> <p>Dr. Greene stated the topics reviewed and discussed at the April 22<sup>nd</sup> meeting were the current Acute Care Services policies and methodologies.</p> <p>Dr. Greene stated the second meeting was held on May 9<sup>th</sup> and the topics reviewed and discussed were the preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters and the Licensure/Truven Health Analytics data comparison.</p> <p>Dr. Greene stated the following was an overview of the committee's recommendations for the Acute Care Services Chapters 5 through 8 of the Proposed 2015 State Medical Facilities Plan (SMFP):</p> <p><b>Chapter 5: Acute Care Hospital Beds</b>  The committee reviewed and discussed the policies, methodology and assumptions for acute care beds. There were no petitions or comments related to this chapter.</p> <p>The Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding +- 5%. Staff worked with the Sheps Center and the hospitals during the summer to improve discrepant data, and would notify the committee if need projections changed.</p> <p>The committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which used Truven Health Analytics acute care days of care, indicated needs for additional</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>acute care beds in the following service areas: 82 beds in Cumberland, 29 beds in New Hanover, 28 beds in Stokes, and 11 beds in Vance-Warren. Since the Acute Care Services meeting, data corrections indicated additional needs of 29 in the Forsyth service area and 23 in the Mecklenburg service area for a total of 200 acute care bed needs.</p> <p>The committee discussed Stokes County. There was a -84.17% discrepancy between the Licensure and Truven Health Analytics acute days. Dr. Greene noted this discrepancy created an artificial need determination for Stokes County. The committee voted to take out this need determination. Therefore, Stokes will have a footnote in Table 5A and shown with no need in Table 5B.</p> <p><b><u>Committee Recommendation</u></b> The committee recommends accepting the Acute Care Bed policies, methodology and assumptions as well as accepting the draft tables with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate. The committee recommends taking out the need determination for Stokes County in the Proposed 2015 Plan due to discrepant data.</p> <p><b>Chapter 6: Operating Rooms</b> The committee reviewed and discussed the methodology and assumptions for operating rooms. There were no petitions for this Chapter.</p> <p>The committee reviewed draft Tables 6A, 6B &amp; 6C, the Operating Room inventory and need determination. Application of the standard methodology indicates there is no need at this time.</p> <p>Dr. Greene noted the committee reviewed Table 6E: Endoscopy Room Inventory.</p> <p><b>Chapter 7: Other Acute Care Services</b> No petitions or comments were received related to other acute care services in Chapter 7. The committee reviewed the policy, methodologies and assumptions for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. Staff presented draft Tables 7A, 7B, 7C, 7D, 7E and 7F, and noted there were no need determinations for additional services at this time.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Committee Recommendation</u></b> The committee recommended accepting the policies, methodology and assumptions for other acute care services in Chapter Seven. The committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p><b>Chapter 8: Inpatient Rehabilitation Services</b> The committee received no petitions or comments related to Chapter 8. The Committee reviewed the methodology and assumptions for inpatient rehabilitation services, as well as a draft of Table 8A and 8B. Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state.</p> <p><b><u>Committee Recommendation</u></b> The committee recommended accepting the methodology and assumptions for Inpatient Rehabilitation Services. The committee further recommended accepting draft tables and need projections, with the understanding that staff would make updates as needed.</p> <p><b><u>Council Recommendations</u></b> A motion was made and seconded to accept the Acute Care Services Committee report and authorized staff to update narrative, tables, data changes and results or effects of such changes in the Plan and references to dates would be advanced one year, as appropriate.</p>	<p>Dr. Greene Dr. Pulliam</p>	<p>Motion approved</p>
<p><b>Recommendations from the Long-Term &amp; Behavioral Health</b></p>	<p>Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee.</p> <p>He stated the Long-Term and Behavioral Health (LTBH) Committee met twice after the March council meeting, first on April 8<sup>th</sup> and again on May 6<sup>th</sup>.</p> <p>The topics reviewed and discussed at the April 17<sup>th</sup> meeting included:</p> <ul style="list-style-type: none"> <li>▪ Current Long-Term and Behavioral Health policies and methodologies.</li> <li>▪ Medicare-certified Home Health need methodology rounding recommendations.</li> <li>▪ A petition requesting changes to the hospice inpatient need methodology.</li> <li>▪ A petition requesting a new ICF/IID policy.</li> <li>▪ A recommendation to allow ESRD dialysis providers to self-report utilization data</li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>to the Agency.</p> <ul style="list-style-type: none"> <li>▪ Recommendations for clarifying language in the Psychiatric Inpatient Services; Substance Abuse Inpatient &amp; Residential Services; and ICF/IID narratives.</li> </ul> <p>The topics reviewed and discussed at the May 17<sup>th</sup> meeting included:</p> <ul style="list-style-type: none"> <li>▪ Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters.</li> <li>▪ Recommendations for adding license renewal applications as data sources for the Psychiatric Inpatient Services; Substance Abuse Inpatient &amp; Residential Services; and ICF/IID chapters.</li> <li>▪ Language revisions within the ESRD chapter resulting from the change in the data source.</li> </ul> <p>Dr. Pulliam stated the following was 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:</p> <p><b>Chapter 10: Nursing Care Facilities</b> There were two petitions and no comments related to this chapter.</p> <p><u>Petitioner: UNC Hospitals</u> The petitioner requested the creation of a policy to allow nursing care facilities to apply for a Certificate of Need to add ventilator beds within the facility without regard to need determinations listed in the State Medical Facilities Plan.</p> <p><u>Comments:</u> No comments were received related to this petition.</p> <p><b><u>Committee Recommendation:</u></b> The committee recommended denying this petition.</p> <p><u>Petitioner: Samuel Clark, NC Health Care Facilities Association</u> The petitioner requested a review of the State Medical Facilities Plan's nursing home bed need methodology and related policies in coordination with stakeholder's representatives, in order to assess whether changes need to be made to the methodology or policies to better address current patterns in nursing home bed utilization.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Comments:</u> No comments were received related to this petition.</p> <p><b><u>Committee Recommendation:</u></b> The committee recommended approval of this petition.</p> <p>Dr. Pulliam stated the inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b> The Committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 11: Adult Care Homes</b> There were no petitions for Chapter 11. The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Dr. Pulliam stated the application of the methodology based on data and information currently available resulted in the 3 draft need determinations for Adult Care Homes:</p> <p>Jones County - 20 Washington County – 10 Brunswick County – 330</p> <p><b><u>Committee Recommendation</u></b> The committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Chapter 12: Home Health Services</b> There were no petitions or comments on this chapter. Dr. Pulliam suggested pulling Chapter 12 out for a separate vote.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Dr. Pulliam stated while application of the methodology based on data and information currently available resulted in no draft need determinations, the application of Policy HH-3 resulted in the following draft need determination.</p> <ul style="list-style-type: none"> <li>▪ Granville County, 1 Home Health Agency or Office</li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b> The committee recommended that Step 13 of the need methodology be amended to revise the language regarding rounding when determining need to read as follows, "A remainder including fractions of 0.50 or greater is rounded to the next highest whole number and a remainder including fractions less than 0.50 is rounded to the next lowest whole number."</p> <p><b>Chapter 13: Hospice Services</b> There was one petition and three comments related to this chapter.</p> <p><u>Petitioner: Heath Law Firm, PLLC</u> The petitioner requested that Step 6c in the Hospice Inpatient Bed Need Methodology be changed such that the projected days of care for inpatient estimates are determined using the county average length of stay, (ALOS), instead of the statewide median ALOS or the ALOS for each county.</p> <p><u>Comments:</u> Three comments opposing the petition were received.</p>		<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Committee Recommendation</u></b> The committee recommended denying this petition.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodologies based on data and information currently available resulted in the following draft need determinations:</p> <ul style="list-style-type: none"> <li>• Hospice Home Care <ul style="list-style-type: none"> <li>○ Cumberland County, 1 Office</li> <li>○ Granville County, 1 Office</li> </ul> </li> <li>• Hospice Inpatient Bed <ul style="list-style-type: none"> <li>○ Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</li> </ul> </li> </ul> <p><b><u>Committee Recommendation</u></b> The committee recommended denying the petition put forth by the Heath Law Firm, LLC. The committee additionally recommended allowing an outside workgroup formed by the Association of Home Care and Hospice of North Carolina and the Carolina Center for Hospice and End of Life Care continue working with input from other interested stakeholders to develop recommendations for revision to the Hospice Inpatient Bed methodology for the spring of 2015.</p> <p>Additionally, the committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. References to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 14: End-Stage Renal Disease Dialysis Facilities</b> There were no petitions or comments related to this chapter.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Pulliam noted the ESRD utilization data previously provided by the Southeastern Kidney Council for county of origin for patients, dialysis provider, and modality (inpatient or in-home) was now self-reported by providers and was working well.</p> <p>The need for new dialysis stations is determined two times each calendar year, made available in the North Carolina Semiannual Dialysis Report (SDR).</p> <p><b><u>Committee Recommendation</u></b></p> <p>The committee recommended that Steps 1d. and 2d. of the County need methodology be amended to revise the language regarding rounding when determining need to read as follows, "A remainder including fractions of 0.50 or greater is rounded to the next highest whole number and a remainder including fractions less than 0.50 is rounded to the next lowest whole number."</p> <p>The committee recommended the current assumptions and methodologies be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 15: Psychiatric Inpatient Services</b></p> <p>There were no petitions or comments on this chapter.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations:</p> <ul style="list-style-type: none"> <li>▪ Child Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ CenterPoint Human Services LME-MCO, 3 beds</li> <li>○ East Carolina Behavioral Health LME-MCO, 8 beds</li> <li>○ Eastpointe LME-MCO, 12 beds</li> </ul> </li> <li>▪ Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ Coastal Care LME-MCO, 2 beds</li> </ul> </li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Pulliam stated need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b>  The committee recommended adding clarifying language to the Basic Assumptions of the Methodology, Assumption 1, to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>The committee also recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 16: Substance Abuse Inpatient &amp; Residential Services (Chemical Treatment Beds)</b></p> <p>There were no petitions or comments on this chapter.</p> <p>The committee discussed updating the language in Chapter 16's narrative to address the changes in the number of LME-MCOs and their catchment areas that needed to bring the methodology in line with the current LME-MCO map of the state.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>▪ Adult Substance Abuse Inpatient &amp; Residential Service Beds: <ul style="list-style-type: none"> <li>○ Eastern Region, 9 beds</li> </ul> </li> <li>▪ Child Substance Abuse Inpatient &amp; Residential Service Beds: <ul style="list-style-type: none"> <li>○ Central Region, 17 beds</li> </ul> </li> </ul> <p>Dr. Pulliam stated need determinations were subject to change.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b><u>Committee Recommendation</u></b> The committee recommended adding clarifying language to the Application of the Methodology to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>The Committee recommended the current assumptions and methodology be accepted for the Proposed 2015 Plan. In addition, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</b></p> <p>There were no petitions no comments related to this chapter.</p> <p>The committee discussed updating the language in Chapter 17's narrative to address the changes in the number of LME-MCOs and their catchment areas needed to bring the methodology in line with the current LME-MCO map of the state.</p> <p>The inventory had been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b> The committee recommended adding clarifying language to the Need Determinations text to bring the need methodology in line with the statewide LME-MCO service areas.</p> <p>Dr. Ullrich asked members to extract Chapter 12 for further discussion.</p> <p>Dr. Pulliam made a motion for the council to accept committee recommendations, and for the current assumptions and methodology to be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p>Dr. Ullrich stated Chapter 12 was up for immediate discussion and for action that was taken, the Council would amend the committee's recommendation as a whole.</p>	<p>Dr. Pulliam Mr. Beaver</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Dr. Pulliam asked Ms. Elizabeth Brown to comment on Chapter 12. Ms. Brown stated before the May 6, 2014 LTBH Committee meeting, staff had concerns about the home health database. Ms. Brown stated the database provided need determinations well above the prior year and staff did not want to present inaccurate need determinations at the May 6<sup>th</sup> meeting. Ms. Brown stated after researching and reviewing data information staff held an internal meeting with management and a decision was made to provide last year's data for Chapter 12 at the May 6<sup>th</sup> meeting. Ms. Brown stated this was the information the committee voted on at the last LTBH Committee meeting in order to allow staff more time to research the data and need determinations. Ms. Brown stated staff determined there was an error in the population figures and use rates.</p> <p>Ms. Brown stated the data is now correct and there are no need determinations for Home Health. Ms. Brown noted the actual need determination that was produced for Chapter 12 was a result of Policy HH-3 for Granville County.</p> <p>Dr. Ullrich explained Policy HH-3 was put into place to make sure no counties would fall behind due to rapid population growth, especially the smaller counties.</p> <p>Dr. Pulliam made a motion to accept the LTBH Committee report as amended.</p>	<p>Dr. Pulliam Mr. Lawler</p>	<p>Motion approved</p>
<p><b>Recommendations from the Technology &amp; Equipment Committee</b></p>	<p>Dr. Ullrich provided the Technology &amp; Equipment Committee report which contained the committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the Proposed 2015 State Medical Facilities Plan (SMFP). Dr. Ullrich noted the report was organized by equipment section of Chapter 9 of the SMFP.</p> <p>The Technology and Equipment Committee met on April 23, 2014 and May 7, 2014. The topics reviewed and discussed included current policies, assumptions and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2015 State Medical Facilities Plan; the preliminary drafts of need projections generated by the standard methodologies; three petitions to establish a need methodology for mobile Positron Emission Tomography (PET) Scanner services; and two petitions requesting changes to the methodology for Cardiac Catheterization.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Chapter 9: Lithotripsy</b> There were no petitions or comments on this Section of this Chapter. The committee reviewed and discussed policies, methodology and assumptions for lithotripsy.</p> <p>The inventory was updated based on available information to reflect any changes, and included placeholders when applicable. The inventory was subject to further changes.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Dr. Ullrich noted need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b> The committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 9: Gamma Knife</b> There were no petitions or comments on this Section of this Chapter. The Committee reviewed and discussed policies, methodology and assumptions for gamma knife. Based on data and information currently available, no draft need determinations had been identified at this time. Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b> The Committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 9: Linear Accelerators</b> There were no petitions or comments on this Section of this Chapter. The committee reviewed and discussed policies, methodology and assumptions for linear accelerators.</p> <p>The inventory had been updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes. Application of the methodology based on data and information currently available resulted in one draft need determination however, need determinations are subject to change:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<ul style="list-style-type: none"> <li>▪ One additional linear accelerator in Harnett County.</li> </ul> <p><b><u>Committee Recommendation for Linear Accelerators</u></b> The committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year as appropriate.</p> <p><b>Chapter 9: Positron Emission Tomography (PET) Scanners</b> There were three petitions received with comments to the petitions for this Section of this Chapter.</p> <p><u>Petitioner: MedQuest Associates, Inc. and Novant Health, Inc</u> The petitioner requested to (1) “establish a 2015 SMFP health-planning based policy that allows existing hospital providers who own and operate more than one CON approved fixed PET/CT scanner, for a one year filing period during the 2015 SMFP plan year (1/1/2015-12/31/2015), to seek approval to convert one of their existing fixed PET/CT scanners to a mobile PET/CT scanner through the replacement provision identified at §N.C. Gen. Stat. 131E-176(22a)”; and (2) “replace the mobile East &amp; West PET/CT service areas defined in current SMFPs with a mobile PET service area that includes the entire state of North Carolina for the 2015 SMFP place year and beyond to permit all mobile PET/CT scanners including the existing mobile PET provider and any subsequent providers to serve all of North Carolina.”</p> <p><u>Petitioner: Randolph Hospital</u> The petitioner requested “that a methodology for mobile Positron Emission Tomography (PET) be established” and that “if the SHCC determines that providers with fixed PET scanners may convert those to mobile PET... either of the following two standards be applied:</p> <ol style="list-style-type: none"> <li>1) Providers with fixed PET scanners who wish to convert multiple fixed PET scanners to a mobile scanner may do so; however, the approval of a converted mobile PET scanners shall not be considered to meet the need generated by the utilization of existing mobile PET scanners; or</li> <li>2) Providers with fixed PET scanners who wish to convert multiple fixed</li> </ol>		

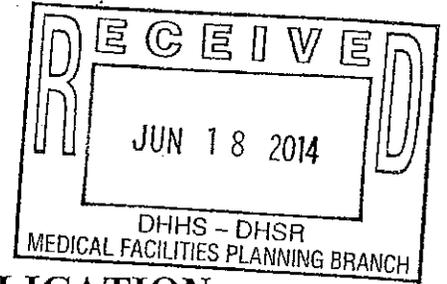
Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>PET scanners to a mobile scanners must include in the CON application at least one mobile PET host site that does not currently provide fixed PET services.”</p> <p><u>Petitioner: Alliance Healthcare Services</u> The petitioner requested the “Positron Emission Tomography basic policies and methodology be changed with the service area definition of a mobile PET scanner to be the entire State of North Carolina and the definition of a mobile PET host site to include existing oncology treatment centers with one or more linear accelerators, existing or proposed Independent Diagnostic Test Facility (IDTF) and existing or proposed licensed acute care hospitals.”</p> <p><u>Comments:</u> Five comments were received regarding the petitions, all opposed to various aspects of each petition.</p> <p><u>Committee Recommendation</u> Dr. Ullrich stated the committee reviewed the petitions and agency Report, which provided a combined response to all three requests. The agency recommended to deny all three petitions. It was noted there had been a long history of ongoing dialog among the committee and various interested parties that indicated a problem with achieving an optimum balance of utilization and access to mobile PET scanners. Last year the committee agreed to work towards a solution in the 2015 SMFP and as a result of these petitions and the history, the agency proposed draft language for a new SMFP Policy for converting fixed PET scanners to mobile that included common points from each petition. Dr. Ullrich noted much of this draft policy came about not only through the petition requests, but also through past discussions and stakeholder input. The committee, in agreement with the agency, voted to deny to all three petitions and to proceed with putting the draft policy out for public comment.</p> <p>The committee reviewed and discussed policies, methodology and assumptions for PET scanners. The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>no draft need determinations at this time. Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b>  The committee recommended that all three of the petition requests for changes in the PET methodology be denied. Additionally the committee recommended proceeding with obtaining public comments and feedback on the proposed draft policy presented by the agency. A recommendation was made by the committee to proceed with the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 9: Magnetic Resonance Imaging (MRI) Scanners:</b>  There were no petitions or comments on this Section of this Chapter. The committee reviewed and discussed policies, methodology and assumptions for MRI scanners.</p> <p>The inventory had been updated based on available information to reflect any changes, and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available, resulted in two draft need determinations however, need determinations are subject to change:</p> <ul style="list-style-type: none"> <li>• One additional fixed MRI Scanner in the Lincoln Service Area</li> <li>• One fixed MRI Scanner in the New Hanover MRI Service Area.</li> </ul> <p><b><u>Committee Recommendation</u></b>  The committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2015 Plan. Also, references to dates would be advanced one year, as appropriate.</p> <p><b>Chapter 9: Cardiac Catheterization Equipment</b>  There were two petitions with comments to these petitions received on this Section of this Chapter.</p> <p><b><u>Petitioner: Johnston Health</u></b>  The petitioner requested to create language in the 2015 State Medical Facilities Plan that</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>would clarify that fixed cardiac catheterization equipment at hospitals should be able to perform both diagnostic and interventional procedures. Specifically, Johnston Health requested that the following language be added to Chapter 9, in the Cardiac Catheterization Equipment section in the <i>2015 State Medical Facilities Plan</i>: “It is further determined that hospitals with fixed cardiac catheterization equipment shall be permitted to perform both diagnostic and therapeutic (interventional) procedures.”</p> <p><u>Comments:</u> Three comments were received about this petition, all in support of the change.</p>		
	<p><b><u>Committee Recommendation</u></b> The committee recommended the petition requesting the proposed language change to the Cardiac Catheterization section of Chapter 9 of the SMFP be denied. During the discussion, the committee recognized the changing practice guidelines at the national level for cardiac catheterization. Dr. Ullrich stated however, it anticipated that other avenues might have greater effectiveness in achieving the changes requested by the petitioner.</p>		
	<p><u>Petitioner:</u> Rex Healthcare The petitioner requested to change the Cardiac Catheterization Need Determination Methodology in <i>2015 State Medical Facilities Plan (2015 SMFP)</i>. Specifically, Rex requested that the threshold for additional cardiac catheterization equipment be applied to each hospital, or in the case of hospitals under common ownership in the same service area, to each group of hospitals.</p>		
	<p><u>Comments:</u> Two comments were received about this petition, both opposed to the changes requested.</p>		
	<p><b><u>Committee Recommendation</u></b> Additional information regarding this petition and the Agency Report was received prior to the April 23, 2014 meeting. Dr. Ullrich noted in order to ensure the additional information could be considered by the Agency, the discussion and vote on this petition was deferred until the May 7<sup>th</sup> meeting. The committee recommended the denial of the petition to change the Cardiac Catheterization methodology.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
54	<p>The committee reviewed and discussed policies, methodology and assumptions for cardiac catheterization. The inventory had been updated based on available information to reflect any changes, and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available, resulted in no need determinations for fixed cardiac catheterization equipment at this time. Need determinations are subject to change.</p> <p><b><u>Committee Recommendation</u></b>  Dr. Ullrich made a motion to the council to accept the committee's recommendations for the current assumptions, methodology and draft tables for the Proposed 2015 Plan. Also, referenced to dates would be advanced one year, as appropriate.</p> <p>Dr. Ullrich stated the committee authorized staff to update all narratives, tables and need determinations for the Proposed 2015 Plan as new and corrected data were received.</p>	<p>Dr. Ullrich  Ms. Apperson</p>	<p>Motion approved</p>
<p><b>Adoption of the Proposed 2015 State Medical Facilities Plan</b></p>	<p>Dr. Ullrich asked for a motion to adopt the Proposed 2015 State Medical Facilities Plan, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the Plan.</p> <p>Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as they are received, as well as make non-substantive edits to narratives.</p> <p>Mr. Pratt reviewed the six public hearings and locations that they would take place beginning on July 8, 2014 with the final public hearing on July 30, 2014. He encouraged council members to attend these public hearings. Mr. Pratt stated the July 30, 2014 public hearing would take place in the same room as this meeting of the SHCC.</p>	<p>Mr. Lawler  Ms. Apperson</p> <p>Dr. Pulliam  Dr. Green</p>	<p>Motion approved</p> <p>Motion approved</p>
<p><b>Other Business</b></p>	<p>Dr. Ullrich reviewed the dates for the upcoming committee meetings. He stated the technology and Equipment Committee will meet on September 9<sup>th</sup>, Long-Term-Behavioral Health will meet on September 16<sup>th</sup>, and Acute Care will meet on September 17<sup>th</sup>. He stated these meetings will begin at 10:00 am and held at the Brown Building. Dr. Ullrich stated the SHCC will have a one-hour conference call on September 3<sup>rd</sup> beginning at 10:00</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	am and the last SHCC meeting for 2014 will be on October 1 <sup>st</sup> beginning at 10:00 am in the Brown Building.		
<b>Adjournment</b>	There being no further business, Dr. Ullrich adjourned the meeting.		



**AFFIDAVIT OF PUBLICATION**

**BUNCOMBE COUNTY**

SS.  
**NORTH CAROLINA**

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Rene Simpson**, who, being first duly sworn, deposes and says: that she is the **Finance Manager of The Asheville Citizen-Times**, engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: June 12<sup>th</sup> 2014. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

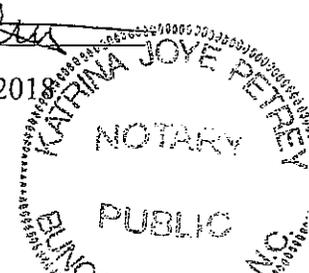
Signed this 12<sup>th</sup> day of June, 2014

*Rene Simpson*  
 \_\_\_\_\_  
 (Signature of person making affidavit)

Sworn to and subscribed before me the 12<sup>th</sup> day of June, 2014,

*Kathrina Joye Petrey*  
 \_\_\_\_\_  
 (Notary Public)

My Commission expires the 5<sup>th</sup> day of October, 2018



**PUBLIC HEARINGS: North Carolina Proposed 2015 State Medical Facilities Plan**

Citizens are invited to attend public hearings on the North Carolina Proposed 2015 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

**Wilmington July 8, 2014 - 1:30-2:30 p.m.**  
 New Hanover Regional Medical Center  
 (Tuesday) 2131 S. 17th Street  
 Wilmington, NC  
 Classroom D  
 910-343-7491

**Greensboro July 11, 2014 - 1:30-2:30 p.m.**  
 The Women's Education Center  
 (Friday) Women's Hospital  
 801 Green Valley Road  
 Greensboro, NC  
 Room 5 & 6 - Located on ground floor lobby  
 336-832-6500

**Asheville July 15, 2014 - 1:30-2:30 p.m.**  
 Mountain Area Health Education Center  
 (Tuesday) 121 Hendersonville Road  
 Asheville, NC  
 Pisgah Room  
 828-257-4400

**Charlotte July 18, 2014 - 1:30-2:30 p.m.**  
 Carolinas College of Health Sciences  
 (Friday) 1200 Blythe Blvd.  
 Charlotte, NC  
 Auditorium - located directly to the left as you enter through front door.  
 704-355-5043

**Greenville July 22, 2014 - 1:30-2:30 p.m.**  
 Pitt County Office Bldg.  
 (Tuesday) Commissioners Auditorium  
 1717 West 5th Street  
 Greenville, NC  
 Commissioner's Auditorium 2nd Floor  
 252-902-2950

**Raleigh July 30, 2014 - 1:30-2:30 p.m.**  
 Dorothea Dix Campus  
 (Wednesday) 801 Biggs Drive  
 Raleigh, NC  
 Brown Building Room 104  
 919-855-3968

All people commenting on the North Carolina Proposed 2015 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with disabilities who need assistance to participate in the public hearings are requested to notify the Medical Facilities Planning Branch in advance so that reasonable accommodations can be arranged.

The State Medical Facilities Plan projects need for acute care hospital beds, operating rooms, other acute care services, inpatient rehabilitation beds, technology services and equipment, nursing care beds, home health agencies, kidney dialysis stations, hospice home care programs and inpatient beds, psychiatric hospitals, substance abuse treatment facilities, adult care home beds, and intermediate care facilities for individuals with intellectual disabilities.

Individuals who want information about the Plan or the series of public hearings may call (919) 855-3865, or write to: Medical Facilities Planning Branch, Division of Health Service Regulation, 2714 Mail Service Center, Raleigh, NC 27699-2714. Inquiries may be made to this same address about comments or petitions received regarding the Proposed Plan. The North Carolina Proposed 2015 Plan and the list of public hearings will also be available for viewing on the Medical Facilities Planning web site at: <http://www.ncdhhs.gov/dhsr/mfp/index.html>. All written comments and petitions on the North Carolina Proposed 2015 State Medical Facilities Plan must be received in the Medical Facilities Planning Branch Office by 5:00 p.m. on Wednesday, July 30, 2014.

(2269)



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
  
Drexdal Pratt  
Division Director

**MEMORANDUM**

TO: Individuals Requesting Notice of Public Hearings Regarding the SMFP

FROM: Nadine Pfeiffer, Branch Manager *NV*  
Medical Facilities Planning Branch

RE: Public Hearings for Proposed 2015 State Medical Facilities Plan (SMFP)

DATE: June 13, 2014

The Division is required to maintain a mailing list of persons who have requested notice of public hearings regarding the State Medical Facilities Plan, and to notify those individuals no less than 15 days prior to a scheduled public hearing. The purpose of this memorandum is to notify individuals on that mailing list of the six hearings that have been scheduled for the Proposed 2015 SMFP.

The enclosed list of public hearings has been published in several newspapers across the State and posted to the web sites for both the Division and DHHS. The North Carolina Secretary of State has also been notified of these hearings pursuant to G. S. 143-318.12.

Should you have any questions regarding this memorandum or the upcoming hearings, please feel free to contact staff in the Medical Facilities Planning Branch at (919) 855-3865.



Office of the Director

<http://www.ncdhhs.gov/dhsr/>

Phone: 919-855-3750 / Fax: 919-733-2757

Location: 809 Ruggles Drive v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

Mailing Address: 2701 Mail Service Center • Raleigh, North Carolina 27699-2701

An Equal Opportunity / Affirmative Action Employer



**Fisk, Kelli**

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**From:** Fisk, Kelli  
**Sent:** Thursday, June 19, 2014 4:33 PM  
**To:** DHHS.DHSR.MFP.Interested.Parties  
**Subject:** Public Hearings For The N.C. Proposed 2015 SMFP  
**Attachments:** Public Hearing Schedule for Pro. 2015 Proposed Plan.pdf

Please see the attachment for the upcoming Public Hearings on the N.C. Proposed 2015 SMFP.

Thank you,  
Kelli S. Fisk  
DHHS-DHSR  
Medical Facilities Planning Branch  
919-855-3866 (Phone)  
919-715-4413 (Fax)

**◆PUBLIC HEARINGS: North Carolina Proposed 2015 State Medical Facilities Plan◆**

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<b>Greensboro</b>	<b>July 11, 2014</b> <i>(Friday)</i>	<b>1:30-2:30 p.m.</b>	The Women's Education Center Women's Hospital 801 Green Valley Road Greensboro, NC Room 5 & 6 – Located on ground floor lobby 336-832-6500
<b>Asheville</b>	<b>July 15, 2014</b> <i>(Tuesday)</i>	<b>1:30-2:30 p.m.</b>	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Pisgah Room 828-257-4400
<b>Charlotte</b>	<b>July 18, 2014</b> <i>(Friday)</i>	<b>1:30-2:30 p.m.</b>	Carolinas College of Health Sciences 1200 Blythe Blvd. Charlotte, NC Auditorium -located directly to the left as you enter through front door. 704-355-5043
<b>Greenville</b>	<b>July 22, 2014</b> <i>(Tuesday)</i>	<b>1:30-2:30 p.m.</b>	Pitt County Office Bldg. Commissioners Auditorium 1717 West 5 <sup>th</sup> Street Greenville, NC Commissioner's Auditorium 2 <sup>nd</sup> Floor 252-902-2950
<b>Raleigh</b>	<b>July 30, 2014</b> <i>(Wednesday)</i>	<b>1:30-2:30 p.m.</b>	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968

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**Fisk, Kelli**

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**From:** Fisk, Kelli  
**Sent:** Monday, June 30, 2014 12:58 PM  
**To:** DHHS.DHSR.MFP.Interested.Parties  
**Cc:** Pratt, Drexdal; Emanuel, Andrea N; Bennett, Paige; Dickson, Tom E; Brown, Elizabeth; Fisk, Kelli  
**Subject:** NC 2015 Proposed State Medical Facilities Plan and the July 2014 SDR

Good Afternoon,

The North Carolina 2015 Proposed Plan is now posted on our website. Please click on the link below.

<http://www.ncdhhs.gov/dhsr/ncsmfp/2015/proposed2015smfp.pdf>

The July 2014 Semiannual Dialysis Report (SDR) is also now posted on our website. Please click on the link below.

<http://www.ncdhhs.gov/dhsr/mfp/pdf/sdr/sdr2014july.pdf>

Thank you,  
Kelli S. Fisk  
DHHS-DHSR  
Medical Facilities Planning Branch  
919-855-3866 (Phone)  
919-715-4413 (Fax)

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Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized State official. Unauthorized disclosure of juvenile, health, legally privileged, or otherwise confidential information, including confidential information relating to an ongoing State procurement effort, is prohibited by law. If you have received this email in error, please notify the sender immediately and delete all records of this email.

REGISTRATION FOR MEMBERS OF THE

NC STATE HEALTH COORDINATING COUNCIL PUBLIC HEARING

July 8, 2014 - Wilmington

1. Dr. Christopher Ullrich- Chairman

2. Trey Adams

3. Dr. Richard Akers

4. Christina Apperson

5. Donald C. Beaver

6. Peter Brunnick

7. Douglas Cody

8. Stephen DeBiasi

9. Dr. Mark Ellis

10. Dr. Sandra Greene

11. Senator Ralph Hise

12. Kelly Hollis

13. Kurt Jakusz

14. Representative Donny Lambeth

15. Stephen Lawler

16. Kenneth Lewis

17. Dr. Robert McBride

18. Denise Michaud

19. Dr. Jeffrey Moore

20. Dr. Jaylan Parikh

21. Dr. Prashant Patel

22. Dr. Karl Pete

23. Dr. T.J. Pulliam

24. Gloria Whisenhunt

*Trey Adams*

*Christina Apperson*

*Stephen DeBiasi*

*Stephen Lawler*

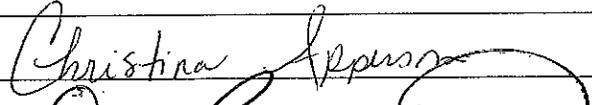
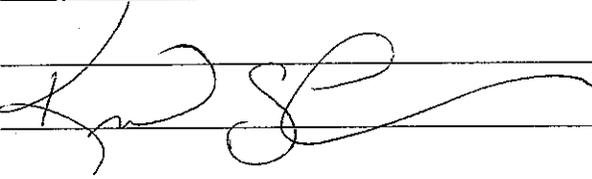
*T.J. Pulliam*





REGISTRATION FOR MEMBERS OF THE

July 11, 2014 State Health Coordinating Council Public Hearing

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams \_\_\_\_\_
3. Dr. Richard Akers \_\_\_\_\_
4. Christina Apperson  \_\_\_\_\_
5. Donald C. Beaver  \_\_\_\_\_
6. Peter Brunnick \_\_\_\_\_
7. Douglas Cody \_\_\_\_\_
8. Stephen DeBiasi \_\_\_\_\_
9. Dr. Mark Ellis \_\_\_\_\_
10. Dr. Sandra Greene \_\_\_\_\_
11. Senator Ralph Hise \_\_\_\_\_
12. Kelly Hollis \_\_\_\_\_
13. Kurt Jakusz \_\_\_\_\_
14. Representative Donny Lambeth \_\_\_\_\_
15. Stephen Lawler  \_\_\_\_\_
16. Kenneth Lewis \_\_\_\_\_
17. Dr. Robert McBride \_\_\_\_\_
18. Denise Michaud \_\_\_\_\_
19. Dr. Jeffrey Moore \_\_\_\_\_
20. Dr. Jaylan Parikh \_\_\_\_\_
21. Dr. Prashant Patel \_\_\_\_\_
22. Dr. Karl Pete \_\_\_\_\_
23. Dr. T.J. Pulliam \_\_\_\_\_
24. Gloria Whisenhunt \_\_\_\_\_





REGISTRATION FOR MEMBERS OF THE

NC STATE HEALTH COORDINATING COUNCIL PUBLIC HEARING

July 15, 2014 - Asheville

1. Dr. Christopher Ullrich- Chairman \_\_\_\_\_
2. Trey Adams \_\_\_\_\_
3. Dr. Richard Akers *Dr. RE Akers* \_\_\_\_\_
4. Christina Apperson *present/KF* \_\_\_\_\_
5. Donald C. Beaver \_\_\_\_\_
6. Peter Brunnick *Peter Brunnick* \_\_\_\_\_
7. Douglas Cody \_\_\_\_\_
8. Stephen DeBiasi \_\_\_\_\_
9. Dr. Mark Ellis \_\_\_\_\_
10. Dr. Sandra Greene \_\_\_\_\_
11. Senator Ralph Hise \_\_\_\_\_
12. Kelly Hollis *Kelly Hollis* \_\_\_\_\_
13. Kurt Jakusz *present/KF* \_\_\_\_\_
14. Representative Donny Lambeth \_\_\_\_\_
15. Stephen Lawler \_\_\_\_\_
16. Kenneth Lewis \_\_\_\_\_
17. Dr. Robert McBride \_\_\_\_\_
18. Denise Michaud *Denise Michaud* \_\_\_\_\_
19. Dr. Jeffrey Moore \_\_\_\_\_
20. Dr. Jaylan Parikh \_\_\_\_\_
21. Dr. Prashant Patel \_\_\_\_\_
22. Dr. Karl Pete \_\_\_\_\_
23. Dr. T.J. Pulliam \_\_\_\_\_
24. Gloria Whisenhunt \_\_\_\_\_



REGISTRATION FOR MEMBERS OF THE

NC STATE HEALTH COORDINATING COUNCIL PUBLIC HEARING

July 18, 2014 - Charlotte

1. Dr. Christopher Ullrich- Chairman

*Chris G. Ullrich*

2. Trey Adams

3. Dr. Richard Akers

4. Christina Apperson

5. Donald C. Beaver

6. Peter Brunnick

*Peter A. Brunnick*

7. Douglas Cody

8. Stephen DeBiasi

*Stephen DeBiasi*

9. Dr. Mark Ellis

10. Dr. Sandra Greene

11. Senator Ralph Hise

12. Kelly Hollis

13. Kurt Jakusz

14. Representative Donny Lambeth

15. Stephen Lawler

16. Kenneth Lewis

17. Dr. Robert McBride

*Robert McBride*

18. Denise Michaud

19. Dr. Jeffrey Moore

20. Dr. Jaylan Parikh

21. Dr. Prashant Patel

22. Dr. Karl Pete

23. Dr. T.J. Pulliam

*T.J. Pulliam*

24. Gloria Whisenhunt



REGISTRATION FOR MEMBERS OF THE

NC STATE HEALTH COORDINATING COUNCIL PUBLIC HEARING

July 22, 2014 - Greenville

1. Dr. Christopher Ullrich- Chairman

2. Trey Adams

*Trey Adams*

3. Dr. Richard Akers

4. Christina Apperson

*Christina Apperson*

5. Donald C. Beaver

6. Peter Brunnick

7. Douglas Cody

8. Stephen DeBiasi

9. Dr. Mark Ellis

10. Dr. Sandra Greene

11. Senator Ralph Hise

12. Kelly Hollis

13. Kurt Jakusz

14. Representative Donny Lambeth

15. Stephen Lawler

16. Kenneth Lewis

17. Dr. Robert McBride

18. Denise Michaud

19. Dr. Jeffrey Moore

20. Dr. Jaylan Parikh

*Jeff Moore* *Jaylan Parikh*

21. Dr. Prashant Patel

22. Dr. Karl Pete

23. Dr. T.J. Pulliam

24. Gloria Whisenhunt





REGISTRATION FOR MEMBERS OF THE

NC STATE HEALTH COORDINATING COUNCIL PUBLIC HEARING

July 30, 2014 - Raleigh

1. Dr. Christopher Ullrich- Chairman

2. Trey Adams

3. Dr. Richard Akers

4. Christina Apperson

5. Donald C. Beaver

6. Peter Brunnick

7. Douglas Cody

8. Stephen DeBiasi

9. Dr. Mark Ellis

10. Dr. Sandra Greene

11. Senator Ralph Hise

12. Kelly Hollis

13. Kurt Jakusz

14. Representative Donny Lambeth

15. Stephen Lawler

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*Representative Donny Lambeth*  
*Stephen Lawler*  
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*Denise Michaud*  
*Dr. Jeffrey Moore*  
*Dr. Jaylan Parikh*  
*Dr. Prashant Patel*  
*Dr. Karl Pete*  
*Dr. T.J. Pulliam*  
*Gloria Whisenhunt*

# SIGN-IN

## Public Hearing on Proposed 2015 State Medical Facilities Plan

Raleigh, NC

July 30, 2014 -- 1:30 p.m.

PLEASE PRINT

NAME	REPRESENTING	WISH TO COMMENT (YES/NO)	TELEPHONE NUMBER
Sandy Goodwin	CFVHS	Y	910-818-3079
Bridget Lisanti	Bunke Hospice	Y	941-302-2066
Debra Gorman	UNC HCS	No	984-974-1243
Charles H. Wilson	Triangle Orthopaedic Assoc.	yes	919-281-1807
George Sheasley	Triangle Orthopaedic Associates	NO	919-281-1804
Nathan Marvell	Ascendant	NO	919-323-5676
Gray Angell	Bermuda Village	Yes	336-345-7118
Scott Hanes	Bermuda Village	NO	336-972-7074
Jill Rosenblum	NBM Health Planning	NO	919-967-2723
Karin Sandlin	Keystone Planning	NO	919-271-8200
Nancy Lane	<del>BA</del> GVDHD	Yes	919-754-0303
Nancy Lane	Marla Barham	Yes	919-754-0303
Morell Stacker		NO	919-754-0303
Jeff James	Wilmington Health	yes	910-815-6103
Megan French		no	336-342-6809
DAVID FRENCH	Alliance Imaging	YES	336-349-6250
Nancy Boes Maulin	NBM HPA	NO	919-544-5007
Barbara L. Freedy	Novant Health	YES	336-718-4483
Tim Rogan	ASSOC. for Home &	yes	919-961-3555
James Zorian	Rep Healthcare Hospital Care	yes	919-880-3544
Edie Darrin	DET DEPARTMENT	NO	919-787-0122
Ruth Levy	Heath Law Firm	NO	919-559-3904
TODD HEMPHILL	POWNER SPRUILL	NO	919-783-2958
Tiffany Brooks	medquest	NO	919-264-0415
Judy Orser	wake med	NO	919-350-5176
Janine LUCIOTINO	Duke Home Care	NO	919-6203853





**State Health Coordinating Council Meeting  
Draft Minutes  
October 1, 2014  
Brown Building, Raleigh, North Carolina**

**Members Present:** Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Christina Apperson, Peter Brunnick (via phone), Stephen DeBiasi, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Representative Donny Lambeth, Kenneth Lewis, Dr. Robert McBride, Denise Michaud (via phone), Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. Karl Pete, Dr. T. J. Pulliam, Gloria Whisenhunt (via phone)

**Members Absent:** Don Beaver, Douglas Cody, Dr. Mark Ellis, Senator Ralph Hise, Stephen Lawler

**MFPB Staff Present:** Elizabeth Brown, Paige Bennett, Amy Craddock, Kelli Fisk, Tom Dickson, Nadine Pfeiffer,

**DHSR Staff Present:** Drexdal Pratt, Martha Frisone, Lisa Pittman

**AG's Office:** June Ferrell

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	<p>Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2015 State Medical Facilities Plan. He acknowledged that the business meeting was open to the public but was not a public hearing and discussion would be limited to Council members and staff.</p> <p>Dr. Ullrich stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2015 State Medical Facilities Plan (SMFP) in response to the public hearings conducted across the state this summer. He stated action would be taken on updated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval.</p> <p>The members introduced themselves by stating their name, profession/employer and SHCC appointment type followed by staff introductions.</p>		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Approval of Minutes from September 3, 2014	<p>intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up.</p> <p>Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition, Mr. DeBiasi recused from voting on the New Hanover County Operating Room petition.</p> <p>A motion was made and seconded to accept the minutes of September 3, 2014.</p>	Dr. Patel Dr. Greene	Motion approved
Recommendations from the Acute Care Services Committee	<p>Dr. Greene presented the report from the Acute Care Services Committee and stated the Acute Care Services (ACS) Committee met once after the May Council meeting, on September 17, 2014.</p> <p>Following was an overview of the Committee's recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2015 State Medical Facilities Plan.</p> <p><b><u>Chapter 5: Acute Care Hospital Beds</u></b> One petition was received on this chapter.</p> <p><b><u>Petitioner: Cape Fear Valley Health System</u></b></p> <p><b><u>Request:</u></b> The petitioner requested an adjusted need determination to reduce the number of beds in Cumberland County from 82 to zero.</p> <p><b><u>Comments:</u></b> One comment was received in support of the petition.</p> <p><b><u>Committee Recommendation</u></b> The standard methodology created a need for 82 acute care beds in the proposed plan in Cumberland County. The committee determined that special circumstances including spikes in utilization; increasing usage of Veterans Affairs services; and the opening of facilities in the contiguous service area of Hoke County, significantly inflated the number of acute care beds needed in the Cumberland Service area. The committee recommended approving the petition.</p>		

Agenda Item	Discussion/Action	Motions	Recommendations/Actions
80	<p>Dr. Greene noted this petition may need to be pulled out and voted on separately due to the numbers of beds asked to be removed in the petition (82) are different now that there is refreshed Truven data (84).</p> <p><b>Data Discrepancy Report</b>  The Committee originally reviewed a list of 28 hospitals with discrepancies between their 2014 Truven Health Analytics ("Truven") and Division of Health Services Regulation Hospital License Renewal Application ("Licenseure") acute days of care data greater than ± five percent. The Medical Facilities Planning Branch received the resubmitted Truven data from the Cecil G. Sheps Center in September. After the data had been refreshed, the current discrepancy report denoted 15 hospitals that have a ± five percent discrepancy. Out of those, seven hospitals did not provide an update. Pioneer Community Hospital of Stokes corrected their Truven data. The refreshed data removed the need from the plan, but they still maintained a greater than 5% discrepancy. It appeared that further attempts to reconcile the data would not change the projection of no need for new beds in any of the affected service areas.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders when applicable. The inventory is subject to further changes.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Cumberland County, 84 Acute Care Beds</li> <li>• New Hanover County, 31 Acute Care Beds</li> <li>• Orange County, 46 Acute Care Beds</li> <li>• Vance-Warren Health Service Area, 11 Acute Care Beds</li> </ul> <p><b>Chapter 6: Operating Rooms</b>  Two petitions were received on this chapter.</p> <p><u>Petitioner: Wilmington Health PLLC</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for two</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>additional operating rooms in New Hanover County in the 2015 State Medical Facilities Plan.</p> <p><u>Comments:</u> Two comments were received that opposed to the petition.</p> <p><u>Committee Recommendation</u>  The standard methodology created a 0.45 operating room deficit in the Proposed 2015 SMFP. This was five hundredths from creating a need for one operating room in New Hanover County. Data showed that operating rooms in the service have higher than 90% utilization in all but one of the last five years. In addition, there were two operating rooms in the county that are CON approved, but are only 50% developed. The committee decided to wait for additional data from the undeveloped operating rooms in order to receive accurate and updated utilization information. Therefore, the committee recommended denying the petition.</p> <p>Dr. Greene stated additional information had been received since the Committee met on September 17, 2014, noting the two operating rooms have been completed and this is information the Committee did not have when a vote was taken on this petition in September. Dr. Greene stated the OR's were complete but are not in use at this time. She stated that this petition may need to be pulled out for further discussion.</p> <p><u>Petitioner:</u> <u>Blue Ridge Bone and Joint Clinic</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for a demonstration project, single specialty, two operating room, in the Buncombe-Madison-Yancey Service Area.</p> <p><u>Comments:</u> Three comments were received regarding this petition. Two comments were received that opposed the petition and the other was from the petitioner.</p>		

Agenda Item...	Discussion/Action	Motions	Recommendations/Actions
82	<p><u>Committee Recommendation</u>  The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee felt there was not enough evaluation data on the three approved sites before approving a new, fourth location. In addition, the original criteria for the Single Specialty Demonstration Project in the NC 2010 SMFP developed by the State Health Coordinating Council set the minimum number of ambulatory and shared operating rooms in each project service area at 50. Buncombe County had 45 shared and ambulatory operating rooms. The Committee recommended denying this petition.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change.</p> <p>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.</p> <p><b><u>Chapter 7: Other Acute Care Services</u></b>  There were no petitions or comments related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>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.</p> <p><b><u>Chapter 8: Inpatient Rehabilitation</u></b>  There were no petitions or comments related to this chapter.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The inventory was updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes.</p> <p>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.</p> <p><u>Committee Recommendation</u> The Committee recommends the current assumptions and methodologies for these chapters be accepted for the 2015 SMFP. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Committee members authorized staff to update narratives, tables and need determinations for the 2015 SMFP as new and corrected data are received.</p> <p><u>Council Recommendation</u> A motion was made and seconded to extract the Cumberland County (Cape Fear Valley Health System) petition for further discussion.</p> <p>Dr. Ullrich asked for a vote for the Cumberland County petition to be revised to read, "an adjusted need determination to reduce the number of beds in Cumberland County from 84 to zero."</p> <p>Dr. Ullrich asked members if anyone wanted to extract the New Hanover County (Wilmington Health, PLLC) petition.</p> <p>A motion was made and seconded to extract the New Hanover (Wilmington Health, PLLC) petition for re-discussion.</p> <p>After a lengthy discussion, there was no motion to change the action of the committee and the discussion was eventually concluded. During the discussion, Dr. Greene indicated in the next few years there was potential for a workgroup to review the single specialty ambulatory demonstration</p>	<p>Dr. Pulliam Mr. Adams</p> <p>Dr. Patel Dr. McBride</p>	<p>Motion approved All in favor</p> <p>Motion approved</p>

Agenda Item	Discussion/Action	Motions	Recommendations/Actions
04	<p>project evaluations, but it was concluded the timing of this would be at the discretion of the SHCC chair.</p> <p>A motion was made and seconded to accept the committee report as submitted and revised.</p>	<p>Dr. Pulliam Dr. McBride</p>	<p>Motion approved Mr. DeBiasi recused from voting</p>
<p>Recommendations from the Technology and Equipment Committee</p>	<p>Dr. Ullrich stated on September 9, 2014, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2015 State Medical Facilities Plan (SMFP). The Committee made the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2015 SMFP.</p> <p><b><u>Chapter 9: Technology and Equipment</u></b></p> <p><b>Positron Emission Tomography (PET) Scanners Section</b>  Since the Proposed 2015 SMFP, there were no changes in the need projections for PET scanners. There was no need determination for additional fixed or mobile PET scanners anywhere in the state. Since the last State Health Coordinating Council meeting there were minor corrections to data in Table 9L that did not result in changes to any need determinations. The committee voted to include mobile and fixed PET methodology on the agenda for next year.</p> <p>The committee did not receive any petitions for the PET scanner section, but received a total of nine comments regarding the Policy <i>TE-1: Conversion of Fixed PET Scanners to Mobile PET Scanners</i>. Over the summer, based on these comments further edits were made to the policy. The committee reviewed the new draft policy. The committee voted on and approved the policy as presented at the meeting with one change; there will be one annual review date for all applicants.</p> <p>Furthermore, as a result of the spring vote to remove the east and west health services areas, the committee reviewed the language for the PET section and new draft Tables 9M(1) and 9M(2). They voted to amend the language to include the verbiage delineating a statewide service area for PET scanners and to make changes to the tables as presented by DHSR with one requested edit;</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>they asked that the total utilization rate for each individual scanner be included in Table 9M(1).</p> <p><b>Cardiac Catheterization Equipment Section</b>            Since the Proposed 2015 SMFP, there were no changes in need projections for cardiac catheterization equipment. The Proposed 2015 SMFP showed no need determinations for fixed, shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state.</p> <p><b>Cardiac Catheterization Data:</b>            During the summer, one petition for an adjusted need determination in the cardiac catheterization section in the 2015 SMFP was received.</p> <p><u>Petitioner: Rex Healthcare</u></p> <p><u>Request:</u> Rex Healthcare requested an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u>            The Committee discussed the petition and agency report, which recommended denial of the petition request. The concurrence was that Wake County: 1) has a trend of a declining volume of cardiac catheterization; 2) has a surplus of machines in the service area; and 3) will potentially see further volume declines because of changes in statewide regulations and medical practice. The Committee recommends to the SHCC that the petition request be denied for an adjusted need determination for one unit of fixed cardiac catheterization equipment in Wake County.</p> <p><b>Magnetic Resonance Imaging (MRI) Section</b>            The Proposed 2015 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and New Hanover counties. Over the summer, the Medical Facilities Planning Branch received updated data resulting in corrections to the MRI scanner inventory table. The changes did not add any</p>		

Agenda Item...	Discussion/Action	Motions	Recommendations/ Actions
86	<p>MRI scanners to the inventory, nor did they add any additional need determinations.</p> <p><b>MRI Scanner Data:</b> The Committee received one petition over the summer for an adjusted need determination in the MRI Scanner section of the 2015 SMFP. The petition request and Committee recommendation are summarized below.</p> <p><u>Petition: Carolinas Healthcare System</u></p> <p><u>Request:</u> Carolinas Healthcare System requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County.</p> <p><u>Committee Recommendation</u> The Committee discussed the petition and agency report, which recommended approval of the petition request. The concurrence was that Lincoln County does have unique circumstances including a slow projected growth rate in the county that would probably preclude existing or new providers from meeting the CON standards for a qualified applicant and potential changes to future MRI volumes. The Committee recommended to the SHCC that the petition request be approved for an adjusted need determination.</p> <p><b>Linear Accelerator Section</b> Since the Proposed 2015 SMFP, there were no changes in need projections for linear accelerators. The Proposed 2015 SMFP included one need determination for a linear accelerator in the Harnett County. Harnett County becomes a new service area due to Harnett County's population increasing to over 120,000 with no linear accelerator in the county. There was no need indicated anywhere else in the state for additional linear accelerators.</p> <p><b>Lithotripsy and Gamma Knife Section</b> Since the Proposed 2015 SMFP, there were no changes in the need projections for lithotripsy or gamma knife. There is no need identified for lithotripters or gamma knives anywhere in the state. The Committee received no petitions or</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>comments over the summer regarding the lithotripsy or gamma knife section of the Proposed 2015 SMFP.</p> <p><u>Committee Recommendation</u> The Committee recommended to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment with the understanding that staff authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</p> <p><u>Council Recommendation</u> A motion was made and seconded to accept the Technology and Equipment Committee report as presented.</p>	<p>Dr. Patel Dr. Parikh</p>	<p>Motion approved</p>
<p>Recommendations from the Long-Term &amp; Behavioral Health Committee</p>	<p>Dr. Pulliam presented the report from the Long-Term and Behavioral Health (LT-BH) Committee. He stated the Committee met once after the May Council meeting, on September 16, 2014.</p> <p>The 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.</p> <p><u>Chapter 10: Nursing Care Facilities</u> There was one petition related to this chapter.</p> <p><u>Petitioner: Bermuda Village Retirement Community</u></p> <p><u>Request:</u> Petitioner requested an adjusted need determination for 12 nursing care beds in Davie County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> The standard methodology consistently identified no need for new nursing care beds in Davie County, however because of local characteristics of nursing care facility utilization, the Committee recommended approving this petition.</p>		

Agenda Item	Discussion/Action	Motions	Recommendations/Actions
08 08	<p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><b><u>Chapter 11: Adult Care Homes</u></b> There were no petitions related to this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Brunswick County, 330 Adult Care Home Beds</li> <li>• Jones County, 20 Adult Care Home Beds</li> <li>• Washington County, 10 Adult Care Home Beds</li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 12: Home Health Services</u></b> There were two petitions related to this chapter.</p> <p><u>Petition Myriad Homecare Agency (MHA), LLC</u></p> <p><u>Request:</u> The petitioner requested 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.</p> <p><u>Committee Recommendation</u> Wake County residents are well served by home health providers. Based on data available to the agency it is not possible to determine that</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>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 recommended denying this petition.</p> <p><u>Petition: Triangle Orthopaedic Associates, PA (IOA)</u></p> <p><u>Request:</u> The petitioner requested 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).</p> <p><u>Committee Recommendation</u> 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 recommended denying the petition.</p> <p><b><i>Policies Applicable to Home Health Services (HH) Revised</i></b> Policy HH-3: Need determination for Medicare-certified Home Health Agency in a County</p> <p>When a county<sup>1</sup> 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</p>		

Agenda Item...	Discussion/Action	Motions	Recommendations/ Actions
90	<p>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 <i>next</i> 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.)</p> <p><sup>1</sup>Except Granville County that has been served by Granville Vance District Health Department and recognized by DHR as a single geographic entity for purposes of location of a home health agency office.</p> <p>The committee recommended adoption of the revised policy language. 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.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>The application of the methodology based on data and information currently available resulted in no draft need determinations.</p> <p>Need determinations are subject to change.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><b>Chapter 13: Hospice Services</b> There were three petitions related to this chapter.</p> <p><u>Petition: Burke Hospice and Palliative Care, Inc. (BHPC)</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for three hospice inpatient beds in Burke County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> 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 was occurring in the county, the committee recommended 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 resulted 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 recommended approving this petition.</p> <p><u>Petition: Caldwell Hospice and Palliative Care</u></p> <p><u>Request:</u> The petitioner requested an adjusted need determination for three hospice inpatient beds for Caldwell County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u> 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 recommended approving this petition.</p>		

Agenda Item	Discussion/Action	Motions	Recommendations/ Actions
92	<p><u>Petition: Richmond County Hospice, Inc.</u></p> <p>Request: The petitioner requested an adjusted need determination for three hospice inpatient beds in Richmond County in the 2015 SMFP.</p> <p><u>Committee Recommendation</u>  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.</p> <p>The inventory was updated based on available information to reflect any changes and included placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodologies based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Hospice Home Care Office <ul style="list-style-type: none"> <li>○ Cumberland County, 1 Office</li> </ul> </li> <li>• Hospice Inpatient Beds <ul style="list-style-type: none"> <li>○ No draft need determinations at this time.</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b>Chapter 14: End-Stage Renal Disease Dialysis Facilities</b>  There were no petitions or comments on this chapter.</p> <p>The need for new dialysis stations is determined two times each calendar year. Determinations were made available in the North Carolina Semi-annual Dialysis Report (SDR).</p> <p>The Committee reviewed and adopt revised format for Table A and Table B to be incorporated in the next Semi-annual Dialysis Report.</p> <p><b>Chapter 15: Psychiatric Inpatient Services</b>  There were no petitions or comments on this chapter.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ Alliance Behavioral Healthcare, 43 beds</li> <li>○ CoastalCare, 26 beds</li> </ul> </li> <li>• Child/Adolescent Psychiatric Inpatient Beds: <ul style="list-style-type: none"> <li>○ East Carolina Behavioral Health, 18 beds</li> <li>○ Eastpointe, 25 beds</li> <li>○ Smoky Mountain Center, 3 beds</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b><u>Chapter 16: Substance Abuse Inpatient &amp; Residential Services (Chemical Dependency) Treatment Beds</u></b></p> <p>There were no petitions or comments on this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in the following draft need determinations.</p> <ul style="list-style-type: none"> <li>• Adult Chemical Dependency (Substance Abuse) Residential Treatment Beds: <ul style="list-style-type: none"> <li>○ Eastern Region, 26 beds</li> <li>○ Central Region, 52 beds</li> </ul> </li> </ul>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
94	<ul style="list-style-type: none"> <li>• Child/Adolescent Chemical Dependency (Substance Abuse) Residential Treatment Beds:               <ul style="list-style-type: none"> <li>○ Eastern Region, 10 beds</li> <li>○ Central Region, 18 beds</li> <li>○ Western Region, 2 beds</li> </ul> </li> </ul> <p>Need determinations are subject to change.</p> <p><b>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</b> There were no petitions or comments on this chapter.</p> <p>The inventory was updated based on available information to reflect any changes and includes placeholders where applicable. The inventory is subject to further change.</p> <p>Application of the methodology based on data and information currently available resulted in no draft need determinations at this time. Need determinations are subject to change.</p> <p><u>Committee Recommendation</u> The Committee recommended 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.</p> <p>A motion was made and seconded to accept the Long-Term and Behavioral Health Committee report as presented.</p> <p>Ms. Whisenhunt wanted the minutes to reflect that she had concerns regarding the Triangle Orthopaedic Associates, PA petition.</p>	<p>Dr. Parikh Dr. Akers</p>	<p>Motion approved</p>
SHCC's Recommendation to the Governor	<p>Having heard each of the Committee Reports, and taking action on each, Dr. Ullrich asked members for a show of hands that were in favor to direct staff to incorporate the council's actions into a recommended version of the N.C. 2015 State Medical Facilities Plan for submission to the governor.</p>		<p>All members were in favor</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Dr. Ullrich asked members for a show of hands to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.		All members were in favor
Other Business	<p>Dr. Ullrich announced to assist those who prepare Certificate of Need applications to compete for need determinations in the Plan, he asked staff to make the Council's recommended need determinations and Certificate of Need review dates available on the DHR website for work planning purposes only. These recommended need determinations and dates will be accompanied by a disclaimer, which advises that nothing is final until the 2015 SMFP is signed by the governor.</p> <p>Dr. Ullrich also announced the dates for the State Health Coordinating Council meetings for next year, as follows:</p> <p>Wednesday – March 4, 2015  Wednesday – June 3, 2015  Wednesday – September 2, 2015 (Teleconference Meeting)  Wednesday – October 7, 2015</p> <p>Dr. Ullrich also reviewed the preliminary dates for the three standing committees and stated additional information for the council and committee meetings would be posted on the Division of Health Services Regulation's website throughout the year.</p>		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		

I hereby approve the North Carolina 2015 State Medical Facilities Plan effective January 1, 2015.

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Pat McCrory, Governor

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Date

Submitted via email on  
December 23, 2014.

I hereby approve the North Carolina 2015 State Medical Facilities Plan effective January 1, 2015.

  
Pat McCrory, Governor

12.22.14  
Date