

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;

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

Amber Cronk May

Commission Counsel

(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 8, 2015. It also provided notice on February 18, 2015, through the Winston Salem Journal, of the initial public hearing, which was held on March 4, 2015. Following that hearing, the Council adopted the proposed plan on June 2, 2015.

The agencies held six public hearings after the adoption. In addition to the January 8, 2015 email notice, the notice was also published on June 5, 2015 in the Winston-Salem Journal. The six public hearings were held:

1. July 7, 2015 in Wilmington.
2. July 10, 2015 in Greensboro.
3. July 14, 2015 in Asheville.
4. July 17, 2015 in Charlotte.
5. July 22, 2015 in Greenville.
6. July 29, 2015 in Raleigh.

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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 7, 2015. The plan was approved by the Governor on December 15, 2015.

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.



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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Drexdal Pratt
Division Director

MEMORANDUM

TO: Amanda Reeder, Staff Attorney
Rules Review Commission

FROM: Shelley Carraway, Chief *SC*

SUBJECT: 2016 State Medical Facilities Plan

DATE: December 11, 2015

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 2016 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 2016 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 855-3865.

Enclosures

cc: Drexdal Pratt, Director DHSR

Healthcare Planning and Certificate of Need Section

www.ncdhhs.gov

Tel 919-855-3865 • Fax 919-715-4413

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Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2714

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Development of N.C. 2016 State Medical Facilities Plan Summary

Pursuant to G.S. 131E-176(25), the N.C. 2016 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.

Prior to the adoption of the Proposed Plan on June 3, 2015 by the SHCC

1. March 4, 2015

- 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 June 3, 2015 by the SHCC

- Newspaper ad regarding six statewide hearings and notifications **(Attachment D)**
- Sign-in sheets for six statewide public hearings **(Attachment E)**

2. July 7, 2015

- Coastal Area Health Education Center
- Wilmington

3. July 10, 2015

- Greensboro Area Health Education Center
- Greensboro

4. July 14, 2015

- Mountain Area Health Education Center
- Asheville

5. July 17, 2015

- Carolinas College of Health Sciences
- Charlotte

6. July 22, 2015

- Pitt County Office Bldg.
- Greenville

7. July 29, 2015

- Dorothea Dix Campus
- Raleigh

Public Comments

The SHCC accepted oral and written comments from the public concerning the Proposed Plan at the March 4, 2015, SHCC Meeting and Public Hearing. At the October 7, 2015 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 October 27, 2015. It was signed on December 15, 2015. **(Attachment G)**

Attachment A

Interested Parties of the SHCC Mailing/Email List

1730	RANDOLPH D ABNEY BANYAN SNEIOR LIVING PO BOX 26867 GREENVILLE SC 29616-1867	1730	DAVID ADINOLFI FACILITY ADMINISTRATOR CUMBERLAND RHA 2248 WINGATE ROAD FAYETTEVILLE NC 28304-1336	1730	ADMINISTRATOR BEAUFORT COUNTY HOSPITAL 628 E 12TH STREET WASHINGTON NC 27889
1730	ADMINISTRATOR HEALTHSOUTH DIAGNOSTIC CENTER 3186 VILLAGE DRIVE SUITE 101 FAYETTEVILLE NC 28304	1730	TIM ALLEMAN PO BOX 11387 GOLDSBORO NC 27532-1387	1730	TOYE ALLEN 6401 IVORY PALM DRIVE CHARLOTTE NC 28227
1730	ZEBULON D ALLEY ALLEY ASSOCIATES INC P O BOX 12803 RALEIGH NC 27605-2803	1730	DAVE F ANDERSON VP OPER UNION REGIONAL MEDICAL CENTER P O BOX 5003 MONROE NC 28110	1730	KENNETH ANDERSON PO BOX 8125 GREENVILLE NC 27835
1730	AL ARROWOOD LINCOLN MEDICAL CENTER P O BOX 677 LINCOLNTON NC 28093	1730	JAMES N ATKINS M.D. SOUTHEASTERN MEDICAL ONCOLOGY 203 COX BOULEVARD GOLDSBORO NC 27534-9479	1730	SANDRA ATKINSON 2460 CURTIS ELLIS DRIVE ROCKY MOUNT NC 27804
1730	DONNA W AUBUCHON HOSPICE OF ALEXANDER CO INC 50 LUCY ECHERD LANE TAYLORSVILLE NC 28681	1730	SARAH AVERY THE NEWS AND OBSERVER 215 S MCDOWELL STREET RALEIGH NC 27602	1730	PAM BARRETT HOSPICE & PALLIATIVE OF GREENSBORO 2500 SUMMITT AVENUE GREENSBORO NC 27405
1730	AMY BLACKWELL WAKEMED 3000 NEW BERN AVENUE RALEIGH NC 27610	1730	CONCHY BRETOS MIA CONSULTING 5208 ALTON ROAD MIAMI BEACH FL	1730	ELIZABETH BROWN DHSR DIVISION OFFICE
1730	CHARLOTTE N BAKER ASST ADM MEDICAL/LEGAL SERV CHOWAN HOSPITAL INC P O BOX 629 EDENTON NC 27932-0629	1730	JOSEPH D BARBEE MECKLEBURG RADIOLOGY ASSOCIATES P O BOX 221249 CHARLOTTE NC 28222-1249	1730	JOHN P BARBER WHITE OAK MANOR INC 130 E MAIN STREET SPARTANBURG SC 29306-5113

1730	PAM BARGER LTC OMBUDSMAN TRIANGLE J COG P O BOX 12276 RTP NC 27709-2276	1730	SINDY BARKER CAE EXECUTIVE DIRECTOR NC NURSES ASSOCIATION P O BOX 12025 RALEIGH NC 27065-2025	1730	SHARON R BARLOW BARNHARDT & WALKER INC P O BOX 163 CONCORD NC 28026-0163
1730	LARRY BARNES 120 HEATHER RIDGE COURT DURHAM NC 27712	1730	MARK BARNES TRIAD BUSINESS JOURNAL 100 SOUTH ELM STREET SUITE 400 GREENSBORO NC 27401	1730	GREG BASS CAROLINAS HEALTHCARE SYSTEM 720 E MOREHEAD STREET SUITE 101 CHARLOTTE NC 28202-2704
1730	JAN BAUCOM MECKLENBURG CO MENTAL HEALTH 429 BILLINGSLEY ROAD SAMUEL BILLINGS CENTER CHARLOTTE NC 28211	1730	TIMOTHY BAYNES KERR-TAR REGIONAL COG 238 ORANGE P O DRAWER 709 HENDERSON NC 27536	1730	WHITNEY BEAL WARD & SMITH PA 1001 COLLEGE COURT NEW BERN NC 28562
1730	LUTHER R BEAVER CAROLINA HEALTH CARE CONSULTANTS 5995 GOLD CREEK EST DR HICKORY NC 28601	1730	MARY BECK DIRECTOR PLANNING & PROGRAM DEVEL UNC HOSPITALS 101 MANNING DR STE 6021 EAST WING CHAPEL HILL NC 27514-6907	1730	MARK BECKER WSOC TV 1901 TYRON STREET CHARLOTTE NC 28206
1730	RONALD BEER DAVIS REGIONAL MEDICAL CENTER 218 OLD MOCKSVILLE ROAD STATESVILLE NC 28625	1730	AUDREY BELK DIR ROWAN REGIONAL HOMEHEALTH & HOSPICE 825 W HEBDERSIB ST #A SALISBURY NC 28144-2725	1730	MARY BENDER 1706 WALKUP AVENUE MONROE NC 28110
1730	RICHARD BENNETT GRAYBRIER NURSING & RETIREMENT CTR 116 LANE DRIVE TRINITY NC 27370	1730	SUSAN BENOIT 2839 COLONY WOODS DRIVE GASTONIA NC 28054	1730	RANDY BILLINGS PIEDMONT TRIAD COG SUITE 201 FOUR SEASONS OFFICES WILMINGTON BLI 2216 W MEADOWVIEW RD KOGER CTR GREENSBORO NC 27407-3480
1730	JULIE BLUNDO NEW HANOVER RADIATION ONCOLOGY P.A. 1988 SOUTH 16TH STREET WILMINGTON NC 28401	1730	SERLESTE BOWSER 7985 SCOTTS MANOX COURT GLEN BURNIE MD 21061	1730	GERRY BOYLE CONSULTNAT SERVICES 1217 POND STREET CARY NC 27511

1730	FRANK BRADHAM UNIVERSITY HOME CARE P O BOX 8125 GREENVILLE NC 27835-8125	1730	DENNIS BRADSHAW RESIDENTIAL SERVICES INC 111 PROVIDENCE ROAD CHAPEL HILL NC 27514-2229	1730	DON BROCKER VILLAGE SURGICAL ASSOCIATES 1841 QUIET COVE FAYETTEVILLE NC 28304
1730	DR. SHERMAN BROOKS 4926 UNION SCHOOL ROAD ROWLAND NC 28383	1730	TIFFANY BROOKS BODE CALL & STROUPE LLP 3105 GLENWOOD AVENUE SUITE 300 RALEIGH NC 27612	1730	B J BROWN FRESENIUS MEDICAL CARE ENC AREA OF 3604 BUSH STREET RALEIGH NC 27609-7511
1730	NOLAN G BROWN TRIAD MEDICAL SERVICES INC P O BOX 969 YADKINVILLE NC 27055-0969	1730	JUDY BRUNGER CAROLINAS CTR/HOSPICE & EOL CARE P O BOX 4449 CARY NC 27519-4449	1730	PETER BRUNNICK HOSPICE AND PALLIATIVE CARE REGION 1420 EAST 7TH STREET CHARLOTTE NC 28204
1730	SCOTT BUCHANAN COMMUNITY CARE PARTNERS 68 SWEETEN CREEK ROAD ASHEVILLE NC 28803	1730	HOME BUDDIES 1328 JOHN KIRK DRIVE CHARLOTTE NC 28262	1730	DOUG BULLARD DUKE & ST JOSEPH HOME CARE 590 CENTRAL DRIVE SOUTHERN PINES NC 28387-2812
1730	RITA BURCH EXEC DIR HOSPICE OF RUTHERFORD CO INC P O BOX 336 374 HUDLOW ROAD FOREST CITY NC 28043	1730	ROBERT E BYRD ALAMANCE REGIONAL MEDICAL CENTER P O BOX 202 BURLINGTON NC 27216	1730	REGIS P CABONOR PERSON MEMORIAL HOSPITAL 615 RIDGE ROAD ROXBORO NC 27573
1730	JAMES CALDWELL MID CAROLINA COG P O BOX 1510 130 GILLESPIE STREET FAYETTEVILLE NC 28302	1730	REID CALDWELL VP ADM SE REGIONAL MEDICAL CENTER 300 W 27TH STREET LUMBERTON NC 28358	1730	DONNA S CAMIT MEDICAL SERVICES OF AMERICA INC 171 MONROE LANE LEXINGTON SC 29071
1730	FORREST W CAMPBELL JR BROOKS PIERCE MCLENDON HUMPHREY & LEONARD LLP P O BOX 26000 GREENSBORO NC 27420-6000	1730	ANGIE CAPORICCIO 1136 SOUTHERN MEADOWS DRIVE RALEIGH NC 27603	1730	LEE CARNES 430 DAVIS DRIVE STE 400 MORRISVILLE NC 27560

1730	DAWN CARTER HEALTH PLANNING SOURCE 324 BLACKWELL ST., SUITE 1100 DURHAM NC 27701	1730	LYNNE CHAMBERS LAW OFFICE OF JOY H THOMAS 3617 CAMP MANGUM WYND RALEIGH NC 27612	1730	MARY S CLONINGER CAROLINA NEUROSURGERY & SPINE ASSO 225 BALDWIN AVENUE CHARLOTTE NC 28204
1730	RANDOLPH CLOUD NC ASSOC FOR BEHAVIORAL HEALTH CARE P O BOX 10972 RALEIGH NC 27605-0972	1730	SUE COLLIER PLANNING & MARKETING UNIVERSITY HEALTH SYSTEMS EAST CARO P O BOX 6028 GREENVILLE NC 27835-6028	1730	DR. JEFF COLLINS P O BOX 2049 PEMBROKE NC 28372
1730	JOHN COWAN GIVENS ESTATES 2360 SWEETEN CREEK ROAD ASHEVILLE NC 28803	1730	H DENNISTON CREWS MD MOUNTAIN KIDNEY ASSOC PA 10 MCDOWELL STREET ASHEVILLE NC 28801	1730	RICK CROUTHARMEL 303-200 BLAKE STREET STE 211 RALEIGH NC 27601
1730	JUDY CULLISON 6727 FIELDSTONE MANOR DRIVE MATTHEWS NC 28105	1730	BRAD DANIEL 101 HOSPICE LANE WINSTON SALEM NC 27103	1730	FRAN DANIEL WINSTON-SALEM JOURNAL P O BOX 3159 WINSTON-SALEM NC 27102
1730	ANALYST DATA CECIL B SHEPS CENTER THE UNIVERSITY OF NC 725 AIRPORT ROAD CB #7590 CHAPEL HILL NC 27599-7590	1730	JOANN DAVIS PRESCEO HOSPICE & PALLIATIVE CARECENTER 101 HOSPICE LANE WINSTON-SALEM NC 27103	1730	KATHERINE M DAVIS DHHS 2001 MSC ADAMS BUILDING INTEROFFICE 27699-2004
1730	JOSEPH R DEPALANTINO, DIR VP PROFESSIONAL SERVICES PLANNING WAYNE MEMORIAL HOSPITAL P O BOX 8001 GOLDSBORO NC 27530	1730	MOLLY DICKINSON PLNG HIGH POINT REGIONAL HEALTH SYSTEM 601 N ELM STREET HP-5 HIGH POINT NC 27261	1730	MATTHEW DOLGE NORTHWEST PIEDMONT COG 400 W 4TH STREET WINSTON SALEM NC 27101-2805
1730	GARY DRAKE HOSPICE OF DAVIDSON COUNTY 200 HOSPICE WAY LEXINGTON NC 27292	1730	J MICHAEL DYSON UNITED METHODIST AGENCY FOR THE RETARDED (UMAR) P O BOX 1558 HUNTERSVILLE NC 28070-1558	1730	STEVE EBLIN RANDOLPH HOSPITAL P O BOX 1048 ASHEBORO NC 27204-1048

1730	1730	1730
WILLIAM M EDSSEL PINEHURST SURGERY CLINIC P O BOX 2000 PINEHURST NC 28374	ROBERT A ENDERS JR PRES MOREHEAD MEMORIAL HOSPITAL 117 EAST KINGS HIGHWAY EDEN NC 27288	DENISE EREXSON 324 BLACKWELL STREET STE 1100 DURHAM NC 27701
1730	1730	1730
JUNE FERRELL ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON STREET OLD EDUCATION BLD ROOM 421 2005 MSC	KATHLEEN FARLAND HORIZON HEALTH CORPORATION 1500 WATERS RIDGE DRIVE LEWISVILLE TX 75057	BOB FITZGERALD 4928 LILES ROAD RALEIGH NC 27606
1730	1730	1730
TIMOTHY R FORD WATAUGA MEDICAL CENTER P O BOX 2600 336 DEERFIELD ROAD BOONE NC 28607-2600	BRYAN FORE DIALYSIS CLINIC INC 1016 N LAFAYETTE STREET SHELBY NC 28150	ADELE FOSCHIA EASTER SEAL SOCIETY OF N C 2315 MYRON DRIVE RALEIGH NC 27607
1730	1730	1730
JOHN N FOUNTAIN YOUNG MOORE & HENDERSON PA P O BOX 31627 RALEIGH NC 27622	BARBARA FREEDY NOVANT HEALTH TRIAD REGION STRATEGIC & BUSINESS PLANNING 2085 FRONTIS PLAZA BLVD 4TH FLOOR WINSTON-SALEM NC 27103	DEE FREEMAN TRIANGLE J COG 4307 EMPEROR BOULEVARD STE 110 DURHAM NC 27703
1730	1730	1730
MICHAEL FREEMAN OFFICE OF CLINICAL STRAT PLNG NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BOULEVARD WINSTON-SALEM NC 27157-1196	DAVID J FRENCH STRATEGIC HEALTHCARE CONSULTANTS P O BOX 2154 REIDSVILLE NC 27323-2154	CHARLES T FROCK FIRSTHEALTH MOORE REG HOSP & PINEHURST P O BOX 3000 PINEHURST NC 28374
1730	1730	1730
BILL GIBSON EXEC DIR SW NC PLANECON DEV COMMISSION 125 BONNIE LANE SYLVA NC 28779-8552	JOHN GIZDIC BLUE RIDGE HEALTHCARE SYSTEM 2201 SOUTH STERLING STREET MORGANTON NC 28655	TINA S GLENN DIR OF DEVELOP 5305 HEARTHSIDE PLACE GREENSBORO NC 27410
1730	1730	1730
SANDY GODWIN CAPE FEAR VALLEY HEALTH SYSTEM FINANCIAL PLANNNG DEPT 1638 OWEN DRIVE FAYETTEVILLE NC 28304	PEGGY K GOSSELIN CANTON BUREAU CHIEF THE ENTERPRISE P O BOX 129 WAYNESVILLE NC 28786-0129	ANGEL GRAY ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON STREET OLD EDUCATION BLDG ROOM 421 2005 MSC

1730	JIM GRAY KINGS MEDICAL COMPANY 1894 GEORGETOWN ROAD HUDSON OH 44236	1730	SONYA M GRECK THE MCDOWELL HOSPITAL P O BOX 730 430 RANKIN DRIVE MARION NC 28752	1730	THOMAS HILLIARD PO BOX 97096 RALEIGH NC 27624-7096
1730	ALAN HIRSCH OFFICE OF THE GOVERNOR CAPITOL BUILDING INTEROFFICE	1730	CYNDI HONEYCUTT NEW HANOVER REGIONAL MED CTR 2228 SOUTH 17TH STREET WILMINGTON NC 28401	1730	LAURA HUNT HOSPICE & PALLIATIVE CARE GREENSBORO 2500 SUMMITT AVENUE GREENSBORO NC 27405
1730	SUSAN HACKNEY ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON ST OLD EDUCATION BLDG RM 421 2005 MSC	1730	CAROLYN HALL KENNEDY COVINGTON LOBDELL & HICKMAN PARALEGAL 430 DAVIS DRIVE STE 400 MORRISVILLE NC 27560-6802	1730	LISA E HAMBY CATAWBA VALLEY MEDICAL CENTER ADMINISTRATIVE SERVICES 810 FAIRGROVE CHURCH ROAD SE HICKORY NC 28602-9463
1730	LYNN HARDY CAROLINA EAST HOME CARE AND HOSPICE P O BOX 887 KENANSVILLE NC 28349	1730	RICHARD HARRELL DUPLIN GENERAL HOSPITAL 401 N MAIN STREET P O BOX 278 KENANSVILLE NC 28349	1730	WOODROW W HATHAWAY JR CEO CHATHAM HOSPITAL INC WEST THIRD STREET & IVY AVENUE P O BOX 649 SILER CITY NC 27344
1730	JACKIE HERBSTER NELSON MULLINS RILEY & SCARBOROUGH 4140 PARKLAKE AVENUE GLEN LAKE ONE SUITE 200 RALEIGH NC 27612	1730	ROY M HINSON STANLY MEMORIAL HOSPITAL P O BOX 1489 ALBEMARLE NC 28002-1489	1730	DOUG W HITMAN 2334 S. 41ST STREET WILMINGTON NC 28403
1730	MELISSA HOEFLING 4530PARK ROAD STE 430 CHARLOTTE NC 28209	1730	LISA HOPKINS 147 FIELDALE DRIVE LILLINGTON NC 27546	1730	JEFF HORTON DHHS/DHSR COUNCIL BUILDING INTEROFFICE
1730	KENDRA HOUSTON PO BOX 6159 KINSTON NC 28501-0159	1730	ANN HOWARD CECIL G SHEPS CENTER FOR HSR CB # 7590 725 AIRPORT ROAD UNC CHAPEL HILL CHAPEL HILL NC 27599-7590	1730	KRISTY HUBARD NEW HANOVER REGIONAL MEDICAL CENTER 6300 SINGLE TREE COURT WILMINGTON NC 28411-8337

<p>1730</p> <p>MARK A HUDSON VP/COO CLEVELAND REGIONAL MEDICAL CENTER 201 E GROVER STREET SHELBY NC 28150</p>	<p>1730</p> <p>ELIZABETH A HUDSPETH EXEC DIR FIRST HOME HEALTH AND HOSPICE 9820 US HWY 301 S FOUR OAKS NC 27524-7890</p>	<p>1730</p> <p>NOAH H HUFFSTETLER III NELSON MULLINS RILEY & SCARBOROUGH 4140 PARKLAKE AVENUE SUITE 200 RALEIGH NC 27612</p>
<p>1730</p> <p>PAUL HUGHES ISOTHERMAL PLNG/ECON DEV COMM P O BOX 841 COURT & MAIN STREET RUTHERFORDTON NC 28139</p>	<p>1730</p> <p>MICHELE JACKSON WAKE RADIOLOGY 3949 BROWNING PLACE RALEIGH NC 27609-6504</p>	<p>1730</p> <p>CURTIS JACKSON JR 101 WOODCREST DRIVE CHAPEL HILL NC 27514</p>
<p>1730</p> <p>WILLIAM B JAMES CEO NORTHERN HOSPITAL OF SURRY COUNTY 830 ROCKFORD STREET P O BOX 1101 MOUNT AIRY NC 27030</p>	<p>1730</p> <p>SEAN JAMIESON CHARLOTTE OBSERVER P O BOX 30308 CHARLOTTE NC 28230</p>	<p>1730</p> <p>MARK JENSEN COO C I S - HUNTERSVILLE 1701 EAST BOULEVARD CHARLOTTE NC 28203-9808</p>
<p>1730</p> <p>KAYE R JERNIGAN JERNIGAN NURSING HOME SERVICES INC DBA HARBORVIEW HEALTH CARE CENTER 812 SHEPARD STREET MOREHEAD CITY NC 28557</p>	<p>1730</p> <p>MICHAEL D JERNIGAN 803 MIDDLEBROOKS CIRCLE TALLAHASSEE FL 32312</p>	<p>1730</p> <p>MARY B JOHNSTON KENNEDY COVINGTON LOBDELL HICKMAN 430 DAVIS DRIVE STE 400 MORRISVILLE NC 27560-6802</p>
<p>1730</p> <p>HAL JONES SAGUARO MANAGEMENT & ACCOUNTING SER 3210 FAIRHILL DRIVE RALEIGH NC 27612-3220</p>	<p>1730</p> <p>ROBERT D JONES RUTHERFORD HOSPITAL 288 RIDGECREST AVENUE RUTHERFORDTON NC 28139</p>	<p>1730</p> <p>ELIZABETH KIRKMAN NORTHEAST MEDICAL CENTER 920 CHURCH STREET NORTH CONCORD NC 28025</p>
<p>1730</p> <p>STANLEY KAPICA RHA HEALTH SERVICES INC 17 CHURCH STREET ASHEVILLE NC 28801-3303</p>	<p>1730</p> <p>STEPHEN W KEENE NC MEDICAL SOCIETY 222 NORTH PERSON STREET RALEIGH NC 27601</p>	<p>1730</p> <p>SUSAN KELLEY POYNER & SPRUILL LLP P O BOX 1801 RALEIGH NC 27602-1801</p>
<p>1730</p> <p>KEVIN J KERLIN MD PRESIDENT WAYNE RADIATION ONCOLOGY 2802 MCLAMB PLACE GOLDSBORO NC 27534</p>	<p>1730</p> <p>DAVID KIMMEL MD 150 PARK AVENUE BANNER ELK NC 28604</p>	<p>1730</p> <p>JAN KINLAW NC DEPT OF INSURANCE SPECIAL ENTITIES SECTION DOBBS BUILDING INTEROFFICE</p>

FRANK KIRSCHBAUM KIRSCHBAUM, NANNY, BROWN & KENNAN 2418 BLUE RIDGE ROAD STE 200 RALEIGH NC 27607-6480	1730	EILEEN KLIMKOWSKI EMERALD CARE 2923 ROUSSEAU COURT GASTONIA NC 28054	1730	DAVID LONG 507 E FREMONT ST BURGAW NC 28425	1730
ALAN LAIBSON 8 SKYVIEW PLACE ASHEVILLE NC 28804	1730	LOU LAMM POYNER & SPRUILL LLP LIBRARIAN 301 FAYETTEVILLE ST MALL STE 1900 RALEIGH NC 27601-2173	1730	NANCY LANE PDA INC P O BOX 12844 RALEIGH NC 27605-2844	1730
JENNY LASSITER PAMLICO COUNTY HEALTH DEPARTMENT P O BOX 306 203 NORTH STREET BAYBORO NC 28515	1730	JANICE LATO WNC HEALTH NETWORK 501 BILTMORE AVENUE ASHEVILLE NC 28801-4601	1730	WILLIAM D LEASE LENOIR MEMORIAL HOSPITAL 100 AIRPORT ROAD KINSTON NC 28501	1730
DAVID S LEGARTH DANES PLANNING INC 108 CURLEY MAPLE COURT APEX NC 27520-9537	1730	JIM LEWIS FOREST CITY DAILY COURIER 601 OAK STREET FOREST CITY NC 28043	1730	RON LEWIS 1624 WACKENA ROAD CARY NC 27519	1730
MICHAEL E LINKER HOSPICE OF UNION COUNTY 700 WEST ROOSEVELT BOULEVARD MONROE NC 28110	1730	BONNIE LITTLE FRANKLIN REGIONAL HOSPITAL 100 HOSPITAL DRIVE LOUISBURG NC 27549	1730	AUDREY LOCKLEAR P O BOX 1209 PEMBROKE NC 28372	1730
MARC LODGE ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON STREET OLD EDUCATION BUILDING , ROOM 421 2005 MSC	1730	CAROL A LOVIN RN NORTHEAST MEDICAL CENTER 920 CHURCH STREET NORTH CONCORD NC 28025	1730	TIM LUDWIG CRAVEN REGIONAL MEDICAL CENTER 2000 NEUSE BLVD PO BOX 12157 NEW BERN NC 28561	1730
LUMBEE RIVER COG LUMBEE RIVER COUNCIL OF GOVT 30 CJ WALKER ROAD COMTECH PARK PEMBROKE NC 28372-7340	1730	PEGGY MALLARD 1771 TATE BLVD STE 101 HICKORY NC 28602	1730	STEFAN MARCUARD CAROLINA DIGESTIVE DISEASES, PA 704 WH SMITH BLVD GREENVILLE NC 27834	1730

1730	MAX MASON BRITHAVEN INC P O BOX 1010 GARNER NC 27529	1730	CHRIS MAY CAPE FEAR COG 1480 HARBOUR DRIVE WILMINGTON NC 28401	1730	MIKE MCCAIN DIVISION OF AGING OMBUDSMAN DHR 693 PALMER DRIVE/TAYLOR BLDG 2101 MSC INTEROFFICE NC 27699
1730	VICTORIA MCCLANAHAN DHSR PLANNING RALEIGH	1730	BARBARA MCCULLERS EHNRR/CONTROLLERS'S OFFICE/8TH FL 512 N SALISBURY ST/ARCHDALE BLDG 1606 MSC INTEROFFICE	1730	KYLE MCDERMOTT JOHNSTON MEMORIAL HOSPITAL P O BOX 1376 SMITHFIELD NC 27577
1730	JENNIFER MCLEAN SUPREME COURT LIBRARY 500 JUSTICE BLDG 5TH FLOOR 2 EAST MORGAN STREET RALEIGH NC 27601-1428	1730	DAVE MCRAE PRES PITT COUNTY MEMORIAL HOSPITAL 2100 STANTONSBURG ROAD P O BOX 6028 GREENVILLE NC 27835-6028	1730	JOE C MCKINNEY LAND OF SKY REGIONAL COUNCIL 339 NEW LEICESTER HWY STE 140 ASHEVILLE NC 28806-2080
1730	ANITA MELVIN 1638 OWEN DRIVE FAYETTEVILLE NC 28304	1730	MATTHEW MENDEZ MHA PENDER MEMORIAL HOSPITAL 507 E FREMONT STREET BURGAW NC 28425	1730	LOUIS B MEYER III POYNER & SPRUILL LLP ATTORNEY-AT-LAW P O BOX 10096 RALEIGH NC 27605-0096
1730	DON MILLER 1129 EAST MARION STREET SHELBY NC 28150	1730	LARRY MILLER DIRECTOR OF REIMBURSEMENT CAPE FEAR VALLEY HEALTH SYSTEM 1638 OWEN DRIVE FAYETTEVILLE NC 28304	1730	RUSTY MITCHELL WILORA LAKE HEALTHCARE CENTER 6001 WILORA LAKE ROAD CHARLOTTE NC 28212
1730	RENEE J MONTGOMERY PARKER POE ADAMS BERNSTEIN P O BOX 389 RALEIGH NC 27602-0389	1730	REGINA MOODY HOLY ANGELS INC P O BOX 710 BELMONT NC 28012	1730	LARRY MOOLENAAR EX DIR EASTERN CAROLINA COUNCIL P O BOX 1717 NEW BERN NC 28563-1717
1730	CLEVELAND D MOOSE AIA PETERSON ASSOCIATES PA 2115 REX FORD ROAD SUITE 500 CHARLOTTE NC 28211	1730	WILLIAMS MULLEN LIBRARY 301 FAYETTEVILLE STREET RALEIGH NC 27601	1730	CAROL ANN MULLIS DUKE HOME CARE AND HOSPICE 4321 MEDICAL PARK DRIVE STE 101 DURHAM NC 27704

1730	DR CHARLES R NEAL NEW HANOVER RADIATION ONCOLOGY 1988 SOUTH 16TH STREET WILMINGTON NC 28401	1730	SCOTT NEELY DEPT OF HOUSING & URBAN DEV 866 HENKEL ROAD STATESVILLE NC 28677	1730	FOSTER NORMAN AST DIR HALIFAX FIVE COUNTY MENTAL HEALTH C 134 S GARNETT ST HENDERSON NC 27536-4642
1730	FRED ODELL PRESIDENT CARTERET GENERAL HOSPITAL 3500 ARENDELL STREET MOREHEAD CITY NC 28557-1619	1730	PATRICIA S OENKSEN 2500 SUMMIT AVENUE GREENSBORO NC 27405	1730	JUDITH M ORSER CORP PLANNER DURHAM REGIONAL HOSPITAL 3643 N ROXBORO ROAD DURHAM NC 27704
1730	RICHARD D OSMUS HUGH CHATHAM MEMORIAL HOSPITAL INC P. O. BOX 560 ELKIN NC 28621	1730	RANDI PISKO NORTH CAROLINA SPECIALTY HOSPITAL 3916 BEN FRANKLIN BLVD DURHAM NC 27704	1730	PAULETTE PACK PDA INC 2016 CAMERON STREET SUITE 210 RALEIGH NC 27605
1730	RICK PARKER ROWAN REGIONAL MEDICAL CENTER VICE PRESIDENT CLINICAL/SUPPORT SER 612 MOCKSVILLE AVENUE SALISBURY NC 28144	1730	DAVE PARROTTE ALBEMARLE REGION COG P O BOX 646 512 S CHURCH STREET HERTFORD NC 27944	1730	CHARLOTTE PATTERSON FIRSTHEALTH HOSPICE & PALLIATIVE 5 AVIEMORE DRIVE PINEHURST NC 28374
1730	FRANK PECK PREMIER CONSULTING SERVICES INC P O BOX 21133 ROANOKE VA 24018-0115	1730	JAMES PERRY LUMBER RIVER COG 30CJ WALKER - COMPECH RPAD PEMBROKE NC 28372-7340	1730	MELANIE PHELPS NC MEDICAL SOCIETY P O BOX 27167 RALEIGH NC 27611
1730	PAT PIERCE AUTISM SOCIETY OF NC 505 OBERLIN ROAD SUITE 230 RALEIGH NC 27605-1345	1730	JAMES R PIETRZAK SR VP SMITH/PACKETT MED-COM INC 4423 PHEASANT RIDGE ROAD STE 301 ROANOKE VA 24014-5300	1730	KEN PITTMAN LENOIR MEMORIAL HOSPITAL 100 AIRPORT ROAD KINSTON NC 28501
1730	PLANNER CAROMONT HEALTH P O BOX 1747 2525 COURT DRIVE GASTONIA NC 28053-1747	1730	SUSAN POLLITT 2626 GLENWOOD AVENUE STE 550 RALEIGH NC 27608	1730	HELEN K POOLE H K POOLE & ASSOCIATES LLC 100 RIVERGREEN COURT CARY NC 27511

1730	DR JOHN POULOS FAYETTEVILLE GASTROENTEROLOGY P O BOX 87229 FAYETTEVILLE NC 28304-7229	1730	DOROTHY POWERS ATTORNEY GENERAL OFFICE 114 W EDENTON STREET OLD EDUCATION BLDG MSC 2005 INTEROFFICE NC	1730	KENT PRICE MD PRICE EYE CLINIC, PA 264 MEMORIAL DRIVE JACKSONVILLE NC 28546
1730	ELIZABETH PRIDGEN PO BOX 8109 ROCKY MOUNT NC 27804	1730	BILL PULLEY N C HOSPITAL ASSOCIATION P O BOX 4449 CARY NC 27519	1730	ASHEVILLE RADIOLOGY PO BOX 2959 ASHEVILLE NC 28802
1730	ROBERT T REED COMMUNITY HOSPICE 5301 MORGANTON ROAD FAYETTEVILLE NC 28314	1730	DAVID O RICE PRES HAYWOOD REGIONAL MEDICAL CENTER 262 LEROY GEORGE DRIVE CLYDE NC 28721	1730	CARLETTE RIVERS 923 LENTON AVENUE BALTIMORE MD 21212
1730	CAROL ROBERSON CARROLTON MANAGEMENT 1600 LAFAYETTE AVENUE ROCKY MOUNT NC 27803	1730	JUDY ROBERSON 1600 LAFAYETTE AVENUE ROCKY MOUNT NC 27803	1730	JAMES ROSKELLY V P CORPORATE PLANNING & DEVELOPMENT MOSES CONE HEALTH SYSTEM 1200 NORTH ELM STREET GREENSBORO NC 27401-1020
1730	MARC ROTHENBERG CAROLINA REGIONAL RADIOLOGY P.A. 1301 MEDICAL DRIVE FAYETTEVILLE NC 28304-4425	1730	MICHAEL ROVINSKY PRES INTEGRITY CONSULTING GROUP 1160 NORTHMOOR COURT ATLANTA GA 30327	1730	STEVE RUMBLEY CROSS ROAD RETIREMENT COMMUNITY 1302 OLD COX ROAD ASHEBORO NC 27205
1730	ED RUSH PRES IREDELL MEMORIAL HOSP INC 557 BROOKDALE DRIVE P O BOX 1828 STATESVILLE NC 28687-1828	1730	MELISSA SHEARER MOSES CONE HEALTH SYSTEM 1200 NORTH ELM ST GREENSBORO NC 27401-1020	1730	EVELYN SANDERS SOUTHEASTERN WAKE ADULT DAY CENTE P O BOX 46775 RALEIGH NC 27620-6775
1730	KAREN SANDLIN 2530 MERIDIAN PKWY STE 200 DURHAM NC 27713	1730	COLUMBIA SCOTT 310 EAST THIRD AVENUE LEXINGTON NC 27292	1730	ROBERT W SELIGSON EXEC VP NC MEDICAL SOCIETY P O BOX 27167 RALEIGH NC 27611-7167

1730	1730	1730
DEBRA J SEYLER RN LNC SMITH MOORE LLP POST OFFICE BOX 27525 RALEIGH NC 27611	A R SHARP EXEC DI. CENTRALINA COG P O BOX 35008 ONE CHARLOTTETOWN CENTER SUITE 452 CHARLOTTE NC 28324	WILLIAM R SHENTON POYNER & SPRUILL P O BOX 1801 RALEIGH NC 27602-1801
1730	1730	1730
PAUL G SHERWOOD SR VP HALIFAX REGIONAL MEDICAL CENTER 250 SMITH CHURCH ROAD ROANOKE RAPIDS NC 27870-4919	PAM SHIPMAN PIEDMONT BEHAVIORAL HEALTHCARE 245 LEPHILLIP COURT NE CONCORD NC 28025-1216	PHYLLIS SHORE HOMESTEAD HILLS RETIREMENT 2101 HOMESTEAD HILLS DRIVE WINSTON SALEM NC 27103
1730	1730	1730
SHIRLEY SILVA, STATESVILLE MRI ALLIANCE IMAGING INC 2428 BELLE TERRE DRIVE STATESVILLE NC 28625-4331	MARY JANE SLIPSKY 4140 PARKLAKE AVENUE STE 200 RALEIGH NC 27612	CAMELIA R SMITH 5358 BASS PLACE SE WASHINGTON DC 20019
1730	1730	1730
PAUL SMITH LAKE NORMAN REGIONAL MED. CTR. P O BOX 3250 171 FAIRVIEW ROAD MOORESVILLE NC 28117	FRED L SOULE PRES CALDWELL MEMORIAL HOSPITAL 321 MULBERRY STREET P O BOX 1890 LENOIR NC 28645	CRAIG SOUZA NC HEALTH CARE FACILITIES ASSOC 5109 BUR OAK CIRCLE RALEIGH NC 27612-3101
1730	1730	1730
VICKI SPILLANE WARD & SMITH PA ATTORNEYS AT LAW ATTENTION: LIBRARY 1001 COLLEGE COURT P O BOX 867 NEW BERN NC 28563-0867	SHERYL SPIVEY DEPARTMENT OF CORRECTION DIV OF ALCOHOLISM & CHEM DEP PROG 4211 MAIL SERVICE CENTER RALEIGH NC 27699-4211	KARL STEIN EXECUTIVE DIR RALEIGH ORTHOPAEDIC CLINIC 3515 GLENWOOD AVENUE RALEIGH NC 27612
1730	1730	1730
SCOTT STROUD ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON STREET OLD EDUCATION BLDG ROOM 421 2005 MSC	DOUGLAS C SUDDRETH AUTUMN CORPORATION P O BOX 1579 MORGANTON NC 28680	JIM SWANN FRESENIUS MEDICAL SERVICES 3725 NATIONAL DRIVE SUITE 130 RALEIGH NC 27612
1730	1730	1730
JOHN TAYLOR TELERENT LEASING CORP 1191 FAYETTEVILLE ROAD RALEIGH NC 27603	NAN TOMSKY VALDESE GENERAL HOSPITAL P O BOX 700 VALDESE NC 28690	DOUGLAS TAYLOR WESTERN PIEDMONT COG P O BOX 9026 HICKORY NC 28603

1730	ROBERT E TAYLOR RETCARE INC P O BOX 460 NEBO NC 28761	1730	W STAN TAYLOR VP BUSINESS DEV & MANAGED CARE WAKE MED 3000 NEW BERN AVENUE RALEIGH NC 27610	1730	SHARON TEEL 1209 CARLTON STREET CLAYTON NC 27520
1730	JOANNE TELUSMA 3108 KIRBY SMITH DRIVE WILMINGTON NC 28409	1730	SHERRY THOMAS ASSOC FOR HOME & HOSPICE CARE OF NC 3101 INDUSTRIAL DRIVE STE 204 RALEIGH NC 27609-7577	1730	LAWRENCE E THOMPSON III BLUE RIDGE CENTER 356 BILTMORE AVENUE ASHEVILLE NC 28801
1730	SANDRA TODD-ATKINSON NASH DAY HOSPITAL 2460 CURTIS ELLIS DRIVE ROCKY MOUNT NC 27804	1730	CHARLES TREFZGER PO BOX 2568 HICKORY NC 28603	1730	QUANITA TWYFORD ATTORNEY GENERAL'S OFFICE 114 WEST EDENTON ST OLD EDUCATION BLDG RM 421 2005 MSC
1730	BARBARA K VAUGHN DIVERSIFIED HEALTH GROUP 100 CHALON DRIVE CARY NC 27511	1730	MIKE VICARIO N C HOSPITAL ASSOCIATION DIRECTOR OF REGULATORY AFFAIRS P O BOX 4449 CARY NC 27519-4449	1730	MICHAEL WAGNER TRIANGLE BUSINESS JOURNAL 1305 NAVAHO DRIVE STE 100 RALEIGH NC 27609
1730	CAROL WESTMORELAND ADM DIR CARDIOLOGY DIAGNOSTIC SERV NC BAPTIST HOSP - HEART STATION MEDICAL CENTER BOULEVARD WINSTON-SALEM NC 27157-1138	1730	DAN C WHITE DISTRICT MEMORIAL CENTER P O BOX 770 MURPHY NC 28906-0770	1730	GENE WHITFIELD HOME HEALTH & HOSPICE CARE 2402 WAYNE MEMORIAL DRIVE GOLDSBORO NC 27534
1730	SHAREE WILDER PO BOX 423 HARBINGER NC 27941	1730	SHARON WILDER DIVISION OF AGING OMBUDSMAN TAYLOR BUILDING 2101 MSC INTEROFFICE	1730	LUCIEN WILKINS MD WILMINGTON HEALTH ASSOCIATES 2215 LYNWOOD DRIVE WILMINGTON NC 28403
1730	DOYLE F WILLIAMS 6603 SUMMER DARBY CHARLOTTE NC 28270-2811	1730	RICHARD WILLIAMS HH HUNT SENIOR LIVING 209 HIGHLANDS LAKE DRIVE CARY NC 27518	1730	R D WILLIAMS II CEO ASHE MEMORIAL HOSPITAL INC 200 HOSPITAL AVENUE JEFFERSON NC 28640

1730

SUSAN WILLIAMSON PRES
NC ASSOCIATION OF NONPROFIT
HOMES FOR THE AGING, INC
3700 NATIONAL DR STE 218
RALEIGH NC 27612

1730

GEORGE E WILSON
WILCARE FACILITIES INC
P O BOX 28
CLINTON NC 28329

1730

LOU WILSON
NC ASSOCIATION LTC FACILITIES
4010 BARRETT DRIVE
SUITE 102
RALEIGH NC 27609

1730

TRENA WILSON
HIGH POINT REGIONAL HEALTH SYSTEM
PO BOX HP 5
HIGH POINT NC 27261

1730

SARAH WILTGEN CEO
BRYNN MARR BEHAVIORAL HC SERV
192 VILLAGE DRIVE
JACKSONVILLE NC 28546

1730

ALAN M WOLF
NEWS & OBSERVER
215 S MCDOWELL STREET
RALEIGH NC 27602

1730

DUNCAN YAGGY
DUKE UNIVERSITY MEDICAL CENTER
3100 TOWER BLVD BOX 80
SUITE 600
DURHAM NC 27707-2563

1730

DEE JAY ZERMAN
UNC HOSPITALS
SUITE 6021 EAST WING
101 MANNING DRIVE
CHAPEL HILL NC 27514

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<input type="checkbox"/>	acaporiccio@allianceimaging.com	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
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<input type="checkbox"/>	cyndi.honeycutt@nhhn.org	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English (USA)				
<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)				

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

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

Attachment B

Newspaper Ad Regarding the

March 4, 2015

Public Hearing

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 18, 2015

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 8th day of February, 2015

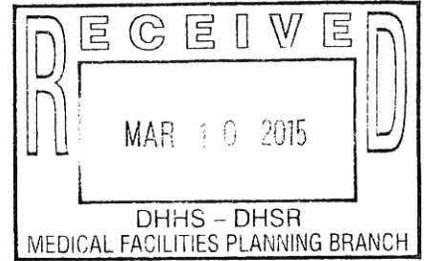

(signature of person making affidavit)

Sworn to and subscribed before me, this 18th day of February, 2015


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 4, 2015** 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 2016 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 4, 2015 at 5:00 p.m. For additional information on the State Health Coordinating Council or Healthcare Planning Services, 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 Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262.



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 7, 2015

MEMORANDUM

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

FROM: Drexdal Pratt, DHHS Director *DP*
Medical Facilities Planning Branch

SUBJECT: 2015 North Carolina State Medical Facilities Plan

DATE: January 7, 2015

On December 29, 2014, the 2015 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 2016 State Medical Facilities Plan. In addition, please see the enclosed reallocation notice.

Enclosures

DP:kf

cc: Shelley Carraway

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



SHCC Meetings for 2015

All SHCC meetings begin at 10:00 a.m.

March 4, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive - Raleigh NC Brown Building Room 104	10:00 a.m.
June 3, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive - Raleigh NC Brown Building Room 104	10:00 a.m.
September 2, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive - Raleigh NC Brown Building Room 104	10:00 a.m.
October 7, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive - Raleigh NC Brown Building Room 104	10:00 a.m.

March 4, 2015 – Business meeting followed by public hearing. All petitions due by 5:00 pm March 4th.

Directions to the Brown Building can be found at:
www.ncdhhs.gov/dhsr/brown.html

Committee Meetings for 2015

Acute Care Meetings

April 7, 2015 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 5, 2015 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
September 8, 2015 (Tuesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

Long Term and Behavioral Health

April 10, 2015 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 1, 2015 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
September 4, 2015 (Friday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

Technology and Equipment

April 22, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
May 13, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.
September 16, 2015 (Wednesday)	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104	10:00 a.m.

◆PUBLIC HEARINGS: North Carolina Proposed 2016 State Medical Facilities Plan◆

Citizens are invited to attend public hearings on the North Carolina Proposed 2016 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

Wilmington <i>(Tuesday)</i>	July 7, 2015	1:30-2:30 p.m.	New Hanover Regional Medical Center 2131 S. 17th Street Wilmington, NC Classroom A 910-343-7491
Greensboro <i>(Friday)</i>	July 10, 2015	1:30-2:30 p.m.	The Women's Hospital 801 Green Valley Road Greensboro, NC Room 5 & 6 336-832-6500
Asheville <i>(Tuesday)</i>	July 14, 2015	1:30-2:30 p.m.	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Cherokee Room 828-257-4400
Concord <i>(Friday)</i>	July 17, 2015	1:30-2:30 p.m.	CMC-NorthEast 920 Church Street Concord, NC Medical Arts Classroom 1, 2 & 3 704-403-1652
Greenville <i>(Wednesday)</i>	July 22, 2015	1:30-2:30 p.m.	Pitt County Office Bldg. Commissioners Auditorium 1717 West 5 th Street Greenville, NC Commissioner's Auditorium 2 nd Floor 252-902-2950
Raleigh <i>(Wednesday)</i>	July 29, 2015	1:30-2:30 p.m.	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968

All people commenting on the North Carolina Proposed 2016 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 2016 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 2016 State Medical Facilities Plan must be received in the Medical Facilities Planning Branch Office by 5:00 p.m. on Wednesday, July 29, 2015.

Fisk, Kelli

From: Fisk, Kelli
Sent: Thursday, January 08, 2015 5:28 PM
To: DHHS.DHSR.MFP.Interested.Parties
Subject: 2015 SMFP Order Form and 2015 Meeting dates
Attachments: D. Pratt Memo.pdf; 2015 Meeting Dates.pdf

Good Afternoon,

For your convenience I have attached the NC SMFP order form, schedule for all the SHCC committee meetings and public hearings for the NC 2016 SMFP. Also, please see the attached reallocation notice. We do not have any hard copies of the Plan in the office, but we expect them by the end of next week.

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

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Raleigh (Wednesday)	July 29, 2015	1:30-2:30 p.m.	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968

Fisk, Kelli

From: Brown, Elizabeth
Sent: Friday, February 13, 2015 12:32 PM
To: Sapp, Kellie W.
Cc: Carraway, Shelley; Fisk, Kelli
Subject: RE: PROOF for PUBLIC NOTICE

Hi Kelly,

Please run the ad on 2/18/2015 at a cost of \$396.00.

Regards,

Elizabeth K. Brown
N.C. Department of Health and Human Services
Planner, Medical Facilities Planning Branch - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
Phone: 919-855-3865
Fax: 919-715-4413
elizabeth.brown@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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.

From: Sapp, Kellie W. [mailto:ksapp@wsjournal.com]
Sent: Thursday, February 12, 2015 8:13 AM
To: Brown, Elizabeth
Subject: RE: PROOF for PUBLIC NOTICE

Hey Elizabeth,

Here's the proof for you to review and approve. It's all set to publish next Wednesday, February 18, 2015. The total cost is \$396.00 and does include the internet. The deadline for any changes is 11:00 a.m. next Tues. 2/17. Please let me know if you have any questions and please let me know that the ad is okay to proceed as scheduled. Thanks so much and I hope you have a wonderful day! ☺

Kelly Sapp
Legal Advertising Executive
Winston-Salem Journal
Ph. & Fax: 336-727-7260
ksapp@wsjournal.com

From: Brown, Elizabeth [mailto:elizabeth.brown@dhhs.nc.gov]
Sent: Wednesday, February 11, 2015 12:18 PM

To: scsmith@asheville.gannett.com; GREE Legal Ads; poleniczak@newsobserver.com; advertising@starnewsonline.com;
Sapp, Kellie W.; kstortz@reflector.com
Cc: Fisk, Kelli; Carraway, Shelley
Subject: Public Notice
Importance: High

Good Afternoon,

Attention: Legal Ad Department

Please view the attachment and respond back with a proof and quote to run this legal ad on Wednesday, February 18, 2015.

If possible, please set as a single column line ad with no display.

PLEASE EMAIL ME THE PROOF ALONG WITH THE ESTIMATE OF THE AD PRIOR TO RUNNING THE AD.

Thank you.

Elizabeth K. Brown
N.C. Department of Health and Human Services
Planner, Medical Facilities Planning Branch - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
Phone: 919-855-3865
Fax: 919-715-4413
elizabeth.brown@dhhs.nc.gov
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PUBLIC NOTICE

NORTH CAROLINA

STATE HEALTH COORDINATING COUNCIL MEETING

and

PUBLIC HEARING

The North Carolina State Health Coordinating Council will meet **Wednesday, March 4, 2015** 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 2016 State Medical Facilities Plan. Anyone commenting at the public hearing is asked to prepare and provide one written copy of their remarks to Healthcare Planning Services of the DHHS Division of Health Service Regulation by March 4, 2015 at 5:00 p.m. For additional information on the State Health Coordinating Council or Healthcare Planning Services, please visit: <http://www.ncdhhs.gov/dhstr/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 Healthcare Planning Services in advance so that reasonable accommodations can be arranged. People who use a TDD may contact Healthcare Planning via "RELAY" at 1-800-735-8262.

Fisk, Kelli

From: Brown, Elizabeth
Sent: Tuesday, February 24, 2015 2:03 PM
To: DHHS.DHSR.MFP.Interested.Parties
Cc: Fisk, Kelli; Carraway, Shelley
Subject: Public Notice
Attachments: PUBLIC NOTICE FOR 3-4-15.pdf

Good afternoon.

Please read the attached public notice for March 4, 2015.

Regards,

Elizabeth K. Brown
N.C. Department of Health and Human Services
Planner, Healthcare Planning Branch - Division of Health Service Regulation
809 Ruggles Drive
Raleigh, NC 27603
Phone: 919-855-3865
Fax: 919-715-4413
elizabeth.brown@dhhs.nc.gov
www.ncdhhs.gov/dhsr

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Attachment C
Sign In Sheets For Meetings

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
The Brown Building – Raleigh, N.C.
March 4, 2015
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman C Ullrich
 2. ~~Trey Adams~~ Trey Adams
 3. Dr. Richard Akers RE Akers
 4. Christina Apperson Christina Apperson
 5. Donald C. Beaver _____
 6. Peter Brunnick _____
 7. ~~Douglas Cody~~ Peter Brunnick
 8. Stephen DeBiasi Stephen DeBiasi
 9. Dr. Mark Ellis Mark Ellis
 10. Dr. Sandra Greene Sandra Greene
 11. Senator Ralph Hise _____
 12. Kelly Hollis Kelly Hollis
 13. Kurt Jakusz Kurt Jakusz
 14. Representative Donny Lambeth Donny Lambeth
 15. Stephen Lawler Stephen Lawler
 16. Kenneth Lewis Kenneth Lewis
 17. Dr. Robert McBride Dr. Robert McBride
 18. Denise Michaud Denise Michaud
 19. Dr. Jeffrey Moore Jeffrey Moore
 20. Dr. Jaylan Parikh Jaylan Parikh
 21. Dr. Prashant Patel Prashant Patel
 22. Dr. Karl Pete _____
 23. Dr. T.J. Pulliam T.J. Pulliam
 24. Gloria Whisenhunt Gloria Whisenhunt
- Jim Bursia
42
- Jim Bursia

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
 The Brown Building - Raleigh, N.C.
 March 4, 2015
 10:00 a.m.

REGISTRATION FOR MEMBERS OF THE AUDIENCE

Please print and write legible

First Name and Last Name	Representing	Speaking? Yes or No
Richard Leissner	Howard, Stallings	Yes
Gary Qualls	KoL Gates	No
Carol Meyer	The Continous Center for Hospice	Yes *
Dustin Murphy	Williams Mullen	No
Joni Rogers	Assoc for Home & Hospice Care	yes * jonly
Jelly Lusk	PDA	no
Nancy Ben Madin	NCHPA	No
Kann Sandlin	Keystone Planning	No
David Meyer	" "	No
Carolyne Hall	KoL Gates	No
Andrew Hall	Care Health	No
Dan Porter	Dosner Memorial	YES
Judy Orser	Wokeehead	No

* (*

REGISTRATION FOR MEMBERS OF THE AUDIENCE

Please print and write legible

First Name and Last Name	Representing	Speaking? Yes or No
ANUJ JAMES, DDS	VILLAGE FAMILY DENTAL	YES
Virginia Jones	"	Yes
Faith McGibbon Martyn, DDS	"	Yes
DAVID FLEUCH	STRATEGIC HEALTHCARE	No
NANCY LANE	PDA	No
Will Holding	PADA	No
Kelly Ivey	PDA	No
Barbara L. Freedy	Norant Health	No
DJ ZERMAN	UNCHKs	No
Greg Bass	CHS	No
Mike Mullaney	CHS	Yes
Dr. Tony Ashser	CNSA	Yes
Daniel Carter	Ascendient	No

Attachment D

Newspaper ad Regarding Six Statewide
Hearings and Notifications

Fisk, Kelli

From: Fisk, Kelli
Sent: Tuesday, June 02, 2015 9:26 AM
To: Sapp, Kelly W.
Subject: RE: REVISED PROOF for Public Notice

Thanks Kelly!

From: Sapp, Kelly W. [mailto:ksapp@wsjournal.com]
Sent: Tuesday, June 02, 2015 8:44 AM
To: Fisk, Kelli
Subject: RE: REVISED PROOF for Public Notice

Hey Kelli,

You are very welcome.

Here's a revised proof for your records. It's all set to publish this Fri. 6/5. Thanks so much and you have a wonderful day! ☺

Kelly Sapp

Legal Advertising Executive

Winston-Salem Journal

P.O. Box 3159

Winston-Salem, NC 27102

Ph. & Fax: 336-727-7260

ksapp@wsjournal.com

From: Fisk, Kelli [mailto:kelli.fisk@dhhs.nc.gov]
Sent: Tuesday, June 02, 2015 8:08 AM
To: Casiano; Crystal Melton; Sapp, Kelly W.; GREE Legal Ads; Oleniczak, Pam; wilmington.classified@starnewsonline.com
Subject: RE: Public Notice

Good Morning,

Thank you for assisting me with the quotes for our public notice. Please run the notice Friday, June 5, 2015 if possible.

Thanks,
Kelli

From: Fisk, Kelli
Sent: Friday, May 29, 2015 9:39 AM
To: Casiano; 'Crystal Melton'; ksapp; 'News-Record'; Oleniczak, Pam; wilmington.classified@starnewsonline.com
Subject: Public Notice

Good Morning –

Glad it's Friday!! I need a quote on the attached schedule for the public hearings. **This will need to run 1 day only.** Once I have the quote and it is approved I will notify you the date to run.

Thank you,
Debbi S. Fisk
DHHS-DHSR
Healthcare Planning and Certificate of Need
919-855-3866 (Phone)
919-715-4413 (Fax)

E-mail correspondence to and from this address may be subject to the North Carolina Public Records Law and may be disclosed to third parties by an authorized state official.

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...A
...NTY

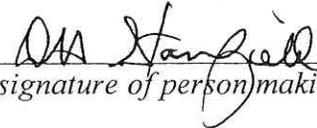
AFFIDAVIT OF PUBLICATION

...ore 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:

June 5, 2015

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.

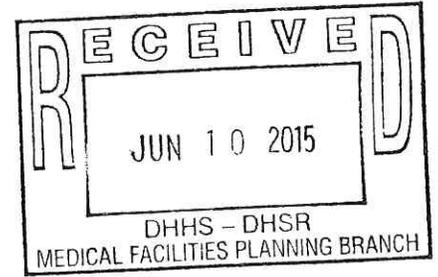
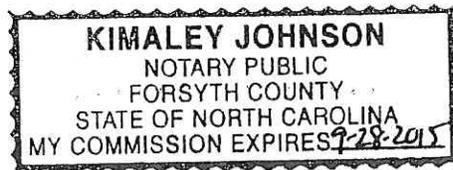
Th. th day of June, 2015


(signature of person making affidavit)

Sworn to and subscribed before me, this 5th day of June, 2015


Notary Public

My Commission expires: September 28, 2015



PUBLIC HEARINGS: North Carolina Proposed 2016 State Medical Facilities Plan

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Commissioner's Auditorium 2nd Floor
252-902-2950

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Dorothea Dix Campus, 801 Biggs Drive, Raleigh NC
Brown Building Room 104; 919-855-3968

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Fisk, Kelli

From: Fisk, Kelli
Sent: Tuesday, June 23, 2015 4:10 PM
To: DHHS.DHSR.MFP.Interested.Parties
Cc: Yakaboski, Greg; Carraway, Shelley
Subject: Public Hearings Schedule For 2016 Proposed Plan
Attachments: Notice to Interested Parties - 2016 Proposed Plan - Public Hearings.pdf

Good Afternoon,

Please see the attached memo and schedule for the public hearings regarding the 2016 Proposed State Medical Facilities Plan.

Thank you,
Kelli S. Fisk
DHHS-DHSR
Healthcare Planning and Certificate of Need
919-855-3866 (Phone)
919-715-4413 (Fax)

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Greensboro (Friday)	July 10, 2015	1:30-2:30 p.m.	The Women's Hospital 801 Green Valley Road Greensboro, NC Room 5 & 6 336-832-6500
Asheville (Tuesday)	July 14, 2015	1:30-2:30 p.m.	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Cherokee Room 828-257-4400
Concord (Friday)	July 17, 2015	1:30-2:30 p.m.	CMC-NorthEast 920 Church Street Concord, NC Medical Arts Classroom 1, 2 & 3 704-403-1652
Greenville (Wednesday)	July 22, 2015	1:30-2:30 p.m.	Pitt County Office Bldg. Commissioners Auditorium 1717 West 5 th Street Greenville, NC Commissioner's Auditorium 2 nd Floor 252-902-2950
Raleigh (Wednesday)	July 29, 2015	1:30-2:30 p.m.	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968



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: Interested Parties of the NC State Health Coordinating Council
FROM: Greg Yakaboski, Healthcare Planning, Assistant Chief *GY*
RE: Public Hearings for the N.C. 2016 Proposed State Medical Facilities Plan (SMFP)
DATE: June 23, 2015

The Division is required to maintain a mailing list of people who have requested notice of public hearings regarding the North Carolina State Medical Facilities Plan, and to notify 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 2016 SMFP.

The enclosed list of public hearings has been published in several newspapers across the state and posted on our web page.

The North Carolina 2016 Proposed State Medical Facilities Plan will be available on our web site at <http://www.ncdhhs.gov/dhsr/mfp/smfp.html>. Individuals will be able to view, print or download the Proposed Plan free of charge.

Should you have any questions regarding the upcoming hearings, please feel free to contact staff in the Healthcare Planning at (919) 855-3865.

GY/kf

Enclosure



Healthcare Planning and Certificate of Need Section

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

Phone: 919-855-3865 / Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Dorothea Dix Hospital Campus • Raleigh, N.C. 27603

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

An Equal Opportunity / Affirmative Action Employer



♦PUBLIC HEARINGS: North Carolina Proposed 2016 State Medical Facilities Plan♦

Citizens are invited to attend public hearings on the North Carolina Proposed 2016 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

Wilmington (Tuesday)	July 7, 2015	1:30-2:30 p.m.	New Hanover Regional Medical Center 2131 S. 17th Street Wilmington, NC Classroom A 910-343-7491
Greensboro (Friday)	July 10, 2015	1:30-2:30 p.m.	The Women's Hospital 801 Green Valley Road Greensboro, NC Room 5 & 6 336-832-6500
Asheville (Tuesday)	July 14, 2015	1:30-2:30 p.m.	Mountain Area Health Education Center 121 Hendersonville Road Asheville, NC Cherokee Room 828-257-4400
Concord (Friday)	July 17, 2015	1:30-2:30 p.m.	CMC-NorthEast 920 Church Street Concord, NC Medical Arts Classroom 1, 2 & 3 704-403-1652
Greenville (Wednesday)	July 22, 2015	1:30-2:30 p.m.	Pitt County Office Bldg. Commissioners Auditorium 1717 West 5 th Street Greenville, NC Commissioner's Auditorium 2 nd Floor 252-902-2950
Raleigh (Wednesday)	July 29, 2015	1:30-2:30 p.m.	Dorothea Dix Campus 801 Biggs Drive Raleigh NC Brown Building Room 104 919-855-3968

Attachment E

Sign In Sheets For Six Statewide
Public Hearings

Wilmington Public Hearing
New Hanover Regional Medical Center
July 7, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman _____
2. Trey Adams Trey Adams
3. Dr. Richard Akers _____
4. Christina Apperson _____
5. Donald C. Beaver _____
6. Peter Brunnick _____
7. Jim Burgin _____
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 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. Gloria Whisenhunt _____

Wilmington Public Hearing

Project: 2016 Proposed SMFP

Date: July 7, 2015

Presider: Mr. Steve Lawler

Time: 1:30

Place/Room: New Hanover Regional Medical Center - Classroom A

Print Name	Organization	Speaking	Phone	Email
1. Kay Bros Martin	NBPA HPA	NO	919800199	BrosMartin@ncrrf.com
2. Sandy Gaskin	CFV ITS	NO	910818-3079	stgaskin@capefearvalley.com
3. MIKE JONES	HARNETT HEALTH	YES	9196304600	mike.jones@harnetthealth.com
4. Connie Pitman	DOSHER	NO YES	910-231-5627	Connie.pitman@dosher.org
5. Virginia Jones	Village Family Dent	YES	910992-2066	vjones@vfdental.com
6. Satish Mathan	Raleigh Radiology	YES	919449-2869	satish.mathan@raleighradiology.com
7. DAN PORTER	DOSHER	YES	910-269-5830	dansporter@dosher.org
8. Will Holding	PDA	NO	919-754-0622	wholding@pda-inc.net
9. Jeff James	Wilmington Health	NO	910-815-6103	JJames@wilmingtonhealth.com
10. Tom Siener	Dosher Hosp.	NO	910-957-7911	TomSiener@Dosher.com
11. Carol Meyer	The Carolinas Center	NO	919-959-5388	cmeyer@cchospi.com
12. Chasity Chace	Wilmington Health	NO	910-841-3384	cchace@wilmingtonhealth.com
13. Laura Rackley	New Hanover Reg	NO	—	—
14.				
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Greensboro Public Hearing
The Women's Education Center – Women's Hospital
July 10, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman _____
2. Trey Adams _____
3. Dr. Richard Akers _____
4. Christina Apperson _____
5. Donald C. Beaver _____
6. Peter Brunnick _____
7. Jim Burgin _____
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 Denise Michaud
19. Dr. Jeffrey Moore _____
20. Dr. Jaylan Parikh _____
21. Dr. Prashant Patel _____
22. Gloria Whisenhunt _____

Greensboro Public Hearing

Project: 2016 Proposed SMFP

Date: July 10, 2015

Presider: Ms. Denise Michaud

Time: 1:30

Place/Room: The Women's Education Center/Women's Hospital

5 mins
each

Print Name	Organization	Speaking	Phone	Email
1. Tom Siemers	Dosher Hosp	Yes	910-269-8905	Tom Siemers @ Dosher.org
2. MIKE JONES	HARNETT HEALTH	Yes	919 6304600	mike.jones@harnetthealth.org
3. Will Holding	PDA	No	919-754-0303	wholding@pda-inc.net
4. Virginia Jones	Virginia Family Pl	Yes	910 992 2066	vjones@vfdental.cc
5. Celia Emma	WHSR	No	919 855 4695	
6. David Meyer	Keystone	No	919.806.4948	
7. Lara Owen	Hospice of Davidson	Yes	336.475.5444	laura@hospiceof davidson.org
8. Annette Kiser	The Carolinas Center	No	7045081507	akiser@cchospice.org
9. Cilen Hubbard	Hospice of Davidson	No	336.475.5444	ghubbard@hospiceof davidson.org
10. Nancy Bos Mah	NCNW HPA	NO	YGI	YGI
11. DJ ZERMAN	LINC HCS	No	919-974-1210	DZ.linc
12. Jeff Browne	Raleigh Radiology	Yes	(919)452-4576	jeffrey.browne@raleighrad.com
13. Nancy Lane	PDA	NO	919-754-0303	nlane@pda-inc.net
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Greensboro Public Hearing

Project: 2016 Proposed SMFP

Date: July 10, 2015

Presider: Ms. Denise Michaud

Time: 1:30

Place/Room: The Women's Education Center/Women's Hospital

Print Name	Organization	Speaking	Phone	Email
1. Melissa Stearer	Cone Health	NO	336-832-7693	
2. Andrew Hall	Cone Health	No	336-832-9501	andrew.hall@conehalth.com
3. Carol Ann Mullis	" "	NO	336-832-9526	Carol.mullis@ConeHealth.com
4. Barbara Freedy	Novaant Health	No	336-718-4483	blfreedy@novaanthealth.com
5. Mike VICARIO	NCHA	NO	9-	
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Asheville Public Hearing
Mountain Area Health Education Center
July 14, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman _____
2. Trey Adams _____
3. Dr. Richard Akers Richard F. Akers
4. Christina Apperson _____
5. Donald C. Beaver _____
6. Peter Brunnick Peter Brunnick
7. Jim Burgin _____
8. Stephen DeBiasi _____
9. Dr. Mark Ellis _____
10. Dr. Sandra Greene _____
11. Senator Ralph Hise _____
12. Kelly Hollis Kelly Hollis
13. Kurt Jakusz Kurt Jakusz
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. Gloria Whisenhunt _____

Thomas J. Williams [Signature]

Asheville Public Hearing

Project: 2016 Proposed SMFP

Date: July 14, 2015

Presider: Dr. T. J. Pulliam

Time: 1:30

Place/Room: Mountain Area Health Education Center/Cherokee Room

Print Name	Organization	Speaking	Phone	Email
1. <i>Barbara Freedy</i>	<i>Norant Health</i>	<i>No</i>	<i>336-718-4483</i>	<i>btfreedy@nvahealth.com</i>
2. <i>Karen Roby</i>	<i>Mission</i>	<i>No</i>	<i>213-350</i>	<i>Karen.Roby3@msj.org</i>
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SIGN-IN

	Name	Organization	Speaking YES OR NO
1	STEFAN MAGURA MD	Blue Ridge Bone & Joint	No
2	PETER MARGONE	"	YES
3	JOHN HICKS MD	"	YES
4	Virginia Jones	Vedage Family Dental	Yes
5	Tom Siemers	Roskel Hospital	Yes
6	MIKE JONES	HARNETT HEALTH SYSTEM	Yes
7	Will Holding	PDA	yes
8	Nancy Lee Martin	NBM HPA	No
9	Annette Kiser	The Carolinas Center	No
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SHCC MEMBER SIGN-IN

NAME

- 1) KURT JAKUSZ
- 2) Peter Brunick
- 3) TJ Allman
- 4) Kellin Hollis
- 5)

Concord Public Hearing

Mike Jones
Tom Siemer
Laura Reebye
Nancy Lane

Project: 2016 Proposed SMFP
Presider: Dr. Christopher Ullrich

Date: July 17, 2015 Satish Matha
Time: 1:30

Place/Room: CMC - NorthEast - Medical Arts Classrooms 1, 2 and 3

	Print Name	Organization	Speaking	Phone	Email
①	1. MIKE JONES	HARNETT HEALTH	Yes	919 6304600	mike.jones@harnetthealth.org
	2. Robyn Pettigrew	Tri Sono	Yes		
	3. Laura Reebye	SONO	Yes	919 806 2000	lreebye@triad.com
②	4. Tom Siemer	Dr. Peter Hoss	Yes	910 457-3911	Tom.Siemer@DrPeter.org
	5. Hannah Kinrade	Carolinas HealthCare	no	704-355-9740	hannah.kinrade@carolinashealthcare.org
④	6. Nancy Lane	PDA	yes	919-754-0303	nlane@pda-inc.com
	7. Kelly Ivey	PDA	no	"	kivey@pda-inc.com
③	8. Laura Reebye	SONO	yes	919.806.2000	LReebye@triad.com
Before Nancy	9. Satish Matha	Raleigh Radiology	Yes	919 949-2869	satish.matha@raleighradiology.com
⑤	10. Nancy Borg Muri	NBHM HPA	No	467	YGI
	11. Bill Hyland	DAVITA	No	704-577-2553	Bill.Hyland@DAVITA.COM
	12. Annette Kiser	The Carolinas Center	No	704 508 1507	akiser@echospice.org

Concord Public Hearing

Project: 2016 Proposed SMFP
Presider: Dr. Christopher Ullrich

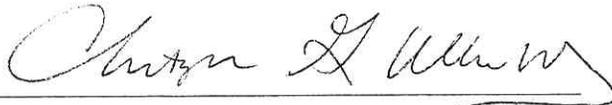
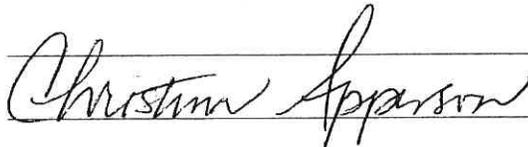
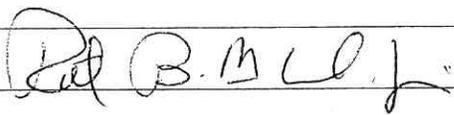
Date: July 17, 2015
Time: 1:30

Place/Room: CMC - NorthEast - Medical Arts Classrooms 1, 2 and 3

	Print Name	Organization	Speaking	Phone	Email
1.	Barbara L Freedy	Nwant Health Inc	No	336-718-4483	blfreedy@nwanthealth.org
2.					
3.	64				

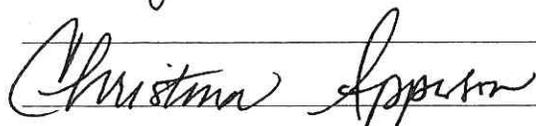
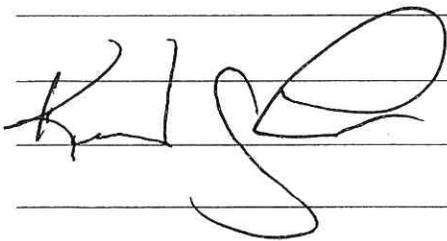
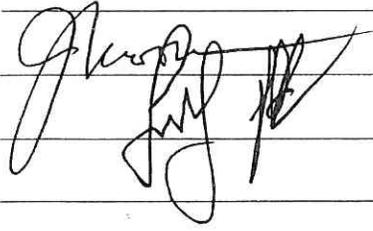
Concord Public Hearing
CMC - NorthEast
July 17, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman 
2. Trey Adams _____
3. Dr. Richard Akers _____
4. Christina Apperson 
5. Donald C. Beaver _____
6. Peter Brunnick _____
7. Jim Burgin _____
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. Gloria Whisenhunt _____

Greenville Public Hearing
Pitt County Office Building
July 22, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman _____
2. Trey Adams  _____
3. Dr. Richard Akers _____
4. Christina Apperson  _____
5. Donald C. Beaver _____
6. Peter Brunnick _____
7. Jim Burgin _____
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. Gloria Whisenhunt _____

Greenville Public Hearing

Project: 2016 Proposed SMFP

Date: July 22, 2015

Presider: Mr. Trey Adams

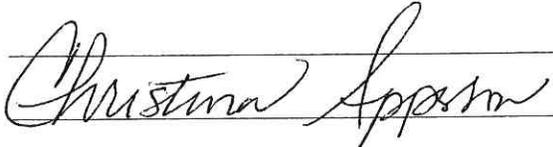
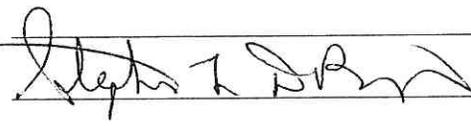
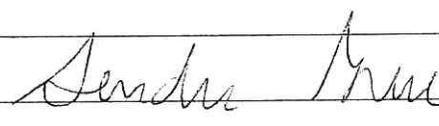
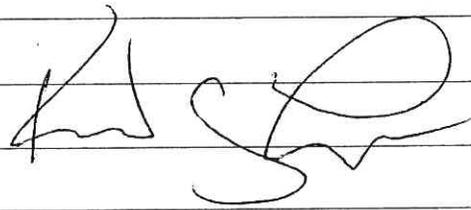
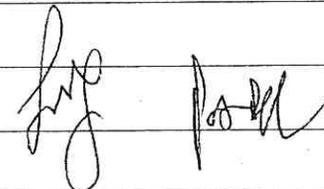
Time: 1:30

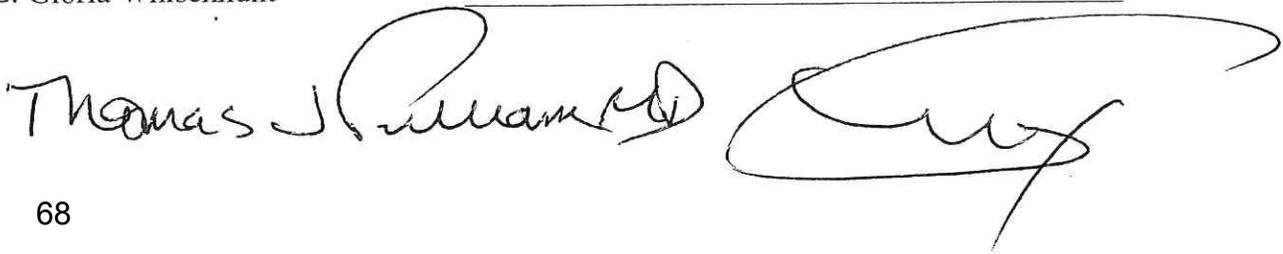
Place/Room: Pitt County Office Building - Commissioner's Auditorium

Print Name	Organization	Speaking	Phone	Email
1. Tom Siencus	Dosker Home	Yes	910-269-9905	TOMSiencus@dosker.org
2. Laura Rebye	Triangle Implant Center	Yes	919.824.2111	LRebye@gmail.com
3. Will Holding	PDA	YES	9197540303	wholding@pda-inc.net
4. Nancy Lane	PDA	no	"	nlane@pda-inc.net
5. Kelly Key	PDA	no	"	KKey@pda-inc.net
6. Dan Weatherly	Hennett Health	Yes	910 633 4639	dan.weatherly@hennetthealth.com
7. Virginia Jones	Virginia Jones	Yes	910 992 2066	vpjones@fident.com
8. Carol Meyer	The Carolina's Care	No	919-345 5864	cmeyer@cchospice.com
9. Jeff Shovelin	Vidant	No	252-847 3631	jshovelin@vidanthealth.com
10. Karen	Shelton			
11. MARGE ZIMA	Onslow County	No	910-324 1444	ZIMA@qibratter.net
12. Sandra Crane	Onslow House of Representatives	NO	910-330-2000	SALWYRICK@MSU.COM
13. Nancy Bras Martin	NRSM HPA	NO	YGT	YGT
14.				
15.				
16.				
17.				
18.				

Raleigh Public Hearing
Brown Building – Room 104
July 29, 2015
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman _____
2. Trey Adams _____
3. Dr. Richard Akers _____
4. Christina Apperson  _____
5. Donald C. Beaver _____
6. Peter Brunnick _____
7. Jim Burgin _____
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. Gloria Whisenhunt _____



Raleigh Public Hearing

Project: 2016 Proposed SMFP

Date: July 29, 2015

Prsider: Dr. Sandra Greene

Time: 1:30

Place/Room: Dorothea Dix Campus - Brown Building - Room 104

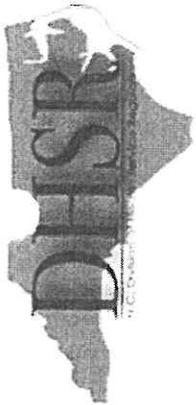
Print Name	Organization	Speaking	Phone	Email
1. ANDRE KELLOGG	ALLIANCE 2AD	NO	(408) 317-7800	AKELLOGG@ALCIACE.org
✓ 2. Satish Mathan	Raleigh Rad.	yes	919-949-2865	satish.mathan@raleighrad.org
✓ 3. Tom Siemers	Dosher	yes	910-457-3911	Tom.Siemers@dasher.org
4. Nancy Brads Martin	NBAM HPA	NO	461	461
5. Dee Jay Zerman	UNCHCS	NO	"	"
6. Nathan Maxwell	Ascendent	NO	461	461
7. Keith Richard	SONO	NO		
8. ANDRE JOHNSON	SONO	No	—	—
9. Liz Hedrick	SML	NO		
10. Marc Hewitt	SML	NO		
11. Len Clark	NCHC/FA	NO		
12. JOHN THOMA	TRANSITIONS LIFECARE	NO	919 828 2990	JTHOMA@TRANSITIONSLIFECARE.ORG
13. Ruth Leny	Williams Miller	NO		
14. Tiffany Brads medaquet		NO		
15. Mark Casey	NC DHHS/DMA	YES	919-855-4285	Mark.Casey@dhhs.nc.gov
16. TRACY GUMAD	AHHC	NO	919-848-3450	
17. Susan Kelley	Poyner Spruill	NO	919-783-2922	
18. RONALD VENEZIE	NC DENTAL Soc.	NO	919-215-1981	ron.venezie@hullsvorthine

Would like to speak

✓ Dr. Zidar, Rex Healthcare

Attachment F

Public Comments
Adoption Of The Plan



State Health Coordinating Council Meeting

Minutes

March 4, 2015

10:00 am – 12:00 pm

Brown Building, Raleigh, North Carolina

Healthcare Planning and Certificate of Need Section

Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Christina Apperson, Peter Brunnick, Jim Burgin, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T.J. Pulliam

Members Absent: Donald Beaver, Senator Ralph Hise, Representative Donny Lambeth, Gloria Whisenhunt

Healthcare Planning and Certificate of Need Section Staff Present: Shelley Carraway, Greg Yakaboski, Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Martha Frisone, Lisa Pittman, Gloria Hale

DHSR Staff Present: Drexdal Pratt, Cheryl Ouimet, Patsy Christian;

AG's Office: Bethany Burgon, June Ferrell, Derek Hunter

Standing Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	<p>Dr. Ullrich welcomed Council members, staff and visitors to the first meeting of the planning cycle for the 2016 State Medical Facilities Plan. Dr. Ullrich explained the meeting had two parts; The first is a business meeting that was open to the public, but not a public hearing. The second part will allow for a public hearing for anyone asking to address the State Health Coordinating Council (SHCC) and make comments on issues they wish 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, following the adoption of the Proposed 2016 SMFP.</p> <p>All Council members introduced themselves, stating their workplace and position on the council. Mr. Drexdal Pratt, DHSR Division Director, stated that on January 1, 2015 the Medical Facilities Planning Branch and Certificate of Need Section, consolidated into one section Healthcare Planning and Certificate of Need. Mr. Pratt stated that Ms. Shelley Carraway is the Chief of Certificate of Need, Martha Frisone is the Assistant Chief for Certificate of Need and the agency is in the process of hiring an Assistant Chief for Planning. Mr. Pratt asked DHSR staff and staff from the AG's Office to introduce themselves. Mr. Jim Burgin a new member was welcomed to the Council.</p>		
Introductions			
Review of Executive Order No. 46 Ethical Standards for the State Health Coordinating Council	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Ullrich 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</p>		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
74	benefit from any matter on the agenda and no member recused himself or herself from voting on any agenda item. Dr. Ullrich 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 1, 2014	A motion for approval of the October 1, 2014 minutes was presented and seconded for approval.	Mr. Lewis Dr. Ellis	Motion approved
Committee Assignments and Business Meeting	<p>Dr. Ullrich laid out the foundation for each Committee Assignment, committee Chairman's were announced, and the various reviews each will conduct under their committee titles.</p> <p>Dr. Ullrich stated there would be discussion related to the MRI section of Chapter 9 about using CPT codes data rather than procedure submission data in the future. Parallel data has been collected for a number of years. The agency had previously received a petition requesting to end the parallel data collection.</p> <p>Dr. Ullrich stated there would also be a discussion regarding radiation oncology to determine whether to collect parallel data for CPT codes instead of continuing to depend on ESTV. Dr. Ullrich stated there was no data to back test the methodology. The committee will discuss if the agency will be asking for dual submission with current data and CPT code Data for the next 2 years to have adequate data to back test the methodology to make sure the new data if adopted produces similar results to the prior data.</p> <p>Dr. Ullrich stated Dr. Pulliam would chair a workgroup charged with reviewing the Nursing Home Beds methodology. This workgroup will report to the LTBH Committee.</p>		
Recess Business Meeting	Dr. Ullrich concluded the business meeting.		
Convening of the Public Hearing Regarding the Proposed 2016 SMFP	<p>Dr. Ullrich called the Public Hearing to order. There were nine individuals signed up to speak. Dr. Ullrich asked each speaker to limit their comments to five minutes.</p> <p>First Speaker: Anuj James, DDS – Village Family Dental – Dr. James presented a brief history of their practice, their specialties, and the geographical areas their services cover. Pediatric services through charity work and other state programs are some of the top priorities of services their doctors provide but, they are experiencing a decrease in access to surgical care for these patients. They are looking for solutions, and have proposed Policy OR1 as one option to help alleviate the problem.</p>		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
	<p>Second Speaker: Faith McGibbon, DDS – Village Family Dental – Dr. McGibbon presented the obstacles the dentists are experiencing in the ability to serve pediatric patients. Patient loads are increasing, but block time available in operating rooms is decreasing, making it impossible to perform their services. A large number of their patients need dental treatment in the hospital setting due to various circumstances, but the ORs often schedule more lucrative surgeries, bumping the dentists off the schedule.</p> <p>Third Speaker: Virginia Jones – Village Family Dental – Ms. Jones spoke about the legislative hindrances that affect them. The Joint Commission defines pediatric dentists as physicians, but the North Carolina Hospital Act does not. She also presented the summary of their petition for SMFP changes.</p> <p>Fourth Speaker: Mike Mallowney – Carolinas Healthcare System (CHS) - CHS requested the State Health Coordinating Council create a special allocation for one dedicated intraoperative MRI Unit in the western portion of the state (HSA's I, II, III) for the 2016 SMFP. The unit would be located adjacent from the OR, but not used for typical MRI procedures. The petition will outline the benefits, access, and justification for the request of the petition.</p> <p>Fifth Speaker: Tony Asher, MD – Carolina Neurosurgery and Spine Associates Charlotte – Dr. Asher noted the extensive expertise, associations and committees he serves. He presented the essential reasoning, purpose, and required medical usage of the requested petition for the iMRI Unit.</p> <p>Mr. Mallowney stated the request would also eliminate the need for a follow-up MRI after surgeries, if the iMRI Unit was utilized during the initial surgery. An iMRI is currently operating at Duke University. The petition requests an iMRI need for western portion of North Carolina.</p> <p>Sixth Speaker: Richard Leissner – Howard, Stallings, From, Hutson, Atkins, Angell & Davis, P.A. Mr. Leissner (an attorney with the aforementioned firm) requested changing the methodology used in Chapter 6 of SMFP for Operating Room needs. He stated that the method is outdated,</p>		

Standing Agenda	Discussion	Motions	Recommendations/ Actions
76	<p>which in turn creates an artificial surplus of ORs . In addition, the underutilized and dormant ORs are not represented in the methodology.</p> <p>Seventh Speaker: Carol Meyer – The Carolinas Center for Hospice and End of Life Care - Requested a change to the statewide Hospice inpatient bed methodology for the 2016 SMFP. TCC requested the approval for Hospice changes to ensure the equitable access and high quality care for all people of North Carolina.</p> <p>Eighth Speaker: Tim Rogers – Association for Home & Hospice Care of North Carolina – Reviewed that AHHC and TCC organized a workgroup to evaluate the SMFP hospice inpatient bed methodology and to consider possible changes to ensure the methodology is consistent with current utilization patterns and trends. Their proposal is to modify Step 7 of the Hospice inpatient bed methodology.</p> <p>Ninth Speaker: Dan Porter – J. Arthur Doshier Memorial Hospital - Requested changes in the MRI policies, or at least changes to the methodology of MRI's for the 2016 SMFP. In addition, they requested a reduction on the threshold of the annual volume requirements.</p>		
Recess Public Meeting	Dr. Ullrich asked if there were any other individuals to speak, there were none.		
Council Meeting	<p>Dr. Ullrich adjourned the public hearing and reconvened the business meeting</p> <p>Dr. Ullrich called the Council Meeting to order.</p>		
Adjournment	Dr. Ullrich noted the deadline for petitions is March 4, 2015, by 5:00 pm. Dr. Ullrich asked if there was any other business.		
	With no other business, Dr. Ullrich adjourned the meeting.		



Healthcare Planning and Certificate of Need Section

State Health Coordinating Council Minutes

June 3, 2015

10:00 a.m. – 12 Noon

Brown Building Room 104, Raleigh, North Carolina

<p>Members Present: Dr. Christopher Ullrich; Trey Adams; Dr. Richard Akers; Christina Apperson; Don Beaver; Peter Brunnick; James Burgin; Stephen DeBiasi; Dr. Mark Ellis; Dr. Sandra Greene; Kurt Jakusz; Representative Donny Lambeth; Stephen Lawler; Ken Lewis; Dr. Robert McBride; Denise Michaud; Dr. Jeffrey Moore; Dr. Jaylan Parikh; Dr. Prashant Patel; Dr. T.J. Pulliam</p>
<p>Members Absent: Senator Ralph Hise; Kelly Hollis; Gloria Whisenhunt</p>
<p>Healthcare Planning Staff Present: Shelley Carraway; Greg Yakoboski; Paige Bennett; Elizabeth Brown; Amy Craddock; Tom Dickson; Kelli Fisk</p>
<p>DHSR Staff Present: Drexdal Pratt; Martha Frisone; Fatima Wilson; Lisa Pittman</p>
<p>Attorney General's Office: June Ferrell; Derrick Hunter; Bethany Burgon; Jill Bryan</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>Welcome & Announcements</p>	<p>Dr. Ullrich welcomed council members, staff and visitors to the second meeting of the planning cycle for the <i>N.C. 2016 State Medical Facilities Plan (SMFP)</i>. 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 & Equipment and Long-Term and Behavioral Health Committees of the State Health Coordinating Council (SHCC) for the incorporation of policies, assumptions, need methodologies and preliminary need determination projections for the <i>Proposed 2016 State Medical Facilities Plan</i>.</p>		
<p>Introductions</p>	<p>Dr. Ullrich asked the council members and staff for a brief introduction.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council</p>	<p>Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Ullrich 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.</p> <p>Dr. Pulliam recused from voting on The Association for Home & Hospice Care of N.C. and The Carolinas Center for Hospice and End of Life petition, Mr. Stephen DeBiasi recused from voting on the J. Arthur Doshier Memorial Hospital petition; and Dr. Ullrich recused from voting on The Charlotte-Mecklenburg Hospital Authority petition. Dr. Ullrich requested that if a conflict of interest arose for a member during the meeting, the member would make a declaration of the conflict.</p> <p>A motion was made and seconded to approve the minutes of March 4, 2015 as presented.</p>	<p>Dr. Pulliam Mr. Burgin</p>	<p>Motion approved</p>
<p>Approval of Minutes from March 4, 2015</p> <p>Recommendations from Acute Care Services Committee</p>	<p>Dr. Greene presented the report from the Acute Care Services committee. The Acute Care Services Committee met twice after the March Council meeting, first on April 7th and again on May 5th.</p> <p>Topics reviewed and discussed at the April 7th meeting included:</p> <ul style="list-style-type: none"> ● Current Acute Care Services policies and methodologies; ● A Petition requesting a change to the Operating Room methodology; and ● A Petition requesting creation of an Operating Room policy to allow an exemption to the standard OR need methodology for certain ambulatory surgery centers dedicated to pediatric dentistry. <p>Topics reviewed and discussed at the May 5th meeting included:</p> <ul style="list-style-type: none"> ● Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters; and ● A comparison between Licensure and Truven Health Analytics data. <p>The following is an overview of the Committee's recommendations for Acute Care Services (Chapters 5 through 8) in the <i>Proposed 2016 State Medical Facilities Plan (SMFP)</i>:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 5: Acute Care Hospital Beds No petitions or comments were received regarding Chapter 5.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed the policies, methodology and assumptions for acute care beds. • Licensure and Truven Health Analytics acute days of care were reviewed for discrepancies exceeding ±5%. Staff will work with the Sheps Center, Truven, and the hospitals during the summer to improve discrepant data. Staff will notify the Committee if need projections change. • Committee members reviewed draft Tables 5A, 5B, and 5C. The standard methodology, which uses Truven Health Analytics acute care days of care, indicated a need for: <ul style="list-style-type: none"> ▪ 84 additional acute care beds in the Orange County service area. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendation For Chapter 5:</u> The Committee recommended accepting the Acute Care Bed policies, methodology and assumptions, and the draft tables, with the understanding that staff will make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 6: Operating Rooms There were two petitions for Chapter 6.</p> <p><i>1st Petition:</i> <i>Petitioner:</i> Howard, Stallings, From, Hutson, Atkins, Angell & Davis, PA <i>Request:</i> The petitioner requested that the SHCC review “its methodology for calculating operating rooms needed in the SMFP and change the standard methodology used to calculate OR capacity.” <i>Comments:</i> No comments were received related to this petition. <i>Committee Recommendation:</i> The Committee recommended denial of this petition, but acknowledges that the SHCC may want to undertake a new review of the OR methodology.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
80	<p>2nd Petition <i>Petitioner:</i> Knowles, Smith & Associates, LLP <i>Request:</i> The petitioner requested the creation of Policy OR-1 to establish certain conditions that would exempt operating rooms in licensed and CMS-certified ambulatory surgical facilities dedicated to pediatric dental surgery from the standard OR methodology in the SMFP. <i>Comments:</i> By the March 20, 2015 deadline, three comments were received in favor of the petition and three comments were received against the petition. <i>Committee Recommendation:</i> The Committee recommended denial of this petition, but further recommended the establishment of a stakeholder group or other mechanism to explore options and alternatives to address this request and the issues raised therein. A stakeholder meeting will be held today after the SHCC meeting.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed the methodology and assumptions for operating rooms. • The Committee reviewed the Operating Room inventory and need determinations in draft Tables 6A, 6B and 6C. Application of the standard methodology indicates need determinations in the following Service Areas as of May 5, 2015: <ul style="list-style-type: none"> ▪ Brunswick County – 1 OR ▪ Columbus County – 1 OR ▪ New Hanover County – 2 ORs ▪ Rowan County -- 1 OR • Need determinations are subject to change as data are updated. • The Committee reviewed Table 6E: Endoscopy Room Inventory. <p>Committee Recommendation For Chapter 6: In addition to recommendations regarding the petitions, the Committee recommended accepting the Operating Room methodology, assumptions, and draft tables, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 7: Other Acute Care Services No petitions or comments were received regarding Chapter 7.</p> <ul style="list-style-type: none"> • The Committee reviewed the policy and methodologies for open-heart surgery services, burn intensive care services, and bone marrow and solid organ transplantation services. • Staff presented draft Tables 7A, 7C, 7E and 7F, and noted that there were no need determinations for additional services at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendation For Chapter 7:</u> The Committee recommended accepting the policies, methodology and assumptions for Other Acute Care Services in Chapter 7. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 8: Inpatient Rehabilitation Services No petitions or comments were received regarding Chapter 8.</p> <ul style="list-style-type: none"> • The Committee reviewed the methodology and assumptions for Inpatient Rehabilitation Services, as well as a draft of Table 8A. • Application of the standard methodology indicated no need for additional inpatient rehabilitation beds in the state at this time. • Need determinations are subject to change as data is updated. <p><u>Committee Recommendation For Chapter 8:</u> 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. In addition, references to dates would be advanced one year, as appropriate. The Committee authorized staff to update narratives, tables, and need determinations for the <i>Proposed 2016 Plan</i>, as updates are received.</p> <p>A motion was made and seconded to approve the Acute Care Services report.</p>	<p>Mr. Burgin Ms. Apperson</p>	<p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>Recommendations from Long-Term & Behavioral Health Committee</p>	<p>Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee.</p> <p><u>Nursing Home Methodology Workgroup</u> <i>The workgroup met on April 10th and May 1st following the LTBH Committee meetings. A subgroup of individuals reviewing the data met once, on April 22nd. The workgroup has focused on various changes to this methodology including:</i></p> <ul style="list-style-type: none"> • <i>Use of a county rate model</i> • <i>Use of a hybrid rate model with 1, 1.5, and 2 standard deviations for outlier counties</i> • <i>Adjustments for in/out migration of patients</i> • <i>Application of a vacancy factor such as 90% and 93%</i> • <i>Change in the percentage of CCRC exclusions to 15%</i> <p><i>The workgroup will meet again in July to review and discuss the different methodologies. A date for the meeting is to be determined. Recommendations will be presented at the last LTBH Committee meeting on September 4th and will be forwarded to the SHCC for consideration for inclusion in the 2017 State Medical Facilities Plan.</i></p> <p>The Long-Term and Behavioral Health (LTBH) Committee met twice after the March Council meeting, first on April 10th and again on May 1st.</p> <p>The topics reviewed and discussed at the April 10th meeting included:</p> <ul style="list-style-type: none"> • Current Long-Term and Behavioral Health policies and methodologies. • A petition requesting changes to the hospice inpatient bed need methodology. <p>The topics reviewed and discussed at the May 1st meeting included:</p> <ul style="list-style-type: none"> • Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters. <p>Following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the <i>Proposed 2016 State Medical Facilities Plan</i>.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 10: Nursing Care Facilities No petitions and no comments were received regarding Chapter 10.</p> <ul style="list-style-type: none"> ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● 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 as data are updated. <p><u>Committee Recommendations For Chapter 10</u> The Committee recommends the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommends accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 11: Adult Care Homes No petitions or comments were received regarding Chapter 11.</p> <ul style="list-style-type: none"> ● The inventory has been updated on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change. ● Then inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further change. ● Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ Ashe County- 30 Adult Care Home beds ▪ Graham County- 20 Adult Care Home beds ▪ Jones- 30 Adult Care Home beds ▪ Washington- 20 Adult Care Beds ● Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 11:</u> The Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition,</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>84</p>	<p>references to dates would be advanced one year, as appropriate.</p> <p>Chapter 12: Home Health Services No petitions or comments were received regarding Chapter 12.</p> <ul style="list-style-type: none"> ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● 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 as data are updated. <p><u>Committee Recommendations For Chapter 12:</u> The Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 13: Hospice Services One petition and no comments were received regarding Chapter 13.</p> <p><i>Petition:</i> <i>Petitioners:</i> Association for Home and Hospice Care of North Carolina and the Carolinas Center for Hospice and End of Life Care <i>Request:</i> The petitioner requested “to modify Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate, rather than the static six percent current in the methodology.” <i>Committee Recommendation:</i> The Committee recommended modifying Step 7 of the hospice inpatient bed need methodology to reflect the two-year trailing average statewide inpatient utilization rate. This change in methodology requires different data to be pulled from other data fields than the current standard methodology uses on the license renewal data supplement. Therefore, the Committee further recommend the Division of Health Service Regulation work with the Association of Home and Hospice Care of North Carolina and The Carolinas Center for Hospice and End of Life Care to educate hospice providers on accurately</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>and fully completing Hospice Annual Data Supplements to Licensure Renewal Applications in order to improve data integrity. Finally, the Committee recommended reviewing the hospice inpatient methodology in two years, for the <i>Proposed 2018 Plan</i>, to determine if the adopted change to Step 7 of the methodology is producing the intended effects.</p> <ul style="list-style-type: none"> • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodologies based on data and information currently resulted in the following draft need determinations. <ul style="list-style-type: none"> • Hospice Home Care 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. • Hospice Inpatient Bed Application of the proposed revised methodology based on data and information currently available resulted in an eight bed need determination in Cumberland County. Need determinations are subject to change. ➤ <i>Note: Carrol S. Roberson Center, a hospice inpatient facility located in Cumberland County, did not renew hospice license for 2015.</i> • Need determinations are subject to change as data is updated. <p><u>Committee Recommendations For Chapter 13.</u> Additionally, the Committee recommended the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 14: End-Stage Renal Disease Dialysis Facilities No petitions or comments were received regarding Chapter 14.</p> <p>The need for new dialysis stations is determined two times each calendar year. Determinations were made available in the North Carolina Semiannual Dialysis Report (SDR).</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
86	<p><u>Committee Recommendations For Chapter 14</u> The Committee recommended allowing ESRD dialysis providers to self-report utilization data to the Agency since this data is no longer available through the Southeastern Kidney Council. The Committee recommended the current assumptions and methodologies be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 15: Psychiatric Inpatient Services No petitions or comments were received regarding Chapter 15.</p> <ul style="list-style-type: none"> ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ <u>Child Psychiatric Inpatient Beds:</u> <ul style="list-style-type: none"> ○ Cardinal Innovations Healthcare Solutions LME-MCO- 12 beds ○ East Carolina Behavioral Health LME-MCO- 22 beds ○ Eastpointe LME-MCO - 29 beds ○ Sandhills Center LME-MCO- 1 bed ○ Smoky Mountain Center LME-MCO- 5 beds ▪ <u>Adult Psychiatric Inpatient Beds:</u> <ul style="list-style-type: none"> ○ Alliance Behavioral Healthcare LME-MCO- 30 beds ○ CoastalCare LME-MCO- 12 beds ○ Sandhills Center LME-MCO- 3 beds ● Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 15:</u> The Committee recommended adding language to the Methodology to clarify the definition of the planning inventory.</p> <p>The Committee also recommended that the current assumptions and methodology, as clarified, be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Treatment Beds) No petitions or comments regarding Chapter 16.</p> <ul style="list-style-type: none"> ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● Application of the methodology based on data and information currently available results in the following draft need determinations. <ul style="list-style-type: none"> ▪ <u>Adult Chemical Dependency (Substance Abuse) Treatment Beds:</u> <ul style="list-style-type: none"> ○ Central Region- 2 beds ▪ <u>Child/Adolescent Chemical Dependency (Substance Abuse) Treatment Beds:</u> <ul style="list-style-type: none"> ○ Central Region- 5 beds ● Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Chapter 16.</u> The Committee recommended adding language to the Methodology to clarify the definition of the planning inventory.</p> <p>The Committee also recommended that the current assumptions and methodology, as clarified, be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities No petitions or comments related to this chapter.</p> <ul style="list-style-type: none"> ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● 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 as data are updated. 		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>88</p>	<p><u>Committee Recommendations For Chapter 17.</u> The Committee recommended that the current assumptions and methodology be accepted for the <i>Proposed 2016 Plan</i>. The Committee further recommended accepting the draft tables and need projections, with the understanding that staff would make updates as needed. In addition, references to dates would be advanced one year, as appropriate.</p> <p>A motion was made and seconded to approve the Long Term-Behavioral Health Committee report.</p>	<p>Ms. Michaud Mr. Adams</p>	<p>Motion approved Dr. Pulliam recused from voting on Hospice petition.</p>
<p>Recommendations from Technology & Equipment Committee</p>	<p>Dr. Ullrich provided the Technology & Equipment Committee report, which contained the committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of the <i>Proposed 2016 State Medical Facilities Plan (SMFP)</i>.</p> <p>The Technology and Equipment Committee met on April 22, 2015 and May 13, 2015.</p> <p>Topics reviewed and discussed included:</p> <ul style="list-style-type: none"> ▪ 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 2016 State Medical Facilities Plan (SMFP); ▪ Preliminary drafts of need projections generated by the standard methodologies; ▪ Two petitions requesting changes to the methodology for MRI Scanners; ▪ One petition requesting changes to the methodology for Cardiac Catheterization. <p>The following is an overview of the Committee's recommendations for consideration by the North Carolina State Health Coordinating Council (SHCC) in preparation of Chapter 9 - Technology and Equipment, for the <i>Proposed 2016 Plan</i>.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 9: Lithotripsy No petitions or comments were received regarding Lithotripsy Services for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for lithotripsy. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Applications of the methodology based on data and information currently available results in one draft need determination in the statewide service area at this time. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Lithotripsy Services:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p>Chapter 9: Gamma Knife No petitions or comments were received regarding Gamma Knife's for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for gamma knife. • 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 as data are updated. <p><u>Committee Recommendations For Gamma Knife Services:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
90	<p>Chapter 9: Linear Accelerators No petitions or comments were received regarding Linear Accelerators for Chapter 9.</p> <ul style="list-style-type: none"> • The committee reviewed and discussed policies, methodology and assumptions for linear accelerators. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • 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 as data are updated. • CPT Code Set: The committee reviewed the current CPT code set for linear and discussed the difficulty with data, including corrected and sometimes conflicting CPT codes. The committee voted to put out for public comment the current CPT code set for linear accelerators. <p><u>Committee Recommendations For Linear Accelerators:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year as appropriate.</p> <p>Chapter 9: Positron Emission Tomography (PET) Scanners No petitions or comments were received regarding PET Scanners for Chapter 9.</p> <ul style="list-style-type: none"> • The Committee reviewed and discussed policies, methodology and assumptions for positron emission tomography scanners. • The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. • Application of the methodology based on data and information currently available results in no draft need determination at this time. Need determinations are subject to change. • Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Positron Emission Tomography (PET) Scanners:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>as appropriate.</p> <p>Chapter 9: Magnetic Resonance Imaging (MRI) Scanners: There were two MRI petitions with comments received related to MRI services for Chapter 9.</p> <p>1st Petition <u>Petitioner:</u> Carolinas HealthCare System <u>Request:</u> The Charlotte-Mecklenburg Hospital Authority d/b/a Carolinas HealthCare System (CHS) respectfully petitions the State Health Coordinating Council (SHCC) to create a special allocation for one intraoperative magnetic resonance imaging (iMRI) unit in the western portion of the state (Health Service Areas I, II, and III) in the <i>2016 State Medical Facilities Plan (2016 SMFP)</i>. <u>Comments:</u> One comment was received by the petitioner. <u>Committee Recommendation:</u> The discussion during the committee meeting included support for incorporating new technologies in the State Medical Facilities Plan. However, the petition request was too restrictive geographically and did not include language on the types of applicants that would be eligible to apply. The Committee recommended that the petition requesting the special allocation of an iMRI machine in the western area of NC be denied, but supported the agency recommended Policy TE-2: Intraoperative Magnetic Resonance Scanners. The proposed language in Policy TE- would allow facilities across the entire state to apply provided they meet the outlined eligibility requirements. Dr. Ullrich, Chair, recused from voting on this petition.</p> <p>2nd Petition <u>Petitioner:</u> J. Arthur Doshier Memorial Hospital <u>Request:</u> J. Arthur Doshier Memorial Hospital (Doshier), requested a policy adjustment and/or change to the methodology in the <i>2016 State Medical Facilities Plan (SMFP)</i> regarding Magnetic Resonance Imaging equipment (MRI). <u>Comments:</u> Two of the four comments received were from the petitioner. The other two comments were divided in opinion, with one expressing support of the petition with minor changes and the other in opposition. Thirty-two letters of support were received. <u>Committee Recommendation:</u> The committee discussed this petition at the April 22nd meeting where it had been tabled for a vote until the May 13th meeting. The discussion included</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
92	<p>consideration of alternatives to the petitioner such as petitioning for an adjusted need determination in July 2015 for the 2016 SMFP and/or the development of a policy to be considered for the 2017 SMFP that would go through the entire planning cycle. The committee voted to deny the petition.</p> <ul style="list-style-type: none"> ● The Committee reviewed and discussed policies, methodology and assumptions for MRI Scanners. ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● Application of the methodology based on data and information currently available results in two draft need determination at this time. ● The need determinations are for two additional fixed MRI scanners; one fixed MRI scanner in the Lincoln Service Area and one fixed MRI Scanner in the Mecklenburg Service Area. ● Need determinations are subject to change as data are updated. <p>Data Collection using CPT Codes: The committee reviewed three years of MRI data that compared reported procedures and CPT codes. The discrepancies between the two were less than +/-5% for all three years. Discussion involved data collection issues with duplication of numbers from both hospitals and mobile vendors. The committee voted to use CPT codes as the standard for data collection for the 2016 Hospital License Renewal Application and 2016 Registration and Inventory Forms.</p> <p>Committee Recommendations For Magnetic Resonance Imaging (MRI) Scanners: The Committee recommended the current assumptions, methodology and draft tables be accepted for the Proposed 2016 Plan. Also, references to dates would be advanced one year, as appropriate.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Chapter 9: Cardiac Catheterization Equipment There was one petition with comments received related to the Cardiac Catheterization Section of Chapter 9.</p> <p><u>Petitioner:</u> WakeMed Health and Hospitals</p> <p><u>Request:</u> The petitioner requested that the methodology for determining need for cardiac catheterization equipment in North Carolina be revised for the 2016 State Medical Facilities Plan.</p> <p><u>Comments:</u> Four comments were received about this petition – all were in opposition.</p> <p><u>Committee Recommendation:</u> The committee recognized there is variation in practices which might affect the average case times for cardiac catheterization cases across facilities and that the total number cases statewide are declining. The requested changes would have the effect of further suppressing the need determination. Since, the current methodology produces very few need determinations and over the years the adjusted need determination process has been used successfully in special situations. The committee recommended denying the petition.</p> <ul style="list-style-type: none"> ● The committee reviewed and discussed policies, methodology and assumptions for cardiac catheterization. ● The inventory has been updated based on available information to reflect any changes and includes placeholders when applicable. The inventory is subject to further changes. ● Application of the methodology based on data and information currently available results in one draft need for fixed cardiac catheterization equipment in Cumberland County at this time. ● Need determinations are subject to change as data are updated. <p><u>Committee Recommendations For Cardiac Catheterization Equipment:</u> The Committee recommended the current assumptions, methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Also, references to dates would be advanced one year, as appropriate.</p> <p><u>Other Recommendations</u> The Committee authorized staff to update all narratives, tables and need determinations for the <i>Proposed 2016 Plan</i> as new and corrected data are received.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
94	<p><u>Committee Recommendations</u> The Committee recommended that the current assumptions and methodology and draft tables be accepted for the <i>Proposed 2016 Plan</i>. Dr. Ullrich stated that the committee authorized staff to update all narratives, tables and need determinations for the <i>Proposed 2016 SMFP</i> as new and corrected data are received. In addition, references to dates would be advanced one year, as appropriate.</p> <p>A motion was made and seconded to approve the Technology & Equipment Committee report.</p>	<p>Dr. Patel Mr. Adams</p>	<p>Motion approved</p> <p>Mr. DeBiasi recused from voting on the Doshier petition.</p> <p>Dr. Ullrich recused from voting on Carolinas HealthCare System petition.</p>
<p>Adoption of the N.C. Proposed 2016 State Medical Facilities Plan</p>	<p>Dr. Ullrich asked for a motion to adopt the <i>Proposed 2016 State Medical Facilities Plan</i>, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the <i>Plan</i>.</p> <p>Dr. Ullrich entertained a motion to allow staff to continue making changes to inventory and corrections or data as it is received, as well as make non-substantive edits to narratives.</p>	<p>Dr. Pulliam Mr. Lewis</p>	<p>Motion approved</p>
<p>Review of Public Hearing Schedule</p>	<p>Mr. Pratt reviewed the six public hearings, dates and locations that they would take place beginning on July 7, 2015 with the final public hearing on July 29, 2015. He noted there was a typo in the <i>Plan</i> and the Wilmington public hearing would be held on July 7th not July 8th. He encouraged council members to attend these public hearings. Mr. Pratt stated the July 29, 2015 public hearing would take place in the same room as this meeting of the SHCC.</p>		<p>Mr. Pratt noted the following dates were the deadlines for petitions and comments.</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>July 29, 2015 Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and other written comments regarding the <i>North Carolina Proposed 2016 State Medical Facilities Plan</i>.</p> <p>August 14, 2015 Deadline for receipt by the Healthcare Planning of any written comments on petitions or comments submitted by the July 29th deadline regarding adjusted need determinations or other issues arising from the <i>North Carolina Proposed 2016 State Medical Facilities Plan</i>.</p>		
Review of Remaining SHCC Meeting Schedule	<p>Dr. Ullrich reviewed the dates for the upcoming committee meetings. He stated the Technology and Equipment Committee will meet on September 16th, Long-Term-Behavioral Health will meet on September 4th, and Acute Care will meet on September 8th. 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 2nd beginning at 10:00 am and the last SHCC meeting for 2015 will be on October 7th beginning at 10:00 am in the Brown Building.</p>		
Adjournment	<p>There being no further business, Dr. Ullrich asked for a motion to adjourn the meeting.</p>	<p>Mr. Adams Dr. Greene</p>	<p>Motion approved</p>



State Health Coordinating Council Meeting

Draft Minutes

October 7, 2015

Brown Building, Raleigh, North Carolina

<p>Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Peter Brunnick, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam</p>	<p>Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Dr. Richard Akers, Peter Brunnick, Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Kelly Hollis, Kurt Jakusz, Stephen Lawler, Kenneth Lewis, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam</p>
<p>Members Absent: Christina Apperson, Don Beaver, Senator Ralph Hise, Representative Donny Lambeth, Gloria Whisenhunt</p>	<p>Members Absent: Christina Apperson, Don Beaver, Senator Ralph Hise, Representative Donny Lambeth, Gloria Whisenhunt</p>
<p>Healthcare Planning Staff Present: Shelley Caraway, Elizabeth Brown, Paige Bennett, Amy Craddock, Kelli Fisk, Tom Dickson</p>	<p>Healthcare Planning Staff Present: Shelley Caraway, Elizabeth Brown, Paige Bennett, Amy Craddock, Kelli Fisk, Tom Dickson</p>
<p>DHSR Staff Present: Drexdal Pratt, Martha Frisone, Lisa Pittman, Fatima Wilson, Mike McKillip, Celia Inman, Gloria Hale</p>	<p>DHSR Staff Present: Drexdal Pratt, Martha Frisone, Lisa Pittman, Fatima Wilson, Mike McKillip, Celia Inman, Gloria Hale</p>
<p>Attorney General's Office: June Ferrell, Derick Hunter</p>	<p>Attorney General's Office: June Ferrell, Derick Hunter</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
<p>Welcome & Announcements</p>	<p>Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2016 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 2016 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 meetings, 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>		
<p>Review of Executive Order No. 46 Reauthorizing the State</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</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Health Coordinating Council	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.		
Approval of Minutes from September 2, 2015	Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition, A motion was made and seconded to accept the minutes of September 2, 2015.	Mr. Brunnick 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 8, 2015.</p> <p>Following was an overview of the Committee's recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2016 State Medical Facilities Plan.</p> <p>Corrections to the number of comments and letters of support to the petitions submitted for Operating Rooms were shared with the Committee and are noted in the SHCC minutes from the September 2, 2015 meeting.</p> <p><u>Chapter 5: Acute Care Hospital Beds</u> No petitions were received for this chapter.</p> <p><i>Data Discrepancy Report</i> Data provided to Truven Health Analytics for 2014 was compared to data from the Division of Health Services Regulation Hospital License Renewal Application to examine discrepancies between the two data sources. The Committee originally reviewed a list of 23 hospitals with acute days of care discrepancies between the two data sources that exceed ± five percent. Healthcare Planning received the resubmitted Truven data from the Cecil G. Sheps Center in August. After the data had been refreshed, the report now includes 12 hospitals that have a greater than ± five percent discrepancy. Out of those, seven hospitals did not update their original Truven data.</p> <p>The inventory has been updated, based on available information, to reflect any changes and includes placeholders where applicable. The inventory is subject to further changes.</p>		

Agenda Item	Discussion/Action	Motions	Recommendations/ Actions
	<p>Application of the methodology, based on data and information currently available, results in the following draft need determination:</p> <ul style="list-style-type: none"> Orange County, 84 Acute Care Beds <p>Need determinations are subject to change.</p> <p>Chapter 6: Operating Rooms Three petitions were received for this chapter.</p> <p><u>Petitioner:</u> Blue Ridge Bone and Joint Clinic</p> <p><u>Request:</u> The petitioner requests an adjusted need determination for a demonstration project for a single specialty, two operating room ambulatory surgical facility, in the Buncombe - Madison-Yancey Service Area.</p> <p><u>Comments:</u> One comment was received from the petitioner, and two comments in opposition to this petition were received.</p> <p>Committee Recommendation: The Single Specialty Ambulatory Surgery Demonstration Project was intended to test the model in NC. The committee determined that it was not appropriate to recommend a fourth site for a demonstration project, because the final evaluation of the current demonstration project has not been conducted. 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 (ORs) in each project service area at 50. Buncombe County does not meet this criterion, because it has 43 shared and ambulatory operating rooms. The Committee recommends denying this petition.</p> <p>The Committee reviewed and discussed Petitions 2 and 3 together, but voted on each petition separately. The Committee</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Recommendation is identical for both petitions and was presented after both petition summaries.</p> <p><u>Petitioner:</u> Knowles, Smith and Associates</p> <p><u>Request:</u> The petitioner requests an adjusted need determination for one operating room in Cumberland County to be included in a demonstration dental-only ambulatory surgical center.</p> <p><u>Comments:</u> Eight comments, including two by the petitioner, were submitted. Five comments were in support, and one was opposed. Three letters of support were received.</p> <p><u>Petitioner:</u> Triangle Implant Center</p> <p><u>Request:</u> The petitioner requests an adjusted need determination for one operating room and related procedure rooms in Wake County to be included in a demonstration dental-only ambulatory surgical center.</p> <p><u>Comments:</u> Twelve comments, including two by the petitioner, were submitted. Seven comments were in opposition, two were in support, and one was neutral. There were 26 letters of support submitted.</p> <p><u>Committee Recommendation for Petitions:</u> The petitioners demonstrated special situations that are not appropriately addressed by the standard methodology. The Division of Health Service Regulation held a stakeholder meeting on June 3, 2015, to gather more information on the issue of access to ORs for dental surgery. This meeting identified access to ORs for dental procedures as a significant challenge in many areas of the state, particularly for patients on Medicaid.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The Committee recommended denial of both of these petitions. Instead, based on the stakeholder meeting and other information reviewed, the Committee proposed that the <i>2016 North Carolina State Medical Facilities Plan</i> include a statewide need determination for a Dental Single Specialty Ambulatory Surgical Demonstration Project (Project), with the criteria described below. The applicants for a demonstration project would have to show that the proposed facility is substantially committed to providing dental surgery to persons of low income, including Medicaid recipients. Locating the facilities in different regions of the state exemplifies the access and value Basic Principles by preventing a single area from having a concentration of dental OR facilities. The Committee proposed establishment of a special need determination for up to four new separately licensed dental single specialty ambulatory surgical facilities with up to two operating rooms each, such that there is a need identified for one new ambulatory surgical facility in each of the four following regions:</p> <ul style="list-style-type: none"> • Region 1: HSA IV • Region 2: HSA III • Region 3: HSA V and HSA VI • Region 4: HSA I and HSA II <p>Recognizing the problems of access to ORs for dental surgery, the Committee discussed a proposed Demonstration Project, and arrived at the following 11 criteria:</p> <ol style="list-style-type: none"> 1. The application shall contain a description of the percentage ownership interest in the facility by each oral surgeon and dentist. 2. The proposed facility shall provide open access to non-owner and non-employee oral surgeons and dentists. 3. The facility shall provide only dental and oral surgical procedures requiring sedation. 4. The proposed facility shall obtain a license no later than one year from the effective date of the certificate of need. 		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>5. The proposed facility shall be certified by the Centers for Medicare and Medicaid Services (CMS), and shall commit to continued compliance with CMS conditions of participation.</p> <p>6. The proposed facility shall provide care to underserved dental patients. At least 3 percent of the total number of patients served each year shall be charity care patients and at least 30 percent of the total number of patients served each year shall be Medicaid recipients.</p> <p>7. The proposed facility shall obtain accreditation no later than one year after licensure by the Accreditation Association for Ambulatory Health Care (AAAH), American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF), or The Joint Commission (TJC), and shall commit to continued compliance with their respective standards.</p> <p>8. Health care professionals affiliated with the proposed facility, if so permitted by North Carolina law and hospital by-laws, are required to establish or maintain hospital staff privileges with at least one hospital and to begin or continue meeting Emergency Department coverage responsibilities with at least one hospital.</p> <p>9. The proposed facility shall meet all reporting, monitoring and evaluation requirements of the demonstration project.</p> <p>10. For each of the first three full federal fiscal years of operation, the applicant(s) shall provide the projected number of patients for the following payor types, broken down by age (under 21, 21 and older): (i) charity care; (ii) Medicaid; (iii) TRICARE; (iv) private insurance; (v) self-pay; and (vi) payment from other sources.</p> <p>11. The proposed facility shall demonstrate that it will perform at least 900 surgical cases per operating room during the third full federal fiscal year of operation.</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 changes.</p> <p>Application of the methodology, based on data and information currently available, results in the following draft need determinations:</p>		

Agenda Item	Discussion/Action	Motions	Recommendations/Actions
	<ul style="list-style-type: none"> • Brunswick County, 1 OR • Columbus County, 1 OR • New Hanover County, 3 ORs • Rowan County, 1 OR <p>Need determinations are subject to change.</p> <p><u>Chapter 7: Other Acute Care Services</u> 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 where 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>Chapter 8: Inpatient Rehabilitation</u> 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 where 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>Recommendations Related to All Chapters</u> The Committee recommended to the State Health Coordinating Council approval of Chapters 5 through 8, Acute Care Facilities and Services, with the understanding that staff was authorized to</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>continue making necessary updates to the narratives, tables, and need determinations as indicated.</p> <p>A motion was made and seconded to accept the Acute Care Report.</p>	<p>Dr. Pulliam Mr. DeBiasi</p>	<p>Motion approved Dr. Akers voted no</p>
<p>Recommendations from the Long-Term and Behavioral Health Committee</p>	<p>Dr. Pulliam stated on September 4, 2015, the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 4, 2015.</p> <p>Following is an overview of the Committee's recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the <i>2016 State Medical Facilities Plan (SMFP)</i>.</p> <p>Corrections to the number of comments and letters of support to the petitions submitted for Nursing Home and Adult Care Home were shared with the Committee and are noted in the SHCC minutes from the September 2, 2015 meeting</p> <p><u>Chapter 10: Nursing Care Facilities</u> There was one petition related to this chapter. Thirteen comments were received in total in support of the petition, with two from the petitioner.</p> <p><u>Petitioner:</u> LifeCare Hospitals of North Carolina</p> <p>Request: Requested an adjusted need determination for 40 nursing home beds available to patients in the following categories of conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis in Nash County in the <i>2016 SMFP</i>. This petition received sixteen letters of support, and six comments in support, two from the petitioner.</p> <p>Committee Recommendation: The standard methodology has consistently identified that there is no need for new nursing care</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/Actions
	<p>beds in Nash County. However, the eastern region of North Carolina does not currently have beds licensed specifically for patients requiring special care such as mechanical ventilation. Nash County, due to its geographical location, would provide greater access to these specialized beds for patients from the eastern region, the Committee recommends approving this petition. The Committee further recommends that the petition for an adjusted need determination be approved with the following qualifying language for <i>Table 10C: Nursing Care Bed Need Determinations</i>:</p> <p><i>In response to a petition, the State Health Coordinating Council approved the adjusted need determination for 40 additional nursing care beds for Nash County. Applicants must demonstrate these beds will be limited to patients who, upon admission, have the following conditions/needs: ventilator-dependency; tracheostomies; tracheostomies with bi-level positive airway pressure; bariatric status with tracheostomies; bariatric status over 300 pounds; IV antibiotics administered more than once daily; total parenteral nutrition; complex wounds; dialysis; ventilator dependency and/or tracheostomies combined with dialysis.</i></p> <p>The Committee received an oral report from the Nursing Home Methodology Workgroup. The Workgroup met on April 10th, May 1, July 29, and September 4th. There was one Data Subgroup meeting on April 22nd.</p> <p>The workgroup proposed changes in the methodology include:</p> <ul style="list-style-type: none"> • One use rate (no age groups) calculated by county with annual change rate projection of 36 months. • Smoothing of average change rate applied to each county with substitution of the state rate at ½ standard deviation (SD) above and below the mean. • Vacancy factor applied to bed utilization summary (95%). • For need determinations, use of the higher between the median occupancy rate among all facilities in a county or the county weighted average. • Alignment of exclusions for beds and occupancy 		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>The workgroup requested all final changes to the methodology go through the entire planning cycle for the <i>2017 SMFP</i>. The committee unanimously voted in favor of the motion.</p> <p>The inventory has been 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 results in no draft need determinations at this time. Need determinations are subject to change.</p> <p>Chapter 11: Adult Care Homes There was one petition related to this chapter.</p> <p><u>Petitioner:</u> Mr. Alvin B. Harmon</p> <p><u>Request:</u> Requested a special need adjustment to the <i>Proposed 2016 State Medical Facilities Plan</i> for a midsized Adult Care Home Facility in Halifax County, specifically Enfield, North Carolina. No comments were received on this petition.</p> <p><u>Committee Recommendation:</u> The petition does not include a request with a specific number of beds for Halifax County. Furthermore, a review of the data and utilization specific to Halifax County, showed that applying standard methodology does not generate a need for new adult care home beds. The Committee recommends denying the petition.</p> <p>The inventory has been 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 results in the following draft need determinations.</p>		

Agenda . is	Discussion/Action	Motions	Recomm. Actions	ations/
	<ul style="list-style-type: none"> • Ashe County, 30 Adult Care Home beds • Graham County, 20 Adult Care Home beds • Jones County, 30 Adult Care Home beds • Perquimans County, 50 Adult Care Home beds • Washington County, 20 Adult Care Home beds <p>Need determinations are subject to change.</p> <p><u>Chapter 12: Home Health Services</u> There were no petitions or comments on this chapter.</p> <p>The inventory has been 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 results in no draft need determinations.</p> <p>Need determinations are subject to change.</p> <p><u>Chapter 13: Hospice Services</u> There was one petition related to this chapter. Forty-eight letters of support were received in total in support of the petition; one comment was received from the petitioner.</p> <p><u>Petitioner:</u> Hospice of Davidson County</p> <p><u>Request:</u> requests an adjusted need determination for four hospice inpatient beds in Davidson County in the <i>North Carolina 2016 SMFP</i>.</p> <p><u>Committee Recommendation:</u> The Committee was informed that the changes requested by the petitioner to the methodology were numerous and substantial modifications. The Committee</p>			

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>acknowledged that Davidson County does have a few unique attributes, but even combined, these attributes do not give rise to resource requirements that differ from hospice inpatient providers in other counties. Committee discussion centered mainly on two aspects: 1) understanding how Medicare-certified, dually licensed hospice inpatient facilities operate; and 2) if by approving the request, what affect would that have on the hospice inpatient bed methodology.</p> <p>During the discussion, Mr. Brunnick provided operational insight into hospice care. Specifically, he indicated that at times the acuity level of the patient is not equivalent to the licensure level of the bed they may occupy. In addition, he stated there would be no cost to the provider to convert the beds from the residential licensure level to the higher, general inpatient bed level.</p> <p>Other members brought up for discussion the effect approving the request would have on the inpatient methodology. The concern was that an approval of the request could set a precedence for future adjusted need petitions requesting conversion of hospice residential beds to inpatient beds without meeting established criteria. The Committee learned there are 171 hospice residential beds in the current inventory.</p> <p>The Committee voted four in favor and two in opposition, recommending denial of this petition.</p> <p>The inventory has been 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 methodologies based on data and information currently available results in the following draft need determinations.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/Actions
	<ul style="list-style-type: none"> • Hospice Home Care Office <ul style="list-style-type: none"> ○ No draft need determinations at this time. • Hospice Inpatient Beds <ul style="list-style-type: none"> ○ Draft need determination for 8 hospice inpatient beds in Cumberland County ○ It is determined that there is no draft need for additional hospice inpatient beds anywhere else in the state. <p>Need determinations are subject to change.</p> <p><u>Chapter 14: End-Stage Renal Disease Dialysis Facilities</u> 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 are made available in the <i>North Carolina Semi-annual Dialysis Report (SDR)</i>.</p> <p><u>Chapter 15: Psychiatric Inpatient Services</u> There were no petitions or comments on this chapter.</p> <p>The inventory has been 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 results in the following draft need determinations.</p> <ul style="list-style-type: none"> • Adult Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ○ Alliance Behavioral Healthcare, 32 beds ○ Sandhills Center, 4 beds • Child/Adolescent Psychiatric Inpatient Beds: <ul style="list-style-type: none"> ○ Eastpointe, 29 beds ○ Sandhills Center, 1 bed ○ Smoky Mountain Center, 5 beds 		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>Need determinations are subject to change.</p> <p><u>Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Dependency Treatment Beds)</u> There were no petitions or comments on this chapter.</p> <p>The inventory has been 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 results in the following draft need determinations.</p> <ul style="list-style-type: none"> • Adult Chemical Dependency (Substance Abuse) Residential Treatment Beds: <ul style="list-style-type: none"> ○ Eastern Region, 23 beds ○ Central Region, 16 beds • Child/Adolescent (Substance Abuse) Residential Treatment Beds: <ul style="list-style-type: none"> ○ Eastern Region, 9 beds ○ Central Region, 19 beds <p>Need determinations are subject to change.</p> <p><u>Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities</u> There were no petitions or comments on this chapter.</p> <p>The inventory has been 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 results in no draft need determinations at this time. Need determinations are subject to change.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/Actions
	<p><u>Recommendations Related to All Chapters</u> The Committee recommends to the State Health Coordinating Council approval of Chapters 10 - 17: Long-Term Care Facilities and Services with the understanding that staff is authorized to continue making necessary updates to the narratives, tables and need determinations as indicated.</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>	Mr. Lewis Dr. Parikh	Motion approved Mr. Brunnick recused from Hospice of Davidson County
Recommendations from the Technology and Equipment Committee	<p>Dr. Ullrich stated on September 16, 2015, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2016 State Medical Facilities Plan (SMFP).</p> <p>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 2016 SMFP.</p> <p>Chapter 9: Technology and Equipment</p> <p><u>Magnetic Resonance Imaging (MRI) Section</u> The Proposed 2016 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and Mecklenburg counties. Over the summer, Healthcare Planning received updated data resulting in corrections to the MRI scanner inventory table. The changes created a need determination for one</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>additional fixed MRI scanner in Guilford County. There were two comments regarding the MRI section.</p> <p>The Committee received three petitions over the summer for an adjusted need determination in the MRI Scanner section of the 2016 SMFP.</p> <p><u>Petitioner:</u> Lincoln County – Carolinas Healthcare System</p> <p><u>Request:</u> Requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County. No comments were received on this petition.</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 potential changes to future MRI volumes and slow projected growth rate in the county that would probably preclude existing or new providers from meeting the CON standards for a qualified applicant. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination.</p> <p><u>Petition:</u> Wake County – Raleigh Radiology</p> <p><u>Request:</u> Requested an adjusted need determination to add the need for one fixed MRI scanner in Wake County. Two letters of support, two comments in opposition, and one general comment were received regarding this petition.</p> <p><u>Committee Recommendation:</u> The Committee discussed the petition and Agency Report, which recommended approval of the petition request. Data presented in the Agency Report demonstrated a high weighted procedure average for the last ten years with only one need being generated by the standard methodology. Projections on the data indicated a need determination would potentially be generated by the standard methodology next year. Additional</p>		

Agenda	Discussion/Action	Motions	Recommendations/Actions
15	<p>dialogue included the potential for grandfathered mobile MRI machines to suppress need determinations. The Committee agreed that the proactive approach to healthcare planning was preferred and recommends to the SHCC that the petition be approved for an adjusted need determination for one fixed MRI machine in Wake County.</p> <p><u>Petition: Brunswick County – J. Arthur Doshier Memorial Hospital</u></p> <p><u>Request:</u> Requested an adjusted need determination to add the need for one fixed MRI scanner in Brunswick County with a lowered tiered planning threshold of 1,716 weighted procedures for applicants. This petition received 45 letters of support and one comment of opposition.</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 Brunswick County does have unique circumstances including a machine that is classified in the SMFP as fixed, but is available for fewer hours than a mobile machine. The fixed machine is located four miles from the hospital, which potentially serves as a barrier to inpatient care. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination.</p> <p><u>Cardiac Catheterization Equipment Section</u> Since the Proposed 2016 SMFP, there have been no changes in need projections for cardiac catheterization equipment. The Proposed 2016 SMFP showed one need determinations for fixed cardiac catheterization equipment in Cumberland County. There were no need determinations for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state.</p> <p>During the summer two petitions were received for adjusted need determinations in the cardiac catheterization section in the 2016 SMFP.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p><u>Petition:</u> Wake County – Rex Healthcare</p> <p><u>Request:</u> Requested an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County in the 2016 SMFP. There were four comments in total including one from the petitioner, one in support, and two in opposition.</p> <p><u>Committee Recommendation:</u> The Committee has no recommendation to forward to the SHCC on this petition. The Committee vote resulted in a tie and the motion died.</p> <p><u>Petition:</u> Harnett County – Harnett Health</p> <p><u>Request:</u> Requested an adjusted need determination for one additional unit of shared fixed cardiac catheterization equipment in Harnett County in the 2016 SMFP. Nine letters of support were received.</p> <p><u>Committee Recommendation:</u> The Committee discussed the petition and Agency Report, which recommended approval of the petition request. Based on the data presented in the Agency Report, the Committee agreed that Harnett County has the volume of cardiac catheterization to support a shared fixed machine. In addition, the current driving times to the nearest cardiac catheterization lab is potentially outside of current clinical recommendations for ST elevated myocardial infarction patients. The Committee recommends to the SHCC that the petition request be approved for an adjusted need determination for one unit of shared fixed cardiac catheterization equipment in Harnett County.</p> <p><u>Positron Emission Tomography (PET) Scanners Section</u> Since the Proposed 2016 SMFP, there have been no changes in the need projections for PET scanners. There is no need determination for additional fixed or mobile PET scanners anywhere in the state.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/Actions	Comments
	<p>The committee received one petition regarding PET scanners.</p> <p><u>Petition:</u> Statewide— Alliance Healthcare Services</p> <p><u>Request:</u> Requested an adjusted need determination for zero conversions pursuant to Policy TE-1 of fixed to mobile PET scanners in the 2016 SMFP. Two comments were received in opposition.</p> <p><u>Committee Recommendation:</u> The petition and Agency Report, which recommended denial of the petition request, was discussed by the Committee. The consensus was that potential changes in the next few years in mobile PET indicate the possibility of needing more capacity than is currently existing or even proposed. The Agency Report indicated the Division of Health Services Regulation will continue to monitor and re-evaluate annually applicants for Policy TE-1, PET utilization, and site distribution. The Committee recommends to the SHCC denial of this petition.</p> <p><u>Lithotripsy Section</u> Since the Proposed 2016 SMFP, there have been no changes in the need projections for lithotripsy. There is a statewide need determination identified for one lithotripter. The Committee received no petitions or comments over the summer regarding the lithotripsy section of the Proposed 2016 SMFP.</p> <p><u>Linear Accelerator Section</u> Since the Proposed 2016 SMFP, there have been no changes in need projections for linear accelerators. There was no need indicated anywhere in the state for additional linear accelerators. The Committee received no petitions and only one comment regarding the linear accelerator section.</p> <p><u>Gamma Knife Section</u> Since the Proposed 2016 SMFP, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere</p>			

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the Proposed 2016 SMFP.</p> <p>Comprehensive Motion The Committee recommends to the State Health Coordinating Council approval of Chapter 9: Technology and Equipment 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 extract the Rex Healthcare petition for discussion.</p> <p>A vote was taken to extract the Rex Healthcare petition for further discussion.</p> <p>Dr. Ullrich asked Ms. Bennett to review the agency report regarding the Rex Healthcare petition.</p> <p>Request: Rex Healthcare (Rex) respectfully petitions the State Health Coordinating Council (SHCC) to create an adjusted need determination for one additional unit of fixed cardiac catheterization equipment in Wake County in the <i>North Carolina 2016 State Medical Facilities Plan (SMFP)</i>.</p> <p>Agency Recommendation: The Agency supports the standard methodology for fixed cardiac catheterization equipment. As discussed above, the deficits at Rex in the last</p>	<p>Mr. Lewis Mr. Adams</p> <p>Mr. Burgin Dr. Parikh</p>	<p>Motion approved Mr. DeBiasi recused from the J. Arthur Doshier petition</p> <p>Dr. Ullrich recused from Carolinas Healthcare System petition</p> <p>Vote 9-8 To extract petition</p>

Agenda Items	Discussion/Action	Motions	Recommendations/Actions
<p>Clarification to Language for Policy TE-2, Dental Operating Room Demonstration Project, and Need Determination for Brunswick Co</p>	<p>two years have been offset by the surpluses at other facilities in Wake County. While cardiac catheterization procedures are declining statewide, Wake County showed an increase in the current data year. Wake County and Rex Healthcare are experiencing recent increases in the utilization of cardiac catheterization laboratories. Given available information and comments submitted by the August 14, 2015 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends approval of the petition.</p> <p>A motion was in made and seconded to deny the petition.</p> <p>A motion was made to accept the amended Technology and Equipment report.</p> <p>Ms. Frisone provided for following report.</p> <p>10A NCAC 14C .2703 PERFORMANCE STANDARDS</p> <p>(b) <i>An applicant proposing to acquire a fixed magnetic resonance imaging (MRI) scanner, except for fixed MRI scanners described in Paragraphs (c) and (d) of this Rule, shall:</i></p> <p>(3) <i>demonstrate that the average annual utilization of the existing, approved and proposed fixed MRI scanners which the applicant or a related entity owns a controlling interest in and locates in the proposed MRI service area are reasonably expected to perform the following number of weighted MRI procedures, whichever is applicable, in the third year of operation following completion of the proposed project:</i></p> <p>(A) <i>1,716 weighted MRI procedures in MRI service areas in which the SMFP shows no fixed MRI scanners are located,</i></p>	<p>Dr. Greene Dr. Pulliam</p>	<p>Vote 12-5 To deny the petition</p> <p>Motion approved</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>(B) 3,775 weighted MRI procedures in MRI service areas in which the SMFP shows one fixed MRI scanner is located.</p> <p>(C) 4,118 weighted MRI procedures in MRI service areas in which the SMFP shows two fixed MRI scanners are located.</p> <p>(D) 4,462 weighted MRI procedures in MRI service areas in which the SMFP shows three fixed MRI scanners are located, or</p> <p>(E) 4,805 weighted MRI procedures in MRI service areas in which the SMFP shows four or more fixed MRI scanners are located;</p> <p>These are the performance standard rules that would apply to a need determination based on the standard methodology. They are based on the thresholds in the standard methodology.</p> <p>POLICY TE-2: INTRAOPERATIVE MAGNETIC RESONANCE SCANNERS</p> <p>Qualified applicants may apply for an intraoperative Magnetic Resonance Scanner (iMRI) to be used in an operating room suite.</p> <p>To qualify, the health service facility proposing to acquire the iMRI scanner shall demonstrate in its certificate of need application that it is a licensed acute care hospital which:</p> <ol style="list-style-type: none"> 1. Performed at least 500 inpatient neurosurgical cases during the 12 months immediately preceding the submission of the application; and 2. Has at least two neurosurgeons that perform intracranial surgeries currently on its Active Medical Staff; and 3. Is located in a metropolitan statistical area as defined by the US Census Bureau with at least 350,000 residents. 		

Agenda Item	Discussion/Action	Motions	Recommendations/ Actions
	<p>The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRIs scanner.</p> <p>Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the hospital license renewal application.</p> <p>These scanners shall not be counted in the inventory of fixed MRI scanners; the procedures performed on the iMRI will not be used in calculating the need methodology and will be reported in a separate table in Chapter 9.</p> <p>The Policy, as currently drafted, is silent about the appropriate forecasted utilization for an Intraoperative MRI scanner. However, based on a number of the statements included in the Policy and the limited use of the scanner, it appears that the performance standards in the Rules would not be appropriate for this type of MRI scanner. Recommend adding a sentence to make it explicit that the MRI performance standard rules should not apply to the review.</p> <p>Brunswick MRI Adjusted Need Determination</p> <p><i>In response to a petition, the State Health Coordinating Council approved the adjusted need determination for one additional fixed MRI scanner for Brunswick County. Applicants must be a licensed North Carolina acute care hospital with emergency care coverage twenty-four hours a day, seven days a week. Due to the unique factors that impact access and value, the MRI scanner shall have a threshold capacity of 1.716 annual MRI procedures.</i></p> <p>The language of the proposed need determination is not consistent with the MRI performance standard rules. Recommend adding a sentence to make it explicit that the MRI performance standard rules should not apply to the review.</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>10A NCAC 14C .2103 PERFORMANCE STANDARDS</p> <p>(b) A proposal to <u>establish a new ambulatory surgical facility</u>, to establish a new campus of an existing facility, to establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall:</p> <p>(1) <u>demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: {[(Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours) plus (Number of facility's projected outpatient cases times 1.5 hours)] divided by 1872 hours} minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-section operating rooms or demonstrate conformance of the proposed project to Policy AC-3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects;" and</u></p> <p>(2) The number of rooms needed is determined as follows:</p> <p>(A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and</p> <p>(C) in a service area which has five or fewer operating rooms, if the difference is a positive number greater than or equal to 0.2, then the need is the next highest whole number for fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and if the difference is a negative number or a positive number less than 0.2, then the need is zero.</p> <p>(c) <u>A proposal to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall:</u></p> <p>(1) demonstrate the need for the number of proposed operating rooms in addition to the rooms in all of the licensed facilities identified in response to 10A NCAC 14C .2102(b)(2) in the third operating year of the proposed project based on the following formula: {[Number of projected inpatient cases for all the applicant's or related entities' facilities, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours] plus [Number of projected outpatient cases for all the applicant's or related entities' facilities times 1.5 hours]} divided by 1872 hours} minus the total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-Section operating rooms in all of the applicant's or related entities' licensed facilities in the service area; and</p> <p>(2) The number of rooms needed is determined as follows:</p>		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	<p>(A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;</p> <p>(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and</p> <p>(C) in a service area which has five or fewer operating rooms, if the difference is a positive number greater than or equal to 0.2, then the need is the next highest whole number for fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and if the difference is a negative number or a positive number less than 0.2, then the need is zero.</p> <p>These are the performance standard rules that would apply to a need determination based on the standard methodology. They are based on the thresholds in the standard methodology.</p> <p>Dental ASC Demonstration Project</p> <p>Criteria # 11: The proposed facility shall demonstrate that it will perform at least 900 surgical cases per operating room during the third full federal fiscal year of operation.</p> <p>Criteria #11 is not consistent with the OR performance standard rules. Recommend adding a sentence to make it explicit that the OR performance standard rules should not apply to the review.</p>		

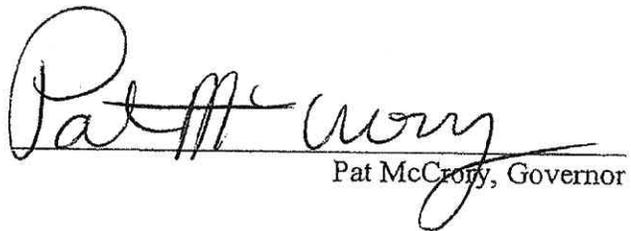
Agenda Items	Discussion/Action	Motions	Recommendations/Actions
SHCC's Recommendation to the Governor	<p>A motion was made and seconded to approve the clarification language for TE-2, need determination for Brunswick County and the Dental ASC Demonstration Project.</p> <p>Having heard each of the Committee Reports, and taking action on each, Dr. Ullrich asked for a motion to direct staff to incorporate the council's actions into a recommended version of the N.C. 2016 State Medical Facilities Plan for submission to the governor. In addition, Dr. Ullrich asked for a motion to allow staff to continue making changes to inventory and corrections to data as received, as well as non-substantive edits to narratives.</p>	<p>Dr. McBride Dr. Moore</p>	<p>Motion approved</p>
Other Business	<p>Dr. Ullrich thanked all the Council members and former member for sharing their time and serving on the Council, and a special thank you to those that served in leadership roles as Committee Chairs. Dr. Ullrich thanked the staff for their support and the public for their participation. Dr. Ullrich asked for a round of applause.</p> <p>Mr. Pratt announced after 42 years of public service he planned to retire January 31, 2016. Mr. Pratt expressed his appreciation to staff and the Council members. Mr. Pratt thanked Dr. Ullrich for his leadership role and guidance to the SHCC. Mr. Pratt received a standing ovation.</p> <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 DHSR website for work planning purposes only. The recommended need determinations and dates will be accompanied by a disclaimer, which advises that nothing is final until the 2016 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 3, 2016 Wednesday – May 25, 2016 Wednesday – September 7, 2016 (Teleconference Meeting) Wednesday – October 5, 2016</p>	<p>Dr. Pulliam Dr. Greene</p>	<p>All members were in favor</p>

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		

Attachment G

Governor Approval

I hereby approve the North Carolina 2016 State Medical Facilities Plan effective January 1, 2016.


Pat McCrory, Governor

12-15-15
Date