2017

STATE HEALTH COORDINATING COUNCIL

STATE MEDICAL FACILITIES PLAN

Health Service Regulation
HEALTH AND HUMAN SERVICES

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

I hereby approve the North Carolina 2015 State Medical Facilities Plan effective January 1, 2017.

Pat McCrory, Governor

12-14-16

Date

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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Division Director

December 8, 2016

Ms. Amanda Reeder,
Staff Attorney
Rules Review Commission
6714 Mail Service Center
Raleigh, NC 27699-6700

Dear Ms. Reeder:

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 G.S. 150B-2(8a) and G.S. 131E-176(25) to exclude from rule-making the North Carolina State Medical Facilities Plan (SMFP) if it had been prepared with public notice and hearings.

On behalf of the North Carolina State Health Coordinating Council, I am asking the Rules Review Commission to review the process of assembling the North Carolina 2017 State Medical Facilities Plan for compliance with G.S. 131E-176(25) and adoption.

Attached for your review and consideration are several documents that support our compliance with G.S. 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 2017 SMFP. When Governor McCrory has approved and signed the Plan, I will email a copy of the signature page to you.

Should you have any questions or need additional information, please contact me at 919-855-3867.

Sincerely,

Paige Bennett, Assistant Chief
Healthcare Planning and Certificate of Need Section

Enclosures

cc: Mark Payne, Division Director

Office of the Director
http://www.ncdhhs.gov/dhsr/
Phone: 919-855-3750 / Fax: 919-733-2757
Location: 809 Ruggles Drive ■ Dorothea Dix Hospital Campus ■ Raleigh, N.C. 27603
Mailing Address: 2701 Mail Service Center • Raleigh, North Carolina 27699-2701
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North Carolina 2017 State Medical Facilities Plan Development Summary

Pursuant to G.S. 131E-176(25), the NC 2017 State Medical Facilities Plan (SMFP) was prepared by Healthcare Planning staff of the Department of Health and Human Services in collaboration with the North Carolina State Health Coordinating Council (SHCC) and approved by the Governor.

Interested Parties
A list of interested parties is kept on file with Healthcare Planning. Names are added upon request. **(Attachment 1)**

Public Hearings
A total of eight public hearings were held in conjunction with the development of the SMFP.

Prior to the adoption of the Proposed SMFP on May 25, 2016 by the SHCC

- Newspaper ad regarding hearing and notifications **(Attachment 2)**
- Sign-in sheet for meetings **(Attachment 3)**

1. March 2, 2016
   - Dorothea Dix Campus
     801 Biggs Street
     Raleigh, NC
     Brown Building – Room 104

2. March 22, 2016 *(Public Hearing to amend the 2016 SMFP)*
   - Dorothea Dix Campus
     801 Biggs Street
     Raleigh, NC
     Brown Building – Room 104

Following adoption of the Proposed SMFP on May 25, 2016 by the SHCC

- Newspaper ad regarding six statewide hearings and notifications **(Attachment 4)**
- Sign-in sheets for six statewide public hearings **(Attachment 5)**

3. July 12, 2016
   - The Women's Hospital
     Greensboro, NC

4. July 15, 2016
   - Mountain Area Health Education Center
     Asheville, NC

5. July 19, 2016
   - Pitt County Office Building
     Greenville, NC

6. July 22, 2016
   - New Hanover County – Main Library
     Wilmington, NC

7. July 25, 2016
   - CMC – NorthEast
     Concord, NC

8. July 28, 2016
   - Dorothea Dix Campus
     Raleigh, NC

Public Comments
The SHCC accepted oral and written comments from the public concerning the Proposed SMFP at the March 2, 2016, public hearing. The SHCC also held a special called public hearing on March 22, 2016 to consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 2016 SMFP.

The SHCC accepted oral and written comment from the public at each of the six statewide public hearing held during the month of July. August 12th was the last day the SHCC accepted written comments on regarding petitions or comments regarding the Proposed SMFP.

At the October 5, 2016 meeting of the SHCC, the Chairman of each of the three standing committees provided reports on the petitions and comments to the Council from the Acute Care Service Committee, Long-Term and Behavioral Health Committee and Technology and Equipment Committee. At this same meeting, the SHCC members adopted the final SMFP. **(Attachment 6)**

SHCC Meeting Minutes
(Attachment 7)

SHCC Member Attendance
(Attachment 8)

Governor's Approval
The SMFP was submitted to the Governor's office for approval on October 26, 2016. It was signed on December __, 2016. **(Attachment 9)**

1 Interested Parties Email List and Mailing List

2 Newspaper Ads for Public Hearing or Notification

3 Sign-in Sheets for Meetings

4 Newspaper Ads for Six Statewide Public Hearings or Notifications

5 Sign-in Sheets for Six Statewide Public Hearings

6 N.C. 2017 State Medical Facilities Plan

7 State Health Coordinating Council – Meeting Minutes from all SHCC and Committee Meetings for 2016 Calendar Year

8 State Health Coordinating Council – Meeting Minutes from all SHCC and Committee Meetings for 2016 Calendar Year

9 Signature Page with Governor's Approval

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SHCC and SMFP Interested Parties Email List

Name	Email Address	Organization
Amy Blackwell	ablackwell@wakemed.org	WakeMed Health & Hospitals
Amy Graham	agraham@firsthealth.org	FirstHealth of the Carolinas
Angie Caporiccio	acaporiccio@allianceimaging.com	Alliance Imaging
Annette Kiser	akiser@cchospice.org	The Carolina Center
Barbara Freedy	blfreedy@novanthealth.org	Novant Health
Bernie vonLehmden	bvonlehmden@gmka.com	GMK Associates, Inc.
Brad Daniel	brad.daniel@hospicecarecenter.org	Hospice Care Center
Brad Daniel	brad.daniel@nouvista.com	Nouvista Health Strategy
Bruce Hedrick	bruce.hedrick@mfa.net	
Carol Meyer	cmeyer@cchospice.org	The Carolina Center
Catharine Cummer	catharine.cummer@duke.edu	Duke University/Duke Hospital
Charles Hauser	chauser@pdllc.com	
Cindy Foley	cfoley@doulanc.com	Mother's Helper Home Healthcare
Cyndi Honeycutt	cyndi.honeycutt@nhhn.org	New Hanover Regional Medical Center
Danny Waller	danny.waller@onslowhealthcare.org	Onslow Healthcare
Darcy Lewis	dlewis@rpcconsulting.com	RPC Consulting (Research and Planning Consultants)
David French	djfrench45@bellsouth.net	Self
David Legarth	dlegarth@nc.rr.com	Self
David Long	david.long@pendermemorial.org	Pender Memorial Hospital
David R. Broyles	dbroyles@poynerspruill.com	Poyner Spruill
Dee Dee Murphy	deedeemurphy@healthplanningsource.com	
Dee Zimmerman	dzerman@unch.unc.edu	UNC Health Care / UNC Hospitals
Doug Suddreth	dcsuddreth@autumncorp.com	Autumn Corporation
Duncan Yaggy	yaggy001@mc.duke.org	Duke University/Duke Hospital
Ed Rush	ed.rush@iredellmemorial.org	Iredell Memorial Hospital
Erick Hawkins	erick.hawkins@rexhealth.com	UNC Health Care / Rex Hospital

SHCC and SMFP Interested Parties Email List

Name	Email Address	Organization
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Forrest Campbell	fcampbell@brookspierce.com	Brooks Pierce
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G. Hadley Callaway	hcallaway@raleighortho.com	Raleigh Orthopaedics
Greg Bass	greg.bass@carolinashealthcare.org	Carolinas Healthcare System
Jean Lewis	jlewis@ncmedsoc.org	North Carolina Medical Society
Jim Roskelly	jim.roskelly@mosescone.com	Cone Health
Jim Swann	jim.swann@fmc-na.com	Fresenius Kidney Care
Jim Swann	jswann001@att.net	Fresenius Kidney Care
Joan Haubenreiser	jmhaubenreiser@novanthealth.org	Novant Health
Joel Mills	joel.mills@advhomecare.org	Advance Home Care
Jon Carr	jcarr@jordanprice.com	Jordan Price Law Office
Joselyn Westcott	joselyn.westcott@ssa.gov	U.S. Social Security Administration
June Ferrell	jferrell@ncdoj.gov	NC DOJ
Karl Stein	kstein@raleighortho.com	Raleigh Orthopaedics
Kelly Ivey	kivey@pda-inc.net	PDA Inc.
Kristy Hubard	kristy.hubard@nhrmc.org	New Hanover Regional Medical Center
L. Lee Isley	lisley@granvillemedical.com	Granville Medical Center
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Laura Owen	lowen@hospiceofdavidson.org	Hospice of Davidson County
Lisa Hamby	lhamby@catawbavalleymc.org	Catawba Valley Medical Center
Marge Zima	zima@gibralter.net	Onslow Caregivers
Mary Allen	mallen@nexsenpruet.com	Nexsen Pruet
Mary jane Slipsky	maryjane.slipsky@nelsonmullins.com	Nelson Mullins
Matthew Fisher	mfisher@poynerspruill.com	Poyner Spruill

SHCC and SMFP Interested Parties Email List

Name	Email Address	Organization
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Mike Vicario	mvicario@ncha.org	North Carolina Hospital Association
Molly Dickinson	mdickinson@hprhs.com	High Point Regional Health System
Nancy BresMartin	bresmartin@nc.rr.com	Self
Nancy Lane	nlane@pda-inc.net	PDA Inc.
Noah Huffstetler	noah.huffstetler@nelsonmullins.com	Nelson Mullins
Rob Bashore	rbashore@gatewayasc.com	The Endoscopy Center at Gateway
Robbie Roberts	rroberts@wakemed.org	WakeMed Health & Hospitals
Robert Fitzgerald	bofitz@bellsouth.net	Self
Roberto Lumbres	roblumbres@gmail.com	Terri Bass & Associates
Robin Leaske	robin.leaske@goldenliving.com	Golden Living
S. Todd Hemphill	themphill@poynerspruill.com	Poyner Spruill
Sandra Waddle	skwaddle@autumncorp.com	Autumn Corporation
Sandy Godwin	stgodwin@capefearvalley.com	Cape Fear Valley
Stan Taylor	staylor@wakemed.org	WakeMed Health & Hospitals
Stephen Keene	skeene@ncmedsoc.org	North Carolina Medical Society
Tim Rogers	timrogers@homeandhospicecare.org	Association of Home and Hospice Care
William (Bill) Hyland	bill.hyland@davita.com	DaVita Kidney Care
	ahickling@nhsc.org	National Health Service Corps
	brooks@bcs-law.com	
	consensus1@nc.rr.com	
	cpatterson@firsthealth.org	FirstHealth of the Carolinas
	danderson@carolinashealthcare.org	Carolinas Healthcare System
	dmiller@rowan.org	
	dprather@dsi-corp.com	DSI Corporation
	jhcole@centurylink.net	Self

SHCC and SMFP Interested Parties Email List

Name	Email Address	Organization
	jht@jht-law.com	
	jjennings@wakemed.org	WakeMed Health & Hospitals
	jorser@wakemed	WakeMed Health & Hospitals
	jreynolds@kirschlaw.com	Kirschbaum, Nanney, Keenan & Griffin
	kbutler@randolphhospital.org	Randolph Hospital
	maxm@corplawoffice.com	
	padkr@beaufortco.com	
	ppack@pda-inc.net	PDA Inc.

SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Denniston Crews, MD		10 McDowell Street	Asheville	NC	28801
William Lease		100 Airport Road	Kinston	NC	28501
Ken Pittman		100 Airport Road	Kinston	NC	28501
Barbara Vaughn		100 Chalon Drive	Cary	NC	27511
Helen Poole		100 Rivergreen Court	Cary	NC	27511
Mark Barnes		100 South Elm Street, Suite 400	Greensboro	NC	27401
JoAnn Davis		101 Hospice Lane	280	NC	27103
Mary Beck	UNC Hospitals	101 Manning Drive Ste 6021 E. Wing	Chapel Hill	NC	27514-6907
Curtis Jackson, Jr.		101 Woodcrest Drive	Chapel Hill	NC	27514
Byan Fore		1016 N Lafayette Street	Shelby	NC	28150
Dennis Bradshaw		111 Providence Road	Chapel Hill	NC	27514-2229
Richard Bennettt		116 Lane Drive	Trinity	NC	27370
Rober Enders, Jr		117 East Kings Hwy	Eden	NC	27288
Larry Barnes		120 Heather Ridge Court	Durham	NC	27712
Melissa Shearer		1200 North Elm Street	Greensboro	NC	27401-1020
Gerry Boyle		1217 Pond Street	Cary	NC	27511
Bil Gibson		125 Bonnie Lane	Sylvia	NC	28779-8552
John Barber	White Oak Manor Inc	130 E Main Street	Spartanburg	SC	29306-5113
James Caldwell	PO Box 1510	130 Gillespie Street	Fayetteville	NC	28302
Steve Rumbley		1302 Old Cox Road	Asheboro	NC	27205
Home Buddies		1328 John Kirk Drive	Charlotte	NC	28262
Foster Norman		134 S Garnett Street	Henderson	NC	27536-4642
Chris May		1480 Harbour Drive	Wilmington	NC	28401
David Kimmel, MD		150 Park Avenue	Banner Elk	NC	28604
Judy Roberson		1600 Lafayette Avenue	Rocky Mount	NC	27803
Carrol Roberson		1600 Lafayette Avenue	Rocky Mount	NC	27803
Anita Melvin		1638 Owen Drive	Fayetteville	NC	28304
Stanley Kapica		17 Church Street	Asheville	NC	28801-3303
Mark Jensen		1701 East Blvd	Charlotte	NC	28203-9808
Donna Camit		171 Monroe Lane	Lexington	NC	29071
Don Brocker		1841 Quite Cove	Fayetteville	NC	28304
Jim Gray		1894 Georgetown Road	Hudon	OH	44236
Mark Becker	WSOC TV	1901 Tryon Street	Charlotte	NC	28206
Sarah Wiltgen		192 Village Drive	Jacksonville	NC	28546
Julie Blundo		1988 South 16th Street	Wilmington	NC	28401
Dr. Charles Neal		1988 South 16th Street	Wilmington	NC	28401
Jennifer McLean	500 Justice Bldg, 5th Floor	2 East Morgan Street	Raleigh	NC	27601-1428
R D Williams II		200 Hospital Avenue	Jefferson	NC	28640

SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Mark Hudson		201 E Grover Street	Shelby	NC	28150
James Atkins, MD	Southeastern Medical Oncology	203 Cox Blvd	Goldsboro	NC	27534-9479
Richard Williams		209 Highlands Lake Drive	Cary	NC	27518
David McRae		2100 Stantonburg Road	Greenville	NC	27835-6028
Phyllis Shore		2101 Homestead Hills Drive	Winston Salem	NC	27103
Cleveland Moose		2115 Rex Ford Road, Ste 500	Charlotte	NC	28211
Sarah Avery		215 S McDowell Street	Raleigh	NC	27602
Alan Wolf		215 S McDowell Street	Raleigh	NC	27602
Ronald Beer		218 Old Mocksville Road	Statesville	NC	28625
Lucien Wilkins MD		2215 Lynwood Drive	Wilmington	NC	28403
David Adinolfi	Cumberland RHA	2248 Wingate Road	Fayetteville	NC	28304-1336
Mary Cloninger		225 Baldwin Avenue	Charlotte	NC	28204
Doug Hitman		2334 S 41st Street	Wilmington	NC	28403
John Cowan		2360 Sweeten Creek Road	Asheville	NC	28803
Gene Whitefield		2402 Wayne Memorial Drive	Goldsboro	NC	27534
Frank Kirschbaum		2418 Blue Ridge Road, Ste 200	Raleigh	NC	27607-6480
Paul Sherwood		250 Smith Church Road	Roanoke Rapids	NC	27870-4919
Pam Barrett		2500 Summitt Avenue	Greensboro	NC	27405
Lynne Chambers		2500 Summitt Avenue	Greensboro	NC	27405
Patricia Oenksen		2500 Summitt Avenue	Greensboro	NC	27405
David Rice		262 Leroy George Drive	Clyde	NC	28921
Greg Bass	Director, CHS Management Company	2709 Water Ridge Parkway, Suite 200	Charlotte	NC	28217
Kevin Kerlin, MD		2802 McLamb	Goldsboro	NC	27534
Robert Jones		288 Ridgecrest Avenue	Rutherford	NC	28139
Lumbee River COG		30 CJ Walker Road	Pembrook	NC	28372-7340
Charlotte Baker		300 W 27th Street	Lumberton	NC	28358
Raleigh Orthopaedic		3001 Edwards Mill Rd. Ste 200	Raleigh	NC	27612
Williams Mullens	Library	301 Fayetteville Street Mall, Ste 1900	Raleigh	NC	27601-2173
Lou Lamm	Library	301 Fayetteville Street Mall, Ste 1900	Raleigh	NC	27601-2173
Sherry Thomas		3101 Industrial Drive Ste 204	Raleigh	NC	27609-7577
Administrator	Healthsource Diagnostic Center	3186 Village Drive, Suite 101	Fayetteville	NC	28304
Fred Soule		321 Mulberry Street	Lenior	NC	28659
Hal Jones		3210 Fairhill Drive	Raleigh	NC	27612-3220
Timothy Ford	PO Box 2600	336 Deerfield Road	Boone	NC	28607-2600
Joe McKinney		339 New Leicester Hwy, Ste 140	Asheville	NC	28806-2080
Fred Odell		3500 Arendell Street	Morehead City	NC	28557-1619
Lynne Chambers		3617 Camp Mangum Wynd	Raleigh	NC	27612
Rita Burch	PO Box 336	374 Hudlow Road	Forest City	NC	28043

SHCC and SMFP Interested Parties Mailing List

Name	Organization	Address	City	State	Zip
Randi Pisko		3916 Ben Franklin Blvd	Durham	NC	27704
Michele Jackson		3949 Browning Place	Raleigh	NC	27609-6504
Lou Wilson		4010 Barrett Drive, Ste 102	Raleigh	NC	27609
Mary Jane Slipsky		4040 Parklake Avenue, Ste 200	Raleigh	NC	27612
Randolph Abney	Banyan Senior Living	412 Hudson Rd	Greenville	SC	29615-3333
Jan Baucom		429 Billingsley Center	Charlotte	NC	28211
Lee Carnes		430 Davis Drive, Ste 400	Morrisville	NC	27560
Carolyn Hall		430 Davis Drive, Ste 400	Morrisville	NC	27560-6802
Mary Johnston		430 Davis Drive, Ste 400	Morrisville	NC	27560-6802
Dee Freeman		4307 Emperor Blvd, Ste 110	Durham	NC	27703
James Pietrzak		4423 Pheasant Ridge Road, Ste 301	Roanoke	VA	24014-5300
NC State Publications Clearinghouse	State Library of North Carolina	4643 Mail Service Center	Raleigh	NC	27699-4643
Sherman Brooks MD		4926 Union School Road	Rowland	NC	28383
Donna Aubuchon		50 Lucy Echerd Lane	Taylorsville	NC	28681
Pat Pierce		505 Oberlin Road, Ste 230	Raleigh	NC	27605-1345
David Long	Pender Memoriall Hospital	507 E Fremont Street	Burgaw	NC	28425
Matthew Mendez	Pender Memoriall Hospital	507 E Fremont Street	Burgaw	NC	28425
Craig Souza		5109 Bur Oak Circle	Raleigh	NC	27612-3101
Tina Glenn		5205 Hearthside Place	Greensboro	NC	27410
Jim Lewis		601 Oak Street	Forest City	NC	28043
Rick Parker		612 Mocksville Avenue	Salisbury	NC	28144
Regis Cabonor		615 Ridge Road	Roxboro	NC	27573
Administrator	Beaufort County Hospital	628 E 12th Street	Washington	NC	27889
Toye Allen		6401 Ivory Palm Drive	Charlotte	NC	28227
Doyle Williams		6603 Summer Darby	Charlotte	NC	28093
Scott Buchanan		68 Sweeten Creek Road	Asheville	NC	28803
Michael Linker		700 West Roosevelt Blvd	Monroe	NC	28110
Stefan Marcuard		704 WH Smith Blvd	Greenville	NC	27834
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Ann Howard	Cecil B. Sheps Center	CB #7590, 725 Airport Road	Chapel Hill	NC	27599-7590
Serleste Bowser		7985 Scotts Manox Court	Glen Burnie	MD	21061
Alan Laibson		8 Skyview Place	Asheville	NC	28804
Michael Jernigan		803 Middlebrooks Circle	Tallahassee	FL	32312
Kaye Jernigan		812 Shepard Street	Morehead City	NC	28557
Shirley Silva		848 Mapelwood Lane	Statesville	NC	28525-2282
Scott Neely		866 Henkel Road	Statesville	NC	28677
Elizabeth Kirkman		920 Church Street North	Concord	NC	28025
Carol Lovin		920 Church Street North	Concord	NC	28025

SHCC and SMFP Interested Parties Mailing List

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Carlette Rivers		923 Lenton Avenue	Baltimore	MD	21212
Elizabeth Hudspeth		9820 US Hwy 301 South	Four Oakds	NC	27524-7890
James Perry	30JC Walker	COMPECH RPAD	Pembrook	NC	28372-7340
Jackie Herbster	4140 Parklake Avenue	Glen Lake One, Ste 200	Raleigh	NC	27612
Steve Eblin	Randolph Hospital	PO Box 1048	Asheboro	NC	27204-1048
Randolph Cloud		PO Box 10972	Raleigh	NC	27605-0972
Tim Alleman		PO Box 11387	Goldsboro	NC	27532-1387
Lisa Hopkins		PO Box 1150	Angier	NC	27501-1150
Sindy Barker	NC Nurses Association	PO Box 12025	Raleigh	NC	27605
Audrey Locklear		PO Box 1209	Pembrook	NC	28372
Peggy Gosselin		PO Box 129	Waynesville	NC	28786-0129
Kyle McDermott	Johnston Memorial Hospital	PO Box 1376	Smithfield	NC	27577
Roy Hnson	Stanley Memorial Hospital	PO Box 1489	Albemarle	NC	28002-1489
George Wilson		PO Box 1558	Huntersville	NC	28070-1558
Sharon Barlow	Barnhardt & Walker Inc	PO Box 163	Concord	NC	28026-0163
Planner	Caromont Health	PO Box 1747	Gastonia	NC	28053-1747
William Shenton		PO Box 1801	Raleigh	NC	27602-1801
Janet Plummer		PO Box 1801	Raleigh	NC	27602-1801
William Edsel		PO Box 2000	Pinehurst	NC	28374
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Frank Peck		PO Box 21133	Roanoke	VA	24018-0115
Joseph Barbee	Mecklenburg Radiology Associates	PO Box 221249	Charlotte	NC	28222-1249
Charles Trefzger		PO Box 2568	Hickory	NC	28603
Robert Seligson		PO Box 27167	Raleigh	NC	27611-7167
Debra Seyler		PO Box 27525	Raleigh	NC	27611
Richard Harrell	401 N Main Street	PO Box 278	Kenansville	NC	28349
Asheville Radiology		PO Box 2959	Asheville	NC	28802
Sean Jamieson		PO Box 30308	Charlotte	NC	28230
Jenny Lassiter		PO Box 306	Bayboro	NC	28515
Fran Daniel		PO Box 3159	Winston Salem	NC	27103
John Fountain		PO Box 31627	Raleigh	NC	27622
Paul Smith		PO Box 3250	Mooresville	NC	28117
Sharee Wilder		PO Box 423	Harbinger	NC	27941
Bill Pulley		PO Box 4449	Cary	NC	27519
Judy Brunger		PO Box 4449	Cary	NC	27519-4449
Robert Taylor		PO Box 460	Nebo	NC	28761
Evenlyn Sanders		PO Box 46775	Raleigh	NC	27620-6775
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SHCC and SMFP Interested Parties Mailing List

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Charlotte Baker	Chowan Hospital Inc	PO Box 629	Edenton	NC	27932-0629
Dave Parrotte		PO Box 646	Hertford	NC	27944
Al Arrowood	Lincoln Medical Center	PO Box 677	Lincolnton	NC	28093
Joseph Depalantino	Wayne Memorial Hospital	PO Box 8001	Goldsboro	NC	27530
Kenneth Anderson	University Home Care	PO Box 8125	Greenville	NC	27835-8125
Frank Bradham	University Home Care	PO Box 8125	Greenville	NC	27835-8125
Dr. John Poulos		PO Box 87229	Fayetteville	NC	28304-7229
Lynn Hardy		PO Box 887	Kenansville	NC	28349
Nolan Brown	Triad Medical Services Inc	PO Box 969	Yadkinville	NC	27055-0969
Thomas Hilliard		PO Box 97096	Raleigh	NC	27624-7096
Trena Wilson		PO Box HP 5	High Point	NC	27261
Woodrow Hathaway, Jr		West 3rd Street & Ivy Avenue	Siler City	NC	27344

Bennett, Paige

From: Fisk, Kelli
Sent: Wednesday, February 24, 2016 7:01 PM
To: DHHS.DHSR.MFP.Interested.Parties
Cc: Bennett, Paige
Subject: March 2, 2016 SHCC Meeting/Public Hearing

Good Evening,

The North Carolina State Health Coordinating Council will meet **Wednesday, March 2, 2016** 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.

Please click on the link below to access this information.

https://www2.ncdhhs.gov/dhsr/mfp/committeemeet.html#shcc

Kelli S. Fisk
Program Assistant V
Division of Health Service Regulation - Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3866 office
919-715-4413 fax
Kelli.fisk@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704

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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 2, 2016** 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 2017 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 2, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, 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.

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NORTH CAROLINA

PUBLIC NOTICE
NORTH CAROLINA
STATE HEALTH COORDINATING COUNCIL
MEETING

and

PUBLIC HEARING

The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 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 2017 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 2, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, 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.

February 10, 2016 (3602)

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Kelly Loveland**, who, being first duly sworn, deposes and says: that she is the **Staff Accountant** of **The Asheville Citizen-Times,** engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: February 10th 2016. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statues of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 10th day of February, 2016

Kelly Loveland
(Signature of person making affidavit)

Sworn to and subscribed before me the 10th day of February, 2016.

Katrina Joye Petrey
(Notary Public)

My Commission expires the 5th day of October, 2018.

KATRINA JOYE PETREY
NOTARY
PUBLIC
BUNCOMBE CO., N.C.

Cooke
COMMUNICATIONS

NORTH CAROLINA LLC
The Daily Reflector - The Daily Advance - The Rocky Mount Telegram
Berlie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic
Tarboro Weekly - Times Leader - Williamston Enterprise
PO Box 1967
Greenville NC 27835

Check # _____

Date Paid _____

A/R Rep _____

DHHS/DHSR/COM SECTION
809 RUGGLES DRIVE
RALEIGH NC 27603

Copy Line: STATE HLTH CNCIL MTNG & PUBLIC HEARING
Lines: 59
Total Price: $138.95

Account: 100742 Ticket: 100651

PUBLISHER'S AFFIDAVIT

NORTH CAROLINA
Pitt County

Susan Steed affirms that he/she is clerk of Daily Reflector, a newspaper published daily at Greenville, North Carolina, and that the advertisement, a true copy of which is hereto attached, entitled STATE HLTH CNCIL MTNG & PUBLIC HEARING was published in said Daily Reflector on the following dates:

Wednesday, February 10, 2016

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

Susan Steed

Affirmed and subscribed before me this 10th day of February 2016

Elizabeth H Poole
(Notary Public Signature)

Elizabeth H Poole
(Notary Public Printed Name)

My commission expires 1-17-2021

ELIZABETH H. POOLE NOTARY PUBLIC PITT COUNTY, NC

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

The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 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 2017 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 2, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, 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.

2/10/16

/o News Record

ıg Affidavit

Account Number

4003077

200 E. Market St
Greensboro, NC. 27401
(336) 373-7287

Date

February 09, 2016

DHHS - DHSR
701 BARBOUR DR
RALEIGH, NC 27603

PO Number	Order	Category	Description
3/2 HEARING	0000180191	Meetings and Events	PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUI

PUBLIC NOTICE

NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING

The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs ive, Raleigh, N.C. This session will lude a business meeting and a blic 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 2017 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 2, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: http://www.ncdhhs.gov/dhsr/ncsmfp/.

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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.

Publisher of the Greensboro News Record

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State: that he/she is authorized to make this affidavit and sworn statement: that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

02/09/2016

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.

(signature of person making affidavit)

Sworn to and subscribed before me the 12 day of February 16

LEA ANNE LAMB
NOTARY PUBLIC
STATE OF NORTH CAROLINA
GUILFORD COUNTY
MY COMMISSION EXPIRES 06-15-19

(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

PUBLIC NOTICE
NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING
The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 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 2017 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 2, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or the Healthcare Planning Section, please visit: http://www.ncdhhs.gov/dhsr/ncsmip/
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.
eople with disabilities who need ssistance 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.

Before the undersigned, a Notary Public of Said County and State,

Jarimy Springer

Who, being duly sworn or affirmed, according to the law, says that he/she is

Accounting Specialist

of THE STAR-NEWS, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as STAR-NEWS in the City of Wilmington

PUBLIC NOTICE NORTH CAROLINA STATE HEALTH COORDINATING COUNCIL MEETING and PUBLIC HEARING The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 at 10:00 a.m. at the Brown Building, room 104, located on the Dorothea Dix ca

was inserted in the aforesaid newspaper in space, and on dates as follows:

2/9 1x

And at the time of such publication Star-News was a newspaper meeting all the requirements and qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

Jarimy Springer

Title: **Accounting Specialist**

Sworn or affirmed to, and subscribed before me this 16th day of February, A.D. 2016

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.

Tanya V. Wright

TANYA V WRIGHT
NOTARY PUBLIC
NORTH CAROLINA
NEW HANOVER COUNTY
MY COMM EXP 1-12-21

My commission expires 12 day of Jan, 2021

Upon reading the aforegoing affidavit with the advertisement thereto annexed it is adjudged by the Court that the said publication was duly and properly made and that the summons has been duly and legally served on the defendant(s).

This _____ day of _____, ____

_____
Clerk of Superior Court

MAIL TO:

AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Ad Number
0002256920

Advertiser Name: NC DEPT. OF HEALTH AND HUMAN SERVICES
Address: attn Kelli Fisk
809 RUGGLES DRIVE
RALEIGH, NC 27603

Before the undersigned, a Notary Public of Wake County North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared R. C. Brooks, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of The News & Observer Publishing Company a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake County and State aforesaid, the said newspaper in ich such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT. OF HEALTH AND HUMAN SERVICES was inserted in the aforesaid newspaper on dates as follows:

02/09/2016

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

The North Carolina State Health Coordinating Council will meet **Wednesday, March 2, 2016** 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.

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N&O: February 9, 2016

WENDY D. HAKEM
Notary Public
Wake County
NORTH CAROLINA

R. C. Brooks, Accounts Receivable Specialist
Wake County, North Carolina

Sworn to and subscribed before me
This 9th day of February, 2016

My Commission Expires: FEB 17 2020

Notary Signature

NORTH CAROLINA
FORSYTH COUNTY

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 9, 2016

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.

s 9th day of February, 2016 D.H. Stanfield
(signature of person making affidavit)

Sworn to and subscribed before me, this 9th day of February, 2016

Kimaley Johnson
Notary Public

My Commission expires: September 28, 2020

KIMALEY JOHNSON
NOTARY PUBLIC
FORSYTH COUNTY
STATE OF NORTH CAROLINA
MY COMMISSION EXPIRES 9-28-2020

PUBLIC NOTICE

NORTH CAROLINA

STATE HEALTH COORDINATING COUNCIL MEETING

and

PUBLIC HEARING

The North Carolina State Health Coordinating Council will meet Wednesday, March 2, 2016 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.

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WSJ: February 9, 2016

Bennett, Paige

From: Fisk, Kelli
Sent: Friday, March 04, 2016 12:59 PM
To: DHHS.DHSR.MFP.Interested.Parties
Cc: Bennett, Paige
Subject: Public Hearing
Attachments: Special Called Public Hearing - Public Notice 3-22-16.pdf

The date has been set for the public hearing regarding the consideration of recommending to the Governor the removal of the need determination for one operating room in Rowan County from the approved North Carolina 2016 State Medical Facilities Plan. Please see the attached information for the date, time and location.

Kelli S. Fisk
Program Assistant V
Division of Health Service Regulation - Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3866 office
919-715-4413 fax
Kelli.fisk@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704

Twitter YouTube

PUBLIC NOTICE

Notice of a
Special Called Public Hearing of the
North Carolina State Health Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called Public Hearing on March 22, 2016, at 11:00 a.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.

The purpose of the meeting is to consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 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 22, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or Healthcare Planning, please visit: https://www2.ncdhhs.gov/dhsr/mfp/index.html

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ASHEVILLE
CITIZEN-TIMES
VOICE OF THE MOUNTAINS • CITIZEN-TIMES.com

AFFIDAVIT OF PUBLICATION

BUNCOMBE COUNTY

SS.
NORTH CAROLINA

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Kelly Loveland,** who, being first duly sworn, deposes and says: that she is the **Staff Accountant** of **The Asheville Citizen-Times,** engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: March 9th 2016. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statues of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

PUBLIC NOTICE
Notice of a
Special Called Public Hearing of the
North Carolina State
Health Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called Public Hearing on March 22, 2016, at 11:00 a.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.
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!
People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning 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.
March 9, 2016 (3660)

Signed this 10th day of March, 2016

Kelly Loveland
(Signature of person making affidavit)

Sworn to and subscribed before me the 10th day of March, 2016.

Emily Thomas
(Notary Public)

Emily Thomas Notary Public
My Commission Expires on October 13, 2020
Buncombe County, NC

(828) 232-5830 | (828) 253-5092 FAX
14 O HENRY AVE | P.O. BOX 2090 | ASHEVILLE, NC 28802 | (800) 800-4204

Greensboro News Record

Advertising Affidavit

Account Number

4003077

200 E. Market St
Greensboro, NC. 27401
(336) 373-7287

Date

March 07, 2016

DHHS - DHSR
701 BARBOUR DR
RALEIGH, NC 27603

PO Number	Order	Category	Description
NC STATE HEALTI	0000191684	Meetings and Events	PUBLIC NOTICE Notice of a Special Called Public Hearing of the North Carolina St

Publisher of the Greensboro News Record

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State; that he/she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

03/07/2016

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.

Tamara Broadwell
(signature of person making affidavit)

Sworn to and subscribed before me the 9 day of March, 2016

LEA ANNE LAMB
NOTARY PUBLIC
STATE OF NORTH CAROLINA
GUILFORD COUNTY
MY COMMISSION EXPIRES 06-15-19

Lea Anne Lamb
(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

PUBLIC NOTICE

Notice of a
Special Called Public Hearing of the
North Carolina State Health
Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called Public Hearing on March 22, 2016, at 11:00 a.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.

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Winston-Salem Journal

Advertising Affidavit

Account Number
3239296

P.O Box 3159
Winston-Salem, NC 27102

Date
March 08, 2016

DHHS-DHSR
ATTN: KELLI FISK
HEALTHCARE PLANNING & CERTIFICATE OF NEED
2714 MAIL SERVICE CENTER
RALEIGH, NC 27699-2714

Date	Category	Description	Ad Size	Total Cost
03/08/2016	Legal Notices	PUBLIC NOTICE Notice of a Special Called Public Hearing of	1 x 46 L	286.18

PUBLIC NOTICE

Notice of a Special Called Public Hearing of the North Carolina State Health Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called Public Hearing on March 22, 2016, at 11:00 a.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.

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WSJ: March 8, 2016

KIMALEY JOHNSON
NOTARY PUBLIC
FORSYTH COUNTY
STATE OF NORTH CAROLINA
MY COMMISSION EXPIRES 9-28-2020

Publisher of the Winston-Salem Journal Forsyth County

Before the undersigned, a Notary Public of Forsyth County, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared D. H. Stanfield, who by being duly sworn deposes and says: that he is the Controller of the Winston-Salem Journal, engaged in the publishing of a newspaper known as 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:

03/08/2016

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 March, 2016

D. H. Stanfield
(signature of person making affidavit)

Sworn to and subscribed before me, this 8th day of March, 2016

Kimaley Johnson
(Notary Public)

My Commission expires Sept. 28, 2020

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Ad Number
0002314181

Advertiser Name: NC DEPT. OF HEALTH AND HUMAN SERVICES
Address: attn Kelli Fisk
809 RUGGLES DRIVE
RALEIGH, NC 27603

Before the undersigned, a Notary Public of Wake County North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared R. C. Brooks, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of The News & Observer Publishing Company a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake County and State aforesaid, 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 of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT. OF HEALTH AND HUMAN SERVICES was inserted in the aforesaid newspaper on dates as follows:

03/07/2016

PUBLIC NOTICE
Notice of a Special Called Public Hearing of the North Carolina State Health Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called Public Hearing on March 22, 2016, at 11:00 a.m., at the Brown Building, room 104, located on the Dorathea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.

The purpose of the meeting is to consider recommending to the Governor the removal of the need determination for one operating room in Rowan County from the approved North Carolina 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 of the DHHS Division of Health Service Regulation by March 22, 2016 at 5:00 p.m. For additional information on the State Health Coordinating Council or Healthcare Planning, please visit: https://www2.ncdhhs.gov/dhsr/mlp/index.html

People with disabilities who need assistance to participate in the meeting are requested to notify Healthcare Planning 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.

N&O: March 7, 2016

RECEIVED
14 pp
MAR 15 2016
DHSR
Healthcare Planning & Certificate of Need

3-14-16 Kelli Fisk

1161 / 730 00
Acct # 532860

WENDY D. HAKEM
Notary Public
Wake County
NORTH CAROLINA

R. C. Brooks, Accounts Receivable Specialist
Wake County, North Carolina

Sworn to and subscribed before me
This 7th day of March, 2016

My Commission Expires: FEB 17 2020

Notary Signature

Bennett, Paige

From: Fisk, Kelli
Sent: Monday, March 28, 2016 12:49 PM
To: DHHS.DHSR.MFP.Interested.Parties
Cc: Bennett, Paige
Subject: Special Called N.C. SHCC Meeting
Attachments: Special Called NC State Health Coordinating Council Meeting - Public Notice 4-8-16.pdf

Please see the attachment regarding a special called N.C. State Health Coordinating Council meeting that will be held immediately following the LT-BH Committee meeting on Friday, April 8, 2016 beginning at 12:00. This meeting will last approximately 30 minutes.

Kelli S. Fisk
Program Assistant V
Division of Health Service Regulation - Healthcare Planning and Certificate of Need Section
North Carolina Department of Health and Human Services

919-855-3866 office
919-715-4413 fax
Kelli.fisk@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704

Twitter YouTube

PUBLIC NOTICE

Notice of a
Special Called Meeting for the N.C. State Health Coordinating Council

The North Carolina State Health Coordinating Council will hold a special called meeting on April 8, 2016, at 12:00 p.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.

The purpose of the meeting is for members to vote on recommending to the Governor removal of the need determination for the operating room in Rowan County in the approved 2016 State Medical Facilities Plan. For additional information on the State Health Coordinating Council or Healthcare Planning, please visit:

https://www2.ncdhhs.gov/dhsr/mfp/index.html

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.

ASHEVILLE
CITIZEN-TIMES
VOICE OF THE MOUNTAINS • CITIZEN-TIMES.com

AFFIDAVIT OF PUBLICATION

BUNCOMBE COUNTY

SS.
NORTH CAROLINA

PUBLIC NOTICE

Notice of a Special Called Meeting for the N.C. State Health Coordinating Council

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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.
March 30, 2016
(3702)

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Kelly Loveland,** who, being first duly sworn, deposes and says: that she is the **Staff Accountant** of **The Asheville Citizen-Times,** engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: March 30th 2016. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statues of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 30th day of March, 2016

Kelly Loveland

(Signature of person making affidavit)

Sworn to and subscribed before me the 30th day of March, 2016.

(Notary Public)

My Commission expires the 5th day of October, 2018.

NOTARY PUBLIC BUNCOMBE CO., NC

AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

Before the undersigned, a Notary Public of Said County and State,

Jarimy Springer

Who, being duly sworn or affirmed, according to the law, says that he/she is

Accounting Specialist

of THE STAR-NEWS, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as STAR-NEWS in the City of Wilmington

PUBLIC NOTICE Notice of a Special Called Meeting for the N.C. State Health Coordinating Council The North Carolina State Health Coordinating Council will hold a special called meeting on April 8, 2016, at 12:00 p.m., at the Brown Building, room 104, loca

was inserted in the aforesaid newspaper in space, and on dates as follows:

3/30 1x

And at the time of such publication Star-News was a newspaper meeting all the requirements and qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

Jarimy Springer

Title: Accounting Specialist

Sworn or affirmed to, and subscribed before me this 5th day of April, A.D., 2016

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.

Tanya V. Wright

TANYA V. WRIGHT
NOTARY PUBLIC
NORTH CAROLINA
NEW HANOVER COUNTY
MY COMM. EXP 1-12-21

Notary Public

My commission expires 12 day of Jan, 2021

PUBLIC NOTICE
Notice of a Special Called Meeting for the N.C. State Health Coordinating Council
The North Carolina State Health Coordinating Council will hold a special called meeting on April 8, 2016, at 12:00 p.m., at the Brown Building, room 104, located on the Dorothea Dix campus. The physical address is 801 Biggs Drive, Raleigh, N.C.
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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

Upon reading the aforegoing affidavit with the advertisement thereto annexed it is adjudged by the Court that the said publication was duly and properly made and that the summons has been duly and legally served on the defendant(s).

This _____ day of _____, ____

_____
Clerk of Superior Court

MAIL TO:

AFFIDAVIT OF PUBLICATION

STATE OF NORTH CAROLINA
COUNTY OF WAKE

Ad Number
0002357134

Advertiser Name: NC DEPT. OF HEALTH AND HUMAN SERVICES

Address: attn Kelli Fisk
809 RUGGLES DRIVE
RALEIGH, NC 27603

PUBLIC NOTICE

Notice of a Special Called Meeting for the N.C. State Health Coordinating Council

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https://www2.ncdhhs.gov/dhsr/mtp/index.html

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.

N&O: March 30, 2016

Before the undersigned, a Notary Public of Wake County North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared R. C. Brooks, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of The News & Observer Publishing Company a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake County and State aforesaid, 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 of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for NC DEPT. OF HEALTH AND HUMAN SERVICES was inserted in the aforesaid newspaper on dates as follows:

03/30/2016

WENDY D. HAKEM
Notary Public
Wake County
NORTH CAROLINA

R. C. Brooks, Accounts Receivable Specialist
Wake County, North Carolina

Sworn to and subscribed before me
This 30th day of March, 2016

My Commission Expires FEB 17 2020

Notary Signature

Winston-Salem Journal

Advertising Affidavit

Account Number
3239296

P.O Box 3159
Winston-Salem, NC 27102

Date
March 30, 2016

DHHS-DHSR
ATTN: KELLI FISK
HEALTHCARE PLANNING & CERTIFICATE OF NEED
2714 MAIL SERVICE CENTER
RALEIGH, NC 27699-2714

Date	Category	Description	Ad Size	Total Cost
03/30/2016	Legal Notices	PUBLIC NOTICE Notice of a Special Called Meeting for the N.	1 x 41 L	257.03

PUBLIC NOTICE

Notice of a Special Called Meeting for the N.C. State Health Coordinating Council

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WSJ: March 30, 2016

KIMALEY JOHNSON
NOTARY PUBLIC
FORSYTH COUNTY
STATE OF NORTH CAROLINA
MY COMMISSION EXPIRES 9-28-2020

Publisher of the Winston-Salem Journal Forsyth County

Before the undersigned, a Notary Public of Forsyth County, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared D. H. Stanfield, who by being duly sworn deposes and says: that he is the Controller of the Winston-Salem Journal, engaged in the publishing of a newspaper known as 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:

03/30/2016

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 30th day of March, 2016

D H Stanfield
(signature of person making affidavit)

Sworn to and subscribed before me, this 30th day of March, 2016

Kimaley Johnson
(Notary Public)

My Commission expires Sept. 28, 2020

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
The Brown Building – Raleigh, N.C.
March 2, 2016
10:00 a.m.

Visitor Sign In

Please print and write legible

First Name and Last Name	Speaking
Nathan Marvelle, Ascendient	NO
DJ ZERNAN UNCHCS	NO
KATIE WARD UNC REX	NO
Greg Bass CHS	NO
DAVID LEGARTH DAVIES PLANNIN	NO
Dr. Jamie Jollis REX/UNC	Yes Speaking together
Cecilia Woke	NO
Barbara Freeley	No
Bill Hyland	No
Daniel Carter	No
Phoebe Landon	No
Catharine Cummer	No
Sam Clark	No
Jon Rogers	NO
TRACY GOLVARD	NO
Nancy Bros Martin	NO
Nancy Lynn	No
Jon Rodgers	NO

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
The Brown Building – Raleigh, N.C.
March 2, 2016
10:00 a.m.

Visitor Sign In

Please print and write legible

First Name and Last Name	Speaking
Sandy Godwin	NO
Jennifer Nusbaum	NO
Carol Meyer	No
Mike Vicario	N.
(*) Jim Zorn (ZIDAR) REPLING	Yes
Melissa Shearer	NO
Renee Montgomery	N/o
Robbie Roberts	No

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
The Brown Building – Raleigh, N.C.
March 2, 2016
10:00 a.m.

Visitor Sign In

Please print and write legible

First Name and Last Name	Speaking
Jim Bodi	
Susan Fradenburg	
Cooper Linton	

Meeting of the North Carolina State Health Coordinating Council & Public Hearing
The Brown Building – Raleigh, N.C.
March 2, 2016
10:00 a.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. Valarie Jarvis
15. Representative Donny Lambeth
16. Stephen Lawler
17. Kenneth Lewis
18. Brian Lucas
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

SIGN-IN

Visitors Sign-In

Long-Term and Behavioral Health Committee
April 8, 2016

Name	Agency Represented
Nathan Marvelle	Ascendient
[illegible]	AHHC Home Care + Hospice
TRACY GALVIN	AHHC
Sam Clark	NCHCFA
MIKE VICARIO	NCHA
David Meyer	Keystone
Jon Rodgers	PDA, INC.
Tom Hemenway	Poyner Spruill
Lucy Bode	Heath System Management
Carolyn Hall	K&L Gates
Nancy Bess Martin	NBM HPA
Robbie Roberts	WakeMed

Meeting of the North Carolina State Health Coordinating Council
The Brown Building – Raleigh, N.C.

Special Called Meeting
April 8, 2016
12:00 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman ✓
2. Trey Adams ✓
3. Christina Apperson ✓
4. Peter Brunnick ✓
5. Jim Burgin A
6. Stephen DeBiasi A
7. Dr. Mark Ellis A
8. Dr. Sandra Greene ✓
9. Senator Ralph Hise A
10. Kelly Hollis ✓
11. Kurt Jakusz ✓
12. Valarie Jarvis ✓
13. Representative Donny Lambeth A
14. Stephen Lawler ✓
15. Kenneth Lewis ✓
16. Brian Lucas ✓
17. Dr. Robert McBride A
18. Denise Michaud ✓
19. Dr. Jeffrey Moore A
20. Dr. Jaylan Parikh ✓
21. Dr. Prashant Patel A
22. Dr. T. J. Pulliam ✓

Roll Call: ✓ = present
A = absent

Meeting of the North Carolina State Health Coordinating Council
The Brown Building – Raleigh, N.C.
May 25, 2016
10:00 a.m.

Visitor Sign In

Please print and write legible

First Name and Last Name	Speaking
DAVID FRENCH	NO
JEFF JAY ZERMAN	NO
Greg Bass	NO
David Meyer	
Jim Roy	
Judy Orser	
Sam Clark	
Amanda Gunter	
Catharine Cummer	
Todd Hemphill	
Kevin Simmons	
Noah Wheeler	
MIKE VIDARIO	
Susan Williams	
Cynthia Foley	
Nancy Brosman	
Ty Johnson	
Will Holding	

Meeting of the North Carolina State Health Coordinating Council
The Brown Building – Raleigh, N.C.
May 25, 2016
10:00 a.m.

Visitor Sign In

Please print and write legible

First Name and Last Name	Speaking
Carol Meyer	
KATIE WARD	
Carolyn Hall	
Nathan Marvelle	
KARL STEIN	
Tiffany Brooks	
Barbara L. Freedy	
Lucy Bael	

Meeting of the North Carolina State Health Coordinating Council
The Brown Building – Raleigh, N.C.
May 25, 2016
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise (A)
10. Kelly Hollis (A)
11. Kurt Jakusz Phone KF
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth (A)
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas (A)
18. James Martin, Jr. Present / KF
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh (A)
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
September 7, 2016
10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Jeff Jerman	UNCHCS
Sam Clark	NCHCFA
Bernetta Hayne-Williams	CON
Jane Rhew-Jones	CON
Noah Huffstetler	Nelson Mullins
DAVID FRENCH	SHC
MIKE VICARIO	NCHA
Celia Inman	CON
TRACY GOLVARD	AHH
Nathan Marvelle	Ascendient
Melissa Hayes	Nancy Bates Martin Consulting
Cooper Linton	TransHealth LifeCare
DAVID LEBAUER	DAVES PLANNING.
Joy Heath	Williams Mullen
Carol Meyer	The Carolinas Center
Will Holding	PDA
Jan Rodgers	PDA
Tiffany Brooks	MedQuest

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
September 7, 2016
10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Barbara Freedy	Novant Health

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
September 7, 2016
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

✓ - on phone

1. Dr. Christopher Ullrich- Chairman ✓
2. Trey Adams ✓
3. Christina Apperson ✓
4. Peter Brunnick ✓
5. Jim Burgin
6. Stephen DeBiasi ✓
7. Dr. Mark Ellis
8. Dr. Sandra Greene ✓
9. Senator Ralph Hise
10. Kelly Hollis ✓
11. Kurt Jakusz ✓
12. Valarie Jarvis ✓
13. Dr. Lyndon Jordan ✓
14. Representative Donny Lambeth
15. Stephen Lawler ✓
16. Kenneth Lewis ✓ (In-person)
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride ✓
20. Denise Michaud ✓
21. Dr. Jeffrey Moore ✓
22. Dr. Jaylan Parikh ✓
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
October 5, 2016
10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
[illegible]	AHHC NC
Sam Clark	NCHCFA
Chad Walker	Transitions LifeCare
Cara Meyer	TCC
Robbie Roberts	WakeMed
Nathan Marvelle	Ascendient
Cooper-Linton	Transitions LifeCare
Todd Hemphill	Pope Spruill
Carolyn Hall	K&L Gates
Stan Taylor	WakeMed
Stephanie McGowan	NCHA
Barbara Freeley	Novant Health
Tiffany Brooks	medQuest
Michael McKillop	CON

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
October 5, 2016
10:00 a.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Agency/Organization Represented
Lewis C Price	Aris Senior Living
Noah Huffstetler III	Nolan Mullen
Drexdal Pratt	Self
[illegible]	Sandy Ridge
Nancy Bros Martin	NBM HPA
David Meyer	Keystone Mercy
Melissa Hayes	NBM HPA
Catharine Cummer	Duke
Kaan Sandlin	Keystone
Greg Bass	CHJ
TRACY COLVARD	AHHC
VANLEY LAMAR	AHA
Will Holding	PDA
Jon Rodgers	PDA
Daniel Carter	Ascendient
DAVID LEATHERMAN	DAHS PLANNING
Kirsten Riggs	UNC Rex

Meeting of the North Carolina State Health Coordinating Council
104 Brown Building – Raleigh, N.C.
October 5, 2016
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

* on the telephone

(on phone)

Acute Care Meeting
4-12-16

Visitor Sign In

Name	Representing
Nathan Marvelle	Ascendient
Andrew Hall	Cone Health
Joy Heath	Williams Mullen
William Hooke	Tennessee
Jon Rodgers	PDA
Mike Vicario	NCHA
Robbie Roberts	WakeMed
Barbara Freedy	Novant Health
Nancy Bres Martin	NBSM HPA

Sign-In Sheet

Members of the
Acute Care Services Committee
April 12, 2016

1. Dr. Sandra Greene (Chair) Sandra Greene
2. Christina Apperson
3. Dr. Mark Ellis
4. Representative Donny Lambeth
5. Stephen Lawler (on the phone)
6. Kenneth Lewis
7. Dr. Robert McBride
8. DR. CHRIS ULLRICH (on the phone)

VISITORS

Sign-In Sheet

Acute Care Committee Meeting – May 3, 2016

PRINTED NAME	AGENCY/ORGANIZATION REPRESENTED
Carol Ann Millis	Cone Health
Al Zaman	UNCHCS
Catharine Cummer	Duke
[illegible]	
TODD HEMPHILL	POYNER SPRUILL
Nathan Marvelle	Ascendient
Robbie Peters	WakeMed
MIKE VICARN	NCHA
NANCY LANE	SDA
Judy ROGERS	"

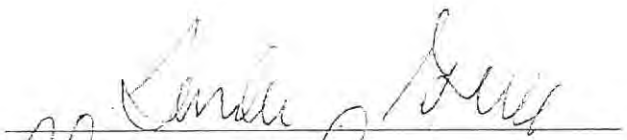
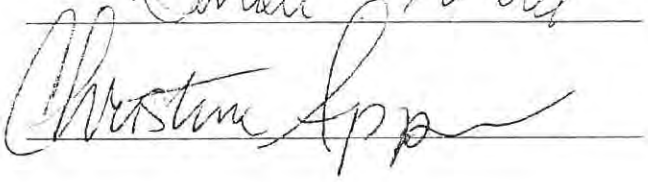
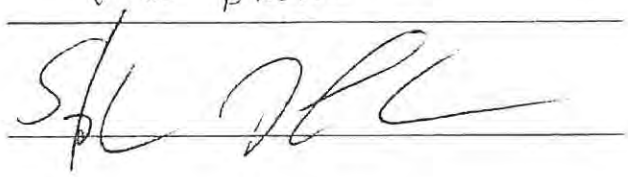
Sign-In Sheet

Members of the
Acute Care Services Committee
May 3, 2016

1. Dr. Sandra Greene (Chair)
2. Christina Apperson
3. Dr. Mark Ellis
4. Representative Donny Lambeth
5. Stephen Lawler
6. Kenneth Lewis
7. Dr. Robert McBride

Sign-In Sheet

Members of the Acute Care Services Committee September 13, 2016

1. Dr. Sandra Greene (Chair) 
2. Christina Apperson 
3. Dr. Mark Ellis Via phone
4. Representative Donny Lambeth Via phone
5. Stephen Lawler 
6. Kenneth Lewis - absent -
7. Dr. Robert McBride - absent -

Dr Christopher Ullrich Via phone

VISITORS

Sign-In Sheet

Acute Care Committee Meeting – September 13, 2016

PRINTED NAME	AGENCY/ORGANIZATION REPRESENTED
DJ ZERMAN	UNCHCS
Catharine Cummer	Duke
Karin Sandlin	Keystone Planning
David Meyer	" "
DAVID LEGRAND	DAVIS PLANNING
Nancy Lane	PDA
Jon Rodgers	PDA
Andrew Hall	Cone Health
Chris Wagstaff	Triangle Orthopaedics SC
Katie Strickland	Triangle Orthopaedics SC
Melissa Hayes	NBM Planning
Nancy Bess Mabry	NBM HPA
Nathan Marvell	Ascendient
MIKE VICARIO	NCHA
Robbie Kraft	WakeMed
Sheree Watson	Carolina Eye
Todd Hempel	Payne Sprunt
Barbara L. Freeby	Novant Health Inc

SIGN-IN

Visitors Sign-In

Long-Term and Behavioral Health Committee
April 8, 2016

Name	Agency Represented
Nathan Marvelle	Ascendient
Jim Rog	AHHC Home Care + Hospice
TRACY GALVARD	AHCA
Sam Clark	NCHCA
MIKE VICARIO	NCHA
David Meyer	Keystone
Jon Rodgers	PDA, INC.
Todd Hemenway	Poyner Spruill
Lucy Bode	Health System Management
Carolyn Hall	K&L Gates
Nancy Brosmahn	NBM HPA
Robbie Bolet	WakeMed

Sign-In

Members of the
Long-Term and Behavioral Health Committee

April 8, 2016

1. Dr. T.J. Pulliam (Chair) _____
2. Peter Brunnick _____
3. Stephen DeBiasi (on phone) _____
4. James Burgin _____
5. Kurt Jakusz _____
6. Denise Michaud _____
7. Dr. Jaylan Parikh _____

Meeting of the North Carolina State Health Coordinating Council
Long Term and Behavioral Health Committee
The Brown Building – Raleigh, N.C.
May 6, 2016
10:00 a.m.

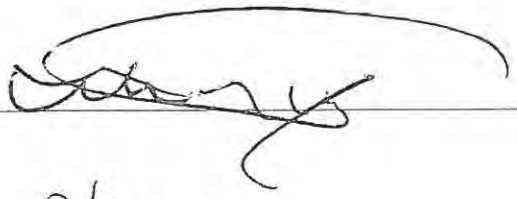
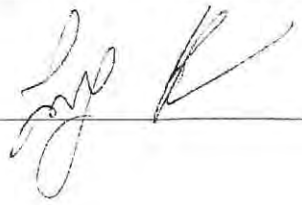
REGISTRATION FOR MEMBERS OF THE AUDIENCE

First Name and Last Name	Representing
Jeff Zaman	UNCHCS
Carol Ann Mullis	Cone Health
Jim Roy	
TRACY GOLVARD	AHHC
Nathan Marvelle	Ascendient
Sandy Godwin	CFVHS
Carol Mayer	TCC
Sam Clark	NCHCTA
Jon Rodgers	PDA
Will Holding	PDA
David Meyer	KPG
MIKE VICARIO	NCHA

Meeting of the North Carolina State Health Coordinating Council
Long Term and Behavioral Health Committee

The Brown Building – Raleigh, N.C.
May 6, 2016
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. T.J. Pulliam - Chairman 
2. Peter Brunnick phone
3. James Burgin phone
4. Stephen DeBiasi (A)
5. Kurt Jakusz phone
6. James Martin, Jr. phone
7. Denise Michaud Denise Michaud
8. Dr. Jaylan Parikh 

Meeting of the North Carolina State Health Coordinating Council
Long Term and Behavioral Health Committee
The Brown Building – Raleigh, N.C.
September 9, 2016
10:00 a.m.

REGISTRATION FOR MEMBERS OF THE AUDIENCE

First Name and Last Name	Representing
Cooper Linton	Transitions Life Care
Nancy Breu Martin	NCOM HPA
Melissa Hayes	NCOM HPA
[illegible] LANE	PDA
JUANITA COLVARD	GRAHAM COUNTY
Jacob Nelms	Graham County
HAROLD VANDERVEER	Sandy Ridge Manor Care
[illegible]	UNCHCS
Karin Sandlin	Keystone Planning
Mike Kahm	Singh Development LLC.
Noah [illegible]	Nelson Mullins
Jen Pride	Artis Senior Living
David Meyer	Keystone Planning Group
Sam Clark	NCHCFA
Julie Halatek	HPCON
TRACY COLVARD	AHHC
Carol Meyer	TCC
JOHN THOMA	TRANSITIONS LIFECARE
Chad Walker	Transitions LifeCare
Lacy Bocek	HS Management

Meeting of the North Carolina State Health Coordinating Council
Long Term and Behavioral Health Committee
The Brown Building – Raleigh, N.C.
September 9, 2016
10:00 a.m.

REGISTRATION FOR MEMBERS OF THE AUDIENCE

First Name and Last Name	Representing
Nathan Marvelle	Ascendant
Tess Hemphill	Poyner Spruill
John Foley Jr	Mother's Helper
Cynthia Foley	Mother's Helper
Jordan Qualls	Qualls, PLLC

Meeting of the North Carolina State Health Coordinating Council
Long Term and Behavioral Health Committee

The Brown Building – Raleigh, N.C.
September 9, 2016
10:00 a.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. T.J. Pulliam - Chairman
2. Peter Brunnick
3. James Burgin — NA
4. Stephen DeBiasi
5. Kurt Jakusz — on the phone
6. James Martin, Jr. — on the phone
7. Denise Michaud — Denise Michaud
8. Dr. Jaylan Parikh

Meeting of the North Carolina State Health Coordinating Council
Technology & Equipment Committee Meeting

The Brown Building – Raleigh, N.C.
March 30, 2016
10:00 a.m.

Visitor Sign-In

Name Please Print Legibly	Agency Represented
Joy Heath	Williams Mullen
Daniel Carter	Ascendient
Sandy Godwin	CFVHS
Cathann Cramer	Duke
Kelly Zeiman	UNC
Cindy Orser	Wake Med
Andie Kellogg II	Alliance
Cale Arnold	Alliance
Greg Bass	CHS
Nancy Bucs Mahan	NBMC HPA
Kirsten Riggs	REX
Nancy Lunt	PDA
Jon Rodgers	PDA
Robbin Rebuck	WakeMed
Tiffany Brooks	MedQuest
Mike Vicario	UCHA

Meeting of the North Carolina State Health Coordinating Council
Technology & Equipment Committee Meeting

The Brown Building – Raleigh, N.C.
March 30, 2016
10:00 a.m.

Visitor Sign-In

Name Please Print Legibly	Agency Represented
Karin Sandlin	Keystone Planning
Noah Huffstetler	Nelson Mullins
Todd Hemphill	Poyner Spruill
Katherine Restrepo	John Locke Foundation
Kari Travis	Carolina Journal
Jeff Barnhart	McGuireWoods
Franklin Freeman	

Sign-In

Members of the Technology and Equipment Committee

March 30, 2016

1. Dr. Christopher Ullrich, Chair _____
2. Trey Adams _____
3. Senator Ralph Hise _____
4. Kelly Hollis _____
5. Valarie Jarvis _____
6. Brian Lucas _____
8. Dr. Jeffrey Moore _____
9. Dr. Prashant Patel _____

Meeting of the North Carolina State Health Coordinating Council
Technology & Equipment Committee Meeting

The Brown Building – Raleigh, N.C.
April 27, 2016
10:00 a.m.

Visitor Sign-In

Name Please Print Legibly	Agency Represented
David French	Strategic Healthcare
Joy Heath	Williams Mullen
Nancy Brosnahan	NSHA HPA
KATIE WARD	UNC REX
Greg Bass	CHS
MIKE VICARIO	NCHA
Todd Hemphill	Baptist Spine
Nathan Marvelle	Ascendient
Sandy Godwin ✓	CFVHS
Will Holding	PDA
Tom Rutges	PDA
Robbie Roberts	WakeMed
Barbara Freeley	Novant Health
K Sandlin	Keystone Planning
Catherine Cramer	Duke

Sign-In

Members of the Technology and Equipment Committee

April 27, 2016

1. Dr. Christopher Ullrich, Chair
2. Trey Adams
3. Senator Ralph Hise
4. Kelly Hollis
5. Valarie Jarvis
6. Lyndon Jordan III
7. Brian Lucas
8. Dr. Jeffrey Moore
9. Dr. Prashant Patel

Meeting of the North Carolina State Health Coordinating Council
Technology & Equipment Committee Meeting

The Brown Building – Raleigh, N.C.
September 14, 2016
10:00 a.m.

Visitor Sign-In

Name Please Print Legibly	Agency Represented
Christine Cruse	WakeMed
Donald Gintzig	WakeMed
DJ ZERWAN	UNCHCS
DAVE DRIGGS	TRIANGLE LITHOTRIPSY
Will Holding	PDA
Nancy Lane	PDA
Catharine Cummer	DUHS
Stan Taylor	WakeMed
Greg Bass	CHS
Nathan Marvelle	Ascendient
Robbie Roberts	WakeMed
MIKE VICARIO	NCHA
DANIO LEGRAND	DHHS PLANNING
Tony Hughes	UNC HEALTH CARE
David Meyer	Keystone
Nancy Bres Mark	WARM HEART

Meeting of the North Carolina State Health Coordinating Council
Technology & Equipment Committee Meeting

The Brown Building – Raleigh, N.C.
September 14, 2016
10:00 a.m.

Visitor Sign-In

Name Please Print Legibly	Agency Represented
Melissa Hayes	NBM Planning
Kirsten Riggs	Rex Healthcare
Tiffany Brooks	MedAssets
Barbara Freeley	Novant Health
Parish Sachar	Rex Healthcare
Jim Harrell	WakeMed

Sign-In

Members of the
Technology and Equipment Committee

September 14, 2016

1. Dr. Christopher Ullrich, Chair
2. Trey Adams
3. Senator Ralph Hise
4. Kelly Hollis
5. Valarie Jarvis
6. Lyndon Jordan III
7. Brian Lucas
8. Dr. Jeffrey Moore
9. Dr. Prashant Patel

ASHEVILLE
CITIZEN-TIMES
VOICE OF THE MOUNTAINS • CITIZEN-TIMES.com

AFFIDAVIT OF PUBLICATION

PUBLIC HEARINGS: North Carolina Proposed 2017 State Medical Facilities Plan

Citizens are invited to attend public hearings on the North Carolina Proposed 2017 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

Greensboro July 12, 2016
1:30-2:30 p.m.
The Women's Hospital
(Tuesday) 801 Green Valley Road
Greensboro, NC
Room 1 & 2
336-832-6500

Asheville July 15, 2016
1:30-2:30 p.m.
Mountain Area Health Education Center
(Friday) 121 Hendersonville Road
Asheville, NC
Cherokee Room
828-257-4400

Greenville July 19, 2016
1:30-2:30 p.m.
Pitt County Office Bldg.
(Tuesday) Commissioners Auditorium
1717 West 5th Street
Greenville, NC
Commissioner's Auditorium 2nd Floor
252-902-2950

Wilmington July 22, 2016
1:30-2:30 p.m.
New Hanover County Public Library
(Friday) Main Library
201 Chestnut Street
Wilmington, NC
New Hanover Room
910-798-6311

Concord July 25, 2016
1:30-2:30 p.m.
CMC-NorthEast
(Monday) 920 Church Street
Concord, NC
Medical Arts Classroom 1, 2 & 3
704-403-1652

Raleigh July 28, 2016
1:30-2:30 p.m.
Dorothea Dix Campus
(Thursday) 801 Biggs Drive
Raleigh NC
Brown Building Room 104
919-855-3965

All people commenting on the North Carolina Proposed 2017 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 Healthcare Planning 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: Healthcare Planning, Division of Health Service Regulation, 2704 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 2017 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: http://www.ncdhhs.gov/dhsr/mfp/index.html. All written comments and petitions on the North Carolina Proposed 2017 State Medical Facilities Plan must be received in the Healthcare Planning Office by 5:00 p.m. on Thursday, July 28, 2016.

June 15, 2016 (3869)

BUNCOMBE COUNTY

SS.

NORTH CAROLINA

Before the undersigned, a Notary Public of said County and State, duly commissioned, qualified and authorized by law to administer oaths, personally appeared **Kelly Loveland,** who, being first duly sworn, deposes and says: that she is the **Staff Accountant** of **The Asheville Citizen-Times,** engaged in publication of a newspaper known as **The Asheville Citizen-Times**, published, issued, and entered as first class mail in the City of Asheville, in said County and State; that she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a true copy of which is attached hereto, was published in **The Asheville Citizen-Times** on the following date: June 15th 2016. And that the said newspaper in which said notice, paper, document or legal advertisement was published was, at the time of each and every publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statues of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina.

Signed this 15th day of June, 2016

Kelly Loveland

(Signature of person making affidavit)

Sworn to and subscribed before me the 15th day of June, 2016.

Katrina Joye Petrey

Notary Public

My Commission expires the 5th day of October, 2018.

KATRINA JOYE PETREY NOTARY PUBLIC BUNCOMBE CO., N.C.

(828) 232-5830 | (828) 253-5092 FAX
14 O. HENRY AVE. | P.O. BOX 2090 | ASHEVILLE, NC 28802 | (800) 800-4204

ASHEVILLE
CITIZEN-TIMES
VOICE OF THE MOUNTAINS • CITIZEN-TIMES.com

P. O. BOX 677564
Dallas, Texas 75267-7564
1-866-219-2216

ADVERTISING INVOICE

Customer Number	Invoice Number
243592	0008314997
Due Date	Amount Due
07/16/16	451.50
For the Period	Thru
05/30/16	06/26/16

NC DEPT OF HEALTH & HUMAN SERV
KELLI KISK
2714 MAIL SERVICE CTR
RALEIGH NC 27699-2714

S636

DATE	EDT	CLASS	DESCRIPTION	TIMES RUN	COL	DEPTH	TOTAL SIZE	RATE	AMOUNT
0530			PREVIOUS BALANCE						.00
0615	ACT	1001	PUBLIC HEARINGS; LL3869	2	3	86.00	516.00		451.50

Amount: $451.50

RCC: 1720

S. Pond 7/6/2016

DETACH AND RETURN REMITTANCE BELOW PERFORATION

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	Unapplied Amount	TOTAL DUE
451.50	.00	.00	.00	.00		451.50

CONTRACT TYPE	CONTRACT QUANTITY	EXPIRATION DATE	CURRENT USAGE	TOTAL USED	QUANTITY REMAINING	SALESPERSON
						ALLEN

CUSTOMER NUMBER	NAME	INVOICE NUMBER	AMOUNT PAID
243592	NC DEPT OF HEALTH & HUMAN SERV	0008314997	

EFT (Electronic Funds Transfer) When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution. If you wish to opt out of Electronic Funds Transfer please call 866-404-5033. FINANCE CHARGE is computed by a periodic rate of 1% per month which is an ANNUAL PERCENTAGE RATE of 12% applied to the previous balance after deducting payments or credits. All claims for adjustments must accompany payment, in writing, within 30 days of billing date. IF THERE ARE ANY QUESTIONS CONCERNING THESE CHARGES, PLEASE NOTIFY THE CREDIT DEPARTMENT 1-866-219-2216.

ASHEVILLE CITIZEN-TIMES P.O. BOX 677564 DALLAS, TX 75267-7564

Please include customer # and invoice # on your check

2435920000000000000000831499700045150112O8

Cooke COMMUNICATIONS

NORTH CAROLINA LLC

The Daily Reflector - The Daily Advance - The Rocky Mount Telegram
Bertie Ledger - Chowan Herald - Duplin Times - Farmville Enterprise - Perquimans Weekly - Standard Laconic
Tarboro Weekly - Times Leader - Williamston Enterprise
PO Box 1967, Greenville NC 27835

Date: June 07, 2016

- LEGAL AD PROOF -

Thank you for advertising with us! This is the proof of your ad scheduled to run on the dates indicated below. If changes are needed, please contact Chelsea Woodard by phone at (252) 329-9525 or email at cwoodard@reflector.com

CUSTOMER INFORMATION

Account #:	100742
Company Name:	DHHS/DHSR/CON SECTION
Address:	2407 MAIL SERVICE CENTER RALEIGH NC 27603
Telephone:	(919) 855-3873
Email:	kelli.fisk@dhhs.nc.gov

AD INFORMATION

Ad ID:	121582		
Run Dates:	06/14/16 to 06/14/16		
# of Inserts:	2	Account Rep:	Chelsea Woodard
# of Lines:	106	Phone #:	(252) 329-9525
Ad Class:	41	Email:	cwoodard@reflector.com
Total Cost:	$228.65		
Ordered By:			
Description:	Proposed 2017 State Medical Facilities Plan		

Publications	Start Date	End Date	# of Insertions
Daily Reflector	06/14/16	06/14/16	1
Reflector.com	06/14/16	06/14/16	1

Ad Proof

PUBLIC HEARINGS:
North Carolina Proposed 2017 State Medical Facilities Plan

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The Women's Hospital
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Greensboro, NC
Room 1 & 2
336-832-6500

Asheville
(Friday) July 15, 2016 1:30-2:30 p.m.
Mountain Area Health Education Center
121 Hendersonville Road
Asheville, NC
Cherokee Room
828-257-4400

Greenville
(Tuesday) July 19, 2016 1:30-2:30 p.m.
Pitt County Office Bldg
Commissioners Auditorium
1717 West 5th Street
Greenville, NC
Commissioner's Auditorium 2nd Floor
252-902-2950

Wilmington
(Friday) July 22, 2016 1:30-2:30 p.m.
New Hanover County Public Library
Main Library
201 Chestnut Street
Wilmington, NC
New Hanover Room
910-798-6311

Concord
(Monday) July 25, 2016 1:30-2:30 p.m.
CMC-NorthEast
920 Church Street
Concord, NC
Medical Arts Classroom 1, 2 & 3
704-403-1652

Raleigh
(Thursday) July 28, 2016 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 2017 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 Healthcare Planning in advance so that reasonable accommodations can be arranged.

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6/14/16

Greensboro News Record

Advertising Affidavit

200 E. Market St
Greensboro, NC. 27401
(336) 373-7287

Account Number
4002744

Date
June 14, 2016

DIV OF HEALTH SERVICE REGULATI
2714 MAIL SERVICE CENTER
RALEIGH, NC 27699

PO Number	Order	Category	Description
PUBLIC HEARING!	0000229980	Legal Notices	PUBLIC HEARINGS: North Carolina Proposed 2017 State Medical Facilities Plan

Publisher of the Greensboro News Record

Before the undersigned, a Notary Public of Guilford, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared the Publisher Representative who by being duly sworn deposes and says: that he/she is the Publisher's Representative of the Greensboro News Record, engaged in the publishing of a newspaper known as Greensboro News Record, published, issued and entered as second class mail in the City of Greensboro, in said County and State; that he/she is authorized to make this affidavit and sworn statement; that the notice or other legal advertisement, a copy of which is attached hereto, was published in the Greensboro News Record on the following dates:

06/14/2016

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.

(signature of person making affidavit)

Sworn to and subscribed before me the 15 day of June, 2016

LEA ANNE LAMB
NOTARY PUBLIC
STATE OF NORTH CAROLINA
GUILFORD COUNTY
MY COMMISSION EXPIRES 06-15-19

(Notary Public)

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

PUBLIC HEARINGS:
North Carolina Proposed
2017 State Medical Facilities Plan

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AFFIDAVIT OF PUBLICATION

TATE OF NORTH CAROLINA
COUNTY OF NEW HANOVER

PUBLIC HEARINGS
North Carolina Proposed 2017 State Medical Facilities Plan
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Raleigh July 28, 2016 (Thursday) 1:30-2:30 p.m. Dorothea Dix Campus, 801 Biggs Drive, Raleigh NC, Brown Building Room 104 919-855-3968
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Before the undersigned, a Notary Public of Said County and State,

Jarimy Springer

Who, being duly sworn or affirmed, according to the law, says that he/she is

Accounting Specialist

of THE STAR-NEWS, a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as STAR-NEWS in the City of Wilmington

PUBLIC HEARINGS: North Carolina Proposed 2017 State Medical Facilities Plan Citizens are invited to attend public hearings on the North Carolina Proposed 2017 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinati

was inserted in the aforesaid newspaper in space, and on dates as follows:

6/14 1x

And at the time of such publication Star-News was a newspaper meeting all the requirements and qualifications prescribed by Sec. No. 1-597 G.S. of N.C.

Jarimy Springer Title: **Accounting Specialist**

Sworn or affirmed to, and subscribed before me this 21st day of June, A.D. 2016

In Testimony Whereof, I have hereunto set my hand and affixed my official seal, the day and year aforesaid.

Tanya V. Wright Notary Public

TANYA V. WRIGHT
NOTARY PUBLIC
NORTH CAROLINA
NEW HANOVER COUNTY
MY COMM. EXP. 1-12-21

My commission expires 12 day of Jan 2021

foregoing affidavit with the advertisement thereto annexed it is adjudged by the Court that the said
perly made and that the summons has been duly and legally served on the defendant(s).

Clerk of Superior Court

Reset Form | Print Form

StarNews media
1003 South 17th Street
Wilmington, NC 28402-0840
Tel: (910) 343 - 2000 * Fax: (910) 343 - 2210

BILLING PERIOD	ADVERTISER / CLIENT NAME
06/14/16 - 06/20/16	NC DHHS CON SECTION

TOTAL AMOUT DUE	*UNAPPLIED AMOUNT	TERMS OF PAYMENT
	293.24	564808

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS

ADVERTISING
INVOICE and STATEMENT

1 06/20/16 70218500

INVOICE NUMBER	PAGE #	BILLING DATE	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER

BILLED ACCOUNT NAME AND ADDRESS

ATTN: OFFICE MANAGER
NC DHHS CON SECTION
2704 MAIL SERVICE CENTER
RALEIGH NC 27699

REMITTANCE ADDRESS

STAR-NEWS
PO BOX 102539
ATLANTA, GA 30368-2539

10000s0p10h12v0s0b104I66005648080000002932423@s12H

PLEASE DETACH AND RETURN UPPER PORTION WITH YOU REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION - OTHER COMMENTS / CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
06/14	W002542129 06/14	PUBLIC HEARINGS: No OLW/FULL,WSN/FULL 0001 W002542129 Paige Bennett/email/kjy	1x113L			293.24

RCC 1120

7/6/2016

Received by
JUN 24 2016
Healthcare Planning and CON Section

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	TOTAL AMOUNT DUE

IMPORTANT ANNOUNCEMENT: PLEASE NOTE YOUR PAYMENT REMITTANCE ADDRESS HAS CHANGED (SEE BOX #9 ABOVE).

293.24

StarNews media
1003 South 17th Street
Wilmington, NC 28402-0840
Tel: (910) 343 - 2000 * Fax: (910) 343 - 2210

WWW.STARNEWSONLINE.COM

Question on this Invoice?
Call (910) 343 - 2000 * Fax (910) 343 - 2210

*UNAPPLIED AMOUNT ARE INCLUDED IN TOTAL AMOUNT DUE

INVOICE NUMBER	ADVERTISER INFORMATION			
	BILLING PERIOD	BILLED ACCOUNT NUMBER	ADVERTISER / CLIENT NUMBER	ADVERTISER / CLIENT NAME
564808	06/14/16 - 06/20/16	70218500		NC DHHS CON SECTION

Winston-Salem Journal

Advertising Affidavit

P.O Box 3159
Winston-Salem, NC 27102

Account Number
4027390

Date
June 14, 2016

NC DHHS-DHSR
ATTN: PAIGE BENNETT, MPH, CSSGB
809 RUGGLES DR
2704 MAIL SERVICE CENTER
RALEIGH, NC 27699-2704

Date	Category	Description	Ad Size	Total Cost
06/14/2016	Legal Notices	PUBLIC HEARINGS: North Carolina Proposed 2017 State Me	1 x 115 L	688.45

Publisher of the
Winston-Salem Journal
Forsyth County

Before the undersigned, a Notary Public of Forsyth County, North Carolina, duly commissioned, qualified, and authorized by law to administer oaths, personally appeared D. H. Stanfield, who by being duly sworn deposes and says: that he is the Controller of the Winston-Salem Journal, engaged in the publishing of a newspaper known as 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:

06/14/2016

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 14th day of June, 2016

D H Stanfield
(signature of person making affidavit)

KIMALEY JOHNSON
NOTARY PUBLIC
FORSYTH COUNTY
STATE OF NORTH CAROLINA
MY COMMISSION EXPIRES 9-28-2020

Sworn to and subscribed before me, this 14th day of June, 2016

Kimaley John
(Notary Public)

My Commission expires Sept. 28, 2020

THIS IS NOT A BILL. PLEASE PAY FROM INVOICE. THANK YOU

PUBLIC HEARINGS:

North Carolina Proposed 2017 State Medical Facilities Plan

Citizens are invited to attend public hearings on the North Carolina Proposed 2017 State Medical Facilities Plan to be conducted by the North Carolina State Health Coordinating Council (SHCC) at the following times and locations:

Greensboro - July 12, 2016
(Tuesday) 1:30-2:30 p.m.
The Women's Hospital
801 Green Valley Road
Greensboro, NC
Room 1 & 2
336-832-6500

Asheville - July 15, 2016,
(Friday) 1:30-2:30 p.m.
Mountain Area
Health Education Center
121 Hendersonville Road
Asheville, NC
Cherokee Room
828-257-4400

Greenville - July 19, 2016
(Tuesday) 1:30-2:30 p.m.
Pitt County Office Bldg.
Commissioners Auditorium
1717 West 5th Street
Greenville, NC
Commissioner's Auditorium
2nd Floor
252-902-2950

Wilmington - July 22, 2016
(Friday) 1:30-2:30 p.m.
New Hanover County Public Library
Main Library
201 Chestnut Street
Wilmington, NC
New Hanover Room
910-798-6311

Concord - July 25, 2016
(Monday) 1:30-2:30 p.m.
CMC-NorthEast
920 Church Street
Concord, NC
Medical Arts Classroom 1, 2 & 3
704-403-1652

Raleigh - July 28, 2016
(Thursday) 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 2017 State Medical Facilities Plan at the public hearings are asked to supply one written copy of their remarks. People with

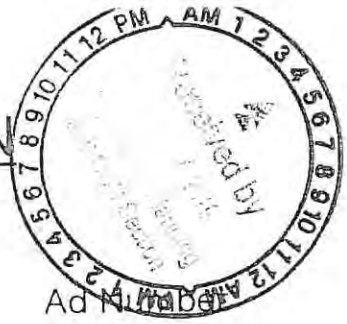
disabilities who need assistance to participate in the public hearings are requested to notify Healthcare Planning in advance so that reasonable accommodations can be arranged.

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: Healthcare Planning, Division of Health Service Regulation, 2704 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 2017 Plan and the list of public hearings will also be available for viewing on the Healthcare Planning web site at: http://www.ncdhhs.gov/dhsr/mfp/index.html. All written comments and petitions on the North Carolina Proposed 2017 State Medical Facilities Plan must be received in the Healthcare Planning Office by 5:00 p.m. on Thursday, July 28, 2016.

WSJ: June 14, 2016

AFFIDAVIT OF PUBLICATION



STATE OF NORTH CAROLINA
COUNTY OF WAKE

Ad Number
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Advertiser Name: HEALTH & HUMAN SERVICES
Address: attn KELLI FISK
809 RUGGLES DR
RALEIGH, NC 27603

Before the undersigned, a Notary Public of Wake County North Carolina, duly commissioned and authorized to administer oaths, affirmations, etc., personally appeared R. C. Brooks, who being duly sworn or affirmed, according to law, doth depose and say that he or she is Accounts Receivable Specialist of The News & Observer Publishing Company a corporation organized and doing business under the Laws of the State of North Carolina, and publishing a newspaper known as The News & Observer, in the City of Raleigh, Wake unty and State aforesaid, the said newspaper in ..ich such notice, paper, document, or legal advertisement was published was, at the time of each and every such publication, a newspaper meeting all of the requirements and qualifications of Section 1-597 of the General Statutes of North Carolina and was a qualified newspaper within the meaning of Section 1-597 of the General Statutes of North Carolina, and that as such he or she makes this affidavit; and is familiar with the books, files and business of said corporation and by reference to the files of said publication the attached advertisement for HEALTH & HUMAN SERVICES was inserted in the aforesaid newspaper on dates as follows:

06/14/2016

PUBLIC HEARINGS:
North Carolina Proposed
2017 State Medical Facilities Plan

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Asheville, NC
Cherokee Room
828-257-4400

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Pitt County Office Bldg
Commissioners Auditorium
1717 West 5th Street
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Concord, NC
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Raleigh, NC
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Sworn to and subscribed before me
This 14th day of June, 2016

My Commission Expires: FEB 17 2020

C. Brooks, Accounts Receivable Specialist
Wake County, North Carolina

Notary Signature

NANDO

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Livonia, MI 48151

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Meeting of the North Carolina State Health Coordinating Council
Greensboro Public Hearing
July 12, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
DAVID FRENCH	YES
Carol Meyer	No
NANCY BRESMARTIN - Cardiac Care	YES
Nancy Bres Martin - TE 3	YES
~~Barbara~~ Freedy	NO
Carol Ann Mullis	NO
Andrew Hall	No
Melissa Shearer	NO
Cynthia Foley	YES
John Foley Jr.	No
Jon Rodgers	NO

North Carolina State Health Coordinating Council
Greensboro Public Hearing
July 12, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

North Carolina State Health Coordinating Council
Asheville Public Hearing
July 15, 2016
1:30 p.m.

Visitor Sign-In

Please print legibly

First Name and Last Name	Speaking
Annette Kiser, TCC	No
Will Holding, PDA	No

North Carolina State Health Coordinating Council
Asheville Public Hearing
July 15, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr. (attended in person - KB)
19. Dr. Robert McBride
20. Denise Michaud Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

North Carolina State Health Coordinating Council
Greenville Public Hearing
July 19, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
MIKE VICARIO	NCHA
Cynthia Foley	Yes
Jay Bros Mulvi	No
Marsha Van Hecke	No
Will Hathcock	Yes

North Carolina State Health Coordinating Council
Greenville Public Hearing
July 19, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
VANCY LANE	Yes

North Carolina State Health Coordinating Council
Greenville Public Hearing
July 19, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson — Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

North Carolina State Health Coordinating Council
Wilmington Public Hearing
July 22, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
Cynthia Foley	yes
Carol Meyer	No
Nancy Bues Martin	NO
Frederick L. Sanders	No
Will Hathcock	Yes
Mike Vicario	No

North Carolina State Health Coordinating Council
Wilmington Public Hearing
July 22, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
NANCY LANE	Yes

North Carolina State Health Coordinating Council
Wilmington Public Hearing
July 22, 2016
1:30 p.m.

Visitor Sign In

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First Name and Last Name	Speaking
Timothy Walsh	No

North Carolina State Health Coordinating Council
Wilmington Public Hearing
July 22, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
14. Representative Donny Lambeth
15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

North Carolina State Health Coordinating Council
Concord Public Hearing
July 25, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

	First Name and Last Name	Speaking
	Bill Hyland	No
	Esther Fleming	No
✓	Jon Rodgers Graham Co. ESRD	Yes
	Annette Kiser	No
✓	Cynthia Foley	yes
✓	Will Haithcock	Yes

North Carolina State Health Coordinating Council
Concord Public Hearing
July 25, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking
Rob Bashore	No
Barbara Freeby	No

North Carolina State Health Coordinating Council
Concord Public Hearing
July 25, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
11. Kurt Jakusz
12. Valarie Jarvis
13. Dr. Lyndon Jordan
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15. Stephen Lawler
16. Kenneth Lewis
17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

Meeting of the North Carolina State Health Coordinating Council
Raleigh Public Hearing
July 28, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking		
David Meyer	No		
Cooper Linton	Yes	1	1:37
Sherry Watson	Yes	2	1:42
Harold Vanderbeer	Yes	3	1:49
DJ ZERMAN	NO		
Catharine Cummer	Yes	4	
Jim Surano	NO		
Karen Sandlin	No		
Daniel Carter	No		
Noah Hollsletter	Yes	5	
Kirsten Briggs	NO		
Will Hilding	No		
Lisa Schiller	NO		
Alan Wolf	NC		
Wendy Chavez	NO		
LANCE CANDLATER	YES	6	2:06 2:09
Cynthia Foley	YES	7	2:15
Vicki McDougal	NO		

Meeting of the North Carolina State Health Coordinating Council
Raleigh Public Hearing
July 28, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking		
Lin Roger	MAyBE		
✓ Will Haithcock	YES	8	2:29 2:53
Annette Kiser			
Chad Walker	NO		
✓ NANCY LANE	YES	9	2:36
Jon Rodgers	NO		
Todd Hemphill	NO		
Mike Vicario	NO		
Nancy Bree Martin	NO		
Robbie Rhodes	NO		
John Barrett	NO		
Steve Burriss	NO		
Barb Freedy	NO		

Meeting of the North Carolina State Health Coordinating Council
Raleigh Public Hearing
July 28, 2016
1:30 p.m.

Visitor Sign In

Please print legibly

First Name and Last Name	Speaking	
James Zoda	✓	2:45

Steve Burriss (Rex/UNC) Yes

North Carolina State Health Coordinating Council
Raleigh Public Hearing
July 28, 2016
1:30 p.m.

REGISTRATION FOR SHCC MEMBERS

1. Dr. Christopher Ullrich- Chairman
2. Trey Adams
3. Christina Apperson
4. Peter Brunnick
5. Jim Burgin
6. Stephen DeBiasi
7. Dr. Mark Ellis
8. Dr. Sandra Greene
9. Senator Ralph Hise
10. Kelly Hollis
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17. Brian Lucas
18. James Martin, Jr.
19. Dr. Robert McBride
20. Denise Michaud
21. Dr. Jeffrey Moore
22. Dr. Jaylan Parikh
23. Dr. Prashant Patel
24. Dr. T. J. Pulliam

STATE HEALTH COORDINATING COUNCIL

2017 STATE MEDICAL FACILITIES PLAN

Health Service Regulation
HEALTH AND HUMAN SERVICES

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

NORTH CAROLINA 2017
STATE MEDICAL FACILITIES PLAN

Effective January 1, 2017

Prepared by the
North Carolina Department of Health and Human Services
Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section

Under the direction of the
North Carolina State Health Coordinating Council

For information contact the
North Carolina Division of Health Service Regulation
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

www2.ncdhhs.gov/dhsr/ncsmfp/index.html

(919) 855 - 3865 Telephone Number

NOTE: Data used in the North Carolina 2017 State Medical Facilities Plan was last updated October 7, 2016.

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

Pat McCrory
Governor

Richard O. Brajer
Secretary DHHS

Mark Payne
Division Director

October 26, 2016

The Honorable Pat McCrory, Governor
State of North Carolina
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor McCrory:

On behalf of the North Carolina State Health Coordinating Council, I am pleased to forward our recommendations for the North Carolina 2017 State Medical Facilities Plan. This Plan is the culmination of a year's work by the council, its committees and Healthcare Planning staff.

The council has devoted a significant amount of time to the review and discussion of a variety of issues prior to making its recommendations for the upcoming year. The Proposed Plan was disseminated broadly and examined in six public hearings held across the state, and any petitions and comments received during this year-long process were duly considered.

This final document represents the council's recommendations regarding health care needs to be addressed in the 2017 certificate of need reviews.

Sincerely,

Christopher G. Ullrich, M.D., Chairman
N.C. State Health Coordinating Council

CGU:pb

Enclosure

cc: Richard Brajer, DHHS Secretary
Mark Payne, Division Director

Office of the Director
http://www.ncdhhs.gov/dhsr/
Phone: 919-855-3750 / Fax: 919-733-2757
Location: 809 Ruggles Drive n Dorothea Dix Hospital Campus n Raleigh, N.C. 27603
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TABLE OF CONTENTS

Background

Acute Care Facilities and Services

Technology and Equipment

Long-Term Care Facilities and Services

Appendices

DISCLAIMER

The North Carolina 2017 State Medical Facilities Plan is subject to revision throughout the year. Notices containing updates and changes will be posted on the North Carolina Division of Health Service Regulation web page at www2.ncdhhs.gov/dhsr/ncsmfp/index.html as they are approved. Check the web site for updates.

Chapter 1:

Overview of the North Carolina 2017 State Medical Facilities Plan

CHAPTER 1
OVERVIEW OF THE NORTH CAROLINA 2017 STATE MEDICAL FACILITIES PLAN

Purpose
The North Carolina 2017 State Medical Facilities Plan ("Plan") was developed by the North Carolina Department of Health and Human Services, Division of Health Service Regulation, under the direction of the North Carolina State Health Coordinating Council (SHCC), pursuant to G.S. §131E-177. 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. Projections of need are provided for the following types of facilities and services:

- acute care hospitals
- adult care facilities
- end-stage renal disease dialysis facilities
- hospice home care and hospice inpatient beds
- inpatient rehabilitation facilities
- intermediate care facilities for individuals with intellectual disabilities
- Medicare-certified home health agencies
- nursing care facilities
- operating rooms
- other acute care services
- psychiatric hospital units and specialty hospitals
- substance use disorder hospital units, specialty hospitals, and residential facilities
- technology and equipment services

Chapters dealing with specific facility/service categories contain summaries of the supply and the utilization of each type of facility or service, a description of any changes in the projection method and policies from the previous planning year, a description of the projection method, and other data relevant to the projections of need.

The projections of need for the various facilities and services are used in conjunction with other statutes and rules in reviewing certificate of need applications for establishment, expansion, or conversion of health care facilities and services. All parties interested in health care facility and health services planning should consider this Plan a key resource.

Basic Principles Governing the Development of this Plan

1. Safety and Quality Basic Principle

The State of North Carolina recognizes the importance of systematic and ongoing improvement in the quality of health services. Citizens of North Carolina rightfully expect health services to be safe and efficient. To warrant public trust in the regulation of health services, monitoring of safety and quality using established and independently verifiable metrics will be an integral part of the formulation and application of the North Carolina State Medical Facilities Plan.

Scientific quantification of quality and safety is rapidly evolving. Emerging measures of quality address both favorable clinical outcomes and patient satisfaction, while safety measures focus on the elimination of practices that contribute to avoidable injury or death and the adoption of practices that promote and ensure safety. The SHCC recognizes that while safety, clinical outcomes, and satisfaction may be conceptually separable, they are often interconnected in practice. The North Carolina State Medical Facilities Plan should maximize all three elements. Where practicalities require balancing of these elements, priority should be given to safety, followed by clinical outcomes, followed by satisfaction.

The appropriate measures for quality and safety should be specific to the type of facility or service regulated. Clinical outcome and safety measures should be evidence-based and objective. Patient satisfaction measures should be quantifiable. In all cases, metrics should be standardized and widely reported and preference should be given to those metrics reported on a national level. The SHCC recognizes that metrics meeting these criteria are currently better established for some services than for others. Furthermore, experience and research as well as regulation at the federal level will continue to identify new measures that may be incorporated into the standards applicable to quality and safety. As experience with the application of quality and safety metrics grows, the SHCC should regularly review policies and need methodologies and revise them as needed to address any persistent and significant deficiencies in safety and quality in a particular service area.

2. Access Basic Principle

Equitable access to timely, clinically appropriate and high quality health care for all the people of North Carolina is a foundational principle for the formulation and application of the North Carolina State Medical Facilities Plan. Barriers to access include, but are not limited to: geography, low income, limited or no insurance coverage, disability, age, race, ethnicity, culture, language, education and health literacy. Individuals whose access to needed health services is impeded by any of these barriers are medically underserved. The formulation and implementation of the North Carolina State Medical Facilities Plan seeks to reduce all of these types of barriers to timely and appropriate access. The first priority is to ameliorate economic barriers and the second priority is to mitigate time and distance barriers.

The impact of economic barriers is twofold. First, individuals without insurance, with insufficient insurance, or without sufficient funds to purchase their own health care will often require public funding to support access to regulated services. Second, the preferential selection by providers of well-funded patients may undermine the advantages that can accrue to the public from market competition in health care. A competitive marketplace should favor providers that deliver the highest quality and best value care, but only in the circumstances where all competitors deliver like services to similar populations.

The SHCC assigns the highest priority to a need methodology that favors providers delivering services to a patient population representative of all payer types in need of those services in the service area. Comparisons of value and quality are most likely to be valid when services are provided to like populations. Incentives for quality and process improvement, resource maximization, and innovation are most effective when providers deliver services to a similar and representative mixture of patients.

Access barriers of time and distance are especially critical to rural areas and small communities. However, urban populations can experience similar access barriers. The SHCC recognizes that some essential, but unprofitable, medical services may require support by revenues gained from profitable services or other sources. The SHCC also recognizes a trend to the delivery of some services in more accessible, less complex, and less costly settings. Whenever verifiable data for outcome, satisfaction, safety, and costs for the delivery of such services to representative patient populations justify, the SHCC will balance the advantages of such ambulatory facilities with the needs for financial support of medically necessary but unprofitable care.

The needs of rural and small communities that are distant from comprehensive urban medical facilities merit special consideration. In rural and small communities, selective competition that disproportionately captures profitable services may threaten the viability of sole providers of comprehensive care and emergency services. For this reason, methodologies that balance value, quality, and access in urban and rural areas may differ quantitatively. The SHCC planning process will promote access to an appropriate spectrum of health services at a local level, whenever feasible, under prevailing quality and value standards.

3. Value Basic Principle

The SHCC defines health care value as the maximum health care benefit per dollar expended. Disparity between demand growth and funding constraints for health care services increases the need for affordability and value in health services. Maximizing the health benefit for the entire population of North Carolina that is achieved by expenditures for services regulated by the State Medical Facilities Plan will be a key principle in the formulation and implementation of SHCC recommendations for the State Medical Facilities Plan.

Measurement of the cost component of the value equation is often easier than measurement of benefit. Cost per unit of service is an appropriate metric when comparing providers of like services for like populations. The cost basis for some providers may be inflated by disproportionate care to indigent and underfunded patients. In such cases the SHCC encourages the adjustment of cost measures to reflect such disparity, but only to the extent such expenditures can be measured according to an established, state-wide standard that is uniformly reported and verifiable. Measurement of benefit is more challenging. Standardized safety and quality measures, when available, can be important factors in achieving improved value in the provision of health services. Prevention, early detection and early intervention are important means for increasing the total population benefit for health expenditures. Development of new technology has the potential to add value by improving outcome and enhancing early detection. Capital costs of such new technology may be greater but justified by the added population benefit. At the same time, overutilization of more costly and/or highly specialized, low-volume services without evidence-based medical indications may contribute to escalating health costs without commensurate population-based health benefit. The SHCC favors methodologies which encourage technological advances for proven and affordable benefit and appropriate utilization for evidence-based indications when available. The SHCC also recognizes the importance of primary care and health education in promoting affordable health care and best utilization of scarce and expensive health resources. Unfortunately, technologically sophisticated and costly services that benefit small numbers of patients may be more readily pursued than simple and less costly detection and prevention measures that benefit the broader population. In the pursuit of maximum population-based health care value, the SHCC recognizes the potential adverse impact for growth of regulated services to supplant services of broad benefit to the larger population.

Long-term enhancement of health care value will result from a State Medical Facilities Plan that promotes a balance of competition and collaboration and encourages innovation in health care delivery. The SHCC encourages the development of value-driven health care by promoting collaborative efforts to create common resources such as shared health databases, purchasing cooperatives, and shared information

management, and by promoting coordinated services that reduce duplicative and conflicting care. The SHCC also recognizes the importance of balanced competition and market advantage in order to encourage innovation, insofar as those innovations improve safety, quality, access, and value in health care delivery.

The State Health Planning Process

Throughout the development of the North Carolina State Medical Facilities Plan there are opportunities for public review and comment. Sections of the Plan, including the policies and methods for projecting need, are developed with the assistance of committees of the North Carolina State Health Coordinating Council. The committees submit their recommendations to the Council for approval. A Proposed Plan is assembled and made available to the public. Public hearings on the Proposed Plan are held throughout the State during the summer. Comments and petitions received during this period are considered by the Council and, upon incorporation of all changes approved by the Council, a final draft of the Plan is presented to the Governor for review and approval. With the Governor's approval, the State Medical Facilities Plan becomes the official document for health facility and health service planning in North Carolina for the specified calendar year.

Other Publications

Information concerning publications or the availability of other data related to the health planning process may be obtained by contacting the North Carolina Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

North Carolina Division of Health Service Regulation
Healthcare Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Telephone Number: (919) 855-3865

NOTE

Determinations of need for services and facilities in this Plan do not imply an intent on the part of the North Carolina Department of Health and Human Services, Division of Medical Assistance to participate in the reimbursement of the cost of care of patients using services and facilities developed in response to this need.

North Carolina State Health Coordinating Council Members

Members:	Representing:	From:
Christopher Ullrich, MD, Chairman	At-Large	Charlotte
Stephen Lawler, Vice-chairman	Hospitals	Charlotte
Trey Adams	Small Business & Industry	Raleigh
Christina Apperson	At-Large	Raleigh
Peter Brunnick	Hospice	Charlotte
James Burgin	County Government (Rural)	Angier
Stephen DeBiasi	At-Large	Wilmington
Mark Ellis, MD	At-Large	Charlotte
Sandra Greene, DrPH	Academic Medical Centers	Chapel Hill
Ralph Hise	N.C. Senate	Spruce Pine
Kelly Hollis	Large Business & Industry	Raleigh
Kurt Jakusz	Home Care Facilities	Asheville
Valarie Jarvis	At-Large	Durham
Lyndon Jordan III, MD	At-Large	Raleigh
Donny Lambeth	N.C. House of Representatives	Winston-Salem
Kenneth Lewis	Health Insurance Industry	Pinehurst
Brian Lucas	At-Large	Charlotte
James Martin, Jr.	Nursing Homes	Hickory
Robert McBride, MD	At-Large	Charlotte
Denise Michaud	Local Health Director	Lenoir
Jeffrey Moore, MD	At-Large	Morehead City
Jaylan Parikh, MD	At-Large	Dunn
Prashant Patel, MD	Physician	Cary
Thomas Pulliam, MD	At-Large	Southern Pines

Committees and Staff Members

Acute Care Services Committee
Planning for acute care beds, operating rooms, open heart surgery services, burn intensive care services, transplantation services [bone marrow transplants and solid organ transplants], and inpatient rehabilitation services:

Sandra Greene, DrPH (Chair); Christina Apperson; Mark Ellis, MD; Representative Donny Lambeth; Stephen Lawler; Kenneth Lewis; Robert McBride, MD

Staffed by: Amy Craddock, PhD

Long-Term and Behavioral Health Committee
Planning for nursing care facilities, adult care homes, home health services, hospice services, end-stage renal disease dialysis facilities, psychiatric inpatient facilities, substance use disorder inpatient and residential services (chemical dependency treatment beds), and intermediate care facilities for individuals with intellectual disabilities:

T.J. Pulliam, MD, (Chair); Peter Brunnick; James Burgin; Stephen DeBiasi; Kurt Jakusz; James Martin, Jr.; Denise Michaud; Jaylan Parikh, MD

Staffed by: Elizabeth Brown; Amy Craddock, PhD; and Andrea Emanuel, PhD

Technology and Equipment Committee
Planning for lithotripsy, gamma knife, linear accelerators, positron emission tomography scanners, magnetic resonance imaging scanners, and cardiac catheterization/angioplasty equipment:

Christopher Ullrich, MD, (Chair); Trey Adams; Senator Ralph Hise; Kelly Hollis; Valarie Jarvis; Lyndon Jordan III, MD; Brian Lucas; Jeffrey Moore, MD; Prashant Patel, MD

Staffed by: Patrick Curry

Healthcare Planning Staff
Paige Bennett, Assistant Chief Healthcare Planning
Elizabeth Brown, Planner
Amy Craddock, PhD, Planner
Patrick Curry, Planner
Andrea Emanuel, PhD, Planner
Tom Dickson, PhD, Database Manager

Division of Health Service Regulation
Mark Payne, Director

Maps courtesy of Braxton C. Hayden, updated June 2016.

Chapter 2:

Amendments and Revisions to the State Medical Facilities Plan

CHAPTER 2
AMENDMENTS AND REVISIONS TO THE STATE MEDICAL FACILITIES PLAN

Amendment of Approved Plans
After the North Carolina State Medical Facilities Plan has been signed by the Governor, it will be amended only as necessary to correct errors or to respond to statutory changes, amounts of legislative appropriations or judicial decisions. The North Carolina State Health Coordinating Council will conduct a public hearing on proposed amendments and will recommend changes it deems appropriate for the Governor's approval.

NOTE: Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 *(See Chapter 4)*.

Petitions to Revise the Next State Medical Facilities Plan
Anyone who finds that the North Carolina State Medical Facilities Plan policies or methodologies, or the results of their application, are inappropriate may petition for changes or revisions. Such petitions are of two general types: those requesting changes in basic policies and methodologies, and those requesting adjustments to the need projections.

Petitions for Changes in Basic Policies and Methodologies
People who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to submit petitions no later than March 1, 2017. Changes with the potential for a statewide effect are the addition, deletion, and revision of policies or projection methodologies. These types of changes will need to be considered in the first four months of the calendar year as the "Proposed North Carolina State Medical Facilities Plan" (explained below) is being developed.

Instructions for Writing Petitions for Changes in Basic Policies and Methodologies
At a minimum, each written petition requesting a change in basic policies and methodologies used in the North Carolina State Medical Facilities Plan should contain:

1. Name, address, email address and phone number of petitioner.

2. Statement of the requested change, citing the policy or planning methodology in the North Carolina State Medical Facilities Plan for which the change is proposed.

3. Reasons for the proposed change to include:

    a. A statement of the adverse effects on the providers or consumers of health services that are likely to ensue if the change is not made, and

    b. A statement of alternatives to the proposed change that were considered and found not feasible.

4. Evidence that the proposed change would not result in unnecessary duplication of health resources in the area.

5. Evidence that the requested change is consistent with the three Basic Principles governing the development of the North Carolina State Medical Facilities Plan: Safety and Quality, Access, and Value.

Each written petition must be clearly labeled "Petition" and one copy of each petition must be received by the North Carolina Division of Health Service Regulation, Healthcare Planning by 5:00 p.m. on March 1, 2017. Petitions must be submitted by e-mail, mail or hand delivery.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services:

809 Ruggles Drive
Raleigh, North Carolina 27603

Response to Petitions for Changes in Basic Policies and Methodologies
The process for response to such petitions is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner, or other people or organizations who may be affected by the proposed change.

2. The petition will be considered by the appropriate committee of the North Carolina State Health Coordinating Council and the committee will make recommendations to the North Carolina State Health Coordinating Council regarding disposition of the petition.

3. The North Carolina State Health Coordinating Council will consider the committee's recommendations and make decisions regarding whether or not to incorporate the changes into the Proposed North Carolina State Medical Facilities Plan.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for changes in basic policies and methodologies in the North Carolina State Medical Facilities Plan will be made no later than the final Council meeting of the calendar year.

Petitions for Adjustments to Need Determinations
A North Carolina Proposed State Medical Facilities Plan is adopted annually by the North Carolina State Health Coordinating Council, and is made available for review by interested parties during an annual "Public Review and Comment Period." During this period, regional public hearings are held to receive oral/written comments and written petitions. The Public Review and Comment Period for consideration of each North Carolina Proposed State Medical Facilities Plan is determined annually and dates are available from Healthcare Planning and published in the North Carolina State Medical Facilities Plan.

People who believe that unique or special attributes of a particular geographic area or institution give rise to resource requirements that differ from those provided by application of the standard planning procedures and policies may submit a written petition requesting an adjustment be made to the need determination given in the North Carolina Proposed State Medical Facilities Plan. These petitions should be delivered to Healthcare Planning as early in the Public Review and Comment Period as possible, but no later than the last day of this period. Requirements for petitions to change need determinations in the North Carolina Proposed State Medical Facilities Plan are given below.

Instructions for Writing Petitions for Adjustments to Need Determinations
At a minimum, each written petition requesting an adjustment to a need determination in the Proposed State Medical Facilities Plan should contain:

1. Name, address, email address and phone number of petitioner.

2. A statement of the requested adjustment, citing the provision or need determination in the Proposed State Medical Facilities Plan for which the adjustment is proposed.

3. Reasons for the proposed adjustment, including:

    a. Statement of the adverse effects on the population of the affected area that are likely to ensue if the adjustment is not made, and

    b. A statement of alternatives to the proposed adjustment that were considered and found not feasible.

4. Evidence that health service development permitted by the proposed adjustment would not result in unnecessary duplication of health resources in the area.

5. Evidence that the requested adjustment is consistent with the three Basic Principles governing the development of the North Carolina State Medical Facilities Plan: Safety and Quality, Access and Value.

Petitioners should use the same service area definitions as provided in the program chapters of the North Carolina Proposed State Medical Facilities Plan.

Petitioners should also be aware that Healthcare Planning staff, in reviewing the proposed adjustment, may request additional information and opinions from the petitioner or any other people and organizations who may be affected by the proposed adjustment.

Each written petition must be clearly labeled "Petition" and one copy of each petition must be received by Healthcare Planning by 5:00 p.m. on July 26, 2017. Petitions must be submitted by e-mail, mail or hand delivery.

E-Mail: DHSR.SMFP.Petitions-Comments@dhhs.nc.gov

Mail: North Carolina Division of Health Service Regulation
Healthcare Planning
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

The office location and address for hand delivery and use of delivery services:

809 Ruggles Drive
Raleigh, North Carolina 27603

Response to Petitions for Adjustments to Need Determinations
The process for response to these petitions by the North Carolina Division of Health Service Regulation and the North Carolina State Health Coordinating Council is as follows:

1. The Division will prepare an agency report. Staff may request additional information from the petitioner, or other people or organizations who may be affected by the proposed change.

2. The petition will be considered by the appropriate committee of the North Carolina State Health Coordinating Council and the committee will make recommendations to the North Carolina State Health Coordinating Council regarding disposition of the petition.

3. Consideration of the committee recommendations by the North Carolina State Health Coordinating Council and decisions regarding whether or not to incorporate the recommended adjustments in the final draft of the North Carolina State Medical Facilities Plan to be forwarded to the Governor.

Petitioners will receive written notification of times and places of meetings at which their petitions will be discussed. Disposition of all petitions for adjustments to need determinations in the North Carolina State Medical Facilities Plan will be made no later than the date of the final Council meeting of the calendar year.

Scheduled State Health Coordinating Council Meetings and Committee Meetings
Any changes to Council, Committee, Work Group and Public Hearing meeting dates, times and locations will be posted on the meeting information web page at:

http://www2.ncdhhs.gov/dhsr/mfp/meetings.html

North Carolina State Health Coordinating Council

(All meetings begin at 10:00 a.m.)

March 1, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
June 7, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
September 6, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104
October 4, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh NC Brown Building Room 104

Directions to the Brown Building can be found at:

http://www2.ncdhhs.gov/dhsr/brown.html

The Council will conduct a public hearing on statewide issues related to development of the North Carolina Proposed 2018 State Medical Facilities Plan immediately following the business meeting on March 1, 2017.

Committee Meetings for 2017

(All meetings begin at 10:00 a.m.)

Acute Care Services Committee

April 4, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 2, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 12, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

Long-Term and Behavioral Health Committee

April 7, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 5, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 8, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

Technology and Equipment Committee

April 19, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
May 10, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104
September 13, 2017	Dorothea Dix Campus 801 Biggs Drive – Raleigh, N.C. Brown Building – Room 104

Deadlines for Petitions and Comments, and Public Hearing Schedule
The deadline for receipt by Healthcare Planning of petitions, written comments and written comments on petitions and comments is 5:00 p.m. on dates listed below.

March 1, 2017 — The Council will conduct a Public Hearing on statewide issues related to Development of the North Carolina Proposed 2018 State Medical Facilities Plan (SMFP) immediately following the business meeting.

March 16, 2017 — Deadline for receipt by Healthcare Planning of any written comments regarding petitions or comments submitted by the March 1st deadline on statewide issues related to development of the North Carolina Proposed 2018 State Medical Facilities Plan.

2016 Schedule for Public Hearings on the N.C. Proposed 2017 SMFP

(All hearings begin at 1:30 p.m.)

July 11, 2017	Greensboro	The Women's Hospital
July 14, 2017	Wilmington	New Hanover County - Main Library
July 18, 2017	Concord	CHS - NorthEast
July 21, 2017	Asheville	Mountain Area Health Education Center
July 24, 2017	Greenville	Pitt County Office Building
July 26, 2017	Raleigh	Dorothea Dix Campus – Brown Building

July 26, 2017 — Deadline for receipt by Healthcare Planning of petitions for adjustments to need determinations and other written comments regarding the North Carolina Proposed 2018 State Medical Facilities Plan.

August 10, 2017 — Deadline for receipt by the Healthcare Planning of any written comments on petitions or comments submitted by the July 26th deadline regarding adjusted need determinations or other issues arising from the North Carolina Proposed 2018 State Medical Facilities Plan.

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Chapter 3:

Certificate of Need Review Categories and Schedule

CHAPTER 3
CERTIFICATE OF NEED
REVIEW CATEGORIES AND SCHEDULE

Certificates of need are required prior to the development of new institutional health services. Certificate of Need shall determine the appropriate review category or categories in which an application shall be submitted pursuant to 10A NCAC 14C .0202. For proposals which include more than one category, an applicant must contact Certificate of Need prior to submittal of the application for a determination regarding the appropriate review category or categories and the applicable review period in which the proposal must be submitted.

The categories are as follows:

Category A: Acute Care Services

- new acute care hospitals;
- new or additional campus of an existing acute care hospital;
- new or additional acute care beds;
- relocation of existing or approved acute care beds within the same service area;
- relocation of existing acute care hospital within the same service area;
- new or additional intensive care services;
- new or expanded satellite emergency department;
- offering inpatient dialysis services;
- new transplantation services;
- new open heart surgery services;
- new long-term care hospitals or beds, including conversion of acute care beds to long-term care hospital beds; and
- Policy AC-3 projects.

Category B: Nursing and Adult Care Services

- new nursing facilities or beds;
- relocation of existing or approved nursing facility beds within the same service area;
- relocation of nursing facility beds pursuant to Policy NH-6;
- transfer of nursing facility beds from state psychiatric hospitals pursuant to Policy NH-5;
- new adult care home facilities or beds;
- relocation of existing or approved adult care home beds within the same service area;
- relocation of adult care home beds to a contiguous county pursuant to Policy LTC-2; and
- new or existing continuing care retirement communities applying pursuant to Policy NH-2 or Policy LTC-1.

Category C: Psychiatric, Substance Use Disorder or Intellectual Disability Services

- new psychiatric facilities or beds;
- relocation of existing or approved psychiatric beds within the same service area;
- transfer of psychiatric beds from state psychiatric hospitals pursuant to Policy PSY-1;
- new substance use disorder facilities or beds;
- relocation of existing or approved substance use disorder beds within the same service area;
- new intermediate care facilities or beds for individuals with intellectual disabilities (ICF/IID);
- relocation of existing or approved ICF/IID beds within the same service area; and
- transfer of ICF/IID beds from state developmental centers pursuant to Chapter 858 of the 1983 Session Laws, Policy ICF/IID-1, Policy ICF/IID-2 or Policy ICF/IID-3.

Category D: Dialysis Services

- new certified dialysis stations (April 1st and October 1st Review Cycles only);
- relocation of existing certified dialysis stations pursuant to Policy ESRD-2; and
- new kidney disease treatment centers for home hemodialysis or peritoneal dialysis services.

Category E: Surgical Services

- new licensed ambulatory surgical facilities;
- new operating rooms;
- relocation of existing or approved operating rooms within the same service area; and
- relocation of existing ambulatory surgical facility within the same service area.

Category F: Home Health and Hospice Services

- new Medicare-certified home health agencies or offices;
- new hospices or hospice offices;
- new hospice inpatient facility beds;
- relocation of existing or approved hospice inpatient facility beds within the same service area;
- new hospice residential care facility beds; and
- relocation of existing or approved hospice residential care facility beds within the same service area.

Category G: Inpatient Rehabilitation Services

- new inpatient rehabilitation facilities or beds; and
- relocation of existing or approved inpatient rehabilitation beds within the same service area.

Category H: Medical Equipment

- cardiac catheterization equipment or new cardiac catheterization services;
- heart-lung bypass machines;
- gamma knives;
- lithotripters;
- magnetic resonance imaging scanners;
- positron emission tomography scanners
- linear accelerators;
- simulators;
- major medical equipment as defined in G.S. 131E-176(14o);
- diagnostic centers as defined in G.S. 131E-176(7a);
- replacement equipment that does not result in an increase in the inventory of the equipment;
- conversion of an existing or approved fixed PET scanner to mobile pursuant to Policy TE-1 (July 1st Review Cycle only);
- intraoperative magnetic resonance scanners acquired pursuant to Policy TE-2; and
- fixed magnetic resonance imaging scanners acquired pursuant to Policy TE-3.

Category I: Gastrointestinal Endoscopy Services

- new or additional gastrointestinal endoscopy rooms as defined in G.S. 131E-176(7d); and
- relocation of existing or approved gastrointestinal endoscopy rooms within the same service area.

Category J: Miscellaneous

- changes of scope and cost overruns;
- reallocation of beds or services pursuant to Policy GEN-1; and
- projects not included in Categories A through I.

Review Dates

Table 3A shows the review schedule, by category, for certificate of need applications requiring review. However, a service, facility, or equipment for which a need determination is identified in the North Carolina State Medical Facilities Plan will have only one scheduled review date and one corresponding application filing deadline in the calendar year, even though the table shows multiple review dates for the broad category. In order to determine the designated filing deadline for a specific need determination in the North Carolina State Medical Facilities Plan, an applicant must refer to the applicable need determination table for that service in the related chapter in the Plan. Applications for certificates of need for new institutional health services not specified in other chapters of the Plan shall be reviewed pursuant to the following review schedule, with the exception that no reviews are scheduled if the need determination is zero. Need determinations for additional dialysis stations pursuant to the "county need" or "facility need" methodologies shall be reviewed in accordance with the provisions of Chapter 14.

In order to give Certificate of Need sufficient time to provide public notice of review and public notice of public hearings as required by G.S. 131E-185, the deadline for filing certificate of need applications is 5:30 p.m. on the 15th day of the month preceding the "CON Beginning Review Date." In instances when the 15th day of the month falls on a weekend or holiday, the filing deadline is 5:30 p.m. on the next business day. The filing deadline is absolute and applications received after the deadline shall not be reviewed in that review period. Applicants are strongly encouraged to complete all materials at least one day prior to the filing deadline and to submit material early on the "Certificate of Need Application Due Date."

Table 3A: 2017 Certificate of Need Review Schedule

CON Beginning Review Date	Category (All HSAs)									
February 1, 2017			C	D				H		
March 1, 2017	A	B			E	F	G		I	J
April 1, 2017			C	D						
May 1, 2017	A	B				F	G	H		J
June 1, 2017			C	D	E				I	
July 1, 2017	A					F	G	H		J
August 1, 2017		B	C	D						
September 1, 2017	A		C		E			H	I	J
October 1, 2017				D			G			
November 1, 2017	A	B				F		H		J
December 1, 2017				D	E			H	I	J

For further information about specific schedules, timetables, and certificate of need application forms, contact:

North Carolina Division of Health Service Regulation
Certificate of Need
2704 Mail Service Center
Raleigh, North Carolina 27699-2704

Phone: (919) 855-3873

Chapter 4:

Statement of Policies:

- Acute Care Hospitals
- Technology and Equipment
- Nursing Care Facilities
- Adult Care Homes
- Home Health Services
- End-Stage Renal Disease Dialysis Services
- Mental Health, Developmental Disabilities, and Substance Use Disorder
- Psychiatric Inpatient Services Facilities
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- All Health Services

CHAPTER 4
STATEMENT OF POLICIES

Summary of Policy Changes for 2017
There is one new policy incorporated into the North Carolina 2017 State Medical Facilities Plan. *Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners* has been added by a recommendation of the State Health Coordinating Council. This policy will allow facilities that meet the outlined requirements to apply for fixed magnetic resonance scanners. As a result of the work of the Nursing Home Methodology Workgroup, the SHCC approved the elimination of Policies NH-1, NH-3, NH-4, and NH-7 and wording changes to NH-2, NH-6, and NH-8.

Throughout Chapter 4, references to dates have been advanced by one year, as appropriate.

POLICIES APPLICABLE TO ACUTE CARE HOSPITALS (AC)

Policy AC-1: Use of Licensed Bed Capacity Data for Planning Purposes
For planning purposes, the number of licensed beds shall be determined by the Division of Health Service Regulation in accordance with standards found in 10A NCAC 13B - Section .6200 and Section .3102 (d).

Licensed bed capacity of each hospital is used for planning purposes. It is the hospital's responsibility to notify the Division of Health Service Regulation promptly when any of the space allocated to its licensed bed capacity is converted to another use, including purposes not directly related to health care.

Policy AC-3: Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects
Projects for which certificates of need are sought by Academic Medical Center Teaching Hospitals may qualify for exemption from the need determinations of this document. The Healthcare Planning and Certificate of Need Section shall designate as an Academic Medical Center Teaching Hospital any facility whose application for such designation demonstrates the following characteristics of the hospital:

1. Serves as a primary teaching site for a school of medicine and at least one other health professional school, providing undergraduate, graduate and postgraduate education.

2. Houses extensive basic medical science and clinical research programs, patients and equipment.

3. Serves the treatment needs of patients from a broad geographic area through multiple medical specialties.

Exemption from the provisions of need determinations of the North Carolina State Medical Facilities Plan shall be granted to projects submitted by Academic Medical Center Teaching Hospitals designated prior to January 1, 1990 provided the projects are necessary to meet one of the following unique academic medical needs:

1. Necessary to complement a specified and approved expansion of the number or types of students, residents or faculty that are specifically required for an expansion of students or residents, as certified by the head of the relevant associated professional school; the applicant shall provide documentation that the project is consistent with any relevant standards, recommendations or guidance from specialty education accrediting bodies; or

2. With respect to the acquisition of equipment, is necessary to accommodate the recruitment or retention of a full-time faculty member who will devote a majority of his or her time to the combined activities of teaching (including teaching within the clinical setting), research, administrative or other academic responsibilities within the academic medical center teaching hospital or medical school; or

3. Necessary to accommodate patients, staff or equipment for a specified and approved expansion of research activities, as certified by the head of the entity sponsoring the research; and including, to the extent applicable, documentation pertaining to grants, funding, accrediting or other requirements, and any proposed clinical application of the asset; or

4. Necessary to accommodate changes in requirements of specialty education accrediting bodies, as evidenced by copies of documents issued by such bodies.

A project submitted by an Academic Medical Center Teaching Hospital under this policy that meets one of the above conditions shall demonstrate that the Academic Medical Center Teaching Hospital's teaching or research need for the proposed project cannot be achieved effectively at any non-Academic Medical Center Teaching Hospital provider which currently offers and has capacity within the service for which the exemption is requested and which is within 20 miles of the Academic Medical Center Teaching Hospital.

The Academic Medical Center Teaching Hospital shall include in its application an analysis of the cost, benefits and feasibility of engaging that provider in a collaborative effort that achieves the academic goals of the project as compared with the certificate of need application proposal. The Academic Medical Center Teaching Hospital shall also provide a summary of a discussion or documentation of its attempt to engage the provider in discussion regarding its analysis and conclusions.

The Academic Medical Center Teaching Hospital shall include in its application a discussion of any similar assets within 20 miles that are under the control of the applicant or the associated professional school and the feasibility of using those assets to meet the unique teaching or research needs of the Academic Medical Center Teaching Hospital.

For each of the first five years of operation the approved applicant shall submit to Certificate of Need a detailed description of how the project achieves the academic requirements of the appropriate section(s) of Policy AC-3, paragraph 2 [items 1 through 4] as proposed in the certificate of need application.

Applicants who are approved for Policy AC-3 projects after January 1, 2012 shall report those Policy AC-3 assets (including beds, operating rooms and equipment) on the appropriate annual license renewal application or registration form for the asset. The information to be reported for the Policy AC-3 assets shall include: (a) inventory or number of units of AC-3 Certificate of Need-approved assets (including all beds, operating rooms and equipment); (b) the annual volume of days, cases or procedures performed for the reporting year on the Policy AC-3 approved asset; and (c) the patient origin by county. Neither the assets under (a) above nor the utilization from (b) above shall be used in the annual State Medical Facilities Plan need determination formulas, but both the assets and the utilization will be available for informational purposes to users of the State Medical Facilities Plan.

This policy does not apply to a proposed project or the portion thereof that is based solely upon the inability of the State Medical Facilities Plan methodology to accurately project need for the proposed service(s), due to documented differences in patient treatment times that are attributed to education or research components in the delivery of patient care or to differences in patient acuity or case mix that are related to the applicant's academic mission. However, the applicant may submit a petition pursuant to the State Medical Facilities Plan Petitions for Adjustments to Need Determinations process to meet that need or portion thereof.

Policy AC-3 projects are required to materially comply with representations made in the certificate of need application regarding academic based need. If an asset originally developed or acquired pursuant to Policy AC-3 is no longer used for research and/or teaching, the Academic Medical Center Teaching Hospital shall surrender the certificate of need.

Policy AC-4: Reconversion to Acute Care

Facilities that have redistributed beds from acute care bed capacity to psychiatric, rehabilitation, nursing care, or long-term care hospital use, shall obtain a certificate of need to convert this capacity back to acute care. Applicants proposing to reconvert psychiatric, rehabilitation, nursing care, or long-term care hospital beds back to acute care beds shall demonstrate that the hospital's average annual utilization of licensed acute care beds as calculated using the most recent Truven Health Analytics Days of Care as provided to Healthcare Planning by The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill is equal to or greater than the target occupancies shown below, but shall not be evaluated against the acute care bed need determinations shown in Chapter 5 of the North Carolina State Medical Facilities Plan. In determining utilization rates and average daily census, only acute care bed "days of care" are counted.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-5: Replacement of Acute Care Bed Capacity

Proposals for either partial or total replacement of acute care beds (i.e., construction of new space for existing acute care beds) shall be evaluated against the utilization of the total number of acute care beds in the applicant's hospital in relation to utilization targets found below. For hospitals **not** designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed "days of care" shall be counted. For hospitals designated by the Centers for Medicare & Medicaid Services as Critical Access Hospitals, in determining utilization of acute care beds, only acute care bed "days of care" **and** swing bed days (i.e., nursing facility days of care) shall be counted in determining utilization of acute care beds. Any hospital proposing replacement of acute care beds must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application. Additionally, if the hospital is a Critical Access Hospital and swing bed days are proposed to be counted in determining utilization of acute care beds, the hospital shall also propose to remain a Critical Access Hospital and must demonstrate the need for maintaining the swing bed capacity proposed within the application. If the Critical Access Hospital does not propose to remain a Critical Access Hospital, only acute care bed "days of care" shall be counted in determining utilization of acute care beds and the hospital

must clearly demonstrate the need for maintaining the acute care bed capacity proposed within the application.

Facility Average Daily Census	Target Occupancy of Licensed Acute Care Beds
1 – 99	66.7%
100 – 200	71.4%
Greater than 200	75.2%

Policy AC-6: Heart-Lung Bypass Machines for Emergency Coverage
To protect cardiac surgery patients, who may require emergency procedures while scheduled procedures are underway, a need is determined for one additional heart-lung bypass machine whenever a hospital is operating an open heart surgery program with only one heart-lung bypass machine. The additional machine is to be used to assure appropriate coverage for emergencies and in no instance shall this machine be scheduled for use at the same time as the machine used to support scheduled open heart surgery procedures. A certificate of need application for a machine acquired in accordance with this provision shall be exempt from compliance with the performance standards set forth in 10A NCAC 14C .1703.

POLICIES APPLICABLE TO TECHNOLOGY AND EQUIPMENT (TE)

Policy TE-1: Conversion of Fixed Pet Scanners to Mobile Pet Scanners
Facilities with an existing or approved fixed PET scanner may apply for a Certificate of Need (CON) to convert the existing or approved fixed PET scanner to a mobile PET scanner if the applicant(s) demonstrates in the CON application that the converted mobile PET scanner:

1. Shall continue to operate as a mobile PET scanner at the facility, including satellite campuses, where the fixed PET scanner is located or was approved to be located.

2. Shall be moved at least weekly to provide services at two or more host facilities[1].

3. Shall not serve any mobile host site that is not owned by the PET certificate holder or an entity related to the PET certificate holder such as a parent or subsidiary that is located in the county where any existing or approved fixed PET scanner is located, except as required by subpart (1).

There will be one certificate of need application filing opportunity each calendar year.

[1] The council recommended the revision of the current East and West service areas to a statewide service area to allow flexibility in servicing mobile PET sites.

Policy TE-2: Intraoperative Magnetic Resonance Scanners
Qualified applicants may apply for an intraoperative Magnetic Resonance Scanner (iMRI) to be used in an operating room suite.

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:

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.

The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately on the Hospital License Renewal Application.

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.

Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners
Qualified applicants may apply for a fixed magnetic resonance imaging scanner (MRI).

To qualify, the health service facility proposing to acquire the fixed MRI scanner shall demonstrate in its certificate of need application that it is a licensed North Carolina acute care hospital with emergency care coverage 24 hours a day, seven days a week does not currently have an existing or approved fixed MRI scanner as reflected in the inventory in the applicable State Medical Facilities Plan.

The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.

The performance standards in 10A NCAC 14C .2703 would not be applicable.

The fixed MRI scanner must be located on the hospital's "main campus" as defined in G.S. 131E-176-(14n)a.

POLICIES APPLICABLE TO NURSING CARE FACILITIES (NH)

Policy NH-2: Plan Exemption for Continuing Care Retirement Communities
Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for nursing care without regard to the nursing care bed need shown in Chapter 10: Nursing Care

Facilities. To qualify for such exemption, applications for certificates of need shall show that the proposed nursing care bed capacity:

1. Will only be developed concurrently with or subsequent to construction on the same site of facilities for both of the following levels of care:

   a. independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages and rooms;

   b. licensed adult care home beds for use by people who, because of age or disability, require some personal services, incidental medical services and room and board to assure their safety and comfort.

2. Will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing unit of the continuing care retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the nursing unit at the time the other spouse or sibling moves into a non-nursing unit, or when the medical condition requiring nursing care was not known to exist or be imminent when the individual became a party to the continuing care contract.

3. Reflects the number of nursing care beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional nursing care.

4. Will not be certified for participation in the Medicaid program.

One hundred percent of the nursing care beds developed under this exemption shall be excluded from the inventory and the occupancy rate used to project nursing care bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the 1985 State Medical Facilities Plan are automatically amended to conform to the provisions of this policy at the effective date of this policy. Certificates of need awarded pursuant to the provisions of Chapter 920, Session Laws 1983 or Chapter 445, Session Laws 1985 shall not be amended.

Policy NH-5: Transfer of Nursing Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities

Beds in state psychiatric hospitals that are certified as nursing facility beds may be relocated to licensed nursing facilities. However, before nursing facility beds are transferred out of the state psychiatric hospitals, services shall be available in the community. State psychiatric hospital nursing facility beds that are relocated to licensed nursing facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Licensed nursing facilities proposing to operate transferred nursing facility beds shall commit to serve the type of residents who are normally placed in nursing facility beds at the state psychiatric hospitals. To help ensure that relocated nursing facility beds will serve those people who would have been served by state psychiatric hospitals in nursing facility beds, a certificate of need application to transfer nursing facility beds from a state hospital shall include a written memorandum of agreement between the director of the applicable state psychiatric hospital, the director of the North Carolina Division of State Operated

Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

This policy does not allow the development of new nursing care beds. Nursing care beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory.

Policy NH-6: Relocation of Nursing Facility Beds
Relocations of existing licensed nursing facility beds are allowed. Certificate of need applicants proposing to relocate licensed nursing facility beds shall:

1. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed nursing facility beds in the county that would be losing nursing facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and

2. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of licensed nursing facility beds in the county that would gain nursing facility beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

Policy NH-8: Innovations in Nursing Facility Design
Certificate of need applicants proposing new nursing facilities and replacement nursing facilities shall pursue innovative approaches in environmental design that address quality of care and quality of life needs of the residents. These plans could include innovative design elements that encourage less institutional, more home-like settings, privacy, autonomy and resident choice, among others.

POLICIES APPLICABLE TO ADULT CARE HOMES (LTC)

Policy LTC-1: Plan Exemption for Continuing Care Retirement Communities – Adult Care Home Beds
Qualified continuing care retirement communities may include from the outset or add or convert bed capacity for adult care without regard to the adult care home bed need shown in Chapter 11: Adult Care Homes. To qualify for such exemption, applications for certificates of need shall show that the proposed adult care home bed capacity:

1. Will only be developed concurrently with, or subsequent to, construction on the same site of independent living accommodations (apartments and homes) for people who are able to carry out normal activities of daily living without assistance; such accommodations may be in the form of apartments, flats, houses, cottages, and rooms.

2. Will provide for the provision of nursing services, medical services or other health related services as required for licensure by the North Carolina Department of Insurance.

3. Will be used exclusively to meet the needs of people with whom the facility has continuing care contracts (in compliance with the North Carolina Department of Insurance statutes and rules) who have lived in a non-nursing or adult care unit of the continuing care

retirement community for a period of at least 30 days. Exceptions shall be allowed when one spouse or sibling is admitted to the adult care home unit at the time the other spouse or sibling moves into a non-nursing or adult care unit, or when the medical condition requiring nursing or adult care home care was not known to exist or be imminent when the individual became a party to the continuing care contract.

4. Reflects the number of adult care home beds required to meet the current or projected needs of residents with whom the facility has an agreement to provide continuing care after making use of all feasible alternatives to institutional adult care home care.

5. Will not participate in the Medicaid program or serve State-County Special Assistance recipients.

One half of the adult care home beds developed under this exemption shall be excluded from the inventory used to project adult care home bed need for the general population. Certificates of need issued under policies analogous to this policy in the North Carolina State Medical Facilities Plans subsequent to the North Carolina 2002 State Medical Facilities Plan are automatically amended to conform with the provisions of this policy at the effective date of this policy.

Policy LTC-2: Relocation of Adult Care Home Beds
Relocations of existing licensed adult care home beds are allowed only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate licensed adult care home beds to a contiguous county shall:

1. Demonstrate that the facility losing beds or moving to a contiguous county is currently serving residents of that contiguous county; and

2. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of licensed adult care home beds in the county that would be losing adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins; and

3. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of licensed adult care home beds in the county that would gain adult care home beds as a result of the proposed project, as reflected in the North Carolina State Medical Facilities Plan in effect at the time the certificate of need review begins.

POLICIES APPLICABLE TO HOME HEALTH SERVICES (HH)

Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County
When a county[1] has no Medicare-certified home health agency office physically located within the county's borders, and the county has a population of more than 20,000 people; or, if the county has a population of less than 20,000 people and there is not an existing Medicare-certified home health agency office located in a North Carolina county within 20 miles, need for a new Medicare-certified home health agency office in the county is thereby established through this policy. The "need determination" shall be reflected in the *next* annual North Carolina State Medical Facilities Plan that is published following determination that a county meets the criteria indicated above. (Population is based on population estimates/projections from

the North Carolina Office of State Budget and Management for the plan year in which the need determination would be made excluding active duty military for any county with more than 500 active duty military personnel. The measurement of 20 miles will be in a straight line from the closest point on the county line of the county in which an existing agency office is located to the county seat of the county in which there is no agency.)

[1] Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.

POLICIES APPLICABLE TO END-STAGE RENAL DISEASE DIALYSIS SERVICES (ESRD)

Policy ESRD-2: Relocation of Dialysis Stations

Relocations of existing dialysis stations are allowed only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate dialysis stations to a contiguous county shall:

1. Demonstrate that the facility losing dialysis stations or moving to a contiguous county is currently serving residents of that contiguous county; and

2. Demonstrate that the proposal shall not result in a deficit, or increase an existing deficit in the number of dialysis stations in the county that would be losing stations as a result of the proposed project, as reflected in the most recent North Carolina Semiannual Dialysis Report, and

3. Demonstrate that the proposal shall not result in a surplus, or increase an existing surplus of dialysis stations in the county that would gain stations as a result of the proposed project, as reflected in the most recent North Carolina Semiannual Dialysis Report.

POLICIES APPLICABLE TO ALL MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE USE DISORDER FACILITIES (MH)

Policy MH-1: Linkages between Treatment Settings

An applicant for a certificate of need for psychiatric, substance use disorder or intermediate care facilities for individuals with intellectual disabilities (ICF/IID) beds shall document that the affected local management entity-managed care organization has been contacted and invited to comment on the proposed services.

POLICIES APPLICABLE TO PSYCHIATRIC INPATIENT SERVICES FACILITIES (PSY)

Policy PSY-1: Transfer of Beds from State Psychiatric Hospitals to Community Facilities
Beds in the state psychiatric hospitals used to serve short-term psychiatric patients may be relocated to community facilities through the certificate of need process. However, before beds are transferred out of the state psychiatric hospitals, services and programs shall be available in the community. State psychiatric hospital beds that are relocated to community facilities shall be closed within 90 days following the date the transferred beds become operational in the community.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need of the North Carolina Department of Health and Human Services and commit to serve the type of short-term patients normally placed at the state psychiatric hospitals. To help ensure that relocated beds will serve those people who would have been served by the state psychiatric hospitals, a proposal to transfer beds from a state hospital shall include a written memorandum of agreement between the local management entity-managed care organization serving the county where the beds are to be located, the secretary of the North Carolina Department of Health and Human Services, and the person submitting the proposal.

POLICIES APPLICABLE TO INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (ICF/IID)

Policy ICF/IID-1: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Medically Fragile Children
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to community facilities through the certificate of need process for the establishment of community ICF/IID facilities to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. This policy allows for the relocation or transfer of beds only and does not provide for transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to community facilities shall be closed upon licensure of the transferred beds.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. To help ensure the relocated beds will serve these residents such proposal shall include a written agreement with the following representatives: director of the local management entity/managed care organization serving the county where the group home is to be located, the director of the applicable state operated developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the group home.

Policy ICF/IID-2: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Individuals Who Currently Occupy the Beds
Existing certified Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be transferred through the certificate of need process to establish ICF/IID group homes in the community to serve people with complex behavioral challenges

and/or medical conditions for whom a community ICF/IID placement is appropriate, as determined by the individual's treatment team and with the individual/guardian being in favor of the placement. This policy requires the transfer of the individuals who currently occupy the ICF/IID beds in the developmental center to the community facility when the beds are transferred. The beds in the state operated developmental center shall be closed upon certification of the transferred ICF/IID beds in the community facility. Providers proposing to develop transferred ICF/IID beds, as those beds are described in this policy, shall submit an application to Certificate of Need that demonstrates their clinical experience in treating individuals with complex behavioral challenges or medical conditions in a residential ICF/IID setting. To ensure the transferred beds will be used to serve these individuals, a written agreement between the following parties shall be obtained prior to development of the group home: director of the local management entity-managed care organization serving the county where the group home is to be located, the director of the applicable developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the group home.

Policy ICF/IID-3: Transfer of ICF/IID Beds from State Operated Developmental Centers to Community Facilities for Adults with Severe to Profound Developmental Disabilities

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) beds in state operated developmental centers may be relocated to existing community facilities through the certificate of need process for the replacement of Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (CAP I/DD) waiver slots lost as a result of the Centers for Medicaid and Medicare Services (CMS) policy designed to prohibit CAP I/DD waiver and ICF/IID beds from being located on the same campus. This policy allows for the relocation or transfer of beds only and does not provide for transfer of residents with the beds. State operated developmental center ICF/IID beds that are relocated to community facilities shall be closed upon licensure of the transferred beds.

Facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve adults who have severe to profound developmental disabilities. This policy applies only to facilities that have lost waiver slots as a result of the CMS ruling and does not apply for expansion beyond the lost beds. To help ensure the relocated beds will serve these residents such proposal shall include a written agreement with the following representatives: director of the local management entity/managed care organization serving the county where the community-based facility is located, the director of the applicable state operated developmental center, the director of the North Carolina Division of State Operated Healthcare Facilities, the secretary of the North Carolina Department of Health and Human Services and the operator of the community-based facility.

POLICIES APPLICABLE TO ALL HEALTH SERVICES (GEN)

The policy statements below apply to all health services including acute care (hospitals, ambulatory surgical facilities, operating rooms, rehabilitation facilities, and technology); long-term care (nursing homes, adult care homes, Medicare-certified home health agencies, end-stage renal disease services and hospice services); mental health (psychiatric facilities, substance use disorder facilities, and ICF/IID) and services and equipment including bone marrow transplantation services, burn intensive care services, neonatal intensive care services, open heart surgery services, solid organ transplantation services, cardiac catheterization equipment, heart-lung bypass machines, gamma knives, linear accelerators, lithotripters, magnetic resonance imaging scanners, positron emission tomography scanners, simulators, major medical equipment as defined in G.S. 131E-176(14o), and diagnostic centers as defined in G.S. 131E-176(7a).

Policy GEN-1: Reallocations

1. Reallocations shall be made only to the extent that the methodologies used in this Plan to make need determinations indicate that need exists after the inventories are revised and the need determinations are recalculated.

2. Beds or services which are reallocated once in accordance with this policy shall not be reallocated again. Rather, Healthcare Planning shall make any necessary changes in the next annual North Carolina State Medical Facilities Plan.

3. Dialysis stations that are withdrawn, relinquished, not applied for, decertified, denied, appealed, or pending the expiration of the 30-day appeal period shall not be reallocated. Instead, any necessary redetermination of need shall be made in the next scheduled publication of the North Carolina Semiannual Dialysis Report.

4. Appeals of Certificate of Need Decisions on Applications
   Need determinations of beds or services for which Certificate of Need decision to approve or deny the application has been appealed shall not be reallocated until the appeal is resolved.

   a. Appeals resolved prior to August 17:
      If such an appeal is resolved in the calendar year prior to August 17, the beds or services shall not be reallocated by Certificate of Need; rather Healthcare Planning shall make the necessary changes in the next annual North Carolina State Medical Facilities Plan except for dialysis stations which shall be processed pursuant to Item 3.

   b. Appeals resolved on or after August 17:
      If such an appeal is resolved on or after August 17 in the calendar year, the beds or services, except for dialysis stations, shall be made available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from the date that the appeal is resolved. Notice shall be mailed by Certificate of Need to all people on the mailing list for the North Carolina State Medical Facilities Plan, no less than 45 days prior to the due date for receipt of new applications.

5. Withdrawals and Relinquishments
   Except for dialysis stations, a need determination for which a certificate of need is issued, but is subsequently withdrawn or relinquished, is available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from:

   a. the last date on which an appeal of the notice of intent to withdraw the certificate could be filed if no appeal is filed;

   b. the date on which an appeal of the withdrawal is finally resolved against the holder; or

   c. the date that Certificate of Need receives from the holder of the certificate of need notice that the certificate has been voluntarily relinquished.

   Notice of the scheduled review period for the reallocated services or beds shall be mailed by Certificate of Need to all people on the mailing list for the North Carolina State Medical

Facilities Plan, no less than 45 days prior to the due date for submittal of the new applications.

6. Need Determinations for which No Applications are Received

   a. Services or beds with scheduled review in the calendar year on or before September 1: Certificate of Need shall not reallocate the services or beds in this category for which no applications were received, because Healthcare Planning will have sufficient time to make any necessary changes in the determinations of need for these services or beds in the next annual North Carolina State Medical Facilities Plan, except for dialysis stations.

   b. Services or beds with scheduled review in the calendar year after September 1: Except for dialysis stations, a need determination in this category for which no application has been received by the last due date for submittal of applications shall be available to be applied for in the second Category J review period in the next calendar year for the applicable Health Service Area. Notice of the scheduled review period for the reallocated beds or services shall be mailed by Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan, no less than 45 days prior to the due date for submittal of new applications.

7. Need Determinations not Awarded because Application Disapproved

   a. Disapproval in the calendar year prior to August 17:
   Need determinations or portions of such need for which applications were submitted but disapproved by Certificate of Need before August 17, shall not be reallocated by Certificate of Need. Instead Healthcare Planning shall make the necessary changes in the next annual North Carolina State Medical Facilities Plan if no appeal is filed, except for dialysis stations.

   b. Disapproval in the calendar year on or after August 17:
   Need determinations or portions of such need for which applications were submitted but disapproved by Certificate of Need on or after August 17, shall be reallocated by Certificate of Need, except for dialysis stations. A need in this category shall be available for a review period to be determined by Certificate of Need but beginning no earlier than 95 days from the date the application was disapproved, if no appeal is filed. Notice of the scheduled review period for the reallocation shall be mailed by the Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan no less than 80 days prior to the due date for submittal of the new applications.

8. Reallocation of Decertified Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Beds

   If an ICF/IID facility's Medicaid certification is relinquished or revoked, the ICF/IID beds in the facility may be reallocated by the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning after consideration of recommendations from the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The North Carolina Department of Health and

Human Services, Division of Health Service Regulation, Certificate of Need shall schedule reviews of applications for any reallocated beds pursuant to Section (5) of this policy.

Policy GEN-2: Changes in Need Determinations

1. The need determinations adopted in this document or in the Dialysis Reports shall be revised continuously throughout the calendar year to reflect all changes in the inventories of:

   a. the health services listed at G.S. 131E-176 (16)f;

   b. health service facilities;

   c. health service facility beds;

   d. dialysis stations;

   e. the equipment listed at G.S. 131E-176 (16)f1;

   f. mobile medical equipment;

   g. operating rooms as defined in Chapter 6; and

   as those changes are reported to Healthcare Planning. However, need determinations in this document shall not be reduced if the relevant inventory is adjusted upward 60 days or less prior to the applicable "Certificate of Need Application Due Date."

2. Inventories shall be updated to reflect:

   a. decertification of Medicare-certified home health agencies or offices, ICF/IID and dialysis stations;

   b. de-licensure of health service facilities and health service facility beds;

   c. demolition, destruction, or decommissioning of equipment as listed at G.S. 131E-176(16)f1 and s;

   d. elimination or reduction of a health service as listed at G.S. 131E-176(16)f;

   e. addition or reduction in operating rooms as defined in Chapter 6;

   f. psychiatric beds licensed pursuant to G.S. 131E-184(c);

   g. certificates of need awarded, relinquished, or withdrawn, subsequent to the preparation of the inventories in the North Carolina State Medical Facilities Plan; and

   h. corrections of errors in the inventory as reported to Healthcare Planning.

3. Any person who is interested in applying for a new institutional health service for which a need determination is made in this document may obtain information about updated inventories and need determinations from Healthcare Planning.

4. Need determinations resulting from changes in inventory shall be available for a review period to be determined by Certificate of Need, but beginning no earlier than 60 days from the date of the action identified in Subsection (2), except for dialysis stations which shall be determined by Healthcare Planning and published in the next North Carolina Semiannual Dialysis Report. Notice of the scheduled review period for the need determination shall be mailed by the Healthcare Planning and Certificate of Need Section to all people on the mailing list for the North Carolina State Medical Facilities Plan no less than 45 days prior to the due date for submittal of the new applications.

Policy GEN-3: Basic Principles

A certificate of need applicant applying to develop or offer a new institutional health service for which there is a need determination in the North Carolina State Medical Facilities Plan shall demonstrate how the project will promote safety and quality in the delivery of health care services while promoting equitable access and maximizing healthcare value for resources expended. A certificate of need applicant shall document its plans for providing access to services for patients with limited financial resources and demonstrate the availability of capacity to provide these services. A certificate of need applicant shall also document how its projected volumes incorporate these concepts in meeting the need identified in the State Medical Facilities Plan as well as addressing the needs of all residents in the proposed service area.

Policy GEN-4: Energy Efficiency and Sustainability for Health Service Facilities

Any person proposing a capital expenditure greater than $2 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178 shall include in its certificate of need application a written statement describing the project's plan to assure improved energy efficiency and water conservation.

In approving a certificate of need proposing an expenditure greater than $5 million to develop, replace, renovate or add to a health service facility pursuant to G.S. 131E-178, Certificate of Need shall impose a condition requiring the applicant to develop and implement an Energy Efficiency and Sustainability Plan for the project that conforms to or exceeds energy efficiency and water conservation standards incorporated in the latest editions of the North Carolina State Building Codes. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4.

Any person awarded a certificate of need for a project or an exemption from review pursuant to G.S. 131E-184 is required to submit a plan for energy efficiency and water conservation that conforms to the rules, codes and standards implemented by the Construction Section of the Division of Health Service Regulation. The plan must be consistent with the applicant's representation in the written statement as described in paragraph one of Policy GEN-4. The plan shall not adversely affect patient or resident health, safety or infection control.

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Chapter 5:

Acute Care Hospital Beds

CHAPTER 5
ACUTE CARE HOSPITAL BEDS

Summary of Bed Supply and Utilization
As of fall 2016, there are 111 licensed acute care hospitals and 20,981 licensed acute care beds in North Carolina. Data provided by Truven Health Analytics indicated that 4,364,887 days of care were provided to patients in those hospitals during 2015, which represents an average annual occupancy rate of 57.0 percent. These numbers exclude beds in service for substance use disorders, psychiatry, rehabilitation, hospice and long-term care. In addition, across the state acute care bed capacity is expected to increase in certain markets by 780 pending beds and to decrease in other markets by 154 beds, for a net increase of 626 beds.

It is important to note that not all licensed beds were in service throughout the year. Some beds were permanently idled, while others were temporarily taken out of service due to staff shortages or to accommodate renovation projects.

Changes from the Previous Plan
One substantive change to the Acute Care Bed Need methodology has been incorporated into the North Carolina 2017 State Medical Facilities Plan. In accordance with Step 1 in Application of the Methodology, the multicounty acute care bed service areas have been reviewed and updated as indicated by the data. The changes are summarized below:

1. Hyde County will no longer be in a multi-county service area divided between Beaufort and Pitt Counties, but will be in the Pitt/Greene/Hyde/Tyrrell Service Area. Beaufort County will become a single county service area.

2. Tyrrell County will be divided between the Chowan/Tyrrell and Pitt/Greene/Hyde/Tyrrell Service Areas.

The inventory has been updated and references to dates have been advanced by one year as appropriate.

Basic Principles

A. Acute Care Hospital Goals

1. **To facilitate continuing improvement in the state's acute care services.** Advances in medical practice frequently entail the development of new services, new facilities or both. The policy of the state is to encourage their development when cost effective and essential to assure reasonable accessibility to services.

2. **To expand the availability of appropriate, adequate acute care service to the people of North Carolina.** Our improving highways and transportation systems have brought acute care services within reasonable geographic reach of all North Carolinians, but not within financial reach. Despite the expansion of the state's Medicaid Program, in 2004 17.5 percent of North Carolinians under the age of 65 were uninsured for a full year, according to a study by the Cecil G. Sheps Center for Health Services Research, at the University of North Carolina at Chapel Hill.

3. **To protect the resource that the state's acute care hospitals represent.** The acute care hospitals are the providers of essential health care services, the state's third largest

employer, the largest single investment of public funds in many communities, magnets for physicians deciding where to practice, and building blocks in the economic development of their communities. North Carolina must safeguard the future of its hospitals.

Even so, it is not the state's policy to guarantee the survival and continued operation of all the state's hospitals, or even any one of them. In a dynamic, fast-changing environment, which is moving away from inpatient hospital services, the survival and future activities of hospitals will be a function of many factors beyond the realm of state policy.

The state can, however, facilitate the survival of its hospitals and promote the development of needed health care services, acute and non-acute, by encouraging hospitals to convert unused acute care inpatient facilities to new purposes, to collaborate with other health care providers, and to develop health care delivery networks.

4. **To encourage the substitution of less expensive for more expensive services whenever feasible and appropriate.** The state supports continued and expanded use of programs which have demonstrated their capacity to reduce both the number and length of hospital admissions, including:

   a. Development of health care delivery networks;
   b. Increased use of ambulatory surgery;
   c. Outpatient diagnostic studies;
   d. Preadmission testing;
   e. Preadmission certification;
   f. Programs to reduce admission and readmission rates;
   g. Timely scheduling of admissions;
   h. Effective utilization review;
   i. Discharge planning;
   j. Appropriate use of alternative services such as home health services, hospice, adult care homes, nursing homes; and
   k. Initiating new, or maximizing existing, preventive health services.

5. **To assure that substantial capital expenditures for the construction or renovation of health care facilities are based on demonstrated need.**

6. **To assure that applicants proposing to expand or replace acute care beds should provide careful analysis of what they have done to promote cost-effective alternatives to inpatient care and to reduce average length of stay.**

B. Use of Swing Beds

The North Carolina Department of Health and Human Services supports the use of swing beds in providing long-term nursing care services in rural acute care hospitals.

Section 1883 of the Social Security Act provides that certain small rural hospitals may use their inpatient facilities to furnish skilled nursing facility (SNF) services to Medicare and Medicaid beneficiaries and intermediate care facility (ICF) services to Medicaid beneficiaries.

Hospitals wishing to receive swing bed certification for Medicare patients must meet the eligibility criteria outlined in the law which include:

1. Have a certificate of need, or a letter from Certificate of Need indicating that no certificate of need review is required to provide swing bed services; and

2. Have a current valid Medicare provider agreement; and

3. Be located in an area of the state not designated as urbanized by the most recent official census; and

4. Have fewer than 100 hospital beds, excluding beds for newborns and beds in intensive type inpatient units; and

5. Not have in effect a 24-hour nursing waiver granted under 42 CFR 488.54I; and

6. Not have had a swing bed approval terminated within the two years previous to application; and

7. Meet the Swing Bed Conditions of Participation (see 42 CFR 482.66) on Resident Rights; Admission, Transfer, and Discharge Rights; Resident Behavior and Facility Practices; Patient Activities; Social Services; Discharge Planning; Specialized Rehabilitative Services; and Dental Services.

A certificate of need is not required if capital expenditures associated with the swing bed service do not exceed $2 million, and there is no change in bed capacity.

Sources of Data
Inventory of Acute Care Beds:
The inventory of hospital facilities is maintained through the hospitals' response to a state law that requires each facility to notify the North Carolina Department of Health and Human Services and receive appropriate approvals before construction, alterations or additions to existing buildings or any changes in bed capacities. Bed counts are revised in the state's inventory as changes are reported and approved.

Days of Care and Patient Origin Data for the Bed Need Methodology:
The data source for annual days of care used in the methodology is Truven Health Analytics, a collector of hospital patient discharge information. The general acute care days of care by facility and data on patients' county of residence were provided by the Sheps Center based on the Truven Health Analytics data. *(Note: The determination of whether a patient record was categorized as an "acute care/general discharge" was determined by the revenue code(s) for accommodation type, as submitted to Truven Health Analytics by facilities on the UB-92 form. Included in Column F, "Truven Health Analytics 2015 Acute Care Days" are records with revenue codes signifying an acute care/general accommodation type. Likewise, any records that are coded as substance abuse, psychiatric, or rehabilitation discharges are excluded from these figures.)*

Basic Assumptions of the Methodology

- Target occupancies of hospitals should encourage efficiency of operation, and vary with average daily census:

Average Daily Census	Target Occupancy of Licensed Acute Care Beds
ADC 1-99	66.7%
ADC 100-200	71.4%
ADC>200 and <=400	75.2%
ADC>400	78.0%

- In determining utilization rates and average daily census, only acute care bed days of care are counted.

- If a hospital has received approval to increase or decrease acute care bed capacity, this change is incorporated into the anticipated bed capacity regardless of the licensure status of the beds.

Application of the Methodology

Step 1

Counties that have at least one licensed acute care hospital are single county acute care bed service areas unless the county is grouped with a county lacking a licensed acute care hospital. When a county that has at least one licensed acute care hospital is grouped with a county lacking a licensed acute care hospital, a multicounty acute care bed service area is created.

All counties lacking a licensed acute care hospital are grouped with either one or two counties, each of which has at least one licensed acute care hospital. A multicounty acute care bed service area may consist of multiple counties lacking a licensed acute care hospital that are grouped with either one or two counties, each of which has at least one licensed acute care hospital.

The three most recent years of available acute care days, patient origin data are combined and used to create the multicounty acute care bed service areas. These data are updated and reviewed every three years. The multicounty acute care bed service areas are then updated, as indicated by the data. The first update occurred in the North Carolina 2011 State Medical Facilities Plan. The following decision rules are used to determine multicounty acute care bed service area groupings.

1. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless:

    a. Two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days.

2. If 1.a. is true, then the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days.

A county lacking a licensed acute care hospital becomes a single county acute care bed service area upon licensure of an acute care hospital in that county. If a certificate of need is issued for development of an

acute care hospital in a county lacking an acute care hospital, the acute care beds for which the certificate of need has been issued will be included in the inventory of beds in that county's multicounty acute care bed service area until those beds are licensed.

An acute care bed's service area is the acute care bed planning area in which the bed is located. The acute care bed planning areas are the single and multicounty groupings shown in Figure 5.1.

Step 2 (Columns D and E)

Determine the number of acute care beds in the inventory by totaling:

(Column D)

a. the number of licensed acute care beds at each hospital;

(Column E)

b. the number of acute care beds for which certificates of need have been issued, but for which changes in the license have not yet been made (i.e., additions, reductions, and relocations); and

c. the number of acute care beds for which a need determination in the North Carolina State Medical Facilities Plan is pending review or appeal.

Step 3 (Column F)

Determine the total number of acute inpatient days of care provided by each hospital based on the data contained in the above referenced report for Federal Fiscal Year 2015. *(Please see note in "Sources of Data" regarding identification of general acute days of care.)*

Step 4 (Columns G and H)

Calculate the projected inpatient days of care in Federal Fiscal Year 2019 as follows:

a. For each county, determine the total annual number of acute inpatient days of care provided in North Carolina acute care hospitals during each of the last five federal fiscal years based on data provided by the Sheps Center.

b. For each county, calculate the difference in the number of acute inpatient days of care provided from year to year.

c. For each county, for each of the last four years, determine the percentage change from the previous year by dividing the calculated difference in acute inpatient days by the total number of acute inpatient days provided during the previous year. *(Example: (YR 2015 – YR 2014) / YR 2014; etc.)*

(Column G)

d. For each county, total the annual percentages of change and divide by four to determine the average annual historical percentage change for each county. For positive annual percentages of change, add 1 and this becomes the County Growth Rate Multiplier. For negative annual percentages of change, subtract 1. If the County Growth Rate Multiplier is negative, Truven Health Analytics 2015 Acute Care Days are carried forward unchanged to Column H.

e. For each county with a positive County Growth Rate Multiplier, calculate the compounded growth factor projected for the next four years by using the average annual historical

percentage change (from d. above) in the first year and compounding the change each year thereafter at the same rate.

(Column H)

f. For each hospital, multiply the acute inpatient days of care from Column F by the compounded county growth factor to project the number of acute inpatient days of care to be provided in Federal Fiscal Year 2019 at each hospital.

Step 5 (Column I)

Calculate the projected midnight average daily census for each hospital in Federal Fiscal Year 2019 by dividing the projected number of acute inpatient days of care provided at the hospital (from Column H) by 365 days.

Step 6 (Column J)

Multiply each hospital's projected midnight average daily census from Step 5 (Column I) by the appropriate target occupancy factor below:

Average Daily Census	Occupancy Factor
Average Daily Census less than 100	1.50
Average Daily Census 100-200	1.40
Average Daily Census greater than 200 and <=400	1.33
Average Daily Census greater than 400	1.28

Step 7 (Column K)

Determine the surplus or deficit of beds for each hospital by subtracting the inventory of beds in Step 2 (Column D plus Column E) from the number of beds generated in Step 6 (Column J). *(Note: Deficits will appear as positive numbers; surpluses, as negative numbers.)*

Step 8 (Column L)

The number of acute care beds needed in a service area is determined as follows:

a. The threshold for a need determination for additional acute care beds is a projected deficit of 20 or more beds, or a projected deficit which equals or exceeds 10 percent of the total bed inventory for hospitals under common ownership.

b. The threshold is applied individually to each hospital, and a need determination is generated irrespective of surpluses at other hospitals in the service area, unless there are other hospitals in the service area under common ownership.

c. If two or more hospitals in the same service area are under common ownership, total the surpluses and deficits of beds for those hospitals to determine the surplus or deficit of beds for each owner of multiple hospitals in the service area.

d. When the deficit of total acute care beds in the service area for any facility or owner equals or exceeds 20 beds or 10 percent of the inventory of acute care beds for that facility or owner, the deficits of all facilities and owners in the service area will be summed to determine the number of acute care beds needed in the service area.

Qualified Applicants

Any qualified applicant may apply for a certificate of need to acquire the needed acute care beds. A person is a qualified applicant if he or she proposes to operate the additional acute care beds in a hospital that will provide:

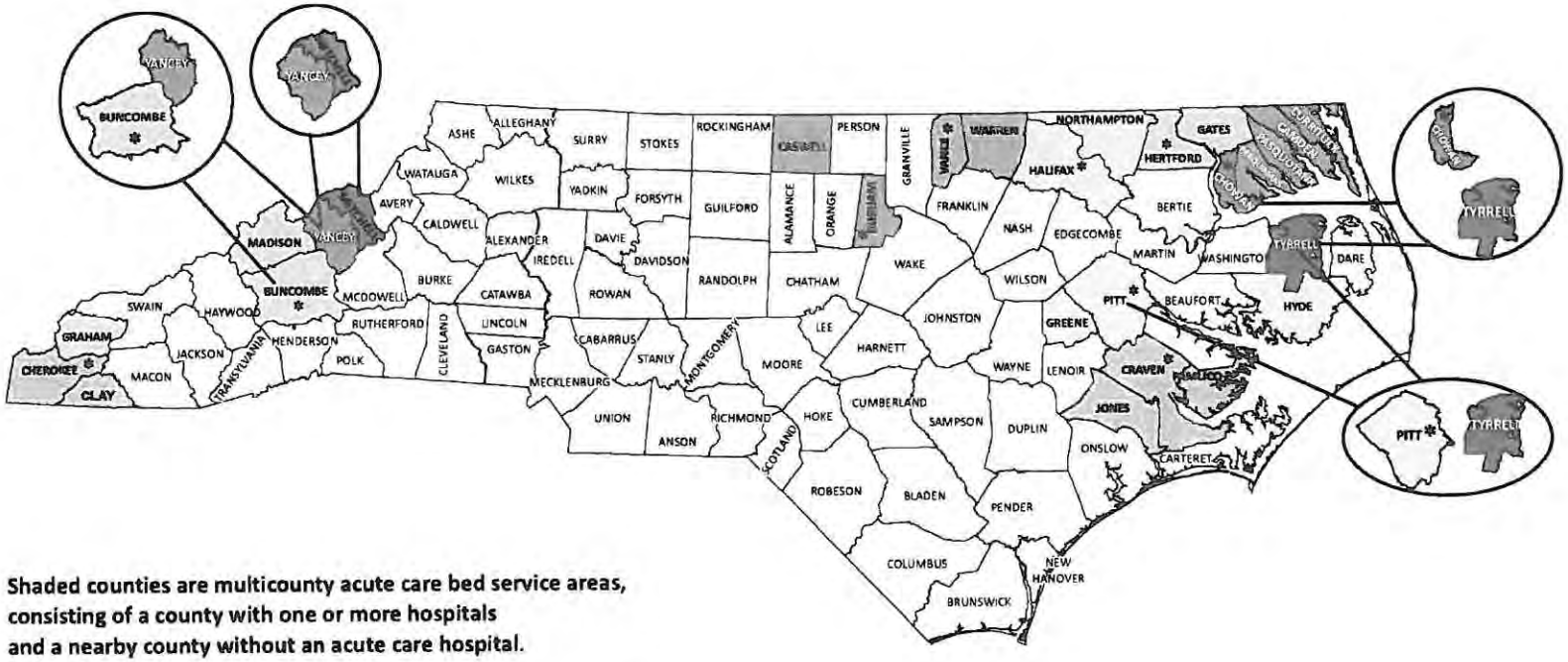
1. a 24-hour emergency services department,

2. inpatient medical services to both surgical and non-surgical patients, and

3. if proposing a new licensed hospital, medical and surgical services on a daily basis within at least five of the major diagnostic categories as recognized by the Centers for Medicare and Medicaid Services (CMS) as follows:

MDC 1:	Diseases and disorders of the nervous system
MDC 2:	Diseases and disorders of the eye
MDC 3:	Diseases and disorders of the ear, nose, mouth and throat
MDC 4:	Diseases and disorders of the respiratory system
MDC 5:	Diseases and disorders of the circulatory system
MDC 6:	Diseases and disorders of the digestive system
MDC 7:	Diseases and disorders of the hepatobiliary system and pancreas
MDC 8:	Diseases and disorders of the musculoskeletal system and connective tissue
MDC 9:	Diseases and disorders of the skin, subcutaneous tissue and breast
MDC 10:	Endocrine, nutritional and metabolic diseases and disorders
MDC 11:	Diseases and disorders of the kidney and urinary tract
MDC 12:	Diseases and disorders of the male reproductive system
MDC 13:	Diseases and disorders of the female reproductive system
MDC 14:	Pregnancy, childbirth and the puerperium
MDC 15:	Newborns/other neonates with conditions originating in the perinatal period
MDC 16:	Diseases and disorders of the blood and blood-forming organs and immunological disorders
MDC 17:	Myeloproliferative diseases and disorders and poorly differentiated neoplasms
MDC 18:	Infectious and parasitic diseases
MDC 19:	Mental diseases and disorders
MDC 20:	Alcohol/drug use and alcohol/drug-induced organic mental disorders
MDC 21:	Injury, poisoning and toxic effects of drugs
MDC 22:	Burns
MDC 23:	Factors influencing health status and other contacts with health services
MDC 24:	Multiple significant trauma
MDC 25:	Human immunodeficiency virus infections

Figure 5.1: Acute Care Bed Service Areas



Shaded counties are multicounty acute care bed service areas, consisting of a county with one or more hospitals and a nearby county without an acute care hospital.

*** For multicounty service areas, the asterisk denotes the county with at least one hospital.**

Hospitals	Multicounty Service Area	Color Code
Duke University Hospital, Duke Regional Hospital, North Carolina Specialty Hospital	Durham, Caswell	
Murphy Medical Center	Cherokee, Clay	
Mission Hospital	Buncombe, Graham, Madison, Yancey	
Maria Parham Medical Center	Vance, Warren	
Our Community Hospital and Halifax Regional Medical Center	Halifax, Northampton	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Vidant Chowan Hospital	Chowan, Tyrrell	
Vidant Roanoke-Chowan Hospital	Hertford, Gates	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck,Perquimans	
Blue Ridge Regional Hospital	Mitchell, Yancey	

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Alamance	H0272	Alamance Regional Medical Center	182	0	40,319	-1.0258	40,319	110	155	-27	
Alamance Total			182	0							0
Alexander	H0274	Alexander Hospital (closed)*	25	-25		0.0000	0	0	0	0	
Alexander Total			25	-25							0
Alleghany	H0108	Alleghany Memorial Hospital	41	0	1,752	-1.0767	1,752	5	7	-34	
Alleghany Total			41	0							0
Anson	H0082	Carolinas HealthCare System Anson	15	0	520	-1.3115	520	1	2	-13	
Anson Total			15	0							0
Ashe	H0099	Ashe Memorial Hospital	76	0	4,438	-1.0353	4,438	12	18	-58	
Ashe Total			76	0							0
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital**	30	0	3,527	-1.0768	3,527	10	14	-16	
Avery Total			30	0							0
Beaufort	H0188	Vidant Beaufort Hospital	120	0	10,479	1.1159	16,249	45	67	-53	
Beaufort	H0002	Vidant Pungo Hospital (closed)^^^	39	0		1.1159	0	0	0	-39	
Beaufort Total			159	0							0
Bertie	H0268	Vidant Bertie Hospital	6	0	1,452	-1.0249	1,452	4	6	0	
Bertie Total			6	0							0
Bladen	H0154	Cape Fear Valley-Bladen County Hospital**	48	0	3,229	-1.0333	3,229	9	13	-35	
Bladen Total			48	0							0
Brunswick	H0150	J. Arthur Dosher Memorial Hospital	25	0	2,400	1.0379	2,785	8	11	-14	
Brunswick	H0250	Novant Health Brunswick Medical Center	74	0	15,604	1.0379	18,107	50	74	0	
Brunswick Total			99	0							0
Buncombe	H0036	Mission Hospital	701	32	183,905	1.0009	184,568	506	647	-86	
Buncombe/Graham/Madison/Yancey Total			701	32							0
Burke	H0062	Carolinas HealthCare System Blue Ridge	293	0	24,820	1.0054	25,360	69	104	-189	
Burke Total			293	0							0
Cabarrus	H0031	Carolinas HealthCare System NorthEast	447	0	98,481	-1.0003	98,481	270	359	-88	
Cabarrus Total			447	0							0

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Caldwell	H0061	Caldwell Memorial Hospital	110	0	17,403	1.0033	17,634	48	72	-38	
Caldwell Total			110	0							0
Carteret	H0222	Carteret General Hospital	135	0	23,361	1.0011	23,464	64	96	-39	
Carteret Total			135	0							0
Catawba	H0223	Catawba Valley Medical Center	200	0	34,935	-1.0214	34,935	96	144	-56	
Catawba	H0053	Frye Regional Medical Center	209	0	32,355	-1.0214	32,355	89	133	-76	
Catawba Total			409	0							0
Chatham	H0007	Chatham Hospital**	25	0	2,298	1.0080	2,372	6	10	-15	
Chatham Total			25	0							0
Cherokee	H0239	Murphy Medical Center	57	0	6,697	-1.0514	6,697	18	28	-29	
Cherokee/Clay Total			57	0							0
Chowan	H0063	Vidant Chowan Hospital	49	0	5,118	-1.0486	5,118	14	21	-28	
Chowan/Tyrrell Total			49	0							0
Cleveland	H0024	Carolinas HealthCare System Cleveland	241	0	27,992	-1.0311	27,992	77	115	-126	
Cleveland	H0113	Carolinas HealthCare System Kings Mountain	47	0	6,779	-1.0311	6,779	19	28	-19	
Cleveland Total			288	0							0
Columbus	H0045	Columbus Regional Healthcare System	154	0	19,701	-1.0332	19,701	54	81	-73	
Columbus Total			154	0							0
Craven	H0201	CarolinaEast Medical Center	307	0	49,730	-1.0242	49,730	136	191	-116	
Craven/Jones/Pamlico Total			307	0							0
Cumberland	H0213	Cape Fear Valley Medical Center	490	99	161,367	-1.0128	161,367	442	566	-23	
Cumberland Total			490	99							0
Dare	H0273	The Outer Banks Hospital	21	0	2,984	-1.0099	2,984	8	12	-9	
Dare Total			21	0							0
Davidson	H0027	Lexington Medical Center	94	0	10,218	1.0064	10,482	29	43	-51	
Davidson	H0112	Novant Health Thomasville Medical Center	101	0	9,987	1.0064	10,245	28	42	-59	
Davidson Total			195	0							0

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Davie	H0171	Davie Medical Center	81	-31	0	-1.4021	0	0	0	-50	
Davie Total			**81**	**-31**							**0**
Duplin	H0166	Vidant Duplin Hospital	56	0	7,762	1.0269	8,631	24	35	-21	
Duplin Total			**56**	**0**							**0**
Durham	H0233	Duke Regional Hospital	316	0	62,280	1.0285	69,689	191	267	-49	
Durham	H0015	Duke University Hospital***	924	0	272,459	1.0285	304,873	835	1,069	145	
		Duke/Duke Regional Hospital Total^^	1,240	0	334,739		374,562	1,026	1,336	96	
Durham	H0075	North Carolina Specialty Hospital	18	0	3,580	1.0285	4,006	11	16	-2	
Durham/Caswell Total			**1,258**	**0**							**96**
Edgecombe	H0258	Vidant Edgecombe Hospital	101	0	14,567	1.0019	14,678	40	60	-41	
Edgecombe Total			**101**	**0**							**0**
Forsyth	H0209	Novant Health Forsyth Medical Center	823	0	204,271	1.0029	206,651	566	725	-98	
Forsyth	H0229	Novant Health Medical Park Hospital	22	0	3,450	1.0029	3,490	10	14	-8	
		Forsyth/Medical Park Hospital Total	845	0	207,721		210,141	576	739	-106	
Forsyth	H0011	North Carolina Baptist Hospital^	802	4	227,099	1.0029	229,745	629	806	0	
Forsyth Total			**1647**	**4**							**0**
Franklin	H0261	Novant Health Franklin Medical Center (closed)**	70	0	565	-1.1732	565	2	2	-68	
Franklin Total			**70**	**0**							**0**
Gaston	H0105	CaroMont Regional Medical Center	372	0	81,117	1.0015	81,605	224	297	-75	
Gaston Total			**372**	**0**							**0**
Granville	H0098	Granville Health System	62	0	7,776	-1.0323	7,776	21	32	-30	
Granville Total			**62**	**0**							**0**
Guilford	H0159	Cone Health	777	-23	178,065	-1.0235	178,065	488	624	-130	
Guilford	H0052	High Point Regional Health	307	0	54,699	-1.0235	54,699	150	210	-97	
Guilford Total			**1084**	**-23**							**0**
Halifax	H0230	Halifax Regional Medical Center	184	0	20,040	-1.0736	20,040	55	82	-102	
Halifax	H0004	Our Community Hospital	20	0	42	-1.0736	42	0	0	-20	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Halifax/Northampton Total			204	0							0
Harnett	H0224	Betsy Johnson Hospital**	151	0	21,834	1.0130	22,992	63	94	-57	
Harnett Total			151	0							0
Haywood	H0025	Haywood Regional Medical Center*	153	-17	14,154	-1.0275	14,154	39	58	-78	
Haywood Total			153	-17							0
Henderson	H0161	Margaret R. Pardee Memorial Hospital	201	0	21,697	-1.0014	21,697	59	89	-112	
Henderson	H0019	Park Ridge Health	62	0	10,712	-1.0014	10,712	29	44	-18	
Henderson Total			263	0							0
Hertford	H0001	Vidant Roanoke-Chowan Hospital	86	0	12,720	-1.0282	12,720	35	52	-34	
Hertford/Gates Total			86	0							0
Hoke	H0288	Cape Fear Valley Hoke Hospital	41	0	1,061	0.0000	1,061	3	4	-37	
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus**	8	28	1,021	0.0000	1,021	3	4	-32	
Hoke Total			49	28							0
Iredell	H0248	Davis Regional Medical Center	102	0	8,405	-1.0743	8,405	23	35	-67	
Iredell	H0259	Lake Norman Regional Medical Center	123	0	16,195	-1.0743	16,195	44	67	-56	
Davis Regional/Lake Norman Regional Medical Center Total			225	0	24,600		24,600	67	102	-123	
Iredell	H0164	Iredell Memorial Hospital	199	0	34,785	-1.0743	34,785	95	143	-56	
Iredell Total			424	0							0
Jackson	H0087	Harris Regional Hospital	86	0	13,129	1.0035	13,314	36	55	-31	
Jackson Total			86	0							0
Johnston	H0151	Johnston Health	179	0	34,156	-1.0195	34,156	94	140	-39	
Johnston Total			179	0							0
Lee	H0243	Central Carolina Hospital	127	0	16,578	-1.0497	16,578	45	68	-59	
Lee Total			127	0							0
Lenoir	H0043	Lenoir Memorial Hospital	218	0	25,090	-1.0889	25,090	69	103	-115	
Lenoir Total			218	0							0
Lincoln	H0225	Carolinas HealthCare System Lincoln	101	0	18,314	1.0389	21,334	58	88	-13	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research
Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%
Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Lincoln Total			101	0							0
Macon	H0034	Angel Medical Center	59	0	6,453	1.0262	7,156	20	29	-30	
Macon	H0193	Highlands-Cashiers Hospital**	24	0	537	1.0262	596	2	2	-22	
Macon Total			83	0							0
Martin	H0078	Martin General Hospital	49	0	4,200	-1.0918	4,200	12	17	-32	
Martin Total			49	0							0
McDowell	H0097	The McDowell Hospital	65	0	7,043	1.0204	7,636	21	31	-34	
McDowell Total			65	0							0
Mecklenburg	H0042	Carolinas Healthcare System Pineville	206	0	57,157	1.0039	58,054	159	223	17	
Mecklenburg	H0255	Carolinas HealthCare System University	100	0	22,793	1.0039	23,151	63	95	-5	
Mecklenburg	H0071	Carolinas Medical Center	976	34	297,167	1.0039	301,830	827	1,058	48	
		Carolinas Medical Center Total	1,282	34	377,117		383,035	1,049	1,376	60	
Mecklenburg	H0282	Novant Health Huntersville Medical Center	91	48	23,080	1.0039	23,442	64	96	-43	
Mecklenburg	H0270	Novant Health Matthews Medical Center	143	11	37,517	1.0039	38,106	104	146	-8	
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	578	-59	124,924	1.0039	126,884	348	462	-57	
Mecklenburg		Presbyterian Hospital Mint Hill	0	50		1.0039	0	0	0	-50	
		Presbyterian Hospital Total	812	50	185,521		188,432	516	704	-158	
Mecklenburg Total			2094	84							60
Mitchell	H0169	Blue Ridge Regional Hospital	46	0	3,892	-1.1048	3,892	11	16	-30	
Mitchell/Yancey Total			46	0							0
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	37	0	804	-1.0393	804	2	3	-34	
Montgomery Total			37	0							0
Moore	H0100	FirstHealth Moore Regional Hospital	312	25	88,257	1.0187	95,046	260	346	9	
Moore Total			312	25							0
Nash	H0228	Nash General Hospital	262	0	47,069	-1.0036	47,069	129	181	-81	
Nash Total			262	0							0
New Hanover	H0221	New Hanover Regional Medical Center	647	31	174,194	1.0330	198,351	543	696	18	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.
(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
New Hanover Total			647	31							0
Onslow	H0048	Onslow Memorial Hospital	162	0	30,075	-1.0111	30,075	82	124	-38	
Onslow Total			162	0							0
Orange	H0157	University of North Carolina Hospitals^	731	159	229,915	1.0367	265,570	728	931	41	
Orange Total			731	159							41
Pasquotank	H0054	Sentara Albemarle Medical Center	182	0	20,527	-1.0109	20,527	56	84	-98	
Pasquotank/Camden/Currituck/Perquimans Total			182	0							0
Pender	H0115	Pender Memorial Hospital	43	0	1,924	-1.0247	1,924	5	8	-35	
Pender Total			43	0							0
Person	H0066	Person Memorial Hospital	50	0	4,240	-1.1038	4,240	12	17	-33	
Person Total			50	0							0
Pitt	H0104	Vidant Medical Center	782	150	223,798	1.0036	227,038	622	796	-136	
Pitt/Greene/Hyde/Tyrrell Total			782	150							0
Polk	H0079	St. Luke's Hospital	25	0	3,788	1.0093	3,931	11	16	-9	
Polk Total			25	0							0
Randolph	H0013	Randolph Hospital	145	0	18,982	-1.0713	18,982	52	78	-67	
Randolph Total			145	0							0
Richmond	H0158	FirstHealth Richmond Memorial Hospital**	99	0	7,753	-1.0923	7,753	21	32	-67	
Richmond	H0265	Sandhills Regional Medical Center	54	6	5,081	-1.0923	5,081	14	21	-39	
Richmond Total			153	6							0
Robeson	H0064	Southeastern Regional Medical Center	292	0	60,140	1.0001	60,164	165	231	-61	
Robeson Total			292	0							0
Rockingham	H0023	Annie Penn Hospital	110	0	13,441	-1.1050	13,441	37	55	-55	
Rockingham	H0072	Morehead Memorial Hospital	108	0	8,878	-1.1050	8,878	24	36	-72	
Rockingham Total			218	0							0
Rowan	H0040	Novant Health Rowan Medical Center	203	0	36,172	1.0130	38,090	104	146	-57	
Rowan Total			203	0							0
Rutherford	H0039	Rutherford Regional Medical Center	129	0	15,332	1.0030	15,517	43	64	-65	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Rutherford Total			129	0							0
Sampson	H0067	Sampson Regional Medical Center	116	0	10,748	-1.0502	10,748	29	44	-72	
Sampson Total			116	0							0
Scotland	H0107	Scotland Memorial Hospital	97	0	18,251	-1.0316	18,251	50	75	-22	
Scotland Total			97	0							0
Stanly	H0008	Carolinas HealthCare System - Stanly	97	0	11,221	-1.0515	11,221	31	46	-51	
Stanly Total			97	0							0
Stokes	H0165	Pioneer Community Hospital of Stokes	53	0	1,706	1.1984	3,519	10	14	-39	
Stokes Total			53	0							0
Surry	H0049	Hugh Chatham Memorial Hospital	81	0	15,807	-1.0190	15,807	43	65	-16	
Surry	H0184	Northern Hospital of Surry County	100	0	12,639	-1.0190	12,639	35	52	-48	
Surry Total			181	0							0
Swain	H0069	Swain Community Hospital	48	0	957	-1.0049	957	3	4	-44	
Swain Total			48	0							0
Transylvania	H0111	Transylvania Regional Hospital	42	0	5,554	-1.0196	5,554	15	23	-19	
Transylvania Total			42	0							0
Union	H0050	Carolinas HealthCare System Union	175	7	31,824	-1.0198	31,824	87	131	-51	
Union Total			175	7							0
Vance	H0267	Maria Parham Medical Center	91	11	21,044	1.0404	24,656	68	101	-1	
Vance/Warren Total			91	11							0
Wake	H0238	Duke Raleigh Hospital**	186	0	37,423	1.0140	39,563	108	152	-34	
Wake	H0065	Rex Hospital	433	6	117,686	1.0140	124,416	341	453	14	
Wake		Rex Hospital Holly Springs	0	50		1.0140	0	0	0	-50	
		Rex Hospital Total	433	56	117,686		124,416	341	453	-36	
Wake	H0199	WakeMed****	628	66	164,899	1.0140	174,329	478	611	-83	
Wake	H0276	WakeMed Cary Hospital**	156	22	45,744	1.0140	48,360	132	185	7	
		WakeMed Total	784	88	210,643		222,689	610	796	-76	

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
Wake Total			1,403	-148							0
Washington	H0006	Washington County Hospital	49	-37	955	-1.1404	955	3	4	-8	
Washington Total			49	-37							0
Watauga	H0077	Watauga Medical Center	117	0	14,231	-1.0467	14,231	39	58	-59	
Watauga Total			117	0							0
Wayne	H0257	Wayne Memorial Hospital	255	0	43,980	-1.0253	43,980	120	169	-86	
Wayne Total			255	0							0
Wilkes	H0153	Wilkes Regional Medical Center	120	0	15,349	1.0291	17,215	47	71	-49	
Wilkes Total			120	0							0
Wilson	H0210	Wilson Medical Center	271	-21	29,817	-1.0220	29,817	82	123	-127	
Wilson Total			271	-21							0
Yadkin	H0155	Yadkin Valley Community Hospital (closed)**/^^^	22	0	445	-1.0478	445	1	2	-20	
Yadkin Total			22	0							0

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Table 5A: Acute Care Bed Need Projections

2015 Utilization Data from Truven Health Analytics compiled by the Cecil B. Sheps Center for Health Services Research

Target Occupancy Rates: ADC 1-99: 66.7%, ADC 100-200: 71.4%, ADC > 200 and <=400: 75.2%, ADC>400: 78%

Target Occupancy Factors: ADC 1-99: 1.50, ADC 100-200: 1.40, ADC > 200 and <=400: 1.33, ADC >400: 1.28

A	B	C	D	E	F	G	H	I	J	K	L
Service Area	License Number	Facility Name	Licensed Acute Care Beds	Adjustments for CONs/ Previous Need	Truven Health Analytics 2015 Acute Care Days	County Growth Rate Multiplier	4 Years Growth Using County Growth Rate (= 2015 Days, if negative growth)	2019 Projected Average Daily Census (ADC)	2019 Beds Adjusted for Target Occupancy	Projected 2019 Deficit or Surplus (surplus shows as a "-")	2019 Need Determination
		Grand Total All Hospitals	20981	626	4364887		4537327				197

* Acute care beds in the "Adjustments for CONs/Previous Need" column are to be converted to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

** Truven Health Analytics acute days of care data and the Division of Health Service Regulation Hospital License Renewal Application days of care data have a greater than ± 5% discrepancy between the two data sources.

*** Duke University Hospital is licensed for 14 acute care beds under Policy AC-3. The 14 beds are not counted when determining acute care bed need.

**** Pursuant to Policy AC-4, a total of 37 nursing care beds were approved and converted to acute care beds.

^ Adjustments for CON in Forsyth and Orange Counties include 4 beds approved for the Burn Intensive Care Units.

^^ Duke University Hospital's and Duke Regional Hospital's acute days of care were adjusted based on revised data submitted to the Division of Health Service Regulation by Duke University Health System.

^^^ The Division of Health Service Regulation received notices from two different buyers regarding the designation of Vidant Pungo Hospital as a legacy medical care facility. The prospective buyers have 36 months from the date of their respective notices to acquire and reopen the hospital. One notice was effective on May 16, 2016, and the other was effective on June 14, 2016.

^^^^ The Division of Health Service Regulation received notice on January 19, 2016 from Yadkin Valley Community Hospital regarding designation as a legacy medical care facility. The facility has 36 months from the date of its notice to reopen the hospital.

Projections based on four-year average county-specific growth rates, compounded annually over the next four years. Acute Care Days data from 2011, 2012, 2013, 2014 and 2015 were used to generate four-year growth rate.

(ADC= Average Daily Census)

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is a need for 197 acute care beds, as shown in Table 5B. There is no need anywhere else in the state and no other reviews are scheduled.

Table 5B: Acute Care Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the Acute Care Bed Service Areas listed in the table below need additional acute care beds as specified.

Service Area	Acute Care Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Durham	96	October 16, 2017	November 1, 2017
Mecklenburg	60	June 15, 2017	July 1, 2017
Orange	41	April 17, 2017	May 1, 2017
It is determined that there is no need for additional acute care beds anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Inventory of Long-Term Care Hospital Beds

As a result of the August 2005 change in the certificate of need statute, which made "long-term care hospital beds" a separate category of health service facility beds, the bed days associated with long-term care hospitals have been removed from the acute care bed need determinations. Table 5C, based on 2015 data from the 2016 Hospital License Renewal Applications, shows long-term care hospital inventory data.

Table 5C: Long-Term Care Hospital (LTCH) Bed Inventory

License Number	Facility Name	County	Licensed LTCH Beds	Adjustments for Certificates of Need and Previous Need
H0279	Asheville Specialty Hospital	Buncombe	34	0
H0278	Carolinas ContinueCare Hospital at Pineville	Mecklenburg	40	0
H0236	Carolinas ContinueCare Hospital at Kings Mountain	Cleveland	28	0
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	66	0
H0073	Kindred Hospital-Greensboro	Guilford	101	0
H0242	LifeCare Hospitals of North Carolina	Nash	50	0
H0280	Select Specialty Hospital – Durham	Durham	30	0
H0284	Select Specialty Hospital – Greensboro	Guilford	30	0
H0277	Select Specialty Hospital – Winston-Salem	Forsyth	42	0
H0289	Carolinas ContinueCare Hospital at University	Mecklenburg	0	35

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Chapter 6:

Operating Rooms

CHAPTER 6
OPERATING ROOMS

Summary of Operating Room Inventory and Utilization

"Operating room" is defined in G.S. 131E-76(6a) as "...a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room." In the fall of 2016, the combined inventory of operating rooms in hospitals and ambulatory surgical facilities in North Carolina consisted of 152 dedicated inpatient surgery rooms, including 95 dedicated C-Section rooms, 296 dedicated ambulatory surgery rooms and 914 shared operating rooms. Data from the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications indicated that of the total reported surgical cases, excluding C-Section cases, 72.3 percent of the cases were ambulatory cases and 27.7 percent of the cases were inpatient cases.

Changes from the Previous Plan

One substantive change to the Operating Room methodology has been incorporated into the North Carolina 2017 State Medical Facilities Plan. In accordance with Step 1, Delineation of Service Areas, the multicounty operating room service areas have been reviewed and updated as indicated by the data. The changes are summarized below:

1. Caswell County will no longer be in a multi-county service area with Alamance County. Caswell County will be in the Guilford/Caswell Service Area. Alamance County will become a single county service area.

2. Hyde County will no longer be in a multi-county service area divided between Beaufort and Pitt Counties. Hyde County will be in the Pitt/Greene/Hyde/Tyrrell Service Area. Beaufort County will become a single county service area.

3. Tyrrell County will no longer be in a multi-county service area with Chowan County. Tyrrell County will be in the Pitt/Greene/Hyde/Tyrrell Service Area. Chowan County will become a single county service area.

The inventory and case data have been updated and references to dates have been advanced by one year, as appropriate.

Sources of Data

Data on the number of cases and procedures for the North Carolina 2017 State Medical Facilities Plan were taken from the "2016 Hospital License Renewal Application" and the "2016 Ambulatory Surgical Facility License Renewal Application" as submitted to the Acute and Home Care Licensure and Certification Section of the Division of Health Service Regulation. *(Note: While utilization data are reported on the annual license renewal applications for dedicated C-Section rooms, utilization data must be collected separately for the excluded Trauma Center and Burn Intensive Care Unit operating rooms described in Step 4.j. of the "Methodology for Projecting Operating Room Need." For the North Carolina 2017 State Medical Facilities Plan, one operating room for each Level I and Level II trauma center and one operating room for each designated burn intensive care unit are excluded in Table 6B. However, additional data on cases referred to excluded operating rooms by Level I or Level II trauma centers and burn intensive care units have not been collected because application of the methodology indicated that the Operating Room Service Areas with a Level I or Level II trauma center or burn intensive care unit all had surpluses of*

operating rooms. Excluding cases for service areas with projected surpluses would only increase the size of the projected surplus.)

Inventory data for the North Carolina 2017 State Medical Facilities Plan were compiled by staff based on License Renewal Applications, supplemented with data from the most recent licenses issued by the Acute and Home Care Licensure and Certification Section and with project approval letters from Certificate of Need.

Population data by county for 2015 and 2019 were obtained from the North Carolina Office of State Budget and Management.

Methodology for Projecting Operating Room Need

The following narrative describes the assumptions and methodology used in determining the operating room inventory and in projecting need for additional operating room capacity. The objective of the methodology is to arrive at a reasonable assessment of the adequacy of current resources for performing surgery, compared with an estimate of need for additional capacity.

Step 1 – Delineation of Service Areas (Column A, Table 6B)

Definitions:

Single county operating room service area: A county with at least one licensed facility with one or more operating rooms.

Multicounty operating room service area: A group of counties including:

- one or two counties with at least one licensed facility with at least one operating room **and;**
- one or more counties with no licensed facility with at least one operating room.

All counties are either single county operating room service areas or are part of a multicounty operating room service area. A multicounty operating room service area may consist of multiple counties with no licensed facility with at least one operating room grouped with either one or two counties, each of which has at least one licensed facility that includes at least one operating room.

The three most recent years of available surgical patient origin data are combined and used to create the multicounty operating room service areas. These data are updated and reviewed every three years. The operating room service areas are then updated, as indicated by the data. The first update occurred in the North Carolina 2011 State Medical Facilities Plan. The following decision rules are used to determine multicounty operating room service area groupings:

1. Counties with no licensed facility with at least one operating room are grouped with the single county where the largest proportion of patients had surgery, as measured by number of surgical cases, unless:

    a. Two counties with licensed facilities with at least one operating room each provided surgical services to at least 35 percent of the residents who received surgical services, as measured by number of surgical cases.

2. If 1.a. is true, then the county with no licensed facility with at least one operating room is grouped with both the counties which provided surgical services to at least 35 percent of the residents who received surgical services, as measured by number of surgical cases.

A county lacking a licensed facility with at least one operating room becomes a single county operating room service area upon licensure of a facility with at least one operating room in that county. If a certificate of need is issued for development of a facility with at least one operating room in a county lacking a facility with at least one operating room, the operating room(s) for which the certificate of need has been issued will be included in the inventory of operating rooms in that county's multicounty operating room service area until those operating rooms are licensed.

In 2006, in response to an adjusted need determination petition, the State Health Coordinating Council added Swain County to the Jackson-Graham multicounty operating room service area. This created a multicounty operating room service area that included two counties that have licensed facilities with at least one operating room and one county lacking a licensed facility with at least one operating room.

An operating room's service area is the operating room planning area in which the operating room is located. The operating room planning areas are the single and multicounty groupings shown in Figure 6.1.

Step 2 – Estimate Total Surgery Hours for the Previous Year (Columns B through H, Table 6B)
Estimate the total number of surgery hours performed during the previous fiscal year based on reported cases by type from Annual License Renewal Applications, as follows:

a. Sum the number of inpatient surgical cases reported in the Inpatient Cases column of the "Surgical Cases by Specialty Area" table on the annual Hospital License Renewal Applications for all licensed facilities within the operating room service area. *(Note: Cases performed in Dedicated C-Section rooms; cases reported as "Trauma Cases" by Level I or II Trauma Centers; and cases reported by designated "Burn Intensive Care Units" are excluded for purposes of these need projections.)* Multiply the total number of inpatient cases by three hours to estimate the number of hours utilized for inpatient cases. *(Column B x Column C = Column D)*

b. Sum the number of ambulatory surgical cases reported in the Ambulatory Cases column of the "Surgical Cases by Specialty Area" table on the annual Hospital License Renewal Applications and the number of surgical cases reported on the annual Ambulatory Surgical Facility License Renewal Applications for all licensed facilities within the operating room service area. Multiply the total number of ambulatory cases by 1.5 hours to estimate the number of hours utilized for ambulatory cases. *(Column E x Column F = Column G)*

c. Sum the totals from Step 2.a. and 2.b. to determine the "Total Estimated Hours" reported during the previous fiscal year. *(Column D + Column G = Column H)*

Step 3 – Project Future Operating Room Requirements Based on Growth of Operating Room Hours (Columns I through L, Table 6B)

d. For purposes of these need projections, the number of surgical hours is anticipated to increase or decrease in direct proportion to the change in the general population of the operating room service area. A "Growth Factor" based on each service area's projected population change between the "data year" (2015) and the "target year" for need projections (2019) is calculated based on population figures from the North Carolina Office of State Budget and Management. *(Column I: Growth Factor = 2019 Service Area Population minus 2015 Service Area Population, then divided by the 2015 Service Area Population.)*

e. Multiply the "Total Estimated Hours" for the most recent fiscal year by the "Growth Factor" for each operating room service area, then add the product to the Total Estimated

Hours to determine the "Projected Surgical Hours Anticipated in 2019." ([Column H x Column I] + Column H = Column J)

f. For purposes of the State Medical Facilities Plan, the average operating room is anticipated to be staffed nine hours a day, for 260 days per year, and utilized at least 80 percent of the available time. The standard number of hours per operating room per year based on these assumptions is 1,872 hours. (Column K: 9 hours x 260 days x 0.8 = 1,872 hours per operating room per year).

g. Divide the "Projected Surgical Hours Anticipated in 2019" by the "Standard Hours per Operating Room per Year" to determine the projected number of operating rooms required by the year 2019. (Column J ÷ Column K = Column L)

Step 4 – Inventory of Operating Rooms (Columns M through S, Table 6B)

h. List the number of operating rooms by type in each operating room service area by summing the following for all licensed hospitals and ambulatory surgery facilities:

- Number of Inpatient Operating Rooms (Column M)
- Number of Ambulatory Operating Rooms (Column N)
- Number of Shared Operating Rooms (Column O)

i. For each operating room service area, exclude the number of dedicated C-Section operating rooms as summed from the Hospital License Renewal Application. (Column P)

j. For each operating room service area, exclude one operating room for each Level I and Level II Trauma Center and one additional operating room for each designated Burn Intensive Care Unit. (Column Q)

k. For each operating room service area, add the number of additional operating rooms for which certificates of need have been issued or settlement agreements signed but the operating rooms are not yet licensed, as well as any need determinations from previous plans that are pending certificate of need review. (Column R)

l. For each operating room service area, calculate the "Adjusted Planning Inventory" by summing the licensed operating rooms, minus the exclusions, plus the adjustments for additional operating rooms from Step 4.k. *(Note: By entering the "exclusions" as negative numbers, Column S = SUM [Column M through Column R].)*

m. Determine the utilization rate for each licensed facility providing surgical services and exclude from Step 5 – "Determination of Need" the operating rooms and corresponding procedures in chronically underutilized licensed facilities located in operating room service areas with more than one licensed facility. Do not exclude from Step 5 operating rooms in facilities located in service areas where all facilities are chronically underutilized. Chronically underutilized licensed facilities are defined as licensed facilities operating at less than 40 percent utilization for the past two fiscal years, which have been licensed long enough to submit at least three License Renewal Applications to the Division of Health Service Regulation.

Step 5 – Determination of Need (Columns T and U, Table 6B)

n. For each operating room service area, subtract the "Adjusted Planning Inventory" from the "Projected Operating Rooms Required in 2019" to determine the "Projected Operating Room Deficit or Surplus." *(Column L – Column S = Column T) (Note: In Column T, projected surpluses will appear as negative numbers indicating that there are more operating rooms in the Adjusted Planning Inventory than the methodology projects will be needed by 2019.)*

o. For each operating room service area with more than 10 operating rooms and a projected deficit of 0.50 or greater, the "Operating Room Need Determination" is equal to the "Projected Operating Room Deficit" rounded to the next whole number. (In this step, fractions of 0.50 or greater are rounded to the next highest whole number.) For each operating room service area with more than 10 operating rooms and a projected deficit that is less than 0.50 or in which there is a projected surplus, the Operating Room Need Determination is zero. *(Column U)*

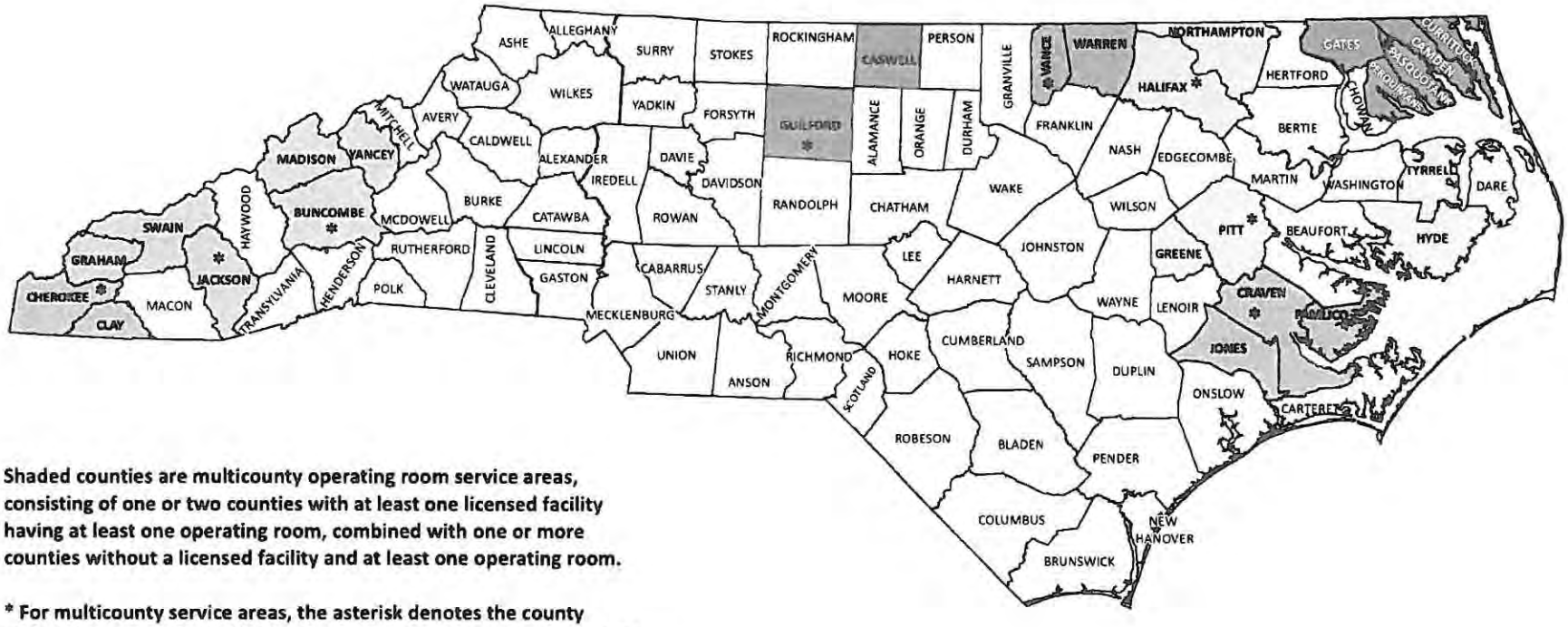
For each operating room service area with six to 10 operating rooms and a projected deficit of 0.30 or greater, the "Operating Room Need Determination" is equal to the "Projected Operating Room Deficit" rounded to the next whole number. (In this step, fractions of 0.30 or greater are rounded to the next highest whole number.) For each operating room service area with six to 10 operating rooms and a projected deficit that is less than 0.30 or in which there is a projected surplus, the Operating Room Need Determination is zero. *(Column U)*

For each operating room service area with five or fewer operating rooms and a projected deficit of 0.20 or greater, the "Operating Room Need Determination" is equal to the "Projected Operating Room Deficit" rounded to the next whole number. (In this step, fractions of 0.20 or greater are rounded to the next highest whole number.) For each operating room service area with five or fewer operating rooms and a projected deficit that is less than 0.20 or in which there is a projected surplus, the Operating Room Need Determination is zero. *(Column U)*

NOTE: "Dedicated C-Section Operating Rooms" and associated cases are excluded from the calculation of need for additional "operating rooms" by the standard methodology; therefore, hospitals proposing to add a new operating room for use as a "Dedicated C-Section Operating Room" shall apply for a certificate of need without regard to the need determinations in Chapter 6 of this Plan. There are no other operating room exclusions for which this protocol is applicable.

A "Dedicated C-Section Operating Room" shall only be used to perform Cesarean Sections and other procedures performed on the patient in the same visit to the C-Section Operating Room, such that a patient receiving another procedure at the same time as the Cesarean Section would not need to be moved to a different operating room for the second procedure.

Figure 6.1: Operating Room Service Areas



Shaded counties are multicounty operating room service areas, consisting of one or two counties with at least one licensed facility having at least one operating room, combined with one or more counties without a licensed facility and at least one operating room.

*** For multicounty service areas, the asterisk denotes the county with at least one licensed facility having one or more operating rooms.**

Hospitals	Multicounty Service Area	Color Code
Murphy Medical Center	Cherokee, Clay	
Harris Regional Hospital and Swain Community Hospital	Jackson, Graham, Swain	
Mission Hospital	Buncombe, Madison, Yancey	
Maria Parham Medical Center	Vance, Warren	
Our Community Hospital and Halifax Regional Medical Center	Halifax, Northampton	
Vidant Medical Center	Pitt, Greene, Hyde, Tyrrell	
CarolinaEast Medical Center	Craven, Jones, Pamlico	
Cone Health and High Point Regional Health	Guilford, Caswell	
Sentara Albemarle Medical Center	Pasquotank, Camden, Currituck, Gates, Perquimans	

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Alamance	H0272	Alamance Regional Medical Center	1,790	7,681	2	3	9	-2	0	0	0
Alamance Total			**1,790**	**7,681**	**2**	**3**	**9**	**-2**	**0**	**0**	**0**
Alexander	H0274	Alexander Hospital (closed)	0	0	0	0	2	0	0	0	0
Alexander Total			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Alleghany	H0108	Alleghany Memorial Hospital	12	211	0	0	2	0	0	0	0
Alleghany Total			**12**	**211**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Anson	H0082	Carolinas HealthCare System Anson	0	33	0	0	1	0	0	0	0
Anson Total			**0**	**33**	**0**	**0**	**1**	**0**	**0**	**0**	**0**
Ashe	H0099	Ashe Memorial Hospital	213	738	0	0	2	0	0	0	0
Ashe Total			**213**	**738**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Avery	H0037	Charles A. Cannon, Jr. Memorial Hospital	113	196	0	0	2	0	0	0	0
Avery Total			**113**	**196**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Beaufort	H0002	Vidant Pungo Hospital (closed)	0	0	0	0	2	0	0	0	0
Beaufort	H0188	Vidant Beaufort Hospital	513	2,099	1	0	5	-1	0	0	0
Beaufort Total			**513**	**2,099**	**1**	**0**	**7**	**-1**	**0**	**0**	**0**
Bertie	H0268	Vidant Bertie Hospital	1	648	0	0	2	0	0	0	0
Bertie Total			**1**	**648**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Bladen	H0154	Cape Fear Valley-Bladen County Hospital	200	467	0	0	2	0	0	0	0
Bladen Total			**200**	**467**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Brunswick		2016 SMFP Need Determination	0	0	0	0	0	0	0	1	0
Brunswick	H0150	J. Arthur Dosher Memorial Hospital	351	1,113	0	0	2	0	0	0	0
Brunswick	H0250	Novant Health Brunswick Medical Center	1,091	3,216	1	0	4	-1	0	0	0
Brunswick Total			**1,442**	**4,329**	**1**	**0**	**6**	**-1**	**0**	**1**	**0**
Buncombe	AS0038	Orthopaedic Surgery Center of Asheville	0	3,138	0	3	0	0	0	0	0

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

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County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Buncombe	AS0065	Asheville Eye Surgery Center	0	4,074	0	1	0	0	0	0	0
Buncombe	H0036	Mission Hospital	11,262	21,239	8	9	30	-2	-1	0	0
Buncombe Total			**11,262**	**25,451**	**8**	**10**	**30**	**-2**	**-1**	**0**	**0**
Burke	AS0040	Surgery Center of Morganton Eye Physicians	0	2,407	0	2	0	0	0	0	0
Burke	H0062	Carolinas HealthCare System Blue Ridge	1,148	3,877	1	0	9	-1	0	0	0
Burke Total			**1,148**	**6,284**	**1**	**2**	**9**	**-1**	**0**	**0**	**0**
Cabarrus	AS0019	Eye Surgery Center and Laser Clinic	0	2,946	0	2	0	0	0	0	0
Cabarrus	AS0070	Gateway Surgery Center	0	6,489	0	4	0	0	0	0	0
Cabarrus	H0031	Carolinas HealthCare System NorthEast	4,985	5,267	4	0	17	-2	0	0	0
Cabarrus Total			**4,985**	**14,702**	**4**	**6**	**17**	**-2**	**0**	**0**	**0**
Caldwell	H0061	Caldwell Memorial Hospital	1,011	3,039	1	3	4	-1	0	0	0
Caldwell Total			**1,011**	**3,039**	**1**	**3**	**4**	**-1**	**0**	**0**	**0**
Carteret	AS0061	The Surgical Center of Morehead City	0	2,041	0	2	0	0	0	0	0
Carteret	H0222	Carteret General Hospital	1,183	1,996	1	0	5	-1	0	0	0
Carteret Total			**1,183**	**4,037**	**1**	**2**	**5**	**-1**	**0**	**0**	**0**
Catawba	AS0036	Graystone Eye Surgery Center	0	6,069	0	2	0	0	0	0	0
Catawba	AS0101	Viewmont Surgery Center	0	2,905	0	3	0	0	0	0	0
Catawba	H0053	Frye Regional Medical Center	2,280	4,564	2	4	15	0	0	0	0
Catawba	H0223	Catawba Valley Medical Center	2,082	5,316	1	0	12	-1	0	0	0
Catawba Total			**4,362**	**18,854**	**3**	**9**	**27**	**-1**	**0**	**0**	**0**
Chatham	H0007	Chatham Hospital	32	715	0	0	2	0	0	0	0
Chatham Total			**32**	**715**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Cherokee	H0239	Murphy Medical Center	444	2,058	0	0	4	0	0	0	0
Cherokee Total			**444**	**2,058**	**0**	**0**	**4**	**0**	**0**	**0**	**0**
Chowan	H0063	Vidant Chowan Hospital	293	802	0	0	3	0	0	0	0

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Chowan Total			**293**	**802**	**0**	**0**	**3**	**0**	**0**	**0**	**0**
Cleveland	AS0049	Eye Surgery Center of Shelby	0	1,908	0	2	0	0	0	0	0
Cleveland	AS0062	Cleveland Ambulatory Services	0	1,334	0	4	0	0	0	0	0
Cleveland	H0024	Carolinas HealthCare System Cleveland	1,647	4,073	1	0	6	-1	0	0	0
Cleveland	H0113	Carolinas HealthCare System Kings Mountain	128	813	0	0	2	0	0	0	0
Cleveland Total			**1,775**	**8,128**	**1**	**6**	**8**	**-1**	**0**	**0**	**0**
Columbus	H0045	Columbus Regional Healthcare System	1,011	2,388	1	0	5	-1	0	0	0
Columbus Total			**1,011**	**2,388**	**1**	**0**	**5**	**-1**	**0**	**0**	**0**
Craven	H0201	CarolinaEast Medical Center	3,224	9,835	3	6	9	-1	0	0	0
Craven Total			**3,224**	**9,835**	**3**	**6**	**9**	**-1**	**0**	**0**	**0**
Cumberland	AS0006	Fayetteville Ambulatory Surgery Center	0	11,182	0	11	0	0	0	0	0
Cumberland	H0213	Cape Fear Valley Medical Center	6,352	5,755	5	0	13	-3	0	2	0
Cumberland	H0275	Highsmith-Rainey Specialty Hospital	152	2,741	0	0	3	0	0	-2	0
Cumberland Total			**6,504**	**19,678**	**5**	**11**	**16**	**-3**	**0**	**0**	**0**
Dare	AS0053	Sentara Kitty Hawk Ambulatory Surgery Center	0	691	0	2	0	0	0	0	0
Dare	H0273	The Outer Banks Hospital	263	1,466	1	0	2	-1	0	1	0
Dare Total			**263**	**2,157**	**1**	**2**	**2**	**-1**	**0**	**1**	**0**
Davidson	H0027	Lexington Medical Center	715	2,228	0	0	4	0	0	0	0
Davidson	H0112	Novant Health Thomasville Medical Center	454	3,339	1	0	5	-1	0	0	0
Davidson Total			**1,169**	**5,567**	**1**	**0**	**9**	**-1**	**0**	**0**	**0**
Davie	H0171	Davie Medical Center	0	2,753	0	0	2	0	0	0	0
Davie Total			**0**	**2,753**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Duplin	H0166	Vidant Duplin Hospital	462	1,556	0	0	3	0	0	0	0
Duplin Total			**462**	**1,556**	**0**	**0**	**3**	**0**	**0**	**0**	**0**

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Durham	AS0041	James E. Davis Ambulatory Surgical Center	0	4,869	0	8	0	0	0	0	0
Durham	H0015	Duke University Hospital*	17,344	23,728	4	9	36	0	-1	0	0
Durham	H0075	North Carolina Specialty Hospital	1,597	3,737	0	0	4	0	0	0	0
Durham	H0233	Duke Regional Hospital	3,865	2,995	2	0	13	-2	0	0	0
		Durham Total	**22,806**	**35,329**	**6**	**17**	**53**	**-2**	**-1**	**0**	**0**
Edgecombe	H0258	Vidant Edgecombe Hospital	577	1,693	1	0	5	-1	0	0	0
		Edgecombe Total	**577**	**1,693**	**1**	**0**	**5**	**-1**	**0**	**0**	**0**
Forsyth		Clemmons Medical Park Ambulatory Surgical Center	0	0	0	0	0	0	0	3	0
Forsyth	AS0021	Plastic Surgery Center of North Carolina	0	171	0	3	0	0	0	-3	0
Forsyth	AS0134	Piedmont Outpatient Surgery Center**	0	2,224	0	2	0	0	0	0	0
Forsyth	H0011	North Carolina Baptist Hospital*	14,214	19,549	4	0	36	0	-2	0	0
Forsyth	H0209	Novant Health Forsyth Medical Center	9,519	17,445	5	6	24	-2	0	2	0
Forsyth	H0229	Novant Health Medical Park Hospital	897	8,613	0	0	12	0	0	-2	0
		Forsyth Total	**24,630**	**48,002**	**9**	**11**	**72**	**-2**	**-2**	**0**	**0**
Franklin		Same Day Surgery Center	0	0	0	0	0	0	0	2	0
Franklin	H0261	Novant Health Franklin Medical Center (closed)	32	634	0	0	3	0	0	-1	0
		Franklin Total	**32**	**634**	**0**	**0**	**3**	**0**	**0**	**1**	**0**
Gaston	AS0037	CaroMont Specialty Surgery	0	3,744	0	6	0	0	0	0	0
Gaston	H0105	CaroMont Regional Medical Center	4,006	8,221	5	8	9	-4	0	0	0
		Gaston Total	**4,006**	**11,965**	**5**	**14**	**9**	**-4**	**0**	**0**	**0**
Granville	H0098	Granville Health System	725	2,230	0	0	3	0	0	0	0
		Granville Total	**725**	**2,230**	**0**	**0**	**3**	**0**	**0**	**0**	**0**
Guilford		Premier Surgery Center	0	0	0	0	0	0	0	2	0

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Guilford	AS0009	Greensboro Specialty Surgical Center	0	2,583	0	3	0	0	0	0	0
Guilford	AS0015	Carolina Birth Center	0	5	0	1	0	0	0	0	0
Guilford	AS0018	Surgical Center of Greensboro	0	13,000	0	13	0	0	0	0	0
Guilford	AS0033	Surgical Eye Center	0	1,984	0	4	0	0	0	0	0
Guilford	AS0047	High Point Surgery Center	0	3,857	0	6	0	0	0	0	0
Guilford	AS0063	Piedmont Surgical Center	0	380	0	2	0	0	0	0	0
Guilford	H0052	High Point Regional Health	2,667	2,558	3	0	9	-1	0	-1	0
Guilford	H0073	Kindred Hospital - Greensboro	227	3	0	0	1	0	0	0	0
Guilford	H0159	Cone Health	13,014	16,229	4	13	37	0	-1	-8	0
		Guilford Total	**15,908**	**40,599**	**7**	**42**	**47**	**-1**	**-1**	**-7**	**0**
Halifax	H0230	Halifax Regional Medical Center	1,172	2,497	0	0	6	0	0	0	0
		Halifax Total	**1,172**	**2,497**	**0**	**0**	**6**	**0**	**0**	**0**	**0**
Harnett	H0224	Betsy Johnson Hospital	740	2,301	0	0	7	0	0	0	0
		Harnett Total	**740**	**2,301**	**0**	**0**	**7**	**0**	**0**	**0**	**0**
Haywood	H0025	Haywood Regional Medical Center	1,043	3,581	0	0	7	0	0	0	0
		Haywood Total	**1,043**	**3,581**	**0**	**0**	**7**	**0**	**0**	**0**	**0**
Henderson	H0019	Park Ridge Health	1,107	4,429	1	0	6	-1	0	0	0
Henderson	H0161	Margaret R. Pardee Memorial Hospital	1,501	5,336	0	0	10	0	0	0	0
		Henderson Total	**2,608**	**9,765**	**1**	**0**	**16**	**-1**	**0**	**0**	**0**
Hertford	H0001	Vidant Roanoke-Chowan Hospital	577	1,365	1	0	5	-1	0	0	0
		Hertford Total	**577**	**1,365**	**1**	**0**	**5**	**-1**	**0**	**0**	**0**
Hoke	H0287	FirstHealth Moore Regional Hospital - Hoke Campus	0	226	0	0	1	0	0	1	0
Hoke	H0288	Cape Fear Valley Hoke Hospital	0	140	1	0	2	-1	0	0	0
		Hoke Total	**0**	**366**	**1**	**0**	**3**	**-1**	**0**	**1**	**0**

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Iredell	AS0042	Iredell Head Neck and Ear Ambulatory Surgery Center	0	496	0	1	0	0	0	0	0
Iredell	AS0050	Iredell Surgical Center	0	1,272	0	4	0	0	0	0	0
Iredell	H0164	Iredell Memorial Hospital	1,746	3,953	1	0	10	-1	0	0	0
Iredell	H0248	Davis Regional Medical Center	522	1,356	1	0	5	-1	0	0	0
Iredell	H0259	Lake Norman Regional Medical Center	1,858	5,390	1	2	7	-1	0	0	0
		Iredell Total	**4,126**	**12,467**	**3**	**7**	**22**	**-3**	**0**	**0**	**0**
Jackson	H0087	Harris Regional Hospital	859	3,672	0	0	6	0	0	0	1
		Jackson Total	**859**	**3,672**	**0**	**0**	**6**	**0**	**0**	**0**	**1**
Johnston	H0151	Johnston Health	1,461	4,877	1	2	5	-1	0	1	1
		Johnston Total	**1,461**	**4,877**	**1**	**2**	**5**	**-1**	**0**	**1**	**1**
Lee	H0243	Central Carolina Hospital	704	3,085	1	0	6	-1	0	0	0
		Lee Total	**704**	**3,085**	**1**	**0**	**6**	**-1**	**0**	**0**	**0**
Lenoir	H0043	Lenoir Memorial Hospital	726	2,583	1	0	9	-1	0	0	0
		Lenoir Total	**726**	**2,583**	**1**	**0**	**9**	**-1**	**0**	**0**	**0**
Lincoln	H0225	Carolinas HealthCare System Lincoln	619	1,828	1	1	3	-1	0	0	0
		Lincoln Total	**619**	**1,828**	**1**	**1**	**3**	**-1**	**0**	**0**	**0**
Macon	H0034	Angel Medical Center	491	2,957	1	0	4	-1	0	0	0
Macon	H0193	Highlands-Cashiers Hospital	0	0	0	0	2	0	0	0	0
		Macon Total	**491**	**2,957**	**1**	**0**	**6**	**-1**	**0**	**0**	**0**
Martin	H0078	Martin General Hospital	205	398	0	0	2	0	0	0	1
		Martin Total	**205**	**398**	**0**	**0**	**2**	**0**	**0**	**0**	**1**
McDowell	H0097	The McDowell Hospital	204	795	1	0	3	-1	0	0	0
		McDowell Total	**204**	**795**	**1**	**0**	**3**	**-1**	**0**	**0**	**0**
Mecklenburg		Randolph Surgery Center	0	0	0	0	0	0	0	6	0
Mecklenburg		Presbyterian Hospital Mint Hill	0	0	0	0	0	0	0	4	1
Mecklenburg	AS0026	Charlotte Surgery Center	0	8,792	0	7	0	0	0	-1	0

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Mecklenburg	AS0058	Carolina Center for Specialty Surgery	0	1,704	0	2	0	0	0	0	0
Mecklenburg	AS0068	SouthPark Surgery Center	0	10,022	0	6	0	0	0	0	0
Mecklenburg	AS0098	Novant Health Ballantyne Outpatient Surgery	0	946	0	2	0	0	0	0	0
Mecklenburg	AS0124	Novant Health Huntersville Outpatient Surgery	0	1,903	0	2	0	0	0	0	0
Mecklenburg	AS0136	Matthews Surgery Center	0	1,887	0	2	0	0	0	0	0
Mecklenburg	AS0148	Mallard Creek Surgery Center**	0	1,874	0	2	0	0	0	0	0
Mecklenburg	H0010	Novant Health Presbyterian Medical Center	7,911	20,138	6	6	34	-3	0	-6	0
Mecklenburg	H0042	Carolinas Healthcare System Pineville	2,824	4,444	3	0	9	-2	0	0	0
Mecklenburg	H0071	Carolinas Medical Center	21,242	21,593	10	11	41	-4	-1	-2	0
Mecklenburg	H0255	Carolinas HealthCare System University	1,019	6,845	1	2	9	-1	0	-3	0
Mecklenburg	H0270	Novant Health Matthews Medical Center	1,341	3,768	2	0	6	-2	0	0	0
Mecklenburg	H0282	Novant Health Huntersville Medical Center	1,291	3,258	1	0	5	-1	0	1	0
		Mecklenburg Total	**35,628**	**87,174**	**23**	**42**	**104**	**-13**	**-1**	**-1**	**1**
Mitchell	H0169	Blue Ridge Regional Hospital	216	590	0	0	3	0	0	0	0
		Mitchell Total	**216**	**590**	**0**	**0**	**3**	**0**	**0**	**0**	**0**
Montgomery	H0003	FirstHealth Montgomery Memorial Hospital	0	256	0	0	2	0	0	0	0
		Montgomery Total	**0**	**256**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Moore	AS0022	The Eye Surgery Center of the Carolinas	0	7,682	0	3	0	0	0	0	0
Moore	AS0069	Surgery Center of Pinehurst	0	5,361	0	6	0	0	0	0	0
Moore	H0100	FirstHealth Moore Regional Hospital	6,353	4,892	2	0	15	0	0	-1	0
		Moore Total	**6,353**	**17,935**	**2**	**9**	**15**	**0**	**0**	**-1**	**0**

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Nash	H0228	Nash General Hospital	1,691	6,378	1	0	13	-1	0	0	0
Nash Total			**1,691**	**6,378**	**1**	**0**	**13**	**-1**	**0**	**0**	**0**
New Hanover		2016 SMFP Need Determination	0	0	0	0	0	0	0	3	0
New Hanover	AS0055	Wilmington SurgCare	0	8,463	0	7	0	0	0	0	0
New Hanover	H0221	New Hanover Regional Medical Center	10,932	23,203	5	4	29	-3	-1	0	0
New Hanover Total			**10,932**	**31,666**	**5**	**11**	**29**	**-3**	**-1**	**3**	**0**
Onslow	H0048	Onslow Memorial Hospital	1,100	3,949	1	4	5	-1	0	0	0
Onslow Total			**1,100**	**3,949**	**1**	**4**	**5**	**-1**	**0**	**0**	**0**
Orange	H0157	University of North Carolina Hospitals	12,845	16,960	6	11	29	-3	-2	0	0
Orange Total			**12,845**	**16,960**	**6**	**11**	**29**	**-3**	**-2**	**0**	**0**
Pasquotank	H0054	Sentara Albemarle Medical Center	880	3,997	2	0	8	-2	0	0	0
Pasquotank Total			**880**	**3,997**	**2**	**0**	**8**	**-2**	**0**	**0**	**0**
Pender	H0115	Pender Memorial Hospital	8	88	0	0	2	0	0	0	0
Pender Total			**8**	**88**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Person	H0066	Person Memorial Hospital	298	911	1	0	4	-1	0	0	0
Person Total			**298**	**911**	**1**	**0**	**4**	**-1**	**0**	**0**	**0**
Pitt	AS0012	Vidant SurgiCenter	0	11,332	0	10	0	0	0	0	0
Pitt	H0104	Vidant Medical Center	11,964	8,508	7	0	26	-4	-1	0	0
Pitt Total			**11,964**	**19,840**	**7**	**10**	**26**	**-4**	**-1**	**0**	**0**
Polk	H0079	St. Luke's Hospital	402	604	0	0	3	0	0	0	0
Polk Total			**402**	**604**	**0**	**0**	**3**	**0**	**0**	**0**	**0**
Randolph	H0013	Randolph Hospital	959	3,510	1	2	5	-1	0	0	0
Randolph Total			**959**	**3,510**	**1**	**2**	**5**	**-1**	**0**	**0**	**0**
Richmond	H0158	FirstHealth Richmond Memorial Hospital	250	1,170	1	0	3	-1	0	0	0
Richmond	H0265	Sandhills Regional Medical Center	176	584	0	0	3	0	0	0	0
Richmond Total			**426**	**1,754**	**1**	**0**	**6**	**-1**	**0**	**0**	**0**

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Robeson	AS0150	The Surgery Center at Southeastern Health Park	0	334	0	1	0	0	0	3	0
Robeson	H0064	Southeastern Regional Medical Center	1,784	3,132	2	0	8	-1	0	-3	0
		Robeson Total	1,784	3,466	2	1	8	-1	0	0	0
Rockingham	H0023	Annie Penn Hospital	411	1,704	0	0	4	0	0	0	0
Rockingham	H0072	Morehead Memorial Hospital	666	1,821	1	0	5	-1	0	0	0
		Rockingham Total	1,077	3,525	1	0	9	-1	0	0	0
Rowan	H0040	Novant Health Rowan Medical Center	1,798	6,698	2	3	8	-2	0	0	0
		Rowan Total	1,798	6,698	2	3	8	-2	0	0	0
Rutherford	H0039	Rutherford Regional Medical Center	1,119	1,455	0	0	5	0	0	0	0
		Rutherford Total	1,119	1,455	0	0	5	0	0	0	0
Sampson	H0067	Sampson Regional Medical Center	438	1,165	0	0	8	0	0	0	0
		Sampson Total	438	1,165	0	0	8	0	0	0	0
Scotland	H0107	Scotland Memorial Hospital	1,142	3,018	1	0	5	-1	0	0	0
		Scotland Total	1,142	3,018	1	0	5	-1	0	0	0
Stanly	H0008	Carolinas HealthCare System - Stanly	455	1,897	1	0	5	-1	0	0	0
		Stanly Total	455	1,897	1	0	5	-1	0	0	0
Stokes	H0165	Pioneer Community Hospital of Stokes	0	336	0	2	2	0	0	0	0
		Stokes Total	0	336	0	2	2	0	0	0	0
Surry	H0049	Hugh Chatham Memorial Hospital	1,130	3,145	1	0	5	-1	0	0	0
Surry	H0184	Northern Hospital of Surry County	753	2,445	1	0	4	-1	0	0	0
		Surry Total	1,883	5,590	2	0	9	-2	0	0	0
Swain	H0069	Swain Community Hospital	0	0	0	0	1	0	0	0	0
		Swain Total	0	0	0	0	1	0	0	0	0

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Transylvania	H0111	Transylvania Regional Hospital	361	1,915	0	0	4	0	0	0	0
		Transylvania Total	**361**	**1,915**	**0**	**0**	**4**	**0**	**0**	**0**	**0**
Union	AS0120	Presbyterian SameDay Surgery Center-Monroe (closed)	0	0	0	1	0	0	0	0	0
Union	AS0132	Union West Surgery Center	0	2,395	0	2	0	0	0	0	0
Union	H0050	Carolinas HealthCare System Union	1,391	4,804	2	0	6	-2	0	0	0
		Union Total	**1,391**	**7,199**	**2**	**3**	**6**	**-2**	**0**	**0**	**0**
Vance	H0267	Maria Parham Medical Center	819	2,232	0	0	5	0	0	0	0
		Vance Total	**819**	**2,232**	**0**	**0**	**5**	**0**	**0**	**0**	**0**
Wake		Holly Springs Surgery Center	0	0	0	0	0	0	0	3	0
Wake		Rex Surgery Center of Wakefield	0	0	0	0	0	0	0	2	0
Wake		Rex Hospital Holly Springs	0	0	0	0	0	0	0	3	1
Wake	AS0029	Blue Ridge Surgery Center	0	6,054	0	6	0	0	0	0	0
Wake	AS0034	Raleigh Plastic Surgery Center	0	323	0	1	0	0	0	0	0
Wake	AS0048	Southern Eye Associates Ophthalmic Surgery Center (closed)	0	0	0	2	0	0	0	-2	0
Wake	AS0129	Rex Surgery Center of Cary	0	4,145	0	4	0	0	0	0	0
Wake	AS0137	Capital City Surgery Center	0	6,647	0	6	0	0	0	2	0
Wake	AS0142	Triangle Orthopaedics Surgery Center**	0	2,203	0	2	0	0	0	0	0
Wake	AS0143	Raleigh Orthopaedic Surgery Center	0	3,739	0	4	0	0	0	0	0
Wake	H0065	Rex Hospital	7,984	13,216	3	3	24	-3	0	-5	1
Wake	H0199	WakeMed	7,825	9,128	8	4	16	-4	-1	0	0
Wake	H0238	Duke Raleigh Hospital	3,616	9,875	0	0	15	0	0	0	0
Wake	H0276	WakeMed Cary Hospital	2,560	4,228	2	0	9	-2	0	0	0
		Wake Total	**21,985**	**59,558**	**13**	**32**	**64**	**-9**	**-1**	**3**	**2**
Washington	H0006	Washington County Hospital	0	0	0	0	2	0	0	0	0

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
Washington Total			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**
Watauga	H0077	Watauga Medical Center	1,023	3,892	1	0	6	-1	0	0	0
Watauga Total			**1,023**	**3,892**	**1**	**0**	**6**	**-1**	**0**	**0**	**0**
Wayne	H0257	Wayne Memorial Hospital	2,452	7,001	1	2	10	-1	0	1	0
Wayne Total			**2,452**	**7,001**	**1**	**2**	**10**	**-1**	**0**	**1**	**0**
Wilkes	AS0046	Wilkes Regional Medical Center Ambulatory Surgical Facility	0	0	0	1	0	0	0	-1	0
Wilkes	H0153	Wilkes Regional Medical Center	695	3,253	1	1	4	-1	0	1	0
Wilkes Total			**695**	**3,253**	**1**	**2**	**4**	**-1**	**0**	**0**	**0**
Wilson	AS0005	Eastern Regional Surgical Center	0	1,294	0	4	0	0	0	0	0
Wilson	AS0007	Wilson OB-GYN	0	105	0	1	0	0	0	0	0
Wilson	H0210	Wilson Medical Center	474	3,026	1	0	9	-1	0	0	0
Wilson Total			**474**	**4,425**	**1**	**5**	**9**	**-1**	**0**	**0**	**0**
Yadkin	H0155	Yadkin Valley Community Hospital (closed)	0	0	0	0	2	0	0	0	0
Yadkin Total			**0**	**0**	**0**	**0**	**2**	**0**	**0**	**0**	**0**

Table 6A: Operating Room Inventory (Combined Data for Hospitals and Ambulatory Surgical Facilities)

Case Data for 10/1/2014 through 9/30/2015 as reported on the 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications

County	License	Facility Name	Inpatient Cases (Dedicated C-Section Cases Excluded)	Ambulatory Cases	Inpatient ORs	Ambulatory ORs	Shared ORs	Excluded C-Section ORs	Excluded Trauma/ Burn ORs	CON Adjust-ments	CON Adjustments for Dedicated C-Section
		Grand Total	250,229	652,632	152	296	914	95	11	3	6

* Duke University Hospital has 16 licensed operating rooms (ORs) approved under Policy AC-3 (CON # J-008030-07). North Carolina Baptist Hospital has a certificate of need (G-008460-10) for 7 ORs under Policy AC-3. The 23 ORs are not counted when determining OR need.

** This is a single-speciality ambulatory surgery demonstration project that is in the inventory, but is not counted in Table 6B.

Underutilized Facilites: Excluded from Need Determinations

H0053	Frye Regional Medical Center	Catawba	AS0050	Iredell Surgical Center	Iredell
AS0062	Cleveland Ambulatory Services	Cleveland	H0248	Davis Regional Medical Center	Iredell
AS0053	Sentara Kitty Hawk Ambulatory Surgery Center	Dare	H0193	Highlands-Cashiers Hospital	Macon
AS0021	Plastic Surgery Center of North Carolina	Forsyth	H0265	Sandhills Regional Medical Center	Richmond
AS0015	Carolina Birth Center	Guilford	AS0120	Presbyterian Same Day Surgery Center-Monroe	Union
AS0063	Piedmont Surgical Center	Guilford	AS0034	Raleigh Plastic Surgery Center	Wake

Table 6B: Projected Operating Room Need for 2019

A	B	C	D	E	F	G	H
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**2015 Inpatient Cases (without exclusions)**	**Inpatient Case Time Standard (3 hours)**	**Estimated Inpatient Hours**	**2015 Ambulatory Cases**	**Ambulatory Case Time Standard (1.5 hours)**	**Estimated Ambulatory Hours**	**2015 Total Estimated Hours (D+G)**
Alamance	1,790	3.0	5,370	7,681	1.5	11,522	16,892
Alexander	0	3.0	0	0	1.5	0	0
Alleghany	12	3.0	36	211	1.5	317	353
Anson	0	3.0	0	33	1.5	50	50
Ashe	213	3.0	639	738	1.5	1,107	1,746
Avery	113	3.0	339	196	1.5	294	633
Beaufort	513	3.0	1,539	2,099	1.5	3,149	4,688
Bertie	1	3.0	3	648	1.5	972	975
Bladen	200	3.0	600	467	1.5	701	1,301
Brunswick	1,442	3.0	4,326	4,329	1.5	6,494	10,820
Buncombe	11,262	3.0	33,786	28,451	1.5	42,677	76,463
Madison	0	3.0	0	0	1.5	0	0
Yancey	0	3.0	0	0	1.5	0	0
Buncombe/Madison/Yancey	11,262	3.0	33,786	28,451	1.5	42,677	76,463
Burke	1,148	3.0	3,444	6,284	1.5	9,426	12,870
Cabarrus	4,985	3.0	14,955	14,702	1.5	22,053	37,008
Caldwell	1,011	3.0	3,033	3,039	1.5	4,559	7,592
Carteret	1,183	3.0	3,549	4,037	1.5	6,056	9,605
Catawba	2,082	3.0	6,246	14,290	1.5	21,435	27,681
Chatham	32	3.0	96	715	1.5	1,073	1,169
Cherokee	444	3.0	1,332	2,058	1.5	3,087	4,419
Clay	0	3.0	0	0	1.5	0	0
Cherokee/Clay	444	3.0	1,332	2,058	1.5	3,087	4,419
Chowan	293	3.0	879	802	1.5	1,203	2,082
Cleveland	1,775	3.0	5,325	6,794	1.5	10,191	15,516
Columbus	1,011	3.0	3,033	2,388	1.5	3,582	6,615
Craven	3,224	3.0	9,672	9,835	1.5	14,753	24,425
Jones	0	3.0	0	0	1.5	0	0
Pamlico	0	3.0	0	0	1.5	0	0
Craven/Jones/Pamlico	3,224	3.0	9,672	9,835	1.5	14,753	24,425
Cumberland	6,504	3.0	19,512	19,678	1.5	29,517	49,029
Dare	263	3.0	789	1,466	1.5	2,199	2,988
Davidson	1,169	3.0	3,507	5,567	1.5	8,351	11,858
Davie	0	3.0	0	2,753	1.5	4,130	4,130
Duplin	462	3.0	1,386	1,556	1.5	2,334	3,720
Durham	22,806	3.0	68,418	35,329	1.5	52,994	121,412
Edgecombe	577	3.0	1,731	1,693	1.5	2,540	4,271
Forsyth	24,630	3.0	73,890	45,607	1.5	68,411	142,301
Franklin	32	3.0	96	634	1.5	951	1,047
Gaston	4,006	3.0	12,018	11,965	1.5	17,948	29,966
Granville	725	3.0	2,175	2,230	1.5	3,345	5,520
Caswell	0	3.0	0	0	1.5	0	0
Guilford	15,908	3.0	47,724	40,214	1.5	60,321	108,045
Guilford/Caswell	15,908	3.0	47,724	40,214	1.5	60,321	108,045

Table 6B: Projected Operating Room Need for 2019

A	I	J	K	L	M	N	O
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Growth Factor 2015-2019 (Population Change Rate)**	**2019 Projected Surgical Hours**	**Standard Hours per OR per Year (9 hours x 260 days x .8)**	**Projected ORs Needed in 2019**	**Number of Inpatient Operating Rooms**	**Number of Ambulatory Operating Rooms**	**Number of Shared Operating Rooms**
Alamance	4.93%	17,723.52	1,872	9.47	2	3	9
Alexander	4.09%	0.00	1,872	0.00	0	0	2
Alleghany	2.15%	360.08	1,872	0.19	0	0	2
Anson	-0.01%	49.50	1,872	0.03	0	0	1
Ashe	0.41%	1,753.24	1,872	0.94	0	0	2
Avery	0.00%	633.00	1,872	0.34	0	0	2
Beaufort	0.00%	4,687.60	1,872	2.50	1	0	7
Bertie	-5.12%	925.06	1,872	0.49	0	0	2
Bladen	0.47%	1,306.57	1,872	0.70	0	0	2
Brunswick	10.17%	11,919.81	1,872	6.37	1	0	6
Buncombe	4.83%	80,152.39	1,872	42.82	8	13	30
Madison	2.72%	0.00	1,872	0.00	0	0	0
Yancey	0.15%	0.00	1,872	0.00	0	0	0
Buncombe/Madison/Yancey	4.38%	79,815.29	1,872	42.64	8	13	30
Burke	0.00%	12,869.86	1,872	6.87	1	2	9
Cabarrus	8.73%	40,238.66	1,872	21.50	4	6	17
Caldwell	-0.17%	7,578.51	1,872	4.05	1	3	4
Carteret	1.02%	9,702.02	1,872	5.18	1	2	5
Catawba	0.90%	27,929.31	1,872	14.92	1	5	12
Chatham	6.46%	1,244.03	1,872	0.66	0	0	2
Cherokee	0.49%	4,440.70	1,872	2.37	0	0	4
Clay	0.71%	0.00	1,872	0.00	0	0	0
Cherokee/Clay	0.55%	4,443.41	1,872	2.37	0	0	4
Chowan	-0.01%	2,081.86	1,872	1.11	0	0	3
Cleveland	0.96%	15,665.40	1,872	8.37	1	2	8
Columbus	0.00%	6,615.11	1,872	3.53	1	0	5
Craven	3.15%	25,195.00	1,872	13.46	3	6	9
Jones	0.98%	0.00	1,872	0.00	0	0	0
Pamlico	0.82%	0.00	1,872	0.00	0	0	0
Craven/Jones/Pamlico	2.74%	25,093.47	1,872	13.40	3	6	9
Cumberland	2.22%	50,115.45	1,872	26.77	5	11	16
Dare	1.49%	3,032.59	1,872	1.62	1	0	2
Davidson	1.14%	11,993.24	1,872	6.41	1	0	9
Davie	-0.01%	4,129.00	1,872	2.21	0	0	2
Duplin	2.10%	3,798.28	1,872	2.03	0	0	3
Durham	7.52%	130,545.69	1,872	69.74	6	17	53
Edgecombe	-0.66%	4,242.36	1,872	2.27	1	0	5
Forsyth	4.28%	148,392.47	1,872	79.27	9	6	72
Franklin	3.80%	1,086.78	1,872	0.58	0	0	3
Gaston	2.74%	30,785.42	1,872	16.45	5	14	9
Granville	1.31%	5,592.36	1,872	2.99	0	0	3
Caswell	-0.05%	0.00	1,872	0.00	0	0	0
Guilford	2.91%	111,191.48	1,872	59.40	7	39	47
Guilford/Caswell	2.78%	111,051.33	1,872	59.32	7	39	47

Table 6B: Projected Operating Room Need for 2019

A	P	Q	R	S	T	U
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Excluded Dedicated C-Section Rooms**	**Exclusion of One OR for each Level I and II Trauma Center and Burn Unit**	**Adjustments: CONs Issued, Settlement Agreements, Previous Need**	**Adjusted Planning Inventory**	**Projected Operating Room Deficit or Surplus (Surplus shows as a "-")**	**Projected Need for New Operating Rooms**
Alamance	-2	0	0	12	-2.53	0
Alexander	0	0	0	2	-2.00	0
Alleghany	0	0	0	2	-1.81	0
Anson	0	0	0	1	-0.97	0
Ashe	0	0	0	2	-1.06	0
Avery	0	0	0	2	-1.66	0
Beaufort	-1	0	0	7	-4.50	0
Bertie	0	0	0	2	-1.51	0
Bladen	0	0	0	2	-1.30	0
Brunswick	-1	0	1	7	-0.63	0
Buncombe	-2	-1	0	48	-5.18	0
Madison	0	0	0	0	0.00	0
Yancey	0	0	0	0	0.00	0
Buncombe/Madison/Yancey	-2	-1	0	48	-5.36	0
Burke	-1	0	0	11	-4.13	0
Cabarrus	-2	0	0	25	-3.50	0
Caldwell	-1	0	0	7	-2.95	0
Carteret	-1	0	0	7	-1.82	0
Catawba	-1	0	0	17	-2.08	0
Chatham	0	0	0	2	-1.34	0
Cherokee	0	0	0	4	-1.63	0
Clay	0	0	0	0	0.00	0
Cherokee/Clay	0	0	0	4	-1.63	0
Chowan	0	0	0	3	-1.89	0
Cleveland	-1	0	0	10	-1.63	0
Columbus	-1	0	0	5	-1.47	0
Craven	-1	0	0	17	-3.54	0
Jones	0	0	0	0	0.00	0
Pamlico	0	0	0	0	0.00	0
Craven/Jones/Pamlico	-1	0	0	17	-3.60	0
Cumberland	-3	0	0	29	-2.23	0
Dare	-1	0	1	3	-1.38	0
Davidson	-1	0	0	9	-2.59	0
Davie	0	0	0	2	0.21	1
Duplin	0	0	0	3	-0.97	0
Durham	-2	-1	0	73	-3.26	0
Edgecombe	-1	0	0	5	-2.73	0
Forsyth	-2	-2	0	83	-3.73	0
Franklin	0	0	1	4	-3.42	0
Gaston	-4	0	0	24	-7.55	0
Granville	0	0	0	3	-0.01	0
Caswell	0	0	0	0	0.00	0
Guilford	-1	-1	-7	84	-24.60	0
Guilford/Caswell	-1	-1	-7	84	-24.68	0

Table 6B: Projected Operating Room Need for 2019

A	B	C	D	E	F	G	H
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**2015 Inpatient Cases (without exclusions)**	**Inpatient Case Time Standard (3 hours)**	**Estimated Inpatient Hours**	**2015 Ambulatory Cases**	**Ambulatory Case Time Standard (1.5 hours)**	**Estimated Ambulatory Hours**	**2015 Total Estimated Hours (D+G)**
Halifax	1,172	3.0	3,516	2,497	1.5	3,746	7,262
Northampton	0	3.0	0	0	1.5	0	0
Halifax/Northampton	1,172	3.0	3,516	2,497	1.5	3,746	7,262
Harnett	740	3.0	2,220	2,301	1.5	3,452	5,672
Haywood	1,043	3.0	3,129	3,581	1.5	5,372	8,501
Henderson	2,608	3.0	7,824	9,765	1.5	14,648	22,472
Hertford	577	3.0	1,731	1,365	1.5	2,048	3,779
Hoke	0	3.0	0	366	1.5	549	549
Iredell	3,604	3.0	10,812	9,839	1.5	14,759	25,571
Graham	0	3.0	0	0	1.5	0	0
Jackson	859	3.0	2,577	3,672	1.5	5,508	8,085
Swain	0	3.0	0	0	1.5	0	0
Jackson/Graham/Swain	859	3.0	2,577	3,672	1.5	5,508	8,085
Johnston	1,461	3.0	4,383	4,877	1.5	7,316	11,699
Lee	704	3.0	2,112	3,085	1.5	4,628	6,740
Lenoir	726	3.0	2,178	2,583	1.5	3,875	6,053
Lincoln	619	3.0	1,857	1,828	1.5	2,742	4,599
Macon	491	3.0	1,473	2,957	1.5	4,436	5,909
Martin	205	3.0	615	398	1.5	597	1,212
McDowell	204	3.0	612	795	1.5	1,193	1,805
Mecklenburg	35,628	3.0	106,884	85,300	1.5	127,950	234,834
Mitchell	216	3.0	648	590	1.5	885	1,533
Montgomery	0	3.0	0	256	1.5	384	384
Moore	6,353	3.0	19,059	17,935	1.5	26,903	45,962
Nash	1,691	3.0	5,073	6,378	1.5	9,567	14,640
New Hanover	10,932	3.0	32,796	31,666	1.5	47,499	80,295
Onslow	1,100	3.0	3,300	3,949	1.5	5,924	9,224
Orange	12,845	3.0	38,535	16,960	1.5	25,440	63,975
Camden	0	3.0	0	0	1.5	0	0
Currituck	0	3.0	0	0	1.5	0	0
Gates	0	3.0	0	0	1.5	0	0
Pasquotank	880	3.0	2,640	3,997	1.5	5,996	8,636
Perquimans	0	3.0	0	0	1.5	0	0
Pasq-Cam-Cur-Gates-Perq	880	3.0	2,640	3,997	1.5	5,996	8,636
Pender	8	3.0	24	88	1.5	132	156
Person	298	3.0	894	911	1.5	1,367	2,261
Greene	0	3.0	0	0	1.5	0	0
Hyde	0	3.0	0	0	1.5	0	0
Pitt	11,964	3.0	35,892	19,840	1.5	29,760	65,652
Tyrrell	0	3.0	0	0	1.5	0	0
Pitt/Greene/Hyde/Tyrrell	11,964	3.0	35,892	19,840	1.5	29,760	65,652
Polk	402	3.0	1,206	604	1.5	906	2,112
Randolph	959	3.0	2,877	3,510	1.5	5,265	8,142
Richmond	250	3.0	750	1,170	1.5	1,755	2,505
Robeson	1,784	3.0	5,352	3,466	1.5	5,199	10,551

Table 6B: Projected Operating Room Need for 2019

A	I	J	K	L	M	N	O
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Growth Factor 2015-2019 (Population Change Rate)**	**2019 Projected Surgical Hours**	**Standard Hours per OR per Year (9 hours x 260 days x .8)**	**Projected ORs Needed in 2019**	**Number of Inpatient Operating Rooms**	**Number of Ambulatory Operating Rooms**	**Number of Shared Operating Rooms**
Halifax	-2.34%	7,091.48	1,872	3.79	0	0	6
Northampton	-2.58%	0.00	1,872	0.00	0	0	0
Halifax/Northampton	-2.41%	7,086.47	1,872	3.79	0	0	6
Harnett	7.05%	6,071.16	1,872	3.24	0	0	7
Haywood	1.73%	8,647.26	1,872	4.62	0	0	7
Henderson	4.19%	23,412.72	1,872	12.51	1	0	16
Hertford	-1.24%	3,731.46	1,872	1.99	1	0	5
Hoke	9.29%	600.01	1,872	0.32	1	0	3
Iredell	5.01%	26,852.04	1,872	14.34	2	3	17
Graham	3.07%	0.00	1,872	0.00	0	0	0
Jackson	2.32%	8,272.64	1,872	4.42	0	0	6
Swain	4.13%	0.00	1,872	0.00	0	0	1
Jackson/Graham/Swain	2.84%	8,314.56	1,872	4.44	0	0	7
Johnston	7.98%	12,632.23	1,872	6.75	1	2	5
Lee	0.05%	6,743.14	1,872	3.60	1	0	6
Lenoir	-0.34%	6,032.11	1,872	3.22	1	0	9
Lincoln	3.01%	4,737.47	1,872	2.53	1	1	3
Macon	4.88%	6,196.71	1,872	3.31	1	0	4
Martin	-1.85%	1,189.56	1,872	0.64	0	0	2
McDowell	0.43%	1,812.21	1,872	0.97	1	0	3
Mecklenburg	8.50%	254,792.68	1,872	136.11	23	40	104
Mitchell	1.36%	1,553.83	1,872	0.83	0	0	3
Montgomery	0.30%	385.16	1,872	0.21	0	0	2
Moore	4.53%	48,045.47	1,872	25.67	2	9	15
Nash	-0.81%	14,521.74	1,872	7.76	1	0	13
New Hanover	5.73%	84,893.28	1,872	45.35	5	11	29
Onslow	3.10%	9,509.01	1,872	5.08	1	4	5
Orange	4.70%	66,983.11	1,872	35.78	6	11	29
Camden	2.47%	0.00	1,872	0.00	0	0	0
Currituck	8.49%	0.00	1,872	0.00	0	0	0
Gates	0.00%	0.00	1,872	0.00	0	0	0
Pasquotank	0.89%	8,712.45	1,872	4.65	2	0	8
Perquimans	0.49%	0.00	1,872	0.00	0	0	0
Pasq-Cam-Cur-Gates-Perq	2.81%	8,878.56	1,872	4.74	2	0	8
Pender	7.86%	168.27	1,872	0.09	0	0	2
Person	0.56%	2,273.09	1,872	1.21	1	0	4
Greene	0.00%	0.00	1,872	0.00	0	0	0
Hyde	-0.89%	0.00	1,872	0.00	0	0	0
Pitt	2.00%	66,966.24	1,872	35.77	7	10	26
Tyrrell	0.02%	0.00	1,872	0.00	0	0	0
Pitt/Greene/Hyde/Tyrrell	1.68%	66,752.26	1,872	35.66	7	10	26
Polk	1.91%	2,152.42	1,872	1.15	0	0	3
Randolph	1.64%	8,275.41	1,872	4.42	1	2	5
Richmond	-0.34%	2,496.53	1,872	1.33	1	0	3
Robeson	-0.93%	10,452.98	1,872	5.58	2	1	8

Table 6B: Projected Operating Room Need for 2019

A	P	Q	R	S	T	U
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Excluded Dedicated C-Section Rooms**	**Exclusion of One OR for each Level I and II Trauma Center and Burn Unit**	**Adjustments: CONs Issued, Settlement Agreements, Previous Need**	**Adjusted Planning Inventory**	**Projected Operating Room Deficit or Surplus (Surplus shows as a "-")**	**Projected Need for New Operating Rooms**
Halifax	0	0	0	6	-2.21	0
Northampton	0	0	0	0	0.00	0
Halifax/Northampton	0	0	0	6	-2.21	0
Harnett	0	0	0	7	-3.76	0
Haywood	0	0	0	7	-2.38	0
Henderson	-1	0	0	16	-3.49	0
Hertford	-1	0	0	5	-3.01	0
Hoke	-1	0	1	4	-3.68	0
Iredell	-2	0	0	20	-5.66	0
Graham	0	0	0	0	0.00	0
Jackson	0	0	0	6	-1.58	0
Swain	0	0	0	1	-1.00	0
Jackson/Graham/Swain	0	0	0	7	-2.56	0
Johnston	-1	0	1	8	-1.25	0
Lee	-1	0	0	6	-2.40	0
Lenoir	-1	0	0	9	-5.78	0
Lincoln	-1	0	0	4	-1.47	0
Macon	-1	0	0	4	-0.69	0
Martin	0	0	0	2	-1.36	0
McDowell	-1	0	0	3	-2.03	0
Mecklenburg	-13	-1	-1	152	-15.89	0
Mitchell	0	0	0	3	-2.17	0
Montgomery	0	0	0	2	-1.79	0
Moore	0	0	-1	25	0.67	1
Nash	-1	0	0	13	-5.24	0
New Hanover	-3	-1	3	44	1.35	1
Onslow	-1	0	0	9	-3.92	0
Orange	-3	-2	0	41	-5.22	0
Camden	0	0	0	0	0.00	0
Currituck	0	0	0	0	0.00	0
Gates	0	0	0	0	0.00	0
Pasquotank	-2	0	0	8	-3.35	0
Perquimans	0	0	0	0	0.00	0
Pasq-Cam-Cur-Gates-Perq	2	0	0	8	-5.26	0
Pender	0	0	0	2	-1.91	0
Person	-1	0	0	4	-2.79	0
Greene	0	0	0	0	0.00	0
Hyde	0	0	0	0	0.00	0
Pitt	-4	-1	0	38	-2.23	0
Tyrrell	0	0	0	0	0.00	0
Pitt/Greene/Hyde/Tyrrell	4	1	0	38	2.34	0
Polk	0	0	0	3	-1.85	0
Randolph	-1	0	0	7	-2.58	0
Richmond	-1	0	0	3	-1.67	0
Robeson	-1	0	0	10	-4.42	0

Table 6B: Projected Operating Room Need for 2019

A	B	C	D	E	F	G	H
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**2015 Inpatient Cases (without exclusions)**	**Inpatient Case Time Standard (3 hours)**	**Estimated Inpatient Hours**	**2015 Ambulatory Cases**	**Ambulatory Case Time Standard (1.5 hours)**	**Estimated Ambulatory Hours**	**2015 Total Estimated Hours (D+G)**
Rockingham	1,077	3.0	3,231	3,525	1.5	5,288	8,519
Rowan	1,798	3.0	5,394	6,698	1.5	10,047	15,441
Rutherford	1,119	3.0	3,357	1,455	1.5	2,183	5,540
Sampson	438	3.0	1,314	1,165	1.5	1,748	3,062
Scotland	1,142	3.0	3,426	3,018	1.5	4,527	7,953
Stanly	455	3.0	1,365	1,897	1.5	2,846	4,211
Stokes	0	3.0	0	336	1.5	504	504
Surry	1,883	3.0	5,649	5,590	1.5	8,385	14,034
Transylvania	361	3.0	1,083	1,915	1.5	2,873	3,956
Union	1,391	3.0	4,173	7,199	1.5	10,799	14,972
Vance	819	3.0	2,457	2,232	1.5	3,348	5,805
Warren	0	3.0	0	0	1.5	0	0
Vance/Warren	819	3.0	2,457	2,232	1.5	3,348	5,805
Wake	21,985	3.0	65,955	57,032	1.5	85,548	151,503
Washington	0	3.0	0	0	1.5	0	0
Watauga	1,023	3.0	3,069	3,892	1.5	5,838	8,907
Wayne	2,452	3.0	7,356	7,001	1.5	10,502	17,858
Wilkes	695	3.0	2,085	3,253	1.5	4,880	6,965
Wilson	474	3.0	1,422	4,425	1.5	6,638	8,060
Yadkin	0	3.0	0	0	1.5	0	0
State Total	247,251			635,651			

Table 6B: Projected Operating Room Need for 2019

A	I	J	K	L	M	N	O
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Growth Factor 2015-2019 (Population Change Rate)**	**2019 Projected Surgical Hours**	**Standard Hours per OR per Year (9 hours x 260 days x .8)**	**Projected ORs Needed in 2019**	**Number of Inpatient Operating Rooms**	**Number of Ambulatory Operating Rooms**	**Number of Shared Operating Rooms**
Rockingham	0.00%	8,518.50	1,872	4.55	1	0	9
Rowan	0.00%	15,441.00	1,872	8.25	2	3	8
Rutherford	-0.53%	5,510.19	1,872	2.94	0	0	5
Sampson	0.73%	3,083.85	1,872	1.65	0	0	8
Scotland	-2.95%	7,718.21	1,872	4.12	1	0	5
Stanly	1.62%	4,278.69	1,872	2.29	1	0	5
Stokes	0.00%	504.00	1,872	0.27	0	2	2
Surry	0.00%	14,033.81	1,872	7.50	2	0	9
Transylvania	3.67%	4,100.65	1,872	2.19	0	0	4
Union	8.37%	16,224.43	1,872	8.67	2	2	6
Vance	-0.30%	5,787.59	1,872	3.09	0	0	5
Warren	0.00%	0.00	1,872	0.00	0	0	0
Vance/Warren	-0.21%	5,793.04	1,872	3.09	0	0	5
Wake	7.98%	163,599.53	1,872	87.39	13	29	64
Washington	-2.13%	0.00	1,872	0.00	0	0	2
Watauga	2.93%	9,167.62	1,872	4.90	1	0	6
Wayne	1.65%	18,152.21	1,872	9.70	1	2	10
Wilkes	0.67%	7,011.06	1,872	3.75	1	2	4
Wilson	2.38%	8,250.93	1,872	4.41	1	5	9
Yadkin	-1.84%	0.00	1,872	0.00	0	0	2
State Total					149	268	889

Table 6B: Projected Operating Room Need for 2019

A	P	Q	R	S	T	U
Operating Room Service Areas (Single-county service areas are in bold. Counties in multicounty service areas are in italics with a shaded "total" row below.)	**Excluded Dedicated C-Section Rooms**	**Exclusion of One OR for each Level I and II Trauma Center and Burn Unit**	**Adjustments: CONs Issued, Settlement Agreements, Previous Need**	**Adjusted Planning Inventory**	**Projected Operating Room Deficit or Surplus (Surplus shows as a "-")**	**Projected Need for New Operating Rooms**
Rockingham	-1	0	0	9	-4.45	0
Rowan	-2	0	0	11	-2.75	0
Rutherford	0	0	0	5	-2.06	0
Sampson	0	0	0	8	-6.35	0
Scotland	-1	0	0	5	-0.88	0
Stanly	-1	0	0	5	-2.71	0
Stokes	0	0	0	4	-3.73	0
Surry	-2	0	0	9	-1.50	0
Transylvania	0	0	0	4	-1.81	0
Union	-2	0	0	8	0.67	1
Vance	0	0	0	5	-1.91	0
Warren	0	0	0	0	0.00	0
Vance/Warren	0	0	0	5	-1.91	0
Wake	-9	-1	3	99	-11.61	0
Washington	0	0	0	2	-2.00	0
Watauga	-1	0	0	6	-1.10	0
Wayne	-1	0	1	13	-3.30	0
Wilkes	-1	0	0	6	-2.25	0
Wilson	-1	0	0	14	-9.59	0
Yadkin	0	0	0	2	-2.00	0
State Total	-94	-11	3	1,204	-256	4

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is a need for four operating rooms, as shown in Table 6C. There is no need anywhere else in the state and no other reviews are scheduled.

Table 6C: Operating Room Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the Operating Room Service Areas listed in the table below needs additional operating rooms as specified.

Operating Room Service Area	Operating Room Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Davie	1	February 15, 2017	March 1, 2017
Moore	1	August 15, 2017	September 1, 2017
New Hanover	1	November 15, 2017	December 1, 2017
Union	1	May 15, 2017	June 1, 2017
It is determined that there is no need for additional operating rooms anywhere else in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Table 6D: Inventory for Single Specialty Ambulatory Surgery Demonstration Project

Operating Room Service Area	Provider	ORs
Charlotte Area (Mecklenburg, Cabarrus, Union counties)	University Surgery Center, LLC	2
Triad Area (Guilford, Forsyth counties)	Piedmont Outpatient Surgery Center	2
Triangle Area (Wake, Durham, Orange counties)	Triangle Orthopaedics Surgery Center	2
The North Carolina 2010 State Medical Facilities Plan included need determinations for a Single Specialty Ambulatory Surgery Demonstration Project, consisting of three facilities with two operating rooms each to be located in the Charlotte Area (Mecklenburg, Cabarrus, Union counties), Triad Area (Guilford, Forsyth counties), and the Triangle Area (Wake, Durham, Orange counties). On 9/28/2010, CON #G-008477-10 was awarded to Piedmont Outpatient Surgery Center LLC and Stratford Executive Associates LLC to develop a single-specialty ENT ambulatory surgical facility in the Triad area. Piedmont Outpatient Surgery Center received its license effective 2/6/2012. On 6/1/2011, CON #J-008616-10 was awarded to Triangle Orthopaedics Surgery Center to develop a single specialty (orthopaedic) ambulatory surgical facility in the Triangle Area. Triangle Orthopaedics Surgery Center received its license effective 2/25/2013. University Surgery Center, LLC (dba Mallard Creek Surgery Center) received CON #F-008543-10 on 7/18/2012 to develop a single specialty (orthopaedic) ambulatory surgical facility in the Charlotte Area and was licensed on May 1, 2014.		

Inventory of Endoscopy Rooms in Licensed Facilities

With the change in legislation which occurred in August 2005 (Session Law 2005-346), endoscopy rooms in licensed facilities are no longer defined as "operating rooms." For information purposes only, a listing of endoscopy procedure rooms in licensed facilities is provided in Table 6E based on data from the 2016 Hospital and the 2016 Ambulatory Surgery Facility License Renewal Applications. The review schedule for endoscopy rooms in licensed facilities can be found in Chapter 3.

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0272	Alamance Regional Medical Center	Alamance	4	0	5,043	7,045
AS0128	Pioneer Ambulatory Surgery Center	Alamance	1	0	552	650
		Alamance Total	**5**	**0**	**5,595**	**7,695**
H0274	Alexander Hospital (closed)	Alexander	1	0	0	0
		Alexander Total	**1**	**0**	**0**	**0**
H0099	Ashe Memorial Hospital	Ashe	1	0	714	949
		Ashe Total	**1**	**0**	**714**	**949**
H0037	Charles A. Cannon, Jr. Memorial Hospital	Avery	1	0	325	325
		Avery Total	**1**	**0**	**325**	**325**
H0188	Vidant Beaufort Hospital	Beaufort	1	0	2,265	2,542
		Beaufort Total	**1**	**0**	**2,265**	**2,542**
H0150	J. Arthur Dosher Memorial Hospital	Brunswick	2	0	688	688
H0250	Novant Health Brunswick Medical Center	Brunswick	2	0	2,799	3,539
		Brunswick Total	**4**	**0**	**3,487**	**4,227**
H0036	Mission Hospital	Buncombe	6	0	5,909	7,634
AS0051	The Endoscopy Center	Buncombe	5	0	16,052	16,052
		Buncombe Total	**11**	**0**	**21,961**	**23,686**
AS0145	Carolina Digestive Care	Burke	2	0	2,245	3,046
H0062	Carolinas HealthCare System Blue Ridge	Burke	3	0	2,272	3,208
		Burke Total	**5**	**0**	**4,517**	**6,254**
H0031	Carolinas HealthCare System NorthEast	Cabarrus	6	0	3,627	4,698
AS0070	Gateway Surgery Center	Cabarrus	2	0	3,395	3,395
AS0104	Northeast Digestive Health Center	Cabarrus	3	0	4,634	5,302
		Cabarrus Total	**11**	**0**	**11,656**	**13,395**
H0061	Caldwell Memorial Hospital	Caldwell	2	0	1,187	1,383
		Caldwell Total	**2**	**0**	**1,187**	**1,383**
H0222	Carteret General Hospital	Carteret	2	0	228	228

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0061	The Surgical Center of Morehead City	Carteret	1	0	1,691	1,952
		Carteret Total:	**3**	**0**	**1,919**	**2,180**
H0223	Catawba Valley Medical Center	Catawba	2	0	1,935	2,308
H0053	Frye Regional Medical Center	Catawba	2	0	1,566	2,413
AS0077	Gastroenterology Associates, Hickory	Catawba	3	0	7,480	8,812
		Catawba Total:	**7**	**0**	**10,981**	**13,533**
H0007	Chatham Hospital	Chatham	1	0	584	635
		Chatham Total:	**1**	**0**	**584**	**635**
H0239	Murphy Medical Center	Cherokee	2	0	911	1,128
		Cherokee Total:	**2**	**0**	**911**	**1,128**
H0063	Vidant Chowan Hospital	Chowan	1	0	525	607
		Chowan Total:	**1**	**0**	**525**	**607**
H0024	Carolinas HealthCare System Cleveland	Cleveland	4	0	2,273	2,324
H0113	Carolinas HealthCare System Kings Mountain	Cleveland	1	0	0	0
AS0062	Cleveland Ambulatory Services	Cleveland	4	0	2,295	3,004
		Cleveland Total:	**9**	**0**	**4,568**	**5,328**
H0045	Columbus Regional Healthcare System	Columbus	3	0	1,422	1,994
		Columbus Total:	**3**	**0**	**1,422**	**1,994**
AS0096	CarolinaEast Internal Medicine	Craven	3	0	2,974	3,838
H0201	CarolinaEast Medical Center	Craven	2	0	1,638	2,407
AS0078	CCHC Endoscopy Center	Craven	3	0	5,125	6,436
		Craven Total:	**8**	**0**	**9,737**	**12,681**
H0213	Cape Fear Valley Medical Center	Cumberland	4	0	3,857	4,360
AS0123	Digestive Health Endoscopy Center	Cumberland	2	0	5,481	5,910
AS0006	Fayetteville Ambulatory Surgery Center	Cumberland	3	0	372	605
AS0071	Fayetteville Gastroenterology Associates	Cumberland	4	0	10,106	10,813

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0275	Highsmith-Rainey Specialty Hospital	Cumberland	3	0	0	0
		Cumberland Total	**16**	**0**	**19,816**	**21,688**
H0273	The Outer Banks Hospital	Dare	2	0	625	625
		Dare Total	**2**	**0**	**625**	**625**
AS0146	Digestive Health Specialists	Davidson	2	0	2,027	2,347
H0027	Lexington Medical Center	Davidson	2	0	1,212	1,484
H0112	Novant Health Thomasville Medical Center	Davidson	1	0	928	1,099
		Davidson Total	**5**	**0**	**4,167**	**4,930**
H0171	Davie Medical Center	Davie	1	0	0	0
AS0139	Digestive Health Specialists PA	Davie	1	0	1,457	1,656
		Davie Total	**2**	**0**	**1,457**	**1,656**
H0233	Duke Regional Hospital	Durham	4	0	4,907	5,917
H0015	Duke University Hospital	Durham	10	1	11,350	18,240
AS0085	Triangle Endoscopy Center	Durham	4	0	4,909	5,537
		Durham Total	**18**	**1**	**21,166**	**29,694**
H0258	Vidant Edgecombe Hospital	Edgecombe	2	0	22	24
AS0127	Vidant Endoscopy Center	Edgecombe	1	0	914	926
		Edgecombe Total	**3**	**0**	**936**	**950**
AS0144	Digestive Health Endoscopy Center of Kernersville	Forsyth	2	0	2,951	3,297
AS0099	Digestive Health Specialists, P.A.	Forsyth	2	0	6,111	6,784
AS0044	Gastroenterology Associates of the Piedmont	Forsyth	4	0	5,676	7,218
AS0074	Gastroenterology Associates of the Piedmont	Forsyth	4	0	8,760	11,164
H0011	North Carolina Baptist Hospital	Forsyth	10	0	10,634	18,357
H0209	Novant Health Forsyth Medical Center	Forsyth	4	0	2,804	3,137
AS0125	Wake Forest Baptist Health Outpatient Endoscopy	Forsyth	2	0	2,133	2,324
		Forsyth Total	**28**	**0**	**39,069**	**52,281**

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0261	Novant Health Franklin Medical Center (closed)	Franklin	1	0	107	147
		Franklin Total	**1**	**0**	**107**	**147**
AS0135	CaroMont Endoscopy Center	Gaston	2	0	595	708
H0105	CaroMont Regional Medical Center	Gaston	6	0	8,201	9,988
AS0151	Greater Gaston Endoscopy Center	Gaston	2	0	2,459	3,239
		Gaston Total	**10**	**0**	**11,255**	**13,935**
H0098	Granville Health System	Granville	1	0	612	784
		Granville Total	**1**	**0**	**612**	**784**
AS0076	Bethany Medical Endoscopy Center	Guilford	2	0	2,057	2,057
H0159	Cone Health	Guilford	8	0	5,070	5,822
AS0075	Eagle Endoscopy Center	Guilford	4	0	6,020	6,520
AS0009	Greensboro Specialty Surgical Center	Guilford	2	0	455	566
AS0113	Guilford Endoscopy Center	Guilford	2	0	2,322	3,095
AS0059	High Point Endoscopy Center	Guilford	3	0	6,191	8,308
H0052	High Point Regional Health	Guilford	3	0	1,327	1,687
AS0052	LeBauer Endoscopy Center	Guilford	3	0	6,486	6,989
		Guilford Total	**27**	**0**	**29,928**	**35,044**
AS0141	Halifax Gastroenterology	Halifax	2	0	1,830	1,857
H0230	Halifax Regional Medical Center	Halifax	1	0	452	525
		Halifax Total	**3**	**0**	**2,282**	**2,382**
H0224	Betsy Johnson Hospital	Harnett	2	0	0	0
		Harnett Total	**2**	**0**	**0**	**0**
H0025	Haywood Regional Medical Center	Haywood	3	0	2,357	3,063
		Haywood Total	**3**	**0**	**2,357**	**3,063**
AS0106	Carolina Mountain Gastroenterology Endoscopy Center	Henderson	2	0	5,113	5,775
H0161	Margaret R. Pardee Memorial Hospital	Henderson	3	0	2,250	3,202

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0019	Park Ridge Health	Henderson	1	0	648	650
		Henderson Total:	**6**	**0**	**8,011**	**9,627**
H0001	Vidant Roanoke-Chowan Hospital	Hertford	1	0	956	1,095
		Hertford Total:	**1**	**0**	**956**	**1,095**
H0248	Davis Regional Medical Center	Iredell	2	0	378	390
H0164	Iredell Memorial Hospital	Iredell	3	0	2,746	3,142
H0259	Lake Norman Regional Medical Center	Iredell	3	0	2,922	3,677
AS0126	Piedmont HealthCare Endoscopy Center	Iredell	3	0	4,028	5,478
		Iredell Total:	**11**	**0**	**10,074**	**12,687**
H0087	Harris Regional Hospital	Jackson	1	0	1,986	2,834
		Jackson Total:	**1**	**0**	**1,986**	**2,834**
	Clayton Endoscopy *	Johnston	0	2	0	0
H0151	Johnston Health	Johnston	3	0	2,967	4,310
		Johnston Total:	**3**	**2**	**2,967**	**4,310**
H0243	Central Carolina Hospital	Lee	1	0	514	811
AS0094	Mid Carolina Endoscopy Center	Lee	2	0	2,885	3,501
		Lee Total:	**3**	**0**	**3,399**	**4,312**
	AMG Endoscopy Center *	Lenoir	0	2	0	0
AS0122	Kinston Medical Specialists, PA Endoscopy Center	Lenoir	2	0	2,005	2,023
H0043	Lenoir Memorial Hospital	Lenoir	2	0	573	698
AS0121	Park Endoscopy Center	Lenoir	2	0	1,454	1,454
		Lenoir Total:	**6**	**2**	**4,032**	**4,175**
H0225	Carolinas HealthCare System Lincoln	Lincoln	2	0	1,566	1,967
		Lincoln Total:	**2**	**0**	**1,566**	**1,967**
H0034	Angel Medical Center	Macon	2	0	414	416
H0193	Highlands-Cashiers Hospital	Macon	2	0	219	365

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0097	Western Carolina Endoscopy Center	Macon	1	1	1,924	2,735
		Macon Total	**5**	**1**	**2,557**	**3,516**
H0078	Martin General Hospital	Martin	1	0	331	361
		Martin Total	**1**	**0**	**331**	**361**
H0097	The McDowell Hospital	McDowell	1	0	529	762
		McDowell Total	**1**	**0**	**529**	**762**
	Presbyterian Hospital Mint Hill	Mecklenburg	0	1	0	0
AS0092	Carolina Digestive Endoscopy Center	Mecklenburg	2	0	6,726	7,319
AS0108	Carolina Endoscopy Center-Huntersville	Mecklenburg	2	0	1,885	1,925
AS0088	Carolina Endoscopy Center-Pineville	Mecklenburg	2	0	2,764	3,022
AS0089	Carolina Endoscopy Center-University	Mecklenburg	2	0	2,624	2,915
AS0081	Carolinas Gastroenterology Center-Ballantyne	Mecklenburg	4	0	9,959	10,323
AS0080	Carolinas Gastroenterology Center-Medical Center Plaza	Mecklenburg	2	0	3,967	4,112
H0042	Carolinas Healthcare System Pineville	Mecklenburg	2	0	2,288	3,120
H0255	Carolinas HealthCare System University	Mecklenburg	1	0	1,443	2,097
H0071	Carolinas Medical Center	Mecklenburg	12	0	9,559	21,195
AS0110	Charlotte Gastroenterology & Hepatology	Mecklenburg	2	0	5,719	6,694
AS0109	Charlotte Gastroenterology & Hepatology	Mecklenburg	4	0	5,179	6,744
AS0084	Endoscopy Center of Lake Norman	Mecklenburg	2	0	2,139	2,505
AS0098	Novant Health Ballantyne Outpatient Surgery	Mecklenburg	1	0	469	470
H0282	Novant Health Huntersville Medical Center	Mecklenburg	3	0	1,641	1,687
H0270	Novant Health Matthews Medical Center	Mecklenburg	4	-1	1,308	1,353
H0010	Novant Health Presbyterian Medical Center	Mecklenburg	9	0	3,541	3,644
		Mecklenburg Total	**54**	**0**	**61,211**	**79,125**
H0169	Blue Ridge Regional Hospital	Mitchell	1	0	177	181
		Mitchell Total	**1**	**0**	**177**	**181**

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0100	FirstHealth Moore Regional Hospital	Moore	2	0	3,760	3,760
AS0073	Pinehurst Medical Clinic Endoscopy Center	Moore	5	0	8,918	11,532
		Moore Total:	**7**	**0**	**12,678**	**15,292**
AS0105	Boice-Willis Clinic Endoscopy Center	Nash	2	0	3,555	7,033
H0228	Nash General Hospital	Nash	4	0	3,715	5,409
		Nash Total:	**6**	**0**	**7,270**	**12,442**
AS0100	Endoscopy Center NHRMC Physician Group	New Hanover	2	0	3,893	5,204
H0221	New Hanover Regional Medical Center	New Hanover	5	0	7,058	12,508
AS0091	Wilmington Gastroenterology	New Hanover	4	0	10,143	13,217
AS0045	Wilmington Health	New Hanover	3	0	4,103	4,674
AS0055	Wilmington SurgCare	New Hanover	3	0	240	277
		New Hanover Total:	**17**	**0**	**25,437**	**35,880**
AS0079	East Carolina Gastroenterology Endoscopy Center	Onslow	1	0	2,139	2,139
H0048	Onslow Memorial Hospital	Onslow	3	0	2,251	2,785
		Onslow Total:	**4**	**0**	**4,390**	**4,924**
H0157	University of North Carolina Hospitals	Orange	9	0	13,714	16,408
		Orange Total:	**9**	**0**	**13,714**	**16,408**
H0054	Sentara Albemarle Medical Center	Pasquotank	3	0	2,227	2,227
		Pasquotank Total:	**3**	**0**	**2,227**	**2,227**
H0115	Pender Memorial Hospital	Pender	1	0	217	278
		Pender Total:	**1**	**0**	**217**	**278**
AS0086	Atlantic Gastroenterology Endoscopy Center	Pitt	2	0	3,372	3,781
AS0118	Carolina Digestive Diseases	Pitt	2	0	3,917	4,057
AS0119	East Carolina Endoscopy Center	Pitt	2	-1	1,495	1,786
AS0117	Gastroenterology East	Pitt	3	0	5,650	5,650
AS0060	Quadrangle Endoscopy Center	Pitt	6	0	6,315	7,009

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0104	Vidant Medical Center	Pitt	4	1	5,336	7,310
		Pitt Total:	**19**	**0**	**26,085**	**29,593**
AS0054	Asheboro Endoscopy Center	Randolph	1	0	934	1,128
H0013	Randolph Hospital	Randolph	2	0	2,936	3,923
		Randolph Total:	**3**	**0**	**3,870**	**5,051**
H0158	FirstHealth Richmond Memorial Hospital	Richmond	2	0	982	982
H0265	Sandhills Regional Medical Center	Richmond	4	0	849	849
		Richmond Total:	**6**	**0**	**1,831**	**1,831**
AS0147	Robeson Digestive Diseases, Inc.	Robeson	1	0	1,940	2,458
AS0107	Southeastern Gastroenterology Endoscopy Center	Robeson	1	0	799	866
H0064	Southeastern Regional Medical Center	Robeson	1	0	2,569	2,808
AS0150	The Surgery Center at Southeastern Health Park	Robeson	2	0	87	87
		Robeson Total:	**5**	**0**	**5,395**	**6,219**
H0023	Annie Penn Hospital	Rockingham	2	1	2,490	3,569
H0072	Morehead Memorial Hospital	Rockingham	2	0	1,363	1,493
		Rockingham Total:	**4**	**1**	**3,853**	**5,062**
H0040	Novant Health Rowan Medical Center	Rowan	4	0	2,589	2,793
		Rowan Total:	**4**	**0**	**2,589**	**2,793**
H0039	Rutherford Regional Medical Center	Rutherford	2	0	2,143	2,620
		Rutherford Total:	**2**	**0**	**2,143**	**2,620**
H0107	Scotland Memorial Hospital	Scotland	2	0	1,150	1,252
		Scotland Total:	**2**	**0**	**1,150**	**1,252**
H0008	Carolinas HealthCare System - Stanly	Stanly	2	0	8	12
		Stanly Total:	**2**	**0**	**8**	**12**
H0165	Pioneer Community Hospital of Stokes	Stokes	1	0	0	0
		Stokes Total:	**1**	**0**	**0**	**0**
H0049	Hugh Chatham Memorial Hospital	Surry	4	0	1,298	1,302

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
H0184	Northern Hospital of Surry County	Surry	2	0	2,298	2,596
		Surry Total	**6**	**0**	**3,596**	**3,898**
H0069	Swain Community Hospital	Swain	1	0	0	0
		Swain Total	**1**	**0**	**0**	**0**
H0111	Transylvania Regional Hospital	Transylvania	2	0	487	549
		Transylvania Total	**2**	**0**	**487**	**549**
AS0090	Carolina Endoscopy Center-Monroe	Union	2	0	3,827	4,369
H0050	Carolinas HealthCare System Union	Union	2	0	1,237	1,651
		Union Total	**4**	**0**	**5,064**	**6,020**
H0267	Maria Parham Medical Center	Vance	2	0	2,165	2,722
		Vance Total	**2**	**0**	**2,165**	**2,722**
AS0072	Center for Digestive Diseases & Cary Endoscopy Center	Wake	3	0	2,680	2,680
AS0115	Duke GI at Brier Creek	Wake	2	2	4,305	5,189
H0238	Duke Raleigh Hospital	Wake	3	0	2,474	3,509
AS0116	GastroIntestinal Healthcare	Wake	2	0	1,955	2,122
AS0138	Kurt G. Vernon, MD PA	Wake	1	0	2,329	2,329
AS0056	Raleigh Endoscopy Center	Wake	4	0	8,351	11,239
AS0102	Raleigh Endoscopy Center-Cary	Wake	4	0	8,402	10,681
AS0082	Raleigh Endoscopy Center-North	Wake	3	0	5,012	7,086
H0065	Rex Hospital	Wake	4	0	4,722	5,731
AS0093	Triangle Gastroenterology	Wake	2	0	4,028	1,028
AS0131	W. F. Endoscopy Center, LLC	Wake	2	1	2,554	3,199
AS0111	Wake Endoscopy Center	Wake	4	0	8,493	10,891
H0199	WakeMed	Wake	6	0	4,425	5,706
H0276	WakeMed Cary Hospital	Wake	4	0	2,014	2,452
		Wake Total	**44**	**3**	**61,744**	**73,842**

Table 6E: Endoscopy Room Inventory

(Case and Procedure Data for 10/01/2014 - 9/30/2015 as reported on 2016 Hospital and Ambulatory Surgical Facility License Renewal Applications)

License Number	Facility Name	County	Endoscopy Rooms	Adjustments for CONs	Endoscopy Cases	Endoscopy Procedures
AS0095	Appalachian Gastroenterology	Watauga	2	0	1,070	1,073
H0077	Watauga Medical Center	Watauga	2	0	1,503	1,545
		Watauga Total	**4**	**0**	**2,573**	**2,618**
AS0057	Goldsboro Endoscopy Center	Wayne	4	0	3,495	3,762
H0257	Wayne Memorial Hospital	Wayne	3	0	2,596	3,587
		Wayne Total	**7**	**0**	**6,091**	**7,349**
H0153	Wilkes Regional Medical Center	Wilkes	2	0	985	1,183
		Wilkes Total	**2**	**0**	**985**	**1,183**
AS0112	CGS Endoscopy Center	Wilson	2	0	1,693	1,696
AS0130	Wilson Digestive Diseases Center	Wilson	2	0	3,018	3,152
H0210	Wilson Medical Center	Wilson	5	0	1,730	2,057
		Wilson Total	**9**	**0**	**6,441**	**6,905**
H0155	Yadkin Valley Community Hospital (closed)	Yadkin	1	0	0	0
		Yadkin Total	**1**	**0**	**0**	**0**
		Grand Total	**469**	**10**	**515,930**	**637,643**

* Certificate of Need approved facility that is under development and unlicensed.

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Chapter 7:

Other Acute Care Services

- Open Heart Surgery Services
- Burn Intensive Care Services
- Transplantation Services

CHAPTER 7
OTHER ACUTE CARE SERVICES

Summary of Service Supply and Utilization
During FY 2014-2015, 22 hospitals offered open-heart surgery services, providing a statewide total of 9,567 surgeries, which is a decrease of 0.6 percent from the previous fiscal year.

There are two burn intensive care services located in North Carolina with a total of 29 existing Burn Intensive Care Unit beds, and eight additional beds for which certificates of need have been awarded. The reported days of care, using the capacity of 37 beds, indicated an overall average annual occupancy rate of 72.0 percent in FY 2014-2015.

There are five hospitals approved to offer both allogeneic and autologous bone marrow transplants, plus one hospital approved to offer only autologous bone marrow transplants. These facilities reported a total of 757 transplants performed during FY 2014-2015.

The Solid Organ Transplantation Services located at the five academic medical center teaching hospitals reported a total of 979 transplants performed during FY 2014-2015.

Changes from the Previous Plan
No substantive changes in basic principles and methodologies have been incorporated into the North Carolina 2017 State Medical Facilities Plan. Throughout the chapter, data have been revised to reflect services provided during FY 2014-2015, and dates have been advanced by one year, where appropriate.

OPEN-HEART SURGERY SERVICES

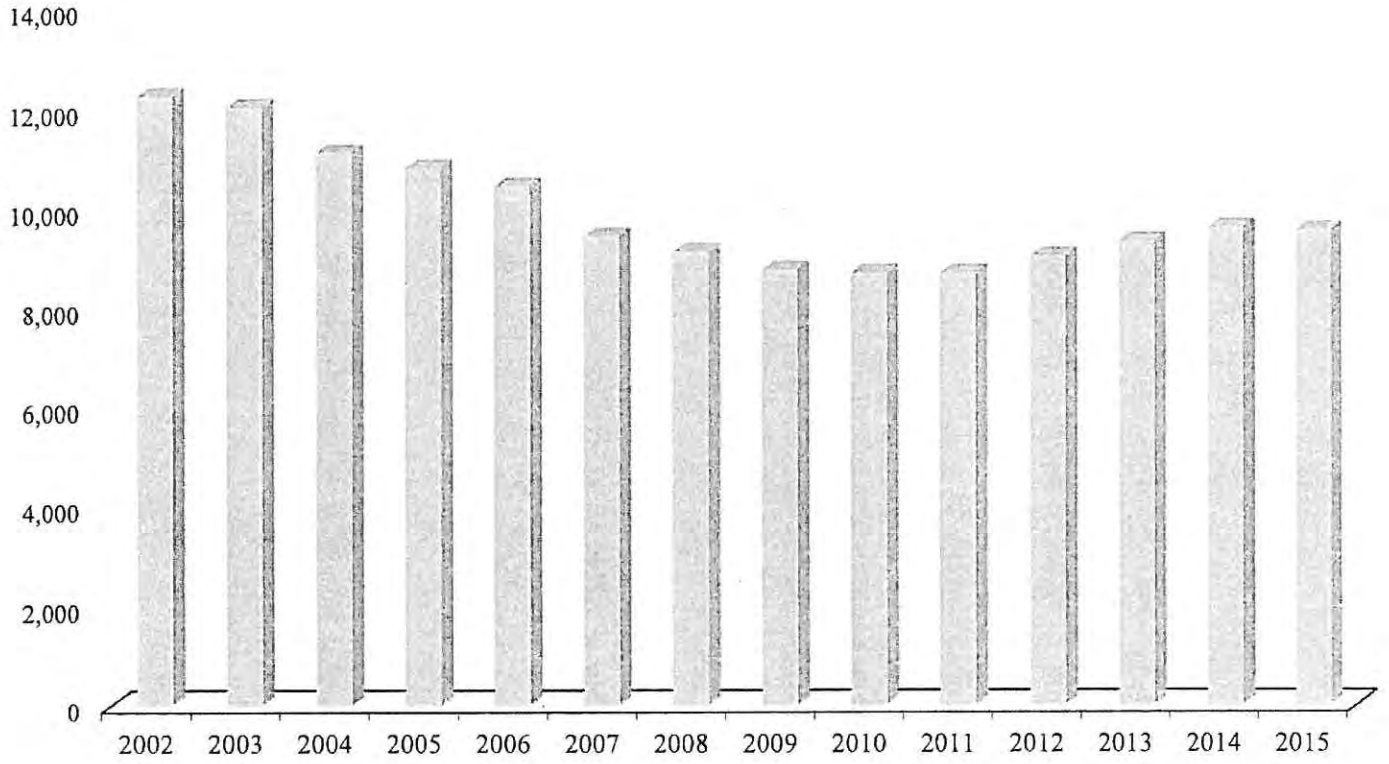
Definition
"Open-heart surgery services," as defined in G.S. 131E-176(18b), "means the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects."

Facility Inventory - Service Volume
As the following Table 7A indicates, there were 22 open-heart surgery programs in North Carolina in 2015, providing a statewide total of 9,567 surgeries. In 2015, there was a decrease in reported open-heart surgeries of 0.6 percent. Table 7A and the graph following the table show reported numbers for 2002-2015 of open-heart surgery performed using heart-lung bypass machines.

Table 7A: Open-Heart Surgery Procedures
(Procedures Utilizing Heart-Lung Bypass Machines)

Lic #	Facility	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
H0213	Cape Fear Valley Medical Center	356	448	458	432	352	301	299	270	234	233	202	220	218	277
H0201	CarolinaEast Medical Center	240	222	238	255	255	219	209	244	210	227	236	202	169	208
H0031	Carolinas HealthCare System-NorthEast	307	361	375	286	296	257	227	227	211	214	233	237	245	218
H0042	Carolinas HealthCare System-Pineville	231	199	134	150	104	92	62	59	30	0	132	201	245	186
H0071	Carolinas Medical Center	875	719	710	631	615	640	457	471	512	675	704	820	715	788
H0105	CaroMont Regional Medical Center	309	309	248	202	246	183	190	175	171	128	207	230	265	249
H0159	Cone Health	889	829	883	849	860	578	596	510	492	472	471	544	541	485
H0233	Duke Regional Hospital	178	170	168	166	142	119	87	80	55	66	60	75	82	92
H0015	Duke University Hospital	1,428	1,229	995	914	947	852	829	955	957	1,013	1,062	1,047	1,066	1,161
H0100	FirstHealth Moore Regional Hospital	355	429	316	387	319	369	406	413	333	293	261	271	329	395
H0053	Frye Regional Medical Center	271	281	388	374	344	224	206	232	181	196	253	246	194	205
H0052	High Point Regional Health System	273	293	295	313	281	194	208	178	178	184	191	150	137	111
H0036	Mission Hospital	1,053	1,064	1,084	1,025	1,105	1,067	992	774	866	798	813	848	988	874
H0221	New Hanover Regional Medical Center	709	794	691	476	497	529	522	508	509	464	473	538	487	486
H0011	North Carolina Baptist Hospital	666	625	563	521	534	511	496	468	520	621	612	609	692	696
H0209	Novant Health Forsyth Medical Center	688	717	609	747	598	657	634	566	611	568	514	587	691	626
H0010	Novant Health Presbyterian Medical Center	564	551	412	401	306	301	321	377	433	378	381	355	360	391
H0065	Rex Hospital	416	419	369	357	359	334	313	299	257	203	346	347	369	460
H0064	Southeastern Regional Medical Center					15	58	71	53	52	54	52	42	34	44
H0157	University of North Carolina Hospitals	268	246	283	361	311	265	238	228	108	350	391	441	390	407
H0104	Vidant Medical Center	1,111	1,096	933	938	1,042	805	865	858	924	814	900	842	853	601
H0199	WakeMed	1,072	1,040	976	1,032	931	894	908	817	861	756	553	499	557	607
	Total Procedures	12,259	12,041	11,128	10,817	10,459	9,449	9,136	8,762	8,705	8,707	9,047	9,351	9,627	9,567

Open-Heart Surgery Procedures: 2002-2015
(Procedures Utilizing Heart-Lung Bypass Machines)



Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional open-heart surgery services anywhere in the state and no other reviews are scheduled as shown in Table 7B.

Table 7B: Open-Heart Surgery Services Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service area listed in the table below needs additional open-heart surgery services as specified.

Service Area	Open Heart Surgery Services Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

BURN INTENSIVE CARE SERVICES

Definition
"Burn intensive care services," as defined in G.S. 131E-176(2b), are "services provided in a unit designed to care for patients who have been severely burned."

Facility Inventory - Service Volume
There are two designated burn intensive care services in North Carolina. A 21-bed unit is located at University of North Carolina Hospitals in Chapel Hill, and an eight-bed unit is located in Winston-Salem at North Carolina Baptist Hospital. Both hospitals received certificates of need for four new burn intensive care beds each. The reported numbers of licensed beds, census days of care, and average annual occupancy rates for the years ending 9/30/2011, 9/30/2012, 9/30/2013, 9/30/2014 and 9/30/2015 are shown in Table 7C. The percent utilization of burn intensive care services for 2011-2015 is shown on the graph following the table.

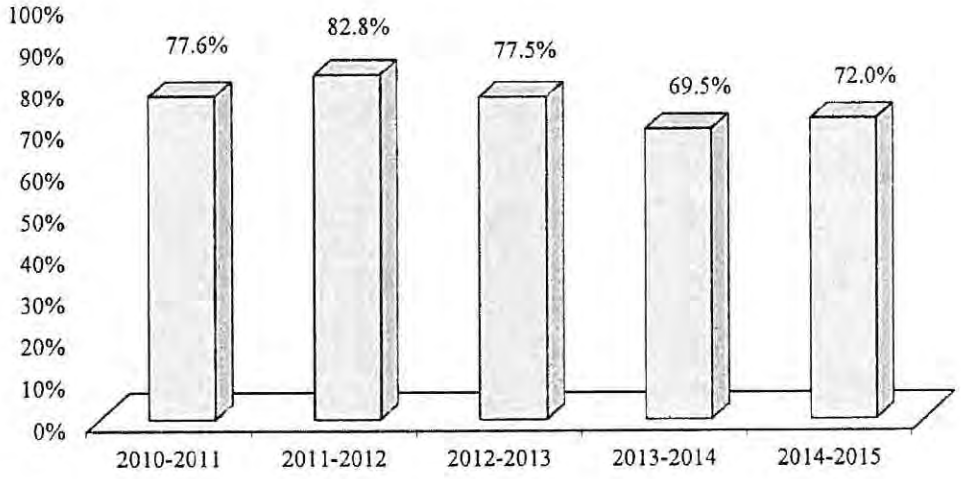
Table 7C: Burn Intensive Care Services

Days of care utilized by severely burned patients (DRGs 504-511) in the designated burn intensive care units

Facility	Licensed Beds	Adjustments for CONs	Total Beds	2010-2011 Total Days	2011-2012 Total Days	2012-2013 Total Days	2013-2014 Total Days	2014-2015 Total Days
UNC Hospitals	21	4	25	8,176	9,028	8,584	7,450	7,204
North Carolina Baptist Hospital	8	4	12	2,304	2,183	1,880	1,936	2,521
TOTAL	29	8	37	10,480	11,211	10,464	9,386	9,725

Facility	Total Beds	Adjustments for CONs	Total Beds	2010-2011 Utilization	2011-2012 Utilization	2012-2013 Utilization	2013-2014 Utilization	2014-2015 Utilization
UNC Hospitals	21	4	25	89.6%	98.7%	94.1%	81.6%	78.9%
North Carolina Baptist Hospital	8	4	12	52.6%	49.7%	42.9%	44.2%	57.6%
TOTAL	29	8	37	77.6%	82.8%	77.5%	69.5%	72.0%

Percent Utilization Burn Intensive Care Services 2011-2015



Burn Intensive Care Services Need Determination Methodology

The need for new burn intensive care services is demonstrated when the existing burn intensive care services in the state report an overall average annual occupancy rate of at least 80 percent during the two fiscal years prior to development of the North Carolina 2017 State Medical Facilities Plan.

The determination of need for additional services in 2017 is calculated by dividing the total number of bed days utilized in 2014 by severely burned patients in the two units by the total number of burn intensive care beds in these units multiplied by 365 days. This procedure is repeated for the bed days utilized in 2015 by severely burned patients, using total existing and planned beds multiplied by 365 days.

Percent Occupancy (average annual occupancy rate) for 2014 = 69.5%
[9,386 days of care ÷ (37 beds x 365 days) = 69.5%]

Percent Occupancy (average annual occupancy rate) for 2015 = 72.0%
[9,725 days of care ÷ (37 beds x 365 days) = 72.0%]

If need for additional burn intensive care services in the state is determined, the number of beds needed is calculated as follows:

Step 1: Calculate the state's four-year average annual growth rate for burn intensive care services days of care using the five most recent years of state data from Table 7C. *(Note: When calculating with a computer versus manually, rounding differences can occur. If calculating manually, the recommendation is to carry the rate out to at least four decimal points, recognizing that computer programs may use fractions with many more decimal points, resulting in slightly different projections.)*

Step 2: Calculate the projected days of care in the state for one year from the latest data used by adding 1.00 to the four-year average annual growth rate calculated in Step 1, then multiplying by the state's most recent year's days of care. This will project days of care for 2016.

Step 3: Determine, as shown below, how many additional beds are needed in the state such that the utilization rate for the sum of the state's total existing burn intensive care beds, and the additional beds, is 80 percent.

[(Projected Days ÷ 365) ÷ 0.8] - [Total Existing Beds] = Additional Beds Needed

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional burn intensive care services beds anywhere in the state and no other reviews are scheduled as shown in Table 7D.

Table 7D: Burn Intensive Care Services Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service area listed in the table below needs additional burn intensive care services beds as specified.

Service Area	Burn Intensive Care Services Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

TRANSPLANTATION SERVICES

Bone Marrow Transplantation Services

Definition
"Bone Marrow Transplantation Services," as defined in G.S. 131E-176(2a), "means the process of infusing bone marrow into people with diseases to stimulate the production of blood cells."

Bone marrow transplants may be autologous *(using a patient's own marrow, drawn early in the course of the disease),* or syngeneic *(using marrow from an identical twin)* or allogeneic *(using marrow from a relative other than an identical twin, or from an unrelated donor).* For allogeneic marrow transplants, the transplant service must have the ability to ascertain that a donor's human leucocyte antigens (HLA) correspond to those of the transplant patient. Allogeneic-transplant patients are also more difficult to manage postoperatively than patients receiving autologous bone marrow transplants.

Facility Inventory - Service Volume
There are five Bone Marrow Transplantation Services operational in North Carolina located at Carolinas Medical Center, Duke University Hospital, North Carolina Baptist Hospital, Vidant Medical Center and University of North Carolina Hospitals. The reported numbers of transplants for the years ending 9/30/2012, 9/30/2013, 9/30/2014 and 9/30/2015 are shown in Table 7E. Total bone marrow transplants for 2012-2015 are shown on the graph following the table.

Table 7E: Bone Marrow Transplants

Allogeneic Bone Marrow Transplants

License	Facility	2011-2012	2012-2013	2013-2014	2014-2015
H0071	Carolinas Medical Center	15	14	26	68
H0015	Duke University Hospital	137	137	136	123
H0011	North Carolina Baptist Hospital	29	27	30	47
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	69	61	81	82
	Total	250	239	273	320

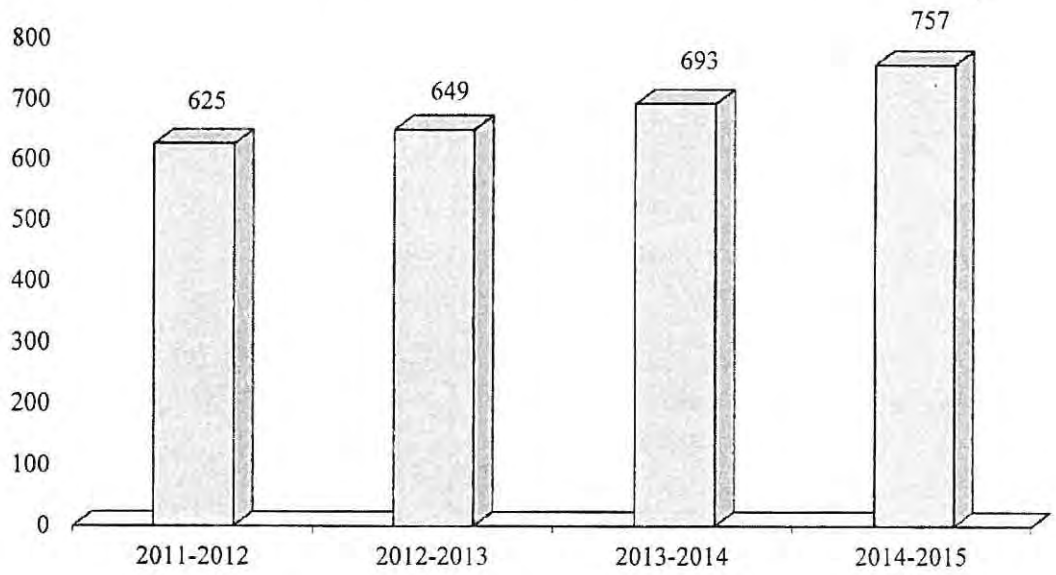
Autologous Bone Marrow Transplants

License	Facility	2011-2012	2012-2013	2013-2014	2014-2015
H0071	Carolinas Medical Center	11	13	47	28
H0015	Duke University Hospital	201	205	209	224
H0011	North Carolina Baptist Hospital	68	78	46	61
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	95	114	118	124
	Total	375	410	420	437

Total Bone Marrow Transplants

License	Facility	2011-2012	2012-2013	2013-2014	2014-2015
H0071	Carolinas Medical Center	26	27	73	96
H0015	Duke University Hospital	338	342	345	347
H0011	North Carolina Baptist Hospital	97	105	76	108
H0104	Vidant Medical Center	0	0	0	0
H0157	University of North Carolina Hospitals	164	175	199	206
	Total	625	649	693	757

Total Bone Marrow Transplants: 2012 - 2015



Bone Marrow Transplantation Service Need Determination Methodology
The need for a new Bone Marrow Transplantation Service is demonstrated when each of the existing services has performed at least 20 allogeneic transplants during the fiscal year prior to development of the North Carolina 2017 State Medical Facilities Plan. Allogeneic bone marrow transplants shall be provided only in facilities having the capability of doing HLA matching and of management of patients having solid organ transplants. At their present stage of development, it is determined that allogeneic bone marrow transplantation services shall be limited to academic medical center teaching hospitals.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional bone marrow transplantation services anywhere in the state and no other reviews are scheduled as shown in Table 7F.

Table 7F: Bone Marrow Transplantation Services Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service area listed in the table below needs additional bone marrow transplantation services as specified.

Service Area	Bone Marrow Transplantation Services Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Solid Organ Transplantation Services

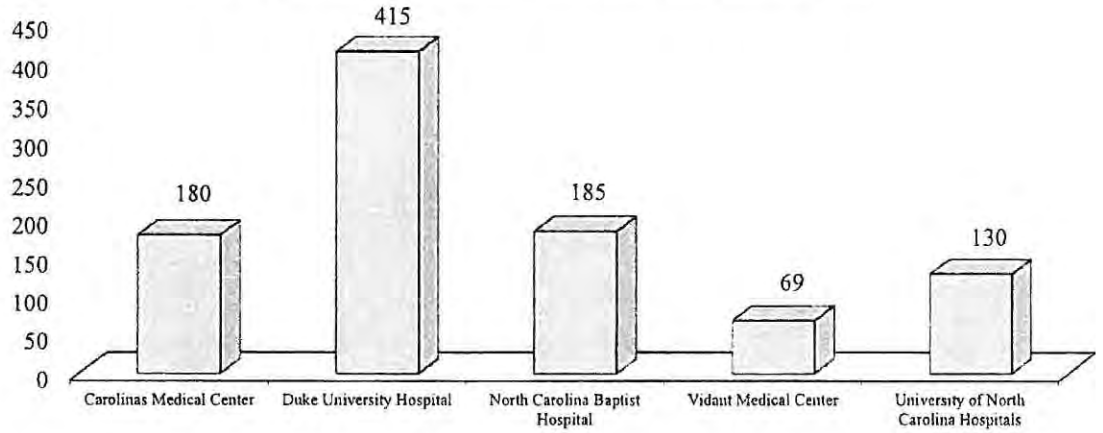
Definition
"Solid Organ Transplantation Services," as defined in G.S. 131E-176(24d), "means the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor."

Facility Inventory - Service Volume
There are five Solid Organ Transplantation Services in North Carolina located at the five academic medical center teaching hospitals. The reported numbers of transplants performed at these five centers for the year ending 9/30/2015 are presented in Table 7G and on the graph following the table.

Table 7G: Solid Organ Transplantation Services

	Carolinas Medical Center	Duke University Hospital	North Carolina Baptist Hospital	Vidant Medical Center	University of North Carolina Hospitals	Total
Heart Transplants	25	69	11	0	8	113
Heart/Lung Transplants	0	2	0	0	0	2
Kidney/Liver Transplants	0	4	0	0	4	8
Liver Transplants	54	72	0	0	32	158
Heart/Liver Transplants	0	0	0	0	0	0
Kidney Transplants	95	137	164	69	70	535
Heart/Kidney Transplants	0	0	0	0	3	3
Lung Transplants	0	108	0	0	10	118
Pancreas Transplants	0	1	1	0	0	2
Pancreas/Kidney Transplants	6	11	9	0	3	29
Pancreas/Liver Transplants	0	0	0	0	0	0
Other	0	11	0	0	0	11
Total	180	415	185	69	130	979

Solid Organ Transplants by Facility: Year Ending September 30, 2015



Solid Organ Transplantation Service Need Determination Methodology
The offering of a solid organ (heart, heart/lung, kidney, liver and pancreas) transplant service is an organized, interrelated medical, diagnostic, therapeutic and/or rehabilitative activity that is integral to the prevention of disease or to the clinical management of a sick, injured, or disabled person.

In addition to the costs directly associated with transplant surgery, hospitals experience significant costs prior to and following the transplant procedure. A principal aspect of this cost is the immunological subspecialty skills and laboratory support required to assure immunosuppression levels that are sufficient to prevent graft rejection but which are not so great as to cause unnecessary hazards to the life of the patient. The average cost of care per patient in such programs elsewhere has been found to be inversely related to the volume of transplant procedures performed in a facility.

The scarcity of donor organs demands that the available organ resources be used as skillfully as possible. Such skills currently are found in transplant services of academic medical center teaching hospitals. Solid organ transplant services shall be limited to academic medical center teaching hospitals at this stage of the development of this service and availability of solid organs. Current volumes of procedures performed in existing solid organ transplant services in North Carolina are not sufficient to require that additional solid organ transplant services be developed. The introduction of a new solid organ transplantation program in a facility which already is performing other types of solid organ transplantation is not considered a new health service unless such addition requires a capital expenditure of $2 million or more.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional solid organ transplantation services anywhere in the state and no other reviews are scheduled as shown in Table 7H.

Table 7H: Solid Organ Transplantation Services Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service area listed in the table below needs additional solid organ transplantation services as specified.

Service Area	Solid Organ Transplantation Services Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional solid organ transplantation services anywhere in the state and no other reviews are scheduled.			

* Need determination shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Chapter 8:

Inpatient Rehabilitation Services

CHAPTER 8
INPATIENT REHABILITATION SERVICES

Summary of Bed Supply and Utilization
In the fall of 2016, there were 1,005 inpatient rehabilitation beds in 27 facilities strategically located throughout North Carolina. As shown on the tables below, from an historical perspective, the days of care increased from 2009-2011, decreased from 2011-2013, and then increased from 2013-2015. The percent utilization of inpatient rehabilitation beds follows a similar pattern.

INPATIENT REHABILITATION DAYS OF CARE TREND 2009-2015							
YEAR	2009	2010	2011	2012	2013	2014	2015
Days of Care	219,890	222,326	226,044	220,495	216,862	225,541	232,340
Trendline 2009-2015							

INPATIENT REHABILITATION PERCENT UTILIZATION TREND 2009-2015*							
YEAR	2009	2010	2011	2012	2013	2014	2015
Utilization	60.8%	61.5%	61.6%	58.8%	58.0%	60.3%	62.1%
Trendline 2009-2015							

* In previous years, percent utilization was presented using a range of 57% - 62%. This figure uses a range of 0% - 100%.

Across the state, both the days of care and the percent utilization of the beds increased during the most recent annual reporting period. Of the 27 facilities providing services during the reporting period, 18 facilities indicated increased utilization, eight facilities indicated decreased utilization, and one facility was at 0% utilization or did not report utilization figures.

Changes from Previous Plans
No substantive changes in the inpatient rehabilitation bed need projection methodology were incorporated into the North Carolina 2017 State Medical Facilities Plan. As in 2016, the inpatient rehabilitation bed need determination methodology is based on historic utilization of beds over a two-year period.

Basic Principles
The scope of services covered in this section of the North Carolina 2017 State Medical Facilities Plan is limited to rehabilitation services provided to people who are physically disabled. Physical rehabilitation services exclude mental health and substance use disorder services, but include those mental health services needed by individuals primarily suffering from physical injury or disease, and rehabilitation services provided to people who are cognitively disabled as a result of physical injury or disease.

The combination of component services required to meet the needs of the individual is provided using an interdisciplinary approach and continues as long as, within a reasonable period of time, significant and observable improvement toward established goals is taking place. Where necessary, these services are provided through a spectrum of care using a system of case management.

Inpatient rehabilitation beds include comprehensive (general), spinal cord, brain injury and pediatric beds.

Inpatient rehabilitation facilities' units/beds should be located in general acute care or rehabilitation hospitals or in nursing facilities to ensure that there is available medical back-up for medical emergencies.

Basic Assumptions of the Methodology

- The Health Service Areas remain logical planning areas for inpatient rehabilitation beds even though many patients elect to enter rehabilitation facilities outside the region in which they reside.

- The bed need determination methodology is based upon the historic average annual utilization of inpatient rehabilitation beds.

Source of Data

Annual Hospital Licensure Applications – The numbers of inpatient rehabilitation bed days of care were compiled from the 2015 and 2016 Hospital License Renewal Applications as submitted to the Division of Health Service Regulation of the North Carolina Department of Health and Human Services.

Inpatient Rehabilitation Bed Need Projection Methodology

Need for additional inpatient rehabilitation beds in any of the six Health Service Areas is determined when the total number of existing and certificate of need-approved inpatient rehabilitation beds in a Health Service Area report an overall average, annual occupancy rate of 80 percent or higher during the two fiscal years prior to developing the North Carolina 2017 State Medical Facilities Plan.

The determination of need based on average annual occupancy rate for additional inpatient rehabilitation beds or facilities in a Health Service Area for Plan Year 2017 is calculated by dividing the total number of rehabilitation bed days of care reported in FY 2013-2014 in all units in the Health Service Area by the total number of licensed and certificate of need-approved rehabilitation beds in these units multiplied by 365 days, and the total number of rehabilitation bed days of care reported in FY 2014-2015 in all units in the Health Service Area by the total number of licensed and certificate of need-approved rehabilitation beds in these units multiplied by 365 days.

If need for additional inpatient rehabilitation beds in a Health Service Area is determined, the number of beds needed is calculated as follows:

Step 1: Calculate the Health Service Area's three-year average annual growth rate for inpatient rehabilitation days of care using the four most recent years of Health Service Area data.

Step 2: Calculate the projected days of care in the Health Service Area by multiplying the Health Service Area's most recent year's days of care by the three-year average annual rate of change calculated in Step 1, then adding this to the Health Service Area's most recent year's days of care.

Step 3: Determine, as shown below, how many additional beds are needed in the Health Service Area such that the utilization rate for the sum of the Health Service Area's total planning inventory (existing, certificate of need issued and pending development/review/appeal beds) and the additional beds is 80 percent.

[(Projected Days ÷ 365) ÷ .8] - [Total Planning Inventory] = Additional Beds Needed

Table 8A: Inventory and Utilization of Inpatient Rehabilitation Beds

Lic #	HSA	Facility	Inventory				Days of Care				Average Annual Utilization Rate		Beds Needed (assuming 80% occupancy)
			Current	CON Issued / Pending Development	Pending Review or Appeal	Total Planning Inventory	2012	2013	2014	2015	2014	2015	
H0081	I	CarePartners Rehabilitation Hospital	80	0	0	80	17,204	17,768	17,949	17,627	61.5%	60.4%	
H0223	I	Catawba Valley Medical Center	20	0	0	20	1,433	1,251	1,038	1,091	14.2%	14.9%	
H0053	I	Frye Regional Medical Center	29	0	0	29	1,089	1,468	2,289	2,315	21.6%	21.9%	
	I Total		129	0	0	129	19,726	20,487	21,276	21,033	45.2%	44.7%	0
H0159	II	Cone Health	49	0	0	49	7,566	8,384	9,358	10,504	52.3%	58.7%	
H0052	II	High Point Regional Health	16	0	0	16	4,289	4,293	4,364	4,535	74.7%	77.7%	
H0049	II	Hugh Chatham Memorial Hospital	12	0	0	12	-	-	-	-	0.0%	0.0%	
H0011	II	North Carolina Baptist Hospital	39	0	0	39	10,551	8,634	9,268	9,502	65.1%	66.8%	
H0209	II	Novant Health Forsyth Medical Center (Novant Health Rehabilitation Center)	68	0	0	68	13,767	12,200	9,956	11,902	40.1%	48.0%	
	II Total		184	0	0	184	36,173	33,511	32,946	36,443	49.1%	54.3%	0
H0042	III	Carolinas HealthCare System - Pineville	29	0	0	29	-	-	8,537	9,295	80.7%	87.8%	
H0071	III	Carolinas Medical Center (Levine Children's Hospital)	13	0	0	13	3,007	3,489	3,811	4,250	80.3%	89.6%	
H0071-C	III	Carolinas Rehabilitation	70	0	0	70	33,073	32,270	23,221	23,437	90.9%	91.7%	
H0283	III	Carolinas Rehabilitation - Mount Holly	40	0	0	40	10,249	11,547	10,843	11,460	74.3%	78.5%	
H0286	III	Carolinas Rehabilitation - NorthEast	40	0	0	40	-	1,270	10,280	10,355	70.4%	70.9%	
H0040	III	Novant Health Rowan Medical Center	10	0	0	10	2,752	2,537	1,891	1,723	51.8%	47.2%	
H0008	III	Carolinas HealthCare System - Stanly*	0	0	0	0	1,426	1,060	0	0	0.0%	0.0%	
	III		202	0	0	202	50,507	52,173	58,583	60,520	79.5%	82.1%	0
H0238	IV	Duke Raleigh Hospital	0	12	0	12					0.0%	0.0%	
H0233	IV	Duke Regional Hospital	30	0	0	30	7,813	7,612	7,968	7,482	72.8%	68.3%	
H0267	IV	Maria Parham Medical Center	11	0	0	11	2,707	2,468	1,795	2,133	44.7%	53.1%	
H0157	IV	University of North Carolina Hospitals	30	0	0	30	9,010	8,839	8,792	8,646	80.3%	79.0%	
H0199	IV	WakeMed	98	8	0	106	28,009	27,282	29,161	29,072	75.4%	75.1%	
	IV		169	20	0	189	47,539	46,201	47,716	47,333	69.2%	68.6%	0
H0100	V	FirstHealth Moore Regional Hospital	25	-10	0	15	4,580	3,765	3,636	3,578	39.8%[1]	39.2%[1]	
H0221	V	New Hanover Regional Medical Center	60	0	0	60	9,640	9,603	11,823	12,063	54.0%	55.1%	
H0107	V	Scotland Memorial Hospital	7	0	0	7	1,181	1,488	1,307	1,112	51.2%	43.5%	
H0213	V	Southeastern Regional Rehabilitation Center	78	0	0	78	17,617	17,510	16,697	19,088	58.6%	67.0%	
	V Total		170	-10	0	160	33,018	32,366	33,463	35,841	53.9%	57.8%	0
H0201	VI	CarolinaEast Medical Center	20	0	0	20	2,614	2,494	2,681	2,881	36.7%	39.5%	
H0043	VI	Lenoir Memorial Hospital	17	0	0	17	2,035	1,655	1,821	2,313	29.3%	37.3%	
H0228	VI	Nash General Hospital	23	0	0	23	7,327	7,310	6,855	7,283	81.7%	86.8%	
H0104	VI	Rehabilitation Center at Vidant Medical Center	75	0	0	75	19,203	18,504	18,002	16,347	65.8%	59.7%	
H0258	VI	Vidant Edgecombe Hospital	16	0	0	16	2,353	2,161	2,198	2,346	37.6%	40.2%	
	VI		151	0	0	151	33,532	32,124	31,557	31,170	57.3%	56.6%	0
	Grand Total		1,005	10	0	1,015	220,495	216,862	225,541	232,340	60.3%	62.1%	0

* Beds were relocated to CarolinasHealthCare System - NorthEast.

[1] Utilization rate is based on 25 beds in service during the 2014 and 2015 reporting periods. Ten beds were delicensed on 10/1/2015.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled as shown in Table 8B.

Table 8B: Inpatient Rehabilitation Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the Service Area listed in the table below needs additional inpatient rehabilitation beds as specified.

Service Area	Inpatient Rehabilitation Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional inpatient rehabilitation beds anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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Chapter 9:

Technology & Equipment

- Lithotripsy
- Gamma Knife
- Linear Accelerators
- Positron Emission Tomography Scanner
- Magnetic Resonance Imaging
- Cardiac Catheterization Equipment

CHAPTER 9
TECHNOLOGY AND EQUIPMENT

Summary of Service Supply and Utilization
The number of lithotripsy procedures reported on lithotripters registered in North Carolina for 2014-2015 was 10,019. There were 14 lithotripsy units operated by eight providers and one lithotripter approved in the 2016 State Medical Facilities Plan, but not yet operational.

The present gamma knife located at North Carolina Baptist Hospital in Health Service Area (HSA) II serves the western portion of the state (HSAs I, II, and III). During 2014-2015, 439 gamma knife procedures were reported. Vidant Medical Center received a certificate of need pursuant to a need determination in the North Carolina 2003 State Medical Facilities Plan for one gamma knife to serve the eastern portion of the state (HSAs IV, V and VI). Vidant Medical Center began offering service as of October 2005, and reported 123 gamma knife procedures provided during 2014-2015. The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services.

Linear accelerators provided 574,069 Equivalent Simple Treatment Visit procedures that are counted for need determination purposes in 2014-2015. The average number of procedures statewide per linear accelerator as shown in Table 9G is 4,520. There are 127 linear accelerators in North Carolina that are operational, have a certificate of need, or for which there is a prior year need determination.

Twenty-one hospitals and two outpatient facilities reported a total of 35,158 procedures for fixed Positron Emission Tomography (PET) Scanners that were operational in the reporting period. Twenty-eight sites reported 6,505 procedures in total for mobile PET service.

In 1983, there were only two magnetic resonance imaging (MRI) programs in North Carolina, performing a total of 531 procedures. In 2014-2015, fixed and mobile scanners were reported as providing 848,142 procedures.

A total of 48 hospitals and cardiac diagnostic centers provided fixed cardiac catheterization services during fiscal year 2014-2015. Also, during fiscal year 2014-2015 mobile cardiac catheterization services were reported at five hospitals and cardiac diagnostic centers across the state.

Changes from the Previous Plan
No substantive changes in basic principles and methodologies have been incorporated into the Technology and Equipment Chapter in the North Carolina 2017 State Medical Facilities Plan. There is one new policy incorporated into Chaper 4 of the North Carolina 2017 State Medical Facilities Plan for Technology and Equipment. *Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners* has been added by a recommendation of the State Health Coordinating Council. This policy will allow facilities that meet the outlined requirements to apply for a fixed magnetic resonance scanner.

Throughout the chapter, data have been revised to reflect services provided during FY 2014-2015, and dates have been advanced by one year, where appropriate.

LITHOTRIPSY

Introduction
Lithotripsy is defined as the pulverization of urinary stones by means of a lithotripter. Extracorporeal lithotripsy is lithotripsy that occurs outside the body. Extracorporeal shock wave lithotripsy (ESWL) is the non-invasive procedure with which this section will concern itself.

A lithotripter is a device that uses shock waves to pulverize urinary stones, which can then be expelled in the urine. An emitter is placed in contact with the patient's abdomen and the shock waves are focused on the stone, which is shattered by the force.

A lithotripter's service area is the lithotripter planning area in which the lithotripter is located. The lithotripter planning area is the entire state.

Lithotripter Utilization
Lithotripter utilization can be reasonably estimated by the incidence of urinary stone disease. Urinary stone disease, or urolithiasis, is a disease in which urinary tract stones or calculi are formed. The annual incidence of urinary stone disease is approximately 16 per 10,000 population[1]. Not all cases of urinary stone disease would be appropriately treated by lithotripsy. It has been estimated that 85 to 90 percent of kidney stone patients, when surgery is indicated, can be treated successfully by ESWL treatment. The annual treatment capacity of a lithotripter has been estimated to be 1,000 to 1,500 cases.

The number of lithotripsy procedures reported in North Carolina for the period of 2014-2015 was 10,019 procedures. There were 14 lithotripsy units operated by eight providers and one lithotripter approved in the 2016 State Medical Facilities Plan, but not yet operational. Procedures were provided by a fixed unit at one facility, and by 13 mobile units operated by seven providers. Given the 14 lithotripsy units, the average number of procedures per lithotripter for the 2014-2015 fiscal year is 716.

Access
Due to the mobility of lithotripter services, and the subsequent number of sites from which the service is provided, it may be concluded that geographic access is available to the maximum economically feasible extent.

Lithotripsy Need Determination Methodology
North Carolina uses a methodology based on the incidence of urinary stone disease. The need is linked to the estimate of urinary stone disease cases and is based on the assumption that 90 percent could be treated by ESWL.

The standard methodology used for determining need for lithotripters is calculated as follows:

Step 1: Divide the July 1, 2017 estimated population of the state, available from the North Carolina Office of State Budget and Management, by 10,000 and multiply the result by 16, which is the estimated incidence of urinary stone disease per 10,000 population.

Step 2: Multiply the result from Step 1 by 90 percent to get the number of patients in the state who have the potential to be treated by lithotripsy in one year.

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[1] Pahiri, J.J. & Razack, A.A. (2001) "Chapter 9: Nephrolithiasis." In *Clinical Manual of Urology*, by Philip M. Hanno, Alan J. Wein, & S. Bruce Malkowicz. McGraw-Hill Professional Publisher.

Step 3: Divide the result of Step 2 by 1,000, which is the low range of the annual treatment capacity of a lithotripter, and round to the nearest whole number.

Step 4: Sum the number of existing lithotripters in the state, lithotripters not yet operational but for which a certificate of need has been awarded, and lithotripter need determinations from previous years for which a certificate of need has yet to be awarded.

Step 5: Subtract the result of Step 4 from the result of Step 3 to calculate the number of additional lithotripters needed in the state.

Lithotripsy Services in North Carolina

There are eight providers that offer lithotripsy services in North Carolina. On the following pages, Table 9A and Table 9B provide information on the number of procedures as well as the location of the facilities served by these eight providers.

Table 9A: Mobile Lithotripsy Providers and Locations Served

(From 2015 data as reported on the "2016 Lithotripsy Registration and Inventory Form for Mobile Equipment")

Provider: Carolina Lithotripsy, 9825 Spectrum Drive Bldg 3, Austin, TX 78717-

Machines 2; #1137 (11/15/2000); #01179 (12/15/2011)

Areas Generally Served: Eastern North Carolina

Facility and Location	*Procedures*
Cape Fear Valley Medical Center, Fayetteville, NC	143
CarolinaEast Medical Center, New Bern, NC	89
Carteret General Hospital, Morehead City, NC	40
Columbus Regional Healthcare, Whiteville, NC	18
Duke Raleigh Hospital, Raleigh, NC	3
Firsthealth Moore Regional Hospital, Pinehurst, NC	173
Firsthealth Richmond Memorial, Rockingham, NC	15
Halifax Regional Medical, Roanoake Rapids, NC	48
Johnston Health, Smithfield, NC	86
Lenoir Memorial Hospital, Kinston, NC	25
New Hanover Regional Medical Center, Wilmington, NC	189
Novant Brunswick Medical Center, Bolivia, NC	31
Onslow Memorial Hospital, Jacksonville, NC	7
Rex Hospital, Raleigh, NC	27
Rex Surgery Center of Cary, Cary, NC	65
Southeastern Regional Medical Center, Lumberton, NC	47
Vidant Beaufort Hospital, Washington, NC	37
Vidant Medical Center, Greenville, NC	142
WakeMed Raleigh Campus, Raleigh, NC	64
Wayne Memorial Hospital, Goldsboro, NC	23
Wilson Medical Center, Wilson, NC	34
Total Procedures:	**1,306**
Average Number of Procedures per Lithotripter	**653**

Provider: Catawba Valley Medical Center, 810 Fairgrove Church Road, SE, Hickory, NC 28602-

Machines 2; #1355 (11/2010); TC-2051 (03/2001)

Areas Generally Served: Western and Central North Carolina

Facility and Location	*Procedures*
Catawba Valley Medical Center, Hickory, NC	221
Frye Regional Medical Center, Hickory, NC	57
Rutherford Regional Medical Center, Rutherfordton, NC	62
Scotland Memorial Hospital, Laurinburg, NC	66
Total Procedures:	**406**
Average Number of Procedures per Lithotripter	**203**

Table 9A: Mobile Lithotripsy Providers and Locations Served

(From 2015 data as reported on the "2016 Lithotripsy Registration and Inventory Form for Mobile Equipment")

Provider: Fayetteville Lithotripters Limited Partnership-South Carolina II, 9825 Spectrum Drive, Bldg 3, Austin, TX 78717-

Machines 1; SID OR-197 (01/17/2011)

Areas Generally Served: Western North Carolina and South Carolina

Facility and Location	*Procedures*
Charles George VA Medical Ctr, Asheville, NC	30
Harris Regional Hospital, Sylva, NC	114
Haywood Regional Medical Center, Clyde, NC	143
Margaret R Pardee Memorial Hospital, Hendersonville, NC	80
Park Ridge Health, Hendersonville, NC	61
St. Luke's Hospital, Columbus, NC	10
The McDowell Hospital, Marion, NC	23
Transylvania Regional Hospital, Brevard, NC	34
Oconee Medical Center, Seneca, SC	63
Total Procedures:	**558**
Average Number of Procedures per Lithotripter	**558**

Provider: Fayetteville Lithotripters Limited Partnership-Virginia I, 9825 Spectrum Drive, Bldg 3, Austin, TX 78717-

Machines 1; SID OR-519 (11/9/2013)

Areas Generally Served: Eastern North Carolina and Virginia

Facility and Location	*Procedures*
Sentara Albemarle Medical Center, Elizabeth City, NC	33
The Outer Banks Hospital, Nags Head, NC	7
Vidant Chowan Hospital, Edenton, NC	32
Mary Immaculate Hospital, Newport News, VA	159
Mary Washington Hospital, Portsmouth, VA	3
Rappahannock General Hospital, Kilmarnock, VA	3
Riverside Doctors Surgical, Williamsburg, VA	3
Riverside Tappahannock Hospital, Tappahannock, VA	10
Southside Community Hospital, Farmville, VA	2
Southside Regional Medical Center, Petersburg, VA	9
Spotsylvania Regional Medical Center, Fredricksburg, VA	3
Total Procedures:	**264**
Average Number of Procedures per Lithotripter	**264**

Table 9A: Mobile Lithotripsy Providers and Locations Served

(From 2015 data as reported on the "2016 Lithotripsy Registration and Inventory Form for Mobile Equipment")

Provider: Piedmont Stone Center, PLLC, 1907 S Hawthorne Road, Winston-Salem, NC 27103-

Machines 4; 01138 (03/26/2002); 01175 (04/10/2003); 01171 (04/24/2003); 1925 (12/26/2006)

Areas Generally Served: Western and Central North Carolina and Virginia

Facility and Location	*Procedures*
Alamance Regional Medical Center, Burlington, NC	175
Annie Penn Hospital, Reidsville, NC	33
Carolinas HealthCare System-Blue Ridge, Valdese, NC	184
Davis Regional Medical Center, Statesville, NC	54
High Point Regional Health System, High Point, NC	417
Hugh Chatham Memorial Hospital, Elkin, NC	149
Iredell Memorial Hospital, Statesville, NC	118
Lexington Medical Center, Lexington, NC	50
Maria Parham Medical Center, Henderson, NC	64
Morehead Memorial Hospital, Eden, NC	217
Northern Hospital of Surry County, Mount Airy, NC	51
Novant Health Forsyth Medical Center, Winston-Salem, NC	98
Novant Health Rowan Medical Center, Salisbury, NC	220
Novant Health Thomasville Medical Center, Thomasville, NC	49
Piedmont Stone Center, Winston-Salem, NC	780
Randolph Hospital, Asheboro, NC	138
Wake Forest Baptist Medical Center, Winston-Salem, NC	81
Watauga Medical Center, Boone, NC	132
Wesley Long Hospital, Greensboro, NC	315
Wilkes Regional Medical Center, North Wilkesboro, NC	89
Yadkin Valley Community Hospital, Yadkinville, NC	20
Carilion New River Valley Medical Center, Christiansburg, VA	19
Lynchburg General Hospital, Lynchburg, VA	251
Martha Jefferson Hospital, Charlottesville, VA	203
Memorial Hospital of Martinsville, Martinsville, VA	124
Montgomery Regional Hospital, Blacksburg, VA	26
Piedmont Day Surgery Center, Danville, VA	39
Twin County Regional Hospital, Galax, VA	84
Total Procedures:	**4,180**
Average Number of Procedures per Lithotripter	**1,045**

Table 9A: Mobile Lithotripsy Providers and Locations Served

(From 2015 data as reported on the "2016 Lithotripsy Registration and Inventory Form for Mobile Equipment")

Provider: Stone Institute of the Carolinas, LLC, 215 S Main Street, Suite 201, Davidson, NC 28036-

Machines 2; 2053 (10/2006); 1048 & 01384 (01/2001)

Areas Generally Served: Western and Central North Carolina

Facility and Location	*Procedures*
Carolinas HealthCare System - Cleveland, Shelby, NC	146
Carolinas HealthCare System - Huntersville, Huntersville, NC	112
Carolinas HealthCare System - Lincoln, Lincolnton, NC	59
Carolinas HealthCare System - Northeast, Concord, NC	238
Carolinas HealthCare System - Pineville, Charlotte, NC	199
Carolinas HealthCare System - Union, Monroe, NC	106
Carolinas HealthCare System - University, Charlotte, NC	225
Carolinas Medical Center, Charlotte, NC	123
Caromont Regional Medical Center, Gastonia, NC	160
Lake Norman Regional Medical Center, Mooresville, NC	155
Novant Health Matthews Medical Center, Matthews, NC	175
Novant Health Presbyterian Medical Center, Charlotte, NC	96
Piedmont Medical Center, Rock Hill, SC	195
Total Procedures:	**1,989**
Average Number of Procedures per Lithotripter	**995**

Provider: Triangle Lithotripsy Corp, 7003 Chadwick Dr #321, Brentwood, TN 37027-

Machines 1; 10142940 (04/01/2010)

Areas Generally Served: East Central North Carolina

Facility and Location	*Procedures*
Central Carolina Hospital, Sanford, NC	54
Durham Regional Hospital, Durham, NC	8
James E Davis Ambulatory Surgery, Durham, NC	60
Nash General Hospital, Rocky Mount, NC	122
North Carolina Specialty Hospital, Durham, NC	68
Rex Hospital, Raleigh, NC	219
Rex Surgery Center, Cary, NC	306
Sampson Regional Medical Center, Clinton, NC	7
WakeMed, Raleigh, NC	154
Wayne Memorial Hospital, Goldsboro, NC	59
Total Procedures:	**1,057**
Average Number of Procedures per Lithotripter	**1,057**

Total Mobile Procedures: **9,760**

Table 9B: Fixed Lithotripsy Providers and Locations Served

(From 2015 data as reported on the "2016 Hospital License Renewal Application")

Provider: Mission Hospital, Inc./Mission, 509 Biltmore Ave., Asheville, NC 28801

Machines: 1 08/2000

Area Served:

Facility and Location	*Procedures*
WNC Stone Center, Asheville, NC	259
Total Number of Procedures:	**259**
Average Number of Procedures per Lithotripter:	259

Table 9C: Mobile and Fixed Lithotripsy

(Total Procedures/Units Reported)

Total Procedures Reported	Units Reported	Average Procedures Per Unit
10,019	14	716

2016 Need Determination for one lithotripter brings the state total to 15.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional lithotripters anywhere in the state and no other reviews are scheduled as shown in Table 9D.

Table 9D: Lithotripter Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional lithotripters as specified.

Service Area	Lithotripter Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional lithotripters anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

GAMMA KNIFE

Definition
"Gamma Knife," as defined in General Statute § 131E-176(7c), means "equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery."

Two types of equipment, both using photon beams, are available for performing this kind of radiosurgery. In one type, beams from a linear accelerator are focused from a device that rotates around the patient. The other type of equipment, gamma knife, emits 201 beams from stationary radioactive cobalt sources.

Facility Inventory-Service Volume
Gamma knife fixed and movable equipment capital costs exceed $3,500,000. There is one gamma knife that was approved for acquisition pursuant to Policy AC-3 of the North Carolina 1998 State Medical Facilities Plan. The approved unit is located at North Carolina Baptist Hospital, and became operational effective September 1, 1999. During 2014-2015, as reported in the "2016 Hospital Licensure Renewal Application", which reflects 2015 data, 439 gamma knife procedures were reported. Vidant Medical Center received a certificate of need pursuant to a need determination in the North Carolina 2003 State Medical Facilities Plan for one gamma knife to serve the eastern portion of the state (HSAs IV, V and VI). Vidant Medical Center began offering service as of October 2005. During 2014-2015, 123 gamma knife procedures were reported.

Gamma Knife Need Determination Methodology
A gamma knife's service area is the gamma knife planning region in which the gamma knife is located. There are two gamma knife planning regions, the west region (HSAs I, II, and III) and the east region (HSAs IV, V, and VI). The gamma knife located at North Carolina Baptist Hospital in HSA II serves the western portion of the state (HSAs I, II, and III). The gamma knife located at Vidant Medical Center in HSA VI serves the eastern portion of the state (HSAs IV, V and VI). The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services. There is adequate capacity and geographical accessibility for gamma knife services in the state.

Need Determination

In consideration of adequate capacity and geographical accessibility for gamma knife services in the state, it is determined for the North Carolina 2017 State Medical Facilities Plan that there is no need for additional gamma knives anywhere else in the state and no other reviews are scheduled as shown in Table 9E.

Table 9E: Gamma Knife Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the planning regions listed in the table below need additional gamma knives as specified.

Gamma Knife Planning Region	HSA	Gamma Knife Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional gamma knives anywhere else in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

LINEAR ACCELERATORS

Introduction
The methodology incorporates a geographic accessibility criterion (a population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when Equivalent Simple Treatment Visit (ESTV) procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a patient origin criterion that indicates when a service area has 45 percent or more of the patients coming from outside the service area. A need determination is generated when two of the three criteria are met within a service area.

Counties are the basic units for the formation of linear accelerator service areas, based on proximity, utilization patterns, and patient origin data. A small percentage of the population lives some distance from a linear accelerator, but the sparsity of population in and around these areas does not provide the population required to support a linear accelerator.

The statewide average number of procedures per accelerator as shown in Table 9G is 4,520.

Assessment -- Linear Accelerators
Radiation therapy (megavoltage radiation) is used in the treatment of about half of all cancers. Its users seek to destroy cancer cells with ionizing radiation while limiting damage to non-cancerous tissue. Linear accelerators are now the instruments of choice because most are capable of producing either electron or photon beams at variable energy levels.

In the 2016 Hospital Licensure Renewal Applications and Linear Accelerator Registration and Inventory Forms, which reflect 2015 data, 30 linear accelerators in 23 different locations in North Carolina are reported as being operational and providing stereotactic radiosurgery treatment: Cape Fear Valley Medical Center (103 procedures); CarolinaEast Health System (104 procedures); Carolinas Medical Center (824 procedures); Carolinas Medical Center-Northeast (349 procedures); CaroMont Regional Medical Center (188 procedures); Catawba Valley Medical Center (113 procedures); Cone Health (341 procedures); Coastal Carolina Radiation Oncology (292 procedures); Duke University Hospital (1,061 procedures); First Health Moore Regional Hospital (156 procedures); Frye Regional Medical Center (88 procedures); North Carolina Baptist Hospital (961 procedures); Novant Health Forsyth Medical Center (136 procedures); Novant Health Presbyterian Medical Center (409 procedures); University of North Carolina Hospitals (603 procedures), and North Carolina Radiation Therapy Management Services locations in Asheville (98 procedures); Brevard (20 procedures); Clyde (15 procedures); Forest City (29 procedures); Goldsboro (9 procedures); Greenville (107 procedures); Marion (25 procedures); and Weaverville (10 procedures).

In recent years, radiation therapy has been offered increasingly in comprehensive oncology programs where medical oncologists and hematologists also offer chemotherapy. Most such programs are associated with general hospitals, but some are freestanding. Some programs offering only radiation therapy, or only chemotherapy, may refer to themselves as oncology centers. A new radiation oncology facility, with necessary equipment, usually costs in excess of $2 million.

In addition to a linear accelerator, every radiation oncology program uses a treatment simulator to aid in treatment planning, a computer for calculating dosages, and devices for cutting blocks to protect non-targeted areas from radiation. One simulator, which is the most expensive of these additional items ($200,000 - $400,000), can serve a facility with three linear accelerators or serve multiple facilities with up to four linear accelerators total. The specialized staff who operate and maintain this equipment, including a required radiation physicist, are more efficiently utilized in facilities with more than one linear accelerator.

There are 72 hospitals and freestanding oncology treatment centers statewide in North Carolina with 127 linear accelerators that are operational, have a certificate of need in hand, or for which there is a prior year need determination.

The utilization methodology used calls for data gathering that is uniform. There are radiation treatments of varying complexity, and the concept of ESTV is used. ESTVs are recommended by the American College of Radiology. In addition, ESTVs were recommended as part of the comments during public hearings when the original methodology was developed.

The data gathering survey that Healthcare Planning sends out to providers asks for procedures by CPT codes; corresponding ESTV values are listed in Table 9F of the North Carolina 2017 State Medical Facilities Plan. Hospitals and free-standing centers have responded well in reporting procedures that can be calculated as ESTV totals.

Basic Assumptions of the Methodology

A linear accelerator's service area is the linear accelerator planning area in which the linear accelerator is located. Linear accelerator planning areas are the 28 multi-county groupings shown in Table 9I. In determining whether an additional linear accelerator is needed in a service area, three principal questions must be addressed:

1. Are the linear accelerators in a linear accelerator service area performing more than 6,750 procedures (ESTVs) per accelerator per year?

2. Is the population that lives in a linear accelerator service area sufficiently great to support the addition of another accelerator (population per accelerator greater than 120,000 - a figure suggested by the Inter-Society Council for Radiation Oncology)?

3. Does the patient origin data show that more than 45 percent of the patients come from outside the service area?

Patient origin data is requested in order to establish service areas, and the vast majority of facilities have responded with patient origin data.

To examine the second and third questions, linear accelerator service areas are delineated, including in each area the counties that are closest to a linear accelerator. Two exceptions were employed in applying this method:

a. Where patient origin data indicate a county's primary use of a linear accelerator that is not the closest, the county is aligned with the linear accelerator county where most or a plurality of its citizens go for linear accelerator services. Example: Alleghany to Forsyth.

b. When a linear accelerator county has a population too small to support it, that county is combined with an adjacent county to which a sizable percentage of patients go for linear accelerator services, according to the base county's patient origin data. Example: Haywood to Buncombe.

Data regarding each of the linear accelerator service areas of North Carolina were organized so as to examine each of the questions noted above.

Linear Accelerator Methodology for Determining Need

The methodology incorporates a geographic accessibility criterion (population base of 120,000), a criterion aimed at assuring efficient use of megavoltage radiation facilities (when ESTV procedures divided by 6,750 minus the number of present linear accelerators equals .25+), and a patient origin criterion (when a service area has more than 45 percent of the patients coming from outside the service area). A need determination is generated when two of the three criteria are met within a service area.

The standard methodology used for determining need for linear accelerators is calculated as follows:

Criterion 1:

Step 1: Using the 2016 North Carolina population estimate obtained from the North Carolina Office of State Budget and Management, sum the population estimates for counties that comprise each linear accelerator service area to determine the population for linear accelerator service areas.

Step 2: For each linear accelerator service area, sum the number of operational linear accelerators acquired in accordance with G.S. 131E-175, et. seq., the number of approved linear accelerators not yet operational but for which a certificate of need has been awarded, and the linear accelerator need determinations from previous years.

Step 3: Divide the service area population by the result of Step 2 to determine the population residing in the service area per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied.

Criterion 2:

Step 4: Using patient origin data reported on the 2016 Hospital License Renewal Applications and Linear Accelerator Registration and Inventory Forms for linear accelerators, for each service area, count the number of patients who were served on linear accelerators located in the service area, and who reside in a county outside the service area.

Step 5: For each service area, divide the results of Step 4 by the total number of patients served on linear accelerators located in the service area. If more than 45 percent of total patients served on linear accelerators located in a service area reside outside the service area, then Criterion 2 is satisfied.

Criterion 3:

Step 6: For each linear accelerator service area, sum the number of ESTV procedures performed on the linear accelerators located in the service area as reported in each provider's "2016 Hospital License Renewal Application" or "2016 Registration and Inventory of Medical Equipment Form" of Linear Accelerators.

Step 7: Divide the results of Step 6 by the number of linear accelerators in the service area which are counted in Step 2 to determine the average number of ESTV procedures performed per linear accelerator in each linear accelerator service area.

Step 8: Divide the results of Step 7 by 6,750 ESTV procedures.

Step 9: Subtract the number of linear accelerators in the service area counted in Step 2 from the results of Step 8. If the difference is greater than or equal to positive 0.25, Criterion 3 is satisfied.

Step 10: If any two of the above three criteria are satisfied in a linear accelerator service area, a need is determined for one additional linear accelerator in that service area.

Criterion 4:

Step 11: Regardless of the results of Steps 1-10 above, if a county has a population of 120,000 or more and there is not a linear accelerator counted in Step 2 for that county, a need is determined for one linear accelerator for that county. As a result, the county becomes a separate, new linear accelerator service area.

Linear Accelerator CPT Codes

It was suggested by some radiation oncologists in 2006 that CPT Code 77427, weekly radiation therapy management, not be counted in the totals of freestanding radiation oncology centers. The advice was accepted in 2006 for the North Carolina 2007 State Medical Facilities Plan, and procedure counts for CPT Code 77427 were removed from the totals. Procedure counts for CPT Code 77427 are not included in Table 9G in the North Carolina 2017 State Medical Facilities Plan.

Note:

The North Carolina 2009 State Medical Facilities Plan included a statewide need determination for one dedicated linear accelerator to be part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. In response to that need determination, a certificate of need was issued to Parkway Urology, PA d/b/a Cary Urology, PA on 2/23/2011 to acquire one dedicated linear accelerator for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. The linear accelerator is not counted in the regular inventory of linear accelerators.

Table 9F: Linear Accelerator Treatment Data - Hospital and Free-Standing

CPT Code	Description	ESTVs/ Procedures Under ACR
Simple Treatment Delivery		
77401	Radiation treatment delivery	1.00
77402	Radiation treatment delivery (<=5 MeV)	1.00
77403	Radiation treatment delivery (6-10 MeV)	1.00
77404	Radiation treatment delivery (11-19 MeV)	1.00
77406	Radiation treatment delivery (>=20 MeV)	1.00
Intermediate Treatment Delivery		
77407	Radiation treatment delivery (<=5 MeV)	1.00
77408	Radiation treatment delivery (6-10 MeV)	1.00
77409	Radiation treatment delivery (11-19 MeV)	1.00
77411	Radiation treatment delivery (>=20 MeV)	1.00
Complex Treatment Delivery		
77412	Radiation treatment delivery (<=5 MeV)	1.00
77413	Radiation treatment delivery (6-10 MeV)	1.00
77414	Radiation treatment delivery (11-19 MeV)	1.00
77416	Radiation treatment delivery (>= 20 MeV)	1.00
Other CPT Codes		
77417	Additional field check radiographs	.50
77418	Intensity modulated radiation treatment (IMRT) delivery	1.00
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife)	3.00
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	3.00
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	3.00
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	3.00
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	3.00
	Total body irradiation	2.50
	Hemibody irradiation	2.00
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linear accelerator)	10.00
	Neutron and proton radiation therapy	2.00
	Limb salvage irradiation	1.00
	Pediatric patient under anesthesia	1.50

Table 9G: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2014-9/30/2015	Average Number of Procedures per Unit
Harris Regional Hospital	1	Jackson	1	1,291	1,291
NC Radiation Therapy - Franklin	1	Macon	1	1,928	1,928
21st Century Oncology	2	Buncombe	1	1,035	1,035
Mission Hospital	2	Buncombe	3	14,869	4,956
NC Radiation Therapy - Asheville	2	Buncombe	2	5,050	2,525
NC Radiation Therapy - Clyde	2	Haywood	1	4,094	4,094
NC Radiation Therapy - Marion	2	McDowell	1	3,557	3,557
Watauga Medical Center	3	Watauga	1	4,293	4,293
Margaret R. Pardee Memorial Hospital	4	Henderson	1	4,914	4,914
NC Radiation Therapy - Hendersonville	4	Henderson	1	1,979	1,979
NC Radiation Therapy - Brevard	4	Transylvania	1	2,784	2,784
Carolinas Healthcare System - Blue Ridge	5	Burke	2	5,970	2,985
Caldwell Memorial Hospital	5	Caldwell	1	1,178	1,178
Catawba Valley Medical Center	5	Catawba	2	11,506	5,753
Frye Regional Medical Center	5	Catawba	1	4,963	4,963
Carolinas Healthcare System - Cleveland	6	Cleveland	1	7,730	7,730
CaroMont Regional Medical Center^	6	Gaston	3	17,310	5,770
NC Radiation Therapy - Forest City	6	Rutherford	1	4,136	4,136
Carolinas Medical Center	7	Mecklenburg	3	19,694	6,565
Matthews Radiation Oncology Center	7	Mecklenburg	1	8,978	8,978
Novant Presbyterian Medical Center	7	Mecklenburg	4	11,412	2,853
Pineville Radiation Therapy Center	7	Mecklenburg	1	9,699	9,699
University Radiation Therapy Center	7	Mecklenburg	1	7,620	7,620
Carolinas Healthcare System - Union	7	Union	1	6,633	6,633
Iredell Memorial Hospital	8	Iredell	2	6,399	3,200
Lake Norman Radiation Oncology Center	8	Iredell	1	9,003	9,003
Novant Health Rowan Medical Center	8	Rowan	1	5,743	5,743
Carolinas Healthcare System - Northeast	9	Cabarrus	2	12,122	6,061
Carolina Healthcare System - Stanly	9	Stanly	1	3,955	3,955
North Carolina Baptist Hospital	10	Forsyth	4	26,512	6,628
Novant Health Forsyth Medical Center	10	Forsyth	5	28,109	5,622
Hugh Chatham Memorial Hospital	10	Surry	1	3,160	3,160
Lexington Medical Center	11	Davidson	1	2,450	2,450
Cone Health	12	Guilford	4	25,647	6,412
High Point Regional Health	12	Guilford	2	9,822	4,911
Morehead Memorial Hospital	12	Rockingham	1	3,716	3,716
Randolph Hospital	13	Randolph	1	4,224	4,224
University of North Carolina Hospitals	14	Orange	6	31,962	5,327
Alamance Regional Medical Center	15	Alamance	2	9,309	4,654

Table 9G: Hospital and Free-Standing Linear Accelerators and Radiation Oncology Procedures

Facility Name	Service Area Number	County	Number of Linear Accelerators	Number of Procedures (ESTVs) 10/1/2014-9/30/2015	Average Number of Procedures per Unit
Duke Regional Hospital	16	Durham	1	4,847	4,847
Duke University Hospital	16	Durham	8	30,963	3,870
Maria Parham Medical Center	16	Vance	1	4,927	4,927
FirstHealth Moore Regional Hospital	17	Moore	3	13,631	4,544
Scotland Memorial Hospital	17	Scotland	1	3,988	3,988
Cape Fear Valley Medical Center	18	Cumberland	5	18,988	3,798
Southeastern Regional Medical Center	18	Robeson	1	5,910	5,910
NC Radiation Therapy - Sampson	18	Sampson	1	2,755	2,755
South Atlantic Radiation Oncology	19	Brunswick	1	7,549	7,549
Coastal Carolina Radiation Oncology	19	New Hanover	2	16,035	8,018
New Hanover Regional Medical Center	19	New Hanover	1	5,369	5,369
Franklin County Cancer Center	20	Franklin	1	15	15
Duke Raleigh Hospital*	20	Wake	4	17,963	4,491
Rex Hospital	20	Wake	4	19,983	4,996
UNC Hospitals Radiation Oncology - Holly Springs	20	Wake	1		
Central Harnett Hospital	21	Harnett	1		
Clayton Radiology Oncology	22	Johnston	1	1,477	1,477
Smithfield Radiation Oncology	22	Johnston	1	1,736	1,736
Lenoir Memorial Hospital	23	Lenoir	1	4,689	4,689
NC Radiation Therapy - Goldsboro	23	Wayne	1	5,605	5,605
Carteret General Hospital	24	Carteret	1	2,770	2,770
CarolinaEast Health System	24	Craven	2	8,591	4,296
Onslow Radiation Oncology	25	Onslow	1	4,667	4,667
NC Radiation Therapy - Roanoke Rapids	26	Halifax	1	3,165	3,165
Nash General Hospital	26	Nash	2	7,839	3,919
Wilson Medical Center	26	Wilson	1	1,437	1,437
Vidant Beaufort Hospital	27	Beaufort	1	2,383	2,383
Vidant Roanoke-Chowan Hospital	27	Hertford	1	2,616	2,616
Leo Jenkins Cancer Center	27	Pitt	2	10,136	5,068
NC Radiation Therapy - Greenville	27	Pitt	2	9,437	4,719
Vidant Medical Center	27	Pitt	1	2,097	2,097
The Outer Banks Hospital, Inc.	28	Dare	1	3,095	3,095
Albemarle Health. A Vidant Partner in Health	28	Pasquotank	1	4,666	4,666
Totals (72 Facilities)			127	574,069	4,520

*Duke University Health System purchased Cancer Centers of NC and the linear acclerators were added to the Duke Raleigh Hospital license number during the reporting year.

^CaroMont Regional Medical Center has two linear accelerators in Gaston County and one linear accelerator in Lincoln County.

Table 9H: Linear Accelerator Service Areas and Calculations

Service Area	2016 Population	Accelerators	Population within Service Area Per Accelerator	Percentage of Patients from Outside the Service Area	2014-2015 ESTV Procedures	Procedures Per Accelerator	ESTV Procedures Divided by 6,750 Minus # of Accelerators	Need Determinations	
Area 1	139,285	2	69,643	7.22%	3,219	1,610	-1.52		*
Area 2	418,976	8	52,372	20.24%	28,605	3,576	-3.76		*
Area 3	99,116	1	99,116	14.55%	4,293	4,293	-0.36		*
Area 4	168,316	3	56,105	10.65%	9,676	3,225	-1.57		*
Area 5	366,795	6	61,133	10.83%	23,616	3,936	-2.50		*
Area 6	460,633	5	92,127	6.91%	29,175	5,835	-0.68		*
Area 7	1,306,187	11	118,744	21.25%	64,034	5,821	-1.51		*
Area 8	310,110	4	77,528	28.69%	21,145	5,286	-0.87		*
Area 9	262,333	3	87,444	22.57%	16,077	5,359	-0.62		*
Area 10	652,532	10	65,253	26.22%	57,780	5,778	-1.44		*
Area 11	165,399	1	165,399	10.00%	2,450	2,450	-0.64		
Area 12	612,941	7	87,563	22.39%	39,184	5,598	-1.19		*
Area 13	144,254	1	144,254	12.52%	4,224	4,224	-0.37		
Area 14**	214,245	6	35,708	72.27%	31,962	5,327	-1.26		*
Area 15	183,149	2	91,575	14.07%	9,309	4,654	-0.62		*
Area 16**	466,762	10	46,676	65.23%	40,736	4,074	-3.97		*
Area 17	315,822	4	78,956	36.04%	17,619	4,405	-1.39		*
Area 18	565,848	7	80,835	15.53%	27,653	3,950	-2.90		*
Area 19	464,322	4	116,081	12.91%	28,953	7,238	0.29		*
Area 20	1,089,870	10	108,987	15.60%	37,961	3,796	-4.38		*
Area 21^	130,243	1	130,243						
Area 22	186,764	2	93,382	43.97%	3,213	1,606	-1.52		*
Area 23	245,669	2	122,835	9.03%	10,294	5,147	-0.47		
Area 24	199,181	3	66,394	12.24%	11,361	3,787	-1.32		*
Area 25	195,835	1	195,835	10.16%	4,667	4,667	-0.31		
Area 26	305,036	4	76,259	14.05%	12,440	3,110	-2.16		*
Area 27	331,612	7	47,373	28.30%	26,668	3,810	-3.05		*
Area 28	156,693	2	78,347	4.21%	7,760	3,880	-0.85		*
Totals	**10,157,928**	**127**	**79,984**		**574,069**	**4,520**	**-41.95**		

* Service Area does not have 120,000 base population per accelerator.

** Areas have more than 45% of their patients coming from outside their service areas.

^ Certificate of Need was issued to Central Harnett Hospital in December 2015. Data not available during the reporting year.

Table 9I: Linear Accelerator Service Areas

Area	County	2016 Total Population
1	Cherokee	27,524
1	Clay	10,855
1	Graham	8,969
1	Jackson	41,516
1	Macon	35,279
1	Swain	15,142
	Total	**139,285**
2	Buncombe	257,413
2	Haywood	60,436
2	Madison	21,875
2	McDowell	45,437
2	Mitchell	15,894
2	Yancey	17,921
	Total	**418,976**
3	Ashe	27,507
3	Avery	17,903
3	Watauga	53,706
	Total	**99,116**
4	Henderson	113,314
4	Polk	20,955
4	Transylvania	34,047
	Total	**168,316**
5	Alexander	38,715
5	Burke	89,198
5	Caldwell	82,350
5	Catawba	156,532
	Total	**366,795**
6	Cleveland	98,532
6	Gaston	213,325
6	Lincoln	81,417
6	Rutherford	67,359
	Total	**460,633**
7	Anson	26,466
7	Mecklenburg	1,054,561
7	Union	225,160
	Total	**1,306,187**
8	Iredell	171,400
8	Rowan	138,710
	Total	**310,110**
9	Cabarrus	200,827
9	Stanly	61,506
	Total	**262,333**
10	Alleghany	11,219
10	Davie	41,474
10	Forsyth	371,646
10	Stokes	46,786
10	Surry	73,834
10	Wilkes	70,116
10	Yadkin	37,457
	Total	**652,532**

Table 9I: Linear Accelerator Service Areas

Area	County	2016 Total Population
11	Davidson	165,399
	Total	**165,399**
12	Guilford	520,398
12	Rockingham	92,543
	Total	**612,941**
13	Randolph	144,254
	Total	**144,254**
14	Chatham	70,981
14	Orange	143,264
	Total	**214,245**
15	Alamance	159,522
15	Caswell	23,627
	Total	**183,149**
16	Durham	303,416
16	Granville	58,471
16	Person	39,383
16	Vance	44,978
16	Warren	20,514
	Total	**466,762**
17	Hoke	52,400
17	Lee	59,211
17	Montgomery	27,864
17	Moore	95,327
17	Richmond	45,484
17	Scotland	35,536
	Total	**315,822**
18	Bladen	35,194
18	Cumberland	333,073
18	Robeson	132,948
18	Sampson	64,633
	Total	**565,848**
19	Brunswick	124,668
19	Columbus	57,579
19	New Hanover	223,260
19	Pender	58,815
	Total	**464,322**
20	Franklin	64,436
20	Wake	1,025,434
	Total	**1,089,870**
21	Harnett	130,243
	Total	**130,243**
22	Johnston	186,764
	Total	**186,764**
23	Duplin	60,763
23	Lenoir	58,732
23	Wayne	126,174
	Total	**245,669**

Table 9I: Linear Accelerator Service Areas

Area	County	2016 Total Population
24	Carteret	69,706
24	Craven	105,773
24	Jones	10,518
24	Pamlico	13,184
	Total	**199,181**
25	Onslow	195,835
	Total	**195,835**
26	Edgecombe	55,303
26	Halifax	52,567
26	Nash	94,140
26	Northampton	20,960
26	Wilson	82,066
	Total	**305,036**
27	Beaufort	47,717
27	Bertie	20,100
27	Greene	21,310
27	Hertford	24,423
27	Hyde	5,720
27	Martin	23,494
27	Pitt	176,269
27	Washington	12,579
	Total	**331,612**
28	Camden	10,431
28	Chowan	14,669
28	Currituck	26,160
28	Dare	35,727
28	Gates	11,914
28	Pasquotank	40,112
28	Perquimans	13,539
28	Tyrrell	4,141
	Total	**156,693**

Table 9J: Linear Accelerator Inventory for Demonstration Project

HSA	Linear Accelerator Service Area	Provider	Units
IV	Statewide	Cary Urology, PA	1
A certificate of need was issued to Parkway Urology, PA d/b/a Cary Urology, PA on 2/23/2011 to acquire one dedicated linear accelerator as part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer, particularly in African American men. The linear accelerator is not counted in the regular inventory of linear accelerators.			

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined that there is no need for additional linear accelerators. There is no need anywhere else in the state and no other reviews are scheduled as shown in Table 9K.

Table 9K: Linear Accelerators Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional linear accelerators as specified.

Linear Accelerator Service Area	Linear Accelerator Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for any additional linear accelerators anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

POSITRON EMISSION TOMOGRAPHY SCANNER

Definition
Positron Emission Tomography (PET) Scanner, as defined in General Statute § 131E-176(19a), means "Equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures."

From its introduction in the mid-1980s until the last few years, PET scanning was used more in research than clinical practice. Early clinical applications focused on the heart and the brain.

Now, the clinical uses of PET scanning include applications that involve the diagnosis of cancer. At North Carolina's most active PET facilities, the diagnosis of cancer accounts for more than 80 percent of clinical studies.

A PET scanner is a device with multiple radiation detectors designed to detect the two simultaneous photons emitted from the body after positron annihilation. Positron annihilation occurs after a positron (a sub-atomic particle) is emitted from certain radioactive substances. Such events are recorded over the course of a scan and subsequently reconstructed via computerized techniques into images. These images represent the cross-sectional distribution of the radioactive (positron-emitting) tracer in the body. By measuring the distributions of certain radiotracers in the body some time after they have been administered, PET can be used both to diagnose physical abnormalities and to study body functions in normal subjects.

PET differs from other nuclear medicine both in the type of radiation emitted and in the type of scanner required to detect it. The radioactive tracers used in PET imaging may be produced on-site with a cyclotron (or generator, for some tracers) and appropriate chemistry labs, or may be ordered from commercial distributors, even though all PET tracers are relatively short-lived (110 minutes is the longest half-life). Therefore, the capital costs associated with developing the equipment capable of PET scanning can range from a few hundred thousand dollars (for the gamma camera being upgraded with coincident circuitry to perform PET scans) to less than $1 million (for a low-end scanner) to several million dollars for a high-end scanner, a cyclotron, and associated chemistry capabilities.

Coincidence cameras are "built" by adding electronic circuitry to gamma cameras. The coincident circuitry makes it a PET system. The coincidence camera is nuclear medicine equipment that is designed, built or modified to detect only the single photon emitted from nuclear events other than positron annihilation. This hybrid machine is used as a gamma camera 90-95 percent of the time to perform non-PET imaging; thus, coincidence cameras are non-dedicated PET scanners.

The first PET scanners were dedicated machines performing only that service, supported by cyclotrons on-site. However, PET scanners also include hybrid machines, performing a variety of nuclear medicine studies and supported by new tracer production facilities housing cyclotrons in stand-alone facilities.

All these machines are PET scanners as defined in G.S. § 131E-176(19a), but they vary widely in their capabilities. The less expensive hybrid devices are capable of disclosing the presence of lesions as small as 1.5 to 2 centimeters, while the better dedicated scanners can disclose lesions as small as 0.5 to 1 centimeter. Because they can provide definitive studies for many patients and because they cost less, hybrid devices have quickly found a market.

The leading impetus to hybridization is the fact that the technology is rapidly improving. As a result, less expensive devices are now better than their predecessors and higher-end dedicated scanners are being adapted to include computed tomography (CT) scanners, which will give them the capacity to perform,

more accurately, the range of studies now performed on hybrid machines. Additionally, mobile PET scanners are available, and the number in operation in the United States is growing.

Dedicated PET scanners can be fixed or mobile. Mobile PET scanner means a dedicated PET scanner and its transporting equipment that is moved to provide services at two or more host facilities.

The rapid improvements in the equipment are being driven both by the rate of technological advances and by the steady growth in the number of clinical studies for which the Centers for Medicare & Medicaid Services (CMS) authorizes reimbursement. Among oncologists, oncologic surgeons, and radiation oncologists, PET is already recognized as essential to the diagnosis and treatment of patients with melanoma, colorectal cancer, lung cancer and lymphoma. CMS has approved reimbursement for studies for patients with solitary pulmonary nodules, carcinoma of the lung (non-small cell), melanoma, colorectal cancer, lymphoma, head and neck tumors, esophageal cancer, breast cancer, refractory seizures, perfusion of the heart, and questions concerning myocardial viability.

Facility Inventory-Service Volume

There are 28 approved or operational fixed dedicated PET scanners in North Carolina. Duke University Hospital acquired a cyclotron generated fixed dedicated PET scanner in 1985. During the following years, North Carolina Baptist Hospital, Carolinas Medical Center (CMC) and University of North Carolina (UNC) Hospitals also acquired a cyclotron generated fixed dedicated PET scanner each. Vidant Medical Center, Rex Hospital, Mission Hospital, New Hanover Regional Medical Center, Catawba Valley Medical Center/Frye Regional Medical Center (joint ownership), Cape Fear Valley Medical Center, FirstHealth Moore Regional Hospital, Novant Health Forsyth Medical Center, Cone Health, CaroMont Regional Medical Center, Carolinas HealthCare System - NorthEast, CarolinaEast Medical Center, Novant Health Presbyterian Medical Center, High Point Regional Health and Wake PET Services were approved for each entity to acquire one fixed dedicated PET scanner. Duke University Hospital, CMC and UNC Hospitals were also approved to acquire a second fixed dedicated PET scanner. There were three additional need determinations in the North Carolina 2006 State Medical Facilities Plan, one each in HSAs II, III, and VI. Alamance Regional Medical Center, Iredell Memorial Hospital, and Nash General Hospital were approved in 2007 to acquire fixed dedicated PET/CT scanners. In the 2008 State Medical Facilities Plan, there were two need determinations, one each in HSAs II and III. Novant Health Forsyth Medical Center was approved to acquire a second fixed PET/CT scanner and CMC-Union was approved to acquire a fixed PET scanner. The 2013 State Medical Facilities Plan identified the need for one additional fixed dedicated PET scanner in HSA II. North Carolina Baptist Hospital was approved in 2014 to acquire a second dedicated PET/CT scanner. The reported number of procedures performed on these fixed dedicated PET scanners for the years ending 9/30/2012, 9/30/2013, 9/30/2014, and 9/30/2015 are reflected in Table 9L. Table 9L is followed by Tables 9M(1) and 9M(2), which reflect the reported number of procedures performed on mobile dedicated PET scanners for the years ending 9/30/2012, 9/30/2013, 9/30/2014, and 9/30/2015.

Fixed Dedicated PET Scanner Need Methodology

A fixed PET scanner's service area is the Health Service Area (HSA) in which the scanner is located. The HSAs are the six multi-county groupings as defined in Appendix A of the North Carolina 2017 State Medical Facilities Plan.

A mobile PET scanner has a statewide service area.

One additional fixed dedicated PET scanner is needed for each existing fixed dedicated PET scanner that was utilized at or above 80 percent of capacity during the 12-month period reflected in the owner's "2016 Hospital Licensure Renewal Application" or "2016 Registration and Inventory of Medical Equipment

Form" for PET scanners on file with the North Carolina Division of Health Service Regulation.[1] In the 2009 State Medical Facilities Plan, the North Carolina State Health Coordinating Council approved a change in the annual capacity for fixed dedicated PET scanners from 2,600 to 3,000 procedures. For the purposes of this determination, the annual capacity of a fixed dedicated PET scanner is 3,000 (3,000 X .80 = 2,400) procedures.

The standard methodology used to determine need for fixed PET scanners is calculated as follows:

Methodology Part 1:

Step 1: Determine the planning inventory of all fixed PET scanners in the state, to include existing fixed PET scanners in operation, approved fixed PET scanners for which a certificate of need was issued but is pending development, and fixed PET scanners for which no certificate of need has been issued, because the decision on a need determination in a previous year is under review or appeal.

Step 2: For each facility at which a PET scanner is operated, determine the total number of procedures performed on all fixed PET scanners located at each facility as reported for the 12-month period reflected in the Hospital License Renewal Application or Registration and Inventory of Equipment on file with the North Carolina Division of Health Service Regulation.

Step 3: Multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine the PET scanner capacity at each facility.

Step 4: Divide the total number of PET scanner procedures performed at each facility, as determined in Step 2, by the capacity calculated in Step 3. Multiply the results by 100 to convert the numbers to a utilization percentage.

Step 5: A need is determined for an additional fixed PET scanner if the utilization percentage is 80 percent or greater at a facility, except as provided in Step 8 for both parts of the methodology combined.

Methodology Part 2:

Step 6: Identify each major cancer treatment facility, program or provider in the state, i.e., providers that operate two linear accelerators and performed over 12,500 ESTV procedures in the 12-month period reflected on the Hospital License Renewal Application or Equipment Registration and Inventory Form.

Step 7: A need is determined for one additional fixed PET scanner if a major cancer treatment facility, program or provider identified in Step 6 is hospital-based and does not own or operate a fixed dedicated PET scanner, except as provided in Step 8 for both parts of the methodology combined.[2]

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[1] The need generated by this part of the methodology may be met by any applicant, and not just the owner or operator of the scanner that has achieved the target utilization.

[2] The need generated by this part of the methodology may be met by any applicant, and not just a major cancer treatment facility, program, or provider that does not own or operate a fixed dedicated PET scanner.

Step 8: The maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology.

Table 9L: PET Scanner Utilization of Existing Fixed Dedicated Scanners

Center	2011-2012	2012-2013	2013-2014	2014-2015	HSA	Inventory	Utilization Rate 2015 Procedures / 3000 as Capacity	Determination by Criteria-80% of Present Capacity
Mission Hospital (f)	1,545	1,819	1,808	1,982	I	1	66.07%	0
Catawba Valley Medical Center / Frye Regional Medical Center (j)	1,293	1,027	989	1,054	I	1	35.13%	0
N.C. Baptist Hospital (x)	2,009	1,957	1,967	2,017	II	2	33.62%	0
Cone Health (o)	1,801	1,612	1,463	1,693	II	1	56.43%	0
Novant Health Forsyth Medical Center (p)	2,615	2,560	2,518	2,726	II	2	45.43%	0
High Point Regional Health (r)	601	583	592	639	II	1	21.30%	0
Alamance Regional Medical Center (u)	687	724	780	631	II	1	21.03%	0
Carolinas Medical Center (a), (k)	3,036	3,101	3,483	3,593	III	2	59.88%	0
Carolinas Medical Center - Union (w)	269	301	349	446	III	1	14.87%	0
CaroMont Regional Medical Center/CIS Summit (m)	767	692	732	707	III	1	23.57%	0
Carolinas Medical Center - NorthEast (n)	1,108	932	972	995	III	1	33.17%	0
Novant Health Presbyterian Medical Center(q)	1,577	1,483	1,619	1,970	III	1	65.67%	0
Iredell Memorial Hospital (t)	359	379	408	408	III	1	13.60%	0
Duke University Hospital (d)	4,474	4,447	4,084	4,220	IV	2	70.33%	0
UNC Hospitals (b)	1,940	3,255	2,142	2,775	IV	2	46.25%	0
Rex Hospital (e)	1,729	1,857	1,918	2,085	IV	1	69.50%	0
Wake PET Services, Wake Radiology Oncology, Wake Radiology (s)	683	635	544	465	IV	1	15.50%	0
New Hanover Regional Medical Center (g)	1,283	1,464	1,543	1,691	V	1	56.37%	0
Cape Fear Valley Medical Center (h)	1,238	1,047	882	1,023	V	1	34.10%	0
First Imaging of the Carolinas (i)	1,011	973	885	1,023	V	1	34.10%	0
Vidant Medical Center (c)	1,643	1,683	1,573	1,895	VI	1	63.17%	0
CarolinaEast Medical Center (l)	619	582	672	776	VI	1	25.87%	0
Nash General Hospital (v)	442	440	458	344	VI	1	11.47%	0
TOTAL	32,729	33,553	32,381	35,158		28	41.85%	0

(a) Approved for additional scanner in November 2001.
(b) Approved for scanner in June 2000 and additional scanner under Policy AC-3 in November 2005.
(c) Approved for scanner in August 2001.
(d) Approved for additional scanner under Policy AC-3 in September 2002.
(e) Approved for scanner in September 2002.
(f) Approved for scanner in January 2003.
(g) Operational in October 2004.
(h) Approved for scanner in August 2003. Different method used for counting procedures in 2008.
(i) Approved for scanner in December 2004.
(j) Approved for scanner in July 2003.
(k) Approved for replacement of a scanner in June 2003.
(l) Approved for scanner in October 2003.
(m) Approved for scanner in December 2003.
(n) Approved for scanner in December 2003.
(o) Operational in October 2004.
(p) Approved for scanners in June 2004 and November 2008.
(q) Approved for scanner in June 2004.
(r) Approved for scanner in January 2005.
(s) Approved for scanner in November 2005.
(t) Approved for scanner in January 2007.
(u) Approved for scanner in April 2007.
(v) Approved for scanner in May 2007.
(w) Approved for scanner in April 2009.
(x) Approved for scanner in April 2014

Table 9M(1): PET Scanner Provider of Mobile Dedicated Scanners

Mobile Provider	Procedures	Utilization Rate
		Year 2014-2015 Procedures / 2600 as Capacity
Alliance Imaging I	3,237	125%
Alliance Imaging II	3,268	126%
TOTAL	6,505	

Table 9M(2): PET Scanner Sites Utilization of Existing Mobile Dedicated Scanners

Mobile Site	Mobile Provider	Number of Sites	Procedures			
			2011-2012	2012-2013	2013-2014	2014-2015
Sentara Albemarle Medical Center	Alliance II	1	252	239	186	158
Caldwell Memorial Hospital	Alliance I	1	132	139	96	79
Carteret General Hospital	Alliance II	1	198	226	248	230
Carolinas HealthCare System - Cleveland	Alliance I	1	480	501	575	685
Carolinas HealthCare System - Blue Ridge	Alliance I	2	93	113	228	241
Cone Health	Alliance I	1	11	61	29	0
Duke Raleigh Hospital	Alliance II	1	573	545	493	675
Johnston Health	Alliance II	1	151	197	180	203
Lake Norman Regional Medical Center	Alliance I	1	191	198	198	167
Lenoir Memorial Hospital	Alliance II	1	150	170	154	169
Maria Parham Medical Center	Alliance II	1	0	0	56	160
Margaret R Pardee Memorial Hospital	Alliance I	1	167	166	164	172
Harris Regional Hospital	Alliance I	1	288	292	296	305
Northern Hospital of Surry County	Alliance I	1	104	87	96	117
Novant Health Huntersville Medical Center	Alliance I	1	211	197	218	232
Novant Health Matthews Medical Center	Alliance I	1	106	134	119	119
Novant Health Rowan Medical Center	Alliance I	1	267	216	239	232
Novant Health Thomasville Medical Center	Alliance I	1	91	97	85	68
Onslow Memorial Hospital	Alliance II	1	176	240	293	363
Park Ridge Health	Alliance I	1	151	126	143	124
Randolph Hospital	Alliance I	1	107	120	146	179
Rutherford Regional Medical Center	Alliance I	1	126	127	122	134
Scotland Memorial Hospital	Alliance II	1	156	149	164	163
Southeastern Regional Medical Center	Alliance II	1	312	257	273	271
Carolinas Healthcare System- Stanly	Alliance I	1	74	144	119	173
The Outer Banks Hospital	Alliance II	1	128	114	116	117
Valdese Hospital (Closed as of 12/12)*	Alliance I	0	55	119	0	0
Watauga Medical Center	Alliance I	1	106	96	160	210
Wayne Memorial Hospital	Alliance II	1	338	332	303	329
Wilson Medical Center	Alliance II	1	377	389	371	430
TOTAL		30	5,571	5,791	5,870	6,505

*Procedure totals are included with Carolinas HealthCare System - Blue Ridge

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for one additional fixed dedicated PET scanner in HSA IV as shown in Table 9N. There is no need anywhere else in the state and no other reviews are scheduled.

Table 9N: Fixed Dedicated PET Scanner Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional fixed dedicated PET scanners as specified.

Service Area	Fixed Dedicated PET Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
HSA IV	1	August 15, 2017	September 1, 2017
It is determined that there is no need for additional fixed dedicated PET scanners anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional mobile dedicated PET scanner anywhere else in the state and no other reviews are scheduled as shown in Table 9O.

Table 9O: Mobile Dedicated PET Scanner Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional mobile dedicated PET scanners as specified.

Service Area	Mobile Dedicated PET Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional mobile dedicated PET scanners anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

MAGNETIC RESONANCE IMAGING

Introduction
Magnetic Resonance Imaging (MRI) technology is mobile and apparently is financially feasible at relatively small-volume mobile sites. Geographic accessibility is a significant planning issue, and it is important to assure that the rural areas of the state have the opportunity to access this important technology through both fixed and mobile scanners, as it has become the standard of care.

The methodology that is used allows the addition of a fixed MRI scanner at a fixed site within the same MRI service area.

The Technology
Nuclei of atoms in various structures of the human body resonate differentially when exposed to a strong magnetic field. MRI devices register these differences in response as images for use in making diagnoses. Use of MRI technology has grown rapidly because it does not expose patients to ionizing radiation, and because of the quality of images it obtains. In 1983, there were only two MRI programs in North Carolina, performing a total of 531 procedures. In 2014-2015 fixed and mobile scanners were reported as providing 848,142 procedures.

An MRI procedure is defined as a single discrete MRI study of one patient (single CPT [current procedural terminology] coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

An MRI procedure is a single MRI procedure performed on one defined body part during one visit. Each MRI procedure must be directly linked to a single billable CPT code associated with an MRI procedure. For example, an MRI brain scan with and without contrast is a single procedure with a single CPT code.

For reporting verification, each reporting site will provide the number of scans performed annually for all CPT codes by volume on Hospital License Renewal Applications and Registration and Inventory of Medical Equipment Forms for Fixed (Non-Hospital) and Mobile MRI Providers.

Intraoperative Magnetic Resonance Scanners (iMRI) approved through Policy TE-2 shall not be counted in the inventory of fixed MRI scanners and the procedures performed on the iMRI will not be used in calculating the need methodology. Intraoperative procedures and inpatient procedures performed on the iMRI shall be reported separately by the certificate holder on the hospital license renewal application and will be reported in a separate table in Chapter 9Q (7). The iMRI scanner shall not be used for outpatients and may not be replaced with a conventional MRI scanner.

Assessment
Mobile MRI
Because of the availability of mobile units, it appears that MRI technology is accessible within a reasonable distance and travel time to all of the population of North Carolina. Several mobile sites in operation all of 2014-2015 reported fewer than 100 procedures.

Mobile MRI scanner means an MRI scanner and transporting equipment that is moved at least weekly to provide services at two or more host facilities.

Some sites that initiated MRI service with mobile units have installed fixed scanners as volumes increased. Because of the need to house a unit in a specially constructed building or area of a building, the cost of each such new fixed facility may exceed $2 million.

Fixed MRI Units

Fixed MRI scanner means an MRI scanner that is not a mobile MRI scanner. The principal capital expenditure issue with respect to fixed MRI units is the volume of procedures, which warrants the acquisition of an additional magnet.

Definition of an MRI Service Area

A fixed MRI service area is the same as an Acute Care Bed Service Area as defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The fixed MRI service area is a single county, except where there is no licensed acute care hospital located within the county. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. In that case, the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. The three most recent years of available acute care days patient origin data are combined and used to create the multicounty service areas. These data are updated and reviewed every three years, with the most recent update occurring in the North Carolina 2017 State Medical Facilities Plan.

Basic Assumptions of the Methodology

1. Facilities that currently offer mobile MRI services, but have received the transmittal of a certificate of need for a fixed MRI scanner, are included in the inventory as a fixed MRI scanner in Table 9P.

2. A placeholder of one MRI scanner is placed in Table 9P for each new fixed MRI scanner for which a certificate of need has been issued even if the scanner is not operational. All procedures performed by a single licensed entity are counted as performed at a single site, even if MRI services are provided at more than one site.

3. The need determination for any one service area under the methodology for fixed MRI Scanner Utilization shall not exceed one MRI scanner per year, unless there is an adjusted need determination approved for a specific MRI service area.

4. A facility that offers MRI services on a full-time basis pursuant to a service agreement with an MRI provider is not precluded from applying for a need determination in the North Carolina 2017 State Medical Facilities Plan to replace the existing contracted service with a fixed MRI scanner under the applicant's ownership and control. It is consistent with the purposes of the Certificate of Need law and the State Medical Facilities Plan for a facility to acquire and operate an MRI scanner to replace such a contracted service, if the acquisition and operation of the facility's own MRI scanner will allow the facility to reduce the cost of providing the MRI service at that facility.

MRI Need Determination Methodology

The methodology includes need thresholds arranged in tiers based on the number of scanners, weighting of procedures based on complexity, and a component addressing MRI service areas that have no fixed MRIs, but have mobile MRI scanners serving the area. The methodology for determining need is based on fixed and mobile procedures performed at hospitals and freestanding facilities with fixed MRI scanners and procedures performed on mobile MRI scanners at mobile sites in the MRI service areas. In addition, equivalent values for mobile scanners in MRI service areas are found in the column labeled Fixed Equivalent in Table 9P.

MRI Tiered Planning Thresholds

Acute Care Bed Service Area Fixed Scanners	Inpatient and Contrast Adjusted Thresholds	Planning Threshold
4 and over	4,805[1]	70.0%
3	4,462[2]	65.0%
2	4,118[3]	60.0%
1	3,775[4]	55.0%
0	1,716[5]	25.0%

The above tiering is based on the assumption that the time necessary to complete 1.0 MRI procedure (a basic outpatient procedure without contrast) is 30 minutes, or an average throughput of two procedures per hour on an MRI scanner. Capacity of a single MRI scanner is defined as that of an MRI scanner being available and staffed for use at least 66 hours per week, and 52 weeks per year. The resulting capacity of a fixed MRI scanner is defined below:

Annual Maximum Capacity of a Single Fixed MRI Scanner =
66 hours per week x 52 weeks x 2 procedures per hour = 6,864 procedures annually

This definition of capacity represents 100 percent of the procedure volume the equipment is capable of completing, given perfect scheduling, no machine or room downtime, no cancellations, no patient transportation problems, no staffing or physician delays and no MRI procedures outside the norm. Procedure totals are from the "2016 Hospital License Renewal Application" or the "2016 Registration and Inventory of Medical Equipment Form" of MRI scanners as submitted to the North Carolina Division of Health Service Regulation concerning equipment registration and inventory, and number of procedures.

[1] 6,864 X 70% = 4,805
[2] 6,864 X 65% = 4,462
[3] 6,864 X 60% = 4,118
[4] 6,864 X 55% = 3,775
[5] 6,864 X 25% = 1,716

The table below indicates the weighting values assigned to the procedure type:

Weighting System

Procedure Type	Base Weight	Inpatient Weight	Contrast Weight	Procedure Time Minutes
Outpatient/No Contrast/Sedation	1.0	0.0	0.0	30
Outpatient/With Contrast/Sedation	1.0	0.0	.4 (Add 12 minutes)	42
Inpatient/No Contrast/Sedation	1.0	.4 (Add 12 minutes)	0.0	42
Inpatient/With Contrast/Sedation	1.0	.4 (Add 12 minutes)	.4 (Add 12 minutes)	54

Procedures with contrast include those with sedation as reported in the annual Hospital Licensure Renewal Application and the annual MRI Registration and Inventory of Medical Equipment form.

The standard methodology used to determine need for fixed MRI scanners is calculated as follows:

Step 1: Determine the number of clinical fixed and mobile MRI scanners in each MRI service area by site to include: existing fixed or mobile MRI scanners in operation, approved fixed or mobile MRI scanners for which a certificate of need was issued but is pending development, and fixed MRI scanners for which no certificate of need has been issued because the decision regarding a need determination in a previous year is under review or appeal. The inventory shall exclude: MRI scanners used for research only, non-clinical MRI scanners, and MRI scanners awarded based on need determinations for a dedicated purpose or demonstration project.

Step 2: Convert the number of fixed and mobile MRI scanners to fixed equivalent magnets as follows:

a. For each existing fixed MRI scanner, assign a value of one fixed equivalent magnet;

b. For each approved fixed MRI scanner, assign a value of one fixed equivalent magnet, even though the site may be receiving mobile services temporarily until the fixed scanner is operational. [Note: The mobile services are not listed separately from the approved fixed MRI scanner if the mobile unit will no longer be used when the fixed MRI scanner is operational.]

c. For each existing mobile MRI scanner site, calculate the fixed equivalent for each mobile site by dividing the number of MRI scans performed at each site by the threshold for the MRI service area, with the exception that the fixed equivalent shall be no greater than one; and

d. For each approved mobile MRI scanner site, at which services have not started, calculate the days to be operated at the site as a fraction of the total days of service to be provided by the approved mobile MRI

scanner. [For example, if a certificate of need has been awarded to a provider to serve six different sites in the state for one day per week at each site, the fixed equivalent for each approved site in the state is 0.17 (1/6=0.1666). If the mobile is approved to serve two sites for three days per week at each site, the fixed equivalent for each site is 0.50 (3/6=0.50).]

Step 3: Sum the number of fixed equivalent magnets for each MRI service area.

Step 4: Determine the total number of MRI scans performed at each site regardless of whether the MRI scanner is fixed or mobile, as reported in the "2016 Hospital License Renewal Applications" or "2016 Registration and Inventory of Medical Equipment Forms" of MRI scanners. If procedures are provided in a county that is part of more than one MRI service area, the procedures will be divided equally between the MRI service areas.

Step 5: Of the total number of MRI scans performed, determine the number of MRI scans performed by type (i.e., inpatient, outpatient, with contrast or sedation, no contrast or sedation) as reported in the "2016 Hospital License Renewal Applications" or "2016 Registration and Inventory of Medical Equipment Forms" of MRI scanners.

Step 6: For each site, multiply the number of inpatient MRI scans by 0.40 to calculate the inpatient adjustment.

Step 7: For each site, multiply the number of contrast or sedation scans by 0.40 to calculate the contrast adjustment.

Step 8: For each site, sum the total number of MRI scans performed (Step 4), the inpatient adjustment (Step 6), and the contrast adjustment (Step 7) to calculate the total number of adjusted MRI procedures for each site.

Step 9: For each service area, sum the number of adjusted total MRI procedures for all sites in the MRI service area.

Step 10: Calculate the average number of adjusted total MRI procedures per MRI scanner in the service area by dividing the adjusted total procedures for the service area (Step 9) by the sum of fixed equivalent magnets in the service area (Step 3).

Step 11: Determine the utilization threshold for the service area based only on the number of existing, approved and pending fixed MRI scanners located in the service area as identified in Step 1:

4+ fixed MRI scanners – 4,805 threshold
3 fixed MRI scanners – 4,462 threshold
2 fixed MRI scanners – 4,118 threshold
1 fixed MRI scanner – 3,775 threshold
0 fixed MRI scanners – 1,716 threshold

Step 12: Compare the area average procedures per fixed equivalent magnet (Step 10) with the threshold for the MRI service area (Step 11). If the area average procedure

per magnet is greater than or equal to the service area threshold, a need is determined for one additional MRI scanner in the service area.

Tables

The following tables are included in this section of the chapter: Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents; Table 9Q (1): Inventory of MRI Scanners for Cardiovascular Clinical Research Use Pursuant to Policy AC-3 in the North Carolina 2001 State Medical Facilities Plan; Table 9Q (2): Inventory of Dedicated Breast MRI Scanners Pursuant to Adjusted Need Determination in the North Carolina 2002 and 2006 State Medical Facilities Plans; Table 9Q (3): Inventory of Dedicated Pediatric MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2005 State Medical Facilities Plan; Table 9Q(4): Inventory of Demonstration Project for a Fixed Extremity MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2006 State Medical Facilities Plan; Table 9Q (5): Inventory of MRI Scanners Dedicated for Radiation Oncology and Use in Operating Room Suite; Table 9Q (6): Inventory of Fixed Multi-Position MRI Scanners Dedicated For Two Demonstration Projects (One Scanner Per Project); and Table 9R: Fixed MRI Scanner Need Determination.

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Alamance	Hospital Fixed	G-007053-04	Alamance Regional Medical Center	2	2.00	4,844	2,806	1,186	634	218	5,746			
Alamance	Mobile	G-006214-00	Alamance Regional Outpatient Imaging Center	0	0.24	1,006	836	170	0	0	1,074			
Alamance	Mobile		ARMC MedCenter - Mebane	0	0.15	636	511	125	0	0	686			
Alamance	Mobile	J-5900-98; J-7028-04; J-7301-05; J-8136-08; J-8271-08; J-8391-09	University of North Carolina Hospitals	0	0.16	660	490	170	0	0	728			
Alamance				**2**	**2.55**	**7,146**					**8,234**	**3,229**	**4,118**	**0**
Alexander	Mobile	E-007059-04	Alexander County Family Care Center (Frye Regional Medical Center)	0	0.04	64	50	14	0	0	70			
Alexander				**0**	**0.04**	**64**					**70**	**70**	**1,716**	**0**
Alleghany	Mobile	Grandfathered	Alleghany Memorial Hospital (Alliance Healthcare Services)	0	0.02	31	25	5	0	1	34			
Alleghany	Mobile	G-007038-04	Alleghany Memorial Hospital (Alliance Healthcare Services)	0	0.10	167	162	3	2	0	169			
Alleghany				**0**	**0.12**	**198**					**203**	**203**	**1,716**	**0**
Anson	Mobile		Anson Community Hospital	0	0.03	50	37	13	0	0	55			
Anson				**0**	**0.03**	**50**					**55**	**55**	**1,716**	**0**
Ashe	Hospital Fixed	D-008162-08	Ashe Memorial Hospital, Inc.	1	1.00	881	535	245	48	53	1,041			
Ashe				**1**	**1.00**	**881**					**1,041**	**1,041**	**3,775**	**0**
Avery	Mobile	Grandfathered	Charles A Cannon Memorial Hospital (Alliance Healthcare Services)	0	0.04	63	52	8	3	0	67			
Avery	Mobile	G-007038-04	Charles A. Cannon Memorial Hospital (Alliance Healthcare Services)	0	0.29	498	368	105	18	7	553			
Avery				**0**	**0.33**	**561**					**620**	**620**	**1,716**	**0**
Beaufort	Hospital Fixed	Q-005992-99	Vidant Beaufort Hospital	1	1.00	1,895	1,170	520	63	142	2,242			
Beaufort				**1**	**1.00**	**1,895**					**2,242**	**2,242**	**3,775**	**0**
			No Service Site											
Bertie													**1,716**	**0**
Bladen	Mobile	M-006605-02	Bladen Healthcare, LLC (Mobile Imaging of North Carolina, LLC)	0	0.02	34	23	11	0	0	38			
Bladen	Mobile		Cape Fear Valley-Bladen County Hospital	0	0.17	297	165	104	21	7	353			
Bladen				**0**	**0.19**	**331**					**391**	**391**	**1,716**	**0**
Brunswick	Hospital Fixed	O-006658-02	Novant Health Brunswick Medical Center	1	1.00	3,867	2,676	763	299	129	4,395			
Brunswick	Freestanding Fixed	Grandfathered (Alliance)	J. Arthur Dosher Memorial Hospital	1	1.00	1,193	781	396	3	13	1,363			
Brunswick	Freestanding Fixed	O-011125-16	J. Arthur Dosher Memorial Hospital	1	1.00	0	0	0	0	0	0			
Brunswick	Mobile		NHRMC Health & Diagnostics - Brunswick Forest	0	0.19	863	556	307	0	0	986			
Brunswick				**3**	**3.19**	**5,923**					**6,744**	**2,114**	**4,462**	**0**

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Buncombe	Hospital Fixed	B-006215-00; B-006869-03; B-008459-10	Mission Hospital	5	5.00	13,246	5,049	3,145	2,756	2,296	17,443			
Buncombe	Freestanding Fixed	B-006446-01	Asheville MRI	1	1.00	3,244	1,524	1,720	0	0	3,932			
Buncombe	Freestanding Fixed	B-004178-90	Asheville MRI	1	1.00	6,431	3,422	3,009	0	0	7,635			
Buncombe	Freestanding Fixed	B-006643-02	Marquis Diagnostic Imaging (InSight Imaging)	1	1.00	0	0	0	0	0	0			
Buncombe	Freestanding Fixed	B-005492-96	Open MRI and Imaging of Asheville (Asheville Open MRI, Inc)	1	1.00	5,869	4,546	1,323	0	0	6,398			
Buncombe	Freestanding Fixed	B-006440-01	Open MRI and Imaging of Asheville (Asheville Open MRI, Inc)	1	1.00	4,179	3,542	637	0	0	4,434			
Buncombe	Mobile	Grandfathered	Open MRI of Asheville (Foundation Health Mobile Imaging LLC)	0	0.03	121	115	6	0	0	123			
Buncombe	Mobile	Grandfathered	Open MRI of Asheville (Kings Medical Group)	0	0.34	1,640	1,480	160	0	0	1,704			
Buncombe	Mobile	G-007038-04	Park Ridge Hospital (Alliance Healthcare Services)	0	0.00	9	6	3	0	0	10			
Buncombe	Mobile	Grandfathered	Park Ridge Hospital (Alliance Healthcare Services)	0	0.09	420	390	30	0	0	432			
Buncombe	Mobile	Grandfathered	Strategic Healthcare Consultant (Alliance Healthcare Services)	0	0.04	198	198	0	0	0	198			
Buncombe/Graham/Madison/Yancey				**10**	**10.50**	**35,357**					**42,309**	**4,029**	**4,805**	**0**
Burke	Hospital Fixed		Carolinas Healthcare System Blue Ridge	2	2.00	4,122	2,415	987	461	259	4,908			
Burke	Mobile	E-007066-04	Blue Ridge Radiology (Blue Ridge Radiology Associates, P.A.)	0	0.31	1,290	981	309	0	0	1,414			
Burke	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Morganton (Carolina Orthopaedic Specialists)	0	0.33	1,339	1,187	152	0	0	1,400			
Burke				**2**	**2.64**	**6,751**					**7,722**	**2,925**	**4,118**	**0**
Cabarrus	Hospital Fixed	F-005933-98; F-006629-02; F-007086-04	Carolinas Healthcare System Northeast	5	5.00	17,021	7,341	5,139	2,822	1,719	21,581			
Cabarrus	Freestanding Fixed	F-007859-07	Carolinas Healthcare System - Kannapolis (Union Medical Services, LLC)	1	1.00	1,267	987	280	0	0	1,379			
Cabarrus	Freestanding Fixed	F-005916-98	Novant Health Imaging Cabarrus	1	1.00	450	380	70	0	0	478			
Cabarrus	Mobile	Grandfathered	Carolina Neuro & Spine Assoc - Concord (Alliance Healthcare Services)	0	0.16	790	657	133	0	0	843			
Cabarrus	Mobile	F-005723-97	Mecklenburg Neurology - Concord (InSight Imaging)	0	0.03	125	74	51	0	0	145			
Cabarrus	Mobile	G-007065-04	Novant Health Cabarrus (Novant Health Forsyth Medical Center)	0	0.19	907	740	167	0	0	974			
Cabarrus	Mobile	Grandfathered	OrthoCarolina PA (Alliance Healthcare Services)	0	0.00	11	11	0	0	0	11			
Cabarrus	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.38	1,817	1,635	182	0	0	1,890			
Cabarrus				**7**	**7.76**	**22,388**					**27,301**	**3,518**	**4,805**	**0**

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Caldwell	Hospital Fixed	E-007222-05	Caldwell Memorial Hospital	1	1.00	2,099	1,012	612	335	140	2,590			
Caldwell	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Lenoir (Carolina Orthopaedic Specialists)	0	0.39	1,455	1,259	196	0	0	1,533			
Caldwell				**1**	**1.39**	**3,554**					**4,123**	**2,966**	**3,775**	**0**
Carteret	Hospital Fixed	P-005282-95	Carteret General Hospital	1	1.00	3,642	1,726	1,220	318	378	4,560			
Carteret	Freestanding Fixed	P-008049-08	Seashore Imaging (Carteret General Hospital and Seashore Imaging)	1	1.00	1,528	1,199	329	0	0	1,660			
Carteret	Mobile	O-006434-01	Carolina Center For Surgery (Cape Fear Diagnostic Imaging, Inc.)	0	0.09	387	387	0	0	0	387			
Carteret	Mobile	J-007008-04	Carolina Center for Surgery (Foundation Health Mobile Imaging LLC)	0	0.14	592	592	0	0	0	592			
Carteret	Mobile	Grandfathered	Carolina Center for Surgery (Kings Medical Group)	0	0.01	49	49	0	0	0	49			
Carteret				**2**	**2.24**	**6,198**					**7,247**	**3,235**	**4,118**	**0**
Catawba	Hospital Fixed	E-007270-05	Catawba Valley Medical Center	2	2.00	4,948	1,931	2,161	542	314	6,280			
Catawba	Hospital Fixed	E-004812-93; E-005922-98; E-007856-07	Frye Regional Medical Center	2	2.00	5,944	3,318	1,793	473	360	7,138			
Catawba	Hospital Fixed	E-004812-93; E-005922-98; E-007856-07	Frye Regional Medical Center	0	0.34	1,633	1,031	602	0	0	1,874			
Catawba	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Hickory (Carolina Orthopaedic Specialists)	0	0.32	1,555	1,327	228	0	0	1,646			
Catawba	Mobile	E-008230-08	Carolina Orthopaedic Specialists - Newton (Carolina Orthopaedic Specialists)	0	0.16	768	641	127	0	0	819			
Catawba	Mobile	Grandfathered	Hickory Orthopaedic Center (Alliance Healthcare Services)	0	0.47	2,267	2,016	251	0	0	2,367			
Catawba	Mobile	Grandfathered	Neurology Associates - Hickory (Foundation Health Mobile Imaging LLC)	0	0.08	378	221	157	0	0	441			
Catawba				**4**	**5.37**	**17,493**					**20,566**	**3,830**	**4,805**	**0**
Chatham	Mobile	G-007038-04	Chatham Hospital (Alliance Healthcare Services)	0	0.03	60	37	23	0	0	69			
Chatham	Mobile	Grandfathered	Chatham Hospital (Alliance Healthcare Services)	0	0.28	489	304	143	23	19	571			
Chatham				**0**	**0.31**	**549**					**640**	**640**	**1,716**	**0**
Cherokee	Hospital Fixed	A-006767-03	Murphy Medical Center, Inc.	1	1.00	1,803	1,036	690	49	28	2,121			
Cherokee/Clay				**1**	**1.00**	**1,803**					**2,121**	**2,121**	**3,775**	**0**
Chowan	Hospital Fixed	R-008168-08	Vidant Chowan Hospital	1	1.00	1,914	1,302	503	54	55	2,181			
Chowan/Tyrrell				**1**	**1.00**	**1,914**					**2,181**	**2,181**	**3,775**	**0**
Cleveland	Hospital Fixed	C-005725-97	Carolinas Healthcare System Cleveland	1	1.00	3,596	1,589	1,371	411	225	4,489			
Cleveland	Hospital Fixed	C-006915-03	Kings Mountain Hospital	1	1.00	705	348	256	78	23	857			

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Cleveland	Mobile	Grandfathered	Miller Orthopaedic (Alliance Healthcare Services)	0	0.00	18	18	0	0	0	18			
Cleveland	Mobile	Grandfathered	Miller Orthopedic Clinic (Alliance Healthcare Services)	0	0.22	914	914	0	0	0	914			
Cleveland	Mobile	G-006271-00	MRI Specialists of the Carolinas (Alliance Healthcare Services)	0	0.06	266	224	42	0	0	283			
Cleveland				**2**	**2.28**	**5,499**					**6,561**	**2,877**	**4,118**	**0**
Columbus	Hospital Fixed	O-006426-01	Columbus Regional Healthcare System	1	1.00	2,248	1,458	451	208	131	2,616			
Columbus	Mobile	Grandfathered	Atlantic Radiology Associates (Alliance Healthcare Services)	0	0.09	327	320	7	0	0	330			
Columbus	Mobile	F-007001-04	Atlantic Radiology Associates (Alliance Healthcare Services)	0	0.00	0	0	0	0	0	0			
Columbus	Mobile	O-007340-05	Columbus Regional Diagnostics	0	0.13	473	473	0	0	0	473			
Columbus				**1**	**1.22**	**3,048**					**3,419**	**2,803**	**3,775**	**0**
Craven	Hospital Fixed	P-005760-97	CarolinaEast Health System	2	2.00	5,353	2,689	1,492	663	509	6,622			
Craven	Freestanding Fixed	P-008108-08	Coastal Carolina Health Care Imaging Center (Coastal Carolina Health Care, P.A.)	1	1.00	3,461	2,335	1,126	0	0	3,911			
Craven	Freestanding Fixed	P-006764-03	Coastal Carolina Health Care Imaging Center (Coastal Carolina Health Care, P.A.)	1	1.00	3,751	2,739	1,012	0	0	4,156			
Craven/Jones/Pamlico				**4**	**4.00**	**12,565**					**14,689**	**3,672**	**4,805**	**0**
Cumberland	Hospital Fixed	M-006603-02	Cape Fear Valley Medical Center	3	3.00	7,129	3,633	25	3,458	13	8,533			
Cumberland	Freestanding Fixed	M-007924-07	Carolina Imaging of Fayetteville	1	1.00	7,278	6,052	1,226	0	0	7,768			
Cumberland	Freestanding Fixed	M-005899-98	Carolina Imaging of Fayetteville	1	1.00	6,278	5,450	828	0	0	6,609			
Cumberland	Freestanding Fixed	M-005905-98	Valley Regional Imaging (Medical Imaging Center)	1	1.00	5,279	4,251	1,028	0	0	5,690			
Cumberland	Freestanding Fixed	Grandfathered	Valley Regional Imaging (VRI) (Medical Imaging Center)	1	1.00	3,517	2,833	684	0	0	3,791			
Cumberland	Mobile	O-006434-01	Carolina Imaging of Fayetteville (Cape Fear Diagnostic Imaging, Inc.)	0	0.19	919	830	89	0	0	955			
Cumberland	Mobile	O-006665-02	Carolina Imaging of Fayetteville (Cape Fear Mobile Imaging, LLC)	0	0.49	2,373	2,094	279	0	0	2,485			
Cumberland	Mobile	J-007008-04	Carolina Imaging of Fayetteville (Foundation Health Mobile Imaging LLC)	0	0.08	393	354	39	0	0	409			
Cumberland	Mobile	Grandfathered	Carolina Imaging of Fayetteville (Foundation Health Mobile Imaging LLC)	0	0.04	184	169	15	0	0	190			
Cumberland				**7**	**7.80**	**33,350**					**36,429**	**4,670**	**4,805**	**0**
Dare	Hospital Fixed	R-007329-05	The Outer Banks Hospital, Inc.	1	1.00	1,895	1,105	678	52	60	2,235			
Dare	Mobile	R-006293-00	Regional Medical Center (Regional Medical Services)	0	0.00	0	0	0	0	0	0			
Dare				**1**	**1.00**	**1,895**					**2,235**	**2,235**	**3,775**	**0**

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Davidson	Hospital Fixed	G-006443-01	Lexington Medical Center	1	1.00	2,959	1,939	773	156	91	3,403			
Davidson	Hospital Fixed	G-006826-03	Novant Health Thomasville Medical Center	1	1.00	2,427	1,655	398	275	99	2,775			
Davidson				**2**	**2.00**	**5,386**					**6,179**	**3,089**	**4,118**	**0**
Davie	Mobile	Grandfathered; G-006271-00	Davie Medical Center (Alliance)	0	0.48	832	221	608	0	3	1,078			
Davie				**0**	**0.48**	**832**					**1,078**	**1,078**	**1,716**	**0**
Duplin	Mobile	Q-006884-03	Vidant Duplin Hospital	0	0.49	835	464	223	70	78	1,015			
Duplin	Mobile	Grandfathered	Vidant Duplin Hospital (Alliance Healthcare Services)	0	0.00	2	1	1	0	0	2			
Duplin				**0**	**0.49**	**837**					**1,017**	**1,017**	**1,716**	**0**
Durham	Hospital Fixed	Grandfathered, J-006207-00	Duke Regional Hospital	2	2.00	7,460	3,078	2,407	1,327	648	9,472			
Durham	Hospital Fixed	J-5589-97; J-6109-99; J-8030-07; J-8275-08; J-8466-10; J-8663-11	Duke University Hospital	13	13.00	38,684	13,763	17,815	2,382	4,724	50,542			
Durham	Freestanding Fixed	J-006760-03	Durham Diagnostic Imaging-Independence Park	1	1.00	2,455	1,478	977	0	0	2,846			
Durham	Freestanding Fixed	J-007031-04	Triangle Orthopaedic Associates (Triangle Orthopaedic Associates, PA)	1	1.00	4,480	4,152	328	0	0	4,611			
Durham	Mobile	Grandfathered	Durham Diagnostic - Independence Park (Kings Medical Group)	0	0.01	46	46	0	0	0	46			
Durham	Mobile	M-006605-02	Durham Diagnostic Imaging at Triangle Medical Park (Mobile Imaging of North Carolina, LLC)	0	0.03	114	68	46	0	0	132			
Durham	Mobile	M6605-02	Durham Diagnostic -SP Triangle (Mobile Imaging of North Carolina, LLC)	0	0.08	397	288	109	0	0	441			
Durham	Mobile	Grandfathered	Durham Diagnostic-SP Triangle (Kings Medical Group)	0	0.09	435	276	159	0	0	499			
Durham	Mobile	Grandfathered	Raleigh Neurology Imaging (Alliance Healthcare Services)	0	0.08	383	122	261	0	0	487			
Durham	Mobile	J-008453-09	Triangle Orthopaedic Associates (Triangle Orthopaedic Associates, PA)	0	0.04	205	188	17	0	0	212			
Durham/Caswell				**17**	**17.33**	**54,659**					**69,288**	**3,998**	**4,805**	**0**
Edgecombe	Hospital Fixed	L-008327-09	Vidant Edgecombe Hospital	1	1.00	1,845	982	592	103	168	2,257			
Edgecombe				**1**	**1.00**	**1,845**					**2,257**	**2,257**	**3,775**	**0**
Forsyth	Hospital Fixed	G-007083-04; G-008372-09	North Carolina Baptist Hospital	6	6.00	23,652	6,201	10,980	2,193	4,278	32,344			
Forsyth	Hospital Fixed	G-004293-91; G-006588-02; G-007919-07	Novant Health Forsyth Medical Center	4	4.00	14,825	4,941	3,732	3,225	2,927	19,949			
Forsyth	Hospital Fixed	D-008196-08	Novant Health Imaging Kernersville	1	1.00	1,731	1,312	419	0	0	1,899			
Forsyth	Hospital Fixed	Grandfathered; G-007387-05	Novant Health Imaging Maplewood	2	2.00	7,586	5,088	2,498	0	0	8,585			
Forsyth	Freestanding Fixed	Grandfathered	Novant Health Imaging Piedmont (Piedmont Imaging, LLC)	1	1.00	5,434	4,187	1,247	0	0	5,933			

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Forsyth	Freestand-ing Fixed	G 6893-03	Novant Health Imaging Piedmont (Piedmont Imaging, LLC)	1	1.00	5,079	3,662	1,417	0	0	5,646			
Forsyth	Freestand-ing Fixed	Grandfathered	Novant Health Winston Salem Health Care	1	1.00	0	0	0	0	0	0			
Forsyth	Freestand-ing Fixed	G-007780-07	Wake Forest Baptist Imaging	1	1.00	5,547	3,381	2,166	0	0	6,413			
Forsyth	Mobile	Grandfathered	Clemmons Medical Center (Kings Medical Group)	0	0.08	396	343	53	0	0	417			
Forsyth	Mobile	Grandfathered	Cone Health MedCenter - Kernersville (Alliance Healthcare Services)	0	0.02	95	84	11	0	0	99			
Forsyth	Mobile	G-007083-04; G-008372-09	North Carolina Baptist Hospital	0	0.04	200	178	22	0	0	209			
Forsyth	Mobile	G-007723-06	OrthoCarolina	0	0.75	3,607	3,269	338	0	0	3,742			
Forsyth	Mobile	G-007723-06	OrthoCarolina	0	0.12	555	537	18	0	0	562			
Forsyth	Mobile	Grandfathered	Piedmont Imaging LLC (Foundation Health Mobile Imaging LLC)	0	0.05	262	179	83	0	0	295			
Forsyth	Mobile	G-006271-00	Wake Forest Bapt Health (Alliance Healthcare Services)	0	0.04	206	185	21	0	0	214			
Forsyth				**17**	**18.10**	**69,175**					**86,308**	**4,768**	**4,805**	**0**
Franklin	Hospital Fixed	K-007501-06	Novant Health Franklin Medical Center	1	1.00	604	474	107	21	2	657			
Franklin				**1**	**1.00**	**604**					**657**	**657**	**3,775**	**0**
Gaston	Hospital Fixed	F-006622-02	Caromont Imaging Services - Belmont	1	1.00	3,436	2,121	1,315	0	0	3,962			
Gaston	Hospital Fixed		Caromont Imaging Services- Summit	1	1.00	3,041	1,786	1,255	0	0	3,543			
Gaston	Hospital Fixed	F-005577-97	Caromont Regional Medical Center	1	1.00	7,246	3,432	1,052	1,404	1,358	9,315			
Gaston	Hospital Fixed	F-006620-02	The Diagnostic Center	1	1.00	0	0	0	0	0	0			
Gaston	Freestand-ing Fixed	F-8793-12	Novant Health Imaging Gastonia (Mecklenburg Diagnostic Imaging LLC)	1	1.00	0	0	0	0	0	0			
Gaston	Mobile	F-6626-02	Gastonia North 0 (Foundation Health Mobile Imaging)	0	0.05	257	199	58	0	0	280			
Gaston	Mobile	Grandfathered	Gastonia North (Foundation Health Mobile Imaging LLC)	0	0.01	47	35	12	0	0	52			
Gaston	Mobile	Grandfathered	Gastonia North (Foundation Health Mobile Imaging LLC)	0	0.01	53	44	9	0	0	57			
Gaston	Mobile	F-008237-08	Gastonia North (Mecklenburg Diagnostic Imaging, Inc.)	0	0.11	530	416	114	0	0	576			
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas - Belmont (MRI Specialists of the Carolinas, LLC)	0	0.06	299	221	78	0	0	330			
Gaston	Mobile	F-008000-07	MRI Specialists of the Carolinas - Gastonia (MRI Specialists of the Carolinas, LLC)	0	0.37	1,789	1,295	494	0	0	1,987			
Gaston	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.18	879	879	0	0	0	879			
Gaston				**5**	**5.79**	**17,577**					**20,980**	**3,623**	**4,805**	**0**

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Granville	Hospital Fixed	K-010064-12	Granville Health System	1	1.00	1,360	1,089	12	121	0	1,275			
Granville	Mobile	J-007013-04	Central Regional Hospital (WakeMed Health and Hospitals)	0	0.04	163	0	0	108	55	250			
Granville				**1**	**1.04**	**1,523**					**1,525**	**1,467**	**3,775**	**0**
Guilford	Hospital Fixed	G-006299-00	Cone Health	3	3.00	14,058	4,587	3,247	4,526	1,698	18,526			
Guilford	Hospital Fixed	G-005924-98	High Point Regional Health	2	2.00	6,311	2,152	1,478	1,413	1,268	8,482			
Guilford	Freestanding Fixed	G-007269-05	Cornerstone Imaging (Cornerstone Health Care, PA)	1	1.00	4,509	2,916	1,593	0	0	5,146			
Guilford	Freestanding Fixed	Grandfathered	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,412	3,312	2,100	0	0	6,252			
Guilford	Freestanding Fixed	G-006952-03	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	5,338	3,165	2,173	0	0	6,207			
Guilford	Freestanding Fixed	Grandfathered	Greensboro Imaging (Diagnostic Radiology & Imaging, LLC)	1	1.00	1,776	1,150	626	0	0	2,026			
Guilford	Freestanding Fixed	G-008347-09	Greensboro Orthopaedics (Greensboro Orthopaedics, P.A.)	1	1.00	5,873	5,501	372	0	0	6,022			
Guilford	Freestanding Fixed	Grandfathered	Triad Imaging (Triad Imaging, LLC)	1	1.00	2,901	2,352	549	0	0	3,121			
Guilford	Mobile		Carolina Neuro and Spine Assoc (Alliance Healthcare Services)	0	0.29	1,406	943	463	0	0	1,591			
Guilford	Mobile	Grandfathered	Carolina Neurosurgery & Spine (Alliance Healthcare Services)	0	0.04	194	130	64	0	0	220			
Guilford	Mobile	Grandfathered	Cornerstone Imaging (InSight Imaging)	0	0.23	1,084	750	334	0	0	1,218			
Guilford	Mobile	Grandfathered	Greensboro Spine & Scoliosis Center (Alliance Healthcare Services)	0	0.03	122	119	3	0	0	123			
Guilford	Mobile	G-007038-04	Greensboro Spine and Scolios (Alliance Healthcare Services)	0	0.00	1	1	0	0	0	1			
Guilford	Mobile	Grandfathered	Guilford Neurologic (Foundation Health Mobile Imaging)	0	0.03	130	59	71	0	0	158			
Guilford	Mobile	Grandfathered	Guilford Neurologic Associates (Kings Medical Group)	0	0.03	153	66	87	0	0	188			
Guilford	Mobile	Grandfathered	Guilford Neurologic Associates Inc (Foundation Health Mobile Imaging LLC)	0	0.14	666	306	360	0	0	810			
Guilford	Mobile		MedCenter High Point	0	0.15	741	565	176	0	0	811			
Guilford	Mobile	Grandfathered	SE orthopaedic Specialists PA (Alliance Healthcare Services)	0	0.01	31	31	0	0	0	31			
Guilford	Mobile	Grandfathered	SE Orthopaedic Specialists PA (Alliance Healthcare Services)	0	0.01	71	71	0	0	0	71			
Guilford	Mobile	G-006271-00	SE Orthopaedic Specialists PA (Alliance Healthcare Services)	0	0.03	124	123	1	0	0	124			
Guilford	Mobile	Grandfathered	SE Orthopaedic Specialists, PA (Alliance Healthcare Services)	0	1.00	5,341	4,816	525	0	0	5,551			
Guilford			2016 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
Guilford				**12**	**13.99**	**56,242**					**66,679**	**4,766**	**4,805**	**0**

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Halifax	Hospital Fixed	L-007257-05	Halifax Regional Medical Center	1	1.00	1,599	991	339	240	29	1,854			
Halifax	Mobile	Grandfathered	Atlantic Radiology Associates-(Alliance Healthcare Services)	0	0.12	471	437	34	0	0	485			
Halifax	Mobile	J-008453-09	Northern Carolina Orthopeadic (Triangle Orthopaedic Associates, PA)	0	0.03	125	115	10	0	0	129			
Halifax/Northampton				**1**	**1.15**	**2,195**					**2,467**	**2,146**	**3,775**	**0**
Harnett	Hospital Fixed	M-006712-02, M-008287-09	Betsy Johnson Hospital	2	2.00	2,700	1,678	455	351	216	3,195			
Harnett	Mobile	Grandfathered	Atlantic Radiology -Lillington (Alliance Healthcare Services)	0	0.07	270	230	40	0	0	286			
Harnett	Mobile	M6605-02	Carolina Regional radiology (Mobile Imaging of North Carolina, LLC)	0	0.15	612	451	161	0	0	676			
Harnett	Mobile	M-006605-02	Carolina Regional Radiology (Mobile Imaging of North Carolina, LLC)	0	0.04	177	149	28	0	0	188			
Harnett				**2**	**2.26**	**3,759**					**4,346**	**1,923**	**4,118**	**0**
Haywood	Hospital Fixed	A-005060-94; A-007807-07	Haywood Regional Medical Center	2	2.00	4,030	2,469	1,074	322	165	4,720			
Haywood				**2**	**2.00**	**4,030**					**4,720**	**2,360**	**4,118**	**0**
Henderson	Hospital Fixed	B-006004-99	Margaret R. Pardee Memorial Hospital	2	2.00	5,061	3,200	1,278	362	221	5,894			
Henderson	Hospital Fixed	B-006012-99; B-007384-05	Park Ridge Health	1	1.00	3,182	2,332	612	148	90	3,558			
Henderson	Mobile	G-007038-04	Laurel Park Medical Center (Alliance Healthcare Services)	0	0.00	3	3	0	0	0	3			
Henderson	Mobile	Grandfathered	Laurel Park Medical Ctr (Alliance Healthcare Services)	0	0.03	130	105	25	0	0	140			
Henderson	Mobile	B-006012-99; B-007384-05	Park Ridge Health	0	0.03	134	123	11	0	0	138			
Henderson				**3**	**3.06**	**8,510**					**9,733**	**3,181**	**4,462**	**0**
Hertford	Hospital Fixed	Q-007213-05	Vidant Roanoke-Chowan Hospital	1	1.00	1,849	1,119	371	195	164	2,207			
Hertford/Gates				**1**	**1.00**	**1,849**					**2,207**	**2,207**	**3,775**	**0**
Hoke	Mobile	Grandfathered	First Health Hoke Community Hospital (Foundation Health Mobile Imaging LLC)	0	0.26	446	403	43	0	0	463			
Hoke	Mobile		FirstHealth Moore Regional Hospital - Hoke Campus	0	0.52	898	785	111	1	1	944			
Hoke				**0**	**0.78**	**1,344**					**1,407**	**1,407**	**1,716**	**0**
Iredell	Hospital Fixed	F-006728-02	Davis Regional Medical Center	1	1.00	882	655	84	108	35	987			
Iredell	Hospital Fixed	F-005340-96	Iredell Memorial Hospital	1	1.00	3,708	1,513	1,177	469	549	4,806			
Iredell	Hospital Fixed	F-005815-98; F-006591-02	Lake Norman Regional Medical Center	2	2.00	2,675	1,377	774	393	131	3,247			
Iredell	Freestanding Fixed	F-006957-03	Piedmont Healthcare (Alliance Healthcare Services)	1	1.00	3,651	2,699	952	0	0	4,032			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Iredell	Mobile	F-007164-04	Mooresville Diagnostic Imaging (Presbyterian Mobile Imaging, LLC)	0	0.09	413	336	77	0	0	444			
Iredell	Mobile	Grandfathered	Northshore Orthopedics & Sport (Alliance Healthcare Services)	0	0.05	222	222	0	0	0	222			
Iredell	Mobile	Grandfathered	Northshore Orthopedics & Sport (Alliance Healthcare Services)	0	0.01	43	43	0	0	0	43			
Iredell	Mobile	Grandfathered	Novant Health Imaging Mooresville (Kings Medical Group)	0	0.14	662	529	133	0	0	715			
Iredell	Mobile	G-007065-04	Novant Health Mooresville (Novant Health Forsyth Medical Center)	0	0.21	1,024	851	173	0	0	1,093			
Iredell	Mobile	Grandfathered	Ortho Carolina Mooresville (Alliance Healthcare Services)	0	0.19	906	906	0	0	0	906			
Iredell	Mobile	Grandfathered	Piedmont Healthcare (Alliance Healthcare Services)	0	0.30	1,456	939	517	0	0	1,663			
Iredell				**5**	**5.99**	**15,642**					**18,157**	**3,031**	**4,805**	**0**
Jackson	Hospital Fixed	A-006797-03; A-008195-08	Harris Regional Hospital	2	2.00	2,827	1,865	757	134	71	3,240			
Jackson				**2**	**2.00**	**2,827**					**3,240**	**1,620**	**4,118**	**0**
Johnston	Hospital Fixed	J-006807-03	Johnston Health	2	2.00	5,077	2,902	1,229	566	380	6,099			
Johnston	Mobile	Grandfathered	Eastern Carolina Medical Center (Alliance Healthcare Services)	0	0.02	82	68	13	0	0	86			
Johnston	Mobile	J-8268-08	Raleigh Radiology at Clayton (Pinnacle Health Services of NC, LLC)	0	0.81	3,628	2,986	642	0	0	3,885			
Johnston	Mobile	Grandfathered	Wake Radiology Services (Alliance Healthcare Services)	0	0.03	119	119	0	0	0	119			
Johnston				**2**	**2.86**	**8,906**					**10,189**	**3,563**	**4,462**	**0**
Lee	Hospital Fixed	J-005901-98	Central Carolina Hospital	1	1.00	2,690	1,887	226	454	123	3,060			
Lee				**1**	**1.00**	**2,690**					**3,060**	**3,060**	**3,775**	**0**
Lenoir	Hospital Fixed		Lenoir Memorial Hospital	1	1.00	2,635	1,334	627	376	298	3,275			
Lenoir				**1**	**1.00**	**2,635**					**3,275**	**3,275**	**3,775**	**0**
Lincoln	Hospital Fixed	F-008081-08	Carolinas Healthcare System - Lincoln	1	1.00	3,904	1,828	1,168	363	545	4,952			
Lincoln				**1**	**1.00**	**3,904**					**4,952**	**4,952**	**3,775**	**1**
Macon	Hospital Fixed	A-006828-03	Angel Medical Center	1	1.00	1,622	528	1,040	47	7	2,062			
Macon	Hospital Fixed	A-007197-05	Highlands-Cashiers Hospital	1	1.00	374	294	80	0	0	406			
Macon	Mobile	Grandfathered	WestCare Health System Franklin (Alliance Healthcare Services)	0	0.05	202	190	12	0	0	207			
Macon				**2**	**2.05**	**2,198**					**2,675**	**1,305**	**4,118**	**0**
Martin	Mobile		Martin General Hospital	0	0.31	535	305	230	0	0	627			
Martin	Mobile	G-007038-04	Martin General Hospital (Alliance Healthcare Services)	0	0.00	5	4	1	0	0	5			
Martin	Mobile	Grandfathered	Martin General Hospital (Alliance Healthcare Services)	0	0.01	11	10	1	0	0	11			
Martin				**0**	**0.32**	**551**					**644**	**644**	**1,716**	**0**

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
McDowell	Hospital Fixed	C-007304-05	The McDowell Hospital, Inc.	1	1.00	601	396	161	27	17	690			
McDowell	Mobile	E-007066-04	McDowell Medical Associates (Blue Ridge Radiology Associates, P.A.)	0	0.09	339	298	41	0	0	355			
McDowell				**1**	**1.09**	**940**					**1,045**	**959**	**3,775**	**0**
Mecklenburg	Hospital Fixed	F-006830-03	Carolinas Healthcare System - Pineville	1	1.00	8,178	2,715	3,181	1,024	1,258	10,866			
Mecklenburg	Hospital Fixed		Carolinas Healthcare System - University	1	1.00	4,971	1,956	1,961	404	650	6,437			
Mecklenburg	Hospital Fixed		Carolinas Medical Center	5	5.00	22,623	5,781	8,478	3,379	4,985	31,354			
Mecklenburg	Hospital Fixed	F-005580-97	Novant Health Huntersville Medical Center	1	1.00	6,217	3,477	1,877	568	295	7,431			
Mecklenburg	Hospital Fixed		Novant Health Imaging Museum	1	1.00	2,217	1,583	634	0	0	2,471			
Mecklenburg	Hospital Fixed	F-006379-01, F-008688-11	Novant Health Matthews Medical Center	2	2.00	6,191	2,897	2,029	871	394	7,666			
Mecklenburg	Hospital Fixed	F-006499-01	Novant Health Presbyterian Medical Center	3	3.00	12,312	5,644	3,742	1,803	1,123	15,428			
Mecklenburg	Freestanding Fixed		Carolinas Imaging Services - Southpark (Carolinas Imaging Services, LLC)	1	1.00	2,909	1,889	1,020	0	0	3,317			
Mecklenburg	Freestanding Fixed	F-007167-04	Carolinas Imaging Services-Ballantyne (Carolinas Imaging Services, LLC)	1	1.00	3,136	2,194	942	0	0	3,513			
Mecklenburg	Freestanding Fixed	F-005748-97	Novant Health Imaging Ballantyne (Novant Health Imaging Ballantyne)	1	1.00	2,406	1,852	554	0	0	2,628			
Mecklenburg	Freestanding Fixed	F-007068-04	Novant Health Imaging Southpark (Mecklenburg Diagnostic Imaging, Inc.)	1	1.00	3,432	2,730	702	0	0	3,713			
Mecklenburg	Freestanding Fixed		OrthoCarolina Ballantyne	1	1.00	0	0	0	0	0	0			
Mecklenburg	Freestanding Fixed	F-006698-02	OrthoCarolina Spine Center (OrthoCarolina, P.A.)	1	1.00	8,649	6,971	1,678	0	0	9,320			
Mecklenburg	Mobile	F6734-03	Baldwin (Carolina NeuroSurgery & Spine Associates)	0	0.86	4,129	3,009	1,120	0	0	4,577			
Mecklenburg	Mobile	F6734-03	Ballantyne (Carolina NeuroSurgery & Spine Associates)	0	0.29	1,381	1,187	194	0	0	1,459			
Mecklenburg	Mobile	F-006868-03	Carolina Neurological Clinic (Carolinas Imaging Services, LLC)	0	0.21	1,014	670	344	0	0	1,152			
Mecklenburg	Mobile	F-007040-04	Carolinas Imaging Services-Huntersville (Carolinas Imaging Services, LLC)	0	0.49	2,348	1,666	682	0	0	2,621			
Mecklenburg	Mobile	F-005723-97	Mecklenburg Neurological Associates, P.A. (InSight Imaging)	0	0.41	1,969	1,083	886	0	0	2,323			
Mecklenburg	Mobile	F-007164-04	Novant Health Imaging University (Presbyterian Mobile Imaging, LLC)	0	0.24	1,134	832	302	0	0	1,255			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.02	89	89	0	0	0	89			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina - Ballantyne (OrthoCarolina, P.A.)	0	0.65	3,124	3,122	2	0	0	3,125			

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Mecklenburg	Mobile	F-007987-07	OrthoCarolina - Huntersville (OrthoCarolina, P.A.)	0	0.33	1,603	1,394	209	0	0	1,687			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina - Matthews (Alliance Healthcare Services)	0	0.01	37	37	0	0	0	37			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina - Matthews (Alliance Healthcare Services)	0	0.25	1,187	1,187	0	0	0	1,187			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Mathews (OrthoCarolina, P.A.)	0	0.21	1,011	1,011	0	0	0	1,011			
Mecklenburg	Mobile	F-007987-07	OrthoCarolina Spine Center (OrthoCarolina, P.A.)	0	0.18	862	808	54	0	0	884			
Mecklenburg	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.28	1,362	1,362	0	0	0	1,362			
Mecklenburg	Mobile	F-006626-02	PIC University (Jacksonville Diagnostic Imaging, Inc.)	0	0.04	187	155	32	0	0	200			
Mecklenburg	Mobile	Grandfathered	PIC Steele Creek (Foundation Health Mobile)	0	0.05	264	203	61	0	0	288			
Mecklenburg	Mobile	F-006626-02	PIC Steele Creek (Jacksonville Diagnostic Imaging, Inc.)	0	0.05	239	194	45	0	0	257			
Mecklenburg	Mobile	F-007164-04	PIC Steele Creek (Presbyterian Mobile Imaging, LLC)	0	0.06	297	247	50	0	0	317			
Mecklenburg	Mobile	G-006271-00	Randolph Spine Center (Alliance Healthcare Services)	0	0.00	16	15	1	0	0	16			
Mecklenburg	Mobile	Grandfathered	Randolph Spine Ctr (Alliance Healthcare Services)	0	0.30	1,441	1,207	234	0	0	1,535			
Mecklenburg			2016 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
Mecklenburg				**21**	**25.93**	**106,935**					**129,524**	**4,995**	**4,805**	**1**
Mitchell	Hospital Fixed	D-006866-03	Blue Ridge Regional Hospital, Inc.	1	1.00	1,294	894	340	20	40	1,470			
Mitchell/Yancey				**1**	**1.00**	**1,294**					**1,470**	**1,470**	**3,775**	**0**
Montgomery	Mobile	J-007008-04	First Health Montgomery Memorial Hospital (Foundation Health Mobile Imaging LLC)	0	0.26	446	403	43	0	0	463			
Montgomery	Mobile	Grandfathered	First Health Montgomery Memorial Hospital (Foundation Health Mobile Imaging LLC)	0	0.09	159	138	21	0	0	167			
Montgomery	Mobile	H-007290-05	FirstHealth Montgomery Memorial Hospital	0	0.23	392	325	56	8	3	420			
Montgomery				**0**	**0.58**	**997**					**1,051**	**1,051**	**1,716**	**0**
Moore	Hospital Fixed	H-005602-97; H-006846-03, H-007097-04	FirstHealth Moore Regional Hospital	3	3.00	13,298	9,107	1,395	2,370	426	15,145			
Moore	Freestanding Fixed	H-006845-03	Pinehurst Surgical Clinic PA (Alliance Healthcare Services)	1	1.00	5,347	4,836	511	0	0	5,551			
Moore	Freestanding Fixed	H-008365-09	Southern Pines Diagnostic Imaging (Triad Imaging, LLC)	1	1.00	637	488	149	0	0	697			
Moore	Mobile	O-006665-02	Southern Pines Diagnostic Imaging (Cape Fear Mobile Imaging, LLC)	0	0.20	970	670	300	0	0	1,090			
Moore	Mobile	J-007008-04	Southern Pines Diagnostic Imaging (Foundation Health Mobile Imaging LLC)	0	0.19	911	821	90	0	0	947			
Moore	Mobile	Grandfathered	Southern Pines Diagnostic Imaging (Foundation Health Mobile Imaging LLC)	0	0.00	0	0	0	0	0	0			

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Moore	Mobile	Grandfathered	Southern Pines Diagnostic Imaging (Kings Medical Group)	0	0.08	367	224	143	0	0	424			
Moore				**5**	**5.47**	**21,530**					**23,854**	**4,361**	**4,805**	**0**
Nash	Hospital Fixed	L-005908-98	Nash General Hospital	2	2.00	5,009	2,888	1,098	521	502	6,058			
Nash	Mobile	Grandfathered	Atlantic Radiology Assoc. -Rocky (Alliance Healthcare Services)	0	0.04	189	189	0	0	0	189			
Nash	Mobile	Grandfathered	Carolina Regional Orthopaedics (Alliance Healthcare Services)	0	0.05	234	234	0	0	0	234			
Nash				**2**	**2.09**	**5,432**					**6,481**	**3,101**	**4,462**	**0**
New Hanover	Hospital Fixed		New Hanover Regional Medical Center	4	4.00	16,879	4,276	3,739	2,364	2,053	16,516			
New Hanover	Freestanding Fixed	O-007259-05	OrthoWilmington PA	1	1.00	4,438	4,198	240	0	0	4,534			
New Hanover	Freestanding Fixed	O-011063-18	Wilmington Health	1	1.00	0	0	0	0	0	0			
New Hanover	Mobile	Grandfathered	Delaney Radiologists (InSight Imaging)	0	0 57	2,732	1,423	1,309	0	0	3,256			
New Hanover	Mobile	0 72454-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.46	2,204	1,276	928	0	0	2,575			
New Hanover	Mobile	0 72454-05	Delaney Radiologists (Porter's Neck Imaging, LLC)	0	0.36	1,722	1,722	0	0	0	1,722			
New Hanover	Mobile		NHRMC Health & Diagnostics - Military Cutoff	0	0.18	848	453	395	0	0	1,006			
New Hanover	Mobile		NHRMC Health & Diagnostics - Porters Neck 0	0	0.15	729	423	306	0	0	851			
New Hanover	Mobile	Grandfathered	WHA Medical Clinic (Alliance Healthcare Services)	0	0.66	3,189	1,798	1,391	0	0	3,745			
New Hanover				**6**	**8.38**	**32,741**					**34,205**	**4,082**	**4,805**	**0**
Onslow	Hospital Fixed		Onslow Memorial Hospital	1	1.00	3,623	2,036	942	467	178	4,329			
Onslow	Freestanding Fixed	P-008326-09	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, Inc.)	1	1.00	3,162	2,540	622	0	0	3,411			
Onslow	Freestanding Fixed	P-007324-05	Coastal Diagnostic Imaging (Jacksonville Diagnostic Imaging, Inc.)	1	1.00	532	510	22	0	0	541			
Onslow	Mobile	O-006434-01	Coastal Diagnostic Imaging (Cape Fear Diagnostic Imaging, Inc.)	0	0.49	2,180	2,011	169	0	0	2,248			
Onslow	Mobile	Grandfathered	Coastal Diagnostic Imaging (Foundation Health Mobile Imaging)	0	0.07	322	308	14	0	0	328			
Onslow	Mobile		Onslow Memorial Hospital	0	0.06	270	270	0	0	0	270			
Onslow				**3**	**3.62**	**10,089**					**11,126**	**3,073**	**4,462**	**0**
Orange	Hospital Fixed	J-5900-98; J-7028-04; J-7301-05; J-8136-08; J-8271-08; J-8391-09	University of North Carolina Hospitals	9	9.00	29,853	6,019	17,419	2,282	4,133	41,040			
Orange	Freestanding Fixed	Grandfathered	Wake Radiology Chapel Hill (Chapel Hill Diagnostic Imaging)	1	1.00	1,018	662	356	0	0	1,160			
Orange				**10**	**10.00**	**30,871**					**42,200**	**4,220**	**4,805**	**0**
Pasquotank	Hospital Fixed	R-007623-06	Albemarle Health: A Vidant Partner in Health	1	1.00	2,864	1,874	613	268	109	3,304			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Pasquotank/Camden/Currituck/Perquimans				**1**	**1.00**	**2,864**					**3,304**	**3,304**	**3,775**	**0**
Pender	Mobile	Q-006884-03	Pender Memorial Hospial (Alliance Healthcare Services & University Health Systems of Eastern NC)	0	0.04	76	56	15	3	2	85			
Pender	Mobile		Pender Memorial Hospital	0	0.15	262	223	29	8	2	278			
Pender				**0**	**0.19**	**338**					**363**	**363**	**1,716**	**0**
Person	Hospital Fixed	K-010277-14	Person Memorial Hospital	1	1.00	0	0	0	0	0	0			
Person	Mobile		Person County Memorial Hospital	0	0.17	644	481	108	34	21	718			
Person	Mobile	G-007038-04	Person Memorial Hospital (Alliance Healthcare Services)	0	0.02	83	59	18	5	1	93			
Person				**1**	**1.19**	**727**					**811**	**681**	**3,775**	**0**
Pitt	Hospital Fixed	Q-005898-98; Q-006709-02; Q-007658-06; Q-008671-11	Vidant Medical Center	4	4.00	11,551	1,931	2,395	3,323	3,893	16,944			
Pitt	Freestand-ing Fixed		ECU Physicians MRI (Brody School of Medicine at ECU)	1	1.00	4,134	3,032	1,102	0	0	4,575			
Pitt	Freestand-ing Fixed	Q-006854-03	Greenville MRI	1	1.00	3,498	2,180	1,318	0	0	4,025			
Pitt	Freestand-ing Fixed		Greenville MRI	1	1.00	5,248	3,272	1,976	0	0	6,038			
Pitt	Freestand-ing Fixed	Grandfathered	Physicians East (Kings Medical Group)	1	1.00	2,486	1,684	802	0	0	2,807			
Pitt	Mobile	Grandfathered	Orthopaedics East (Alliance Healthcare Services)	0	0.46	2,190	2,104	86	0	0	2,224			
Pitt/Greene/Hyde/Tyrrell				**8**	**8.46**	**29,107**					**36,613**	**4,328**	**4,805**	**0**
Polk	Mobile		St. Luke's Hospital, Inc.	0	0.50	856	708	121	25	2	916			
Polk				**0**	**0.50**	**856**					**916**	**916**	**1,716**	**0**
Randolph	Hospital Fixed	G-006817-03; G-008342-09	Randolph Hospital	2	2.00	4,149	2,776	955	215	203	4,779			
Randolph				**2**	**2.00**	**4,149**					**4,779**	**2,390**	**4,118**	**0**
Richmond	Hospital Fixed	H-008193-08	Sandhills Regional Medical Center	1	1.00	321	255	21	43	2	348			
Richmond	Mobile		First Health Richmond Memorial Hospital	0	0.53	2,011	1,586	325	83	17	2,188			
Richmond				**1**	**1.53**	**2,332**					**2,536**	**1,658**	**3,775**	**0**
Robeson	Hospital Fixed	N-005496-96; N-006606-02	Southeastern Regional Medical Center	2	2.00	5,949	3,325	845	1,474	305	7,121			
Robeson				**2**	**2.00**	**5,949**					**7,121**	**3,560**	**4,118**	**0**
Rockingham	Hospital Fixed	G-006691-02	Annie Penn Hospital	1	1.00	2,819	1,805	456	111	447	3,403			
Rockingham	Hospital Fixed	G-006297-00	Morehead Memorial Hospital	1	1.00	2,131	1,452	440	174	65	2,429			
Rockingham				**2**	**2.00**	**4,950**					**5,832**	**2,916**	**4,118**	**0**
Rowan	Hospital Fixed	F-005829-98; F-006919-03; F-008314-09	Novant Health Rowan Medical Center	4	4.00	8,847	5,815	1,480	1,299	253	10,161			
Rowan				**4**	**4.00**	**8,847**					**10,161**	**2,540**	**4,805**	**0**

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Rutherford	Hospital Fixed	C-006229-00; C-007298-05; C-008313-09	Rutherford Regional Medical Center	1	1.00	2,524	1,526	656	176	166	2,990			
Rutherford				**1**	**1.00**	**2,524**					**2,990**	**2,990**	**3,775**	**0**
Sampson	Hospital Fixed	M-007218-05	Sampson Regional Medical Center	1	1.00	2,154	1,806	277	62	9	2,297			
Sampson	Mobile	M-007218-05	Sampson Regional Medical Center	0	0.05	176	141	35	0	0	190			
Sampson				**1**	**1.05**	**2,330**					**2,487**	**2,368**	**3,775**	**0**
Scotland	Hospital Fixed	N-007805-07	Scotland Memorial Hospital	2	2.00	2,983	2,137	517	278	51	3,342			
Scotland	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.33	1,365	1,365	0	0	0	1,365			
Scotland	Mobile	G-006271-00	OrthoCarolina PA (Alliance Healthcare Services)	0	0.00	19	19	0	0	0	19			
Scotland	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.01	26	26	0	0	0	26			
Scotland				**2**	**2.34**	**4,393**					**4,752**	**2,031**	**4,118**	**0**
Stanly	Hospital Fixed	F-007461-06	Stanly Regional Medical Center	1	1.00	2,590	1,594	620	292	84	3,022			
Stanly				**1**	**1.00**	**2,590**					**3,022**	**3,022**	**3,775**	**0**
			No Service Site											
Stokes													**1,716**	**0**
Surry	Hospital Fixed	G-006792-03	Hugh Chatham Memorial Hospital	1	1.00	3,185	2,164	570	335	116	3,640			
Surry	Hospital Fixed	G-006569-02	Northern Hospital of Surry County	1	1.00	2,743	2,000	504	153	86	3,075			
Surry				**2**	**2.00**	**5,928**					**6,714**	**3,357**	**4,118**	**0**
			No Service Site											
Swain													**1,716**	**0**
Transylvania	Hospital Fixed	B-007019-04	Transylvania Regional Hospital	1	1.00	2,158	1,507	498	100	53	2,440			
Transylvania				**1**	**1.00**	**2,158**					**2,440**	**2,440**	**3,775**	**0**
Union	Hospital Fixed	F-005920-98	Carolinas Medical Center-Union	1	1.00	4,855	1,578	1,570	707	1,000	6,566			
Union	Freestanding Fixed	F-006972-03	Union West MRI Center (Union Medical Services, LLC)	1	1.00	1,272	1,031	241	0	0	1,368			
Union	Mobile	Grandfathered	OrthoCarolina (Alliance Healthcare Services)	0	0.12	481	481	0	0	0	481			
Union	Mobile	G-006271-00	OrthoCarolina PA (Alliance Healthcare Services)	0	0.01	21	21	0	0	0	21			
Union	Mobile	Grandfathered	OrthoCarolina, P.A. (Alliance Healthcare Services)	0	0.27	1,111	1,111	0	0	0	1,111			
Union	Mobile	F-008237-08	PIC - Monroe (Mecklenburg Diagnostic Imaging, Inc.)	0	0.15	604	557	47	0	0	623			
Union	Mobile	F-6626-02	PIC Monroe (Foundation Health Mobile Imaging LLC)	0	0.05	219	190	29	0	0	231			
Union	Mobile	Grandfathered	PIC Monroe (Foundation Health Mobile Imaging LLC)	0	0.01	24	24	0	0	0	24			
Union	Mobile	Grandfathered	PIC Monroe (Foundation Health Mobile Imaging LLC)	0	0.01	44	40	4	0	0	46			

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Union				**2**	**2.62**	**8,631**					**10,470**	**3,996**	**4,118**	**0**
Vance	Hospital Fixed	K-006527-01, K-007839-07	Maria Parham Medical Center	2	2.00	3,470	1,772	758	581	359	4,293			
Vance/Warren				**2**	**2.00**	**3,470**					**4,293**	**2,146**	**4,118**	**0**
Wake	Hospital Fixed	Grandfathered, J-008529-10	Duke Raleigh Hospital	2	2.00	8,625	3,967	3,641	453	564	10,714			
Wake	Hospital Fixed	J-006932-03	Rex Healthcare	3	3.00	8,263	3,262	2,822	1,361	818	10,591			
Wake	Hospital Fixed	J-006368-01	WakeMed	2	2.00	9,374	3,947	2,027	2,054	1,346	12,083			
Wake	Hospital Fixed	J-007119-04	WakeMed Cary	1	1.00	3,447	1,865	788	430	364	4,225			
Wake	Freestanding Fixed	Grandfathered	Raleigh Neurology Associates (Alliance Healthcare Services)	1	1.00	4,577	2,659	1,918	0	0	5,344			
Wake	Freestanding Fixed		Raleigh Neurology Associates	1	1.00	4,817	2,074	2,743	0	0	5,914			
Wake	Freestanding Fixed	Grandfathered	Raleigh Radiology (Alliance Healthcare Services)	1	1.00	4,684	3,071	1,613	0	0	5,329			
Wake	Freestanding Fixed	J-007289-05	Raleigh Radiology Cedarhurst (Pinnacle Health Services of NC, LLC)	1	1.00	6,748	3,172	882	0	0	4,407			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Diagnostic Imaging (Alliance Healthcare Services)	1	1.00	3,585	2,378	1,207	0	0	4,068			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Garner (Alliance Healthcare Services)	1	1.00	2,392	1,634	758	0	0	2,695			
Wake	Freestanding Fixed	Grandfathered	Wake Radiology Raleigh MRI Center (Wake Radiology Diagnostic Imaging)	1	1.00	3,070	1,629	1,441	0	0	3,646			
Wake	Freestanding Fixed	J-005783-97	Wake Radiology Raleigh MRI Center (Wake Radiology Diagnostic Imaging)	1	1.00	2,511	1,310	1,201	0	0	2,991			
Wake	Mobile	J-007008-04	Cary Orthopedic and Sports (Foundation Health Mobile Imaging LLC)	0	0.10	470	470	0	0	0	470			
Wake	Mobile	Grandfathered	Duke Health Raleigh Hospital (Alliance Healthcare Services)	0	0.04	188	98	90	0	0	224			
Wake	Mobile	Grandfathered	Duke Radiology Knightdale (Alliance Healthcare Services)	0	0.00	89	89	0	0	0	89			
Wake	Mobile	Grandfathered	Duke Raleigh Hospital (Alliance Healthcare Services)	0	0.28	1,352	854	498	0	0	1,551			
Wake	Mobile	Grandfathered	Duke Raleigh Hospital (Alliance Healthcare Services)	0	0.02	97	53	44	0	0	115			
Wake	Mobile	J-007008-04	NC Diagnostic Imaging Cary (Foundation Health Mobile Imaging LLC)	0	0.14	664	487	177	0	0	735			
Wake	Mobile	Grandfathered	North Carolina Diagnostic - Cary (Foundation Health Mobile Imaging LLC)	0	0.04	185	133	52	0	0	206			
Wake	Mobile	Grandfathered	Orthopaedic Specialists of NC (Kings Medical Group)	0	0.28	1,328	1,236	92	0	0	1,365			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic (Raleigh Orthopaedic Clinic, PA)	0	0.43	2,050	2,050	0	0	0	2,050			

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Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic Cary (Raleigh Orthopaedic Clinic, PA)	0	0.14	651	651	0	0	0	651			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic Garner (Raleigh Orthopaedic Clinic, PA)	0	0.15	723	723	0	0	0	723			
Wake	Mobile	J-007757-06	Raleigh Orthopaedic Clinic North Raleigh (Raleigh Orthopaedic Clinic, PA)	0	0.13	640	640	0	0	0	640			
Wake	Mobile	Grandfathered	Raleigh Radiology (Alliance Healthcare Services)	0	1.00	5,226	3,729	1,497	0	0	5,825			
Wake	Mobile	Grandfathered	Raleigh Radiology - Briar Creek (Foundation Health Mobile Imaging LLC)	0	0.19	916	653	263	0	0	1,021			
Wake	Mobile	J-8268-08	Raleigh Radiology at Wake Forest (Pinnacle Health Services of NC, LLC)	0	0.43	2,081	1,894	187	0	0	2,156			
Wake	Mobile	J-008453-09	Triangle Orthopaedic Associates (Triangle Orthopaedic Associates, PA)	0	0.48	2,311	1,947	364	0	0	2,457			
Wake	Mobile	J-008453-09	Triangle Orthopeadics Associates (Triangle Orthopaedic Associates, PA)	0	0.24	1,158	1,138	20	0	0	1,166			
Wake	Mobile	Grandfathered	Triangle Orthopedic (Alliance Healthcare Services)	0	0.08	404	394	8	0	0	405			
Wake	Mobile	Grandfathered	Triangle Orthopedic (Alliance Healthcare Services)	0	0.02	118	118	0	0	0	118			
Wake	Mobile	J-007012-04	Wake Radiology Cary (Wake Radiology Diagnostic Imaging)	0	0.09	431	348	83	0	0	464			
Wake	Mobile	J-007012-04	Wake Radiology Fuquay-Varina (Wake Radiology Diagnostic Imaging)	0	0.06	307	307	0	0	0	307			
Wake	Mobile	Grandfathered	Wake Radiology Services (Alliance Healthcare Services)	0	0.00	7	7	0	0	0	7			
Wake	Mobile	J-007012-04	Wake Radiology Wake Forest (Wake Radiology Diagnostic Imaging)	0	0.22	1,074	765	309	0	0	1,198			
Wake	Mobile	Grandfathered	WakeMed Apex Healthplex (Alliance Healthcare Services)	0	0.05	262	113	106	34	9	325			
Wake	Mobile	J-007013-04	WakeMed Apex Healthplex (WakeMed Health and Hospitals)	0	0.02	94	51	43	0	0	111			
Wake	Mobile	J-007013-04	WakeMed Garner Healthplex (WakeMed Health and Hospitals)	0	0.02	88	67	21	0	0	96			
Wake	Mobile	J-007013-04	WakeMed Raleigh Medical Park (WakeMed Health and Hospitals)	0	0.07	316	219	97	0	0	355			
Wake	Mobile	Grandfathered	WakeMed -Raleigh Medical Park (Alliance Healthcare Services)	0	0.06	266	173	93	0	0	303			
Wake	Mobile	Grandfathered	WakMed - Garner (Alliance Healthcare Services)	0	0.03	142	84	34	19	5	167			
Wake			2016 SMFP Need Determination	1	1.00	0	0	0	0	0	0			
Wake				**17**	**21.81**	**85,731**					**97,308**	**4.462**	**4,805**	**0**
			No Service Site											
Washington													**1,716**	**0**
Watauga	Hospital Fixed	D-006652-02	Watauga Medical Center	2	2.00	3,056	1,809	860	264	123	3,604			

Table 9P: MRI Fixed and Mobile Procedures by MRI Service Area with Tiered Thresholds and Fixed Equivalents

Service Area	Service Type	CON #	Service Site (Provider/Owner)	Fixed Magnet	Fixed Equiv	Total MRI Scans	Outpt No Contrast	Outpt Contrast	Inpt No Contrast	Inpt Contrast	Adjusted Total	Area Avg Procs	Threshold	MRI Need
Watauga	Mobile	Grandfathered	OrthoCarolina - Boone NC (Alliance Healthcare Services)	0	0.31	1,480	1,416	64	0	0	1,506			
Watauga				**2**	**2.31**	**4,536**					**5,110**	**2,212**	**4,805**	**0**
Wayne	Hospital Fixed	P-006889-03; P-007447-05	Wayne Memorial Hospital, Inc.	2	2.00	6,457	4,457	1,386	445	169	7,325			
Wayne				**2**	**2.00**	**6,457**					**7,325**	**3,662**	**4,118**	**0**
Wilkes	Hospital Fixed	D-005911-98	Wilkes Regional Medical Center	1	1.00	2,747	1,898	420	374	55	3,109			
Wilkes				**1**	**1.00**	**2,747**					**3,109**	**3,109**	**3,775**	**0**
Wilson	Hospital Fixed		Wilson Medical Center	2	2.00	3,552	1,747	1,019	410	376	4,424			
Wilson	Freestanding Fixed		Wilson Regional MRI (Wilson Orthopedics and Neurology Center PD)	1	1.00	2,957	0	0	2,469	488	4,335			
Wilson				**3**	**3.00**	**6,509**					**8,759**	**2,920**	**4,805**	**0**
Yadkin	Mobile	G-006271-00	Yadkin Valley Community Hospital (Alliance Healthcare Services)	0	0.03	57	49	7	1	0	60			
Yadkin				**0**	**0.03**	**57**					**60**	**60**	**1,716**	**0**
			Total	**236**	**268.84**	**848,142**							**Total of Need Determinations**	**2**

Threshold **4+ Fixed Scanners = 4,805**
3 Fixed Scanners = 4,462
2 Fixed Scanners = 4,118
1 Fixed Scanner = 3,775
0 Fixed Scanners = 1,716

Table 9Q(1): Inventory of MRI Scanners for Cardiovascular Clinical Research Use Pursuant to Policy AC-3 in the North Carolina 2001 State Medical Facilities Plan

Service Area	County	Provider	MRI Scanners
	Durham	Duke University Hospital	2
A certificate of need (J-006511-01) was issued on April 30, 2002 to Duke University Hospital. The certificate of need states that Duke University Health Systems, Inc. shall, pursuant to Policy AC-3 in the 2001 SMFP, convert a research only MRI scanner to clinical research use and acquire a second MRI scanner for clinical research use by the Cardiovascular and Magnetic Resonance Center. These MRI scanners shall only be used for cardiovascular purposes and shall not be counted in the inventory of fixed MRI scanners.			

Table 9Q(2): Inventory of Dedicated Breast MRI Scanners Pursuant to Adjusted Need Determinations in the North Carolina 2002 and 2006 State Medical Facilities Plans

Service Area	County	Provider	MRI Scanners
	Mecklenburg	Charlotte Radiology Breast Center	1
A certificate of need (F-006725-02) was issued on September 24, 2003 to Charlotte Radiology, P.A. The certificate of need states that Charlotte Radiology, P.A., d/b/a Charlotte Radiology Breast Center, shall acquire a dedicated breast MRI scanner.			
	Forsyth	Breast Clinic MRI, LLC	1
A certificate of need (G-007601-06) was issued on November 27, 2006 to Breast MRI Clinic, LLC. The certificate of need states that the center shall acquire a dedicated breast MRI scanner. These MRI scanners shall be used exclusively in mammographic studies and shall not be counted in the inventory of fixed MRI scanners. These MRI scanners shall not be used for general diagnostic purposes, and the projected costs for procedures to patients and payors shall be lower than the costs associated with conventional MRI procedures.			

Table-9Q(3): Inventory of Dedicated Pediatric MRI Scanner Pursuant to Adjusted Need Determination in the North Carolina 2005 State Medical Facilities Plan

Service Area	County	Provider	MRI Scanners
	Mecklenburg	Carolinas Medical Center	1
A certificate of need (F-007219-05) was issued on August 23, 2005 to Carolinas Medical Center to locate a dedicated pediatric MRI scanner in Levine Children's Hospital. This MRI scanner shall be used exclusively in pediatric studies and shall not be counted in the inventory of fixed MRI scanners. This MRI scanner shall not be used for adult patients, and the projected costs for procedures to patients and payors shall be lower than the costs associated with conventional MRI procedures.			

Table 9Q(4): Inventory of Demonstration Project for a Fixed Extremity MRI Scanner Pursuant to Adjusted Need Determination in theNorth Carolina 2006 State Medical Facilities Plan

Service Area	County	Provider	MRI Scanners
	Wake	Bone & Joint Surgery Clinic, LLP	1

A certificate of need (J-007605-06) was issued on March 28, 2007 to The Bone and Joint Surgery Clinic, LLP to locate a demonstration project for a fixed extremity MRI scanner. The fixed extremity MRI scanner shall not be counted in the regular inventory of MRI scanners and shall not be used for whole body procedures. In addition, the demonstration project shall be conducted as an organized research study to determine the convenience, cost effectiveness and improved access provided by a fixed extremity MRI scanner. The project shall include a comparative analysis of "total dollars received per procedure" performed on extremity MRI scanners and "total dollars received per procedure" for similar procedures performed on fixed whole body MRI scanners. The purpose of this aspect of the study is to demonstrate any cost savings to the patient or third party payer of the extremity MRI scanner. A mechanism to ensure cost savings must be included in the demonstration project. The recipient of the certificate of need must provide annual reports demonstrating cost savings for a three-year reporting period from the date of installation.

Table 9Q(5): Inventory of MRI Scanners Dedicated For Radiation Oncology and Use in Operating Room Suite

Service Area	County	Provider	MRI Scanners
	Durham	Duke University Hospital	one MRI scanner in operating room suite
	Durham	Duke University Hospital	one MRI scanner dedicated for radiation oncology
	Forsyth	North Carolina Baptist Hospital	one MRI scanner dedicated for radiation oncology

A certificate of need (J-006295-00) was issued to Duke University Hospital for one MRI scanner and another certificate of need (G-006816-03) was issued to North Carolina Baptist Hospital for one MRI, both to be used exclusively for radiation oncology and not be counted in the inventory of fixed MRI scanners. These MRI scanners shall not be used for conventional MRI procedures. In addition, a certificate of need (J-8030-07) was also issued to Duke University Hospital for one MRI to be used in an operating room suite and shall not to be used for clinical diagnostic purposes.

Table 9Q (6): Inventory of Fixed Multi-Position MRI Scanners Dedicated For Two Demonstration Projects (One Scanner Per Project)

Service Area	County	Provider	MRI Scanners
I, II, III	Mecklenburg	Carolina Neurosurgery & Spine Associates, P.A.	1
IV, V, VI	Durham	Triangle Orthopaedic Associates	1

The North Carolina 2008 State Medical Facilities Plan included an adjusted need determination for two demonstration projects with one multi-position MRI scanner per project. One demonstration project of one multi-position MRI scanner shall be located in the western portion of the state (HSAs I, II, and III). One demonstration project of one multi-position MRI scanner shall be located in the eastern portion of the state (HSAs IV, V and VI). These MRI scanners shall be used exclusively in the demonstration projects, shall not be counted in the inventory of fixed MRI scanners, and shall not be later replaced with conventional MRI scanners. Certificates of need were issued on 10/28/2008 to Triangle Orthopaedic Associates, PA. (J-008107-08), and to Carolina Neurosurgery & Spine Associates, P.A. on 3/9/2009 (F-008106-08).

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined that there is a need for one additional fixed MRI scanner in each of the following service areas: Lincoln County and Mecklenburg County. There is no need anywhere else in the state and no other reviews are scheduled as shown in Table 9R. Further, there is no need for any additional mobile MRI scanners anywhere in the state.

Table 9R: Fixed MRI Scanner Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional fixed MRI scanners as specified.

Services Areas	Fixed MRI Scanner Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Lincoln	1	November 15, 2017	December 1, 2017
Mecklenburg	1	October 16, 2017	November 1, 2017
It is determined that there is no need for additional fixed MRI scanners anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

CARDIAC CATHETERIZATION EQUIPMENT

Definitions
"Cardiac catheterization equipment," as defined in G.S. §131E-176(2f), "means the equipment used to provide cardiac catheterization services."

"Cardiac catheterization services," as defined in G.S. §131E-176(2g), "means those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart."

A cardiac catheterization (fixed or shared) equipment's service area is the cardiac catheterization equipment planning area in which the equipment is located. The cardiac catheterization equipment planning areas are the same as the Acute Care Bed Service Areas defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The cardiac catheterization equipment service area is a single county, except where there is no licensed acute care hospital located within the county. Counties lacking a licensed acute care hospital are grouped with the single county where the largest proportion of patients received inpatient acute care services, as measured by acute inpatient days, unless two counties with licensed acute care hospitals each provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. In that case, the county lacking a licensed acute care hospital is grouped with both the counties which provided inpatient acute care services to at least 35 percent of the residents who received inpatient acute care services, as measured by acute inpatient days. The three most recent years of available acute care days patient origin data are combined and used to create the multicounty service areas. These data are updated and reviewed every three years, with the most recent update occurring in the North Carolina 2017 State Medical Facilities Plan.

Facility Inventory-Service Volume
There were 48 hospitals with fixed cardiac catheterization programs in North Carolina during fiscal year 2014-2015. The reported number of adult cardiac catheterization procedures for the years ending 9/30/2001 through 9/30/2015 is presented in Table 9S. Table 9T exhibits the reported number of pediatric cardiac catheterization procedures for the years ending 9/30/2003 through 9/30/2015. During 2015, there were two mobile cardiac catheterization vendors providing mobile cardiac catheterization services to patients at four hospitals across the state. The reported numbers of mobile cardiac catheterization procedures for the years ending 9/30/2008 through 9/30/2015 is shown in Table 9U. Table 9V presents information about percutaneous coronary interventional procedures for the years ending 9/30/2006 through 9/30/3015. Table 9W displays fixed cardiac catheterization equipment capacity and volume based on a capacity of 1,500 procedures. Mobile cardiac catheterization capacity and volume for reported procedures for the year ending 9/30/2015 is displayed in Table 9X.

Cardiac Catheterization Need Determination Methodology
The North Carolina State Health Coordinating Council defines capacity of an item of cardiac catheterization equipment as 1,500 diagnostic-equivalent procedures per year, with the trigger of need at 80 percent of capacity. One therapeutic cardiac catheterization procedure is valued at 1.75 diagnostic-equivalent procedures. One cardiac catheterization procedure performed on a patient age 14 or younger is valued at two diagnostic-equivalent procedures. All other procedures are valued at one diagnostic-equivalent procedure. It is further determined that fixed and mobile cardiac catheterization equipment and services shall only be approved for development on hospital sites.

The standard methodologies used to determine need for additional fixed cardiac catheterization equipment are calculated as follows:

Methodology 1:

Step 1: Determine the planning inventory for each facility that has fixed cardiac catheterization equipment, immediately prior to publication of the annual State Medical Facilities Plan, to include: existing equipment in operation, approved equipment for which a certificate of need was issued but is pending development, and pending equipment for which no certificate of need has been issued, because the decision on a need determination in a previous year is under review or appeal. For each cardiac catheterization equipment service area, calculate the total number of existing, approved and pending units of cardiac catheterization equipment located in the cardiac catheterization equipment service area.

Step 2: Determine the number of adult and pediatric diagnostic and interventional procedures performed at each facility as reported for the 12-month period reflected in the "2016 Hospital License Renewal Application" or the "2016 Registration and Inventory of Medical Equipment Form" for Cardiac Catheterization equipment. If procedures are provided in a county that is part of more than one cardiac catheterization equipment service area, the procedures will be divided equally between the service areas.

Step 3: For each facility, calculate the total weighted (diagnostic-equivalent) cardiac catheterization procedures by multiplying adult diagnostic procedures by 1.0, interventional cardiac catheterization procedures by 1.75, and pediatric procedures performed on patients age 14 or younger by 2.00.

Step 4: For each facility, determine the number of units of fixed cardiac catheterization equipment required for the number of procedures performed by dividing the number of weighted (diagnostic-equivalent) cardiac catheterization procedures performed at each facility by 1,200 procedures (i.e., 80 percent of capacity, which is 1,500 procedures). (NOTE: Round the result to the nearest hundredth.)

Step 5: Sum the number of units of fixed cardiac catheterization equipment required for all facilities in the same cardiac catheterization equipment service area as calculated in Step 4. (NOTE: The sum is rounded to the nearest whole number.)

Step 6: Subtract the number of units of fixed cardiac catheterization equipment required in each cardiac catheterization equipment service area from the total planning inventory for each cardiac catheterization equipment service area. The difference is the number of units of fixed cardiac catheterization equipment needed.

Methodology 2:

For cardiac catheterization equipment service an area in which a unit of fixed cardiac catheterization equipment is not located, need exists for one shared fixed cardiac catheterization equipment (i.e., fixed equipment that is used to perform both cardiac catheterization procedures and angiography procedures) when:

a. The number of cardiac catheterization procedures as defined in 10A NCAC 14C .1601(5) performed at any mobile site in the cardiac catheterization equipment service area exceeds 240 (300 procedures x 80 percent) procedures per year for each eight

hours per week the mobile equipment is operated at that site during the 12-month period reflected in the "2016 Hospital License Renewal Application" or the "2016 Registration and Inventory of Medical Equipment Form" for Cardiac Catheterization equipment on file with the North Carolina Division of Health Service Regulation; and

b. No other fixed or mobile cardiac catheterization service is provided within the same cardiac catheterization equipment service area.

Table 9S: Adult Diagnostic Fixed Cardiac Catheterization Procedures* by Facility and Aggregate Cardiac -Catheterization Totals

Facility	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alamance Regional Medical Center	1,126	920	892	919	920	897	887	947	909	978	835	741	743	693	770
Sentara Albemarle Medical Center	1,078	1,110	787	674	630	756	1,104	948	860	789	791	964	922	817	838
Caldwell Memorial Hospital	--	--	--	--	--	--	see mobile	587	331	190	91	169	244	148	332
Cape Fear Valley Medical Center	1,313	1,490	2,048	2,356	2,584	2,426	1,150	1,606	1,815	1,637	1,955	1,838	1,776	2,177	2,344
Cardiovascular Diagnostic Center (closed)	--	--	--	--	--	--	--	--	992	970	891	837	830	661	0
Cardiac Diagnostic Center-Wake	365	317	--	--	--	--	--	--	--	--	--	--	--	--	--
Carolinas Medical Center (CMC)	5,400	5,260	4,681	4,032	3,824	4,166	4,105	4,299	4,307	3,864	4,093	3,388	3,692	3,998	4,000
Catawba Valley Medical Center	624	596	503	493	498	443	461	408	369	282	293	347	431	531	637
Central Carolina Hospital	--	--	--	--	--	--	--	--	--	--	--	--	186	209	200
Carolinas Healthcare System - Cleveland	579	629	700	417	597	457	425	390	396	333	305	194	305	375	300
Carolinas Healthcare System - Pineville	1,813	1,489	1,651	1,331	1,388	1,195	1,428	1,026	1,277	1,455	1,367	1,419	2,126	1,763	1,434
Carolinas Healthcare System - University	--	--	--	--	245	205	207	222	153	121	68	87	39	27	34
Carolinas Healthcare System - Union	822	705	723	753	788	779	619	413	379	489	462	364	236	322	410
CarolinaEast Medical Center	1,504	1,588	1,368	1,565	1,629	1,526	1,421	1,329	1,429	1,570	1,828	1,092	1,047	1,089	1,173
Davis Regional Medical Center	448	405	342	370	446	363	328	295	258	153	304	321	296	398	341
Duke Raleigh Hospital	--	--	--	--	1,288	202	325	244	588	806	480	292	316	260	288
Duke University Hospital	4,949	5,239	5,513	5,574	6,825	5,337	3,700	4,220	3,577	3,803	3,979	3,782	3,588	3,246	2,547
Durham Regional Hospital	551	823	835	873	1096	1019	735	637	672	544	518	440	409	424	603
Novant Health Forsyth Medical Center	4,046	5,024	6,092	6,075	5,429	3,310	3,435	2,811	2,876	2,541	2,315	2,444	2,384	2,340	2,535
Frye Regional Medical Center	2,643	2,489	2,664	2,624	2,736	3,078	3,125	3,226	3,041	2,886	2,652	2,630	2,632	2,543	1,771
CaroMont Regional Medical Center	2,104	1,959	1,775	2,145	2,224	2,388	2,147	2,243	2,281	2,035	1,806	1,897	1,755	1,868	1,687
Carolinas HealthCare System - Blue	--	--	--	--	--	--	see mobile	427	391	625	335	433	325	264	364
Greensboro Heart & Sleep Center	--	--	--	--	--	--	see mobile	464	302	120	--	--	--	--	--
Halifax Regional Medical Center	--	--	--	--	--	--	--	--	83	95	102	71	66	--	--
High Point Regional Health	1,860	2,070	2,123	2,181	2,032	1,997	1,929	5,158	2,099	2,027	1,867	1,783	1,565	1,639	1,685
Iredell Memorial Hospital	686	704	708	762	569	743	466	445	571	617	878	756	678	652	595
Johnston Health	--	--	--	--	1,057	1032	864	826	442	472	292	434	576	579	646
Lake Norman Regional Medical Center	--	--	--	--	204	211	178	156	126	77	23	44	53	63	0
Lenoir Memorial Hospital	580	616	650	366	555	408	471	430	357	439	328	254	242	409	436
Haywood Regional Hospital	263	213	239	167	301	208	286	151	171	276	308	290	194	153	149
Margaret R. Pardee Memorial Hospital	--	--	--	--	--	--	see mobile	179	165	168	158	91	102	82	84
Mission Hospital	4,136	3,669	3,322	4,348	4,210	4,316	4,405	3,557	3,345	3,188	3,077	3,103	3,045	2,981	3,045
FirstHealth Moore Regional Hospital	2,683	2,873	2,906	3,457	3,490	3,490	3,294	3,364	3,559	3,408	3,425	3,171	3,205	3,187	3,259
Cone Health	5,603	5,643	6,855	7,238	5,937	3,000	2,945	2,964	2,772	2,736	3,385	3,344	3,143	2,992	2,824
N. C. Baptist Hospital	2,295	2,103	2,134	2,076	2,004	1,782	1,790	1,652	1,642	1,454	1,407	1,552	1,789	1,999	1,848
Nash General Hospital	1,356	1,507	1,627	1,216	1,155	1,015	967	882	754	709	1,199	1,302	1,128	1,058	986
New Hanover Regional Medical Center	3,373	3,380	3,583	3,867	3,943	2,669	2,719	2,728	2,826	2,784	2,765	3,131	3,015	2,731	2,763
Carolinas Healthcare System - NorthEast	1,391	1,284	1,533	1,629	1,574	1,008	963	797	865	890	1,073	1,010	1,002	1,165	1,278

Table 9S: Adult Diagnostic Fixed Cardiac Catheterization Procedures* by Facility and Aggregate Cardiac -Catheterization Totals

Facility	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Onslow Memorial Hospital	706	459	372	270	118	95	104	29	45	16	17	1	--	--	--
Novant Health Presbyterian Medical Center	2,359	2,568	2,562	2,137	2,248	2,168	1,810	1,534	1,531	1,589	1,484	1,533	1,454	1,395	1,493
Novant Health Matthews Medical Center	531	515	528	468	461	500	457	415	499	472	461	438	455	525	638
Randolph Hospital	--	--	--	--	--	--	see mobile	76	7	2	3	3	1	--	--
Rex Hospital	3,254	2,846	2,207	2,041	1,923	2,086	1,966	1,901	1,863	1,558	1,697	2,067	2,666	3,050	3,332
Novant Health Rowan Medical Center	617	725	776	437	425	328	362	436	384	408	335	371	268	333	261
Rutherford Regional Medical Center	--	--	--	--	--	--	see mobile	81	42	20	70	39	64	63	279
Scotland Memorial Hospital	--	--	--	--	--	--	--	--	--	--	36	502	429	345	494
Southeastern Regional Medical Center	1,073	915	796	972	827	652	957	830	813	598	766	818	787	759	732
Carolinas Healthcare System - Stanly	170	288	312	251	144	138	57	19	29	23	7	--	--	--	--
UNC Hospitals	2,075	1,510	1,328	1,673	2,114	2,168	1,995	1,899	1,758	1,886	1,964	2,088	1,467	1,412	1,460
Vidant Medical Center	3,080	4,636	4,912	5,081	4,033	3,301	3,467	2,428	2,654	2,828	2,632	2,447	1,988	1,628	1,286
WakeMed	4,344	4,353	4,775	5,082	5,420	5,536	5,262	5,410	5,402	5,702	5,529	4,718	3,822	3,687	4,282
WakeMed Cary Hospital	--	--	--	--	498	401	406	384	304	368	314	271	222	223	205
Watauga Medical Center	--	--	--	--	--	--	93	148	99	28	11	238	469	490	480
Wayne Memorial Hospital	512	558	558	528	529	413	346	293	362	258	237	229	481	390	462
Wilkes Regional Medical Center	69	97	78	107	70	46	34	5	--	--	--	--	--	--	--
Wilmington Heart Center	--	--	--	--	--	--	see mobile	1,227	977	916	386	--	--	--	--
Wilson Medical Center	502	553	678	606	653	571	464	396	412	361	301	433	325	349	355
Sub-Total															
Fixed Adult	72,883	74,128	76,136	77,161	79,641	68,829	64,659	67,542	64,161	62,564	61,905	60,211	58,983	58,492	57,965
Pediatric	634	634	734	594	664	760	676	640	686	574	614	625	650	604	650
Sub-Total															
Fixed Adult/Ped.	73,517	74,762	76,870	77,755	80,305	69,589	65,335	68,182	64,847	63,138	62,519	60,836	59,633	59,096	58,615
Mobile Units	4,779	4,406	4,291	5,048	4,357	4,967	5,318	1,527	1,529	1,718	1,352	1,256	494	268	257
Grand Total	78,296	79,168	81,161	82,803	84,662	74,556	70,653	69,709	66,376	64,856	63,871	62,092	60,127	59,364	58,872

Source: North Carolina Division of Health Service Regulation Annual Hospital License Renewal Applications

* Includes inpatient and outpatient procedures

Table 9T: Pediatric Diagnostic Catheterization Procedures

Facility	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Carolinas Medical Center	166	163	155	160	169	189	182	89	180	162	219	227	234
Duke University Hospital	142	88	149	247	187	198	203	243	221	231	250	222	251
Mission Hospital	13	1	1	--	--	--	--	--	--	--	--	--	--
N. C. Baptist Hospital	88	80	60	64	93	83	123	56	71	68	35	30	58
Vidant Medical Center	49	44	37	46	26	28	31	26	21	29	25	16	19
UNC Hospitals	276	218	262	243	201	142	147	160	121	135	121	109	88
Totals	734	594	664	760	676	640	686	574	614	625	650	604	650

Source: N.C. Division of Health Service Regulation Annual Hospital License Renewal Application.

Table 9U: Mobile Cardiac Catheterization Procedures								
Service Site	2008	2009	2010	2011	2012	2013	2014	2015
Novant Health Brunswick Medical Center	--	4	76	72	40	46	10	--
Caldwell Memorial Hospital	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Central Carolina Hospital	51	174	282	202	137	49	--	--
Columbus Regional Healthcare System	81	35	123	119	137	--	27	37
Community Memorial Healthcenter, VA	--	--	76	86	84	73	--	--
Duke Raleigh Hospital	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
FirstHealth Moore Regional Hospital	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
FirstHealth Richmond Memorial Hospital	169	220	--	149	57	73	73	21
Carolinas HealthCare System - Blue Ridge	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Halifax Regional Medical Center	84	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Hugh Chatham Memorial Hospital	54	35	18	--	--	--	--	--
Maria Parham Medical Center	87	76	51	25	36	13	--	17
Northern Hospital of Surry County	49	32	35	13	--	--	--	--
Margaret R Pardee Memorial Hospital	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Powell Medical Clinic-Sampson Regional Medical Center	63	--	--	--	--	--	--	--
Rex Hospital	--	--	--	--	--	--	--	26
Novant Health Matthews Medical Center	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Novant Health Huntersville Medical Center	140	256	124	110	91	96	17	--
Randolph Hospital	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Novant Health Rowan Medical Center	--	--	--	--	95	36	--	--
Rutherford Regional Medical Center	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
Sandhills Regional Medical Center	37	--	--	--	--	--	--	--
Scotland Memorial Hospital	387	381	--	295	295	--	--	--
Southeastern Cardiology-Robeson	237	222	228	156	75	--	--	--
Novant Health Thomasville Medical Center	88	94	131	55	93	108	141	156
UNC Hospitals	--	--	--	70	116	--	--	--
Wilmington Heart Center	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed	see fixed
TOTAL	1,527	1,529	1,144	1,352	1,256	494	268	257

Table 9V: Percutaneous Coronary Interventional (PCI) Procedures

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alamance Regional Medical Center	140	120	201	179	240	170	210	151	168	489
Caldwell Memorial Hospital	--	--	--	--	--	--	--	45	51	149
Cape Fear Valley Medical Center	613	417	1,262	996	1,010	1,054	1,238	1,217	1,591	1,800
Carolinas Medical Center	1,847	1,817	1,756	1,706	1,851	1,628	1,267	1,352	1,287	1,105
Carolinas Medical Center - Pineville	516	529	175	143	173	473	557	815	776	690
Carolinas Medical Center - Union	--	--	--	--	--	42	27	16	90	158
Catawba Valley Medical Center	86	119	85	103	93	84	119	129	177	269
CarolinaEast Medical Center	501	570	504	501	658	787	826	719	846	754
Davis Regional Medical Center	--	--	--	--	--	73	49	83	72	69
Duke Raleigh Hospital	--	18	10	104	92	126	42	75	76	100
Duke University Hospital	1,618	1,498	1,840	1,550	1,807	1,606	1,784	1,515	904	934
Duke Regional Hospital	293	237	281	281	287	284	296	243	279	452
FirstHealth Moore Regional Hospital	1,880	1,845	1,439	1,584	1,620	1,379	1,181	1,220	1,170	1,563
Novant Health Forsyth Medical Center	1,627	1,593	1,652	1,595	1,463	1,277	1,181	1,273	1,228	1,254
Frye Regional Medical Center	1,300	1,487	1,289	1,217	1,180	1,120	1,161	1,015	1,017	717
CaroMont Regional Medical Center	837	719	832	795	740	609	616	819	621	558
Carolinas HealthCare System - Blue Ridge	--	--	--	1	97	52	76	73	66	92
Halifax Regional Medical Center	--	--	--	--	--	--	8	2	--	--
High Point Regional Health	856	998	852	1,973	1,843	1,716	1,479	1,376	817	822
Iredell Memorial Hospital	--	--	--	139	108	324	300	295	276	221
Johnston Health	--	--	--	13	--	--	--	--	--	148
Lenoir Memorial Hospital	--	--	--	--	--	--	--	308	38	68
Haywood Regional Hospital	--	--	--	--	--	--	5	18	14	18
Mission Hospital	1,482	1,347	1,489	1,356	1,370	1,376	1,365	1,253	1,394	1,491
Cone Health	1,850	1,546	1,303	1,298	1,443	1,351	1,347	1,201	1,086	1,236
N. C. Baptist Hospital	1,380	1,105	1,066	850	893	982	928	858	823	1,015
Nash General Hospital	--	--	--	--	--	134	110	85	90	126
New Hanover Regional Medical Center	1,889	1,983	2,110	2,119	2,204	2,189	2,309	1966	1,579	1,810
Carolinas HealthCare System-Northeast	719	631	705	687	770	766	664	629	737	761
Novant Health Presbyterian Medical Center	1,541	1,400	1,361	1,392	1,543	1,231	1,278	1,139	929	817
Novant Health Matthews Medical Center	--	--	60	38	64	131	199	177	187	296
Rex Hospital	1,102	960	980	929	825	820	1,033	1,350	1,689	2,058
Novant Health Rowan Medical Center	--	26	60	181	126	222	199	209	194	197
Southeastern Regional Medical Center	--	132	219	214	186	341	408	466	410	360
UNC Hospitals	632	733	836	795	866	830	928	996	1,053	1,069
Vidant Medical Center	1,481	1,611	1,398	1,380	1,456	1,361	1,319	1,372	1,396	1,189
WakeMed	3,521	3,654	3,944	3,832	3,952	3,772	3,324	2,713	2,563	1,877
WakeMed Cary Hospital	2	7	5	12	8	6	6	--	--	--
Watagua Medical Center	--	--	--	--	--	--	--	171	140	151
Wayne Memorial Hospital	--	--	--	--	--	--	--	96	113	134
Wilson Medical Center	--	--	--	--	--	73	142	--	162	151
TOTAL	27,713	27,102	27,714	27,963	28,968	28,389	27,981	25,474	26,109	27,168

Source: Division of Health Service Regulation Annual Hospital License Renewal Application

Table 9W: Fixed Cardiac Catheterization Equipment, Capacity and Volume

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	Footnote	2015 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Alamance	Alamance Regional Medical Center	1			1	b	1,626	1.35	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Buncombe/ Graham/ Madison/Yancey	Mission Hospital	5			5	a	5,654	4.71	0	
	Pending Review/ Appeal				0					
	TOTAL				**5**			**5**		**0**
Burke	Carolinas HealthCare System Blue Ridge [DLP Healthcare]	1			1	c	525	0.44	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Cabarrus	Carolinas Medical Center -NorthEast	2			2	b	2,610	2.17	0	
	Pending Review/ Appeal				0					
	TOTAL				**2**			**2**		**0**
Caldwell	Caldwell Memorial Hospital [DLP Healthcare]	1			1	c	593	0.49	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Carteret	Carteret General Hospital		1		1		0	0.00	0	
	Pending Review/ Appeal									
	TOTAL				**1**			**0**		**0**
Catawba	Catawba Valley Medical Center	1			1	b	1,108	0.92	0	
	Frye Regional Medical Center	4			4	b	3,026	2.52	0	
	Pending Review/ Appeal				0					
	TOTAL				**5**			**3**		**0**
Cleveland	Carolinas HealthCare System Cleveland [DLP Healthcare]	1			1	c	300	0.25	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Craven/Jones/ Pamlico	CarolinaEast Medical Center	2	1		3	b	2,493	2.08	0	
	Pending Review/ Appeal									
	TOTAL				**3**			**2**		**0**
Cumberland	Cape Fear Valley Medical Center	3			3	b	5,494	4.58	2	
	Pending Review/ Appeal			1	1					
	TOTAL				**4**			**5**		**1**

Table 9W: Fixed Cardiac Catheterization Equipment, Capacity and Volume

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	footnote	2015 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Durham/ Caswell	Duke University Hospital	7			7	a	4,806	4.01	0	
	Duke Regional Hospital	2			2	b	1,394	1.16	0	
	Pending Review/ Appeal				0					
	TOTAL				**9**			**5**		**0**
Forsyth	Novant Health Forsyth Medical Center	8			8	b	4,730	3.94	0	
	N. C. Baptist Hospital	5			5	a	3,775	3.15	0	
	Pending Review/ Appeal				0					
	TOTAL				**13**			**7**		**0**
Gaston	CaroMont Regional Medical Center	4			4	b	2,664	2.22	0	
	Pending Review/ Appeal				0					
	TOTAL				**4**			**2**		**0**
Guilford	High Point Regional Health	4			4	b	3,124	2.60	0	
	Cone Health	7			7	b	4,987	4.16	0	
	The Cardiovascular Diagnostic Center (closed)	1			1		0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**12**			**7**		**0**
Halifax/ Northampton	Halifax Regional Medical Center	1			1	c	29	0.02	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Harnett	Central Harnett Hospital		1		1			0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Haywood	Haywood Regional Hospital	1			1	c	181	0.15	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Henderson	Margaret R. Pardee Memorial Hospital [DLP Healthcare]	1			1	c	84	0.07	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Iredell	Iredell Memorial Hospital	1			1	c	982	0.82	0	
	Davis Regional Medical Center	1			1	c	462	0.38	0	
	Lake Norman Regional Medical Center	1			1	c	0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**3**			**1**		**0**

Table 9W: Fixed Cardiac Catheterization Equipment, Capacity and Volume

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	footnote	2015 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Johnston	Johnston Health	1			1	c	905	0.75	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Lee	Central Carolina Hospital	1			1		200	0.17	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Lenoir	Lenoir Memorial Hospital	1			1	c	555	0.46	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Mecklenburg	Carolinas Medical Center	8			8	a	6,846	5.71	0	
	Carolinas Medical Center-Pineville	3			3	b	2,642	2.20	0	
	Novant Health Presbyterian Medical Center	4			4	b	2,933	2.44	0	
	Carolinas Medical Center-University	1			1	c	34	0.03	0	
	Novant Health Matthews Medical Center[DLP Healthcare]	1			1	c	1,156	0.96	0	
	Pending Review/ Appeal				0					
	TOTAL				**17**			**11**		**0**
Moore	FirstHealth Moore Regional Hospital	5			5	b	5,994	5.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**5**			**5**		**0**
Nash	Nash General Hospital	2			2	c	1,207	1.01	0	
	Pending Review/ Appeal				0					
	TOTAL				**2**			**1**		**0**
New Hanover	New Hanover Regional Medical Center	5			5	b	5,931	4.94	0	
	Pending Review/ Appeal				0					
	TOTAL				**5**			**5**		**0**

Table 9W: Fixed Cardiac Catheterization Equipment, Capacity and Volume

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	footnote	2015 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Onslow	Onslow Memorial Hospital	1			1	c	0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Orange	UNC Hospitals	4			4	a	3,832	3.19	0	
	Pending Review/ Appeal				0					
	TOTAL				**4**			**3**		**0**
Pasquotank/ Camden/ Currituck/ Perquimans	Sentara Albemarle Medical Center	1			1	c	838	0.70	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Pitt/Greene/ Hyde/Tyrell	Vidant Medical Center	7			7	a	3,482	2.90	0	
	Pending Review/ Appeal				0					
	TOTAL				**7**			**3**		**0**
Randolph	Randolph Hospital	1			1	c	0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Robeson	Southeastern Regional Medical Center	2			2	b	1,362	1.14	0	
	Pending Review/ Appeal				0					
	TOTAL				**2**			**1**		**0**
Rowan	Novant Health Rowan Medical Center	1			1	c	606	0.50	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Rutherford	Rutherford Regional Medical Center	1			1	c	279	0.23	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Scotland	Scotland Memorial Hospital	1			1		494	0.41	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Stanly	Carolinas Healthcare System-Anson	1			1	c	0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**

Table 9W: Fixed Cardiac Catheterization Equipment, Capacity and Volume

Cardiac Catheterization Equipment Service Areas	Facility	Current Inventory	CON Issued/ Pending Development	Pending Review or Appeal	Total Planning Inventory	footnote	2015 Procedures (Weighted Totals)	Machines Required Based on 80% Utilization	Total No. of Additional Machines Required by Facility	No. of Machines Needed
Union	Carolinas Medical Center - Union	1			1	c	687	0.57	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Wake	Rex Hospital	4			4	b	6,934	5.78	2	
	WakeMed	9			9	b	7,567	6.31	0	
	WakeMed Cary Hospital	1			1	c	205	0.17	0	
	Duke Raleigh Hospital [DLP Healthcare]	3			3	c	463	0.39	0	
	Pending Review/ Appeal				0					
	TOTAL				**17**			**13**		**0**
Watauga	Watauga Medical Center	1			1	c	744	0.62	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Wayne	Wayne Memorial Hospital	1			1	c	697	0.58	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
Wilkes	Wilkes Regional Medical Center	1			1	c	0	0.00	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**0**		**0**
Wilson	Wilson Medical Center	1			1	c	619	0.52	0	
	Pending Review/ Appeal				0					
	TOTAL				**1**			**1**		**0**
NORTH CAROLINA TOTALS		139	3	1	143		107,853	89		1

a Adult procedures plus angioplasty x 1.75 plus pediatric procedures x 2
b Adult procedures plus angioplasty x 1.75
c Adult procedures

Table 9X: Mobile Cardiac Catheterization Capacity and Volume

Facility	Days/Week On Site	Procedure Capacity	Procedures Reported in 2015
Novant Health Brunswick Medical Center	0.50	150	--
Central Carolina Hospital	1.00	300	--
Columbus Regional Medical Center	0.50	150	37
Community Memorial Health Center	1.00	300	--
FirstHealth Richmond Memorial Hospital	1.00	300	21
Maria Parham Medical Center	1.00	300	17
Northern Hospital of Surry County	1.00	300	--
Novant Health Huntersville Medical Center	1.00	300	--
Novant Health Thomasville Medical Center	1.00	300	156
Rex Hospital	7.00	2,100	26
N.C. Total: 10	15.00	4,500	257

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for one unit of fixed cardiac catheterization equipment in the Cumberland County Service Area. The State Health Coordinating Council approved a petition from Cape Fear Valley Health System to remove the need determination for one unit of fixed cardiac catheterization equipment in the Cumberland County Service Area. The State Health Coordinating Council approved a petition from UNC Rex Healthcare for one unit of fixed cardiac catheterization equipment in the Wake County Service Area. There is no need anywhere else in the state and no other reviews are scheduled as shown in Table 9Y.

Table 9Y: Fixed Cardiac Catheterization Equipment Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional fixed cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Fixed Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Wake***	1	April 17, 2017	May 1, 2017
It is determined that there is no need for additional fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.****			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

*** The need determination in the Wake County service area is in response to a petition that was approved by the State Health Coordinating Council.

**** A need determination in the Cumberland County service area was removed in response to a petition that was approved by the State Health Coordinating Council.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional shared fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled as shown in Table 9Z.

Table 9Z: Shared Fixed Cardiac Catheterization Equipment Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional shared fixed cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Shared Fixed Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional shared fixed cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional mobile cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled as shown in Table 9AA.

Table 9AA: Mobile Cardiac Catheterization Equipment Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the service areas listed in the table below need additional mobile cardiac catheterization equipment as specified.

Cardiac Catheterization Service Area	Mobile Cardiac Catheterization Equipment Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional mobile cardiac catheterization equipment anywhere else in the state and no other reviews are scheduled.			

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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Chapter 10:

Nursing Care Facilities

CHAPTER 10
NURSING CARE FACILITIES

Summary of Bed Supply and Utilization
In the fall of 2016, the nursing care bed inventory included 44,675 licensed beds in nursing homes and 1,285 licensed beds in hospitals for a total of 45,960 licensed nursing care beds. An additional 405 nursing care beds had received approval from Certificate of Need (CON), but were not yet licensed. In addition, 1,400 nursing care beds from currently licensed facilities will be transferred to CON-approved projects once completed; previous need determination for which certificates of need have not been issued were anticipated to add 160 more nursing care beds. The "total inventory" of nursing care beds (*licensed + CON-approved – CON bed transfers + previously allocated*) was 46,488.

Exclusions from the inventory and occupancy rate have been retained for specialty care units (*beds in units designated exclusively for people with head injuries or ventilator dependency*), state operated facilities, for out-of-area placements in non-profit religious or fraternal facilities, for 100% of the qualified nursing care beds in continuing care retirement communities (*Policy NH-2 beds*), and for beds transferred from State Psychiatric Hospitals (*Policy NH-5 beds*). For the North Carolina 2017 State Medical Facilities Plan, the excluded beds total 3,060, resulting in an adjusted "planning inventory" of 43,428 nursing care beds.

Changes from the Previous Plan
The nursing care bed need methodology as compared to that used in the North Carolina 2016 State Medical Facilities Plan has the following changes:

- 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 one half a 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 all exclusions for beds and occupancy;
- One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds; and
- Maximum bed need for each service area of 150 beds.

Basic Assumptions of the Method
1. Need should be projected three years beyond the plan year because that is the least amount of time required to bring a needed facility or expansion into service.

2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible allocations of 90 additional beds or more should be made. It is recognized, however, that such allocations do not always result in new entities.

3. Counties whose deficits represent a high proportion (10 percent or greater) of their total needs (deficit index) and who have an occupancy of licensed beds in the county, excluding continuing care retirement communities, that is 90 percent or greater based on utilization data reported on 2016

License Renewal Applications, should receive need determinations even though such increments may be of insufficient size to encourage establishment of new facilities.

4. To the extent that out-of-area patients are served by facilities operated by religious or fraternal organizations, beds so occupied will be excluded from a county's inventory and the associated days of care will be removed from the occupancy rate calculation.

5. When nursing care beds have been converted to care for head injury or ventilator-dependent patients, the beds will be removed from the inventory and the associated days of care will be removed from the occupancy rate calculation.

6. One hundred percent of the nursing care beds developed pursuant to Policy NH-2 will be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.

7. Nursing care beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.

8. Any beds developed pursuant to Policy NH-1 will be included in the inventory.

9. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to nursing home facilities.

10. A county rate provides a more accurate utilization measure in determining needs. Bed rates are calculated per 1,000 population per county. Each county bed rate is calculated using a five year average annual change projected forward 36 months. For any county with an average annual change rate that is one-half of a standard deviation above or below the average change rate of all counties, the state change rate is substituted in the bed rate calculation.

11. Occupancy rates can be calculated using different techniques. The methodology chooses to use the higher of two different occupancy rate calculations such that the need determination in each county is calculated with the greatest advantage. The adjusted occupancy rate for each county is calculated using the higher of the median of all facilities' occupancy rates in a county or a countywide occupancy, whichever is higher. The equivalent days of care for the initial occupancy will be removed from calculations for beds that have been excluded from the inventory.

Sources of Data
Population Data:
Projected numbers of residents, by county and age group, for 2020 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the county's population for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status – Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2014 5-year Estimates.

Utilization Data
Data on utilization of nursing facilities were compiled from the "2016 Renewal Applications for License to Operate a Nursing Home," combined with data from the "Nursing Care Facility/Unit Beds 2016 Annual Data Supplement to Hospital License Applications," as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Method
The steps in applying the projection method are as follows:

Step 1: Multiply the county bed use rates (*see "Assumptions"*) by each county's corresponding projected civilian population *(in thousands)* for the target year *(2020)* to calculate the projected bed utilization.

Step 2: For each county, divide the projected bed utilization by a 95% vacancy factor.

Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: CON-Approved/License Pending beds, beds available in prior Plans that have not been CON-approved, and exclusions from the county's inventory, if any. For each county, the projected bed utilization with applied vacancy factor derived in Step 2 is subtracted from the planning inventory. The result is the county's surplus or deficit.

Step 4:
a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is 90 beds.

b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is the amount of the deficit rounded to 10*. The maximum need determination for each county is 150 beds.

c. If any other county's deficit is 10 percent or more of its total projected bed need, and the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is the amount of the deficit rounded to 10*. The maximum need determination for each county is 150 beds.

* For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

A nursing care bed's service area is the nursing bed care planning area in which the bed is located. Each of the 100 counties in the state is a separate nursing care bed planning area.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Alamance	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	Edgewood Place at the Village at Brookwood	105	0	105	0	0	0	0	105	24	81
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	90	0	90	0	0	0	0	90	0	90
Alamance	Peak of Graham, LLC (Replacement facility.)	0	0	0	0	0	120	0	120	0	120
Alamance	Peak Resources - Alamance Inc (120 bed transfer to Peak of Graham, LLC)	120	0	120	0	0	-120	0	0	0	0
Alamance	The Presbyterian Home of Hawfields	117	0	117	0	0	0	0	117	4	113
Alamance	Twin Lakes Community	100	0	100	0	0	0	0	100	35	65
Alamance	Twin Lakes Community Memory Care	16	0	16	0	0	0	0	16	8	8
Alamance	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals		**888**	**0**	**888**	**0**	**0**	**0**	**0**	**888**	**71**	**817**
Alexander	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals		**183**	**0**	**183**	**0**	**0**	**0**	**0**	**183**	**49**	**134**
Alleghany	Alleghany Center	90	0	90	0	0	0	0	90	0	90
Alleghany Totals		**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Anson	Ambassador Rehab & Healthcare Center	66	0	66	0	0	0	0	66	0	66
Anson	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson Totals		**161**	**0**	**161**	**0**	**0**	**0**	**0**	**161**	**0**	**161**
Ashe	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals		**210**	**0**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Avery	Charles A. Cannon, Jr. Memorial Hospital, Inc. **	0	10	10	0	0	0	0	10	0	10
Avery	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals		**118**	**10**	**128**	**0**	**0**	**0**	**0**	**128**	**0**	**128**
Beaufort	Ridgewood Living & Rehabilitation Center (Replacement facility. Beds transferred from Ridgewood Manor.)	0	0	0	0	0	150	0	150	0	150
Beaufort	Ridgewood Living and Rehabilitation Center (Beds transferred to Ridgewood Living & Rehabilitation.)	150	0	150	0	0	-150	0	0	0	0
Beaufort	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Beaufort Totals		**290**	**0**	**290**	**0**	**0**	**0**	**0**	**290**	**0**	**290**
Bertie	Brian Center Health & Rehabilitation/Windsor	82	0	82	0	0	0	0	82	0	82
Bertie	Three Rivers Health and Rehab	60	0	60	0	0	0	0	60	0	60
Bertie Totals		**142**	**0**	**142**	**0**	**0**	**0**	**0**	**142**	**0**	**142**
Bladen	Cape Fear Valley - Bladen County Hospital **	0	10	10	0	0	0	0	10	0	10
Bladen	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
Bladen	Poplar Heights Center	90	0	90	0	0	0	0	90	0	90
Bladen Totals		**184**	**10**	**194**	**0**	**0**	**0**	**0**	**194**	**0**	**194**
Brunswick	Autumn Care of Brunswick Plantation	0	0	0	70	0	30	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Brunswick	Autumn Care of Shallotte (Bed transfer to Autumn Care of Brunswick Plantation)	130	0	130	0	0	-30	0	100	0	100
Brunswick	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	99	0	99	0	0	0	0	99	0	99
Brunswick	Southport Nursing Center	0	64	64	0	0	0	0	64	0	64
Brunswick	Universal Health Care/Brunswick	90	0	90	0	0	0	0	90	0	90
Brunswick Totals		**494**	**64**	**558**	**70**	**0**	**0**	**0**	**628**	**0**	**628**
Buncombe	Asheville Health Care Center	106	0	106	0	0	0	0	106	0	106
Buncombe	Asheville Nursing & Rehab Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Aston Park Health Care Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Black Mountain Neuro-Medical Treatment Center *	156	0	156	0	0	0	0	156	156	0
Buncombe	Brian Center Health & Rehabilitation/Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	Brooks-Howell Home	58	0	58	0	0	0	0	58	1	57
Buncombe	Deerfield Episcopal Retirement Community	62	0	62	0	0	0	0	62	31	31
Buncombe	Emerald Ridge Rehabilitation & Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	Golden LivingCenter - Asheville	77	0	77	0	0	0	0	77	0	77
Buncombe	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NC State Veterans Home - Black Mountain *	100	0	100	0	0	0	0	100	100	0
Buncombe	Pisgah Manor Health Care Center	118	0	118	0	0	0	0	118	5	113
Buncombe	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	The Laurels of GreenTree Ridge	98	0	98	0	0	0	0	98	0	98
Buncombe	The Laurels of Summit Ridge	60	0	60	0	0	0	0	60	0	60
Buncombe	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe	Western North Carolina Baptist Home	100	0	100	0	0	0	0	100	16	84
Buncombe Totals		**1,950**	**0**	**1,950**	**0**	**0**	**0**	**0**	**1,950**	**321**	**1,629**
Burke	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	College Pines Health and Rehab Center	100	0	100	0	0	0	0	100	0	100
Burke	Grace Heights Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Burke	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	Magnolia Lane Nursing & Rehabilitation Center	121	0	121	0	0	0	0	121	0	121
Burke Totals		**556**	**0**	**556**	**0**	**0**	**0**	**0**	**556**	**25**	**531**
Cabarrus	Avante at Concord	120	0	120	0	0	0	0	120	0	120
Cabarrus	Brian Center Health & Retirement/Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	Five Oaks Manor	160	0	160	0	0	0	0	160	0	160

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	PruittHealth-TownCenter	70	0	70	0	0	0	0	70	0	70
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus Totals		**691**	**0**	**691**	**0**	**0**	**0**	**0**	**691**	**24**	**667**
Caldwell	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals		**400**	**0**	**400**	**0**	**0**	**0**	**0**	**400**	**0**	**400**
Carteret	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	Harborview Health Care Center	122	0	122	0	0	0	0	122	0	122
Carteret	PruittHealth-SeaLevel	104	0	104	0	0	0	0	104	0	104
Carteret	Snug Harbor on Nelson Bay	42	0	42	0	0	0	0	42	0	42
Carteret Totals		**424**	**0**	**424**	**0**	**0**	**0**	**0**	**424**	**0**	**424**
Caswell	Brian Center Health & Rehabilitation/Yanceyville	157	0	157	0	0	0	0	157	0	157
Caswell Totals		**157**	**0**	**157**	**0**	**0**	**0**	**0**	**157**	**0**	**157**
Catawba	Abernethy Laurels	174	0	174	0	0	0	0	174	40	134
Catawba	Brian Center Health & Rehabiliation/Hickory East	150	0	150	0	0	0	0	150	0	150
Catawba	Brian Center Health and Rehab Hickory/Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	Frye Regional Medical Center **	0	17	17	0	0	0	0	17	0	17
Catawba	Trinity Ridge	120	0	120	0	0	0	0	120	3	117
Catawba	Trinity Village	104	0	104	0	0	0	0	104	2	102
Catawba Totals		**742**	**17**	**759**	**0**	**0**	**0**	**0**	**759**	**45**	**714**
Chatham	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham	Chatham County Rehabilitation Center	0	0	0	90	0	0	0	90	0	90
Chatham	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals		**420**	**0**	**420**	**90**	**0**	**0**	**0**	**510**	**130**	**380**
Cherokee	Murphy Medical Center, Inc.	0	134	134	0	0	0	0	134	0	134
Cherokee	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals		**76**	**134**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Chowan	Chowan River Nursing & Rehabilitation Center	130	0	130	0	0	0	0	130	0	130
Chowan Totals		**130**	**0**	**130**	**0**	**0**	**0**	**0**	**130**	**0**	**130**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Clay	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
Clay Totals		**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Cleveland	Cleveland Pines (10 bed transfer from Kings Mountain Hospital + 10 bed transfer from Crawley Memorial Hospital.)	120	0	120	0	0	20	0	140	0	140
Cleveland	Crawley Memorial Hospital (Bed transfer to Cleveland Pines Nursing Center) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Kings Mountain Hospital (Bed transfer to Cleveland Pines Nursing Center.) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
Cleveland Totals		**534**	**20**	**554**	**0**	**0**	**0**	**0**	**554**	**0**	**554**
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	107	0	107	0	0	0	0	107	0	107
Columbus	Premier Living & Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	Shoreland Health Care and Retirement Center Inc	89	0	89	0	0	0	0	89	0	89
Columbus Totals		**323**	**0**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Craven	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Craven Totals		**461**	**0**	**461**	**0**	**0**	**0**	**0**	**461**	**0**	**461**
Cumberland	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	Cumberland County Rehabilitation Center (Replacement facility.)	0	0	0	0	0	58	0	58	0	58
Cumberland	Cumberland Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cumberland	Golden Years Nursing Home (58 bed transfer to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NC State Veterans Home-Fayetteville *	150	0	150	0	0	0	0	150	150	0
Cumberland	The Rehabilitation and Health Care Ctr at Village Green	170	0	170	0	0	0	0	170	0	170
Cumberland	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	Woodlands Nursing & Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Cumberland Totals		**1,179**	**0**	**1,179**	**0**	**0**	**0**	**0**	**1,179**	**150**	**1,029**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Currituck	Sentara Nursing Center - Currituck	100	0	100	0	0	0	0	100	0	100
Currituck Totals		**100**	**0**	**100**	**0**	**0**	**0**	**0**	**100**	**0**	**100**
Dare	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals		**126**	**0**	**126**	**0**	**0**	**0**	**0**	**126**	**0**	**126**
Davidson	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	Alston Brook	100	0	100	0	0	0	0	100	0	100
Davidson	Avante at Thomasville	120	0	120	0	0	0	0	120	0	120
Davidson	Brian Center Nursing Care/Lexington	106	0	106	0	0	0	0	106	0	106
Davidson	Lexington Health Care Center	90	0	90	0	0	0	0	90	0	90
Davidson	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	114	0	114	0	0	0	0	114	45	69
Davidson	Pine Ridge Health and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Davidson Totals		**794**	**0**	**794**	**0**	**0**	**0**	**0**	**794**	**45**	**749**
Davie	Autumn Care of Mocksville (Replacement facility.)	0	0	0	0	0	96	0	96	0	96
Davie	Autumn Care of Mocksville	96	0	96	0	0	-96	0	0	0	0
Davie	Bermuda Commons Nursing and Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Davie	Bermuda Village Retirement Center	15	0	15	0	0	0	0	15	0	15
Davie Totals		**228**	**0**	**228**	**0**	**0**	**0**	**0**	**228**	**0**	**228**
Duplin	Brian Center Health & Rehabilitation/Wallace	80	0	80	0	0	0	0	80	0	80
Duplin	Kenansville Health & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Duplin	Warsaw Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Duplin Totals		**272**	**0**	**272**	**0**	**0**	**0**	**0**	**272**	**0**	**272**
Durham	Brian Center Southpoint	140	0	140	0	0	0	0	140	0	140
Durham	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	Croasdaile Village	110	0	110	0	0	0	0	110	74	36
Durham	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	Hillcrest Convalescent Center	120	0	120	0	0	0	0	120	0	120
Durham	Kindred Transitional Care and Rehabilitation - Rose Manor	111	0	111	0	0	0	0	111	0	111
Durham	Peak Resources - Treyburn	132	0	132	0	0	0	0	132	0	132
Durham	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	PruittHealth-Carolina Point (Portions of facility in Durham and Orange Counties.) **	18	0	18	0	0	0	0	18	0	18
Durham	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	The Cedars of Chapel Hill	44	0	44	30	0	0	0	74	74	0
Durham	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham Totals		**1,312**	**0**	**1,312**	**30**	**0**	**0**	**0**	**1,342**	**206**	**1,136**
Edgecombe	Golden Living Center - Tarboro	159	0	159	0	0	0	0	159	0	159

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Edgecombe	Prodigy Transitional Rehab	118	0	118	0	0	0	0	118	0	118
Edgecombe	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30
Edgecombe Totals		**307**	**0**	**307**	**0**	**0**	**0**	**0**	**307**	**0**	**307**
Forsyth	Arbor Acres United Methodist Retirement Community	63	0	63	18	0	0	0	81	81	0
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	40	0	0	0	0	40	0	40
Forsyth	Brookridge Retirement Community	77	0	77	0	0	0	0	77	10	67
Forsyth	Homestead Hills	40	0	40	0	0	0	0	40	1	39
Forsyth	Liberty Commons Nsg & Rehab Ctr of Springwood	200	0	200	0	0	-200	0	0	0	0
Forsyth	Liberty Commons Nsg and Rehab Center of Kernersville	0	0	0	0	0	100	0	100	0	100
Forsyth	Liberty Commons Nsg and Rehab Center of Silas Creek	0	0	0	0	0	100	0	100	0	100
Forsyth	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	Piney Grove Nursing & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	PruittHealth-High Point	100	0	100	0	0	0	0	100	0	100
Forsyth	Regency Care of Clemmons	120	0	120	0	0	0	0	120	0	120
Forsyth	Salemtowne (Replacement facility)	0	0	0	0	0	100	0	100	100	0
Forsyth	Salemtowne (CON transfer of 100 Beds to replacement facility)	84	0	84	16	0	-100	0	0	0	0
Forsyth	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	The Oaks	151	0	151	0	0	0	0	151	0	151
Forsyth	Trinity Elms **	100	0	100	0	0	0	0	100	0	100
Forsyth	Trinity Glen	117	0	117	0	0	0	0	117	2	115
Forsyth	Winston Salem Nursing & Rehabilitation Center	230	0	230	0	0	0	0	230	0	230
Forsyth Totals		**1,674**	**0**	**1,674**	**34**	**0**	**0**	**0**	**1,708**	**212**	**1,496**
Franklin	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals		**258**	**0**	**258**	**0**	**0**	**0**	**0**	**258**	**0**	**258**
Gaston	Alexandria Place	60	0	60	0	0	0	0	60	0	60
Gaston	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	Brian Center Health and Rehabilitation/Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	Carolina Care Center	107	0	107	0	0	0	0	107	0	107
Gaston	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	Covenant Village	38	0	38	0	0	0	0	38	38	0
Gaston	Gastonia Care and Rehabilitation	118	0	118	0	0	0	0	118	0	118
Gaston	MeadowWood Nursing Center	50	0	50	0	0	0	0	50	0	50
Gaston	Peak Resources-Cherryville	54	0	54	0	0	0	0	54	0	54
Gaston	Peak Resources-Gastonia **	120	0	120	0	0	0	0	120	0	120
Gaston	Stanley Total Living Center	106	0	106	12	0	0	0	118	12	106
Gaston Totals		**972**	**0**	**972**	**12**	**0**	**0**	**0**	**984**	**50**	**934**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Gates	Down East Living & Rehab Center	70	0	70	0	0	0	0	70	0	70
Gates Totals		**70**	**0**	**70**	**0**	**0**	**0**	**0**	**70**	**0**	**70**
Graham	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Granville	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	Universal Health Care/Oxford (20 beds transfer to Universal Health Care-Wake Forest in Wake Co.)	160	0	160	0	0	-20	0	140	0	140
Granville Totals		**160**	**80**	**240**	**0**	**0**	**-20**	**0**	**220**	**0**	**220**
Greene	Greendale Forest Nursing & Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals		**115**	**0**	**115**	**0**	**0**	**0**	**0**	**115**	**0**	**115**
Guilford	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	Ashton Place Health & Rehab	134	0	134	0	0	0	0	134	0	134
Guilford	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	4	130
Guilford	Camden Place Health & Rehab LLC	135	0	135	0	0	0	0	135	0	135
Guilford	Clapps Nursing Center	118	0	118	0	0	0	0	118	0	118
Guilford	Cone Health **	0	19	19	0	0	0	0	19	0	19
Guilford	Countryside Manor Inc	60	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes at Guilford	69	0	69	0	0	0	0	69	19	50
Guilford	Friends Homes West	40	0	40	0	0	0	0	40	40	0
Guilford	Golden LivingCenter - Greensboro	105	0	105	0	0	0	0	105	0	105
Guilford	Golden LivingCenter - Starmount	126	0	126	0	0	0	0	126	0	126
Guilford	Greenhaven Health & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	107	0	107	0	0	0	0	107	0	107
Guilford	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	Maple Grove Health and Rehabilitation Center	210	0	210	0	0	0	0	210	0	210
Guilford	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	32	28
Guilford	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	Well-Spring	60	0	60	0	0	0	0	60	60	0
Guilford	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	2	86
Guilford Totals		**2,399**	**42**	**2,441**	**0**	**0**	**0**	**0**	**2,441**	**206**	**2,235**
Halifax	Enfield Oaks Nursing & Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	Our Community Hospital, Inc.	0	60	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Halifax	Scotland Manor Health Care Center	62	0	62	0	0	0	0	62	0	62
Halifax	Signature HealthCARE of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals		**283**	**60**	**343**	**0**	**0**	**0**	**0**	**343**	**0**	**343**
Harnett	Cornerstone Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Universal Health Care Lillington	129	0	129	0	0	-129	0	0	0	0
Harnett	Universal Health Care/Lillington (Replacement facility.)	0	0	0	0	0	129	0	129	0	129
Harnett Totals		**425**	**0**	**425**	**0**	**0**	**0**	**0**	**425**	**0**	**425**
Haywood	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Brian Center Health and Rehabilitation/Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Maggie Valley Nursing and Rehabilitation	114	0	114	0	0	0	0	114	0	114
Haywood	MedWest Haywood	0	0	0	0	0	0	0	0	0	0
Haywood	Silver Bluff LLC	131	0	131	0	0	0	0	131	0	131
Haywood	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals		**475**	**0**	**475**	**0**	**0**	**0**	**0**	**475**	**0**	**475**
Henderson	Beystone Health & Rehabilitation (Replacement facility)	0	0	0	0	0	50	0	50	0	50
Henderson	Brian Center Health & Rehabilitation/Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	Golden LivingCenter - Hendersonville	150	0	150	0	0	0	0	150	0	150
Henderson	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	Mountain Home Health and Rehab	134	0	134	0	0	0	0	134	0	134
Henderson	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	The Lodge at Mills River	50	0	50	0	0	-50	0	0	0	0
Henderson	Universal Health Care/Fletcher	90	0	90	0	0	0	0	90	0	90
Henderson Totals		**912**	**0**	**912**	**0**	**0**	**0**	**0**	**912**	**0**	**912**
Hertford	Creekside Care & Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
Hertford Totals		**151**	**0**	**151**	**0**	**0**	**0**	**0**	**151**	**0**	**151**
Hoke	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals		**132**	**0**	**132**	**0**	**0**	**0**	**0**	**132**	**0**	**132**
Hyde	Cross Creek Health Care	80	0	80	0	0	0	0	80	0	80
Hyde Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Iredell	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	Brian Center Health & Rehabilitation/Statesville	147	0	147	0	0	0	0	147	0	147
Iredell	Brian Center Health & Retirement/Mooresville	131	0	131	0	0	0	0	131	0	131
Iredell	Iredell Memorial Hospital, Incorporated	0	48	48	0	0	0	0	48	0	48

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Iredell	Maple Leaf Health Care	94	0	94	0	0	0	0	94	0	94
Iredell	Mooresville Center	130	0	130	0	0	0	0	130	0	130
Iredell Totals		**605**	**48**	**653**	**0**	**0**	**0**	**0**	**653**	**0**	**653**
Jackson	Blue Ridge on the Mountain	106	0	106	0	0	0	0	106	0	106
Jackson	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson Totals		**200**	**0**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Johnston	Barbour Court Nursing & Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	Brian Center Health & Retirement/Clayton	90	0	90	0	0	0	0	90	0	90
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Johnston Totals		**615**	**0**	**615**	**0**	**0**	**0**	**0**	**615**	**0**	**615**
Jones	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Lee	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	Sanford Health & Rehabilitation Co **	131	0	131	0	0	0	0	131	0	131
Lee	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals		**294**	**0**	**294**	**0**	**0**	**0**	**0**	**294**	**0**	**294**
Lenoir	Harmony Hall Nursing and Rehabilitation Center	175	0	175	0	0	0	0	175	0	175
Lenoir	Lenoir Memorial Hospital **	0	26	26	0	0	0	0	26	0	26
Lenoir	NC State Veterans Nursing Home - Kinston *	100	0	100	0	0	0	0	100	100	0
Lenoir	Signature HealthCARE of Kinston **	106	0	106	0	0	0	0	106	0	106
Lenoir Totals		**381**	**26**	**407**	**0**	**0**	**0**	**0**	**407**	**100**	**307**
Lincoln	Brian Center Health & Retirement/Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln Totals		**300**	**0**	**300**	**0**	**0**	**0**	**0**	**300**	**0**	**300**
Macon	Eckerd Living Center **	80	0	80	0	0	0	0	80	0	80
Macon	Macon Valley Nursing and Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Macon Totals		**280**	**0**	**280**	**0**	**0**	**0**	**0**	**280**	**0**	**280**
Madison	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	Madison Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals		**180**	**0**	**180**	**0**	**0**	**0**	**0**	**180**	**0**	**180**
Martin	Roanoke River Nursing & Rehabilitation Center	154	0	154	0	0	0	0	154	0	154
Martin Totals		**154**	**0**	**154**	**0**	**0**	**0**	**0**	**154**	**0**	**154**
McDowell	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	McDowell Totals	**250**	**0**	**250**	**0**	**0**	**0**	**0**	**250**	**0**	**250**
Mecklenburg	Asbury Care Center (Bed transfer to replacement facility.)	100	0	100	20	0	-120	0	0	0	0
Mecklenburg	Asbury Care Center (Replacement facility.)	0	0	0	0	0	120	0	120	20	100
Mecklenburg	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	Avante at Charlotte	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brian Center Health and Rehabilitation/Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Brian Center Nursing Care/Shamrock	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	Carrington Place	166	0	166	0	0	0	0	166	0	166
Mecklenburg	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Golden Living Center - Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Golden Living Center - Dartmouth	133	0	133	0	0	0	0	133	0	133
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Huntersville Health & Rehabilitation Center **	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Huntersville Oaks	66	0	66	0	0	0	0	66	0	66
Mecklenburg	Mecklenburg Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	Olde Knox Commons at The Villages of Mecklenburg	114	0	114	0	0	0	0	114	0	114
Mecklenburg	Pavilion Health Center at Brightmore	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	Royal Park Rehabilitation & Health Center	169	0	169	0	0	0	0	169	0	169
Mecklenburg	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	The Pines at Davidson	51	0	51	0	0	0	0	51	51	0
Mecklenburg	The Stewart Health Center	56	0	56	0	0	0	0	56	56	0
Mecklenburg	University Place Nursing and Rehabilitation Center	207	0	207	0	0	0	0	207	0	207
Mecklenburg	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	80	0	80	0	0	0	0	80	80	0
Mecklenburg	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
	Mecklenburg Totals	**3,264**	**16**	**3,280**	**20**	**0**	**0**	**0**	**3,300**	**343**	**2,957**
Mitchell	Brian Center Health & Rehabilitation/Spruce Pine	127	0	127	0	0	0	0	127	0	127
	Mitchell Totals	**127**	**0**	**127**	**0**	**0**	**0**	**0**	**127**	**0**	**127**
Montgomery	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
	Montgomery Totals	**141**	**0**	**141**	**0**	**0**	**0**	**0**	**141**	**0**	**141**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Moore	Inn at Quail Haven Village	60	0	60	-10	0	0	0	50	25	25
Moore	KingsWood Nursing Center	90	0	90	0	0	0	0	90	0	90
Moore	Manor Care Health Services - Pinehurst	120	0	120	0	0	0	0	120	0	120
Moore	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	Penick Village	50	0	50	0	0	0	0	50	19	31
Moore	Pinehurst Healthcare & Rehabilitation Center	144	0	144	0	0	0	0	144	0	144
Moore	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore Totals		**730**	**0**	**730**	**-10**	**0**	**0**	**0**	**720**	**44**	**676**
Nash	2016 SMFP Need Determination	0	0	0	0	0	0	40	40	0	40
Nash	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	Hunter Hills Nursing and Rehabilitation Center	141	0	141	0	0	0	0	141	0	141
Nash	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	100	0	100	0	100
Nash	South Village (Bed transfer to replacement facility.)	100	0	100	0	0	-100	0	0	0	0
Nash	Universal Health Care/Nashville **** (Closed. Nine bed transfer to Universal Health Care-Wake Forest in Wake Co.) **	9	0	9	0	0	-9	0	0	0	0
Nash Totals		**427**	**0**	**427**	**0**	**0**	**-9**	**40**	**458**	**0**	**458**
New Hanover	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	Bradley Creek Health Center at Carolina Bay **	30	0	30	0	0	0	0	30	12	18
New Hanover	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	Davis Health and Wellness at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	Liberty Commons Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
New Hanover	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	Silver Stream Health and Rehabilitation Center	110	0	110	0	0	0	0	110	0	110
New Hanover	Trinity Grove - Wilmington	100	0	100	0	0	0	0	100	6	94
New Hanover	Wilmington Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
New Hanover Totals		**1,059**	**0**	**1,059**	**0**	**0**	**0**	**0**	**1,059**	**18**	**1,041**
Northampton	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	Rich Square Health Care Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals		**149**	**0**	**149**	**0**	**0**	**0**	**0**	**149**	**0**	**149**
Onslow	Carolina Rivers Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center	239	0	239	0	0	0	0	239	0	239
Onslow Totals		**359**	**0**	**359**	**0**	**0**	**0**	**0**	**359**	**0**	**359**
Orange	Brookshire Nursing Center	80	0	80	0	0	0	0	80	0	80
Orange	Carol Woods	30	0	30	0	0	0	0	30	30	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Orange	Legion Road Healthcare **	133	0	133	0	0	0	0	133	0	133
Orange	PruittHealth-Carolina Point (Portions of facility in Durham and Orange County.)	138	0	138	0	0	0	0	138	0	138
Orange	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals		**489**	**0**	**489**	**0**	**0**	**0**	**0**	**489**	**30**	**459**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals		**96**	**0**	**96**	**0**	**0**	**0**	**0**	**96**	**0**	**96**
Pasquotank	Kindred Transitional Care and Rehabilitation - Elizabeth City	108	0	108	0	0	0	0	108	0	108
Pasquotank	W.R. Winslow Memorial Home	146	0	146	24	0	0	0	170	22	148
Pasquotank Totals		**254**	**0**	**254**	**24**	**0**	**0**	**0**	**278**	**22**	**256**
Pender	Pender Memorial Hospital, Inc.	0	43	43	0	0	0	0	43	0	43
Pender	The Village on Campbell	98	0	98	0	0	0	0	98	0	98
Pender	Woodbury Wellness Center Inc	112	0	112	0	0	0	0	112	0	112
Pender Totals		**210**	**43**	**253**	**0**	**0**	**0**	**0**	**253**	**0**	**253**
Perquimans	Brian Center Health and Rehabilitation/Hertford	78	0	78	0	0	0	0	78	0	78
Perquimans Totals		**78**	**0**	**78**	**0**	**0**	**0**	**0**	**78**	**0**	**78**
Person	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	Roxboro Healthcare & Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals		**140**	**60**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Pitt	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	East Carolina Rehab and Wellness **	130	0	130	0	0	0	0	130	0	130
Pitt	GoldenLiving Center - Greenville	152	0	152	0	0	0	0	152	0	152
Pitt	PruttHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt	Universal Health Care/Greenville	120	0	120	0	0	0	0	120	0	120
Pitt Totals		**570**	**0**	**570**	**0**	**0**	**0**	**0**	**570**	**30**	**540**
Polk	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	WillowBrooke Court SC Center at Tryon Estates	52	0	52	0	0	0	0	52	52	0
Polk Totals		**221**	**0**	**221**	**0**	**0**	**0**	**0**	**221**	**52**	**169**
Randolph	Clapp's Convalescent Nursing Home	96	0	96	0	0	0	0	96	0	96
Randolph	Randolph Health and Rehabilitation Center	238	0	238	0	0	0	0	238	0	238
Randolph	The Graybrier Nursing and Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	Universal Health Care/Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph	Woodland Hill Center	100	0	100	0	0	0	0	100	0	100
Randolph Totals		**720**	**0**	**720**	**0**	**0**	**0**	**0**	**720**	**0**	**720**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Richmond	FirstHealth Richmond Memorial Hospital **	0	51	51	0	0	0	0	51	0	51
Richmond	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	Richmond Pines Healthcare and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
Richmond Totals		**225**	**51**	**276**	**0**	**0**	**0**	**0**	**276**	**0**	**276**
Robeson	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	Golden LivingCenter - Lumberton	122	0	122	0	0	0	0	122	0	122
Robeson	Highland Acres Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Robeson	Pembroke Center	84	0	84	0	0	0	0	84	0	84
Robeson	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	24	38
Robeson Totals		**410**	**115**	**525**	**0**	**0**	**0**	**0**	**525**	**24**	**501**
Rockingham	Avante at Reidsville	110	0	110	0	0	0	0	110	0	110
Rockingham	Brian Center Health & Rehabilitation/Eden	112	0	112	0	0	0	0	112	0	112
Rockingham	Jacob's Creek Nursing and Rehabilitation Center	170	0	170	0	0	0	0	170	0	170
Rockingham	Morehead Memorial Hospital **	0	121	121	0	0	0	0	121	0	121
Rockingham	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
Rockingham Totals		**474**	**121**	**595**	**0**	**0**	**0**	**0**	**595**	**0**	**595**
Rowan	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	Brian Center Health & Rehabilitation/Salisbury	185	0	185	0	0	0	0	185	0	185
Rowan	Brightmoor Nursing Center	58	0	58	0	0	0	0	58	0	58
Rowan	Liberty Commons Nsg and Rehab Ctr of Rowan Cty	90	0	90	0	0	0	0	90	0	90
Rowan	Magnolia Estates Skilled Care Facility	70	0	70	0	0	0	0	70	0	70
Rowan	North Carolina State Veterans Home Salisbury *	99	0	99	0	0	0	0	99	99	0
Rowan	Salisbury Center	160	0	160	0	0	0	0	160	0	160
Rowan	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	Trinity Oaks	115	0	115	0	0	0	0	115	61	54
Rowan Totals		**984**	**0**	**984**	**0**	**0**	**0**	**0**	**984**	**160**	**824**
Rutherford	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	White Oak Manor-Rutherfordton	80	0	80	0	0	0	0	80	0	80
Rutherford	Willow Ridge of NC	150	0	150	0	0	0	0	150	0	150
Rutherford Totals		**420**	**0**	**420**	**0**	**0**	**0**	**0**	**420**	**0**	**420**
Sampson	Mary Gran Nursing Center	212	0	212	0	0	0	0	212	0	212
Sampson	Sampson Regional Medical Center **	0	30	30	0	0	0	0	30	0	30
Sampson	Southwood Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Sampson Totals		**312**	**30**	**342**	**0**	**0**	**0**	**0**	**342**	**0**	**342**
Scotland	Scotia Village	58	0	58	0	0	0	0	58	39	19
Scotland	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
Scotland Totals		**207**	**0**	**207**	**0**	**0**	**0**	**0**	**207**	**39**	**168**
Stanly	Bethany Woods Nursing and Rehabilitation Center	180	0	180	0	0	0	0	180	0	180
Stanly	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	Trinity Place	76	0	76	0	0	0	0	76	1	75
Stanly Totals		**406**	**0**	**406**	**0**	**0**	**0**	**0**	**406**	**1**	**405**
Stokes	Pioneer Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	Universal Health Care/King	96	0	96	0	0	0	0	96	0	96
Stokes	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Stokes Totals		**282**	**40**	**322**	**0**	**0**	**0**	**0**	**322**	**0**	**322**
Surry	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	Golden LivingCenter - Surry Community	120	0	120	0	0	0	0	120	0	120
Surry	Northern Hospital of Surry County	0	33	33	0	0	0	0	33	0	33
Surry	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
Surry Totals		**439**	**33**	**472**	**0**	**0**	**0**	**0**	**472**	**0**	**472**
Swain	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
Swain Totals		**120**	**0**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Transylvania	Brian Center Health & Rehabilitation/Brevard	147	0	147	0	0	0	0	147	0	147
Transylvania	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	Transylvania Regional Hospital, Inc. And Bridgeway	0	10	10	0	0	0	0	10	0	10
Transylvania Totals		**257**	**10**	**267**	**0**	**0**	**0**	**0**	**267**	**0**	**267**
Union	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	Brian Center Health & Retirement/Monroe	60	0	60	0	0	0	0	60	0	60
Union	Carolinas HealthCare System Union	0	70	70	0	0	0	0	70	0	70
Union	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	White Oak Manor of Waxhaw	100	0	100	0	0	0	0	100	0	100
Union Totals		**627**	**70**	**697**	**0**	**0**	**0**	**0**	**697**	**0**	**697**
Vance	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	Kindred Nursing and Rehabilitation-Henderson	78	0	78	0	0	0	0	78	0	78
Vance	Senior Citizen's Home	60	0	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	Vance Totals	**230**	**0**	**230**	**0**	**0**	**0**	**0**	**230**	**0**	**230**
Wake	2011 SMFP Need Determination (CON decisions under appeal.)	0	0	0	0	0	0	120	120	0	120
Wake	BellaRose Nursing & Rehab Center	0	0	0	100	0	0	0	100	0	100
Wake	Brittany Place	16	0	16	0	0	0	0	16	16	0
Wake	Britthaven of Holly Springs (90 bed transfer from Tower Nursing.)	0	0	0	0	0	90	0	90	0	90
Wake	Capital Nursing & Rehabilitation Center	125	0	125	0	0	0	0	125	0	125
Wake	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	Dan E. & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	Litchford Falls Healthcare and Rehabilitation Center (90 bed transfer to Universal Health Care-Wake Forest.)	90	0	90	0	0	-90	0	0	0	0
Wake	PruittHealth-Raleigh	150	0	150	0	0	18	0	168	0	168
Wake	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	The Cardinal at North Hills	0	0	0	15	0	0	0	15	15	0
Wake	The Laurels of Forest Glen	120	0	120	0	0	0	0	120	0	120
Wake	The Oaks at Whitaker Glen-Mayview	139	0	139	0	0	0	0	139	0	139
Wake	The Rosewood Health Center	36	0	36	0	0	0	0	36	36	0
Wake	Tower Nursing and Rehabilitation Center (90 bed transfer to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake	Universal Health Care- Wake Forest (90 bed transfer from Litchford Falls, 9 beds from Universal Health Care-Nash, and 20 beds from Universal Health Care-Oxford.)	0	0	0	0	0	119	0	119	0	119
Wake	Universal Health Care/Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	Universal Health Care/North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake	WakeMed ** ***	0	19	19	0	0	-19	0	0	0	0
Wake	WakeMed Cary Hospital ** ***	0	36	36	0	0	-36	0	0	0	0
Wake	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
	Wake Totals	**2,260**	**175**	**2,435**	**115**	**0**	**-8**	**120**	**2,662**	**336**	**2,326**
Warren	Warren Hills Nursing Center	140	0	140	0	0	0	0	140	0	140
	Warren Totals	**140**	**0**	**140**	**0**	**0**	**0**	**0**	**140**	**0**	**140**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Washington	Roanoke Landing Nursing and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
Washington Totals		**114**	**0**	**114**	**0**	**0**	**0**	**0**	**114**	**0**	**114**
Watauga	Blowing Rock Rehab Davant Extended Care Ctr	72	0	72	20	0	0	0	92	0	92
Watauga	Glenbridge Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Watauga Totals		**206**	**0**	**206**	**20**	**0**	**0**	**0**	**226**	**0**	**226**
Wayne	Brian Center Health and Rehabilitation/Goldsboro	130	0	130	0	0	0	0	130	0	130
Wayne	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne	O'Berry Center *	96	0	96	0	0	0	0	96	96	0
Wayne	Willow Creek Nursing & Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Wayne Totals		**576**	**0**	**576**	**0**	**0**	**0**	**0**	**576**	**96**	**480**
Wilkes	Avante at Wilkesboro	120	0	120	0	0	0	0	120	0	120
Wilkes	Westwood Hills Nursing & Rehabilitation Center	176	0	176	0	0	0	0	176	0	176
Wilkes	Wilkes Regional Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	Wilkes Senior Village	111	0	111	0	0	0	0	111	0	111
Wilkes Totals		**407**	**10**	**417**	**0**	**0**	**0**	**0**	**417**	**0**	**417**
Wilson	Avante at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson	Brian Center Health & Rehabilitation/Wilson	99	0	99	0	0	0	0	99	0	99
Wilson	Longleaf Neuro-Medical Treatment Center *	231	0	231	0	0	0	0	231	231	0
Wilson	Wilson Pines Nursing and Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wilson	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals		**625**	**0**	**625**	**0**	**0**	**0**	**0**	**625**	**231**	**394**
Yadkin	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals		**223**	**0**	**223**	**0**	**0**	**0**	**0**	**223**	**0**	**223**
Yancey	Smoky Ridge Health & Rehabilitation	140	0	140	0	0	0	0	140	0	140
Yancey Totals		**140**	**0**	**140**	**0**	**0**	**0**	**0**	**140**	**0**	**140**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	Grand Totals	**44,675**	**1,285**	**45,960**	**405**	**0**	**-37**	**160**	**46,488**	**3,060**	**43,428**

Note: Methodology Inventory Identifiers

* State or federal facility
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement, and/or a decision not to decertify beds. These beds are counted in the planning inventory.

Note: Methodology Planning Inventory Exclusion Reminders

* State and federal facilities excluded from planning inventory
-- Head injury beds, ventilator beds, bed transfers from state psychiatric hospitals, and a percentage of out-of-area placements in non-profit religious/fraternal facilities are excluded from the planning inventory.
- Continuing Care Retirement Communities (CCRCs) developed under policy NH-2 have 100% of their nursing home beds excluded from the planning inventory and occupancy calculation.

Note: Methodology Occupancy Reminders

* State and federal facilities are not counted in occupancy calculations.
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement and/or a decision not to decertify beds, are counted in occupancy calculations.
*** Pursuant to policy AC-4, a total of 37 beds from two WakeMed nursing care facilities were approved for re-conversion to acute care beds at WakeMed Raleigh - 24 beds from WakeMed Cary Hospital's Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility. In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities - 12 beds from WakeMed Cary/Fuquay-Varina and 6 beds from WakeMed Zebulon/Wendell. After these re-conversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities.

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Alamance	797	803	766	759	756	152,531	153,029	153,642	155,788	157,624	5.2252	5.2474	4.9856	4.8720	4.7962	-0.0210	-0.0210	4.4941
Alexander	113	123	121	115	128	37,528	37,389	37,448	37,829	38,302	3.0111	3.2897	3.2311	3.0400	3.3419	0.0287	-0.0229	3.1118
Alleghany	80	76	78	77	85	11,069	10,971	11,029	11,111	11,159	7.2274	6.9274	7.0723	6.9301	7.6172	0.0146	-0.0229	7.0928
Anson	146	148	138	145	147	25,822	26,626	26,322	26,464	26,469	5.6541	5.5585	5.2428	5.4791	5.5537	-0.0038	-0.0038	5.4911
Ashe	162	110	119	117	109	27,423	27,361	27,442	27,448	27,482	5.9074	4.0203	4.3364	4.2626	3.9662	-0.0818	-0.0229	3.6932
Avery	90	96	92	96	90	17,834	17,764	17,866	17,895	17,902	5.0465	5.4042	5.1494	5.3646	5.0274	0.0007	0.0007	5.0374
Beaufort	255	254	260	259	250	47,854	47,901	47,791	47,714	47,718	5.3287	5.3026	5.4404	5.4282	5.2391	-0.0040	-0.0040	5.1763
Bertie	124	118	129	114	115	20,890	20,665	20,586	20,621	20,361	5.9359	5.7101	6.2664	5.5283	5.6481	-0.0092	-0.0092	5.4924
Bladen	175	164	165	157	154	35,148	35,200	35,219	35,113	35,152	4.9789	4.6591	4.6850	4.4713	4.3810	-0.0311	-0.0229	4.0794
Brunswick	475	456	449	443	404	110,140	112,597	115,666	117,852	121,577	4.3127	4.0498	3.8819	3.7590	3.3230	-0.0625	-0.0229	3.0942
Buncombe	1,628	1,507	1,567	1,596	1,498	243,354	244,969	248,929	251,271	254,344	6.6898	6.1518	6.2950	6.3517	5.8897	-0.0302	-0.0302	5.3557
Burke	476	485	490	462	428	90,722	89,977	89,552	89,198	89,198	5.2468	5.3903	5.4717	5.1795	4.7983	-0.0211	-0.0211	4.4941
Cabarrus	607	593	581	587	562	181,253	183,565	186,502	191,080	195,999	3.3489	3.2305	3.1152	3.0720	2.8674	-0.0379	-0.0229	2.6700
Caldwell	342	357	359	336	327	83,117	82,605	82,536	82,447	82,391	4.1147	4.3218	4.3496	4.0753	3.9689	-0.0081	-0.0081	3.8724
Camden *	0	0	0	0	0	9,921	9,922	10,040	10,239	10,349	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	288	246	270	312	299	66,748	67,372	68,222	69,358	69,530	4.3147	3.6514	3.9577	4.4984	4.3003	0.0057	-0.0229	4.0043
Caswell	128	132	130	137	135	23,654	23,492	23,736	23,606	23,643	5.4113	5.6189	5.4769	5.8036	5.7099	0.0141	-0.0229	5.3169
Catawba	712	579	684	655	653	154,992	155,494	155,463	155,832	156,182	4.5938	3.7236	4.3998	4.2032	4.1810	-0.0144	-0.0144	3.9998
Chatham	346	380	357	356	364	64,553	66,545	67,638	68,726	69,851	5.3599	5.7104	5.2781	5.1800	5.2111	-0.0057	-0.0057	5.1216
Cherokee	175	185	173	181	172	27,300	27,030	27,156	27,360	27,487	6.4103	6.8442	6.3706	6.6155	6.2575	-0.0043	-0.0043	6.1769
Chowan	127	101	94	91	92	14,796	14,743	14,806	14,637	14,670	8.5834	6.8507	6.3488	6.2171	6.2713	-0.0718	-0.0229	5.8396
Clay	64	70	82	80	71	10,460	10,520	10,628	10,750	10,886	6.1185	6.6540	7.7155	7.4419	6.5221	0.0220	-0.0229	6.0731
Cleveland	530	497	485	468	438	98,209	97,702	97,442	97,910	98,246	5.3967	5.0869	4.9773	4.7799	4.4582	-0.0465	-0.0229	4.1513
Columbus	281	270	280	280	255	57,657	57,862	57,536	57,645	57,579	4.8736	4.6663	4.8665	4.8573	4.4287	-0.0224	-0.0224	4.1305
Craven	389	389	389	385	395	98,748	99,323	98,121	104,513	105,052	3.9393	3.9165	3.9645	3.6838	3.7600	-0.0109	-0.0109	3.6370
Cumberland	960	976	997	985	965	300,230	301,878	303,933	329,411	331,238	3.1975	3.2331	3.2803	2.9902	2.9133	-0.0221	-0.0221	2.7201
Currituck	92	81	81	85	84	23,643	23,767	24,055	24,958	25,616	3.8912	3.4081	3.3673	3.4057	3.2792	-0.0405	-0.0229	3.0535
Dare	53	59	73	65	63	34,216	34,810	35,182	35,373	35,579	1.5490	1.6949	2.0749	1.8376	1.7707	0.0419	-0.0229	1.6488
Davidson	718	698	710	721	666	163,364	163,410	163,826	164,464	164,927	4.3951	4.2715	4.3339	4.3839	4.0382	-0.0202	-0.0202	3.7933
Davie	166	174	183	167	164	41,560	41,412	41,524	41,474	41,475	3.9942	4.2017	4.4071	4.0266	3.9542	-0.0009	-0.0009	3.9438
Duplin	221	213	235	246	230	59,476	60,059	60,122	60,126	60,446	3.7158	3.5465	3.9087	4.0914	3.8050	0.0083	-0.0229	3.5431
Durham	1,106	1,225	1,099	1,111	1,105	272,314	282,511	286,142	292,194	297,807	4.0615	4.3361	3.8408	3.8023	3.7105	-0.0202	-0.0202	3.4856
Edgecombe	286	284	282	266	258	56,089	56,085	55,723	55,474	55,394	5.0990	5.0637	5.0607	4.7950	4.6575	-0.0222	-0.0222	4.3477
Forsyth	1,330	1,311	1,283	1,305	1,221	354,878	357,767	360,589	364,258	367,853	3.7478	3.6644	3.5581	3.5826	3.3193	-0.0295	-0.0295	3.0258
Franklin	209	206	175	189	183	61,651	61,840	62,720	63,217	63,848	3.3901	3.3312	2.7902	2.9897	2.8662	-0.0374	-0.0229	2.6689
Gaston	905	887	882	871	860	207,506	208,582	209,606	210,745	211,936	4.3613	4.2525	4.2079	4.1330	4.0578	-0.0179	-0.0179	3.8404
Gates	47	55	54	57	47	11,944	11,830	11,654	11,947	11,914	3.9350	4.6492	4.6336	4.7711	3.9449	0.0087	-0.0229	3.6734
Graham	64	66	65	72	73	8,942	8,850	8,845	8,840	8,890	7.1572	7.4576	7.3488	8.1448	8.2115	0.0360	-0.0229	7.6462
Granville	202	204	187	204	217	60,863	56,748	57,925	58,102	58,280	3.3189	3.5948	3.2283	3.5111	3.7234	0.0323	-0.0229	3.4671
Greene	104	103	94	104	99	21,489	21,363	21,081	21,283	21,309	4.8397	4.8214	4.4590	4.8865	4.6459	-0.0081	-0.0081	4.5334
Guilford	2,204	2,121	2,133	2,102	2,056	495,231	502,190	507,578	512,281	516,415	4.4504	4.2235	4.2023	4.1032	3.9813	-0.0273	-0.0273	3.6549

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Halifax	299	293	294	284	280	54,397	54,237	53,718	53,189	52,876	5.4966	5.4022	5.4730	5.3394	5.2954	-0.0092	-0.0092	5.1496
Harnett	385	303	362	378	364	115,665	117,850	119,374	125,717	127,986	3.3286	2.5711	3.0325	3.0068	2.8441	-0.0277	-0.0277	2.6079
Haywood	397	428	402	418	428	59,684	59,291	59,690	59,913	60,178	6.6517	7.2186	6.7348	6.9768	7.1122	0.0184	-0.0229	6.6226
Henderson	806	814	796	804	788	108,448	108,183	109,305	110,903	112,116	7.4321	7.5243	7.2824	7.2496	7.0284	-0.0137	-0.0137	6.7398
Hertford	145	145	142	130	126	24,466	24,451	24,558	24,595	24,501	5.9266	5.9302	5.7822	5.2856	5.1426	-0.0343	-0.0229	4.7886
Hoke	125	126	124	119	115	46,896	47,471	47,756	50,987	51,568	2.6655	2.6543	2.5965	2.3339	2.2301	-0.0429	-0.0229	2.0765
Hyde	51	56	57	51	50	5,815	5,742	5,801	5,743	5,735	8.7704	9.7527	9.8259	8.8804	8.7184	0.0013	0.0013	8.7513
Iredell	863	538	561	528	539	161,522	163,043	165,025	167,161	169,281	5.3429	3.2997	3.3995	3.1586	3.1841	-0.1037	-0.0229	2.9649
Jackson	168	166	156	149	139	40,606	40,788	40,812	41,032	41,279	4.1373	4.0698	3.8224	3.6313	3.3673	-0.0499	-0.0229	3.1355
Johnston	501	493	498	484	480	172,570	174,839	177,372	180,050	183,309	2.9032	2.8197	2.8077	2.6881	2.6185	-0.0254	-0.0254	2.4192
Jones	63	61	55	54	59	10,327	10,615	10,554	10,470	10,490	6.1005	5.7466	5.2113	5.1576	5.6244	-0.0177	-0.0177	5.3251
Lee	189	174	229	250	254	58,304	59,111	59,356	59,205	59,202	3.2416	2.9436	3.8581	4.2226	4.2904	0.0823	-0.0229	3.9950
Lenoir	276	266	274	315	310	59,314	59,401	59,063	58,826	58,780	4.6532	4.4780	4.6391	5.3548	5.2739	0.0344	-0.0229	4.9108
Lincoln	279	282	290	253	262	79,026	79,267	79,768	80,202	80,810	3.5305	3.5576	3.6355	3.1545	3.2422	-0.0187	-0.0187	3.0600
Macon	186	171	150	164	88	34,459	33,985	34,149	34,432	34,851	5.3977	5.0316	4.3925	4.7630	2.5250	-0.1451	-0.0229	2.3512
Madison	176	176	164	171	169	21,193	21,192	21,370	21,584	21,728	8.3046	8.3050	7.6743	7.9225	7.7780	-0.0154	-0.0154	7.4175
Martin	118	106	118	111	108	24,083	24,020	23,755	23,714	23,604	4.8997	4.4130	4.9674	4.6808	4.5755	-0.0135	-0.0135	4.3905
McDowell	219	229	216	217	204	45,462	45,288	45,245	45,320	45,380	4.8172	5.0565	4.7740	4.7882	4.4954	-0.0161	-0.0161	4.2783
Mecklenburg	2,544	2,516	2,584	2,673	2,729	939,889	962,388	991,191	1,013,290	1,032,620	2.7067	2.6143	2.6070	2.6379	2.6428	-0.0058	-0.0058	2.5968
Mitchell	103	103	102	108	109	15,501	15,396	15,388	15,830	15,826	6.6447	6.6900	6.6285	6.8225	6.8874	0.0091	-0.0229	6.4133
Montgomery	83	101	93	96	98	27,864	27,914	27,775	27,819	27,842	2.9788	3.6183	3.3483	3.4509	3.5199	0.0477	-0.0229	3.2776
Moore	593	587	585	613	549	88,550	89,799	90,864	93,079	94,218	6.6968	6.5368	6.4382	6.5858	5.8269	-0.0328	-0.0229	5.4258
Nash	440	433	435	428	368	96,122	95,533	94,776	94,528	94,331	4.5775	4.5325	4.5898	4.5278	3.9012	-0.0373	-0.0229	3.6326
New Hanover	787	874	890	936	907	206,774	209,371	213,222	216,951	220,108	3.8061	4.1744	4.1741	4.3143	4.1207	0.0214	-0.0229	3.8370
Northampton	127	128	120	130	110	21,844	21,514	21,218	21,218	21,095	5.8140	5.9496	5.6556	6.1269	5.2145	-0.0229	-0.0229	4.8560
Onslow	259	254	256	245	232	151,643	159,287	162,796	193,221	194,607	1.7080	1.5946	1.5725	1.2680	1.1921	-0.0834	-0.0229	1.1101
Orange	386	308	307	298	284	135,776	138,575	139,738	139,930	141,599	2.8429	2.2226	2.1970	2.1296	2.0057	-0.0796	-0.0229	1.8676
Pamlico	52	57	54	76	68	13,214	13,190	13,071	13,137	13,158	3.9352	4.3215	4.1313	5.7852	5.1680	0.0869	-0.0229	4.8122
Pasquotank	244	229	222	228	212	39,705	39,141	38,441	39,655	39,951	6.1453	5.8506	5.7751	5.7496	5.3065	-0.0356	-0.0229	4.9412
Pender	230	230	230	232	234	53,437	54,390	55,587	56,540	57,693	4.3041	4.2287	4.1377	4.1033	4.0560	-0.0147	-0.0147	3.8768
Perquimans	64	52	62	57	58	13,537	13,660	13,735	13,627	13,566	4.7278	3.8067	4.5140	4.1829	4.2754	-0.0151	-0.0151	4.0822
Person	176	168	175	182	181	39,700	39,197	39,189	39,268	39,322	4.4332	4.2860	4.4655	4.6348	4.6030	0.0099	-0.0229	4.2861
Pitt	513	495	493	503	388	170,263	172,618	173,938	174,414	175,390	3.0130	2.8676	2.8343	2.8839	2.2122	-0.0688	-0.0229	2.0599
Polk	188	194	194	191	183	20,453	20,262	20,528	20,755	20,848	9.1918	9.5746	9.4505	9.2026	8.7778	-0.0109	-0.0109	8.4901
Randolph	633	641	635	635	640	142,901	142,594	142,614	143,079	143,666	4.4296	4.4953	4.4526	4.4381	4.4548	0.0015	0.0015	4.4742
Richmond	196	192	162	191	162	46,459	46,258	46,053	45,543	45,521	4.2188	4.1506	3.5177	4.1938	3.5588	-0.0320	-0.0229	3.3138
Robeson	479	499	385	479	476	134,651	134,433	133,984	133,562	133,257	3.5573	3.7119	2.8735	3.5863	3.5720	0.0154	-0.0229	3.3261
Rockingham	577	536	544	540	534	93,558	92,873	92,259	92,557	92,543	6.1673	5.7713	5.8964	5.8342	5.7703	-0.0160	-0.0160	5.4932
Rowan	845	820	849	849	833	138,309	138,242	138,708	138,709	138,710	6.1095	5.9316	6.1208	6.1207	6.0053	-0.0040	-0.0040	5.9329
Rutherford	385	369	374	345	354	68,392	67,932	67,764	67,600	67,466	5.6293	5.4319	5.5192	5.1036	5.2471	-0.0165	-0.0165	4.9866
Sampson	299	283	252	237	223	63,746	64,151	64,335	64,400	64,516	4.6905	4.4115	3.9170	3.6801	3.4565	-0.0732	-0.0229	3.2186

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Scotland	173	100	185	178	168	36,029	36,366	36,231	36,059	35,804	4.8017	2.7498	5.1061	4.9364	4.6922	0.0867	-0.0229	4.3692
Stanly	381	378	364	372	350	60,936	60,477	60,631	61,061	61,255	6.2525	6.2503	6.0035	6.0923	5.7138	-0.0218	-0.0218	5.3403
Stokes	287	303	307	296	300	47,551	47,068	46,747	46,786	46,787	6.0356	6.4375	6.5673	6.3267	6.4120	0.0159	-0.0229	5.9706
Surry	426	422	433	437	431	73,575	73,718	73,367	73,840	73,834	5.7900	5.7245	5.9018	5.9182	5.8374	0.0022	0.0022	5.8759
Swain	86	78	88	97	93	14,263	14,494	14,596	14,829	14,987	6.0296	5.3815	6.0290	6.5412	6.2054	0.0116	-0.0229	5.7782
Transylvania	226	211	189	208	219	33,275	33,022	33,222	33,440	33,738	6.7919	6.3897	5.6890	6.2201	6.4912	-0.0080	-0.0080	6.3357
Tyrrell *	0	0	0	0	0	4,342	4,174	4,142	4,135	4,142	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	575	539	542	517	530	205,717	207,872	211,558	215,956	220,546	2.7951	2.5929	2.5619	2.3940	2.4031	-0.0365	-0.0229	2.2377
Vance	224	213	211	215	213	45,558	45,530	45,070	45,078	45,022	4.9168	4.6782	4.6816	4.7695	4.7310	-0.0093	-0.0093	4.5994
Wake	1,879	1,929	1,950	2,026	1,969	925,083	944,733	963,973	985,320	1,005,367	2.0312	2.0418	2.0229	2.0562	1.9585	-0.0088	-0.0088	1.9070
Warren	122	116	120	111	124	20,883	20,674	20,457	20,524	20,514	5.8421	5.6109	5.8660	5.4083	6.0447	0.0114	-0.0229	5.6285
Washington	110	106	95	99	104	13,060	12,821	12,830	12,682	12,646	8.4227	8.2677	7.4045	7.8063	8.2239	-0.0038	-0.0038	8.1312
Watauga	156	173	108	168	165	52,111	52,517	52,692	52,923	53,314	2.9936	3.2942	2.0496	3.1744	3.0949	0.0616	-0.0229	2.8818
Wayne	439	463	446	453	425	120,442	121,319	121,421	125,689	125,912	3.6449	3.8164	3.6732	3.6041	3.3754	-0.0182	-0.0182	3.1912
Wilkes	383	376	374	378	375	69,592	69,755	69,774	69,890	70,000	5.5035	5.3903	5.3602	5.4085	5.3571	-0.0067	-0.0067	5.2501
Wilson	361	341	334	342	358	81,380	81,796	81,419	81,405	81,677	4.4360	4.1689	4.1022	4.2012	4.3831	-0.0022	-0.0022	4.3543
Yadkin	202	202	202	198	201	38,442	38,247	38,146	37,846	37,655	5.2547	5.2815	5.2954	5.2317	5.3379	0.0040	0.0040	5.4021
Yancey	107	116	100	95	85	18,069	17,874	17,919	17,915	17,915	5.9217	6.4899	5.5807	5.3028	4.7446	-0.0498	-0.0229	4.4180
State Total	38,763	37,764	37,730	38,100	37,023	9,589,952	9,683,675	9,779,863	9,953,687	10,054,722	4.0420	3.8998	3.8579	3.8277	3.6822	-0.0229		

* Camden and Tyrrell have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.4941	167,370	752	792	888	71	817	25		86.5	0
Alexander	3.1118	40,254	125	132	183	49	134	2		70.2	0
Alleghany	7.0928	11,460	81	86	90	0	90	4		90.0	0
Anson	5.4911	26,465	145	153	161	0	161	8		91.3	0
Ashe	3.6932	27,623	102	107	210	0	210	103		52.4	0
Avery	5.0374	17,903	90	95	128	0	128	33		69.7	0
Beaufort	5.1763	47,718	247	260	290	0	290	30		85.4	0
Bertie	5.4924	19,058	105	110	142	0	142	32		82.3	0
Bladen	4.0794	35,355	144	152	194	0	194	42		85.6	0
Brunswick	3.0942	137,032	424	446	628	0	628	182		82.4	0
Buncombe	5.3557	269,687	1,444	1,520	1,950	321	1,629	109		89.9	0
Burke	4.4941	89,196	401	422	556	25	531	109		88.7	0
Cabarrus	2.6700	217,017	579	610	691	24	667	57		81.5	0
Caldwell	3.8724	82,226	318	335	400	0	400	65		81.2	0
Carteret	4.0043	69,512	278	293	424	0	424	131		79.2	0
Caswell	5.3169	23,632	126	132	157	0	157	25		86.4	0
Catawba	3.9998	157,932	632	665	759	45	714	49		89.7	0
Chatham	5.1216	75,494	387	407	510	130	380	-27	-6.63%	58.8	0
Cherokee	6.1769	27,650	171	180	210	0	210	30		84.0	0
Chowan	5.8396	14,668	86	90	130	0	130	40		69.2	0
Clay	6.0731	10,965	67	70	90	0	90	20		83.5	0
Cleveland	4.1513	99,359	412	434	554	0	554	120		79.3	0
Columbus	4.1305	57,579	238	250	323	0	323	73		88.6	0
Craven	3.6370	103,064	375	395	461	0	461	66		83.2	0
Cumberland	2.7201	313,419	853	897	1,179	150	1,029	132		88.9	0
Currituck	3.0535	28,334	87	91	100	0	100	9		82.3	0
Dare	1.6488	36,217	60	63	126	0	126	63		52.5	0
Davidson	3.7933	167,286	635	668	794	45	749	81		92.7	0
Davie	3.9438	41,469	164	172	228	0	228	56		72.9	0
Duplin	3.5431	62,035	220	231	272	0	272	41		90.1	0
Durham	3.4856	325,799	1,136	1,195	1,342	206	1,136	-59	-4.97%	86.8	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Edgecombe	4.3477	54,937	239	251	307	0	307	56		88.1	0
Forsyth	3.0258	387,682	1,173	1,235	1,708	212	1,496	261		84.5	0
Franklin	2.6689	66,881	178	188	258	0	258	70		72.0	0
Gaston	3.8404	219,206	842	886	984	50	934	48		88.3	0
Gates	3.6734	11,915	44	46	70	0	70	24		81.7	0
Graham	7.6462	9,226	71	74	80	0	80	6		81.6	0
Granville	3.4671	59,236	205	216	220	0	220	4		89.2	0
Greene	4.5334	21,310	97	102	115	0	115	13		83.8	0
Guilford	3.6549	534,859	1,955	2,058	2,441	206	2,235	177		88.1	0
Halifax	5.1496	51,330	264	278	343	0	343	65		87.2	0
Harnett	2.6079	134,805	352	370	425	0	425	55		89.7	0
Haywood	6.6226	61,476	407	429	475	0	475	46		90.7	0
Henderson	6.7398	117,942	795	837	912	0	912	75		87.6	0
Hertford	4.7886	24,121	116	122	151	0	151	29		83.2	0
Hoke	2.0765	54,789	114	120	132	0	132	12		78.5	0
Hyde	8.7513	5,671	50	52	80	0	80	28		60.7	0
Iredell	2.9649	179,888	533	561	653	0	653	92		88.2	0
Jackson	3.1355	42,477	133	140	200	0	200	60		72.2	0
Johnston	2.4192	201.850	488	514	615	0	615	101		98.3	0
Jones	5.3251	10,615	57	60	80	0	80	20		71.5	0
Lee	3.9950	59,242	237	249	294	0	294	45		28.7	0
Lenoir	4.9108	58,533	287	303	407	100	307	4		54.4	0
Lincoln	3.0600	83,849	257	270	300	0	300	30		90.4	0
Macon	2.3512	36,974	87	92	280	0	280	188		32.6	0
Madison	7.4175	22,467	167	175	180	0	180	5		93.4	0
Martin	4.3905	23,059	101	107	154	0	154	47		69.0	0
McDowell	4.2783	45,615	195	205	250	0	250	45		85.1	0
Mecklenburg	2.5968	1,141,758	2,965	3,121	3,300	343	2,957	-164	-5.25%	86.0	0
Mitchell	6.4133	16,074	103	109	127	0	127	18		89.3	0
Montgomery	3.2776	27,946	92	96	141	0	141	45		71.6	0
Moore	5.4258	98,173	533	561	720	44	676	115		83.4	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Nash	3.6326	93,380	339	357	458	0	458	101		89.3	0
New Hanover	3.8370	235,248	903	950	1,059	18	1,041	91		88.5	0
Northampton	4.8560	20,416	99	104	149	0	149	45		80.7	0
Onslow	1.1101	171,633	191	201	359	0	359	158		65.6	0
Orange	1.8676	149,922	280	295	489	30	459	164		79.4	0
Pamlico	4.8122	13,293	64	67	96	0	96	29		75.5	0
Pasquotank	4.9412	39,520	195	206	278	22	256	50		85.2	0
Pender	3.8768	62,799	243	256	253	0	253	-3	-1.28%	93.1	0
Perquimans	4.0822	13,698	56	59	78	0	78	19		75.3	0
Person	4.2861	39,588	170	179	200	0	200	21		91.0	0
Pitt	2.0599	179,778	370	390	570	30	540	150		91.0	0
Polk	8.4901	21,336	181	191	221	52	169	-22	-11.37%	87.5	0
Randolph	4.4742	146,606	656	690	720	0	720	30		91.0	0
Richmond	3.3138	45,331	150	158	276	0	276	118		72.6	0
Robeson	3.3261	131,710	438	461	525	24	501	40		90.2	0
Rockingham	5.4932	92,544	508	535	595	0	595	60		90.5	0
Rowan	5.9329	138,710	823	866	984	160	824	-42	-4.88%	88.9	0
Rutherford	4.9866	67,046	334	352	420	0	420	68		92.4	0
Sampson	3.2186	65,108	210	221	342	0	342	121		67.1	0
Scotland	4.3692	34,482	151	159	207	39	168	9		82.7	0
Stanly	5.3403	62,494	334	351	406	1	405	54		95.2	0
Stokes	5.9706	46,786	279	294	322	0	322	28		91.0	0
Surry	5.8759	73,835	434	457	472	0	472	15		94.5	0
Swain	5.7782	15,758	91	96	120	0	120	24		77.3	0
Transylvania	6.3357	35,284	224	235	267	0	267	32		82.0	0
Union	2.2377	243,620	545	574	697	0	697	123		87.8	0
Vance	4.5994	44,867	206	217	230	0	230	13		93.9	0
Wake	1.9070	1,104,802	2,107	2,218	2,662	336	2,326	108		88.3	0
Warren	5.6285	20,515	115	122	140	0	140	18		86.2	0
Washington	8.1312	12,313	100	105	114	0	114	9		90.1	0
Watauga	2.8818	55,264	159	168	226	0	226	58		83.5	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Wayne	3.1912	125,856	402	423	576	96	480	57		90.7	0
Wilkes	5.2501	70,586	371	390	417	0	417	27		90.7	0
Wilson	4.3543	84,198	367	386	625	231	394	8		86.1	0
Yadkin	5.4021	36,826	199	209	223	0	223	14		92.3	0
Yancey	4.4180	17,946	79	83	140	0	140	57		63.5	0
State Total		10,479,782	36,390	38,305	46,488	3,060	43,428				0

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional nursing care beds anywhere else in the state and no other reviews are scheduled as shown in Table 10D.

Table 10D: Nursing Care Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional nursing care beds as specified.

County	HSA	Nursing Care Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional nursing care beds anywhere in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).

Chapter 11:

Adult Care Homes

CHAPTER 11
ADULT CARE HOMES

Summary of Bed Supply and Utilization
An Adult Care Home is defined as a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes. These statutory citations refer to licensure of adult care homes, nursing homes and hospitals.

Prior to enactment of legislation (Senate Bill 937) in 2001 to regulate the development of Adult Care Homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds were referred to as "exempt" or "pipeline" beds. More than 10,000 beds were identified as exempt or pipeline beds in the North Carolina 2002 State Medical Facilities Plan. Senate Bill 937, however, provides dates by which defined conditions must be met in order for these unlicensed exempt or pipeline beds to continue to be authorized for development. In addition, some other beds remain eligible to be developed pursuant to settlements of contested cases. These "settlement" beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the North Carolina 2017 State Medical Facilities Plan is subject to change based on whether or not conditions have been met to allow for development of the exempt, pipeline or settlement beds that have been included in this inventory. Changes in the inventory of exempt or pipeline beds following publication of the North Carolina 2017 State Medical Facilities Plan will be addressed in the 2018 or subsequent Plans. Changes in inventory may also be made as a result of litigation.

In the fall of 2016, the adult care home inventory included 42,981 licensed beds in adult care homes, nursing homes and hospitals. An additional 1,285 beds had not, as yet, been licensed. These 1,285 "License Pending" beds had either been exempted from the moratorium on the development of additional adult care home beds; had been determined to be in the pipeline for development prior to the moratorium; had been set out in the terms of settlement agreements; or had received approval from Certificate of Need (CON) but were not yet licensed. In addition, 1,620 adult care home beds from currently licensed facilities will be transferred to CON-approved projects once completed. The "total inventory" of adult care home beds (*licensed + license pending + previously allocated*) was 44,276. Exclusions for one-half of the qualified adult care home beds in continuing care retirement communities *(Policy LTC-1 beds)* accounted for 237 excluded beds resulting in an adjusted "planning inventory" of 44,039 adult care home beds.

Changes from the Previous Plan
There have been no substantial changes in the application of the adult care home bed need methodology from that used in the 2016 State Medical Facilities Plan.

References to dates in the methodology and in the policies have been advanced by one year, as appropriate.

Basic Assumptions of the Method
1. The principal determinant of adult care home use in an area is the age of the population; the higher the age, the higher the use.

2. Need should be projected three years beyond the Plan Year because at least that amount of time is required to bring a needed facility or expansion into service.

3. One-half of the beds developed as part of a qualified continuing care retirement community are excluded from the inventory.

4. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to adult care home facilities.

5. The following bed-to-population ratios were based on the five-year average combined patient utilization data as reported on 2012 through 2016 Renewal Application for License to Operate a Nursing Home, Nursing Care Supplements to the 2012 through 2016 Hospital License Renewal Applications, and 2012 through 2016 Licensure Renewal Application for Adult Care Homes.

Age Group	Beds Per 1,000 Population
Under 35	0.08
35-64	1.43
65-74	5.53
75-84	19.22
85 and Over	75.87

Sources of Data
Population Data:
Projected numbers of residents, by county and age group, for 2020 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the "Under 35 age group" for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status- Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2014 5-year Estimates.

Utilization Data:
Data on utilization by age groups were compiled from the 2012 through 2016 "Renewal Applications for License to Operate a Nursing Home" combined with data from the 2012 through 2016 "Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications," combined with data from the 2012 through 2016 Licensure Renewal Application for Adult Care Homes as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Method
The steps in applying the projection method are as follows:

Step 1: Multiply the adopted age-specific use rates *(see under "Assumptions")* by each county's corresponding projected age-specific civilian population *(in thousands)* for the target year *(2020)*.

Step 2: For each county, add the products of the age-specific projections of beds in Step 1. The sum is the county's projected bed utilization.

Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: license pending beds; beds available in prior Plans that have not been CON approved; and exclusions from the county's inventory, if any.

Step 4: For each county, the projected bed utilization derived in Step 2 is subtracted from the planning inventory derived in Step 3. The result is the county's surplus or deficit.

Step 5: If any county's deficit is 10 percent to 50 percent of its total projected bed need and the average occupancy of licensed beds in the county, excluding continuing care retirement communities, is 85 percent or greater based on utilization data reported on 2016 License Renewal Applications, the need determination is the amount of the deficit rounded to 10. If any county's deficit is 50 percent or more of its total projected bed need, the need determination is the amount of the deficit rounded to 10. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

An adult care home bed's service area is the adult care home bed planning area in which the bed is located. Ninety-eight counties in the state are separate adult care home planning areas. Two counties, Hyde and Tyrrell, are considered a combined service area.

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Alamance	A Vision Come True	0	0	12	12	0	0	0	0	12	0	12
Alamance	Alamance House	0	0	94	94	0	0	0	0	94	0	94
Alamance	Blakey Hall Assisted Living	0	0	72	72	0	0	0	0	72	0	72
Alamance	Brookdale Burlington AL (NC)	0	0	84	84	0	0	0	0	84	0	84
Alamance	Brookdale Burlington MC	0	0	52	52	0	0	0	0	52	0	52
Alamance	Burlington Care Center	0	0	12	12	0	0	0	0	12	0	12
Alamance	Edgewood Place at the Village at Brookwood	24	0	0	24	0	0	0	0	24	0	24
Alamance	Elon Village Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Alamance	Homeplace of Burlington	0	0	67	67	0	0	0	0	67	0	67
Alamance	Lane St. Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	48	0	0	48	0	0	0	0	48	0	48
Alamance	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Alamance	Pleasant Grove Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Brock Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Crouse Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Ross Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Stewart Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	The Oaks of Alamance	0	0	69	69	0	0	0	0	69	0	69
Alamance	Twin Lakes Community Memory Care	16	0	0	16	0	0	0	0	16	7	9
Alamance Totals		**88**	**0**	**670**	**758**	**0**	**0**	**0**	**0**	**758**	**7**	**751**
Alexander	A New Outlook of Taylorsville	0	0	34	34	0	0	0	0	34	0	34
Alexander	Alexander Assisted Living	0	0	32	32	0	0	0	0	32	0	32
Alexander	Taylorsville House	0	0	60	60	0	0	0	0	60	0	60
Alexander Totals		**0**	**0**	**126**	**126**	**0**	**0**	**0**	**0**	**126**	**0**	**126**
Alleghany	Alleghany Center	22	0	0	22	0	0	0	0	22	0	22
Alleghany	Alleghany House	0	0	0	0	40	0	0	0	40	0	40
Alleghany Totals		**22**	**0**	**0**	**22**	**40**	**0**	**0**	**0**	**62**	**0**	**62**
Anson	Ambassador Rehab & Healthcare Center	53	0	0	53	0	0	0	0	53	0	53
Anson	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	0	60	0	60
Anson Totals		**53**	**0**	**60**	**113**	**0**	**0**	**0**	**0**	**113**	**0**	**113**
Ashe	Ashe Assisted Living and Memory Care	0	0	55	55	0	0	0	0	55	0	55
Ashe	Forest Ridge	0	0	60	60	0	0	0	0	60	0	60
Ashe Totals		**0**	**0**	**115**	**115**	**0**	**0**	**0**	**0**	**115**	**0**	**115**
Avery	Cranberry House	0	0	60	60	0	0	0	0	60	0	60
Avery	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	0	40	0	40
Avery Totals		**0**	**0**	**100**	**100**	**0**	**0**	**0**	**0**	**100**	**0**	**100**

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Beaufort	AG Dunston Manor	0	0	0	0	50	0	0	0	50	0	50
Beaufort	Autumnfield of Belhaven	0	0	64	64	0	0	0	0	64	0	64
Beaufort	Clara Manor	0	0	20	20	0	0	0	0	20	0	20
Beaufort	Pantego Rest Home	0	0	30	30	0	0	0	0	30	0	30
Beaufort	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Beaufort	Washington Manor	0	0	9	9	0	0	0	0	9	0	9
Beaufort	Willow Manor	0	0	34	34	0	0	0	0	34	0	34
Beaufort Totals		**10**	**0**	**157**	**167**	**50**	**0**	**0**	**0**	**217**	**0**	**217**
Bertie	Three Rivers Health and Rehab	20	0	0	20	0	0	0	0	20	0	20
Bertie	Windsor House	0	0	60	60	0	0	0	0	60	0	60
Bertie	Winston Gardens	0	0	25	25	0	0	0	0	25	0	25
Bertie Totals		**20**	**0**	**85**	**105**	**0**	**0**	**0**	**0**	**105**	**0**	**105**
Bladen	Bladen Manor Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Bladen	Poplar Heights Center	30	0	0	30	0	0	0	0	30	0	30
Bladen	West Bladen Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Bladen Totals		**30**	**0**	**120**	**150**	**0**	**0**	**0**	**0**	**150**	**0**	**150**
Brunswick	Arbor Landing at Ocan Isle	0	0	0	0	40	0	0	0	40	0	40
Brunswick	Autumn Care of Shallotte	10	0	0	10	0	0	0	0	10	0	10
Brunswick	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	0	40	0	40
Brunswick	Calabash Manor	0	0	0	0	80	0	0	0	80	0	80
Brunswick	Carillon Assisted Living of Southport (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Brunswick	Leland House	0	0	78	78	0	0	0	0	78	0	78
Brunswick	Liberty Commons Assisted Living of Brunswick County	0	0	0	0	110	0	0	0	110	0	110
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Brunswick	Shallotte Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Brunswick	The Brunswick Community	0	0	0	0	110	0	0	0	110	0	110
Brunswick Totals		**67**	**0**	**254**	**321**	**340**	**0**	**0**	**0**	**661**	**0**	**661**
Buncombe	Arbor Terrace of Asheville	0	0	70	70	0	0	0	0	70	0	70
Buncombe	Aston Park Health Care Center	19	0	0	19	0	0	0	0	19	0	19
Buncombe	Becky's Rest Home #1	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Becky's Rest Home #2	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Brian Center Health & Rehabilitation/Weaverville	10	0	0	10	0	0	0	0	10	0	10
Buncombe	Brookdale Asheville Overlook	0	0	79	79	0	0	0	0	79	0	79
Buncombe	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	0	38	0	38
Buncombe	Candler Living Center	0	0	29	29	0	0	0	0	29	0	29
Buncombe	Canterbury Hills Adult Care Home (Bed transfer to The Crossings at Beaverdam)	0	0	99	99	0	-99	0	0	0	0	0
Buncombe	Chase Samaritan Assisted Living	0	0	54	54	0	0	0	0	54	0	54

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Buncombe	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	0	67	0	67
Buncombe	Deerfield Episcopal Retirement Community	62	0	0	62	0	0	0	0	62	10	52
Buncombe	Emerald Ridge Rehabilitation & Care Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Health Care Center Inc	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Givens Health Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Givens Highland Farms	30	0	0	30	0	0	0	0	30	0	30
Buncombe	Heather Glen At Ardenwoods	0	0	60	60	0	0	0	0	60	0	60
Buncombe	Hominy Valley Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Buncombe	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Nana's Assisted Living Facility (Transfer to Winchester House (Henderson Co.))	0	0	49	49	0	-25	0	0	24	0	24
Buncombe	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	0	56	0	56
Buncombe	Richmond Hill Rest Home #1	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #3	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #4	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #5	0	0	12	12	0	0	0	0	12	0	12
Buncombe	The Crossings at Beaverdam (Bed transfer from Canterbury Hills)	0	0	0	0	0	99	0	0	99	0	99
Buncombe	The Laurels of Summit Ridge	63	0	0	63	0	0	0	0	63	0	63
Buncombe	The Oaks at Sweeten Creek	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Trinity View	0	0	24	24	0	0	0	0	24	0	24
Buncombe	Western North Carolina Baptist Home	50	0	0	50	0	0	0	0	50	0	50
Buncombe	Windwood Assisted Living	0	0	12	12	0	0	0	0	12	0	12
	Buncombe Totals	**290**	**0**	**885**	**1,175**	**0**	**-25**	**0**	**0**	**1,150**	**10**	**1,140**
Burke	Autumn Care of Drexel	20	0	0	20	0	0	0	0	20	0	20
Burke	Burke Long Term Care	0	0	24	24	0	0	0	0	24	0	24
Burke	Burkeview Manor (Repalement facility)	0	0	0	0	0	63	0	0	63	0	63
Burke	Cambridge House	0	0	60	60	0	0	0	0	60	0	60
Burke	Grace Ridge	47	0	0	47	0	0	0	0	47	0	47
Burke	Jonas Ridge Adult Care	0	0	57	57	0	0	0	0	57	0	57
Burke	Longview Assisted Living (Transfer to Burkeview Manor)	0	0	63	63	0	-63	0	0	0	0	0
Burke	McAlpine Adult Care	0	0	60	60	0	0	0	0	60	0	60
Burke	Morganton Long Term Care Facility	0	0	20	20	0	0	0	0	20	0	20
Burke	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	0	64	0	64
	Burke Totals	**67**	**0**	**348**	**415**	**0**	**0**	**0**	**0**	**415**	**0**	**415**
Cabarrus	Brookdale Concord Parkway	0	0	112	112	0	0	0	0	112	0	112
Cabarrus	Brookdale Concord South	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cabarrus	Cabarrus Manor (Replacement facility for Kannapolis Village and Concord House. Twenty-five bed transfer from St Andrews.)	0	0	0	0	0	133	0	0	133	0	133
Cabarrus	Caremoor Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Cabarrus	Carillon Assisted Living of Harrisburg	0	0	96	96	0	0	0	0	96	0	96
Cabarrus	Concord House (Bed transfer of 48 beds to replacement facility, Cabarrus Manor.)	0	0	48	48	0	-48	0	0	0	0	0
Cabarrus	Five Oaks Manor	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	Kannapolis Village (Bed transfer to Cabarrus Manor)	0	0	60	60	0	-60	0	0	0	0	0
Cabarrus	Morningside of Concord	0	0	105	105	0	0	0	0	105	0	105
Cabarrus	Mt. Pleasant House	0	0	74	74	0	0	0	0	74	0	74
Cabarrus	St. Andrews Center (Replacement facility. Bed transfer from St. Andrews Living Center & St. Andrews Center)	0	0	0	0	0	56	0	0	56	0	56
Cabarrus	St. Andrews Center (Closed. Bed transfer to St. Andrews replacement facility)	0	0	25	25	0	-25	0	0	0	0	0
Cabarrus	St. Andrews Living Center (Bed transfer to St. Andrews replacement facility)	0	0	56	56	0	-56	0	0	0	0	0
Cabarrus	The Country Home	0	0	40	40	0	0	0	0	40	0	40
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	The Living Center of Concord	0	0	180	180	0	0	0	0	180	0	180
Cabarrus Totals		**48**	**0**	**886**	**934**	**0**	**0**	**0**	**0**	**934**	**0**	**934**
Caldwell	Brockford Inn	0	0	67	67	0	0	0	0	67	0	67
Caldwell	Brookdale Lenoir	0	0	82	82	0	0	0	0	82	0	82
Caldwell	Carolina Oaks Enhanced Care Center	0	0	60	60	0	0	0	0	60	0	60
Caldwell	Gateway Rehabilitation and Healthcare	18	0	0	18	0	0	0	0	18	0	18
Caldwell	Grandview Villa Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Caldwell	The Shaire Center	0	0	82	82	0	0	0	0	82	0	82
Caldwell Totals		**18**	**0**	**331**	**349**	**0**	**0**	**0**	**0**	**349**	**0**	**349**
Camden	Needham Adult Care Home	0	0	24	24	0	0	0	0	24	0	24
Camden Totals		**0**	**0**	**24**	**24**	**0**	**0**	**0**	**0**	**24**	**0**	**24**
Carteret	Brookdale Morehead City	0	0	72	72	0	0	0	0	72	0	72
Carteret	Carteret House	0	0	64	64	0	0	0	0	64	0	64
Carteret	Carteret Manor Assisted Living	0	0	0	0	110	0	0	0	110	0	110
Carteret	Snug Harbor on Nelson Bay	50	0	0	50	0	0	0	0	50	0	50
Carteret Totals		**50**	**0**	**136**	**186**	**110**	**0**	**0**	**0**	**296**	**0**	**296**
Caswell	Caswell House	0	0	100	100	0	0	0	0	100	0	100
Caswell	Dan River Manor (Replacement facility for Dogwood Blackwell Rest Home, Dogwood Forest #2 and Dogwood Ronald David Home.)	0	0	0	0	0	64	0	0	64	0	64
Caswell	Dogwood - Blackwell Rest Home (Closed. Bed transfer to Dan River Manor.)	0	0	40	40	0	-40	0	0	0	0	0

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Caswell	Dogwood - Forest #2 (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	Dogwood - Ronald David Home (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	0	12	0	12
Caswell	Jefferson Care Home	0	0	12	12	0	0	0	0	12	0	12
Caswell	Poole's Rest Home	0	0	19	19	0	0	0	0	19	0	19
Caswell Totals		**0**	**0**	**207**	**207**	**0**	**0**	**0**	**0**	**207**	**0**	**207**
Catawba	Abernethy Laurels	18	0	0	18	0	0	0	0	18	0	18
Catawba	Austin Adult Care	0	0	29	29	0	0	0	0	29	0	29
Catawba	Brian Center Health & Rehabiliation/Hickory East	20	0	0	20	0	0	0	0	20	0	20
Catawba	Brookdale Falling Creek	0	0	60	60	0	0	0	0	60	0	60
Catawba	Brookdale Hickory Northeast	0	0	88	88	0	0	0	0	88	0	88
Catawba	Carillon Assisted Living of Newton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Catawba	Catawba Valley Living At Rock Barn	0	0	80	80	0	0	0	0	80	0	80
Catawba	Heritage Care of Conover	0	0	60	60	0	0	0	0	60	0	60
Catawba	Hickory Village	0	0	56	56	0	0	0	0	56	0	56
Catawba	Piedmont Village at Newton	0	0	40	40	0	0	0	0	40	0	40
Catawba	Springs of Catawba	0	0	66	66	0	0	0	0	66	0	66
Catawba	The Alberta House	0	0	20	20	0	0	0	0	20	0	20
Catawba	Trinity Village	90	0	0	90	0	0	0	0	90	0	90
Catawba Totals		**128**	**0**	**595**	**723**	**0**	**0**	**0**	**0**	**723**	**0**	**723**
Chatham	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	0	90	0	90
Chatham	Careview Rest Home (Closed. Transfer to Coventry House of Siler City)	0	0	20	20	0	-20	0	0	0	0	0
Chatham	Carolina Meadows Fairways	0	0	95	95	0	0	0	0	95	0	95
Chatham	Chatham Ridge AL	0	0	91	91	0	0	0	0	91	0	91
Chatham	Coventry House Of Siler City (Transfer from Careview Rest Home)	0	0	66	66	0	20	0	0	86	0	86
Chatham	Pittsboro Christian Village	0	0	40	40	0	0	0	0	40	0	40
Chatham	The Arbor	51	0	0	51	0	0	0	0	51	26	25
Chatham Totals		**51**	**0**	**402**	**453**	**0**	**0**	**0**	**0**	**453**	**26**	**427**
Cherokee	Carolina Care Home #1	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Carolina Care Home #2	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Murphy House	0	0	0	0	70	0	0	0	70	0	70
Cherokee	Peachtree Manor	0	0	0	0	80	0	0	0	80	0	80
Cherokee Totals		**0**	**0**	**24**	**24**	**150**	**0**	**0**	**0**	**174**	**0**	**174**
Chowan	Edenton House	0	0	60	60	0	0	0	0	60	0	60
Chowan	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
	Chowan Totals	**0**	**0**	**120**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Clay	Clay County Care Center	10	0	0	10	0	0	0	0	10	0	10
Clay	Hayesville House	0	0	60	60	0	0	0	0	60	0	60
	Clay Totals	**10**	**0**	**60**	**70**	**0**	**0**	**0**	**0**	**70**	**0**	**70**
Cleveland	Brookdale Shelby	0	0	60	60	0	0	0	0	60	0	60
Cleveland	Carillon Assisted Living of Shelby (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Cleveland	Cleveland House	0	0	72	72	0	0	0	0	72	0	72
Cleveland	Golden Years Rest Home	0	0	12	12	0	0	0	0	12	0	12
Cleveland	Kings Mountain Care Center	0	0	20	20	0	0	0	0	20	0	20
Cleveland	Openview Retirement Home	0	0	24	24	0	0	0	0	24	0	24
Cleveland	Shelby Manor	0	0	74	74	0	0	0	0	74	0	74
Cleveland	Summit Place of Kings Mountain	0	0	65	65	0	0	0	0	65	0	65
	Cleveland Totals	**0**	**0**	**423**	**423**	**0**	**0**	**0**	**0**	**423**	**0**	**423**
Columbus	Lake Pointe Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	40	0	0	40	0	0	0	0	40	0	40
Columbus	Premier Living & Rehab Center	15	0	0	15	0	0	0	0	15	0	15
Columbus	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	0	10	0	10
Columbus	Tabor Commons	0	0	80	80	0	0	0	0	80	0	80
	Columbus Totals	**65**	**0**	**160**	**225**	**0**	**0**	**0**	**0**	**225**	**0**	**225**
Craven	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	0	12	0	12
Craven	Brookdale New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	Croatan Village	0	0	72	72	0	0	0	0	72	0	72
Craven	Good Shepherd Home for the Aged	0	0	54	54	0	0	0	0	54	0	54
Craven	Homeplace of New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	New Bern House	0	0	108	108	0	0	0	0	108	0	108
Craven	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	0	18	0	18
Craven	Riverstone	0	0	64	64	0	0	0	0	64	0	64
Craven	Riverview	0	0	83	83	0	0	0	0	83	0	83
Craven	The Courtyards at Berne Village	0	0	55	55	0	0	0	0	55	0	55
Craven	The Courtyards at Berne Village Memory Care	0	0	25	25	0	0	0	0	25	0	25
	Craven Totals	**30**	**0**	**581**	**611**	**0**	**0**	**0**	**0**	**611**	**0**	**611**
Cumberland	Carillon Assisted Living of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Cumberland	Carolina Inn at Village Green	0	0	100	100	0	0	0	0	100	0	100
Cumberland	Countryside Villa	0	0	80	80	0	-80	0	0	0	0	0
Cumberland	Crossings at Fayetteville (Bed transfer of 80 ACH beds from Countryside Villa and 20 ACH beds from Hope Rest Home)	0	0	0	0	0	100	0	0	100	0	100

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cumberland	Cumberland County Rehabilitation Center (Replacement facility. 36 bed transfer from Mann Street Residential Care)	0	0	0	0	0	36	0	0	36	0	36
Cumberland	Cumberland Village Assisted Living	0	0	163	163	0	0	0	0	163	0	163
Cumberland	Eastover Gardens Special Care	0	0	44	44	0	0	0	0	44	0	44
Cumberland	Fayetteville Manor	0	0	60	60	0	0	0	0	60	0	60
Cumberland	Haymount Rehabilitation & Nursing Center Inc	22	0	0	22	0	0	0	0	22	0	22
Cumberland	Heritage Suites	0	0	62	62	0	0	0	0	62	0	62
Cumberland	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	0	53	0	53
Cumberland	Hope Mills Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Cumberland	Hope Rest Home	0	0	20	20	0	-20	0	0	0	0	0
Cumberland	Mann Street Residential Care Facility (36 bed transfer to Cumberland County Rehabilitation Center.)	0	0	36	36	0	-36	0	0	0	0	0
Cumberland	Pine Valley Adult Care Home	0	0	40	40	0	0	0	0	40	0	40
Cumberland	The Arc of Hope Mills	0	0	29	29	0	0	0	0	29	0	29
Cumberland	Valley Pines Adult Care	0	0	23	23	0	0	0	0	23	0	23
Cumberland	Woodlands Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Cumberland Totals		**95**	**0**	**817**	**912**	**0**	**0**	**0**	**0**	**912**	**0**	**912**
Currituck	Currituck House	0	0	90	90	0	0	0	0	90	0	90
Currituck Totals		**0**	**0**	**90**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Dare	Peak Resources-Outer Banks	18	0	0	18	0	0	0	0	18	0	18
Dare	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	0	102	0	102
Dare Totals		**18**	**0**	**102**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Davidson	Brookdale Lexington	0	0	76	76	0	0	0	0	76	0	76
Davidson	Brookstone Retirement Center	0	0	115	115	0	0	0	0	115	0	115
Davidson	Grayson Creek of Welcome (Bed transfer of 20 ACH beds. 15 beds from Hilltop Living Center (Davidson Co) and 5 Bed transfer from Alpha Concord Plantation (Rowan Co))	0	0	55	55	0	20	0	0	75	0	75
Davidson	Hilltop Living Center (Bed transfer of 15 ACH beds to Grayons Creek of Welcome)	0	0	65	65	0	-15	0	0	50	0	50
Davidson	Lexington Health Care Center	10	0	0	10	0	0	0	0	10	0	10
Davidson	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Davidson	Mountain Vista Health Park	60	0	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	20	0	0	20	0	0	0	0	20	0	20
Davidson	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	0	14	0	14
Davidson	Spring Arbor of Thomasville	0	0	62	62	0	0	0	0	62	0	62
Davidson Totals		**104**	**0**	**473**	**577**	**0**	**5**	**0**	**0**	**582**	**0**	**582**
Davie	Autumn Care of Mocksville (Replacement facility)	0	0	0	0	0	12	0	0	12	0	12
Davie	Autumn Care of Mocksville	12	0	0	12	0	-12	0	0	0	0	0
Davie	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Davie	Bermuda Village Retirement Center	21	0	0	21	0	0	0	0	21	0	21

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Davie	Davie Place Residential Care	0	0	69	69	0	0	0	0	69	0	69
Davie	Somerset Court of Mocksville	0	0	60	60	0	0	0	0	60	0	60
Davie	The Heritage of Cedar Rock	0	0	40	40	0	0	0	0	40	0	40
Davie Totals		**43**	**0**	**169**	**212**	**0**	**0**	**0**	**0**	**212**	**0**	**212**
Duplin	Autumn Village	0	0	88	88	0	0	0	0	88	0	88
Duplin	DaySpring of Wallace	0	0	80	80	0	0	0	0	80	0	80
Duplin	Golden Care	0	0	30	30	0	0	0	0	30	0	30
Duplin	Rosemary Rest Home	0	0	45	45	0	0	0	0	45	0	45
Duplin	Wallace Gardens	0	0	64	64	0	0	0	0	64	0	64
Duplin	Windham Hall	0	0	80	80	0	0	0	0	80	0	80
Duplin Totals		**0**	**0**	**387**	**387**	**0**	**0**	**0**	**0**	**387**	**0**	**387**
Durham	Atria Southpoint Walk	0	0	20	20	0	0	0	0	20	0	20
Durham	Brookdale Chapel Hill MC	0	0	38	38	0	0	0	0	38	0	38
Durham	Brookdale Durham	0	0	119	119	0	0	0	0	119	0	119
Durham	Brookdale of Chapel Hill AL (NC)	0	0	70	70	0	0	0	0	70	0	70
Durham	Camellia Gardens	0	0	81	81	0	0	0	0	81	0	81
Durham	Carillon Assisted Living of Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Durham	Carver Living Center	20	0	0	20	0	0	0	0	20	0	20
Durham	Croasdaile Village	0	0	30	30	34	0	0	0	64	17	47
Durham	Durham Ridge Assisted Living	0	0	142	142	0	0	0	0	142	0	142
Durham	Eden Spring Living Center	0	0	19	19	0	0	0	0	19	0	19
Durham	Ellison's Rest Home #1	0	0	29	29	0	0	0	0	29	0	29
Durham	Eno Pointe Assisted Living	0	0	147	147	0	0	0	0	147	0	147
Durham	Hillcrest Convalescent Center	34	0	0	34	0	0	0	0	34	0	34
Durham	Seasons @ Southpoint	0	0	51	51	0	0	0	0	51	0	51
Durham	Spring Arbor of Durham	0	0	60	60	0	0	0	0	60	0	60
Durham	The Forest at Duke	34	0	0	34	0	0	0	0	34	0	34
Durham Totals		**88**	**0**	**902**	**990**	**34**	**0**	**0**	**0**	**1,024**	**17**	**1,007**
Edgecombe	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	0	126	0	126
Edgecombe	Open Fields Assisted Living	0	0	130	130	0	0	0	0	130	0	130
Edgecombe	The Fountains at The Albemarle	56	0	0	56	0	0	0	0	56	0	56
Edgecombe Totals		**56**	**0**	**256**	**312**	**0**	**0**	**0**	**0**	**312**	**0**	**312**
Forsyth	Arbor Acres United Methodist Retirement Community	102	0	0	102	4	0	0	0	106	11	95
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	0	40	0	0	0	0	40	0	40
Forsyth	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	0	115	0	115
Forsyth	Brookdale Reynolda Road	0	0	72	72	0	0	0	0	72	0	72
Forsyth	Brookdale Winston-Salem	0	0	38	38	0	0	0	0	38	0	38
Forsyth	Brookridge Retirement Community	36	0	0	36	0	0	0	0	36	0	36

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Forsyth	Brookstone Terrace (Bed transfer from The Crest of Clemmons)	0	0	40	40	0	13	0	0	53	0	53
Forsyth	C.R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	0	40	0	40
Forsyth	Carillon Assisted Living Of Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Forsyth	Clemmons Village I	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Clemmons Village II	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Creekside Manor	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Danby House	0	0	100	100	0	0	0	0	100	0	100
Forsyth	Forest Heights Senior Living Community	0	0	125	125	0	0	0	0	125	0	125
Forsyth	Forsyth Village	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Homestead Hills Asssited Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Integrity Assisted Living	0	0	121	121	0	0	0	0	121	0	121
Forsyth	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	0	117	0	117
Forsyth	Memory Care of the Triad	0	0	42	42	0	0	0	0	42	0	42
Forsyth	Salem Terrace	0	0	142	142	0	0	0	0	142	0	142
Forsyth	Salemtowne	46	0	0	46	20	0	0	0	66	10	56
Forsyth	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Somerset Court at University Place	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Southfork	0	0	78	78	0	0	0	0	78	0	78
Forsyth	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	0	62	0	62
Forsyth	The Crest of Clemmons (Bed transfer to Brookstone Terrace)	0	0	96	96	0	-13	0	0	83	0	83
Forsyth	Trinity Elms	0	0	104	104	0	0	0	0	104	0	104
Forsyth	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	0	29	0	29
Forsyth	Vienna Village	0	0	90	90	0	0	0	0	90	0	90
	Forsyth Totals	**224**	**0**	**2,005**	**2,229**	**24**	**0**	**0**	**0**	**2,253**	**21**	**2,232**
Franklin	Autumn Wind Assisted Living of Louisburg	0	0	60	60	0	0	0	0	60	0	60
Franklin	Essex Manor Assisted Living Facility	0	0	56	56	0	0	0	0	56	0	56
Franklin	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	0	54	0	54
Franklin	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Franklin	Louisburg Manor	0	0	60	60	0	0	0	0	60	0	60
	Franklin Totals	**10**	**0**	**230**	**240**	**0**	**0**	**0**	**0**	**240**	**0**	**240**
Gaston	Alexandria Place	40	0	0	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Gaston	Belaire Health Care Center (Closed. Bed transfer to Country Time Inn.)	0	0	20	20	0	-20	0	0	0	0	0
Gaston	Brookdale New Hope	0	0	86	86	0	0	0	0	86	0	86
Gaston	Brookdale Robinwood	0	0	89	89	0	0	0	0	89	0	89
Gaston	Brookdale Union	0	0	78	78	0	0	0	0	78	0	78
Gaston	Carillon Assisted Living of Cramer Mountain (Beds awarded per settlement agreement from 2000 & 2007)	0	0	128	128	0	0	0	0	128	0	128
Gaston	Carolina Care Center	12	0	0	12	0	0	0	0	12	0	12
Gaston	Country Time Inn (Bed transfer from Belaire Health Care Center.)	0	0	59	59	0	20	0	0	79	0	79
Gaston	Courtland Terrace	19	0	0	19	0	0	0	0	19	0	19
Gaston	Covenant Village	42	0	0	42	0	0	0	0	42	0	42
Gaston	Heritage Oaks Assisted Living	0	0	86	86	0	0	0	0	86	0	86
Gaston	Morningside of Gastonia	0	0	105	105	0	0	0	0	105	0	105
Gaston	Peak Resources-Cherryville	57	0	0	57	0	0	0	0	57	0	57
Gaston	Rosewood Assisted Living	0	0	48	48	0	0	0	0	48	0	48
Gaston	Somerset Court of Cherryville	0	0	60	60	0	0	0	0	60	0	60
Gaston	Stanley Total Living Center	24	0	0	24	30	0	0	0	54	15	39
Gaston	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	0	74	0	74
Gaston	Wellington House	0	0	48	48	0	0	0	0	48	0	48
Gaston	Woodlawn Haven	0	0	80	80	0	0	0	0	80	0	80
Gaston Totals		**194**	**0**	**961**	**1,155**	**30**	**0**	**0**	**0**	**1,185**	**15**	**1,170**
Gates	Down East Living & Rehab Center	10	0	0	10	0	0	0	0	10	0	10
Gates	Gates House	0	0	70	70	0	0	0	0	70	0	70
Gates Totals		**10**	**0**	**70**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Graham	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
Graham Totals		**23**	**0**	**0**	**23**	**0**	**0**	**0**	**0**	**23**	**0**	**23**
Granville	Granville House	0	0	60	60	0	0	0	0	60	0	60
Granville	Heritage Meadows Long Term Care Facility	0	0	80	80	0	0	0	0	80	0	80
Granville	Pine Gardens Adult Care	0	0	31	31	0	0	0	0	31	0	31
Granville	Summit Communities	0	0	60	60	0	0	0	0	60	0	60
Granville	Universal Health Care/Oxford	20	0	0	20	0	0	0	0	20	0	20
Granville Totals		**20**	**0**	**231**	**251**	**0**	**0**	**0**	**0**	**251**	**0**	**251**
Greene	Greendale Forest Nursing & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Greene	Snow Hill Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Greene Totals		**17**	**0**	**40**	**57**	**0**	**0**	**0**	**0**	**57**	**0**	**57**
Guilford	Abbotswood at Irving Park Assisted Living (Replacement facility. Relocated 22 beds from Bell House and 26 beds from Elm Villa.)	0	0	28	28	0	48	0	0	76	0	76
Guilford	Arbor Care Assisted Living	0	0	92	92	0	0	0	0	92	0	92

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Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Guilford	Bell House (Closed.)	0	0	22	22	0	-22	0	0	0	0	0
Guilford	Blumenthal Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Guilford	Brighton Gardens of Greensboro	0	0	125	125	0	0	0	0	125	0	125
Guilford	Brookdale High Point	0	0	82	82	0	0	0	0	82	0	82
Guilford	Brookdale High Point North	0	0	65	65	0	0	0	0	65	0	65
Guilford	Brookdale High Point North AL (NC)	0	0	102	102	0	0	0	0	102	0	102
Guilford	Brookdale Lawndale Park	0	0	118	118	0	0	0	0	118	0	118
Guilford	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	0	81	0	81
Guilford	Brookdale Skeet Club	0	0	79	79	0	0	0	0	79	0	79
Guilford	Carriage House Senior Living Community	0	0	108	108	0	0	0	0	108	0	108
Guilford	Clapp's Assisted Living	0	0	30	30	0	0	0	0	30	0	30
Guilford	Countryside Manor Inc	16	0	0	16	0	0	0	0	16	0	16
Guilford	Elm Villa (Relocating 26 beds to Abbotswood at Irving Park and 18 beds to The Aboretum at Heritage Green.)	0	0	44	44	0	-44	0	0	0	0	0
Guilford	Friends Homes at Guilford	60	0	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes West	40	0	0	40	0	0	0	0	40	0	40
Guilford	Greensboro Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Guilford	Guilford House	0	0	60	60	0	0	0	0	60	0	60
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	37	0	0	37	0	0	0	0	37	0	37
Guilford	Lawson's Adult Enrichment Center	0	0	18	18	0	0	0	0	18	0	18
Guilford	Long's Rest Home for Aged	0	0	12	12	0	0	0	0	12	0	12
Guilford	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	0	40	0	40
Guilford	Maryfield Nursing Home	36	0	0	36	0	0	0	0	36	13	23
Guilford	Morningview at Irving Park	0	0	105	105	0	0	0	0	105	0	105
Guilford	Piedmont Christian Home	0	0	93	93	0	0	0	0	93	0	93
Guilford	Richland Place	0	0	70	70	0	0	0	0	70	0	70
Guilford	River Landing at Sandy Ridge	56	0	0	56	0	0	0	0	56	0	56
Guilford	Spring Arbor of Greensboro	0	0	100	100	0	0	0	0	100	0	100
Guilford	St. Gales Estates	0	0	60	60	0	0	0	0	60	0	60
Guilford	The Arboretum at Heritage Greens (Bed transfer from Elm Villa.)	0	0	48	48	0	18	0	0	66	0	66
Guilford	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	0	45	0	45
Guilford	Wellington Oaks	0	0	114	114	0	0	0	0	114	0	114
Guilford	Well-Spring	72	0	0	72	0	0	0	0	72	0	72
Guilford	Westchester Harbour	0	0	90	90	0	0	0	0	90	0	90
Guilford	WhiteStone: A Masonic and Eastern Star Community	12	0	0	12	0	0	0	0	12	0	12
Guilford	Woodland Place - Greensboro	0	0	96	96	0	0	0	0	96	0	96
	Guilford Totals	**389**	**0**	**1,951**	**2,340**	**0**	**0**	**0**	**0**	**2,340**	**13**	**2,327**
Halifax	Carolina Rest Home	0	0	40	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	25	0	0	25	0	0	0	0	25	0	25
Halifax	Our Community Hospital, Inc.	0	20	0	20	0	0	0	0	20	0	20
Halifax	Woodhaven Rest Home #1 (Closed.)	0	0	60	60	0	-60	0	0	0	0	0
Halifax	Woodhaven Rest Home #1 (Replacement facility.)	0	0	0	0	0	60	0	0	60	0	60
Halifax	Woodhaven Rest Home #2	0	0	60	60	0	0	0	0	60	0	60
	Halifax Totals	**25**	**20**	**160**	**205**	**0**	**0**	**0**	**0**	**205**	**0**	**205**
Harnett	Absolute Care Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Harnett	Absolute Care Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Harnett	Alzheimer's Related Care	0	0	36	36	0	0	0	0	36	0	36
Harnett	Cornerstone Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8
Harnett	Grean Leaf Care Center	0	0	105	105	0	0	0	0	105	0	105
Harnett	Johnson Better Care Facility	0	0	50	50	0	0	0	0	50	0	50
Harnett	Oak Hill Living Center	0	0	122	122	0	0	0	0	122	0	122
Harnett	Pinecrest Gardens	0	0	60	60	0	0	0	0	60	0	60
Harnett	Senior Citizens Village	0	0	65	65	0	0	0	0	65	0	65
Harnett	Senter's Rest Home	0	0	50	50	0	0	0	0	50	0	50
Harnett	Stage Coach Manor	0	0	40	40	0	0	0	0	40	0	40
Harnett	Universal Health Care Lillington	106	0	0	106	0	0	0	0	106	0	106
Harnett	Unprecedented Care	0	0	12	12	0	0	0	0	12	0	12
	Harnett Totals	**114**	**0**	**564**	**678**	**0**	**0**	**0**	**0**	**678**	**0**	**678**
Haywood	Autumn Care of Waynesville	10	0	0	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Rest Home #1	0	0	10	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Retirement Center	0	0	20	20	0	0	0	0	20	0	20
Haywood	Creekside Villas	0	0	20	20	0	0	0	0	20	0	20
Haywood	Haywood House	0	0	60	60	0	0	0	0	60	0	60
Haywood	Haywood Lodge and Retirement Center	0	0	68	68	0	0	0	0	68	0	68
Haywood	McCracken Rest Home	0	0	22	22	0	0	0	0	22	0	22
Haywood	Pigeon Valley Rest Home	0	0	29	29	0	0	0	0	29	0	29
Haywood	Richland Community Care #2	0	0	11	11	0	0	0	0	11	0	11
Haywood	Silver Bluff LLC	13	0	0	13	0	0	0	0	13	0	13
Haywood	Spicewood Cottages Elms	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Oaks	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Willows	0	0	20	20	0	0	0	0	20	0	20
	Haywood Totals	**23**	**0**	**300**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Henderson	Blue Ridge Retirement	0	0	43	43	0	0	0	0	43	0	43
Henderson	Brookdale Heritage Circle	0	0	24	24	0	0	0	0	24	0	24
Henderson	Cardinal Care Center - Hendersonville	0	0	60	60	0	0	0	0	60	0	60
Henderson	Carillon Assisted Living Of Hendersonville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Henderson	Carolina Village	0	0	60	60	0	0	0	0	60	16	44
Henderson	Cherry Springs Village	0	0	60	60	0	0	0	0	60	0	60
Henderson	Country Meadow Rest Home (Transfer to Winchester House)	0	0	15	15	0	-15	0	0	0	0	0
Henderson	Henderson's Assisted Living	0	0	26	26	0	0	0	0	26	0	26
Henderson	McCullough's Rest Home	0	0	13	13	0	0	0	0	13	0	13
Henderson	Mountain View Assisted Living	0	0	27	27	0	0	0	0	27	0	27
Henderson	Spring Arbor of Hendersonville	0	0	61	61	0	0	0	0	61	0	61
Henderson	Spring Arbor West	0	0	48	48	0	0	0	0	48	0	48
Henderson	The Laurels of Hendersonville	20	0	0	20	0	0	0	0	20	0	20
Henderson	Winchester House (Replacement facility. Winchester House #1 (30); Winchester House #2 (10); Country Meadows Rest Home (15); Nana's Assisted Living {Buncombe Co} (25))	0	0	0	0	0	80	0	0	80	0	80
Henderson	Winchester House #1	0	0	30	30	0	-30	0	0	0	0	0
Henderson	Winchester House #2	0	0	10	10	0	-10	0	0	0	0	0
Henderson Totals		**20**	**0**	**573**	**593**	**0**	**25**	**0**	**0**	**618**	**16**	**602**
Hertford	Ahoskie House	0	0	60	60	0	0	0	0	60	0	60
Hertford	Pinewood Manor	0	0	92	92	0	0	0	0	92	0	92
Hertford	Twin Oaks and Twins Adult Home	0	0	21	21	0	0	0	0	21	0	21
Hertford Totals		**0**	**0**	**173**	**173**	**0**	**0**	**0**	**0**	**173**	**0**	**173**
Hoke	Autumn Care of Raeford	8	0	0	8	0	0	0	0	8	0	8
Hoke	Open Arms Retirement Center	0	0	90	90	0	0	0	0	90	0	90
Hoke	The Crossings at Wayside	0	0	75	75	0	0	0	0	75	0	75
Hoke Totals		**8**	**0**	**165**	**173**	**0**	**0**	**0**	**0**	**173**	**0**	**173**
Hyde/Tyrrell	Tyrrell House	0	0	50	50	0	0	0	0	50	0	50
Hyde/Tyrrell Totals		**0**	**0**	**50**	**50**	**0**	**0**	**0**	**0**	**50**	**0**	**50**
Iredell	Aurora of Statesville	0	0	80	80	0	0	0	0	80	0	80
Iredell	Autumn Care of Statesville	10	0	0	10	0	0	0	0	10	0	10
Iredell	Brookdale Churchill	0	0	120	120	0	0	0	0	120	0	120
Iredell	Brookdale East Broad	0	0	58	58	0	0	0	0	58	0	58
Iredell	Brookdale Peachtree	0	0	40	40	0	0	0	0	40	0	40
Iredell	Brookdale Peachtree	0	0	87	87	0	0	0	0	87	0	87
Iredell	Carillon Assisted Living of Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Iredell	Crown Colony	0	0	60	60	0	0	0	0	60	0	60
Iredell	Heritage Place Adult Living Center	0	0	40	40	0	0	0	0	40	0	40
Iredell	Jurney's Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Iredell	Maple Leaf Health Care	8	0	0	8	0	0	0	0	8	0	8
Iredell	Mooresville Center	30	0	0	30	0	0	0	0	30	0	30
Iredell	Olin Village	0	0	64	64	0	0	0	0	64	0	64

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Iredell	Rosewood Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Iredell	Summit Place of Mooresville	0	0	60	60	0	0	0	0	60	0	60
Iredell	The Gardens of Statesville	0	0	67	67	0	0	0	0	67	0	67
	Iredell Totals	**48**	**0**	**886**	**934**	**0**	**0**	**0**	**0**	**934**	**0**	**934**
Jackson	Morningstar Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Jackson	The Hermitage	0	0	90	90	0	0	0	0	90	0	90
	Jackson Totals	**0**	**0**	**145**	**145**	**0**	**0**	**0**	**0**	**145**	**0**	**145**
Johnston	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Wind Assisted Living	0	0	20	20	0	0	0	0	20	0	20
Johnston	Brookdale Smithfield	0	0	74	74	0	0	0	0	74	0	74
Johnston	Cardinal Care Assisted Living Village #1 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #2 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #3 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #4 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #5 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #6 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Classic Care Homes	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 103	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 105	0	0	12	12	0	0	0	0	12	0	12
Johnston	Clayton House	0	0	60	60	0	0	0	0	60	0	60
Johnston	Four Oaks Senior Living	0	0	96	96	0	0	0	0	96	0	96
Johnston	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	0	77	0	77
Johnston	Johnston Manor (Replacement facility.)	0	0	0	0	0	132	0	0	132	0	132
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	60	0	0	60	0	0	0	0	60	0	60
Johnston	McLamb's Rest Home	0	0	12	12	0	0	0	0	12	0	12
Johnston	McLamb's Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Johnston	Meadowview Assisted Living Center	0	0	60	60	0	0	0	0	60	0	60
Johnston	Progressive Care of Princeton	0	0	12	12	0	0	0	0	12	0	12
Johnston	Smithfield House West (Closed. Transfer to Johnston Manor.)	0	0	60	60	0	-60	0	0	0	0	0
Johnston	Smithfield Manor Nursing and Rehab	20	0	0	20	0	0	0	0	20	0	20
	Johnston Totals	**80**	**0**	**627**	**707**	**0**	**0**	**0**	**0**	**707**	**0**	**707**
Jones	Brook Stone Living Center	20	0	0	20	0	0	0	0	20	0	20

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Jones Totals		**20**	**0**	**0**	**20**	**0**	**0**	**0**	**0**	**20**	**0**	**20**
Lee	A Step from Home Residential Care Facility (Beds transferred to Westfield Rehabilitation and Health Center)	0	0	20	20	0	-20	0	0	0	0	0
Lee	Magnolia House Retirement Center	0	0	85	85	0	0	0	0	85	0	85
Lee	Oakhaven Home	0	0	40	40	0	0	0	0	40	0	40
Lee	Oakhaven II	0	0	12	12	0	0	0	0	12	0	12
Lee	Parkview Retirement Center	0	0	116	116	0	0	0	0	116	0	116
Lee	Royal Oaks Assisted Living	0	0	50	50	0	0	0	0	50	0	50
Lee	Westfield Rehabilitation and Health Center	0	0	0	0	0	20	0	0	20	0	20
Lee Totals		**0**	**0**	**323**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Lenoir	Care One Memory Unit of Kinston	0	0	24	24	0	0	0	0	24	0	24
Lenoir	Kinston Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Lenoir	Lenoir Assisted Living	0	0	94	94	0	0	0	0	94	0	94
Lenoir	Spring Arbor of Kinston	0	0	86	86	0	0	0	0	86	0	86
Lenoir	The Village of Kinston	0	0	63	63	0	0	0	0	63	0	63
Lenoir Totals		**0**	**0**	**327**	**327**	**0**	**0**	**0**	**0**	**327**	**0**	**327**
Lincoln	Amazing Grace Rest Home	0	0	10	10	0	0	0	0	10	0	10
Lincoln	Boger City Rest Home	0	0	52	52	0	0	0	0	52	0	52
Lincoln	Brian Center Health & Retirement/Lincolnton	11	0	0	11	0	0	0	0	11	0	11
Lincoln	Cardinal Healthcare and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Lincoln	Carillon Assisted Living of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Lincoln	Heath House	0	0	60	60	0	0	0	0	60	0	60
Lincoln	Lakewood Care Center	0	0	60	60	0	0	0	0	60	0	60
Lincoln	North Brook Rest Home	0	0	12	12	0	0	0	0	12	0	12
Lincoln	Wexford House	0	0	60	60	0	0	0	0	60	0	60
Lincoln Totals		**31**	**0**	**350**	**381**	**0**	**0**	**0**	**0**	**381**	**0**	**381**
Macon	Chestnut Hill of Highlands	0	0	26	26	0	0	0	0	26	0	26
Macon	Franklin House	0	0	70	70	0	0	0	0	70	0	70
Macon	Grandview Manor Care Center	0	0	82	82	0	0	0	0	82	0	82
Macon Totals		**0**	**0**	**178**	**178**	**0**	**0**	**0**	**0**	**178**	**0**	**178**
Madison	Elderberry Health Care	20	0	0	20	0	0	0	0	20	0	20
Madison	Mars Hill Retirement Community	0	0	69	69	0	0	0	0	69	0	69
Madison Totals		**20**	**0**	**69**	**89**	**0**	**0**	**0**	**0**	**89**	**0**	**89**
Martin	Vintage Inn Retirement Community	0	0	122	122	0	0	0	0	122	0	122
Martin	Williamston House	0	0	60	60	0	0	0	0	60	0	60
Martin Totals		**0**	**0**	**182**	**182**	**0**	**0**	**0**	**0**	**182**	**0**	**182**
McDowell	Autumn Care of Marion	15	0	0	15	0	0	0	0	15	0	15
McDowell	Cedarbrook Residential Center	0	0	80	80	0	0	0	0	80	0	80

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
McDowell	Houston House	0	0	29	29	0	0	0	0	29	0	29
McDowell	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	0	60	0	60
McDowell	McDowell Assisted Living	0	0	54	54	0	0	0	0	54	0	54
McDowell	McDowell House	0	0	25	25	0	0	0	0	25	0	25
McDowell	Rose Hill Retirement Community	0	0	87	87	0	0	0	0	87	0	87
	McDowell Totals	**15**	**0**	**335**	**350**	**0**	**0**	**0**	**0**	**350**	**0**	**350**
Mecklenburg	Atria Merrywood	0	0	20	20	0	0	0	0	20	0	20
Mecklenburg	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Brookdale Carriage Club Providence I (Bed transfer to Brookdale South Charlotte)	0	0	77	77	0	-6	0	0	71	0	71
Mecklenburg	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	0	34	0	34
Mecklenburg	Brookdale Charlotte East	0	0	50	50	0	0	0	0	50	0	50
Mecklenburg	Brookdale Cotswold	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	Brookdale Place Weddington Park	0	0	83	83	0	0	0	0	83	0	83
Mecklenburg	Brookdale South Charlotte (Bed transfer from Brookdale Carriage Clun Providence I)	0	0	82	82	0	6	0	0	88	0	88
Mecklenburg	Brookdale South Park	0	0	56	56	0	0	0	0	56	0	56
Mecklenburg	Carillion Assisted Living of Huntersville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Mecklenburg	Carillon Assisted Living of Mint Hill (Beds awarded per settlement agreement from 2000 & 2007)	0	0	0	0	96	0	0	0	96	0	96
Mecklenburg	Carmel Hills	0	0	38	38	0	0	0	0	38	0	38
Mecklenburg	Carrington Place	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Charlotte Manor (Bed transfer to Waltonwood Cotswold.)	0	0	40	40	0	-40	0	0	0	0	0
Mecklenburg	Charlotte Square	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Cuthbertson Village at Aldersgate	0	0	61	61	0	0	0	0	61	8	53
Mecklenburg	East Towne	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Elmcroft of Little Avenue	0	0	62	62	0	0	0	0	62	0	62
Mecklenburg	Hunter Village	0	0	68	68	0	0	0	0	68	0	68
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Lawyers Glen Retirement Living Center	0	0	82	82	0	0	0	0	82	0	82
Mecklenburg	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	0	122	0	122
Mecklenburg	Northlake House	0	0	48	48	0	0	0	0	48	0	48
Mecklenburg	Parker Terrace	0	0	53	53	0	0	0	0	53	0	53
Mecklenburg	Pineville Rehabilitation and Living Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Preston House	0	0	40	40	40	0	0	0	80	0	80
Mecklenburg	Queen City Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Radbourne Manor III	0	0	12	12	0	-12	0	0	0	0	0
Mecklenburg	Radbourne Manor Village	0	0	0	0	0	12	0	0	12	0	12
Mecklenburg	Ranson Ridge at the Villages of Mecklenburg	0	0	100	100	0	0	0	0	100	0	100

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Mecklenburg	Regency Retirement Village	0	0	119	119	0	0	0	0	119	0	119
Mecklenburg	Saturn Nursing and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Mecklenburg	Sharon Towers	40	0	0	40	0	0	0	0	40	0	40
Mecklenburg	Southminster	25	0	0	25	0	0	0	0	25	0	25
Mecklenburg	St. Margaret's of Trevi Village	0	0	0	0	52	0	0	0	52	26	26
Mecklenburg	Summit Place of Southpark	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Sunrise on Providence	0	0	95	95	0	0	0	0	95	0	95
Mecklenburg	The Crossings at Steele Creek	0	0	90	90	0	0	0	0	90	0	90
Mecklenburg	The Haven in Highland Creek	0	0	60	60	0	0	0	0	60	0	60
Mecklenburg	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	0	60	0	60
Mecklenburg	The Laurels in Highland Creek	0	0	105	105	0	0	0	0	105	0	105
Mecklenburg	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	The Little Flower Assisted Living	0	0	49	49	0	0	0	0	49	0	49
Mecklenburg	The Parc at Sharon Amity	0	0	64	64	0	0	0	0	64	0	64
Mecklenburg	The Pines at Davidson	30	0	0	30	0	0	0	0	30	5	25
Mecklenburg	The Terrace at Brightmore of South Charlotte	0	0	30	30	0	0	0	0	30	0	30
Mecklenburg	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Waltonwood at Providence	0	0	80	80	0	0	0	0	80	0	80
Mecklenburg	Waltonwood Cotswold (Bed transfer from Charlotte Manor + 85 bed per settlement agreement.)	0	0	0	0	85	40	0	0	125	0	125
Mecklenburg	Willow Ridge Assisted Living	0	0	52	52	0	0	0	0	52	0	52
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	60	0	0	60	0	0	0	0	60	10	50
Mecklenburg	Wilora Lake Healthcare Center	20	0	0	20	0	0	0	0	20	0	20
	Mecklenburg Totals	**235**	**0**	**2,846**	**3,081**	**273**	**0**	**0**	**0**	**3,354**	**49**	**3,305**
Mitchell	Mitchell House	0	0	80	80	0	0	0	0	80	0	80
	Mitchell Totals	**0**	**0**	**80**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Montgomery	Autumn Care of Biscoe	10	0	0	10	0	0	0	0	10	0	10
Montgomery	Brookstone Haven of Star Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Montgomery	Poplar Springs Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Montgomery	Sandy Ridge Assisted Living	0	0	104	104	0	0	0	0	104	0	104
	Montgomery Totals	**10**	**0**	**170**	**180**	**0**	**0**	**0**	**0**	**180**	**0**	**180**
Moore	Brookdale Pinehurst	0	0	76	76	0	0	0	0	76	0	76
Moore	Elmcroft of Southern Pines	0	0	94	94	0	0	0	0	94	0	94
Moore	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	0	85	0	85
Moore	Inn at Quail Haven Village	0	0	0	0	0	10	0	0	10	0	10
Moore	KingsWood Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Moore	Magnolia Gardens	0	0	110	110	0	0	0	0	110	0	110
Moore	Peak Resources - Pinelake	20	0	0	20	0	0	0	0	20	0	20
Moore	Penick Village	42	0	0	42	0	0	0	0	42	0	42

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Moore	Seven Lakes Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Moore	Tara Plantation of Carthage	0	0	80	80	0	0	0	0	80	0	80
Moore	The Coventry	0	0	60	60	0	0	0	0	60	18	42
	Moore Totals	**72**	**0**	**565**	**637**	**0**	**10**	**0**	**0**	**647**	**18**	**629**
Nash	Autumn Care of Nash	20	0	0	20	0	0	0	0	20	0	20
Nash	Brekenridge Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Nash	Brookdale Rocky Mount	0	0	60	60	0	0	0	0	60	0	60
Nash	Hunter Hill Assisted Living	0	0	64	64	0	0	0	0	64	0	64
Nash	Hunter Hills Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Nash	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	0	60	0	60
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	15	0	0	15	0	15
Nash	South Village	15	0	0	15	0	-15	0	0	0	0	0
Nash	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	0	84	0	84
Nash	Trinity Retirement Villas #1	0	0	12	12	0	0	0	0	12	0	12
Nash	Trinity Retirement Villas #2	0	0	12	12	0	0	0	0	12	0	12
Nash	Universal Health Care/Nashville ****	122	0	0	122	0	0	0	0	122	0	122
	Nash Totals	**166**	**0**	**356**	**522**	**0**	**0**	**0**	**0**	**522**	**0**	**522**
New Hanover	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	0	20	0	20
New Hanover	Bradley Creek Health Center at Carolina Bay	70	0	0	70	0	0	0	0	70	9	61
New Hanover	Brookdale Wilmington	0	0	38	38	0	0	0	0	38	0	38
New Hanover	Castle Creek Memory Care	0	0	84	84	0	0	0	0	84	0	84
New Hanover	Cedar Cove Assisted Living	0	0	64	64	0	0	0	0	64	0	64
New Hanover	Champions Assisted Living	0	0	148	148	0	0	0	0	148	0	148
New Hanover	Fannie Norwood Memorial Home	0	0	16	16	0	0	0	0	16	0	16
New Hanover	Liberty Commons Rehabilitation Center (Transfer from Port South)	40	0	0	40	0	72	0	0	112	0	112
New Hanover	Morningside of Wilmington	0	0	101	101	0	0	0	0	101	0	101
New Hanover	New Hanover House	0	0	61	61	0	0	0	0	61	0	61
New Hanover	Port South Village/Carmen D. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Catherine S. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Crystal L. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Lorraine B. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Tara L. Villa (Cloded. Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Teresa C. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Sherwood Manor Rest Home	0	0	40	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
New Hanover	Spring Arbor of Wilmington	0	0	66	66	0	0	0	0	66	0	66
New Hanover	The Commons at Brightmore	0	0	201	201	0	0	0	0	201	0	201
New Hanover	The Kempton at Brightmore	0	0	84	84	0	0	0	0	84	0	84
	New Hanover Totals	**130**	**0**	**975**	**1,105**	**0**	**0**	**0**	**0**	**1,105**	**9**	**1,096**
Northampton	Hampton Manor	0	0	82	82	0	0	0	0	82	0	82
Northampton	Pine Forest Rest Home	0	0	24	24	0	0	0	0	24	0	24
Northampton	Rich Square Manor	0	0	32	32	0	0	0	0	32	0	32
Northampton	Rich Square Villa	0	0	38	38	0	0	0	0	38	0	38
Northampton	The Oaks at Pleasant Hill	0	0	66	66	0	0	0	0	66	0	66
	Northampton Totals	**0**	**0**	**242**	**242**	**0**	**0**	**0**	**0**	**242**	**0**	**242**
Onslow	Liberty Commons Assisted Living	0	0	79	79	0	0	0	0	79	0	79
Onslow	Lighthouse Village	0	0	80	80	0	0	0	0	80	0	80
Onslow	Onslow Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Onslow	Onslow House	0	0	160	160	0	0	0	0	160	0	160
Onslow	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	0	7	0	7
Onslow	The Arc Community	0	0	32	32	0	0	0	0	32	0	32
Onslow	The Heritage of Richlands	0	0	40	40	0	0	0	0	40	0	40
	Onslow Totals	**7**	**0**	**431**	**438**	**0**	**0**	**0**	**0**	**438**	**0**	**438**
Orange	Brookdale Meadowmont	0	0	64	64	0	0	0	0	64	0	64
Orange	Brookshire Nursing Center	20	0	0	20	0	0	0	0	20	0	20
Orange	Carillon Assisted Living of Hillsborough (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Orange	Carol Woods	65	0	0	65	0	0	0	0	65	0	65
Orange	Carol Woods Retirement Community - Building 6	0	0	12	12	0	0	0	0	12	0	12
Orange	Carol Woods Retirement Community - Building 7	0	0	12	12	0	0	0	0	12	0	12
Orange	Crescent Green of Carrboro	0	0	120	120	0	0	0	0	120	0	120
Orange	Legion Road Healthcare	7	0	0	7	0	0	0	0	7	0	7
Orange	The Stratford	0	0	77	77	0	0	0	0	77	0	77
Orange	Villines Rest Home	0	0	17	17	0	0	0	0	17	0	17
	Orange Totals	**92**	**0**	**398**	**490**	**0**	**0**	**0**	**0**	**490**	**0**	**490**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8
Pamlico	The Gardens of Pamlico	0	0	40	40	30	0	0	0	70	0	70
	Pamlico Totals	**8**	**0**	**40**	**48**	**30**	**0**	**0**	**0**	**78**	**0**	**78**
Pasquotank	Brookdale Elizabeth City	0	0	76	76	0	0	0	0	76	0	76
Pasquotank	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	0	60	0	60
Pasquotank	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	0	130	0	130
	Pasquotank Totals	**0**	**0**	**266**	**266**	**0**	**0**	**0**	**0**	**266**	**0**	**266**
Pender	Ashe Gardens	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Pender	Pen-Du Rest Home	0	0	19	19	0	0	0	0	19	0	19
Pender	The Village on Campbell	23	0	0	23	0	0	0	0	23	0	23
Pender	Woodbury Wellness Center Inc	100	0	0	100	0	0	0	0	100	0	100
Pender Totals		**123**	**0**	**79**	**202**	**0**	**0**	**0**	**0**	**202**	**0**	**202**
Perquimans	Hertford House	0	0	0	0	50	0	0	0	50	0	50
Perquimans	Hertford Manor	0	0	24	24	0	0	0	0	24	0	24
Perquimans Totals		**0**	**0**	**24**	**24**	**50**	**0**	**0**	**0**	**74**	**0**	**74**
Person	Cambridge Hills Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Person	Maple Heights Assisted Living	0	0	34	34	0	0	0	0	34	0	34
Person	The Canterbury House	0	0	60	60	0	0	0	0	60	0	60
Person Totals		**0**	**0**	**214**	**214**	**0**	**0**	**0**	**0**	**214**	**0**	**214**
Pitt	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	0	76	0	76
Pitt	Brookdale W. Arlington Boulevard	0	0	60	60	0	0	0	0	60	0	60
Pitt	Cypress Glen Retirement Community	30	0	0	30	0	0	0	0	30	0	30
Pitt	Cypress Glen Retirement Community Memory Care Cottage	0	0	12	12	0	0	0	0	12	6	6
Pitt	Dixon House	0	0	80	80	0	0	0	0	80	0	80
Pitt	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	0	20	0	20
Pitt	Oak Haven Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Pitt	Red Oak Assisted Living	0	0	62	62	0	0	0	0	62	0	62
Pitt	Southern Living Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Pitt	Spring Arbor of Greenville	0	0	66	66	0	0	0	0	66	0	66
Pitt	Winterville Manor	0	0	29	29	0	0	0	0	29	0	29
Pitt Totals		**50**	**0**	**559**	**609**	**0**	**0**	**0**	**0**	**609**	**6**	**603**
Polk	Laurelwoods	0	0	60	60	0	0	0	0	60	0	60
Polk	Ridge Rest	0	0	12	12	0	0	0	0	12	0	12
Polk	White Oak Manor-Tryon	30	0	0	30	0	0	0	0	30	0	30
Polk	WillowBrooke Court SC Center at Tryon Estates	44	0	0	44	0	0	0	0	44	0	44
Polk Totals		**74**	**0**	**72**	**146**	**0**	**0**	**0**	**0**	**146**	**0**	**146**
Randolph	Brookdale Asheboro	0	0	76	76	0	0	0	0	76	0	76
Randolph	Brookstone Haven	0	0	120	120	0	0	0	0	120	0	120
Randolph	Carillon Assisted Living of Asheboro	0	0	96	96	0	0	0	0	96	0	96
Randolph	Cross Road Retirement Community	0	0	152	152	0	0	0	0	152	0	152
Randolph	North Pointe	0	0	67	67	0	0	0	0	67	0	67
Randolph	North Pointe Assisted Living of Archdale	0	0	56	56	0	0	0	0	56	0	56
Randolph	Westwood Health and Rehabilitation Center	16	0	0	16	0	0	0	0	16	0	16
Randolph Totals		**16**	**0**	**567**	**583**	**0**	**0**	**0**	**0**	**583**	**0**	**583**
Richmond	Hamlet House	0	0	60	60	0	0	0	0	60	0	60
Richmond	Hermitage Retirement Center of Rockingham	0	0	114	114	0	0	0	0	114	0	114

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Richmond	New Hope Adult Care	0	0	15	15	0	0	0	0	15	0	15
Richmond	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Richmond Totals		**10**	**0**	**189**	**199**	**0**	**0**	**0**	**0**	**199**	**0**	**199**
Robeson	Covenant Care	0	0	30	30	0	0	0	0	30	0	30
Robeson	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	0	11	0	11
Robeson	GlenFlora	20	0	0	20	0	0	0	0	20	0	20
Robeson	Greenbrier of Fairmont	0	0	100	100	0	0	0	0	100	0	100
Robeson	Hope Springs	0	0	63	63	0	0	0	0	63	0	63
Robeson	Lumberton Assisted Living	0	0	104	104	0	0	0	0	104	0	104
Robeson	Morning Star AL # 2	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 3	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 4	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star Assisted Living	0	0	10	10	0	0	0	0	10	0	10
Robeson	Parkton Place	0	0	82	82	0	0	0	0	82	0	82
Robeson	Red Springs Assisted Living	0	0	81	81	0	0	0	0	81	0	81
Robeson	Wesley Pines Retirement Community	42	0	0	42	0	0	0	0	42	0	42
Robeson Totals		**62**	**0**	**517**	**579**	**0**	**0**	**0**	**0**	**579**	**0**	**579**
Rockingham	Brookdale Eden	0	0	82	82	0	0	0	0	82	0	82
Rockingham	Brookdale Reidsville	0	0	76	76	0	0	0	0	76	0	76
Rockingham	Highgrove Long Term Care Center	0	0	62	62	0	0	0	0	62	0	62
Rockingham	Moyer's Assited Living Rockingham	0	0	18	18	0	0	0	0	18	0	18
Rockingham	North Pointe of Mayodan	0	0	70	70	0	0	0	0	70	0	70
Rockingham	Penn Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Rockingham	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	0	58	0	58
Rockingham	Reidsville House (Closed)	0	0	43	43	0	-43	0	0	0	0	0
Rockingham	Reidsville House (Replacement facility)	0	0	0	0	0	43	0	0	43	0	43
Rockingham Totals		**10**	**0**	**409**	**419**	**0**	**0**	**0**	**0**	**419**	**0**	**419**
Rowan	Alpha Concord Plantation (Bed transfer of 5 ACH beds to Grayson Creek (Davidson Co))	0	0	34	34	0	-5	0	0	29	0	29
Rowan	Best Of Care Assisted Living	0	0	25	25	0	0	0	0	25	0	25
Rowan	Bethamy Retirement Center	0	0	43	43	0	0	0	0	43	0	43
Rowan	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	0	96	0	96
Rowan	Brightmoor Nursing Center	43	0	0	43	0	0	0	0	43	0	43
Rowan	Brookdale Salisbury	0	0	88	88	0	0	0	0	88	0	88
Rowan	Carillon Assisted Living of Salisbury (Beds awarded per settlement agreement from 2000 & 2007)	0	0	128	128	0	0	0	0	128	0	128
Rowan	China Grove Retirement Center	0	0	28	28	0	0	0	0	28	0	28
Rowan	Deal Care Inn	0	0	21	21	0	0	0	0	21	0	21
Rowan	Kannon Creek Assisted Living	0	0	106	106	0	0	0	0	106	0	106

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Rowan	Salisbury Center	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Laurels of Salisbury	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Meadows of Rockwell Retirement Center	0	0	120	120	0	0	0	0	120	0	120
Rowan	Trinity Oaks	25	0	0	25	0	-13	0	0	12	0	12
Rowan	Trinity Oaks Continuing Care Retirement Community	0	0	20	20	5	13	0	0	38	3	35
Rowan	Veranda Residential Care	0	0	89	89	0	0	0	0	89	0	89
	Rowan Totals	**204**	**0**	**702**	**906**	**5**	**-5**	**0**	**0**	**906**	**3**	**903**
Rutherford	Brookdale Forest City	0	0	76	76	0	0	0	0	76	0	76
Rutherford	Colonial Manor Rest Home	0	0	34	34	0	0	0	0	34	0	34
Rutherford	Fair Haven Home	37	0	0	37	0	0	0	0	37	0	37
Rutherford	Fair Haven of Forest City	28	0	0	28	0	0	0	0	28	0	28
Rutherford	Haven-N-Hills Living Center	0	0	46	46	0	-46	0	0	0	0	0
Rutherford	Haven-N-Hills Living Center (Replacement facility)	0	0	0	0	0	46	0	0	46	0	46
Rutherford	Henderson Care Center	0	0	86	86	0	0	0	0	86	0	86
Rutherford	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	0	32	0	32
Rutherford	Nana's Assisted Living Facility #2	0	0	44	44	0	0	0	0	44	0	44
Rutherford	Oak Grove Healthcare Center	16	0	0	16	0	0	0	0	16	0	16
Rutherford	Oakland Living Center	0	0	40	40	0	0	0	0	40	0	40
Rutherford	Restwell Home	0	0	20	20	0	0	0	0	20	0	20
Rutherford	Southern Manor Rest Home	0	0	25	25	0	0	0	0	25	0	25
Rutherford	Sunnyside Retirement Home	0	0	34	34	0	0	0	0	34	0	34
	Rutherford Totals	**81**	**0**	**437**	**518**	**0**	**0**	**0**	**0**	**518**	**0**	**518**
Sampson	Autumn Wind Assisted Living of Roseboro	0	0	40	40	0	0	0	0	40	0	40
Sampson	Clinton House	0	0	60	60	0	0	0	0	60	0	60
Sampson	Mary Gran Nursing Center	30	0	0	30	0	0	0	0	30	0	30
Sampson	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	0	61	0	61
Sampson	The Magnolia	0	0	91	91	0	0	0	0	91	0	91
	Sampson Totals	**30**	**0**	**252**	**282**	**0**	**0**	**0**	**0**	**282**	**0**	**282**
Scotland	Prestwick Village Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Scotland	Scotia Village	32	0	0	32	0	0	0	0	32	0	32
Scotland	Willow Place Assisted Living & Memory Care Community	0	0	74	74	0	0	0	0	74	0	74
	Scotland Totals	**32**	**0**	**174**	**206**	**0**	**0**	**0**	**0**	**206**	**0**	**206**
Stanly	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Stanly	Forrest Oakes Healthcare Center	17	0	0	17	0	0	0	0	17	0	17
Stanly	Spring Arbor of Albemarle	0	0	78	78	0	0	0	0	78	0	78
Stanly	Stanly Manor	10	0	0	10	0	0	0	0	10	0	10
Stanly	The Taylor House	0	0	30	30	0	0	0	0	30	0	30
Stanly	Trinity Place	10	0	0	10	0	0	0	0	10	0	10

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Stanly	Woodhaven Court	0	0	76	76	0	0	0	0	76	0	76
Stanly Totals		**47**	**0**	**184**	**231**	**0**	**0**	**0**	**0**	**231**	**0**	**231**
Stokes	Graceland Living Center I	0	0	12	12	0	0	0	0	12	0	12
Stokes	Graceland Living Center II	0	0	11	11	0	0	0	0	11	0	11
Stokes	Mountain Valley Living Center	0	0	26	26	0	0	0	0	26	0	26
Stokes	Priddy Manor Assisted Living	0	0	70	70	0	0	0	0	70	0	70
Stokes	Rose Tara Senior Living	0	0	65	65	0	0	0	0	65	0	65
Stokes	Universal Health Care/King	24	0	0	24	0	0	0	0	24	0	24
Stokes	Village Care of King	20	0	0	20	0	0	0	0	20	0	20
Stokes	Walnut Cove Health and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Stokes	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	0	63	0	63
Stokes Totals		**53**	**0**	**247**	**300**	**0**	**0**	**0**	**0**	**300**	**0**	**300**
Surry	Central Care	0	0	53	53	0	0	0	0	53	0	53
Surry	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	0	28	0	28
Surry	Colonial Long Term Care Facility	0	0	54	54	0	0	0	0	54	0	54
Surry	Dunmore Plantation	0	0	60	60	0	0	0	0	60	0	60
Surry	Elkin Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Surry	Ridge Crest Retirement	0	0	28	28	0	0	0	0	28	0	28
Surry	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	0	65	0	65
Surry	Twelve Oaks	0	0	112	112	0	0	0	0	112	0	112
Surry Totals		**28**	**0**	**432**	**460**	**0**	**0**	**0**	**0**	**460**	**0**	**460**
Swain	Bryson City Assisted Living	0	0	50	50	0	0	0	0	50	0	50
Swain Totals		**0**	**0**	**50**	**50**	**0**	**0**	**0**	**0**	**50**	**0**	**50**
Transylvania	Cedar Mountain House	0	0	64	64	0	0	0	0	64	0	64
Transylvania	Kingsbridge House	0	0	60	60	0	0	0	0	60	0	60
Transylvania	The Oaks-Brevard	10	0	0	10	0	0	0	0	10	0	10
Transylvania Totals		**10**	**0**	**124**	**134**	**0**	**0**	**0**	**0**	**134**	**0**	**134**
Union	Autumn Care of Marshville	10	0	0	10	0	0	0	0	10	0	10
Union	Brian Center Health & Retirement/Monroe	12	0	0	12	0	0	0	0	12	0	12
Union	Brookdale Monroe Square 1	0	0	102	102	0	0	0	0	102	0	102
Union	Brookdale Monroe Square 2	0	0	65	65	0	0	0	0	65	0	65
Union	Brookdale Union Park	0	0	87	87	0	0	0	0	87	0	87
Union	Carillon Assisted Living at Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Union	Elizabethan Gardens	0	0	100	100	0	0	0	0	100	0	100
Union	Hillcrest Church Rest Home	0	0	20	20	0	0	0	0	20	0	20
Union	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	0	12	0	12
Union	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	0	12	0	12
Union	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	0	80	0	80

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
	Union Totals	**22**	**0**	**574**	**596**	**0**	**0**	**0**	**0**	**596**	**0**	**596**
Vance	Green-Bullock Assisted Living Center	0	0	129	129	0	0	0	0	129	0	129
Vance	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
Vance	Senior Citizen's Home	54	0	0	54	0	0	0	0	54	0	54
Vance	Woodlawn Retirement Home	0	0	12	12	0	0	0	0	12	0	12
	Vance Totals	**77**	**0**	**141**	**218**	**0**	**0**	**0**	**0**	**218**	**0**	**218**
Wake	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	0	115	0	115
Wake	Brittany Place	8	0	0	8	0	0	0	0	8	4	4
Wake	Brookdale Cary	0	0	50	50	0	0	0	0	50	0	50
Wake	Brookdale MacArthur Park	0	0	80	80	0	0	0	0	80	0	80
Wake	Brookdale Wake Forest	0	0	70	70	0	0	0	0	70	0	70
Wake	Brookridge Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Wake	Carillon Assisted Living of Fuquay Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	0	0	84	0	0	0	84	0	84
Wake	Carillon Assisted Living of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Cary Health and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
Wake	Chatham Commons	0	0	80	80	0	0	0	0	80	0	80
Wake	Coventry House Of Zebulon	0	0	60	60	0	0	0	0	60	0	60
Wake	Dan E & Mary Louise Stewart Health Center of Springmoor	18	0	0	18	0	0	0	0	18	0	18
Wake	Elmcroft of Northridge	0	0	161	161	0	0	0	0	161	0	161
Wake	Falls River Court Memory Care Community	0	0	38	38	0	0	0	0	38	0	38
Wake	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	0	60	0	60
Wake	Glenaire	9	0	0	9	0	0	0	0	9	0	9
Wake	HeartFields at Cary	0	0	97	97	0	0	0	0	97	0	97
Wake	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	0	20	0	20
Wake	James Rest Home (Closed.)	0	0	40	40	0	-40	0	0	0	0	0
Wake	Lawndale Manor	0	0	62	62	0	0	0	0	62	0	62
Wake	Lee's Long Term Care Facility (Bed transfer to Waltonwood Silverton)	0	0	65	65	0	-65	0	0	0	0	0
Wake	Litchford Falls Healthcare and Rehabilitation Center (31 bed transfer from Universal Health Care-Fuquay Varina and 20 beds transfer from Universal Health Care-North Raleigh.)	24	0	0	24	0	51	0	0	75	0	75
Wake	Magnolia Glen	0	0	66	66	0	0	0	0	66	0	66
Wake	Morningside of Raleigh	0	0	110	110	0	0	0	0	110	0	110

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Wake	North Pointe Assisted Living of Garner	0	0	126	126	0	0	0	0	126	0	126
Wake	Oliver House	0	0	100	100	0	0	0	0	100	0	100
Wake	Phoenix Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Wake	Spring Arbor of Apex	0	0	76	76	0	0	0	0	76	0	76
Wake	Spring Arbor of Cary (Bed transfer from Spring Arbor of Wake County)	0	0	0	0	0	80	0	0	80	0	80
Wake	Spring Arbor of Raleigh	0	0	80	80	0	0	0	0	80	0	80
Wake	Spring Arbor of Wake County (Bed transfer to Spring Arbor of Cary)	0	0	80	80	0	-80	0	0	0	0	0
Wake	Sunrise Assisted Living at North Hills	0	0	160	160	0	0	0	0	160	0	160
Wake	Sunrise of Cary	0	0	85	85	0	0	0	0	85	0	85
Wake	Sunrise of Raleigh	0	0	100	100	0	0	0	0	100	0	100
Wake	The Cardinal at North Hills	0	0	0	0	45	0	0	0	45	23	22
Wake	The Covington	0	0	120	120	0	0	0	0	120	0	120
Wake	The Laurels of Forest Glen	20	0	0	20	0	0	0	0	20	0	20
Wake	Universal Health Care/Fuquay-Varina (31 Beds will be transferred to Litchford Falls.)	11	0	0	11	20	-31	0	0	0	0	0
Wake	Universal Health Care/North Raleigh (20 Beds to be transdered to Litchford Falls.)	20	0	0	20	0	-20	0	0	0	0	0
Wake	Wake Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Wake	Waltonwood Cary Parkway (Bed transfer to Waltonwood Silverton)	0	0	85	85	0	-9	0	0	76	0	76
Wake	Waltonwood Lake Boone (Repalcement Facility)	0	0	0	0	0	40	0	0	40	0	40
Wake	Waltonwood Silverton (Transfer of 65 beds from Lee's Long Term Care Facility and 9 from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	0	74	0	74
Wake	Wellington Rehabilitation and Healthcare	20	0	0	20	0	0	0	0	20	0	20
Wake	Windsor Point Continuing Care Retirement Community	55	0	0	55	0	0	0	0	55	0	55
Wake	Woodland Terrace	0	0	84	84	0	0	0	0	84	0	84
Wake	Zebulon House	0	0	60	60	0	0	0	0	60	0	60
	Wake Totals	**235**	**0**	**2,929**	**3,164**	**149**	**0**	**0**	**0**	**3,313**	**27**	**3,286**
Warren	Boyd's Rest Home #2	0	0	10	10	0	0	0	0	10	0	10
Warren	Magnolia Gardens of Warrenton	0	0	86	86	0	0	0	0	86	0	86
Warren	Warren Hills Nursing Center	20	0	0	20	0	0	0	0	20	0	20
	Warren Totals	**20**	**0**	**96**	**116**	**0**	**0**	**0**	**0**	**116**	**0**	**116**
Washington	Cypress Manor	0	0	40	40	0	0	0	0	40	0	40
Washington	Roanoke Landing Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
	Washington Totals	**9**	**0**	**40**	**49**	**0**	**0**	**0**	**0**	**49**	**0**	**49**
Watauga	Blowing Rock Rehab Davant Extended Care Ctr (Beds transferred from Glenbridge Health & Rehabilitation)	0	0	0	0	0	20	0	0	20	0	20
Watauga	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	0	96	0	96

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Watauga	Glenbridge Health and Rehabilitation Center (Bed transfer to Blowing Rock Post-Acute Care.)	20	0	0	20	0	-20	0	0	0	0	0
Watauga	Mountain Care Facilities	0	0	60	60	0	0	0	0	60	0	60
	Watauga Totals	**20**	**0**	**156**	**176**	**0**	**0**	**0**	**0**	**176**	**0**	**176**
Wayne	Brookdale Berkeley Boulevard	0	0	60	60	0	0	0	0	60	0	60
Wayne	Brookdale Country Day Road	0	0	104	104	0	0	0	0	104	0	104
Wayne	Countryside Village	0	0	40	40	0	0	0	0	40	0	40
Wayne	Fremont Rest Center	0	0	50	50	0	0	0	0	50	0	50
Wayne	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	0	56	0	56
Wayne	LaGrange Gardens Assisted Living	0	0	37	37	0	0	0	0	37	0	37
Wayne	Renu Life Extended	0	0	37	37	0	0	0	0	37	0	37
Wayne	Somerset Court of Goldsboro	0	0	60	60	0	0	0	0	60	0	60
Wayne	Sutton's Retirement Center	0	0	40	40	0	0	0	0	40	0	40
Wayne	Waylin Life Care Center (Closed. Bed transfer of 104 beds to replacement facility, Wayne Assisted Living)	0	0	104	104	0	-104	0	0	0	0	0
Wayne	Wayne Assisted Living (Replacement facility for Waylin Life Care Center)	0	0	0	0	0	104	0	0	104	0	104
Wayne	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	0	12	0	12
Wayne	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	0	12	0	12
Wayne	Woodard Care	0	0	73	73	0	0	0	0	73	0	73
Wayne	Woodard's Retirement Village	0	0	60	60	0	0	0	0	60	0	60
	Wayne Totals	**0**	**0**	**745**	**745**	**0**	**0**	**0**	**0**	**745**	**0**	**745**
Wilkes	Rose Glen Manor	0	0	60	60	0	0	0	0	60	0	60
Wilkes	The Villages of Wilkes Traditional Living	0	0	102	102	0	0	0	0	102	0	102
Wilkes	Westwood Hills Nursing & Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Wilkes	Wilkes County Adult Care	0	0	99	99	0	0	0	0	99	0	99
Wilkes	Wilkes Senior Village	19	0	0	19	0	0	0	0	19	0	19
	Wilkes Totals	**29**	**0**	**261**	**290**	**0**	**0**	**0**	**0**	**290**	**0**	**290**
Wilson	Brian Center Health & Rehabilitation/Wilson	12	0	0	12	0	0	0	0	12	0	12
Wilson	Elm City Assisted Living	0	0	58	58	0	0	0	0	58	0	58
Wilson	Parkwood Village	0	0	70	70	0	0	0	0	70	0	70
Wilson	Spring Arbor of Wilson	0	0	72	72	0	0	0	0	72	0	72
Wilson	Wilson Assisted Living	0	0	88	88	0	0	0	0	88	0	88
Wilson	Wilson House	0	0	136	136	0	0	0	0	136	0	136
Wilson	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
	Wilson Totals	**42**	**0**	**424**	**466**	**0**	**0**	**0**	**0**	**466**	**0**	**466**
Yadkin	Patriot Living of Yadkinville	0	0	50	50	0	0	0	0	50	0	50
Yadkin	Pinebrook Residential Center 1	0	0	54	54	0	0	0	0	54	0	54
Yadkin	Pinebrook Residential Center 2	0	0	65	65	0	0	0	0	65	0	65

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Yadkin	The Magnolias Over Yadkin	0	0	20	20	0	0	0	0	20	0	20
Yadkin Totals		**0**	**0**	**189**	**189**	**0**	**0**	**0**	**0**	**189**	**0**	**189**
Yancey	Mountain Manor Assisted Living	0	0	29	29	0	0	0	0	29	0	29
Yancey	Yancey House	0	0	70	70	0	0	0	0	70	0	70
Yancey Totals		**0**	**0**	**99**	**99**	**0**	**0**	**0**	**0**	**99**	**0**	**99**
Grand Totals		**4,746**	**20**	**38,215**	**42,981**	**1,285**	**10**	**0**	**0**	**44,276**	**237**	**44,039**

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Alamance	74,718	62,903	16,980	8,986	3,783	6	90	94	173	287	650	758	0	7	751	101			0
Alexander	15,806	16,051	4,867	2,683	847	1	23	27	52	64	167	126	0	0	126	-41	-24.55%	82.54%	0
Alleghany	3,971	4,488	1,617	986	398	0	6	9	19	30	64	22	40	0	62	-2	-3.13%		0
Anson	11,074	10,560	2,831	1,456	544	1	15	16	28	41	101	113	0	0	113	12			0
Ashe	9,795	10,687	3,963	2,360	818	1	15	22	45	62	145	115	0	0	115	-30	-20.69%	90.43%	30
Avery	6,476	7,425	2,235	1,267	500	1	11	12	24	38	86	100	0	0	100	14			0
Beaufort	18,041	17,619	7,029	3,843	1,186	1	25	39	74	90	229	167	50	0	217	-12	-5.24%		0
Bertie	7,577	7,498	2,273	1,164	546	1	11	13	22	41	88	105	0	0	105	17			0
Bladen	14,395	13,401	4,499	2,299	761	1	19	25	44	58	147	150	0	0	150	3			0
Brunswick	43,717	51,352	25,541	13,330	3,092	3	74	141	256	235	709	321	340	0	661	-48	-6.77%		0
Buncombe	105,853	108,258	32,541	16,381	6,654	8	155	180	315	505	1,163	1,175	-25	10	1,140	-23	-1.98%		0
Burke	36,952	33,982	10,549	5,748	1,965	3	49	58	111	149	370	415	0	0	415	45			0
Cabarrus	97,861	89,050	18,111	8,974	3,021	8	128	100	173	229	638	934	0	0	934	296			0
Caldwell	33,457	32,265	9,735	5,189	1,580	3	46	54	100	120	323	349	0	0	349	26			0
Camden	4,295	4,477	1,085	589	200	0	6	6	11	15	38	24	0	0	24	-14	-36.84%	37.50%	0
Carteret *	24,367	27,565	10,420	5,644	1,889	2	40	58	109	143	352	186	110	0	296	-56	-15.91%	74.73%	0
Caswell	8,991	9,524	3,101	1,544	472	1	14	17	30	36	98	207	0	0	207	109			0
Catawba	67,471	61,594	17,312	8,724	2,831	5	88	96	168	215	572	723	0	0	723	151			0
Chatham	26,108	29,367	11,097	6,259	2,663	2	42	61	120	202	427	453	0	26	427	0			0
Cherokee	9,444	9,964	4,474	2,875	893	1	14	25	55	68	163	24	150	0	174	11			0
Chowan	5,753	5,324	1,970	1,159	462	0	8	11	22	35	76	120	0	0	120	44			0
Clay	3,683	3,912	1,850	1,130	390	0	6	10	22	30	68	70	0	0	70	2			0
Cleveland	42,680	37,495	11,535	5,790	1,859	3	54	64	111	141	373	423	0	0	423	50			0
Columbus	24,220	22,229	6,627	3,445	1,058	2	32	37	66	80	217	225	0	0	225	8			0
Craven *	47,266	36,976	10,783	6,183	2,460	4	53	60	119	187	423	611	0	0	611	188			0
Cumberland *	156,840	117,894	27,375	12,720	4,289	12	169	151	245	325	902	912	0	0	912	10			0
Currituck	11,297	12,275	3,023	1,390	349	1	18	17	27	26	89	90	0	0	90	1			0
Dare	13,164	14,834	5,021	2,436	762	1	21	28	47	58	155	120	0	0	120	-35	-22.58%	70.00%	0
Davidson	69,092	67,186	18,387	9,592	3,029	5	96	102	184	230	617	577	5	0	582	-35	-5.67%		0
Davie	16,214	16,310	5,076	2,809	1,060	1	23	28	54	80	186	212	0	0	212	26			0
Duplin	27,753	22,804	6,612	3,476	1,390	2	33	37	67	105	244	387	0	0	387	143			0
Durham	164,523	118,541	26,717	11,234	4,784	13	170	148	216	363	910	990	34	17	1,007	97			0
Edgecombe	23,473	20,477	6,665	3,154	1,168	2	29	37	61	89	218	312	0	0	312	94			0
Forsyth	180,576	144,007	37,278	18,280	7,541	14	207	206	351	572	1,350	2,229	24	21	2,232	882			0
Franklin	27,883	26,936	7,352	3,523	1,187	2	39	41	68	90	240	240	0	0	240	0			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Gaston	95,347	87,136	22,552	10,731	3,440	7	125	125	206	261	724	1,155	30	15	1,170	446			0
Gates **	5,011	4,497	1,384	762	261	0	6	8	15	20	49	80	0	0	80	31			0
Graham	3,623	3,387	1,209	733	274	0	5	7	14	21	47	23	0	0	23	-24	-51.06%	34.78%	20
Granville	23,685	24,972	6,430	3,081	1,068	2	36	36	59	81	214	251	0	0	251	37			0
Greene	8,858	8,757	2,256	1,040	399	1	13	12	20	30	76	57	0	0	57	-19	-25.00%	94.74%	20
Guilford	248,002	201,363	50,883	24,522	10,089	19	289	281	471	765	1,825	2,340	0	13	2,327	502			0
Halifax	20,933	19,600	6,391	3,203	1,203	2	28	35	62	91	218	205	0	0	205	-13	-5.96%		0
Harnett *	66,445	51,424	11,228	5,500	1,694	5	74	62	106	129	376	678	0	0	678	302			0
Haywood	22,063	23,444	8,588	5,376	2,005	2	34	47	103	152	338	323	0	0	323	-15	-4.44%		0
Henderson	42,155	43,769	16,742	10,889	4,387	3	63	93	209	333	701	593	25	16	602	-99	-14.12%	67.54%	0
Hertford	9,893	9,248	2,882	1,482	616	1	13	16	28	47	105	173	0	0	173	68			0
Hoke *	27,905	21,907	3,860	1,567	480	2	31	21	30	36	120	173	0	0	173	53			0
Hyde/Tyrrell	3,533	4,192	1,203	624	263	0	6	7	12	20	45	50	0	0	50	5			0
Iredell	76,222	74,042	17,799	8,995	2,830	6	106	98	173	215	598	934	0	0	934	336			0
Jackson	19,800	14,085	4,877	2,783	932	2	20	27	54	71	174	145	0	0	145	-29	-16.67%	80.00%	0
Johnston	90,419	82,909	17,928	8,230	2,364	7	119	99	158	179	562	707	0	0	707	145			0
Jones	4,310	3,995	1,386	679	245	0	6	8	13	19	46	20	0	0	20	-26	-56.52%	60.00%	30
Lee	27,334	21,884	5,736	3,056	1,232	2	31	32	59	93	217	323	0	0	323	106			0
Lenoir	25,027	21,766	6,911	3,495	1,334	2	31	38	67	101	239	327	0	0	327	88			0
Lincoln	33,327	34,839	9,688	4,685	1,310	3	50	54	90	99	296	381	0	0	381	85			0
Macon	13,409	12,853	5,731	3,599	1,382	1	18	32	69	105	225	178	0	0	178	-47	-20.89%	78.09%	0
Madison	8,441	8,669	3,181	1,610	566	1	12	18	31	43	105	89	0	0	89	-16	-15.24%	84.27%	0
Martin	8,958	8,731	3,193	1,622	555	1	13	18	31	42	105	182	0	0	182	77			0
McDowell	17,760	18,102	5,681	3,031	1,041	1	26	31	58	79	195	350	0	0	350	155			0
Mecklenburg	540,313	465,992	84,376	37,082	14,562	42	668	466	713	1,105	2,994	3,081	273	49	3,305	311			0
Mitchell	5,920	6,253	2,118	1,335	448	0	9	12	26	34	81	80	0	0	80	-1	-1.23%		0
Montgomery	11,851	10,154	3,473	1,807	-661	1	15	19	35	50	120	180	0	0	180	60			0
Moore *	36,819	35,584	13,691	8,805	4,066	3	51	76	169	308	607	637	10	18	629	22			0
Nash	38,402	36,611	11,282	5,234	1,851	3	53	62	101	140	359	522	0	0	522	163			0
New Hanover	104,213	89,356	24,717	12,654	4,926	8	128	137	243	374	890	1,105	0	9	1,096	206			0
Northampton	7,920	7,558	2,617	1,607	714	1	11	14	31	54	111	242	0	0	242	131			0
Onslow *	98,066	56,656	12,059	6,027	1,975	8	81	67	116	150	422	438	0	0	438	16			0
Orange	73,193	54,274	14,250	6,065	2,140	6	78	79	117	162	442	490	0	0	490	48			0
Pamlico	4,282	5,056	2,168	1,286	501	0	7	12	25	38	82	48	30	0	78	-4	-4.88%		0
Pasquotank	18,894	14,809	3,891	2,002	735	1	21	22	38	56	138	266	0	0	266	128			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Pender	26,146	25,159	7,268	3,589	1,201	2	36	40	69	91	238	202	0	0	202	-36	-15.13%	70.79%	0
Perquimans	5,049	4,824	1,971	1,394	460	0	7	11	27	35	80	24	50	0	74	-6	-7.50%		0
Person	15,999	15,671	4,697	2,393	828	1	22	26	46	63	158	214	0	0	214	56			0
Pitt	93,352	61,706	15,214	6,833	2,673	7	89	84	131	203	514	609	0	6	603	89			0
Polk	7,078	7,814	3,425	2,063	956	1	11	19	40	73	144	146	0	0	146	2			0
Randolph	62,958	56,978	15,681	8,236	2,753	5	82	87	158	209	541	583	0	0	583	42			0
Richmond	19,888	17,185	5,072	2,456	730	2	25	28	47	55	157	199	0	0	199	42			0
Robeson	63,494	47,662	12,951	5,848	1,755	5	68	72	112	133	390	579	0	0	579	189			0
Rockingham	36,722	36,683	11,229	5,865	2,045	3	53	62	113	155	386	419	0	0	419	33			0
Rowan	60,482	53,349	14,841	7,436	2,602	5	77	82	143	197	504	906	0	3	903	399			0
Rutherford	26,915	25,745	8,263	4,620	1,503	2	37	46	89	114	288	518	0	0	518	230			0
Sampson	29,085	24,184	6,896	3,630	1,313	2	35	38	70	100	245	282	0	0	282	37			0
Scotland	15,204	12,730	4,096	1,856	596	1	18	23	36	45	123	206	0	0	206	83			0
Stanly	26,274	23,884	7,216	3,849	1,271	2	34	40	74	96	246	231	0	0	231	-15	-6.10%		0
Stokes	17,778	19,100	5,742	3,161	1,005	1	27	32	61	76	197	300	0	0	300	103			0
Surry	30,733	28,114	8,596	4,736	1,656	2	40	48	91	126	307	460	0	0	460	153			0
Swain	6,879	5,803	1,812	987	277	1	8	10	19	21	59	50	0	0	50	-9	-15.25%	0.00%	0
Transylvania	11,512	12,618	5,521	3,959	1,674	1	18	31	76	127	253	134	0	0	134	-119	-47.04%	64.93%	0
Union	112,194	98,875	19,868	9,873	2,810	9	142	110	190	213	664	596	0	0	596	-68	-10.24%	71.31%	0
Vance	20,461	16,084	4,920	2,476	926	2	23	27	48	70	170	218	0	0	218	48			0
Wake *	506,378	461,312	85,353	37,994	14,153	39	662	472	730	1,074	2,977	3,164	149	27	3,286	309			0
Warren	7,773	7,623	2,793	1,623	703	1	11	15	31	53	111	116	0	0	116	5			0
Washington	4,878	4,388	1,734	927	386	0	6	10	18	29	63	49	0	0	49	-14	-22.22%	87.76%	10
Watauga	30,297	15,515	5,409	2,932	1,111	2	22	30	56	84	194	176	0	0	176	-18	-9.28%		0
Wayne *	57,643	47,479	12,543	6,433	2,355	4	68	69	124	179	444	745	0	0	745	301			0
Wilkes	27,617	27,440	8,821	5,031	1,677	2	39	49	97	127	314	290	0	0	290	-24	-7.64%		0
Wilson	36,808	31,709	9,401	4,620	1,660	3	45	52	89	126	315	466	0	0	466	151			0
Yadkin	15,159	14,330	4,111	2,379	847	1	21	23	46	64	155	189	0	0	189	34			0
Yancey	6,658	6,743	2,492	1,520	533	1	10	14	29	40	94	99	0	0	99	5			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
State Total	4,658,533	4,073,811	1,056,828	530,540	191,439	361	5,842	5,851	10,201	14,520	36,775	42,981	1,295	237	44,039				110

Average Combined Ratios for Beds per 1000 derived based on reported number of patients based on 2012 through 2016 License Renewal Applications.

0.08 Beds/1000 Under Age 35
1.43 Beds/1000 Age 35-64
5.53 Beds/1000 Age 65-74
19.22 Beds/1000 Age 75-84
75.87 Beds/1000 Age 85 and over

* Projections for under age 35 were adjusted to exclude active duty military personnel.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for 126 adult care home beds. There is no need anywhere else in the state and no other reviews are scheduled. However, in response to a petition from Montgomery County, the State Health Coordinating Council approved an adjusted need determination for 16 adult care home beds with a preference for CON applicants who are proposing the addition of special care unit beds.

Table 11C: Adult Care Home Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional adult care home beds as specified.

County	HSA	Adult Care Home Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Ashe	I	30	February 15, 2017	March 1, 2017
Graham	I	20	February 15, 2017	March 1, 2017
Greene	VI	20	February 15, 2017	March 1, 2017
Jones	VI	30	July 17, 2017	August 1, 2017
Montgomery***	V	16	April 17, 2017	May 1, 2017
Washington	VI	10	July 17, 2017	August 1, 2017
It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

***In response to a petition from Montgomery County, the State Health Coordinating Council approved an adjusted need determination for 16 adult care home beds with a preference for CON applicants who are proposing the addition of special care unit beds.

Table 11D: Inventory of Nursing Homes With Six or Less Adult Care Home Beds

County	License Number	Name	Adult Care Home Beds
Alamance	NH0351	Twin Lakes Community	4
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Burke	NH0553	College Pines Health and Rehab Center	4
Cabarrus	NH0453	Transitional Health Services of Kannapolis	5
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Brian Center Health and Rehabilitation/Waynesville	5
Mecklenburg	NH0584	The Stewart Health Center	4
Mecklenburg	NH0573	Asbury Care Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	Brian Center Health & Rehabilitation/Spruce Pine	6
Orange	NH0093	PruittHealth-Carolina Point	2
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	5
Robeson	NH0472	Highland Acres Nursing and Rehabilitation Center	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0622	The Rosewood Health Center	4
Wake	NH0354	Tower Nursing and Rehabilitation Center	6

Chapter 10:

Nursing Care Facilities

CHAPTER 10
NURSING CARE FACILITIES

Summary of Bed Supply and Utilization
In the fall of 2016, the nursing care bed inventory included 44,675 licensed beds in nursing homes and 1,285 licensed beds in hospitals for a total of 45,960 licensed nursing care beds. An additional 405 nursing care beds had received approval from Certificate of Need (CON), but were not yet licensed. In addition, 1,400 nursing care beds from currently licensed facilities will be transferred to CON-approved projects once completed; previous need determination for which certificates of need have not been issued were anticipated to add 160 more nursing care beds. The "total inventory" of nursing care beds (*licensed + CON-approved – CON bed transfers + previously allocated*) was 46,488.

Exclusions from the inventory and occupancy rate have been retained for specialty care units (*beds in units designated exclusively for people with head injuries or ventilator dependency*), state operated facilities, for out-of-area placements in non-profit religious or fraternal facilities, for 100% of the qualified nursing care beds in continuing care retirement communities (*Policy NH-2 beds*), and for beds transferred from State Psychiatric Hospitals (*Policy NH-5 beds*). For the North Carolina 2017 State Medical Facilities Plan, the excluded beds total 3,060, resulting in an adjusted "planning inventory" of 43,428 nursing care beds.

Changes from the Previous Plan
The nursing care bed need methodology as compared to that used in the North Carolina 2016 State Medical Facilities Plan has the following changes:

- 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 one half a 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 all exclusions for beds and occupancy;
- One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds; and
- Maximum bed need for each service area of 150 beds.

Basic Assumptions of the Method
1. Need should be projected three years beyond the plan year because that is the least amount of time required to bring a needed facility or expansion into service.

2. Any advantages to patients that may arise from competition will be fostered by policies which lead to the establishment of new provider institutions. Consequently, whenever feasible allocations of 90 additional beds or more should be made. It is recognized, however, that such allocations do not always result in new entities.

3. Counties whose deficits represent a high proportion (10 percent or greater) of their total needs (deficit index) and who have an occupancy of licensed beds in the county, excluding continuing care retirement communities, that is 90 percent or greater based on utilization data reported on 2016

License Renewal Applications, should receive need determinations even though such increments may be of insufficient size to encourage establishment of new facilities.

4. To the extent that out-of-area patients are served by facilities operated by religious or fraternal organizations, beds so occupied will be excluded from a county's inventory and the associated days of care will be removed from the occupancy rate calculation.

5. When nursing care beds have been converted to care for head injury or ventilator-dependent patients, the beds will be removed from the inventory and the associated days of care will be removed from the occupancy rate calculation.

6. One hundred percent of the nursing care beds developed pursuant to Policy NH-2 will be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.

7. Nursing care beds transferred from state psychiatric hospitals to the community pursuant to Policy NH-5 shall be excluded from the inventory and the associated days of care will be removed from the occupancy rate calculation.

8. Any beds developed pursuant to Policy NH-1 will be included in the inventory.

9. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to nursing home facilities.

10. A county rate provides a more accurate utilization measure in determining needs. Bed rates are calculated per 1,000 population per county. Each county bed rate is calculated using a five year average annual change projected forward 36 months. For any county with an average annual change rate that is one-half of a standard deviation above or below the average change rate of all counties, the state change rate is substituted in the bed rate calculation.

11. Occupancy rates can be calculated using different techniques. The methodology chooses to use the higher of two different occupancy rate calculations such that the need determination in each county is calculated with the greatest advantage. The adjusted occupancy rate for each county is calculated using the higher of the median of all facilities' occupancy rates in a county or a countywide occupancy, whichever is higher. The equivalent days of care for the initial occupancy will be removed from calculations for beds that have been excluded from the inventory.

Sources of Data

Population Data:

Projected numbers of residents, by county and age group, for 2020 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the county's population for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status – Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2014 5-year Estimates.

Utilization Data
Data on utilization of nursing facilities were compiled from the "2016 Renewal Applications for License to Operate a Nursing Home," combined with data from the "Nursing Care Facility/Unit Beds 2016 Annual Data Supplement to Hospital License Applications," as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Method
The steps in applying the projection method are as follows:

Step 1: Multiply the county bed use rates (*see "Assumptions"*) by each county's corresponding projected civilian population *(in thousands)* for the target year *(2020)* to calculate the projected bed utilization.

Step 2: For each county, divide the projected bed utilization by a 95% vacancy factor.

Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: CON-Approved/License Pending beds, beds available in prior Plans that have not been CON-approved, and exclusions from the county's inventory, if any. For each county, the projected bed utilization with applied vacancy factor derived in Step 2 is subtracted from the planning inventory. The result is the county's surplus or deficit.

Step 4:

a. For a county with a deficit of 71 to 90 beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is 90 beds.

b. For a county with a deficit of 91 or more beds, if the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is the amount of the deficit rounded to 10*. The maximum need determination for each county is 150 beds.

c. If any other county's deficit is 10 percent or more of its total projected bed need, and the adjusted occupancy of licensed beds in the county is 90 percent or greater based on utilization data reported on 2016 Renewal Applications, the need determination is the amount of the deficit rounded to 10*. The maximum need determination for each county is 150 beds.

* For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

A nursing care bed's service area is the nursing bed care planning area in which the bed is located. Each of the 100 counties in the state is a separate nursing care bed planning area.

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Alamance	Alamance Health Care Center	180	0	180	0	0	0	0	180	0	180
Alamance	Edgewood Place at the Village at Brookwood	105	0	105	0	0	0	0	105	24	81
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	90	0	90	0	0	0	0	90	0	90
Alamance	Peak of Graham, LLC (Replacement facility.)	0	0	0	0	0	120	0	120	0	120
Alamance	Peak Resources - Alamance Inc (120 bed transfer to Peak of Graham, LLC)	120	0	120	0	0	-120	0	0	0	0
Alamance	The Presbyterian Home of Hawfields	117	0	117	0	0	0	0	117	4	113
Alamance	Twin Lakes Community	100	0	100	0	0	0	0	100	35	65
Alamance	Twin Lakes Community Memory Care	16	0	16	0	0	0	0	16	8	8
Alamance	White Oak Manor-Burlington	160	0	160	0	0	0	0	160	0	160
Alamance Totals		**888**	**0**	**888**	**0**	**0**	**0**	**0**	**888**	**71**	**817**
Alexander	Valley Nursing Center	183	0	183	0	0	0	0	183	49	134
Alexander Totals		**183**	**0**	**183**	**0**	**0**	**0**	**0**	**183**	**49**	**134**
Alleghany	Alleghany Center	90	0	90	0	0	0	0	90	0	90
Alleghany Totals		**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Anson	Ambassador Rehab & Healthcare Center	66	0	66	0	0	0	0	66	0	66
Anson	Anson Health and Rehabilitation	95	0	95	0	0	0	0	95	0	95
Anson Totals		**161**	**0**	**161**	**0**	**0**	**0**	**0**	**161**	**0**	**161**
Ashe	Margate Health and Rehab Center	210	0	210	0	0	0	0	210	0	210
Ashe Totals		**210**	**0**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Avery	Charles A. Cannon, Jr. Memorial Hospital, Inc. **	0	10	10	0	0	0	0	10	0	10
Avery	Life Care Center of Banner Elk	118	0	118	0	0	0	0	118	0	118
Avery Totals		**118**	**10**	**128**	**0**	**0**	**0**	**0**	**128**	**0**	**128**
Beaufort	Ridgewood Living & Rehabilitation Center (Replacement facility. Beds transferred from Ridgewood Manor.)	0	0	0	0	0	150	0	150	0	150
Beaufort	Ridgewood Living and Rehabilitation Center (Beds transferred to Ridgewood Living & Rehabilitation.)	150	0	150	0	0	-150	0	0	0	0
Beaufort	River Trace Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Beaufort Totals		**290**	**0**	**290**	**0**	**0**	**0**	**0**	**290**	**0**	**290**
Bertie	Brian Center Health & Rehabilitation/Windsor	82	0	82	0	0	0	0	82	0	82
Bertie	Three Rivers Health and Rehab	60	0	60	0	0	0	0	60	0	60
Bertie Totals		**142**	**0**	**142**	**0**	**0**	**0**	**0**	**142**	**0**	**142**
Bladen	Cape Fear Valley - Bladen County Hospital **	0	10	10	0	0	0	0	10	0	10
Bladen	Elizabethtown Healthcare & Rehabilitation Center	94	0	94	0	0	0	0	94	0	94
Bladen	Poplar Heights Center	90	0	90	0	0	0	0	90	0	90
Bladen Totals		**184**	**10**	**194**	**0**	**0**	**0**	**0**	**194**	**0**	**194**
Brunswick	Autumn Care of Brunswick Plantation	0	0	0	70	0	30	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Brunswick	Autumn Care of Shallotte (Bed transfer to Autumn Care of Brunswick Plantation)	130	0	130	0	0	-30	0	100	0	100
Brunswick	Brunswick Cove Nursing Center	175	0	175	0	0	0	0	175	0	175
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	99	0	99	0	0	0	0	99	0	99
Brunswick	Southport Nursing Center	0	64	64	0	0	0	0	64	0	64
Brunswick	Universal Health Care/Brunswick	90	0	90	0	0	0	0	90	0	90
Brunswick Totals		**494**	**64**	**558**	**70**	**0**	**0**	**0**	**628**	**0**	**628**
Buncombe	Asheville Health Care Center	106	0	106	0	0	0	0	106	0	106
Buncombe	Asheville Nursing & Rehab Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Aston Park Health Care Center	120	0	120	0	0	0	0	120	0	120
Buncombe	Black Mountain Neuro-Medical Treatment Center *	156	0	156	0	0	0	0	156	156	0
Buncombe	Brian Center Health & Rehabilitation/Weaverville	122	0	122	0	0	0	0	122	0	122
Buncombe	Brooks-Howell Home	58	0	58	0	0	0	0	58	1	57
Buncombe	Deerfield Episcopal Retirement Community	62	0	62	0	0	0	0	62	31	31
Buncombe	Emerald Ridge Rehabilitation & Care Center	100	0	100	0	0	0	0	100	0	100
Buncombe	Flesher's Fairview Health Care Center Inc	106	0	106	0	0	0	0	106	0	106
Buncombe	Givens Health Center	70	0	70	0	0	0	0	70	12	58
Buncombe	Givens Highland Farms	60	0	60	0	0	0	0	60	0	60
Buncombe	Golden LivingCenter - Asheville	77	0	77	0	0	0	0	77	0	77
Buncombe	Mountain Ridge Health and Rehab	97	0	97	0	0	0	0	97	0	97
Buncombe	NC State Veterans Home - Black Mountain *	100	0	100	0	0	0	0	100	100	0
Buncombe	Pisgah Manor Health Care Center	118	0	118	0	0	0	0	118	5	113
Buncombe	StoneCreek Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Buncombe	The Laurels of GreenTree Ridge	98	0	98	0	0	0	0	98	0	98
Buncombe	The Laurels of Summit Ridge	60	0	60	0	0	0	0	60	0	60
Buncombe	The Oaks at Sweeten Creek	100	0	100	0	0	0	0	100	0	100
Buncombe	Western North Carolina Baptist Home	100	0	100	0	0	0	0	100	16	84
Buncombe Totals		**1,950**	**0**	**1,950**	**0**	**0**	**0**	**0**	**1,950**	**321**	**1,629**
Burke	Autumn Care of Drexel	100	0	100	0	0	0	0	100	0	100
Burke	Carolina Rehab Center of Burke	90	0	90	0	0	0	0	90	0	90
Burke	College Pines Health and Rehab Center	100	0	100	0	0	0	0	100	0	100
Burke	Grace Heights Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Burke	Grace Ridge	25	0	25	0	0	0	0	25	25	0
Burke	Magnolia Lane Nursing & Rehabilitation Center	121	0	121	0	0	0	0	121	0	121
Burke Totals		**556**	**0**	**556**	**0**	**0**	**0**	**0**	**556**	**25**	**531**
Cabarrus	Avante at Concord	120	0	120	0	0	0	0	120	0	120
Cabarrus	Brian Center Health & Retirement/Cabarrus	90	0	90	0	0	0	0	90	0	90
Cabarrus	Five Oaks Manor	160	0	160	0	0	0	0	160	0	160

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Cabarrus	PruittHealth-TownCenter	70	0	70	0	0	0	0	70	0	70
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	24	0	0	0	0	24	24	0
Cabarrus	Transitional Health Services of Kannapolis	107	0	107	0	0	0	0	107	0	107
Cabarrus	Universal Health Care and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cabarrus Totals		**691**	**0**	**691**	**0**	**0**	**0**	**0**	**691**	**24**	**667**
Caldwell	Gateway Rehabilitation and Healthcare	100	0	100	0	0	0	0	100	0	100
Caldwell	Hickory Falls Health and Rehabilitation	120	0	120	0	0	0	0	120	0	120
Caldwell	Lenoir Healthcare Center	120	0	120	0	0	0	0	120	0	120
Caldwell	Shaire Nursing Center	60	0	60	0	0	0	0	60	0	60
Caldwell Totals		**400**	**0**	**400**	**0**	**0**	**0**	**0**	**400**	**0**	**400**
Carteret	Croatan Ridge Nursing and Rehabilitation Center	64	0	64	0	0	0	0	64	0	64
Carteret	Crystal Bluffs Rehabilitation and Health Care Center	92	0	92	0	0	0	0	92	0	92
Carteret	Harborview Health Care Center	122	0	122	0	0	0	0	122	0	122
Carteret	PruittHealth-SeaLevel	104	0	104	0	0	0	0	104	0	104
Carteret	Snug Harbor on Nelson Bay	42	0	42	0	0	0	0	42	0	42
Carteret Totals		**424**	**0**	**424**	**0**	**0**	**0**	**0**	**424**	**0**	**424**
Caswell	Brian Center Health & Rehabilitation/Yanceyville	157	0	157	0	0	0	0	157	0	157
Caswell Totals		**157**	**0**	**157**	**0**	**0**	**0**	**0**	**157**	**0**	**157**
Catawba	Abernethy Laurels	174	0	174	0	0	0	0	174	40	134
Catawba	Brian Center Health & Rehabiliation/Hickory East	150	0	150	0	0	0	0	150	0	150
Catawba	Brian Center Health and Rehab Hickory/Viewmont	104	0	104	0	0	0	0	104	0	104
Catawba	Conover Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Catawba	Frye Regional Medical Center **	0	17	17	0	0	0	0	17	0	17
Catawba	Trinity Ridge	120	0	120	0	0	0	0	120	3	117
Catawba	Trinity Village	104	0	104	0	0	0	0	104	2	102
Catawba Totals		**742**	**17**	**759**	**0**	**0**	**0**	**0**	**759**	**45**	**714**
Chatham	Carolina Meadows Health Center	90	0	90	0	0	0	0	90	90	0
Chatham	Chatham County Rehabilitation Center	0	0	0	90	0	0	0	90	0	90
Chatham	Siler City Center	150	0	150	0	0	0	0	150	0	150
Chatham	The Arbor	40	0	40	0	0	0	0	40	40	0
Chatham	The Laurels of Chatham	140	0	140	0	0	0	0	140	0	140
Chatham Totals		**420**	**0**	**420**	**90**	**0**	**0**	**0**	**510**	**130**	**380**
Cherokee	Murphy Medical Center, Inc	0	134	134	0	0	0	0	134	0	134
Cherokee	Valley View Care and Rehabilitation Center	76	0	76	0	0	0	0	76	0	76
Cherokee Totals		**76**	**134**	**210**	**0**	**0**	**0**	**0**	**210**	**0**	**210**
Chowan	Chowan River Nursing & Rehabilitation Center	130	0	130	0	0	0	0	130	0	130
Chowan Totals		**130**	**0**	**130**	**0**	**0**	**0**	**0**	**130**	**0**	**130**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Clay	Clay County Care Center	90	0	90	0	0	0	0	90	0	90
	Clay Totals	**90**	**0**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Cleveland	Cleveland Pines (10 bed transfer from Kings Mountain Hospital + 10 bed transfer from Crawley Memorial Hospital.)	120	0	120	0	0	20	0	140	0	140
Cleveland	Crawley Memorial Hospital (Bed transfer to Cleveland Pines Nursing Center) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Kings Mountain Hospital (Bed transfer to Cleveland Pines Nursing Center.) **	0	10	10	0	0	-10	0	0	0	0
Cleveland	Peak Resources-Shelby	100	0	100	0	0	0	0	100	0	100
Cleveland	White Oak Manor-Kings Mountain	154	0	154	0	0	0	0	154	0	154
Cleveland	White Oak Manor-Shelby	160	0	160	0	0	0	0	160	0	160
	Cleveland Totals	**534**	**20**	**554**	**0**	**0**	**0**	**0**	**554**	**0**	**554**
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	107	0	107	0	0	0	0	107	0	107
Columbus	Premier Living & Rehab Center	127	0	127	0	0	0	0	127	0	127
Columbus	Shoreland Health Care and Retirement Center Inc	89	0	89	0	0	0	0	89	0	89
	Columbus Totals	**323**	**0**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Craven	Bayview Nursing & Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
Craven	Cherry Point Bay Nursing and Rehabilitation Center	70	0	70	0	0	0	0	70	0	70
Craven	PruittHealth-Neuse	110	0	110	0	0	0	0	110	0	110
Craven	PruittHealth-Trent	116	0	116	0	0	0	0	116	0	116
Craven	Riverpoint Crest Nursing and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
	Craven Totals	**461**	**0**	**461**	**0**	**0**	**0**	**0**	**461**	**0**	**461**
Cumberland	Autumn Care of Fayetteville	90	0	90	0	0	0	0	90	0	90
Cumberland	Bethesda Health Care Facility	85	0	85	0	0	0	0	85	0	85
Cumberland	Carolina Rehab Center of Cumberland	136	0	136	0	0	0	0	136	0	136
Cumberland	Cumberland County Rehabilitation Center (Replacement facility.)	0	0	0	0	0	58	0	58	0	58
Cumberland	Cumberland Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Cumberland	Golden Years Nursing Home (58 bed transfer to Cumberland County Rehabilitation Center)	58	0	58	0	0	-58	0	0	0	0
Cumberland	Haymount Rehabilitation & Nursing Center Inc	98	0	98	0	0	0	0	98	0	98
Cumberland	Highland House Rehabilitation and Healthcare	106	0	106	0	0	0	0	106	0	106
Cumberland	NC State Veterans Home-Fayetteville *	150	0	150	0	0	0	0	150	150	0
Cumberland	The Rehabilitation and Health Care Ctr at Village Green	170	0	170	0	0	0	0	170	0	170
Cumberland	Whispering Pines Nursing & Rehabilitation Center	86	0	86	0	0	0	0	86	0	86
Cumberland	Woodlands Nursing & Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
	Cumberland Totals	**1,179**	**0**	**1,179**	**0**	**0**	**0**	**0**	**1,179**	**150**	**1,029**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Currituck	Sentara Nursing Center - Currituck	100	0	100	0	0	0	0	100	0	100
Currituck Totals		**100**	**0**	**100**	**0**	**0**	**0**	**0**	**100**	**0**	**100**
Dare	Peak Resources-Outer Banks	126	0	126	0	0	0	0	126	0	126
Dare Totals		**126**	**0**	**126**	**0**	**0**	**0**	**0**	**126**	**0**	**126**
Davidson	Abbotts Creek Center	64	0	64	0	0	0	0	64	0	64
Davidson	Alston Brook	100	0	100	0	0	0	0	100	0	100
Davidson	Avante at Thomasville	120	0	120	0	0	0	0	120	0	120
Davidson	Brian Center Nursing Care/Lexington	106	0	106	0	0	0	0	106	0	106
Davidson	Lexington Health Care Center	90	0	90	0	0	0	0	90	0	90
Davidson	Mountain Vista Health Park	60	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	114	0	114	0	0	0	0	114	45	69
Davidson	Pine Ridge Health and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Davidson Totals		**794**	**0**	**794**	**0**	**0**	**0**	**0**	**794**	**45**	**749**
Davie	Autumn Care of Mocksville (Replacement facility.)	0	0	0	0	0	96	0	96	0	96
Davie	Autumn Care of Mocksville	96	0	96	0	0	-96	0	0	0	0
Davie	Bermuda Commons Nursing and Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Davie	Bermuda Village Retirement Center	15	0	15	0	0	0	0	15	0	15
Davie Totals		**228**	**0**	**228**	**0**	**0**	**0**	**0**	**228**	**0**	**228**
Duplin	Brian Center Health & Rehabilitation/Wallace	80	0	80	0	0	0	0	80	0	80
Duplin	Kenansville Health & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Duplin	Warsaw Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Duplin Totals		**272**	**0**	**272**	**0**	**0**	**0**	**0**	**272**	**0**	**272**
Durham	Brian Center Southpoint	140	0	140	0	0	0	0	140	0	140
Durham	Carver Living Center	232	0	232	0	0	0	0	232	0	232
Durham	Croasdaile Village	110	0	110	0	0	0	0	110	74	36
Durham	Durham Nursing & Rehabilitation Center	126	0	126	0	0	0	0	126	0	126
Durham	Hillcrest Convalescent Center	120	0	120	0	0	0	0	120	0	120
Durham	Kindred Transitional Care and Rehabilitation - Rose Manor	111	0	111	0	0	0	0	111	0	111
Durham	Peak Resources - Treyburn	132	0	132	0	0	0	0	132	0	132
Durham	Pettigrew Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Durham	PruittHealth-Carolina Point (Portions of facility in Durham and Orange Counties.) **	18	0	18	0	0	0	0	18	0	18
Durham	PruittHealth-Durham	125	0	125	0	0	0	0	125	0	125
Durham	The Cedars of Chapel Hill	44	0	44	30	0	0	0	74	74	0
Durham	The Forest at Duke	58	0	58	0	0	0	0	58	58	0
Durham Totals		**1,312**	**0**	**1,312**	**30**	**0**	**0**	**0**	**1,342**	**206**	**1,136**
Edgecombe	Golden Living Center - Tarboro	159	0	159	0	0	0	0	159	0	159

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Edgecombe	Prodigy Transitional Rehab	118	0	118	0	0	0	0	118	0	118
Edgecombe	The Fountains at The Albemarle	30	0	30	0	0	0	0	30	0	30
Edgecombe Totals		**307**	**0**	**307**	**0**	**0**	**0**	**0**	**307**	**0**	**307**
Forsyth	Arbor Acres United Methodist Retirement Community	63	0	63	18	0	0	0	81	81	0
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	40	0	0	0	0	40	0	40
Forsyth	Brookridge Retirement Community	77	0	77	0	0	0	0	77	10	67
Forsyth	Homestead Hills	40	0	40	0	0	0	0	40	1	39
Forsyth	Liberty Commons Nsg & Rehab Ctr of Springwood	200	0	200	0	0	-200	0	0	0	0
Forsyth	Liberty Commons Nsg and Rehab Center of Kernersville	0	0	0	0	0	100	0	100	0	100
Forsyth	Liberty Commons Nsg and Rehab Center of Silas Creek	0	0	0	0	0	100	0	100	0	100
Forsyth	Oak Forest Health and Rehabilitation	170	0	170	0	0	0	0	170	18	152
Forsyth	Piney Grove Nursing & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Forsyth	PruittHealth-High Point	100	0	100	0	0	0	0	100	0	100
Forsyth	Regency Care of Clemmons	120	0	120	0	0	0	0	120	0	120
Forsyth	Salemtowne (Replacement facility)	0	0	0	0	0	100	0	100	100	0
Forsyth	Salemtowne (CON transfer of 100 Beds to replacement facility)	84	0	84	16	0	-100	0	0	0	0
Forsyth	Silas Creek Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Forsyth	The Oaks	151	0	151	0	0	0	0	151	0	151
Forsyth	Trinity Elms **	100	0	100	0	0	0	0	100	0	100
Forsyth	Trinity Glen	117	0	117	0	0	0	0	117	2	115
Forsyth	Winston Salem Nursing & Rehabilitation Center	230	0	230	0	0	0	0	230	0	230
Forsyth Totals		**1,674**	**0**	**1,674**	**34**	**0**	**0**	**0**	**1,708**	**212**	**1,496**
Franklin	Franklin Oaks Nursing and Rehabilitation Center	166	0	166	0	0	0	0	166	0	166
Franklin	Louisburg Healthcare & Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Franklin Totals		**258**	**0**	**258**	**0**	**0**	**0**	**0**	**258**	**0**	**258**
Gaston	Alexandria Place	60	0	60	0	0	0	0	60	0	60
Gaston	Belaire Health Care Center	80	0	80	0	0	0	0	80	0	80
Gaston	Brian Center Health and Rehabilitation/Gastonia	162	0	162	0	0	0	0	162	0	162
Gaston	Carolina Care Center	107	0	107	0	0	0	0	107	0	107
Gaston	Courtland Terrace	77	0	77	0	0	0	0	77	0	77
Gaston	Covenant Village	38	0	38	0	0	0	0	38	38	0
Gaston	Gastonia Care and Rehabilitation	118	0	118	0	0	0	0	118	0	118
Gaston	MeadowWood Nursing Center	50	0	50	0	0	0	0	50	0	50
Gaston	Peak Resources-Cherryville	54	0	54	0	0	0	0	54	0	54
Gaston	Peak Resources-Gastonia **	120	0	120	0	0	0	0	120	0	120
Gaston	Stanley Total Living Center	106	0	106	12	0	0	0	118	12	106
Gaston Totals		**972**	**0**	**972**	**12**	**0**	**0**	**0**	**984**	**50**	**934**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Gates	Down East Living & Rehab Center	70	0	70	0	0	0	0	70	0	70
Gates Totals		**70**	**0**	**70**	**0**	**0**	**0**	**0**	**70**	**0**	**70**
Graham	Graham Healthcare and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Graham Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Granville	Granville Health System	0	80	80	0	0	0	0	80	0	80
Granville	Universal Health Care/Oxford (20 beds transfer to Universal Health Care-Wake Forest in Wake Co.)	160	0	160	0	0	-20	0	140	0	140
Granville Totals		**160**	**80**	**240**	**0**	**0**	**-20**	**0**	**220**	**0**	**220**
Greene	Greendale Forest Nursing & Rehabilitation Center	115	0	115	0	0	0	0	115	0	115
Greene Totals		**115**	**0**	**115**	**0**	**0**	**0**	**0**	**115**	**0**	**115**
Guilford	Adams Farm Living & Rehabilitation	120	0	120	0	0	0	0	120	0	120
Guilford	Ashton Place Health & Rehab	134	0	134	0	0	0	0	134	0	134
Guilford	Blumenthal Nursing & Rehabilitation Center	134	0	134	0	0	0	0	134	4	130
Guilford	Camden Place Health & Rehab LLC	135	0	135	0	0	0	0	135	0	135
Guilford	Clapps Nursing Center	118	0	118	0	0	0	0	118	0	118
Guilford	Cone Health **	0	19	19	0	0	0	0	19	0	19
Guilford	Countryside Manor Inc	60	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes at Guilford	69	0	69	0	0	0	0	69	19	50
Guilford	Friends Homes West	40	0	40	0	0	0	0	40	40	0
Guilford	Golden LivingCenter - Greensboro	105	0	105	0	0	0	0	105	0	105
Guilford	Golden LivingCenter - Starmount	126	0	126	0	0	0	0	126	0	126
Guilford	Greenhaven Health & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Guilford	Guilford Health Care Center	110	0	110	0	0	0	0	110	0	110
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	107	0	107	0	0	0	0	107	0	107
Guilford	Kindred Hospital - Greensboro	0	23	23	0	0	0	0	23	23	0
Guilford	Maple Grove Health and Rehabilitation Center	210	0	210	0	0	0	0	210	0	210
Guilford	Maryfield Nursing Home	125	0	125	0	0	0	0	125	26	99
Guilford	Meridian Center	199	0	199	0	0	0	0	199	0	199
Guilford	River Landing at Sandy Ridge	60	0	60	0	0	0	0	60	32	28
Guilford	The Shannon Gray Rehabilitation & Recovery Center	150	0	150	0	0	0	0	150	0	150
Guilford	Well-Spring	60	0	60	0	0	0	0	60	60	0
Guilford	Westchester Manor at Providence Place	129	0	129	0	0	0	0	129	0	129
Guilford	WhiteStone: A Masonic and Eastern Star Community	88	0	88	0	0	0	0	88	2	86
Guilford Totals		**2,399**	**42**	**2,441**	**0**	**0**	**0**	**0**	**2,441**	**206**	**2,235**
Halifax	Enfield Oaks Nursing & Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	50	0	50	0	0	0	0	50	0	50
Halifax	Our Community Hospital, Inc.	0	60	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Halifax	Scotland Manor Health Care Center	62	0	62	0	0	0	0	62	0	62
Halifax	Signature HealthCARE of Roanoke Rapids	108	0	108	0	0	0	0	108	0	108
Halifax Totals		**283**	**60**	**343**	**0**	**0**	**0**	**0**	**343**	**0**	**343**
Harnett	Cornerstone Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Emerald Health & Rehab Center	96	0	96	0	0	0	0	96	0	96
Harnett	Harnett Woods Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Harnett	Universal Health Care Lillington	129	0	129	0	0	-129	0	0	0	0
Harnett	Universal Health Care/Lillington (Replacement facility.)	0	0	0	0	0	129	0	129	0	129
Harnett Totals		**425**	**0**	**425**	**0**	**0**	**0**	**0**	**425**	**0**	**425**
Haywood	Autumn Care of Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Brian Center Health and Rehabilitation/Waynesville	90	0	90	0	0	0	0	90	0	90
Haywood	Maggie Valley Nursing and Rehabilitation	114	0	114	0	0	0	0	114	0	114
Haywood	MedWest Haywood	0	0	0	0	0	0	0	0	0	0
Haywood	Silver Bluff LLC	131	0	131	0	0	0	0	131	0	131
Haywood	Smoky Mountain Health and Rehabilitation Center	50	0	50	0	0	0	0	50	0	50
Haywood Totals		**475**	**0**	**475**	**0**	**0**	**0**	**0**	**475**	**0**	**475**
Henderson	Beystone Health & Rehabilitation (Replacement facility)	0	0	0	0	0	50	0	50	0	50
Henderson	Brian Center Health & Rehabilitation/Hendersonville	120	0	120	0	0	0	0	120	0	120
Henderson	Carolina Village Inc	58	0	58	0	0	0	0	58	0	58
Henderson	Golden LivingCenter - Hendersonville	150	0	150	0	0	0	0	150	0	150
Henderson	Hendersonville Health and Rehabilitation	130	0	130	0	0	0	0	130	0	130
Henderson	Life Care Center of Hendersonville	80	0	80	0	0	0	0	80	0	80
Henderson	Mountain Home Health and Rehab	134	0	134	0	0	0	0	134	0	134
Henderson	The Laurels of Hendersonville	100	0	100	0	0	0	0	100	0	100
Henderson	The Lodge at Mills River	50	0	50	0	0	-50	0	0	0	0
Henderson	Universal Health Care/Fletcher	90	0	90	0	0	0	0	90	0	90
Henderson Totals		**912**	**0**	**912**	**0**	**0**	**0**	**0**	**912**	**0**	**912**
Hertford	Creekside Care & Rehabilitation Center	151	0	151	0	0	0	0	151	0	151
Hertford Totals		**151**	**0**	**151**	**0**	**0**	**0**	**0**	**151**	**0**	**151**
Hoke	Autumn Care of Raeford	132	0	132	0	0	0	0	132	0	132
Hoke Totals		**132**	**0**	**132**	**0**	**0**	**0**	**0**	**132**	**0**	**132**
Hyde	Cross Creek Health Care	80	0	80	0	0	0	0	80	0	80
Hyde Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Iredell	Autumn Care of Statesville	103	0	103	0	0	0	0	103	0	103
Iredell	Brian Center Health & Rehabilitation/Statesville	147	0	147	0	0	0	0	147	0	147
Iredell	Brian Center Health & Retirement/Mooresville	131	0	131	0	0	0	0	131	0	131
Iredell	Iredell Memorial Hospital, Incorporated	0	48	48	0	0	0	0	48	0	48

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Iredell	Maple Leaf Health Care	94	0	94	0	0	0	0	94	0	94
Iredell	Mooresville Center	130	0	130	0	0	0	0	130	0	130
Iredell Totals		**605**	**48**	**653**	**0**	**0**	**0**	**0**	**653**	**0**	**653**
Jackson	Blue Ridge on the Mountain	106	0	106	0	0	0	0	106	0	106
Jackson	Skyland Care Center	94	0	94	0	0	0	0	94	0	94
Jackson Totals		**200**	**0**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Johnston	Barbour Court Nursing & Rehabilitation Center	165	0	165	0	0	0	0	165	0	165
Johnston	Brian Center Health & Retirement/Clayton	90	0	90	0	0	0	0	90	0	90
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	100	0	100	0	0	0	0	100	0	100
Johnston	Smithfield Manor Nursing and Rehab	160	0	160	0	0	0	0	160	0	160
Johnston	Springbrook Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Johnston Totals		**615**	**0**	**615**	**0**	**0**	**0**	**0**	**615**	**0**	**615**
Jones	Brook Stone Living Center	80	0	80	0	0	0	0	80	0	80
Jones Totals		**80**	**0**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Lee	Liberty Commons Nsg and Rehab Ctr of Lee County LLC	80	0	80	0	0	0	0	80	0	80
Lee	Sanford Health & Rehabilitation Co **	131	0	131	0	0	0	0	131	0	131
Lee	Westfield Rehabilitation and Health Center	83	0	83	0	0	0	0	83	0	83
Lee Totals		**294**	**0**	**294**	**0**	**0**	**0**	**0**	**294**	**0**	**294**
Lenoir	Harmony Hall Nursing and Rehabilitation Center	175	0	175	0	0	0	0	175	0	175
Lenoir	Lenoir Memorial Hospital **	0	26	26	0	0	0	0	26	0	26
Lenoir	NC State Veterans Nursing Home - Kinston *	100	0	100	0	0	0	0	100	100	0
Lenoir	Signature HealthCARE of Kinston **	106	0	106	0	0	0	0	106	0	106
Lenoir Totals		**381**	**26**	**407**	**0**	**0**	**0**	**0**	**407**	**100**	**307**
Lincoln	Brian Center Health & Retirement/Lincolnton	117	0	117	0	0	0	0	117	0	117
Lincoln	Cardinal Healthcare and Rehabilitation Center	63	0	63	0	0	0	0	63	0	63
Lincoln	Lincolnton Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Lincoln Totals		**300**	**0**	**300**	**0**	**0**	**0**	**0**	**300**	**0**	**300**
Macon	Eckerd Living Center **	80	0	80	0	0	0	0	80	0	80
Macon	Macon Valley Nursing and Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Macon Totals		**280**	**0**	**280**	**0**	**0**	**0**	**0**	**280**	**0**	**280**
Madison	Elderberry Health Care	80	0	80	0	0	0	0	80	0	80
Madison	Madison Health & Rehabilitation	100	0	100	0	0	0	0	100	0	100
Madison Totals		**180**	**0**	**180**	**0**	**0**	**0**	**0**	**180**	**0**	**180**
Martin	Roanoke River Nursing & Rehabilitation Center	154	0	154	0	0	0	0	154	0	154
Martin Totals		**154**	**0**	**154**	**0**	**0**	**0**	**0**	**154**	**0**	**154**
McDowell	Autumn Care of Marion	110	0	110	0	0	0	0	110	0	110
McDowell	Deer Park Health and Rehabilitation	140	0	140	0	0	0	0	140	0	140

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	McDowell Totals	**250**	**0**	**250**	**0**	**0**	**0**	**0**	**250**	**0**	**250**
Mecklenburg	Asbury Care Center (Bed transfer to replacement facility.)	100	0	100	20	0	-120	0	0	0	0
Mecklenburg	Asbury Care Center (Replacement facility.)	0	0	0	0	0	120	0	120	20	100
Mecklenburg	Autumn Care of Cornelius	102	0	102	0	0	0	0	102	0	102
Mecklenburg	Avante at Charlotte	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brian Center Health and Rehabilitation/Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Brian Center Nursing Care/Shamrock	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Brookdale Carriage Club Providence	42	0	42	0	0	0	0	42	42	0
Mecklenburg	Carrington Place	166	0	166	0	0	0	0	166	0	166
Mecklenburg	Charlotte Health & Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Clear Creek Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Golden Living Center - Charlotte	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Golden Living Center - Dartmouth	133	0	133	0	0	0	0	133	0	133
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Huntersville Health & Rehabilitation Center **	90	0	90	0	0	0	0	90	0	90
Mecklenburg	Huntersville Oaks	66	0	66	0	0	0	0	66	0	66
Mecklenburg	Mecklenburg Health & Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
Mecklenburg	Novant Health Presbyterian Medical Center	0	16	16	0	0	0	0	16	0	16
Mecklenburg	Olde Knox Commons at The Villages of Mecklenburg	114	0	114	0	0	0	0	114	0	114
Mecklenburg	Pavilion Health Center at Brightmore	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Peak Resources-Charlotte	142	0	142	0	0	0	0	142	0	142
Mecklenburg	Pineville Rehabilitation and Living Center	106	0	106	0	0	0	0	106	0	106
Mecklenburg	Royal Park Rehabilitation & Health Center	169	0	169	0	0	0	0	169	0	169
Mecklenburg	Sardis Oaks	124	0	124	0	0	0	0	124	0	124
Mecklenburg	Saturn Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Mecklenburg	Sharon Towers	96	0	96	0	0	0	0	96	34	62
Mecklenburg	Southminster	60	0	60	0	0	0	0	60	60	0
Mecklenburg	The Pines at Davidson	51	0	51	0	0	0	0	51	51	0
Mecklenburg	The Stewart Health Center	56	0	56	0	0	0	0	56	56	0
Mecklenburg	University Place Nursing and Rehabilitation Center	207	0	207	0	0	0	0	207	0	207
Mecklenburg	White Oak Manor - Charlotte	180	0	180	0	0	0	0	180	0	180
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	80	0	80	0	0	0	0	80	80	0
Mecklenburg	Wilora Lake Healthcare Center	70	0	70	0	0	0	0	70	0	70
	Mecklenburg Totals	**3,264**	**16**	**3,280**	**20**	**0**	**0**	**0**	**3,300**	**343**	**2,957**
Mitchell	Brian Center Health & Rehabilitation/Spruce Pine	127	0	127	0	0	0	0	127	0	127
	Mitchell Totals	**127**	**0**	**127**	**0**	**0**	**0**	**0**	**127**	**0**	**127**
Montgomery	Autumn Care of Biscoe	141	0	141	0	0	0	0	141	0	141
	Montgomery Totals	**141**	**0**	**141**	**0**	**0**	**0**	**0**	**141**	**0**	**141**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Moore	Inn at Quail Haven Village	60	0	60	-10	0	0	0	50	25	25
Moore	KingsWood Nursing Center	90	0	90	0	0	0	0	90	0	90
Moore	Manor Care Health Services - Pinehurst	120	0	120	0	0	0	0	120	0	120
Moore	Peak Resources - Pinelake	90	0	90	0	0	0	0	90	0	90
Moore	Penick Village	50	0	50	0	0	0	0	50	19	31
Moore	Pinehurst Healthcare & Rehabilitation Center	144	0	144	0	0	0	0	144	0	144
Moore	St Joseph of The Pines Health Center	176	0	176	0	0	0	0	176	0	176
Moore Totals		**730**	**0**	**730**	**-10**	**0**	**0**	**0**	**720**	**44**	**676**
Nash	2016 SMFP Need Determination	0	0	0	0	0	0	40	40	0	40
Nash	Autumn Care of Nash	60	0	60	0	0	0	0	60	0	60
Nash	Hunter Hills Nursing and Rehabilitation Center	141	0	141	0	0	0	0	141	0	141
Nash	Rocky Mount Rehabilitation Center	117	0	117	0	0	0	0	117	0	117
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	100	0	100	0	100
Nash	South Village (Bed transfer to replacement facility.)	100	0	100	0	0	-100	0	0	0	0
Nash	Universal Health Care/Nashville **** (Closed. Nine bed transfer to Universal Health Care-Wake Forest in Wake Co.) **	9	0	9	0	0	-9	0	0	0	0
Nash Totals		**427**	**0**	**427**	**0**	**0**	**-9**	**40**	**458**	**0**	**458**
New Hanover	Autumn Care of Myrtle Grove	90	0	90	0	0	0	0	90	0	90
New Hanover	Azalea Health & Rehab Center	80	0	80	0	0	0	0	80	0	80
New Hanover	Bradley Creek Health Center at Carolina Bay **	30	0	30	0	0	0	0	30	12	18
New Hanover	Cypress Pointe Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
New Hanover	Davis Health and Wellness at Cambridge Village	20	0	20	0	0	0	0	20	0	20
New Hanover	Davis Health Care Center	179	0	179	0	0	0	0	179	0	179
New Hanover	Liberty Commons Rehabilitation Center	100	0	100	0	0	0	0	100	0	100
New Hanover	NorthChase Nursing and Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
New Hanover	Silver Stream Health and Rehabilitation Center	110	0	110	0	0	0	0	110	0	110
New Hanover	Trinity Grove - Wilmington	100	0	100	0	0	0	0	100	6	94
New Hanover	Wilmington Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
New Hanover Totals		**1,059**	**0**	**1,059**	**0**	**0**	**0**	**0**	**1,059**	**18**	**1,041**
Northampton	Northampton Nursing and Rehabilitation Center	80	0	80	0	0	0	0	80	0	80
Northampton	Rich Square Health Care Center	69	0	69	0	0	0	0	69	0	69
Northampton Totals		**149**	**0**	**149**	**0**	**0**	**0**	**0**	**149**	**0**	**149**
Onslow	Carolina Rivers Nursing & Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Onslow	Premier Nursing and Rehabilitation Center	239	0	239	0	0	0	0	239	0	239
Onslow Totals		**359**	**0**	**359**	**0**	**0**	**0**	**0**	**359**	**0**	**359**
Orange	Brookshire Nursing Center	80	0	80	0	0	0	0	80	0	80
Orange	Carol Woods	30	0	30	0	0	0	0	30	30	0

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Orange	Legion Road Healthcare **	133	0	133	0	0	0	0	133	0	133
Orange	PruittHealth-Carolina Point (Portions of facility in Durham and Orange County.)	138	0	138	0	0	0	0	138	0	138
Orange	Signature HealthCARE of Chapel Hill	108	0	108	0	0	0	0	108	0	108
Orange Totals		**489**	**0**	**489**	**0**	**0**	**0**	**0**	**489**	**30**	**459**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	96	0	96	0	0	0	0	96	0	96
Pamlico Totals		**96**	**0**	**96**	**0**	**0**	**0**	**0**	**96**	**0**	**96**
Pasquotank	Kindred Transitional Care and Rehabilitation - Elizabeth City	108	0	108	0	0	0	0	108	0	108
Pasquotank	W.R. Winslow Memorial Home	146	0	146	24	0	0	0	170	22	148
Pasquotank Totals		**254**	**0**	**254**	**24**	**0**	**0**	**0**	**278**	**22**	**256**
Pender	Pender Memorial Hospital, Inc.	0	43	43	0	0	0	0	43	0	43
Pender	The Village on Campbell	98	0	98	0	0	0	0	98	0	98
Pender	Woodbury Wellness Center Inc	112	0	112	0	0	0	0	112	0	112
Pender Totals		**210**	**43**	**253**	**0**	**0**	**0**	**0**	**253**	**0**	**253**
Perquimans	Brian Center Health and Rehabilitation/Hertford	78	0	78	0	0	0	0	78	0	78
Perquimans Totals		**78**	**0**	**78**	**0**	**0**	**0**	**0**	**78**	**0**	**78**
Person	Person Memorial Hospital	0	60	60	0	0	0	0	60	0	60
Person	Roxboro Healthcare & Rehabilitation Center	140	0	140	0	0	0	0	140	0	140
Person Totals		**140**	**60**	**200**	**0**	**0**	**0**	**0**	**200**	**0**	**200**
Pitt	Ayden Court Nursing and Rehabilitation Center	82	0	82	0	0	0	0	82	0	82
Pitt	Cypress Glen Retirement Community	30	0	30	0	0	0	0	30	30	0
Pitt	East Carolina Rehab and Wellness **	130	0	130	0	0	0	0	130	0	130
Pitt	GoldenLiving Center - Greenville	152	0	152	0	0	0	0	152	0	152
Pitt	PruittHealth-Farmville	56	0	56	0	0	0	0	56	0	56
Pitt	Universal Health Care/Greenville	120	0	120	0	0	0	0	120	0	120
Pitt Totals		**570**	**0**	**570**	**0**	**0**	**0**	**0**	**570**	**30**	**540**
Polk	Autumn Care of Saluda	99	0	99	0	0	0	0	99	0	99
Polk	White Oak Manor-Tryon	70	0	70	0	0	0	0	70	0	70
Polk	WillowBrooke Court SC Center at Tryon Estates	52	0	52	0	0	0	0	52	52	0
Polk Totals		**221**	**0**	**221**	**0**	**0**	**0**	**0**	**221**	**52**	**169**
Randolph	Clapp's Convalescent Nursing Home	96	0	96	0	0	0	0	96	0	96
Randolph	Randolph Health and Rehabilitation Center	238	0	238	0	0	0	0	238	0	238
Randolph	The Graybrier Nursing and Retirement Center	128	0	128	0	0	0	0	128	0	128
Randolph	Universal Health Care/Ramseur	90	0	90	0	0	0	0	90	0	90
Randolph	Westwood Health and Rehabilitation Center	68	0	68	0	0	0	0	68	0	68
Randolph	Woodland Hill Center	100	0	100	0	0	0	0	100	0	100
Randolph Totals		**720**	**0**	**720**	**0**	**0**	**0**	**0**	**720**	**0**	**720**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Richmond	FirstHealth Richmond Memorial Hospital **	0	51	51	0	0	0	0	51	0	51
Richmond	PruittHealth-Rockingham	120	0	120	0	0	0	0	120	0	120
Richmond	Richmond Pines Healthcare and Rehabilitation Center	105	0	105	0	0	0	0	105	0	105
	Richmond Totals	**225**	**51**	**276**	**0**	**0**	**0**	**0**	**276**	**0**	**276**
Robeson	GlenFlora	52	0	52	0	0	0	0	52	0	52
Robeson	Golden LivingCenter - Lumberton	122	0	122	0	0	0	0	122	0	122
Robeson	Highland Acres Nursing and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
Robeson	Pembroke Center	84	0	84	0	0	0	0	84	0	84
Robeson	Southeastern Regional Medical Center	0	115	115	0	0	0	0	115	0	115
Robeson	Wesley Pines Retirement Community	62	0	62	0	0	0	0	62	24	38
	Robeson Totals	**410**	**115**	**525**	**0**	**0**	**0**	**0**	**525**	**24**	**501**
Rockingham	Avante at Reidsville	110	0	110	0	0	0	0	110	0	110
Rockingham	Brian Center Health & Rehabilitation/Eden	112	0	112	0	0	0	0	112	0	112
Rockingham	Jacob's Creek Nursing and Rehabilitation Center	170	0	170	0	0	0	0	170	0	170
Rockingham	Morehead Memorial Hospital **	0	121	121	0	0	0	0	121	0	121
Rockingham	Penn Nursing Center	82	0	82	0	0	0	0	82	0	82
	Rockingham Totals	**474**	**121**	**595**	**0**	**0**	**0**	**0**	**595**	**0**	**595**
Rowan	Autumn Care of Salisbury	97	0	97	0	0	0	0	97	0	97
Rowan	Big Elm Retirement and Nursing Centers	50	0	50	0	0	0	0	50	0	50
Rowan	Brian Center Health & Rehabilitation/Salisbury	185	0	185	0	0	0	0	185	0	185
Rowan	Brightmoor Nursing Center	58	0	58	0	0	0	0	58	0	58
Rowan	Liberty Commons Nsg and Rehab Ctr of Rowan Cty	90	0	90	0	0	0	0	90	0	90
Rowan	Magnolia Estates Skilled Care Facility	70	0	70	0	0	0	0	70	0	70
Rowan	North Carolina State Veterans Home Salisbury *	99	0	99	0	0	0	0	99	99	0
Rowan	Salisbury Center	160	0	160	0	0	0	0	160	0	160
Rowan	The Laurels of Salisbury	60	0	60	0	0	0	0	60	0	60
Rowan	Trinity Oaks	115	0	115	0	0	0	0	115	61	54
	Rowan Totals	**984**	**0**	**984**	**0**	**0**	**0**	**0**	**984**	**160**	**824**
Rutherford	Fair Haven Home	30	0	30	0	0	0	0	30	0	30
Rutherford	Fair Haven of Forest City	100	0	100	0	0	0	0	100	0	100
Rutherford	Oak Grove Healthcare Center	60	0	60	0	0	0	0	60	0	60
Rutherford	White Oak Manor-Rutherfordton	80	0	80	0	0	0	0	80	0	80
Rutherford	Willow Ridge of NC	150	0	150	0	0	0	0	150	0	150
	Rutherford Totals	**420**	**0**	**420**	**0**	**0**	**0**	**0**	**420**	**0**	**420**
Sampson	Mary Gran Nursing Center	212	0	212	0	0	0	0	212	0	212
Sampson	Sampson Regional Medical Center **	0	30	30	0	0	0	0	30	0	30
Sampson	Southwood Nursing and Rehabilitation Center	100	0	100	0	0	0	0	100	0	100

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	Sampson Totals	**312**	**30**	**342**	**0**	**0**	**0**	**0**	**342**	**0**	**342**
Scotland	Scotia Village	58	0	58	0	0	0	0	58	39	19
Scotland	Scottish Pines Rehabilitation and Nursing Center	149	0	149	0	0	0	0	149	0	149
	Scotland Totals	**207**	**0**	**207**	**0**	**0**	**0**	**0**	**207**	**39**	**168**
Stanly	Bethany Woods Nursing and Rehabilitation Center	180	0	180	0	0	0	0	180	0	180
Stanly	Forrest Oakes Healthcare Center	60	0	60	0	0	0	0	60	0	60
Stanly	Stanly Manor	90	0	90	0	0	0	0	90	0	90
Stanly	Trinity Place	76	0	76	0	0	0	0	76	1	75
	Stanly Totals	**406**	**0**	**406**	**0**	**0**	**0**	**0**	**406**	**1**	**405**
Stokes	Pioneer Community Hospital of Stokes	0	40	40	0	0	0	0	40	0	40
Stokes	Universal Health Care/King	96	0	96	0	0	0	0	96	0	96
Stokes	Village Care of King	96	0	96	0	0	0	0	96	0	96
Stokes	Walnut Cove Health and Rehabilitation Center	90	0	90	0	0	0	0	90	0	90
	Stokes Totals	**282**	**40**	**322**	**0**	**0**	**0**	**0**	**322**	**0**	**322**
Surry	Central Continuing Care	120	0	120	0	0	0	0	120	0	120
Surry	Chatham Nursing & Rehabilitation	99	0	99	0	0	0	0	99	0	99
Surry	Golden LivingCenter - Surry Community	120	0	120	0	0	0	0	120	0	120
Surry	Northern Hospital of Surry County	0	33	33	0	0	0	0	33	0	33
Surry	PruittHealth-Elkin	100	0	100	0	0	0	0	100	0	100
	Surry Totals	**439**	**33**	**472**	**0**	**0**	**0**	**0**	**472**	**0**	**472**
Swain	Mountain View Manor Nursing Center	120	0	120	0	0	0	0	120	0	120
	Swain Totals	**120**	**0**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Transylvania	Brian Center Health & Rehabilitation/Brevard	147	0	147	0	0	0	0	147	0	147
Transylvania	The Oaks-Brevard	110	0	110	0	0	0	0	110	0	110
Transylvania	Transylvania Regional Hospital, Inc. And Bridgeway	0	10	10	0	0	0	0	10	0	10
	Transylvania Totals	**257**	**10**	**267**	**0**	**0**	**0**	**0**	**267**	**0**	**267**
Union	Autumn Care of Marshville	110	0	110	0	0	0	0	110	0	110
Union	Brian Center Health & Retirement/Monroe	60	0	60	0	0	0	0	60	0	60
Union	Carolinas HealthCare System Union	0	70	70	0	0	0	0	70	0	70
Union	Lake Park Nursing and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Union	Monroe Rehabilitation Center	147	0	147	0	0	0	0	147	0	147
Union	PruittHealth-Union Pointe	90	0	90	0	0	0	0	90	0	90
Union	White Oak Manor of Waxhaw	100	0	100	0	0	0	0	100	0	100
	Union Totals	**627**	**70**	**697**	**0**	**0**	**0**	**0**	**697**	**0**	**697**
Vance	Kerr Lake Nursing and Rehabilitation Center	92	0	92	0	0	0	0	92	0	92
Vance	Kindred Nursing and Rehabilitation-Henderson	78	0	78	0	0	0	0	78	0	78
Vance	Senior Citizen's Home	60	0	60	0	0	0	0	60	0	60

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	Vance Totals	**230**	**0**	**230**	**0**	**0**	**0**	**0**	**230**	**0**	**230**
Wake	2011 SMFP Need Determination (CON decisions under appeal.)	0	0	0	0	0	0	120	120	0	120
Wake	BellaRose Nursing & Rehab Center	0	0	0	100	0	0	0	100	0	100
Wake	Brittany Place	16	0	16	0	0	0	0	16	16	0
Wake	Britthaven of Holly Springs (90 bed transfer from Tower Nursing.)	0	0	0	0	0	90	0	90	0	90
Wake	Capital Nursing & Rehabilitation Center	125	0	125	0	0	0	0	125	0	125
Wake	Cary Health and Rehabilitation Center	120	0	120	0	0	0	0	120	0	120
Wake	Dan E. & Mary Louise Stewart Health Center of Springmoor	173	0	173	0	0	0	0	173	173	0
Wake	Glenaire	71	0	71	0	0	0	0	71	51	20
Wake	Hillcrest Raleigh at Crabtree Valley	134	0	134	0	0	0	0	134	0	134
Wake	Hillside Nursing Center of Wake Forest	130	0	130	0	0	0	0	130	0	130
Wake	Litchford Falls Healthcare and Rehabilitation Center (90 bed transfer to Universal Health Care-Wake Forest.)	90	0	90	0	0	-90	0	0	0	0
Wake	PruittHealth-Raleigh	150	0	150	0	0	18	0	168	0	168
Wake	Raleigh Rehabilitation Center	157	0	157	0	0	0	0	157	0	157
Wake	Rex Hospital	0	120	120	0	0	0	0	120	0	120
Wake	Rex Rehabilitation and Nursing Care Center of Apex	107	0	107	0	0	0	0	107	0	107
Wake	Sunnybrook Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wake	The Cardinal at North Hills	0	0	0	15	0	0	0	15	15	0
Wake	The Laurels of Forest Glen	120	0	120	0	0	0	0	120	0	120
Wake	The Oaks at Whitaker Glen-Mayview	139	0	139	0	0	0	0	139	0	139
Wake	The Rosewood Health Center	36	0	36	0	0	0	0	36	36	0
Wake	Tower Nursing and Rehabilitation Center (90 bed transfer to Britthaven of Holly Springs)	180	0	180	0	0	-90	0	90	0	90
Wake	Universal Health Care- Wake Forest (90 bed transfer from Litchford Falls, 9 beds from Universal Health Care-Nash, and 20 beds from Universal Health Care-Oxford.)	0	0	0	0	0	119	0	119	0	119
Wake	Universal Health Care/Fuquay-Varina	100	0	100	0	0	0	0	100	0	100
Wake	Universal Health Care/North Raleigh	132	0	132	0	0	0	0	132	0	132
Wake	WakeMed ** ***	0	19	19	0	0	-19	0	0	0	0
Wake	WakeMed Cary Hospital ** ***	0	36	36	0	0	-36	0	0	0	0
Wake	Wellington Rehabilitation and Healthcare	80	0	80	0	0	0	0	80	0	80
Wake	Windsor Point Continuing Care Retirement Community	45	0	45	0	0	0	0	45	45	0
Wake	Zebulon Rehabilitation Center	60	0	60	0	0	0	0	60	0	60
	Wake Totals	**2,260**	**175**	**2,435**	**115**	**0**	**-8**	**120**	**2,662**	**336**	**2,326**
Warren	Warren Hills Nursing Center	140	0	140	0	0	0	0	140	0	140
	Warren Totals	**140**	**0**	**140**	**0**	**0**	**0**	**0**	**140**	**0**	**140**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
Washington	Roanoke Landing Nursing and Rehabilitation Center	114	0	114	0	0	0	0	114	0	114
Washington Totals		**114**	**0**	**114**	**0**	**0**	**0**	**0**	**114**	**0**	**114**
Watauga	Blowing Rock Rehab Davant Extended Care Ctr	72	0	72	20	0	0	0	92	0	92
Watauga	Glenbridge Health and Rehabilitation Center	134	0	134	0	0	0	0	134	0	134
Watauga Totals		**206**	**0**	**206**	**20**	**0**	**0**	**0**	**226**	**0**	**226**
Wayne	Brian Center Health and Rehabilitation/Goldsboro	130	0	130	0	0	0	0	130	0	130
Wayne	Mount Olive Center	150	0	150	0	0	0	0	150	0	150
Wayne	O'Berry Center *	96	0	96	0	0	0	0	96	96	0
Wayne	Willow Creek Nursing & Rehabilitation Center	200	0	200	0	0	0	0	200	0	200
Wayne Totals		**576**	**0**	**576**	**0**	**0**	**0**	**0**	**576**	**96**	**480**
Wilkes	Avante at Wilkesboro	120	0	120	0	0	0	0	120	0	120
Wilkes	Westwood Hills Nursing & Rehabilitation Center	176	0	176	0	0	0	0	176	0	176
Wilkes	Wilkes Regional Medical Center	0	10	10	0	0	0	0	10	0	10
Wilkes	Wilkes Senior Village	111	0	111	0	0	0	0	111	0	111
Wilkes Totals		**407**	**10**	**417**	**0**	**0**	**0**	**0**	**417**	**0**	**417**
Wilson	Avante at Wilson	110	0	110	0	0	0	0	110	0	110
Wilson	Brian Center Health & Rehabilitation/Wilson	99	0	99	0	0	0	0	99	0	99
Wilson	Longleaf Neuro-Medical Treatment Center *	231	0	231	0	0	0	0	231	231	0
Wilson	Wilson Pines Nursing and Rehabilitation Center	95	0	95	0	0	0	0	95	0	95
Wilson	Wilson Rehabilitation and Nursing Center	90	0	90	0	0	0	0	90	0	90
Wilson Totals		**625**	**0**	**625**	**0**	**0**	**0**	**0**	**625**	**231**	**394**
Yadkin	Willowbrook Rehabilitation and Care Center	76	0	76	0	0	0	0	76	0	76
Yadkin	Yadkin Nursing Care Center	147	0	147	0	0	0	0	147	0	147
Yadkin Totals		**223**	**0**	**223**	**0**	**0**	**0**	**0**	**223**	**0**	**223**
Yancey	Smoky Ridge Health & Rehabilitation	140	0	140	0	0	0	0	140	0	140
Yancey Totals		**140**	**0**	**140**	**0**	**0**	**0**	**0**	**140**	**0**	**140**

Table 10A: Inventory of Nursing Home and Hospital Nursing Care Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Total Licensed Beds	CON Approved/License Pending			Available in SMFP	Total Available Beds	Sum of Exclusions	Total Planning Inventory
					Nursing Home	Hospital	CON Bed Transfer				
	Grand Totals	**44,675**	**1,285**	**45,960**	**405**	**0**	**-37**	**160**	**46,488**	**3,060**	**43,428**

Note: Methodology Inventory Identifiers

* State or federal facility
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement, and/or a decision not to decertify beds. These beds are counted in the planning inventory.

Note: Methodology Planning Inventory Exclusion Reminders

* State and federal facilities excluded from planning inventory
-- Head injury beds, ventilator beds, bed transfers from state psychiatric hospitals, and a percentage of out-of-area placements in non-profit religious/fraternal facilities are excluded from the planning inventory.
- Continuing Care Retirement Communities (CCRCs) developed under policy NH-2 have 100% of their nursing home beds excluded from the planning inventory and occupancy calculation.

Note: Methodology Occupancy Reminders

* State and federal facilities are not counted in occupancy calculations.
** Facilities whose beds are licensed, but whose occupancy is reported as 0 due to renovation, replacement and/or a decision not to decertify beds, are counted in occupancy calculations.
*** Pursuant to policy AC-4, a total of 37 beds from two WakeMed nursing care facilities were approved for re-conversion to acute care beds at WakeMed Raleigh - 24 beds from WakeMed Cary Hospital's Fuquay-Varina Outpatient and Skilled Nursing Facility and 13 beds from WakeMed Zebulon/Wendell Outpatient and Skilled Nursing Facility. In addition, PruittHealth-Raleigh (formerly UniHealth Post-Acute Care) received approval to relocate 18 beds to its facility from these two WakeMed nursing care facilities - 12 beds from WakeMed Cary/Fuquay-Varina and 6 beds from WakeMed Zebulon/Wendell. After these re-conversions and transfers are complete, no beds will remain at WakeMed Cary/Fuquay-Varina (36) and WakeMed Zebulon/Wendell (19) nursing care facilities.

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Alamance	797	803	766	759	756	152,531	153,029	153,642	155,788	157,624	5.2252	5.2474	4.9856	4.8720	4.7962	-0.0210	-0.0210	4.4941
Alexander	113	123	121	115	128	37,528	37,389	37,448	37,829	38,302	3.0111	3.2897	3.2311	3.0400	3.3419	0.0287	-0.0229	3.1118
Alleghany	80	76	78	77	85	11,069	10,971	11,029	11,111	11,159	7.2274	6.9274	7.0723	6.9301	7.6172	0.0146	-0.0229	7.0928
Anson	146	148	138	145	147	25,822	26,626	26,322	26,464	26,469	5.6541	5.5585	5.2428	5.4791	5.5537	-0.0038	-0.0038	5.4911
Ashe	162	110	119	117	109	27,423	27,361	27,442	27,448	27,482	5.9074	4.0203	4.3364	4.2626	3.9662	-0.0818	-0.0229	3.6932
Avery	90	96	92	96	90	17,834	17,764	17,866	17,895	17,902	5.0465	5.4042	5.1494	5.3646	5.0274	0.0007	0.0007	5.0374
Beaufort	255	254	260	259	250	47,854	47,901	47,791	47,714	47,718	5.3287	5.3026	5.4404	5.4282	5.2391	-0.0040	-0.0040	5.1763
Bertie	124	118	129	114	115	20,890	20,665	20,586	20,621	20,361	5.9359	5.7101	6.2664	5.5283	5.6481	-0.0092	-0.0092	5.4924
Bladen	175	164	165	157	154	35,148	35,200	35,219	35,113	35,152	4.9789	4.6591	4.6850	4.4713	4.3810	-0.0311	-0.0229	4.0794
Brunswick	475	456	449	443	404	110,140	112,597	115,666	117,852	121,577	4.3127	4.0498	3.8819	3.7590	3.3230	-0.0625	-0.0229	3.0942
Buncombe	1,628	1,507	1,567	1,596	1,498	243,354	244,969	248,929	251,271	254,344	6.6898	6.1518	6.2950	6.3517	5.8897	-0.0302	-0.0302	5.3557
Burke	476	485	490	462	428	90,722	89,977	89,552	89,198	89,198	5.2468	5.3903	5.4717	5.1795	4.7983	-0.0211	-0.0211	4.4941
Cabarrus	607	593	581	587	562	181,253	183,565	186,502	191,080	195,999	3.3489	3.2305	3.1152	3.0720	2.8674	-0.0379	-0.0229	2.6700
Caldwell	342	357	359	336	327	83,117	82,605	82,536	82,447	82,391	4.1147	4.3218	4.3496	4.0753	3.9689	-0.0081	-0.0081	3.8724
Camden *	0	0	0	0	0	9,921	9,922	10,040	10,239	10,349	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Carteret	288	246	270	312	299	66,748	67,372	68,222	69,358	69,530	4.3147	3.6514	3.9577	4.4984	4.3003	0.0057	-0.0229	4.0043
Caswell	128	132	130	137	135	23,654	23,492	23,736	23,606	23,643	5.4113	5.6189	5.4769	5.8036	5.7099	0.0141	-0.0229	5.3169
Catawba	712	579	684	655	653	154,992	155,494	155,463	155,832	156,182	4.5938	3.7236	4.3998	4.2032	4.1810	-0.0144	-0.0144	3.9998
Chatham	346	380	357	356	364	64,553	66,545	67,638	68,726	69,851	5.3599	5.7104	5.2781	5.1800	5.2111	-0.0057	-0.0057	5.1216
Cherokee	175	185	173	181	172	27,300	27,030	27,156	27,360	27,487	6.4103	6.8442	6.3706	6.6155	6.2575	-0.0043	-0.0043	6.1769
Chowan	127	101	94	91	92	14,796	14,743	14,806	14,637	14,670	8.5834	6.8507	6.3488	6.2171	6.2713	-0.0718	-0.0229	5.8396
Clay	64	70	82	80	71	10,460	10,520	10,628	10,750	10,886	6.1185	6.6540	7.7155	7.4419	6.5221	0.0220	-0.0229	6.0731
Cleveland	530	497	485	468	438	98,209	97,702	97,442	97,910	98,246	5.3967	5.0869	4.9773	4.7799	4.4582	-0.0465	-0.0229	4.1513
Columbus	281	270	280	280	255	57,657	57,862	57,536	57,645	57,579	4.8736	4.6663	4.8665	4.8573	4.4287	-0.0224	-0.0224	4.1305
Craven	389	389	389	385	395	98,748	99,323	98,121	104,513	105,052	3.9393	3.9165	3.9645	3.6838	3.7600	-0.0109	-0.0109	3.6370
Cumberland	960	976	997	985	965	300,230	301,878	303,933	329,411	331,238	3.1975	3.2331	3.2803	2.9902	2.9133	-0.0221	-0.0221	2.7201
Currituck	92	81	81	85	84	23,643	23,767	24,055	24,958	25,616	3.8912	3.4081	3.3673	3.4057	3.2792	-0.0405	-0.0229	3.0535
Dare	53	59	73	65	63	34,216	34,810	35,182	35,373	35,579	1.5490	1.6949	2.0749	1.8376	1.7707	0.0419	-0.0229	1.6488
Davidson	718	698	710	721	666	163,364	163,410	163,826	164,464	164,927	4.3951	4.2715	4.3339	4.3839	4.0382	-0.0202	-0.0202	3.7933
Davie	166	174	183	167	164	41,560	41,412	41,524	41,474	41,475	3.9942	4.2017	4.4071	4.0266	3.9542	-0.0009	-0.0009	3.9438
Duplin	221	213	235	246	230	59,476	60,059	60,122	60,126	60,446	3.7158	3.5465	3.9087	4.0914	3.8050	0.0083	-0.0229	3.5431
Durham	1,106	1,225	1,099	1,111	1,105	272,314	282,511	286,142	292,194	297,807	4.0615	4.3361	3.8408	3.8023	3.7105	-0.0202	-0.0202	3.4856
Edgecombe	286	284	282	266	258	56,089	56,085	55,723	55,474	55,394	5.0990	5.0637	5.0607	4.7950	4.6575	-0.0222	-0.0222	4.3477
Forsyth	1,330	1,311	1,283	1,305	1,221	354,878	357,767	360,589	364,258	367,853	3.7478	3.6644	3.5581	3.5826	3.3193	-0.0295	-0.0295	3.0258
Franklin	209	206	175	189	183	61,651	61,840	62,720	63,217	63,848	3.3901	3.3312	2.7902	2.9897	2.8662	-0.0374	-0.0229	2.6689
Gaston	905	887	882	871	860	207,506	208,582	209,606	210,745	211,936	4.3613	4.2525	4.2079	4.1330	4.0578	-0.0179	-0.0179	3.8404
Gates	47	55	54	57	47	11,944	11,830	11,654	11,947	11,914	3.9350	4.6492	4.6336	4.7711	3.9449	0.0087	-0.0229	3.6734
Graham	64	66	65	72	73	8,942	8,850	8,845	8,840	8,890	7.1572	7.4576	7.3488	8.1448	8.2115	0.0360	-0.0229	7.6462
Granville	202	204	187	204	217	60,863	56,748	57,925	58,102	58,280	3.3189	3.5948	3.2283	3.5111	3.7234	0.0323	-0.0229	3.4671
Greene	104	103	94	104	99	21,489	21,363	21,081	21,283	21,309	4.8397	4.8214	4.4590	4.8865	4.6459	-0.0081	-0.0081	4.5334
Guilford	2,204	2,121	2,133	2,102	2,056	495,231	502,190	507,578	512,281	516,415	4.4504	4.2235	4.2023	4.1032	3.9813	-0.0273	-0.0273	3.6549

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Halifax	299	293	294	284	280	54,397	54,237	53,718	53,189	52,876	5.4966	5.4022	5.4730	5.3394	5.2954	-0.0092	-0.0092	5.1496
Harnett	385	303	362	378	364	115,665	117,850	119,374	125,717	127,986	3.3286	2.5711	3.0325	3.0068	2.8441	-0.0277	-0.0277	2.6079
Haywood	397	428	402	418	428	59,684	59,291	59,690	59,913	60,178	6.6517	7.2186	6.7348	6.9768	7.1122	0.0184	-0.0229	6.6226
Henderson	806	814	796	804	788	108,448	108,183	109,305	110,903	112,116	7.4321	7.5243	7.2824	7.2496	7.0284	-0.0137	-0.0137	6.7398
Hertford	145	145	142	130	126	24,466	24,451	24,558	24,595	24,501	5.9266	5.9302	5.7822	5.2856	5.1426	-0.0343	-0.0229	4.7886
Hoke	125	126	124	119	115	46,896	47,471	47,756	50,987	51,568	2.6655	2.6543	2.5965	2.3339	2.2301	-0.0429	-0.0229	2.0765
Hyde	51	56	57	51	50	5,815	5,742	5,801	5,743	5,735	8.7704	9.7527	9.8259	8.8804	8.7184	0.0013	0.0013	8.7513
Iredell	863	538	561	528	539	161,522	163,043	165,025	167,161	169,281	5.3429	3.2997	3.3995	3.1586	3.1841	-0.1037	-0.0229	2.9649
Jackson	168	166	156	149	139	40,606	40,788	40,812	41,032	41,279	4.1373	4.0698	3.8224	3.6313	3.3673	-0.0499	-0.0229	3.1355
Johnston	501	493	498	484	480	172,570	174,839	177,372	180,050	183,309	2.9032	2.8197	2.8077	2.6881	2.6185	-0.0254	-0.0254	2.4192
Jones	63	61	55	54	59	10,327	10,615	10,554	10,470	10,490	6.1005	5.7466	5.2113	5.1576	5.6244	-0.0177	-0.0177	5.3251
Lee	189	174	229	250	254	58,304	59,111	59,356	59,205	59,202	3.2416	2.9436	3.8581	4.2226	4.2904	0.0823	-0.0229	3.9950
Lenoir	276	266	274	315	310	59,314	59,401	59,063	58,826	58,780	4.6532	4.4780	4.6391	5.3548	5.2739	0.0344	-0.0229	4.9108
Lincoln	279	282	290	253	262	79,026	79,267	79,768	80,202	80,810	3.5305	3.5576	3.6355	3.1545	3.2422	-0.0187	-0.0187	3.0600
Macon	186	171	150	164	88	34,459	33,985	34,149	34,432	34,851	5.3977	5.0316	4.3925	4.7630	2.5250	-0.1451	-0.0229	2.3512
Madison	176	176	164	171	169	21,193	21,192	21,370	21,584	21,728	8.3046	8.3050	7.6743	7.9225	7.7780	-0.0154	-0.0154	7.4175
Martin	118	106	118	111	108	24,083	24,020	23,755	23,714	23,604	4.8997	4.4130	4.9674	4.6808	4.5755	-0.0135	-0.0135	4.3905
McDowell	219	229	216	217	204	45,462	45,288	45,245	45,320	45,380	4.8172	5.0565	4.7740	4.7882	4.4954	-0.0161	-0.0161	4.2783
Mecklenburg	2,544	2,516	2,584	2,673	2,729	939,889	962,388	991,191	1,013,290	1,032,620	2.7067	2.6143	2.6070	2.6379	2.6428	-0.0058	-0.0058	2.5968
Mitchell	103	103	102	108	109	15,501	15,396	15,388	15,830	15,826	6.6447	6.6900	6.6285	6.8225	6.8874	0.0091	-0.0229	6.4133
Montgomery	83	101	93	96	98	27,864	27,914	27,775	27,819	27,842	2.9788	3.6183	3.3483	3.4509	3.5199	0.0477	-0.0229	3.2776
Moore	593	587	585	613	549	88,550	89,799	90,864	93,079	94,218	6.6968	6.5368	6.4382	6.5858	5.8269	-0.0328	-0.0229	5.4258
Nash	440	433	435	428	368	96,122	95,533	94,776	94,528	94,331	4.5775	4.5325	4.5898	4.5278	3.9012	-0.0373	-0.0229	3.6326
New Hanover	787	874	890	936	907	206,774	209,371	213,222	216,951	220,108	3.8061	4.1744	4.1741	4.3143	4.1207	0.0214	-0.0229	3.8370
Northampton	127	128	120	130	110	21,844	21,514	21,218	21,218	21,095	5.8140	5.9496	5.6556	6.1269	5.2145	-0.0229	-0.0229	4.8560
Onslow	259	254	256	245	232	151,643	159,287	162,796	193,221	194,607	1.7080	1.5946	1.5725	1.2680	1.1921	-0.0834	-0.0229	1.1101
Orange	386	308	307	298	284	135,776	138,575	139,738	139,930	141,599	2.8429	2.2226	2.1970	2.1296	2.0057	-0.0796	-0.0229	1.8676
Pamlico	52	57	54	76	68	13,214	13,190	13,071	13,137	13,158	3.9352	4.3215	4.1313	5.7852	5.1680	0.0869	-0.0229	4.8122
Pasquotank	244	229	222	228	212	39,705	39,141	38,441	39,655	39,951	6.1453	5.8506	5.7751	5.7496	5.3065	-0.0356	-0.0229	4.9412
Pender	230	230	230	232	234	53,437	54,390	55,587	56,540	57,693	4.3041	4.2287	4.1377	4.1033	4.0560	-0.0147	-0.0147	3.8768
Perquimans	64	52	62	57	58	13,537	13,660	13,735	13,627	13,566	4.7278	3.8067	4.5140	4.1829	4.2754	-0.0151	-0.0151	4.0822
Person	176	168	175	182	181	39,700	39,197	39,189	39,268	39,322	4.4332	4.2860	4.4655	4.6348	4.6030	0.0099	-0.0229	4.2861
Pitt	513	495	493	503	388	170,263	172,618	173,938	174,414	175,390	3.0130	2.8676	2.8343	2.8839	2.2122	-0.0688	-0.0229	2.0599
Polk	188	194	194	191	183	20,453	20,262	20,528	20,755	20,848	9.1918	9.5746	9.4505	9.2026	8.7778	-0.0109	-0.0109	8.4901
Randolph	633	641	635	635	640	142,901	142,594	142,614	143,079	143,666	4.4296	4.4953	4.4526	4.4381	4.4548	0.0015	0.0015	4.4742
Richmond	196	192	162	191	162	46,459	46,258	46,053	45,543	45,521	4.2188	4.1506	3.5177	4.1938	3.5588	-0.0320	-0.0229	3.3138
Robeson	479	499	385	479	476	134,651	134,433	133,984	133,562	133,257	3.5573	3.7119	2.8735	3.5863	3.5720	0.0154	-0.0229	3.3261
Rockingham	577	536	544	540	534	93,558	92,873	92,259	92,557	92,543	6.1673	5.7713	5.8964	5.8342	5.7703	-0.0160	-0.0160	5.4932
Rowan	845	820	849	849	833	138,309	138,242	138,708	138,709	138,710	6.1095	5.9316	6.1208	6.1207	6.0053	-0.0040	-0.0040	5.9329
Rutherford	385	369	374	345	354	68,392	67,932	67,764	67,600	67,466	5.6293	5.4319	5.5192	5.1036	5.2471	-0.0165	-0.0165	4.9866
Sampson	299	283	252	237	223	63,746	64,151	64,335	64,400	64,516	4.6905	4.4115	3.9170	3.6801	3.4565	-0.0732	-0.0229	3.2186

Table 10B: County Rate Calculations for Nursing Home Bed Need Determination

County	Patients					Populations					Rates					Actual Average Change Rates	Selected Change Rate (County or State)	Bed Rates per 1,000
	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015			
Scotland	173	100	185	178	168	36,029	36,366	36,231	36,059	35,804	4.8017	2.7498	5.1061	4.9364	4.6922	0.0867	-0.0229	4.3692
Stanly	381	378	364	372	350	60,936	60,477	60,631	61,061	61,255	6.2525	6.2503	6.0035	6.0923	5.7138	-0.0218	-0.0218	5.3403
Stokes	287	303	307	296	300	47,551	47,068	46,747	46,786	46,787	6.0356	6.4375	6.5673	6.3267	6.4120	0.0159	-0.0229	5.9706
Surry	426	422	433	437	431	73,575	73,718	73,367	73,840	73,834	5.7900	5.7245	5.9018	5.9182	5.8374	0.0022	0.0022	5.8759
Swain	86	78	88	97	93	14,263	14,494	14,596	14,829	14,987	6.0296	5.3815	6.0290	6.5412	6.2054	0.0116	-0.0229	5.7782
Transylvania	226	211	189	208	219	33,275	33,022	33,222	33,440	33,738	6.7919	6.3897	5.6890	6.2201	6.4912	-0.0080	-0.0080	6.3357
Tyrrell *	0	0	0	0	0	4,342	4,174	4,142	4,135	4,142	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
Union	575	539	542	517	530	205,717	207,872	211,558	215,956	220,546	2.7951	2.5929	2.5619	2.3940	2.4031	-0.0365	-0.0229	2.2377
Vance	224	213	211	215	213	45,558	45,530	45,070	45,078	45,022	4.9168	4.6782	4.6816	4.7695	4.7310	-0.0093	-0.0093	4.5994
Wake	1,879	1,929	1,950	2,026	1,969	925,083	944,733	963,973	985,320	1,005,367	2.0312	2.0418	2.0229	2.0562	1.9585	-0.0088	-0.0088	1.9070
Warren	122	116	120	111	124	20,883	20,674	20,457	20,524	20,514	5.8421	5.6109	5.8660	5.4083	6.0447	0.0114	-0.0229	5.6285
Washington	110	106	95	99	104	13,060	12,821	12,830	12,682	12,646	8.4227	8.2677	7.4045	7.8063	8.2239	-0.0038	-0.0038	8.1312
Watauga	156	173	108	168	165	52,111	52,517	52,692	52,923	53,314	2.9936	3.2942	2.0496	3.1744	3.0949	0.0616	-0.0229	2.8818
Wayne	439	463	446	453	425	120,442	121,319	121,421	125,689	125,912	3.6449	3.8164	3.6732	3.6041	3.3754	-0.0182	-0.0182	3.1912
Wilkes	383	376	374	378	375	69,592	69,755	69,774	69,890	70,000	5.5035	5.3903	5.3602	5.4085	5.3571	-0.0067	-0.0067	5.2501
Wilson	361	341	334	342	358	81,380	81,796	81,419	81,405	81,677	4.4360	4.1689	4.1022	4.2012	4.3831	-0.0022	-0.0022	4.3543
Yadkin	202	202	202	198	201	38,442	38,247	38,146	37,846	37,655	5.2547	5.2815	5.2954	5.2317	5.3379	0.0040	0.0040	5.4021
Yancey	107	116	100	95	85	18,069	17,874	17,919	17,915	17,915	5.9217	6.4899	5.5807	5.3028	4.7446	-0.0498	-0.0229	4.4180
State Total	38,763	37,764	37,730	38,100	37,023	9,589,952	9,683,675	9,779,863	9,953,687	10,054,722	4.0420	3.8998	3.8579	3.8277	3.6822	-0.0229		

* Camden and Tyrrell have no Nursing Care Beds.

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Alamance	4.4941	167,370	752	792	888	71	817	25		86.5	0
Alexander	3.1118	40,254	125	132	183	49	134	2		70.2	0
Alleghany	7.0928	11,460	81	86	90	0	90	4		90.0	0
Anson	5.4911	26,465	145	153	161	0	161	8		91.3	0
Ashe	3.6932	27,623	102	107	210	0	210	103		52.4	0
Avery	5.0374	17,903	90	95	128	0	128	33		69.7	0
Beaufort	5.1763	47,718	247	260	290	0	290	30		85.4	0
Bertie	5.4924	19,058	105	110	142	0	142	32		82.3	0
Bladen	4.0794	35,355	144	152	194	0	194	42		85.6	0
Brunswick	3.0942	137,032	424	446	628	0	628	182		82.4	0
Buncombe	5.3557	269,687	1,444	1,520	1,950	321	1,629	109		89.9	0
Burke	4.4941	89,196	401	422	556	25	531	109		88.7	0
Cabarrus	2.6700	217,017	579	610	691	24	667	57		81.5	0
Caldwell	3.8724	82,226	318	335	400	0	400	65		81.2	0
Carteret	4.0043	69,512	278	293	424	0	424	131		79.2	0
Caswell	5.3169	23,632	126	132	157	0	157	25		86.4	0
Catawba	3.9998	157,932	632	665	759	45	714	49		89.7	0
Chatham	5.1216	75,494	387	407	510	130	380	-27	-6.63%	58.8	0
Cherokee	6.1769	27,650	171	180	210	0	210	30		84.0	0
Chowan	5.8396	14,668	86	90	130	0	130	40		69.2	0
Clay	6.0731	10,965	67	70	90	0	90	20		83.5	0
Cleveland	4.1513	99,359	412	434	554	0	554	120		79.3	0
Columbus	4.1305	57,579	238	250	323	0	323	73		88.6	0
Craven	3.6370	103,064	375	395	461	0	461	66		83.2	0
Cumberland	2.7201	313,419	853	897	1,179	150	1,029	132		88.9	0
Currituck	3.0535	28,334	87	91	100	0	100	9		82.3	0
Dare	1.6488	36,217	60	63	126	0	126	63		52.5	0
Davidson	3.7933	167,286	635	668	794	45	749	81		92.7	0
Davie	3.9438	41,469	164	172	228	0	228	56		72.9	0
Duplin	3.5431	62,035	220	231	272	0	272	41		90.1	0
Durham	3.4856	325,799	1,136	1,195	1,342	206	1,136	-59	-4.97%	86.8	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Edgecombe	4.3477	54,937	239	251	307	0	307	56		88.1	0
Forsyth	3.0258	387,682	1,173	1,235	1,708	212	1,496	261		84.5	0
Franklin	2.6689	66,881	178	188	258	0	258	70		72.0	0
Gaston	3.8404	219,206	842	886	984	50	934	48		88.3	0
Gates	3.6734	11,915	44	46	70	0	70	24		81.7	0
Graham	7.6462	9,226	71	74	80	0	80	6		81.6	0
Granville	3.4671	59,236	205	216	220	0	220	4		89.2	0
Greene	4.5334	21,310	97	102	115	0	115	13		83.8	0
Guilford	3.6549	534,859	1,955	2,058	2,441	206	2,235	177		88.1	0
Halifax	5.1496	51,330	264	278	343	0	343	65		87.2	0
Harnett	2.6079	134,805	352	370	425	0	425	55		89.7	0
Haywood	6.6226	61,476	407	429	475	0	475	46		90.7	0
Henderson	6.7398	117,942	795	837	912	0	912	75		87.6	0
Hertford	4.7886	24,121	116	122	151	0	151	29		83.2	0
Hoke	2.0765	54,789	114	120	132	0	132	12		78.5	0
Hyde	8.7513	5,671	50	52	80	0	80	28		60.7	0
Iredell	2.9649	179,888	533	561	653	0	653	92		88.2	0
Jackson	3.1355	42,477	133	140	200	0	200	60		72.2	0
Johnston	2.4192	201,850	488	514	615	0	615	101		98.3	0
Jones	5.3251	10,615	57	60	80	0	80	20		71.5	0
Lee	3.9950	59,242	237	249	294	0	294	45		28.7	0
Lenoir	4.9108	58,533	287	303	407	100	307	4		54.4	0
Lincoln	3.0600	83,849	257	270	300	0	300	30		90.4	0
Macon	2.3512	36,974	87	92	280	0	280	188		32.6	0
Madison	7.4175	22,467	167	175	180	0	180	5		93.4	0
Martin	4.3905	23,059	101	107	154	0	154	47		69.0	0
McDowell	4.2783	45,615	195	205	250	0	250	45		85.1	0
Mecklenburg	2.5968	1,141,758	2,965	3,121	3,300	343	2,957	-164	-5.25%	86.0	0
Mitchell	6.4133	16,074	103	109	127	0	127	18		89.3	0
Montgomery	3.2776	27,946	92	96	141	0	141	45		71.6	0
Moore	5.4258	98,173	533	561	720	44	676	115		83.4	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Nash	3.6326	93,380	339	357	458	0	458	101		89.3	0
New Hanover	3.8370	235,248	903	950	1,059	18	1,041	91		88.5	0
Northampton	4.8560	20,416	99	104	149	0	149	45		80.7	0
Onslow	1.1101	171,633	191	201	359	0	359	158		65.6	0
Orange	1.8676	149,922	280	295	489	30	459	164		79.4	0
Pamlico	4.8122	13,293	64	67	96	0	96	29		75.5	0
Pasquotank	4.9412	39,520	195	206	278	22	256	50		85.2	0
Pender	3.8768	62,799	243	256	253	0	253	-3	-1.28%	93.1	0
Perquimans	4.0822	13,698	56	59	78	0	78	19		75.3	0
Person	4.2861	39,588	170	179	200	0	200	21		91.0	0
Pitt	2.0599	179,778	370	390	570	30	540	150		91.0	0
Polk	8.4901	21,336	181	191	221	52	169	-22	-11.37%	87.5	0
Randolph	4.4742	146,606	656	690	720	0	720	30		91.0	0
Richmond	3.3138	45,331	150	158	276	0	276	118		72.6	0
Robeson	3.3261	131,710	438	461	525	24	501	40		90.2	0
Rockingham	5.4932	92,544	508	535	595	0	595	60		90.5	0
Rowan	5.9329	138,710	823	866	984	160	824	-42	-4.88%	88.9	0
Rutherford	4.9866	67,046	334	352	420	0	420	68		92.4	0
Sampson	3.2186	65,108	210	221	342	0	342	121		67.1	0
Scotland	4.3692	34,482	151	159	207	39	168	9		82.7	0
Stanly	5.3403	62,494	334	351	406	1	405	54		95.2	0
Stokes	5.9706	46,786	279	294	322	0	322	28		91.0	0
Surry	5.8759	73,835	434	457	472	0	472	15		94.5	0
Swain	5.7782	15,758	91	96	120	0	120	24		77.3	0
Transylvania	6.3357	35,284	224	235	267	0	267	32		82.0	0
Union	2.2377	243,620	545	574	697	0	697	123		87.8	0
Vance	4.5994	44,867	206	217	230	0	230	13		93.9	0
Wake	1.9070	1,104,802	2,107	2,218	2,662	336	2,326	108		88.3	0
Warren	5.6285	20,515	115	122	140	0	140	18		86.2	0
Washington	8.1312	12,313	100	105	114	0	114	9		90.1	0
Watauga	2.8818	55,264	159	168	226	0	226	58		83.5	0

Table 10C: Nursing Care Bed Need Projections for 2020

County	Bed Rate per 1,000	2020 Population (Civilian)	Projected Bed Utilization	Projected Bed Utilization with Vacancy Factor*	Licensed Plus Previous Allocations	Exclusions**	Total Inventory	Surplus/ - Deficit	Deficit Index	Occupancy Rate***	Bed Need
Wayne	3.1912	125,856	402	423	576	96	480	57		90.7	0
Wilkes	5.2501	70,586	371	390	417	0	417	27		90.7	0
Wilson	4.3543	84,198	367	386	625	231	394	8		86.1	0
Yadkin	5.4021	36,826	199	209	223	0	223	14		92.3	0
Yancey	4.4180	17,946	79	83	140	0	140	57		63.5	0
State Total		10,479,782	36,390	38,305	46,488	3,060	43,428				0

* Projected Bed Utilization with Vacancy Factor is calculated by dividing Projected Bed Utilization by 95%.

** NH-2 beds are 100% excluded.

*** Calculated using higher of the median or weighted mean.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional nursing care beds anywhere else in the state and no other reviews are scheduled as shown in Table 10D.

Table 10D: Nursing Care Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional nursing care beds as specified.

County	HSA	Nursing Care Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional nursing care beds anywhere in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).

Chapter 11:

Adult Care Homes

CHAPTER 11
ADULT CARE HOMES

Summary of Bed Supply and Utilization
An Adult Care Home is defined as a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes. These statutory citations refer to licensure of adult care homes, nursing homes and hospitals.

Prior to enactment of legislation (Senate Bill 937) in 2001 to regulate the development of Adult Care Homes under the Certificate of Need law, legislation ratified in 1997 (S. L. 1997-443) placed a statewide moratorium on the development of new adult care home beds. However, the 1997 legislation allowed for the development of additional adult care home beds under defined circumstances. Such beds were referred to as "exempt" or "pipeline" beds. More than 10,000 beds were identified as exempt or pipeline beds in the North Carolina 2002 State Medical Facilities Plan. Senate Bill 937, however, provides dates by which defined conditions must be met in order for these unlicensed exempt or pipeline beds to continue to be authorized for development. In addition, some other beds remain eligible to be developed pursuant to settlements of contested cases. These "settlement" beds are also subject to conditions set out in the terms of the controlling settlement agreements. The planning inventory of adult care home beds included in the North Carolina 2017 State Medical Facilities Plan is subject to change based on whether or not conditions have been met to allow for development of the exempt, pipeline or settlement beds that have been included in this inventory. Changes in the inventory of exempt or pipeline beds following publication of the North Carolina 2017 State Medical Facilities Plan will be addressed in the 2018 or subsequent Plans. Changes in inventory may also be made as a result of litigation.

In the fall of 2016, the adult care home inventory included 42,981 licensed beds in adult care homes, nursing homes and hospitals. An additional 1,285 beds had not, as yet, been licensed. These 1,285 "License Pending" beds had either been exempted from the moratorium on the development of additional adult care home beds; had been determined to be in the pipeline for development prior to the moratorium; had been set out in the terms of settlement agreements; or had received approval from Certificate of Need (CON) but were not yet licensed. In addition, 1,620 adult care home beds from currently licensed facilities will be transferred to CON-approved projects once completed. The "total inventory" of adult care home beds (*licensed + license pending + previously allocated*) was 44,276. Exclusions for one-half of the qualified adult care home beds in continuing care retirement communities *(Policy LTC-1 beds)* accounted for 237 excluded beds resulting in an adjusted "planning inventory" of 44,039 adult care home beds.

Changes from the Previous Plan
There have been no substantial changes in the application of the adult care home bed need methodology from that used in the 2016 State Medical Facilities Plan.

References to dates in the methodology and in the policies have been advanced by one year, as appropriate.

Basic Assumptions of the Method
1. The principal determinant of adult care home use in an area is the age of the population; the higher the age, the higher the use.

2. Need should be projected three years beyond the Plan Year because at least that amount of time is required to bring a needed facility or expansion into service.

3. One-half of the beds developed as part of a qualified continuing care retirement community are excluded from the inventory.

4. A goal of the planning process is a reasonable level of parity among citizens in their geographic access to adult care home facilities.

5. The following bed-to-population ratios were based on the five-year average combined patient utilization data as reported on 2012 through 2016 Renewal Application for License to Operate a Nursing Home, Nursing Care Supplements to the 2012 through 2016 Hospital License Renewal Applications, and 2012 through 2016 Licensure Renewal Application for Adult Care Homes.

Age Group	Beds Per 1,000 Population
Under 35	0.08
35-64	1.43
65-74	5.53
75-84	19.22
85 and Over	75.87

Sources of Data
Population Data:
Projected numbers of residents, by county and age group, for 2020 were obtained from the North Carolina Office of State Budget and Management.

Estimated active duty military population numbers were excluded from the "Under 35 age group" for any county with more than 500 active duty military personnel. These estimates were obtained from the category of "Employment Status- Armed Forces" in the "Selected Economic Characteristics" portion of the American Community Survey 2014 5-year Estimates.

Utilization Data:
Data on utilization by age groups were compiled from the 2012 through 2016 "Renewal Applications for License to Operate a Nursing Home" combined with data from the 2012 through 2016 "Nursing Care Facility/Unit Beds Annual Data Supplement to Hospital License Applications," combined with data from the 2012 through 2016 Licensure Renewal Application for Adult Care Homes as submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Method
The steps in applying the projection method are as follows:

Step 1: Multiply the adopted age-specific use rates *(see under "Assumptions")* by each county's corresponding projected age-specific civilian population *(in thousands)* for the target year *(2020)*.

Step 2: For each county, add the products of the age-specific projections of beds in Step 1. The sum is the county's projected bed utilization.

Step 3: For each county, the planning inventory is determined based on licensed beds adjusted for: license pending beds; beds available in prior Plans that have not been CON approved; and exclusions from the county's inventory, if any.

Step 4: For each county, the projected bed utilization derived in Step 2 is subtracted from the planning inventory derived in Step 3. The result is the county's surplus or deficit.

Step 5: If any county's deficit is 10 percent to 50 percent of its total projected bed need and the average occupancy of licensed beds in the county, excluding continuing care retirement communities, is 85 percent or greater based on utilization data reported on 2016 License Renewal Applications, the need determination is the amount of the deficit rounded to 10. If any county's deficit is 50 percent or more of its total projected bed need, the need determination is the amount of the deficit rounded to 10. For purposes of rounding need determinations, numbers greater than 10 and ending in one to four would round to the next lower number divisible by 10, and numbers ending in five to nine would round to the next higher number divisible by 10.

An adult care home bed's service area is the adult care home bed planning area in which the bed is located. Ninety-eight counties in the state are separate adult care home planning areas. Two counties, Hyde and Tyrrell, are considered a combined service area.

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Alamance	A Vision Come True	0	0	12	12	0	0	0	0	12	0	12
Alamance	Alamance House	0	0	94	94	0	0	0	0	94	0	94
Alamance	Blakey Hall Assisted Living	0	0	72	72	0	0	0	0	72	0	72
Alamance	Brookdale Burlington AL (NC)	0	0	84	84	0	0	0	0	84	0	84
Alamance	Brookdale Burlington MC	0	0	52	52	0	0	0	0	52	0	52
Alamance	Burlington Care Center	0	0	12	12	0	0	0	0	12	0	12
Alamance	Edgewood Place at the Village at Brookwood	24	0	0	24	0	0	0	0	24	0	24
Alamance	Elon Village Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Alamance	Golden Years Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Alamance	Homeplace of Burlington	0	0	67	67	0	0	0	0	67	0	67
Alamance	Lane St. Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Liberty Commons Nursing & Rehab Ctr of Alamance Cty	48	0	0	48	0	0	0	0	48	0	48
Alamance	Mebane Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Alamance	Pleasant Grove Retirement Home	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Brock Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Crouse Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Ross Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	Springview - Stewart Building	0	0	12	12	0	0	0	0	12	0	12
Alamance	The Oaks of Alamance	0	0	69	69	0	0	0	0	69	0	69
Alamance	Twin Lakes Community Memory Care	16	0	0	16	0	0	0	0	16	7	9
Alamance Totals		**88**	**0**	**670**	**758**	**0**	**0**	**0**	**0**	**758**	**7**	**751**
Alexander	A New Outlook of Taylorsville	0	0	34	34	0	0	0	0	34	0	34
Alexander	Alexander Assisted Living	0	0	32	32	0	0	0	0	32	0	32
Alexander	Taylorsville House	0	0	60	60	0	0	0	0	60	0	60
Alexander Totals		**0**	**0**	**126**	**126**	**0**	**0**	**0**	**0**	**126**	**0**	**126**
Alleghany	Alleghany Center	22	0	0	22	0	0	0	0	22	0	22
Alleghany	Alleghany House	0	0	0	0	40	0	0	0	40	0	40
Alleghany Totals		**22**	**0**	**0**	**22**	**40**	**0**	**0**	**0**	**62**	**0**	**62**
Anson	Ambassador Rehab & Healthcare Center	53	0	0	53	0	0	0	0	53	0	53
Anson	Meadowview Terrace of Wadesboro	0	0	60	60	0	0	0	0	60	0	60
Anson Totals		**53**	**0**	**60**	**113**	**0**	**0**	**0**	**0**	**113**	**0**	**113**
Ashe	Ashe Assisted Living and Memory Care	0	0	55	55	0	0	0	0	55	0	55
Ashe	Forest Ridge	0	0	60	60	0	0	0	0	60	0	60
Ashe Totals		**0**	**0**	**115**	**115**	**0**	**0**	**0**	**0**	**115**	**0**	**115**
Avery	Cranberry House	0	0	60	60	0	0	0	0	60	0	60
Avery	The Heritage of Sugar Mountain	0	0	40	40	0	0	0	0	40	0	40
Avery Totals		**0**	**0**	**100**	**100**	**0**	**0**	**0**	**0**	**100**	**0**	**100**

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Beaufort	AG Dunston Manor	0	0	0	0	50	0	0	0	50	0	50
Beaufort	Autumnfield of Belhaven	0	0	64	64	0	0	0	0	64	0	64
Beaufort	Clara Manor	0	0	20	20	0	0	0	0	20	0	20
Beaufort	Pantego Rest Home	0	0	30	30	0	0	0	0	30	0	30
Beaufort	River Trace Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Beaufort	Washington Manor	0	0	9	9	0	0	0	0	9	0	9
Beaufort	Willow Manor	0	0	34	34	0	0	0	0	34	0	34
	Beaufort Totals	**10**	**0**	**157**	**167**	**50**	**0**	**0**	**0**	**217**	**0**	**217**
Bertie	Three Rivers Health and Rehab	20	0	0	20	0	0	0	0	20	0	20
Bertie	Windsor House	0	0	60	60	0	0	0	0	60	0	60
Bertie	Winston Gardens	0	0	25	25	0	0	0	0	25	0	25
	Bertie Totals	**20**	**0**	**85**	**105**	**0**	**0**	**0**	**0**	**105**	**0**	**105**
Bladen	Bladen Manor Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Bladen	Poplar Heights Center	30	0	0	30	0	0	0	0	30	0	30
Bladen	West Bladen Assisted Living	0	0	60	60	0	0	0	0	60	0	60
	Bladen Totals	**30**	**0**	**120**	**150**	**0**	**0**	**0**	**0**	**150**	**0**	**150**
Brunswick	Arbor Landing at Ocan Isle	0	0	0	0	40	0	0	0	40	0	40
Brunswick	Autumn Care of Shallotte	10	0	0	10	0	0	0	0	10	0	10
Brunswick	Brunswick Cove Nursing Center	40	0	0	40	0	0	0	0	40	0	40
Brunswick	Calabash Manor	0	0	0	0	80	0	0	0	80	0	80
Brunswick	Carillon Assisted Living of Southport (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Brunswick	Leland House	0	0	78	78	0	0	0	0	78	0	78
Brunswick	Liberty Commons Assisted Living of Brunswick County	0	0	0	0	110	0	0	0	110	0	110
Brunswick	Ocean Trail Healthcare & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Brunswick	Shallotte Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Brunswick	The Brunswick Community	0	0	0	0	110	0	0	0	110	0	110
	Brunswick Totals	**67**	**0**	**254**	**321**	**340**	**0**	**0**	**0**	**661**	**0**	**661**
Buncombe	Arbor Terrace of Asheville	0	0	70	70	0	0	0	0	70	0	70
Buncombe	Aston Park Health Care Center	19	0	0	19	0	0	0	0	19	0	19
Buncombe	Becky's Rest Home #1	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Becky's Rest Home #2	0	0	15	15	0	0	0	0	15	0	15
Buncombe	Brian Center Health & Rehabilitation/Weaverville	10	0	0	10	0	0	0	0	10	0	10
Buncombe	Brookdale Asheville Overlook	0	0	79	79	0	0	0	0	79	0	79
Buncombe	Brookdale Asheville Walden Ridge	0	0	38	38	0	0	0	0	38	0	38
Buncombe	Candler Living Center	0	0	29	29	0	0	0	0	29	0	29
Buncombe	Canterbury Hills Adult Care Home (Bed transfer to The Crossings at Beaverdam)	0	0	99	99	0	-99	0	0	0	0	0
Buncombe	Chase Samaritan Assisted Living	0	0	54	54	0	0	0	0	54	0	54

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Buncombe	Chunn's Cove Assisted Living	0	0	67	67	0	0	0	0	67	0	67
Buncombe	Deerfield Episcopal Retirement Community	62	0	0	62	0	0	0	0	62	10	52
Buncombe	Emerald Ridge Rehabilitation & Care Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Health Care Center Inc	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Flesher's Fairview Rest Home	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Givens Health Center	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Givens Highland Farms	30	0	0	30	0	0	0	0	30	0	30
Buncombe	Heather Glen At Ardenwoods	0	0	60	60	0	0	0	0	60	0	60
Buncombe	Hominy Valley Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Buncombe	Marjorie McCune Memorial Center	0	0	64	64	0	0	0	0	64	0	64
Buncombe	Nana's Assisted Living Facility (Transfer to Winchester House (Henderson Co.))	0	0	49	49	0	-25	0	0	24	0	24
Buncombe	Richard A. Wood, Jr. Assisted Living Center	0	0	56	56	0	0	0	0	56	0	56
Buncombe	Richmond Hill Rest Home #1	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #3	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #4	0	0	12	12	0	0	0	0	12	0	12
Buncombe	Richmond Hill Rest Home #5	0	0	12	12	0	0	0	0	12	0	12
Buncombe	The Crossings at Beaverdam (Bed transfer from Canterbury Hills)	0	0	0	0	0	99	0	0	99	0	99
Buncombe	The Laurels of Summit Ridge	63	0	0	63	0	0	0	0	63	0	63
Buncombe	The Oaks at Sweeten Creek	14	0	0	14	0	0	0	0	14	0	14
Buncombe	Trinity View	0	0	24	24	0	0	0	0	24	0	24
Buncombe	Western North Carolina Baptist Home	50	0	0	50	0	0	0	0	50	0	50
Buncombe	Windwood Assisted Living	0	0	12	12	0	0	0	0	12	0	12
	Buncombe Totals	**290**	**0**	**885**	**1,175**	**0**	**-25**	**0**	**0**	**1,150**	**10**	**1,140**
Burke	Autumn Care of Drexel	20	0	0	20	0	0	0	0	20	0	20
Burke	Burke Long Term Care	0	0	24	24	0	0	0	0	24	0	24
Burke	Burkeview Manor (Repalement facility)	0	0	0	0	0	63	0	0	63	0	63
Burke	Cambridge House	0	0	60	60	0	0	0	0	60	0	60
Burke	Grace Ridge	47	0	0	47	0	0	0	0	47	0	47
Burke	Jonas Ridge Adult Care	0	0	57	57	0	0	0	0	57	0	57
Burke	Longview Assisted Living (Transfer to Burkeview Manor)	0	0	63	63	0	-63	0	0	0	0	0
Burke	McAlpine Adult Care	0	0	60	60	0	0	0	0	60	0	60
Burke	Morganton Long Term Care Facility	0	0	20	20	0	0	0	0	20	0	20
Burke	Morganton Long Term Care, Southview Facility	0	0	64	64	0	0	0	0	64	0	64
	Burke Totals	**67**	**0**	**348**	**415**	**0**	**0**	**0**	**0**	**415**	**0**	**415**
Cabarrus	Brookdale Concord Parkway	0	0	112	112	0	0	0	0	112	0	112
Cabarrus	Brookdale Concord South	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cabarrus	Cabarrus Manor (Replacement facility for Kannapolis Village and Concord House. Twenty-five bed transfer from St. Andrews.)	0	0	0	0	0	133	0	0	133	0	133
Cabarrus	Caremoor Retirement Center	0	0	30	30	0	0	0	0	30	0	30
Cabarrus	Carillon Assisted Living of Harrisburg	0	0	96	96	0	0	0	0	96	0	96
Cabarrus	Concord House (Bed transfer of 48 beds to replacement facility, Cabarrus Manor.)	0	0	48	48	0	-48	0	0	0	0	0
Cabarrus	Five Oaks Manor	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	Kannapolis Village (Bed transfer to Cabarrus Manor)	0	0	60	60	0	-60	0	0	0	0	0
Cabarrus	Morningside of Concord	0	0	105	105	0	0	0	0	105	0	105
Cabarrus	Mt. Pleasant House	0	0	74	74	0	0	0	0	74	0	74
Cabarrus	St. Andrews Center (Replacement facility. Bed transfer from St. Andrews Living Center & St. Andrews Center.)	0	0	0	0	0	56	0	0	56	0	56
Cabarrus	St. Andrews Center (Closed. Bed transfer to St. Andrews replacement facility.)	0	0	25	25	0	-25	0	0	0	0	0
Cabarrus	St. Andrews Living Center (Bed transfer to St. Andrews replacement facility.)	0	0	56	56	0	-56	0	0	0	0	0
Cabarrus	The Country Home	0	0	40	40	0	0	0	0	40	0	40
Cabarrus	The Gardens of Taylor Glen Retirement Community	24	0	0	24	0	0	0	0	24	0	24
Cabarrus	The Living Center of Concord	0	0	180	180	0	0	0	0	180	0	180
	Cabarrus Totals	**48**	**0**	**886**	**934**	**0**	**0**	**0**	**0**	**934**	**0**	**934**
Caldwell	Brockford Inn	0	0	67	67	0	0	0	0	67	0	67
Caldwell	Brookdale Lenoir	0	0	82	82	0	0	0	0	82	0	82
Caldwell	Carolina Oaks Enhanced Care Center	0	0	60	60	0	0	0	0	60	0	60
Caldwell	Gateway Rehabilitation and Healthcare	18	0	0	18	0	0	0	0	18	0	18
Caldwell	Grandview Villa Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Caldwell	The Shaire Center	0	0	82	82	0	0	0	0	82	0	82
	Caldwell Totals	**18**	**0**	**331**	**349**	**0**	**0**	**0**	**0**	**349**	**0**	**349**
Camden	Needham Adult Care Home	0	0	24	24	0	0	0	0	24	0	24
	Camden Totals	**0**	**0**	**24**	**24**	**0**	**0**	**0**	**0**	**24**	**0**	**24**
Carteret	Brookdale Morehead City	0	0	72	72	0	0	0	0	72	0	72
Carteret	Carteret House	0	0	64	64	0	0	0	0	64	0	64
Carteret	Carteret Manor Assisted Living	0	0	0	0	110	0	0	0	110	0	110
Carteret	Snug Harbor on Nelson Bay	50	0	0	50	0	0	0	0	50	0	50
	Carteret Totals	**50**	**0**	**136**	**186**	**110**	**0**	**0**	**0**	**296**	**0**	**296**
Caswell	Caswell House	0	0	100	100	0	0	0	0	100	0	100
Caswell	Dan River Manor (Replacement facility for Dogwood Blackwell Rest Home, Dogwood Forest #2 and Dogwood Ronald David Home.)	0	0	0	0	0	64	0	0	64	0	64
Caswell	Dogwood - Blackwell Rest Home (Closed. Bed transfer to Dan River Manor.)	0	0	40	40	0	-40	0	0	0	0	0

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Caswell	Dogwood - Forest #2 (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	Dogwood - Ronald David Home (Closed. Bed transfer to Dan River Manor.)	0	0	12	12	0	-12	0	0	0	0	0
Caswell	G. Anthony Rucker Rest Home	0	0	12	12	0	0	0	0	12	0	12
Caswell	Jefferson Care Home	0	0	12	12	0	0	0	0	12	0	12
Caswell	Poole's Rest Home	0	0	19	19	0	0	0	0	19	0	19
Caswell Totals		**0**	**0**	**207**	**207**	**0**	**0**	**0**	**0**	**207**	**0**	**207**
Catawba	Abernethy Laurels	18	0	0	18	0	0	0	0	18	0	18
Catawba	Austin Adult Care	0	0	29	29	0	0	0	0	29	0	29
Catawba	Brian Center Health & Rehabiliation/Hickory East	20	0	0	20	0	0	0	0	20	0	20
Catawba	Brookdale Falling Creek	0	0	60	60	0	0	0	0	60	0	60
Catawba	Brookdale Hickory Northeast	0	0	88	88	0	0	0	0	88	0	88
Catawba	Carillon Assisted Living of Newton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Catawba	Catawba Valley Living At Rock Barn	0	0	80	80	0	0	0	0	80	0	80
Catawba	Heritage Care of Conover	0	0	60	60	0	0	0	0	60	0	60
Catawba	Hickory Village	0	0	56	56	0	0	0	0	56	0	56
Catawba	Piedmont Village at Newton	0	0	40	40	0	0	0	0	40	0	40
Catawba	Springs of Catawba	0	0	66	66	0	0	0	0	66	0	66
Catawba	The Alberta House	0	0	20	20	0	0	0	0	20	0	20
Catawba	Trinity Village	90	0	0	90	0	0	0	0	90	0	90
Catawba Totals		**128**	**0**	**595**	**723**	**0**	**0**	**0**	**0**	**723**	**0**	**723**
Chatham	Cambridge Hills of Pittsboro	0	0	90	90	0	0	0	0	90	0	90
Chatham	Careview Rest Home (Closed. Transfer to Coventry House of Siler City)	0	0	20	20	0	-20	0	0	0	0	0
Chatham	Carolina Meadows Fairways	0	0	95	95	0	0	0	0	95	0	95
Chatham	Chatham Ridge AL	0	0	91	91	0	0	0	0	91	0	91
Chatham	Coventry House Of Siler City (Transfer from Careview Rest Home)	0	0	66	66	0	20	0	0	86	0	86
Chatham	Pittsboro Christian Village	0	0	40	40	0	0	0	0	40	0	40
Chatham	The Arbor	51	0	0	51	0	0	0	0	51	26	25
Chatham Totals		**51**	**0**	**402**	**453**	**0**	**0**	**0**	**0**	**453**	**26**	**427**
Cherokee	Carolina Care Home #1	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Carolina Care Home #2	0	0	12	12	0	0	0	0	12	0	12
Cherokee	Murphy House	0	0	0	0	70	0	0	0	70	0	70
Cherokee	Peachtree Manor	0	0	0	0	80	0	0	0	80	0	80
Cherokee Totals		**0**	**0**	**24**	**24**	**150**	**0**	**0**	**0**	**174**	**0**	**174**
Chowan	Edenton House	0	0	60	60	0	0	0	0	60	0	60
Chowan	Edenton Prime Time Retirement Village	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Chowan Totals		**0**	**0**	**120**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Clay	Clay County Care Center	10	0	0	10	0	0	0	0	10	0	10
Clay	Hayesville House	0	0	60	60	0	0	0	0	60	0	60
Clay Totals		**10**	**0**	**60**	**70**	**0**	**0**	**0**	**0**	**70**	**0**	**70**
Cleveland	Brookdale Shelby	0	0	60	60	0	0	0	0	60	0	60
Cleveland	Carillon Assisted Living of Shelby (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Cleveland	Cleveland House	0	0	72	72	0	0	0	0	72	0	72
Cleveland	Golden Years Rest Home	0	0	12	12	0	0	0	0	12	0	12
Cleveland	Kings Mountain Care Center	0	0	20	20	0	0	0	0	20	0	20
Cleveland	Openview Retirement Home	0	0	24	24	0	0	0	0	24	0	24
Cleveland	Shelby Manor	0	0	74	74	0	0	0	0	74	0	74
Cleveland	Summit Place of Kings Mountain	0	0	65	65	0	0	0	0	65	0	65
Cleveland Totals		**0**	**0**	**423**	**423**	**0**	**0**	**0**	**0**	**423**	**0**	**423**
Columbus	Lake Pointe Assisted Living	0	0	80	80	0	0	0	0	80	0	80
Columbus	Liberty Commons Nsg and Rehab Center of Columbus County	40	0	0	40	0	0	0	0	40	0	40
Columbus	Premier Living & Rehab Center	15	0	0	15	0	0	0	0	15	0	15
Columbus	Shoreland Health Care and Retirement Center Inc	10	0	0	10	0	0	0	0	10	0	10
Columbus	Tabor Commons	0	0	80	80	0	0	0	0	80	0	80
Columbus Totals		**65**	**0**	**160**	**225**	**0**	**0**	**0**	**0**	**225**	**0**	**225**
Craven	Bayview Nursing & Rehabilitation Center	12	0	0	12	0	0	0	0	12	0	12
Craven	Brookdale New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	Croatan Village	0	0	72	72	0	0	0	0	72	0	72
Craven	Good Shepherd Home for the Aged	0	0	54	54	0	0	0	0	54	0	54
Craven	Homeplace of New Bern	0	0	60	60	0	0	0	0	60	0	60
Craven	New Bern House	0	0	108	108	0	0	0	0	108	0	108
Craven	Riverpoint Crest Nursing and Rehabilitation Center	18	0	0	18	0	0	0	0	18	0	18
Craven	Riverstone	0	0	64	64	0	0	0	0	64	0	64
Craven	Riverview	0	0	83	83	0	0	0	0	83	0	83
Craven	The Courtyards at Berne Village	0	0	55	55	0	0	0	0	55	0	55
Craven	The Courtyards at Berne Village Memory Care	0	0	25	25	0	0	0	0	25	0	25
Craven Totals		**30**	**0**	**581**	**611**	**0**	**0**	**0**	**0**	**611**	**0**	**611**
Cumberland	Carillon Assisted Living of Fayetteville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Cumberland	Carolina Inn at Village Green	0	0	100	100	0	0	0	0	100	0	100
Cumberland	Countryside Villa	0	0	80	80	0	-80	0	0	0	0	0
Cumberland	Crossings at Fayetteville (Bed transfer of 80 ACH beds from Countryside Villa and 20 ACH beds from Hope Rest Home)	0	0	0	0	0	100	0	0	100	0	100

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Cumberland	Cumberland County Rehabilitation Center (Replacement facility. 36 bed transfer from Mann Street Residential Care)	0	0	0	0	0	36	0	0	36	0	36
Cumberland	Cumberland Village Assisted Living	0	0	163	163	0	0	0	0	163	0	163
Cumberland	Eastover Gardens Special Care	0	0	44	44	0	0	0	0	44	0	44
Cumberland	Fayetteville Manor	0	0	60	60	0	0	0	0	60	0	60
Cumberland	Haymount Rehabilitation & Nursing Center Inc	22	0	0	22	0	0	0	0	22	0	22
Cumberland	Heritage Suites	0	0	62	62	0	0	0	0	62	0	62
Cumberland	Highland House Rehabilitation and Healthcare	53	0	0	53	0	0	0	0	53	0	53
Cumberland	Hope Mills Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Cumberland	Hope Rest Home	0	0	20	20	0	-20	0	0	0	0	0
Cumberland	Mann Street Residential Care Facility (36 bed transfer to Cumberland County Rehabilitation Center.)	0	0	36	36	0	-36	0	0	0	0	0
Cumberland	Pine Valley Adult Care Home	0	0	40	40	0	0	0	0	40	0	40
Cumberland	The Arc of Hope Mills	0	0	29	29	0	0	0	0	29	0	29
Cumberland	Valley Pines Adult Care	0	0	23	23	0	0	0	0	23	0	23
Cumberland	Woodlands Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
	Cumberland Totals	**95**	**0**	**817**	**912**	**0**	**0**	**0**	**0**	**912**	**0**	**912**
Currituck	Currituck House	0	0	90	90	0	0	0	0	90	0	90
	Currituck Totals	**0**	**0**	**90**	**90**	**0**	**0**	**0**	**0**	**90**	**0**	**90**
Dare	Peak Resources-Outer Banks	18	0	0	18	0	0	0	0	18	0	18
Dare	Spring Arbor of the Outer Banks	0	0	102	102	0	0	0	0	102	0	102
	Dare Totals	**18**	**0**	**102**	**120**	**0**	**0**	**0**	**0**	**120**	**0**	**120**
Davidson	Brookdale Lexington	0	0	76	76	0	0	0	0	76	0	76
Davidson	Brookstone Retirement Center	0	0	115	115	0	0	0	0	115	0	115
Davidson	Grayson Creek of Welcome (Bed transfer of 20 ACH beds. 15 beds from Hilltop Living Center (Davidson Co) and 5 Bed transfer from Alpha Concord Plantation (Rowan Co))	0	0	55	55	0	20	0	0	75	0	75
Davidson	Hilltop Living Center (Bed transfer of 15 ACH beds to Grayons Creek of Welcome)	0	0	65	65	0	-15	0	0	50	0	50
Davidson	Lexington Health Care Center	10	0	0	10	0	0	0	0	10	0	10
Davidson	Mallard Ridge Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Davidson	Mountain Vista Health Park	60	0	0	60	0	0	0	0	60	0	60
Davidson	Piedmont Crossing	20	0	0	20	0	0	0	0	20	0	20
Davidson	Pine Ridge Health and Rehabilitation Center	14	0	0	14	0	0	0	0	14	0	14
Davidson	Spring Arbor of Thomasville	0	0	62	62	0	0	0	0	62	0	62
	Davidson Totals	**104**	**0**	**473**	**577**	**0**	**5**	**0**	**0**	**582**	**0**	**582**
Davie	Autumn Care of Mocksville (Replacement facility)	0	0	0	0	0	12	0	0	12	0	12
Davie	Autumn Care of Mocksville	12	0	0	12	0	-12	0	0	0	0	0
Davie	Bermuda Commons Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Davie	Bermuda Village Retirement Center	21	0	0	21	0	0	0	0	21	0	21

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Davie	Davie Place Residential Care	0	0	69	69	0	0	0	0	69	0	69
Davie	Somerset Court of Mocksville	0	0	60	60	0	0	0	0	60	0	60
Davie	The Heritage of Cedar Rock	0	0	40	40	0	0	0	0	40	0	40
	Davie Totals	**43**	**0**	**169**	**212**	**0**	**0**	**0**	**0**	**212**	**0**	**212**
Duplin	Autumn Village	0	0	88	88	0	0	0	0	88	0	88
Duplin	DaySpring of Wallace	0	0	80	80	0	0	0	0	80	0	80
Duplin	Golden Care	0	0	30	30	0	0	0	0	30	0	30
Duplin	Rosemary Rest Home	0	0	45	45	0	0	0	0	45	0	45
Duplin	Wallace Gardens	0	0	64	64	0	0	0	0	64	0	64
Duplin	Windham Hall	0	0	80	80	0	0	0	0	80	0	80
	Duplin Totals	**0**	**0**	**387**	**387**	**0**	**0**	**0**	**0**	**387**	**0**	**387**
Durham	Atria Southpoint Walk	0	0	20	20	0	0	0	0	20	0	20
Durham	Brookdale Chapel Hill MC	0	0	38	38	0	0	0	0	38	0	38
Durham	Brookdale Durham	0	0	119	119	0	0	0	0	119	0	119
Durham	Brookdale of Chapel Hill AL (NC)	0	0	70	70	0	0	0	0	70	0	70
Durham	Camellia Gardens	0	0	81	81	0	0	0	0	81	0	81
Durham	Carillon Assisted Living of Durham (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Durham	Carver Living Center	20	0	0	20	0	0	0	0	20	0	20
Durham	Croasdaile Village	0	0	30	30	34	0	0	0	64	17	47
Durham	Durham Ridge Assisted Living	0	0	142	142	0	0	0	0	142	0	142
Durham	Eden Spring Living Center	0	0	19	19	0	0	0	0	19	0	19
Durham	Ellison's Rest Home #1	0	0	29	29	0	0	0	0	29	0	29
Durham	Eno Pointe Assisted Living	0	0	147	147	0	0	0	0	147	0	147
Durham	Hillcrest Convalescent Center	34	0	0	34	0	0	0	0	34	0	34
Durham	Seasons @ Southpoint	0	0	51	51	0	0	0	0	51	0	51
Durham	Spring Arbor of Durham	0	0	60	60	0	0	0	0	60	0	60
Durham	The Forest at Duke	34	0	0	34	0	0	0	0	34	0	34
	Durham Totals	**88**	**0**	**902**	**990**	**34**	**0**	**0**	**0**	**1,024**	**17**	**1.007**
Edgecombe	Heritage Care of Rocky Mount	0	0	126	126	0	0	0	0	126	0	126
Edgecombe	Open Fields Assisted Living	0	0	130	130	0	0	0	0	130	0	130
Edgecombe	The Fountains at The Albemarle	56	0	0	56	0	0	0	0	56	0	56
	Edgecombe Totals	**56**	**0**	**256**	**312**	**0**	**0**	**0**	**0**	**312**	**0**	**312**
Forsyth	Arbor Acres United Methodist Retirement Community	102	0	0	102	4	0	0	0	106	11	95
Forsyth	Brian Center Health & Retirement/Winston Salem	40	0	0	40	0	0	0	0	40	0	40
Forsyth	Brighton Gardens of Winston-Salem	0	0	115	115	0	0	0	0	115	0	115
Forsyth	Brookdale Reynolda Road	0	0	72	72	0	0	0	0	72	0	72
Forsyth	Brookdale Winston-Salem	0	0	38	38	0	0	0	0	38	0	38
Forsyth	Brookridge Retirement Community	36	0	0	36	0	0	0	0	36	0	36

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Forsyth	Brookstone Terrace (Bed transfer from The Crest of Clemmons)	0	0	40	40	0	13	0	0	53	0	53
Forsyth	C R.T. - Golden Lamb Rest Home	0	0	40	40	0	0	0	0	40	0	40
Forsyth	Carillon Assisted Living Of Clemmons (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Forsyth	Clemmons Village I	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Clemmons Village II	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Creekside Manor	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Danby House	0	0	100	100	0	0	0	0	100	0	100
Forsyth	Forest Heights Senior Living Community	0	0	125	125	0	0	0	0	125	0	125
Forsyth	Forsyth Village	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Homestead Hills Asssited Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Integrity Assisted Living	0	0	121	121	0	0	0	0	121	0	121
Forsyth	Kerner Ridge Assisted Living	0	0	66	66	0	0	0	0	66	0	66
Forsyth	Magnolia Creek Assisted Living	0	0	117	117	0	0	0	0	117	0	117
Forsyth	Memory Care of the Triad	0	0	42	42	0	0	0	0	42	0	42
Forsyth	Salem Terrace	0	0	142	142	0	0	0	0	142	0	142
Forsyth	Salemtowne	46	0	0	46	20	0	0	0	66	10	56
Forsyth	Shuler Health Care/Crane Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Phillips Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Pierce Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Record Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Shuler Health Care/Storey Villa	0	0	12	12	0	0	0	0	12	0	12
Forsyth	Somerset Court at University Place	0	0	60	60	0	0	0	0	60	0	60
Forsyth	Southfork	0	0	78	78	0	0	0	0	78	0	78
Forsyth	The Bradford Village of Kernersville - West	0	0	62	62	0	0	0	0	62	0	62
Forsyth	The Crest of Clemmons (Bed transfer to Brookstone Terrace)	0	0	96	96	0	-13	0	0	83	0	83
Forsyth	Trinity Elms	0	0	104	104	0	0	0	0	104	0	104
Forsyth	Verra Spring at Heritage Woods	0	0	29	29	0	0	0	0	29	0	29
Forsyth	Vienna Village	0	0	90	90	0	0	0	0	90	0	90
Forsyth Totals		**224**	**0**	**2,005**	**2,229**	**24**	**0**	**0**	**0**	**2,253**	**21**	**2,232**
Franklin	Autumn Wind Assisted Living of Louisburg	0	0	60	60	0	0	0	0	60	0	60
Franklin	Essex Manor Assisted Living Facility	0	0	56	56	0	0	0	0	56	0	56
Franklin	Franklin Manor Assisted Living Center	0	0	54	54	0	0	0	0	54	0	54
Franklin	Franklin Oaks Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Franklin	Louisburg Manor	0	0	60	60	0	0	0	0	60	0	60
Franklin Totals		**10**	**0**	**230**	**240**	**0**	**0**	**0**	**0**	**240**	**0**	**240**
Gaston	Alexandria Place	40	0	0	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Gaston	Belaire Health Care Center (Closed. Bed transfer to Country Time Inn.)	0	0	20	20	0	-20	0	0	0	0	0
Gaston	Brookdale New Hope	0	0	86	86	0	0	0	0	86	0	86
Gaston	Brookdale Robinwood	0	0	89	89	0	0	0	0	89	0	89
Gaston	Brookdale Union	0	0	78	78	0	0	0	0	78	0	78
Gaston	Carillon Assisted Living of Cramer Mountain (Beds awarded per settlement agreement from 2000 & 2007)	0	0	128	128	0	0	0	0	128	0	128
Gaston	Carolina Care Center	12	0	0	12	0	0	0	0	12	0	12
Gaston	Country Time Inn (Bed transfer from Belaire Health Care Center.)	0	0	59	59	0	20	0	0	79	0	79
Gaston	Courtland Terrace	19	0	0	19	0	0	0	0	19	0	19
Gaston	Covenant Village	42	0	0	42	0	0	0	0	42	0	42
Gaston	Heritage Oaks Assisted Living	0	0	86	86	0	0	0	0	86	0	86
Gaston	Morningside of Gastonia	0	0	105	105	0	0	0	0	105	0	105
Gaston	Peak Resources-Cherryville	57	0	0	57	0	0	0	0	57	0	57
Gaston	Rosewood Assisted Living	0	0	48	48	0	0	0	0	48	0	48
Gaston	Somerset Court of Cherryville	0	0	60	60	0	0	0	0	60	0	60
Gaston	Stanley Total Living Center	24	0	0	24	30	0	0	0	54	15	39
Gaston	Terrace Ridge Assisted Living	0	0	74	74	0	0	0	0	74	0	74
Gaston	Wellington House	0	0	48	48	0	0	0	0	48	0	48
Gaston	Woodlawn Haven	0	0	80	80	0	0	0	0	80	0	80
Gaston Totals		**194**	**0**	**961**	**1,155**	**30**	**0**	**0**	**0**	**1,185**	**15**	**1,170**
Gates	Down East Living & Rehab Center	10	0	0	10	0	0	0	0	10	0	10
Gates	Gates House	0	0	70	70	0	0	0	0	70	0	70
Gates Totals		**10**	**0**	**70**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Graham	Graham Healthcare and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
Graham Totals		**23**	**0**	**0**	**23**	**0**	**0**	**0**	**0**	**23**	**0**	**23**
Granville	Granville House	0	0	60	60	0	0	0	0	60	0	60
Granville	Heritage Meadows Long Term Care Facility	0	0	80	80	0	0	0	0	80	0	80
Granville	Pine Gardens Adult Care	0	0	31	31	0	0	0	0	31	0	31
Granville	Summit Communities	0	0	60	60	0	0	0	0	60	0	60
Granville	Universal Health Care/Oxford	20	0	0	20	0	0	0	0	20	0	20
Granville Totals		**20**	**0**	**231**	**251**	**0**	**0**	**0**	**0**	**251**	**0**	**251**
Greene	Greendale Forest Nursing & Rehabilitation Center	17	0	0	17	0	0	0	0	17	0	17
Greene	Snow Hill Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Greene Totals		**17**	**0**	**40**	**57**	**0**	**0**	**0**	**0**	**57**	**0**	**57**
Guilford	Abbotswood at Irving Park Assisted Living (Replacement facility. Relocated 22 beds from Bell House and 26 beds from Elm Villa.)	0	0	28	28	0	48	0	0	76	0	76
Guilford	Arbor Care Assisted Living	0	0	92	92	0	0	0	0	92	0	92

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Guilford	Bell House (Closed.)	0	0	22	22	0	-22	0	0	0	0	0
Guilford	Blumenthal Nursing & Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Guilford	Brighton Gardens of Greensboro	0	0	125	125	0	0	0	0	125	0	125
Guilford	Brookdale High Point	0	0	82	82	0	0	0	0	82	0	82
Guilford	Brookdale High Point North	0	0	65	65	0	0	0	0	65	0	65
Guilford	Brookdale High Point North AL (NC)	0	0	102	102	0	0	0	0	102	0	102
Guilford	Brookdale Lawndale Park	0	0	118	118	0	0	0	0	118	0	118
Guilford	Brookdale Northwest Greensboro	0	0	81	81	0	0	0	0	81	0	81
Guilford	Brookdale Skeet Club	0	0	79	79	0	0	0	0	79	0	79
Guilford	Carriage House Senior Living Community	0	0	108	108	0	0	0	0	108	0	108
Guilford	Clapp's Assisted Living	0	0	30	30	0	0	0	0	30	0	30
Guilford	Countryside Manor Inc	16	0	0	16	0	0	0	0	16	0	16
Guilford	Elm Villa (Relocating 26 beds to Abbotswood at Irving Park and 18 beds to The Aboretum at Heritage Green.)	0	0	44	44	0	-44	0	0	0	0	0
Guilford	Friends Homes at Guilford	60	0	0	60	0	0	0	0	60	0	60
Guilford	Friends Homes West	40	0	0	40	0	0	0	0	40	0	40
Guilford	Greensboro Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Guilford	Guilford House	0	0	60	60	0	0	0	0	60	0	60
Guilford	Heartland Living & Rehab @ The Moses H Cone Mem Hos	37	0	0	37	0	0	0	0	37	0	37
Guilford	Lawson's Adult Enrichment Center	0	0	18	18	0	0	0	0	18	0	18
Guilford	Long's Rest Home for Aged	0	0	12	12	0	0	0	0	12	0	12
Guilford	Maple Grove Health and Rehabilitation Center	40	0	0	40	0	0	0	0	40	0	40
Guilford	Maryfield Nursing Home	36	0	0	36	0	0	0	0	36	13	23
Guilford	Morningview at Irving Park	0	0	105	105	0	0	0	0	105	0	105
Guilford	Piedmont Christian Home	0	0	93	93	0	0	0	0	93	0	93
Guilford	Richland Place	0	0	70	70	0	0	0	0	70	0	70
Guilford	River Landing at Sandy Ridge	56	0	0	56	0	0	0	0	56	0	56
Guilford	Spring Arbor of Greensboro	0	0	100	100	0	0	0	0	100	0	100
Guilford	St. Gales Estates	0	0	60	60	0	0	0	0	60	0	60
Guilford	The Arboretum at Heritage Greens (Bed transfer from Elm Villa)	0	0	48	48	0	18	0	0	66	0	66
Guilford	Verra Springs at Heritage Greens	0	0	45	45	0	0	0	0	45	0	45
Guilford	Wellington Oaks	0	0	114	114	0	0	0	0	114	0	114
Guilford	Well-Spring	72	0	0	72	0	0	0	0	72	0	72
Guilford	Westchester Harbour	0	0	90	90	0	0	0	0	90	0	90
Guilford	WhiteStone: A Masonic and Eastern Star Community	12	0	0	12	0	0	0	0	12	0	12
Guilford	Woodland Place - Greensboro	0	0	96	96	0	0	0	0	96	0	96
Guilford Totals		**389**	**0**	**1,951**	**2,340**	**0**	**0**	**0**	**0**	**2,340**	**13**	**2,327**
Halifax	Carolina Rest Home	0	0	40	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Halifax	Liberty Commons Nsg and Rehab Ctr of Halifax County	25	0	0	25	0	0	0	0	25	0	25
Halifax	Our Community Hospital, Inc.	0	20	0	20	0	0	0	0	20	0	20
Halifax	Woodhaven Rest Home #1 (Closed.)	0	0	60	60	0	-60	0	0	0	0	0
Halifax	Woodhaven Rest Home #1 (Replacement facility.)	0	0	0	0	0	60	0	0	60	0	60
Halifax	Woodhaven Rest Home #2	0	0	60	60	0	0	0	0	60	0	60
	Halifax Totals	**25**	**20**	**160**	**205**	**0**	**0**	**0**	**0**	**205**	**0**	**205**
Harnett	Absolute Care Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Harnett	Absolute Care Assisted Living II	0	0	12	12	0	0	0	0	12	0	12
Harnett	Alzheimer's Related Care	0	0	36	36	0	0	0	0	36	0	36
Harnett	Cornerstone Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8
Harnett	Grean Leaf Care Center	0	0	105	105	0	0	0	0	105	0	105
Harnett	Johnson Better Care Facility	0	0	50	50	0	0	0	0	50	0	50
Harnett	Oak Hill Living Center	0	0	122	122	0	0	0	0	122	0	122
Harnett	Pinecrest Gardens	0	0	60	60	0	0	0	0	60	0	60
Harnett	Senior Citizens Village	0	0	65	65	0	0	0	0	65	0	65
Harnett	Senter's Rest Home	0	0	50	50	0	0	0	0	50	0	50
Harnett	Stage Coach Manor	0	0	40	40	0	0	0	0	40	0	40
Harnett	Universal Health Care Lillington	106	0	0	106	0	0	0	0	106	0	106
Harnett	Unprecedented Care	0	0	12	12	0	0	0	0	12	0	12
	Harnett Totals	**114**	**0**	**564**	**678**	**0**	**0**	**0**	**0**	**678**	**0**	**678**
Haywood	Autumn Care of Waynesville	10	0	0	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Rest Home #1	0	0	10	10	0	0	0	0	10	0	10
Haywood	Chestnut Park Retirement Center	0	0	20	20	0	0	0	0	20	0	20
Haywood	Creekside Villas	0	0	20	20	0	0	0	0	20	0	20
Haywood	Haywood House	0	0	60	60	0	0	0	0	60	0	60
Haywood	Haywood Lodge and Retirement Center	0	0	68	68	0	0	0	0	68	0	68
Haywood	McCracken Rest Home	0	0	22	22	0	0	0	0	22	0	22
Haywood	Pigeon Valley Rest Home	0	0	29	29	0	0	0	0	29	0	29
Haywood	Richland Community Care #2	0	0	11	11	0	0	0	0	11	0	11
Haywood	Silver Bluff LLC	13	0	0	13	0	0	0	0	13	0	13
Haywood	Spicewood Cottages Elms	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Oaks	0	0	20	20	0	0	0	0	20	0	20
Haywood	Spicewood Cottages Willows	0	0	20	20	0	0	0	0	20	0	20
	Haywood Totals	**23**	**0**	**300**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Henderson	Blue Ridge Retirement	0	0	43	43	0	0	0	0	43	0	43
Henderson	Brookdale Heritage Circle	0	0	24	24	0	0	0	0	24	0	24
Henderson	Cardinal Care Center - Hendersonville	0	0	60	60	0	0	0	0	60	0	60
Henderson	Carillon Assisted Living Of Hendersonville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Henderson	Carolina Village	0	0	60	60	0	0	0	0	60	16	44
Henderson	Cherry Springs Village	0	0	60	60	0	0	0	0	60	0	60
Henderson	Country Meadow Rest Home (Transfer to Winchester House)	0	0	15	15	0	-15	0	0	0	0	0
Henderson	Henderson's Assisted Living	0	0	26	26	0	0	0	0	26	0	26
Henderson	McCullough's Rest Home	0	0	13	13	0	0	0	0	13	0	13
Henderson	Mountain View Assisted Living	0	0	27	27	0	0	0	0	27	0	27
Henderson	Spring Arbor of Hendersonville	0	0	61	61	0	0	0	0	61	0	61
Henderson	Spring Arbor West	0	0	48	48	0	0	0	0	48	0	48
Henderson	The Laurels of Hendersonville	20	0	0	20	0	0	0	0	20	0	20
Henderson	Winchester House (Replacement facility. Winchester House #1 (30); Winchester House #2 (10); Country Meadows Rest Home (15); Nana's Assisted Living {Buncombe Co} (25))	0	0	0	0	0	80	0	0	80	0	80
Henderson	Winchester House #1	0	0	30	30	0	-30	0	0	0	0	0
Henderson	Winchester House #2	0	0	10	10	0	-10	0	0	0	0	0
Henderson Totals		**20**	**0**	**573**	**593**	**0**	**25**	**0**	**0**	**618**	**16**	**602**
Hertford	Ahoskie House	0	0	60	60	0	0	0	0	60	0	60
Hertford	Pinewood Manor	0	0	92	92	0	0	0	0	92	0	92
Hertford	Twin Oaks and Twins Adult Home	0	0	21	21	0	0	0	0	21	0	21
Hertford Totals		**0**	**0**	**173**	**173**	**0**	**0**	**0**	**0**	**173**	**0**	**173**
Hoke	Autumn Care of Raeford	8	0	0	8	0	0	0	0	8	0	8
Hoke	Open Arms Retirement Center	0	0	90	90	0	0	0	0	90	0	90
Hoke	The Crossings at Wayside	0	0	75	75	0	0	0	0	75	0	75
Hoke Totals		**8**	**0**	**165**	**173**	**0**	**0**	**0**	**0**	**173**	**0**	**173**
Hyde/Tyrrell	Tyrrell House	0	0	50	50	0	0	0	0	50	0	50
Hyde/Tyrrell Totals		**0**	**0**	**50**	**50**	**0**	**0**	**0**	**0**	**50**	**0**	**50**
Iredell	Aurora of Statesville	0	0	80	80	0	0	0	0	80	0	80
Iredell	Autumn Care of Statesville	10	0	0	10	0	0	0	0	10	0	10
Iredell	Brookdale Churchill	0	0	120	120	0	0	0	0	120	0	120
Iredell	Brookdale East Broad	0	0	58	58	0	0	0	0	58	0	58
Iredell	Brookdale Peachtree	0	0	40	40	0	0	0	0	40	0	40
Iredell	Brookdale Peachtree	0	0	87	87	0	0	0	0	87	0	87
Iredell	Carillon Assisted Living of Mooresville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Iredell	Crown Colony	0	0	60	60	0	0	0	0	60	0	60
Iredell	Heritage Place Adult Living Center	0	0	40	40	0	0	0	0	40	0	40
Iredell	Jurney's Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Iredell	Maple Leaf Health Care	8	0	0	8	0	0	0	0	8	0	8
Iredell	Mooresville Center	30	0	0	30	0	0	0	0	30	0	30
Iredell	Olin Village	0	0	64	64	0	0	0	0	64	0	64

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Iredell	Rosewood Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Iredell	Summit Place of Mooresville	0	0	60	60	0	0	0	0	60	0	60
Iredell	The Gardens of Statesville	0	0	67	67	0	0	0	0	67	0	67
	Iredell Totals	**48**	**0**	**886**	**934**	**0**	**0**	**0**	**0**	**934**	**0**	**934**
Jackson	Morningstar Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Jackson	The Hermitage	0	0	90	90	0	0	0	0	90	0	90
	Jackson Totals	**0**	**0**	**145**	**145**	**0**	**0**	**0**	**0**	**145**	**0**	**145**
Johnston	Autumn Home Care of Johnston County I	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Home Care of Johnston County II	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Home Care of Johnston County III	0	0	12	12	0	0	0	0	12	0	12
Johnston	Autumn Wind Assisted Living	0	0	20	20	0	0	0	0	20	0	20
Johnston	Brookdale Smithfield	0	0	74	74	0	0	0	0	74	0	74
Johnston	Cardinal Care Assisted Living Village #1 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #2 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #3 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #4 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #5 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Cardinal Care Assisted Living Village #6 (Closed. Transfer to Johnston Manor)	0	0	12	12	0	-12	0	0	0	0	0
Johnston	Classic Care Homes	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 103	0	0	12	12	0	0	0	0	12	0	12
Johnston	Classic Care Homes 105	0	0	12	12	0	0	0	0	12	0	12
Johnston	Clayton House	0	0	60	60	0	0	0	0	60	0	60
Johnston	Four Oaks Senior Living	0	0	96	96	0	0	0	0	96	0	96
Johnston	Gabriel Manor Assisted Living Center	0	0	77	77	0	0	0	0	77	0	77
Johnston	Johnston Manor (Replacement facility.)	0	0	0	0	0	132	0	0	132	0	132
Johnston	Liberty Commons Nsg and Rehab Ctr of Johnston Cty	60	0	0	60	0	0	0	0	60	0	60
Johnston	McLamb's Rest Home	0	0	12	12	0	0	0	0	12	0	12
Johnston	McLamb's Rest Home #2	0	0	12	12	0	0	0	0	12	0	12
Johnston	Meadowview Assisted Living Center	0	0	60	60	0	0	0	0	60	0	60
Johnston	Progressive Care of Princeton	0	0	12	12	0	0	0	0	12	0	12
Johnston	Smithfield House West (Closed. Transfer to Johnston Manor.)	0	0	60	60	0	-60	0	0	0	0	0
Johnston	Smithfield Manor Nursing and Rehab	20	0	0	20	0	0	0	0	20	0	20
	Johnston Totals	**80**	**0**	**627**	**707**	**0**	**0**	**0**	**0**	**707**	**0**	**707**
Jones	Brook Stone Living Center	20	0	0	20	0	0	0	0	20	0	20

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Jones Totals		**20**	**0**	**0**	**20**	**0**	**0**	**0**	**0**	**20**	**0**	**20**
Lee	A Step from Home Residential Care Facility (Beds transferred to Westfield Rehabilitation and Health Center)	0	0	20	20	0	-20	0	0	0	0	0
Lee	Magnolia House Retirement Center	0	0	85	85	0	0	0	0	85	0	85
Lee	Oakhaven Home	0	0	40	40	0	0	0	0	40	0	40
Lee	Oakhaven II	0	0	12	12	0	0	0	0	12	0	12
Lee	Parkview Retirement Center	0	0	116	116	0	0	0	0	116	0	116
Lee	Royal Oaks Assisted Living	0	0	50	50	0	0	0	0	50	0	50
Lee	Westfield Rehabilitation and Health Center	0	0	0	0	0	20	0	0	20	0	20
Lee Totals		**0**	**0**	**323**	**323**	**0**	**0**	**0**	**0**	**323**	**0**	**323**
Lenoir	Care One Memory Unit of Kinston	0	0	24	24	0	0	0	0	24	0	24
Lenoir	Kinston Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Lenoir	Lenoir Assisted Living	0	0	94	94	0	0	0	0	94	0	94
Lenoir	Spring Arbor of Kinston	0	0	86	86	0	0	0	0	86	0	86
Lenoir	The Village of Kinston	0	0	63	63	0	0	0	0	63	0	63
Lenoir Totals		**0**	**0**	**327**	**327**	**0**	**0**	**0**	**0**	**327**	**0**	**327**
Lincoln	Amazing Grace Rest Home	0	0	10	10	0	0	0	0	10	0	10
Lincoln	Boger City Rest Home	0	0	52	52	0	0	0	0	52	0	52
Lincoln	Brian Center Health & Retirement/Lincolnton	11	0	0	11	0	0	0	0	11	0	11
Lincoln	Cardinal Healthcare and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Lincoln	Carillon Assisted Living of Lincolnton (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Lincoln	Heath House	0	0	60	60	0	0	0	0	60	0	60
Lincoln	Lakewood Care Center	0	0	60	60	0	0	0	0	60	0	60
Lincoln	North Brook Rest Home	0	0	12	12	0	0	0	0	12	0	12
Lincoln	Wexford House	0	0	60	60	0	0	0	0	60	0	60
Lincoln Totals		**31**	**0**	**350**	**381**	**0**	**0**	**0**	**0**	**381**	**0**	**381**
Macon	Chestnut Hill of Highlands	0	0	26	26	0	0	0	0	26	0	26
Macon	Franklin House	0	0	70	70	0	0	0	0	70	0	70
Macon	Grandview Manor Care Center	0	0	82	82	0	0	0	0	82	0	82
Macon Totals		**0**	**0**	**178**	**178**	**0**	**0**	**0**	**0**	**178**	**0**	**178**
Madison	Elderberry Health Care	20	0	0	20	0	0	0	0	20	0	20
Madison	Mars Hill Retirement Community	0	0	69	69	0	0	0	0	69	0	69
Madison Totals		**20**	**0**	**69**	**89**	**0**	**0**	**0**	**0**	**89**	**0**	**89**
Martin	Vintage Inn Retirement Community	0	0	122	122	0	0	0	0	122	0	122
Martin	Williamston House	0	0	60	60	0	0	0	0	60	0	60
Martin Totals		**0**	**0**	**182**	**182**	**0**	**0**	**0**	**0**	**182**	**0**	**182**
McDowell	Autumn Care of Marion	15	0	0	15	0	0	0	0	15	0	15
McDowell	Cedarbrook Residential Center	0	0	80	80	0	0	0	0	80	0	80

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
McDowell	Houston House	0	0	29	29	0	0	0	0	29	0	29
McDowell	Lake James Lodge Assisted Living	0	0	60	60	0	0	0	0	60	0	60
McDowell	McDowell Assisted Living	0	0	54	54	0	0	0	0	54	0	54
McDowell	McDowell House	0	0	25	25	0	0	0	0	25	0	25
McDowell	Rose Hill Retirement Community	0	0	87	87	0	0	0	0	87	0	87
	McDowell Totals	**15**	**0**	**335**	**350**	**0**	**0**	**0**	**0**	**350**	**0**	**350**
Mecklenburg	Atria Merrywood	0	0	20	20	0	0	0	0	20	0	20
Mecklenburg	Brighton Gardens of Charlotte	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Brookdale Carriage Club Providence I (Bed transfer to Brookdale South Charlotte)	0	0	77	77	0	-6	0	0	71	0	71
Mecklenburg	Brookdale Carriage Club Providence II	0	0	34	34	0	0	0	0	34	0	34
Mecklenburg	Brookdale Charlotte East	0	0	50	50	0	0	0	0	50	0	50
Mecklenburg	Brookdale Cotswold	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	Brookdale Place Weddington Park	0	0	83	83	0	0	0	0	83	0	83
Mecklenburg	Brookdale South Charlotte (Bed transfer from Brookdale Carriage Clun Providence I)	0	0	82	82	0	6	0	0	88	0	88
Mecklenburg	Brookdale South Park	0	0	56	56	0	0	0	0	56	0	56
Mecklenburg	Carillion Assisted Living of Huntersville (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Mecklenburg	Carillon Assisted Living of Mint Hill (Beds awarded per settlement agreement from 2000 & 2007)	0	0	0	0	96	0	0	0	96	0	96
Mecklenburg	Carmel Hills	0	0	38	38	0	0	0	0	38	0	38
Mecklenburg	Carrington Place	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Charlotte Manor (Bed transfer to Waltonwood Cotswold)	0	0	40	40	0	-40	0	0	0	0	0
Mecklenburg	Charlotte Square	0	0	125	125	0	0	0	0	125	0	125
Mecklenburg	Cuthbertson Village at Aldersgate	0	0	61	61	0	0	0	0	61	8	53
Mecklenburg	East Towne	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Elmcroft of Little Avenue	0	0	62	62	0	0	0	0	62	0	62
Mecklenburg	Hunter Village	0	0	68	68	0	0	0	0	68	0	68
Mecklenburg	Hunter Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Lawyers Glen Retirement Living Center	0	0	82	82	0	0	0	0	82	0	82
Mecklenburg	Legacy Heights Senior Living Community	0	0	122	122	0	0	0	0	122	0	122
Mecklenburg	Northlake House	0	0	48	48	0	0	0	0	48	0	48
Mecklenburg	Parker Terrace	0	0	53	53	0	0	0	0	53	0	53
Mecklenburg	Pineville Rehabilitation and Living Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Preston House	0	0	40	40	40	0	0	0	80	0	80
Mecklenburg	Queen City Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Radbourne Manor III	0	0	12	12	0	-12	0	0	0	0	0
Mecklenburg	Radbourne Manor Village	0	0	0	0	0	12	0	0	12	0	12
Mecklenburg	Ranson Ridge at the Villages of Mecklenburg	0	0	100	100	0	0	0	0	100	0	100

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Mecklenburg	Regency Retirement Village	0	0	119	119	0	0	0	0	119	0	119
Mecklenburg	Saturn Nursing and Rehabilitation Center	20	0	0	20	0	0	0	0	20	0	20
Mecklenburg	Sharon Towers	40	0	0	40	0	0	0	0	40	0	40
Mecklenburg	Southminster	25	0	0	25	0	0	0	0	25	0	25
Mecklenburg	St. Margaret's of Trevi Village	0	0	0	0	52	0	0	0	52	26	26
Mecklenburg	Summit Place of Southpark	0	0	120	120	0	0	0	0	120	0	120
Mecklenburg	Sunrise on Providence	0	0	95	95	0	0	0	0	95	0	95
Mecklenburg	The Crossings at Steele Creek	0	0	90	90	0	0	0	0	90	0	90
Mecklenburg	The Haven in Highland Creek	0	0	60	60	0	0	0	0	60	0	60
Mecklenburg	The Haven in the Village at Carolina Place	0	0	60	60	0	0	0	0	60	0	60
Mecklenburg	The Laurels in Highland Creek	0	0	105	105	0	0	0	0	105	0	105
Mecklenburg	The Laurels in the Village at Carolina Place	0	0	104	104	0	0	0	0	104	0	104
Mecklenburg	The Little Flower Assisted Living	0	0	49	49	0	0	0	0	49	0	49
Mecklenburg	The Parc at Sharon Amity	0	0	64	64	0	0	0	0	64	0	64
Mecklenburg	The Pines at Davidson	30	0	0	30	0	0	0	0	30	5	25
Mecklenburg	The Terrace at Brightmore of South Charlotte	0	0	30	30	0	0	0	0	30	0	30
Mecklenburg	University Place Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Mecklenburg	Waltonwood at Providence	0	0	80	80	0	0	0	0	80	0	80
Mecklenburg	Waltonwood Cotswold (Bed transfer from Charlotte Manor + 85 bed per settlement agreement.)	0	0	0	0	85	40	0	0	125	0	125
Mecklenburg	Willow Ridge Assisted Living	0	0	52	52	0	0	0	0	52	0	52
Mecklenburg	WillowBrooke Court SC Ctr at Plantation Estates	60	0	0	60	0	0	0	0	60	10	50
Mecklenburg	Wilora Lake Healthcare Center	20	0	0	20	0	0	0	0	20	0	20
	Mecklenburg Totals	**235**	**0**	**2,846**	**3,081**	**273**	**0**	**0**	**0**	**3,354**	**49**	**3,305**
Mitchell	Mitchell House	0	0	80	80	0	0	0	0	80	0	80
	Mitchell Totals	**0**	**0**	**80**	**80**	**0**	**0**	**0**	**0**	**80**	**0**	**80**
Montgomery	Autumn Care of Biscoe	10	0	0	10	0	0	0	0	10	0	10
Montgomery	Brookstone Haven of Star Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Montgomery	Poplar Springs Assisted Living	0	0	12	12	0	0	0	0	12	0	12
Montgomery	Sandy Ridge Assisted Living	0	0	104	104	0	0	0	0	104	0	104
	Montgomery Totals	**10**	**0**	**170**	**180**	**0**	**0**	**0**	**0**	**180**	**0**	**180**
Moore	Brookdale Pinehurst	0	0	76	76	0	0	0	0	76	0	76
Moore	Elmcroft of Southern Pines	0	0	94	94	0	0	0	0	94	0	94
Moore	Fox Hollow Senior Living Community	0	0	85	85	0	0	0	0	85	0	85
Moore	Inn at Quail Haven Village	0	0	0	0	0	10	0	0	10	0	10
Moore	KingsWood Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Moore	Magnolia Gardens	0	0	110	110	0	0	0	0	110	0	110
Moore	Peak Resources - Pinelake	20	0	0	20	0	0	0	0	20	0	20
Moore	Penick Village	42	0	0	42	0	0	0	0	42	0	42

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Moore	Seven Lakes Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Moore	Tara Plantation of Carthage	0	0	80	80	0	0	0	0	80	0	80
Moore	The Coventry	0	0	60	60	0	0	0	0	60	18	42
	Moore Totals	**72**	**0**	**565**	**637**	**0**	**10**	**0**	**0**	**647**	**18**	**629**
Nash	Autumn Care of Nash	20	0	0	20	0	0	0	0	20	0	20
Nash	Brekenridge Retirement Center	0	0	64	64	0	0	0	0	64	0	64
Nash	Brookdale Rocky Mount	0	0	60	60	0	0	0	0	60	0	60
Nash	Hunter Hill Assisted Living	0	0	64	64	0	0	0	0	64	0	64
Nash	Hunter Hills Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Nash	Somerset Court of Rocky Mount	0	0	60	60	0	0	0	0	60	0	60
Nash	South Village (Replacement facility for South Village)	0	0	0	0	0	15	0	0	15	0	15
Nash	South Village	15	0	0	15	0	-15	0	0	0	0	0
Nash	Spring Arbor of Rocky Mount	0	0	84	84	0	0	0	0	84	0	84
Nash	Trinity Retirement Villas #1	0	0	12	12	0	0	0	0	12	0	12
Nash	Trinity Retirement Villas #2	0	0	12	12	0	0	0	0	12	0	12
Nash	Universal Health Care/Nashville ****	122	0	0	122	0	0	0	0	122	0	122
	Nash Totals	**166**	**0**	**356**	**522**	**0**	**0**	**0**	**0**	**522**	**0**	**522**
New Hanover	Autumn Care of Myrtle Grove	20	0	0	20	0	0	0	0	20	0	20
New Hanover	Bradley Creek Health Center at Carolina Bay	70	0	0	70	0	0	0	0	70	9	61
New Hanover	Brookdale Wilmington	0	0	38	38	0	0	0	0	38	0	38
New Hanover	Castle Creek Memory Care	0	0	84	84	0	0	0	0	84	0	84
New Hanover	Cedar Cove Assisted Living	0	0	64	64	0	0	0	0	64	0	64
New Hanover	Champions Assisted Living	0	0	148	148	0	0	0	0	148	0	148
New Hanover	Fannie Norwood Memorial Home	0	0	16	16	0	0	0	0	16	0	16
New Hanover	Liberty Commons Rehabilitation Center (Transfer from Port South)	40	0	0	40	0	72	0	0	112	0	112
New Hanover	Morningside of Wilmington	0	0	101	101	0	0	0	0	101	0	101
New Hanover	New Hanover House	0	0	61	61	0	0	0	0	61	0	61
New Hanover	Port South Village/Carmen D. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Catherine S. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Crystal L. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Lorraine B. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Tara L. Villa (Cloded. Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Port South Village/Teresa C. Villa (Closed, Transfer to Liberty Commons Rehabilitation Center)	0	0	12	12	0	-12	0	0	0	0	0
New Hanover	Sherwood Manor Rest Home	0	0	40	40	0	0	0	0	40	0	40

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
New Hanover	Spring Arbor of Wilmington	0	0	66	66	0	0	0	0	66	0	66
New Hanover	The Commons at Brightmore	0	0	201	201	0	0	0	0	201	0	201
New Hanover	The Kempton at Brightmore	0	0	84	84	0	0	0	0	84	0	84
	New Hanover Totals	**130**	**0**	**975**	**1,105**	**0**	**0**	**0**	**0**	**1,105**	**9**	**1,096**
Northampton	Hampton Manor	0	0	82	82	0	0	0	0	82	0	82
Northampton	Pine Forest Rest Home	0	0	24	24	0	0	0	0	24	0	24
Northampton	Rich Square Manor	0	0	32	32	0	0	0	0	32	0	32
Northampton	Rich Square Villa	0	0	38	38	0	0	0	0	38	0	38
Northampton	The Oaks at Pleasant Hill	0	0	66	66	0	0	0	0	66	0	66
	Northampton Totals	**0**	**0**	**242**	**242**	**0**	**0**	**0**	**0**	**242**	**0**	**242**
Onslow	Liberty Commons Assisted Living	0	0	79	79	0	0	0	0	79	0	79
Onslow	Lighthouse Village	0	0	80	80	0	0	0	0	80	0	80
Onslow	Onslow Assisted Living	0	0	40	40	0	0	0	0	40	0	40
Onslow	Onslow House	0	0	160	160	0	0	0	0	160	0	160
Onslow	Premier Nursing and Rehabilitation Center	7	0	0	7	0	0	0	0	7	0	7
Onslow	The Arc Community	0	0	32	32	0	0	0	0	32	0	32
Onslow	The Heritage of Richlands	0	0	40	40	0	0	0	0	40	0	40
	Onslow Totals	**7**	**0**	**431**	**438**	**0**	**0**	**0**	**0**	**438**	**0**	**438**
Orange	Brookdale Meadowmont	0	0	64	64	0	0	0	0	64	0	64
Orange	Brookshire Nursing Center	20	0	0	20	0	0	0	0	20	0	20
Orange	Carillon Assisted Living of Hillsborough (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Orange	Carol Woods	65	0	0	65	0	0	0	0	65	0	65
Orange	Carol Woods Retirement Community - Building 6	0	0	12	12	0	0	0	0	12	0	12
Orange	Carol Woods Retirement Community - Building 7	0	0	12	12	0	0	0	0	12	0	12
Orange	Crescent Green of Carrboro	0	0	120	120	0	0	0	0	120	0	120
Orange	Legion Road Healthcare	7	0	0	7	0	0	0	0	7	0	7
Orange	The Stratford	0	0	77	77	0	0	0	0	77	0	77
Orange	Villines Rest Home	0	0	17	17	0	0	0	0	17	0	17
	Orange Totals	**92**	**0**	**398**	**490**	**0**	**0**	**0**	**0**	**490**	**0**	**490**
Pamlico	Grantsbrook Nursing and Rehabilitation Center	8	0	0	8	0	0	0	0	8	0	8
Pamlico	The Gardens of Pamlico	0	0	40	40	30	0	0	0	70	0	70
	Pamlico Totals	**8**	**0**	**40**	**48**	**30**	**0**	**0**	**0**	**78**	**0**	**78**
Pasquotank	Brookdale Elizabeth City	0	0	76	76	0	0	0	0	76	0	76
Pasquotank	Heritage Care of Elizabeth City	0	0	60	60	0	0	0	0	60	0	60
Pasquotank	Waterbrooke of Elizabeth City	0	0	130	130	0	0	0	0	130	0	130
	Pasquotank Totals	**0**	**0**	**266**	**266**	**0**	**0**	**0**	**0**	**266**	**0**	**266**
Pender	Ashe Gardens	0	0	60	60	0	0	0	0	60	0	60

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Pender	Pen-Du Rest Home	0	0	19	19	0	0	0	0	19	0	19
Pender	The Village on Campbell	23	0	0	23	0	0	0	0	23	0	23
Pender	Woodbury Wellness Center Inc	100	0	0	100	0	0	0	0	100	0	100
Pender Totals		**123**	**0**	**79**	**202**	**0**	**0**	**0**	**0**	**202**	**0**	**202**
Perquimans	Hertford House	0	0	0	0	50	0	0	0	50	0	50
Perquimans	Hertford Manor	0	0	24	24	0	0	0	0	24	0	24
Perquimans Totals		**0**	**0**	**24**	**24**	**50**	**0**	**0**	**0**	**74**	**0**	**74**
Person	Cambridge Hills Assisted Living	0	0	120	120	0	0	0	0	120	0	120
Person	Maple Heights Assisted Living	0	0	34	34	0	0	0	0	34	0	34
Person	The Canterbury House	0	0	60	60	0	0	0	0	60	0	60
Person Totals		**0**	**0**	**214**	**214**	**0**	**0**	**0**	**0**	**214**	**0**	**214**
Pitt	Brookdale Dickinson Avenue	0	0	76	76	0	0	0	0	76	0	76
Pitt	Brookdale W. Arlington Boulevard	0	0	60	60	0	0	0	0	60	0	60
Pitt	Cypress Glen Retirement Community	30	0	0	30	0	0	0	0	30	0	30
Pitt	Cypress Glen Retirement Community Memory Care Cottage	0	0	12	12	0	0	0	0	12	6	6
Pitt	Dixon House	0	0	80	80	0	0	0	0	80	0	80
Pitt	East Carolina Rehab and Wellness	20	0	0	20	0	0	0	0	20	0	20
Pitt	Oak Haven Assisted Living	0	0	54	54	0	0	0	0	54	0	54
Pitt	Red Oak Assisted Living	0	0	62	62	0	0	0	0	62	0	62
Pitt	Southern Living Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Pitt	Spring Arbor of Greenville	0	0	66	66	0	0	0	0	66	0	66
Pitt	Winterville Manor	0	0	29	29	0	0	0	0	29	0	29
Pitt Totals		**50**	**0**	**559**	**609**	**0**	**0**	**0**	**0**	**609**	**6**	**603**
Polk	Laurelwoods	0	0	60	60	0	0	0	0	60	0	60
Polk	Ridge Rest	0	0	12	12	0	0	0	0	12	0	12
Polk	White Oak Manor-Tryon	30	0	0	30	0	0	0	0	30	0	30
Polk	WillowBrooke Court SC Center at Tryon Estates	44	0	0	44	0	0	0	0	44	0	44
Polk Totals		**74**	**0**	**72**	**146**	**0**	**0**	**0**	**0**	**146**	**0**	**146**
Randolph	Brookdale Asheboro	0	0	76	76	0	0	0	0	76	0	76
Randolph	Brookstone Haven	0	0	120	120	0	0	0	0	120	0	120
Randolph	Carillon Assisted Living of Asheboro	0	0	96	96	0	0	0	0	96	0	96
Randolph	Cross Road Retirement Community	0	0	152	152	0	0	0	0	152	0	152
Randolph	North Pointe	0	0	67	67	0	0	0	0	67	0	67
Randolph	North Pointe Assisted Living of Archdale	0	0	56	56	0	0	0	0	56	0	56
Randolph	Westwood Health and Rehabilitation Center	16	0	0	16	0	0	0	0	16	0	16
Randolph Totals		**16**	**0**	**567**	**583**	**0**	**0**	**0**	**0**	**583**	**0**	**583**
Richmond	Hamlet House	0	0	60	60	0	0	0	0	60	0	60
Richmond	Hermitage Retirement Center of Rockingham	0	0	114	114	0	0	0	0	114	0	114

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Richmond	New Hope Adult Care	0	0	15	15	0	0	0	0	15	0	15
Richmond	Richmond Pines Healthcare and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Richmond Totals		**10**	**0**	**189**	**199**	**0**	**0**	**0**	**0**	**199**	**0**	**199**
Robeson	Covenant Care	0	0	30	30	0	0	0	0	30	0	30
Robeson	Cromartie Spring Village Rest Home	0	0	11	11	0	0	0	0	11	0	11
Robeson	GlenFlora	20	0	0	20	0	0	0	0	20	0	20
Robeson	Greenbrier of Fairmont	0	0	100	100	0	0	0	0	100	0	100
Robeson	Hope Springs	0	0	63	63	0	0	0	0	63	0	63
Robeson	Lumberton Assisted Living	0	0	104	104	0	0	0	0	104	0	104
Robeson	Morning Star AL # 2	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 3	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star AL # 4	0	0	12	12	0	0	0	0	12	0	12
Robeson	Morning Star Assisted Living	0	0	10	10	0	0	0	0	10	0	10
Robeson	Parkton Place	0	0	82	82	0	0	0	0	82	0	82
Robeson	Red Springs Assisted Living	0	0	81	81	0	0	0	0	81	0	81
Robeson	Wesley Pines Retirement Community	42	0	0	42	0	0	0	0	42	0	42
Robeson Totals		**62**	**0**	**517**	**579**	**0**	**0**	**0**	**0**	**579**	**0**	**579**
Rockingham	Brookdale Eden	0	0	82	82	0	0	0	0	82	0	82
Rockingham	Brookdale Reidsville	0	0	76	76	0	0	0	0	76	0	76
Rockingham	Highgrove Long Term Care Center	0	0	62	62	0	0	0	0	62	0	62
Rockingham	Moyer's Assited Living Rockingham	0	0	18	18	0	0	0	0	18	0	18
Rockingham	North Pointe of Mayodan	0	0	70	70	0	0	0	0	70	0	70
Rockingham	Penn Nursing Center	10	0	0	10	0	0	0	0	10	0	10
Rockingham	Pine Forrest Home for the Aged	0	0	58	58	0	0	0	0	58	0	58
Rockingham	Reidsville House (Closed)	0	0	43	43	0	-43	0	0	0	0	0
Rockingham	Reidsville House (Replacement facility)	0	0	0	0	0	43	0	0	43	0	43
Rockingham Totals		**10**	**0**	**409**	**419**	**0**	**0**	**0**	**0**	**419**	**0**	**419**
Rowan	Alpha Concord Plantation (Bed transfer of 5 ACH beds to Grayson Creek (Davidson Co))	0	0	34	34	0	-5	0	0	29	0	29
Rowan	Best Of Care Assisted Living	0	0	25	25	0	0	0	0	25	0	25
Rowan	Bethamy Retirement Center	0	0	43	43	0	0	0	0	43	0	43
Rowan	Big Elm Retirement and Nursing Centers	96	0	0	96	0	0	0	0	96	0	96
Rowan	Brightmoor Nursing Center	43	0	0	43	0	0	0	0	43	0	43
Rowan	Brookdale Salisbury	0	0	88	88	0	0	0	0	88	0	88
Rowan	Carillon Assisted Living of Salisbury (Beds awarded per settlement agreement from 2000 & 2007)	0	0	128	128	0	0	0	0	128	0	128
Rowan	China Grove Retirement Center	0	0	28	28	0	0	0	0	28	0	28
Rowan	Deal Care Inn	0	0	21	21	0	0	0	0	21	0	21
Rowan	Kannon Creek Assisted Living	0	0	106	106	0	0	0	0	106	0	106

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Rowan	Salisbury Center	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Laurels of Salisbury	20	0	0	20	0	0	0	0	20	0	20
Rowan	The Meadows of Rockwell Retirement Center	0	0	120	120	0	0	0	0	120	0	120
Rowan	Trinity Oaks	25	0	0	25	0	-13	0	0	12	0	12
Rowan	Trinity Oaks Continuing Care Retirement Community	0	0	20	20	5	13	0	0	38	3	35
Rowan	Veranda Residential Care	0	0	89	89	0	0	0	0	89	0	89
	Rowan Totals	**204**	**0**	**702**	**906**	**5**	**-5**	**0**	**0**	**906**	**3**	**903**
Rutherford	Brookdale Forest City	0	0	76	76	0	0	0	0	76	0	76
Rutherford	Colonial Manor Rest Home	0	0	34	34	0	0	0	0	34	0	34
Rutherford	Fair Haven Home	37	0	0	37	0	0	0	0	37	0	37
Rutherford	Fair Haven of Forest City	28	0	0	28	0	0	0	0	28	0	28
Rutherford	Haven-N-Hills Living Center	0	0	46	46	0	-46	0	0	0	0	0
Rutherford	Haven-N-Hills Living Center (Replacement facility)	0	0	0	0	0	46	0	0	46	0	46
Rutherford	Henderson Care Center	0	0	86	86	0	0	0	0	86	0	86
Rutherford	Holly Springs Senior Citizens Home	0	0	32	32	0	0	0	0	32	0	32
Rutherford	Nana's Assisted Living Facility #2	0	0	44	44	0	0	0	0	44	0	44
Rutherford	Oak Grove Healthcare Center	16	0	0	16	0	0	0	0	16	0	16
Rutherford	Oakland Living Center	0	0	40	40	0	0	0	0	40	0	40
Rutherford	Restwell Home	0	0	20	20	0	0	0	0	20	0	20
Rutherford	Southern Manor Rest Home	0	0	25	25	0	0	0	0	25	0	25
Rutherford	Sunnyside Retirement Home	0	0	34	34	0	0	0	0	34	0	34
	Rutherford Totals	**81**	**0**	**437**	**518**	**0**	**0**	**0**	**0**	**518**	**0**	**518**
Sampson	Autumn Wind Assisted Living of Roseboro	0	0	40	40	0	0	0	0	40	0	40
Sampson	Clinton House	0	0	60	60	0	0	0	0	60	0	60
Sampson	Mary Gran Nursing Center	30	0	0	30	0	0	0	0	30	0	30
Sampson	Rolling Ridge Assisted Living	0	0	61	61	0	0	0	0	61	0	61
Sampson	The Magnolia	0	0	91	91	0	0	0	0	91	0	91
	Sampson Totals	**30**	**0**	**252**	**282**	**0**	**0**	**0**	**0**	**282**	**0**	**282**
Scotland	Prestwick Village Assisted Living	0	0	100	100	0	0	0	0	100	0	100
Scotland	Scotia Village	32	0	0	32	0	0	0	0	32	0	32
Scotland	Willow Place Assisted Living & Memory Care Community	0	0	74	74	0	0	0	0	74	0	74
	Scotland Totals	**32**	**0**	**174**	**206**	**0**	**0**	**0**	**0**	**206**	**0**	**206**
Stanly	Bethany Woods Nursing and Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Stanly	Forrest Oakes Healthcare Center	17	0	0	17	0	0	0	0	17	0	17
Stanly	Spring Arbor of Albemarle	0	0	78	78	0	0	0	0	78	0	78
Stanly	Stanly Manor	10	0	0	10	0	0	0	0	10	0	10
Stanly	The Taylor House	0	0	30	30	0	0	0	0	30	0	30
Stanly	Trinity Place	10	0	0	10	0	0	0	0	10	0	10

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Stanly	Woodhaven Court	0	0	76	76	0	0	0	0	76	0	76
	Stanly Totals	**47**	**0**	**184**	**231**	**0**	**0**	**0**	**0**	**231**	**0**	**231**
Stokes	Graceland Living Center I	0	0	12	12	0	0	0	0	12	0	12
Stokes	Graceland Living Center II	0	0	11	11	0	0	0	0	11	0	11
Stokes	Mountain Valley Living Center	0	0	26	26	0	0	0	0	26	0	26
Stokes	Priddy Manor Assisted Living	0	0	70	70	0	0	0	0	70	0	70
Stokes	Rose Tara Senior Living	0	0	65	65	0	0	0	0	65	0	65
Stokes	Universal Health Care/King	24	0	0	24	0	0	0	0	24	0	24
Stokes	Village Care of King	20	0	0	20	0	0	0	0	20	0	20
Stokes	Walnut Cove Health and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Stokes	Walnut Ridge Assisted Living	0	0	63	63	0	0	0	0	63	0	63
	Stokes Totals	**53**	**0**	**247**	**300**	**0**	**0**	**0**	**0**	**300**	**0**	**300**
Surry	Central Care	0	0	53	53	0	0	0	0	53	0	53
Surry	Chatham Nursing & Rehabilitation	28	0	0	28	0	0	0	0	28	0	28
Surry	Colonial Long Term Care Facility	0	0	54	54	0	0	0	0	54	0	54
Surry	Dunmore Plantation	0	0	60	60	0	0	0	0	60	0	60
Surry	Elkin Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Surry	Ridge Crest Retirement	0	0	28	28	0	0	0	0	28	0	28
Surry	Riverwood Assisted Living Facility	0	0	65	65	0	0	0	0	65	0	65
Surry	Twelve Oaks	0	0	112	112	0	0	0	0	112	0	112
	Surry Totals	**28**	**0**	**432**	**460**	**0**	**0**	**0**	**0**	**460**	**0**	**460**
Swain	Bryson City Assisted Living	0	0	50	50	0	0	0	0	50	0	50
	Swain Totals	**0**	**0**	**50**	**50**	**0**	**0**	**0**	**0**	**50**	**0**	**50**
Transylvania	Cedar Mountain House	0	0	64	64	0	0	0	0	64	0	64
Transylvania	Kingsbridge House	0	0	60	60	0	0	0	0	60	0	60
Transylvania	The Oaks-Brevard	10	0	0	10	0	0	0	0	10	0	10
	Transylvania Totals	**10**	**0**	**124**	**134**	**0**	**0**	**0**	**0**	**134**	**0**	**134**
Union	Autumn Care of Marshville	10	0	0	10	0	0	0	0	10	0	10
Union	Brian Center Health & Retirement/Monroe	12	0	0	12	0	0	0	0	12	0	12
Union	Brookdale Monroe Square 1	0	0	102	102	0	0	0	0	102	0	102
Union	Brookdale Monroe Square 2	0	0	65	65	0	0	0	0	65	0	65
Union	Brookdale Union Park	0	0	87	87	0	0	0	0	87	0	87
Union	Carillon Assisted Living at Indian Trail (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Union	Elizabethan Gardens	0	0	100	100	0	0	0	0	100	0	100
Union	Hillcrest Church Rest Home	0	0	20	20	0	0	0	0	20	0	20
Union	Monroe Manor Assisted Living Building I	0	0	12	12	0	0	0	0	12	0	12
Union	Monroe Manor Assisted Living Building II	0	0	12	12	0	0	0	0	12	0	12
Union	Woodridge Assisted Living Facility	0	0	80	80	0	0	0	0	80	0	80

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
	Union Totals	**22**	**0**	**574**	**596**	**0**	**0**	**0**	**0**	**596**	**0**	**596**
Vance	Green-Bullock Assisted Living Center	0	0	129	129	0	0	0	0	129	0	129
Vance	Kerr Lake Nursing and Rehabilitation Center	23	0	0	23	0	0	0	0	23	0	23
Vance	Senior Citizen's Home	54	0	0	54	0	0	0	0	54	0	54
Vance	Woodlawn Retirement Home	0	0	12	12	0	0	0	0	12	0	12
	Vance Totals	**77**	**0**	**141**	**218**	**0**	**0**	**0**	**0**	**218**	**0**	**218**
Wake	Brighton Gardens of Raleigh	0	0	115	115	0	0	0	0	115	0	115
Wake	Brittany Place	8	0	0	8	0	0	0	0	8	4	4
Wake	Brookdale Cary	0	0	50	50	0	0	0	0	50	0	50
Wake	Brookdale MacArthur Park	0	0	80	80	0	0	0	0	80	0	80
Wake	Brookdale Wake Forest	0	0	70	70	0	0	0	0	70	0	70
Wake	Brookridge Assisted Living	0	0	55	55	0	0	0	0	55	0	55
Wake	Carillon Assisted Living of Fuquay Varina (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Garner (Beds awarded per settlement agreement from 2000 & 2007)	0	0	0	0	84	0	0	0	84	0	84
Wake	Carillon Assisted Living of Knightdale (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of North Raleigh (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Carillon Assisted Living of Wake Forest (Beds awarded per settlement agreement from 2000 & 2007)	0	0	96	96	0	0	0	0	96	0	96
Wake	Cary Health and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
Wake	Chatham Commons	0	0	80	80	0	0	0	0	80	0	80
Wake	Coventry House Of Zebulon	0	0	60	60	0	0	0	0	60	0	60
Wake	Dan E. & Mary Louise Stewart Health Center of Springmoor	18	0	0	18	0	0	0	0	18	0	18
Wake	Elmcroft of Northridge	0	0	161	161	0	0	0	0	161	0	161
Wake	Falls River Court Memory Care Community	0	0	38	38	0	0	0	0	38	0	38
Wake	Falls River Village Assisted Living Community	0	0	60	60	0	0	0	0	60	0	60
Wake	Glenaire	9	0	0	9	0	0	0	0	9	0	9
Wake	HeartFields at Cary	0	0	97	97	0	0	0	0	97	0	97
Wake	Hillside Nursing Center of Wake Forest	20	0	0	20	0	0	0	0	20	0	20
Wake	James Rest Home (Closed.)	0	0	40	40	0	-40	0	0	0	0	0
Wake	Lawndale Manor	0	0	62	62	0	0	0	0	62	0	62
Wake	Lee's Long Term Care Facility (Bed transfer to Waltonwood Silverton)	0	0	65	65	0	-65	0	0	0	0	0
Wake	Litchford Falls Healthcare and Rehabilitation Center (31 bed transfer from Universal Health Care-Fuquay Varina and 20 beds transfer from Universal Health Care-North Raleigh)	24	0	0	24	0	51	0	0	75	0	75
Wake	Magnolia Glen	0	0	66	66	0	0	0	0	66	0	66
Wake	Morningside of Raleigh	0	0	110	110	0	0	0	0	110	0	110

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Wake	North Pointe Assisted Living of Garner	0	0	126	126	0	0	0	0	126	0	126
Wake	Oliver House	0	0	100	100	0	0	0	0	100	0	100
Wake	Phoenix Assisted Care	0	0	120	120	0	0	0	0	120	0	120
Wake	Spring Arbor of Apex	0	0	76	76	0	0	0	0	76	0	76
Wake	Spring Arbor of Cary (Bed transfer from Spring Arbor of Wake County)	0	0	0	0	0	80	0	0	80	0	80
Wake	Spring Arbor of Raleigh	0	0	80	80	0	0	0	0	80	0	80
Wake	Spring Arbor of Wake County (Bed transfer to Spring Arbor of Cary)	0	0	80	80	0	-80	0	0	0	0	0
Wake	Sunrise Assisted Living at North Hills	0	0	160	160	0	0	0	0	160	0	160
Wake	Sunrise of Cary	0	0	85	85	0	0	0	0	85	0	85
Wake	Sunrise of Raleigh	0	0	100	100	0	0	0	0	100	0	100
Wake	The Cardinal at North Hills	0	0	0	0	45	0	0	0	45	23	22
Wake	The Covington	0	0	120	120	0	0	0	0	120	0	120
Wake	The Laurels of Forest Glen	20	0	0	20	0	0	0	0	20	0	20
Wake	Universal Health Care/Fuquay-Varina (31 Beds will be transferred to Litchford Falls.)	11	0	0	11	20	-31	0	0	0	0	0
Wake	Universal Health Care/North Raleigh (20 Beds to be transdered to Litchford Falls.)	20	0	0	20	0	-20	0	0	0	0	0
Wake	Wake Assisted Living	0	0	60	60	0	0	0	0	60	0	60
Wake	Waltonwood Cary Parkway (Bed transfer to Waltonwood Silverton)	0	0	85	85	0	-9	0	0	76	0	76
Wake	Waltonwood Lake Boone (Repalcement Facility.)	0	0	0	0	0	40	0	0	40	0	40
Wake	Waltonwood Silverton (Transfer of 65 beds from Lee's Long Term Care Facility and 9 from Waltonwood Cary Parkway)	0	0	0	0	0	74	0	0	74	0	74
Wake	Wellington Rehabilitation and Healthcare	20	0	0	20	0	0	0	0	20	0	20
Wake	Windsor Point Continuing Care Retirement Community	55	0	0	55	0	0	0	0	55	0	55
Wake	Woodland Terrace	0	0	84	84	0	0	0	0	84	0	84
Wake	Zebulon House	0	0	60	60	0	0	0	0	60	0	60
Wake Totals		**235**	**0**	**2,929**	**3,164**	**149**	**0**	**0**	**0**	**3,313**	**27**	**3,286**
Warren	Boyd's Rest Home #2	0	0	10	10	0	0	0	0	10	0	10
Warren	Magnolia Gardens of Warrenton	0	0	86	86	0	0	0	0	86	0	86
Warren	Warren Hills Nursing Center	20	0	0	20	0	0	0	0	20	0	20
Warren Totals		**20**	**0**	**96**	**116**	**0**	**0**	**0**	**0**	**116**	**0**	**116**
Washington	Cypress Manor	0	0	40	40	0	0	0	0	40	0	40
Washington	Roanoke Landing Nursing and Rehabilitation Center	9	0	0	9	0	0	0	0	9	0	9
Washington Totals		**9**	**0**	**40**	**49**	**0**	**0**	**0**	**0**	**49**	**0**	**49**
Watauga	Blowing Rock Rehab Davant Extended Care Ctr (Beds transferred from Glenbridge Health & Rehabilitation)	0	0	0	0	0	20	0	0	20	0	20
Watauga	Deerfield Ridge Assisted Living	0	0	96	96	0	0	0	0	96	0	96

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Watauga	Glenbridge Health and Rehabilitation Center (Bed transfer to Blowing Rock Post-Acute Care.)	20	0	0	20	0	-20	0	0	0	0	0
Watauga	Mountain Care Facilities	0	0	60	60	0	0	0	0	60	0	60
	Watauga Totals	**20**	**0**	**156**	**176**	**0**	**0**	**0**	**0**	**176**	**0**	**176**
Wayne	Brookdale Berkeley Boulevard	0	0	60	60	0	0	0	0	60	0	60
Wayne	Brookdale Country Day Road	0	0	104	104	0	0	0	0	104	0	104
Wayne	Countryside Village	0	0	40	40	0	0	0	0	40	0	40
Wayne	Fremont Rest Center	0	0	50	50	0	0	0	0	50	0	50
Wayne	Goldsboro Assisted Living & Alzheimer's Care	0	0	56	56	0	0	0	0	56	0	56
Wayne	LaGrange Gardens Assisted Living	0	0	37	37	0	0	0	0	37	0	37
Wayne	Renu Life Extended	0	0	37	37	0	0	0	0	37	0	37
Wayne	Somerset Court of Goldsboro	0	0	60	60	0	0	0	0	60	0	60
Wayne	Sutton's Retirement Center	0	0	40	40	0	0	0	0	40	0	40
Wayne	Waylin Life Care Center (Closed. Bed transfer of 104 beds to replacement facility, Wayne Assisted Living)	0	0	104	104	0	-104	0	0	0	0	0
Wayne	Wayne Assisted Living (Replacement facility for Waylin Life Care Center)	0	0	0	0	0	104	0	0	104	0	104
Wayne	Wayne County Rest Villa No. 1	0	0	12	12	0	0	0	0	12	0	12
Wayne	Wayne County Rest Villa No. 2	0	0	12	12	0	0	0	0	12	0	12
Wayne	Woodard Care	0	0	73	73	0	0	0	0	73	0	73
Wayne	Woodard's Retirement Village	0	0	60	60	0	0	0	0	60	0	60
	Wayne Totals	**0**	**0**	**745**	**745**	**0**	**0**	**0**	**0**	**745**	**0**	**745**
Wilkes	Rose Glen Manor	0	0	60	60	0	0	0	0	60	0	60
Wilkes	The Villages of Wilkes Traditional Living	0	0	102	102	0	0	0	0	102	0	102
Wilkes	Westwood Hills Nursing & Rehabilitation Center	10	0	0	10	0	0	0	0	10	0	10
Wilkes	Wilkes County Adult Care	0	0	99	99	0	0	0	0	99	0	99
Wilkes	Wilkes Senior Village	19	0	0	19	0	0	0	0	19	0	19
	Wilkes Totals	**29**	**0**	**261**	**290**	**0**	**0**	**0**	**0**	**290**	**0**	**290**
Wilson	Brian Center Health & Rehabilitation/Wilson	12	0	0	12	0	0	0	0	12	0	12
Wilson	Elm City Assisted Living	0	0	58	58	0	0	0	0	58	0	58
Wilson	Parkwood Village	0	0	70	70	0	0	0	0	70	0	70
Wilson	Spring Arbor of Wilson	0	0	72	72	0	0	0	0	72	0	72
Wilson	Wilson Assisted Living	0	0	88	88	0	0	0	0	88	0	88
Wilson	Wilson House	0	0	136	136	0	0	0	0	136	0	136
Wilson	Wilson Pines Nursing and Rehabilitation Center	30	0	0	30	0	0	0	0	30	0	30
	Wilson Totals	**42**	**0**	**424**	**466**	**0**	**0**	**0**	**0**	**466**	**0**	**466**
Yadkin	Patriot Living of Yadkinville	0	0	50	50	0	0	0	0	50	0	50
Yadkin	Pinebrook Residential Center 1	0	0	54	54	0	0	0	0	54	0	54
Yadkin	Pinebrook Residential Center 2	0	0	65	65	0	0	0	0	65	0	65

Table 11A: Inventory of Adult Care Homes (Assisted Living) Beds

County	Facility Name	Licensed Beds in Nursing Homes	Licensed Beds in Hospitals	Licensed Beds in Adult Care Facilities	Total Licensed Beds	CON Approved/ License Pending		Bed Pipeline	Available in SMFP	Total Available	Sum of Exclusions	Total Planning Inventory
						CON	CON Bed Transfer					
Yadkin	The Magnolias Over Yadkin	0	0	20	20	0	0	0	0	20	0	20
Yadkin Totals		**0**	**0**	**189**	**189**	**0**	**0**	**0**	**0**	**189**	**0**	**189**
Yancey	Mountain Manor Assisted Living	0	0	29	29	0	0	0	0	29	0	29
Yancey	Yancey House	0	0	70	70	0	0	0	0	70	0	70
Yancey Totals		**0**	**0**	**99**	**99**	**0**	**0**	**0**	**0**	**99**	**0**	**99**
Grand Totals		**4,746**	**20**	**38,215**	**42,981**	**1,285**	**10**	**0**	**0**	**44,276**	**237**	**44,039**

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Alamance	74,718	62,903	16,980	8,986	3,783	6	90	94	173	287	650	758	0	7	751	101			0
Alexander	15,806	16,051	4,867	2,683	847	1	23	27	52	64	167	126	0	0	126	-41	-24.55%	82.54%	0
Alleghany	3,971	4,488	1,617	986	398	0	6	9	19	30	64	22	40	0	62	-2	-3.13%		0
Anson	11,074	10,560	2,831	1,456	544	1	15	16	28	41	101	113	0	0	113	12			0
Ashe	9,795	10,687	3,963	2,360	818	1	15	22	45	62	145	115	0	0	115	-30	-20.69%	90.43%	30
Avery	6,476	7,425	2,235	1,267	500	1	11	12	24	38	86	100	0	0	100	14			0
Beaufort	18,041	17,619	7,029	3,843	1,186	1	25	39	74	90	229	167	50	0	217	-12	-5.24%		0
Bertie	7,577	7,498	2,273	1,164	546	1	11	13	22	41	88	105	0	0	105	17			0
Bladen	14,395	13,401	4,499	2,299	761	1	19	25	44	58	147	150	0	0	150	3			0
Brunswick	43,717	51,352	25,541	13,330	3,092	3	74	141	256	235	709	321	340	0	661	-48	-6.77%		0
Buncombe	105,853	108,258	32,541	16,381	6,654	8	155	180	315	505	1,163	1,175	-25	10	1,140	-23	-1.98%		0
Burke	36,952	33,982	10,549	5,748	1,965	3	49	58	111	149	370	415	0	0	415	45			0
Cabarrus	97,861	89,050	18,111	8,974	3,021	8	128	100	173	229	638	934	0	0	934	296			0
Caldwell	33,457	32,265	9,735	5,189	1,580	3	46	54	100	120	323	349	0	0	349	26			0
Camden	4,295	4,477	1,085	589	200	0	6	6	11	15	38	24	0	0	24	-14	-36.84%	37.50%	0
Carteret *	24,367	27,565	10,420	5,644	1,889	2	40	58	109	143	352	186	110	0	296	-56	-15.91%	74.73%	0
Caswell	8,991	9,524	3,101	1,544	472	1	14	17	30	36	98	207	0	0	207	109			0
Catawba	67,471	61,594	17,312	8,724	2,831	5	88	96	168	215	572	723	0	0	723	151			0
Chatham	26,108	29,367	11,097	6,259	2,663	2	42	61	120	202	427	453	0	26	427	0			0
Cherokee	9,444	9,964	4,474	2,875	893	1	14	25	55	68	163	24	150	0	174	11			0
Chowan	5,753	5,324	1,970	1,159	462	0	8	11	22	35	76	120	0	0	120	44			0
Clay	3,683	3,912	1,850	1,130	390	0	6	10	22	30	68	70	0	0	70	2			0
Cleveland	42,680	37,495	11,535	5,790	1,859	3	54	64	111	141	373	423	0	0	423	50			0
Columbus	24,220	22,229	6,627	3,445	1,058	2	32	37	66	80	217	225	0	0	225	8			0
Craven *	47,266	36,976	10,783	6,183	2,460	4	53	60	119	187	423	611	0	0	611	188			0
Cumberland *	156,840	117,894	27,375	12,720	4,289	12	169	151	245	325	902	912	0	0	912	10			0
Currituck	11,297	12,275	3,023	1,390	349	1	18	17	27	26	89	90	0	0	90	1			0
Dare	13,164	14,834	5,021	2,436	762	1	21	28	47	58	155	120	0	0	120	-35	-22.58%	70.00%	0
Davidson	69,092	67,186	18,387	9,592	3,029	5	96	102	184	230	617	577	5	0	582	-35	-5.67%		0
Davie	16,214	16,310	5,076	2,809	1,060	1	23	28	54	80	186	212	0	0	212	26			0
Duplin	27,753	22,804	6,612	3,476	1,390	2	33	37	67	105	244	387	0	0	387	143			0
Durham	164,523	118,541	26,717	11,234	4,784	13	170	148	216	363	910	990	34	17	1,007	97			0
Edgecombe	23,473	20,477	6,665	3,154	1,168	2	29	37	61	89	218	312	0	0	312	94			0
Forsyth	180,576	144,007	37,278	18,280	7,541	14	207	206	351	572	1,350	2,229	24	21	2,232	882			0
Franklin	27,883	26,936	7,352	3,523	1,187	2	39	41	68	90	240	240	0	0	240	0			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Gaston	95,347	87,136	22,552	10,731	3,440	7	125	125	206	261	724	1,155	30	15	1,170	446			0
Gates **	5,011	4,497	1,384	762	261	0	6	8	15	20	49	80	0	0	80	31			0
Graham	3,623	3,387	1,209	733	274	0	5	7	14	21	47	23	0	0	23	-24	-51.06%	34.78%	20
Granville	23,685	24,972	6,430	3,081	1,068	2	36	36	59	81	214	251	0	0	251	37			0
Greene	8,858	8,757	2,256	1,040	399	1	13	12	20	30	76	57	0	0	57	-19	-25.00%	94.74%	20
Guilford	248,002	201,363	50,883	24,522	10,089	19	289	281	471	765	1,825	2,340	0	13	2,327	502			0
Halifax	20,933	19,600	6,391	3,203	1,203	2	28	35	62	91	218	205	0	0	205	-13	-5.96%		0
Harnett *	66,445	51,424	11,228	5,500	1,694	5	74	62	106	129	376	678	0	0	678	302			0
Haywood	22,063	23,444	8,588	5,376	2,005	2	34	47	103	152	338	323	0	0	323	-15	-4.44%		0
Henderson	42,155	43,769	16,742	10,889	4,387	3	63	93	209	333	701	593	25	16	602	-99	-14.12%	67.54%	0
Hertford	9,893	9,248	2,882	1,482	616	1	13	16	28	47	105	173	0	0	173	68			0
Hoke *	27,905	21,907	3,860	1,567	480	2	31	21	30	36	120	173	0	0	173	53			0
Hyde/Tyrrell	3,533	4,192	1,203	624	263	0	6	7	12	20	45	50	0	0	50	5			0
Iredell	76,222	74,042	17,799	8,995	2,830	6	106	98	173	215	598	934	0	0	934	336			0
Jackson	19,800	14,085	4,877	2,783	932	2	20	27	54	71	174	145	0	0	145	-29	-16.67%	80.00%	0
Johnston	90,419	82,909	17,928	8,230	2,364	7	119	99	158	179	562	707	0	0	707	145			0
Jones	4,310	3,995	1,386	679	245	0	6	8	13	19	46	20	0	0	20	-26	-56.52%	60.00%	30
Lee	27,334	21,884	5,736	3,056	1,232	2	31	32	59	93	217	323	0	0	323	106			0
Lenoir	25,027	21,766	6,911	3,495	1,334	2	31	38	67	101	239	327	0	0	327	88			0
Lincoln	33,327	34,839	9,688	4,685	1,310	3	50	54	90	99	296	381	0	0	381	85			0
Macon	13,409	12,853	5,731	3,599	1,382	1	18	32	69	105	225	178	0	0	178	-47	-20.89%	78.09%	0
Madison	8,441	8,669	3,181	1,610	566	1	12	18	31	43	105	89	0	0	89	-16	-15.24%	84.27%	0
Martin	8,958	8,731	3,193	1,622	555	1	13	18	31	42	105	182	0	0	182	77			0
McDowell	17,760	18,102	5,681	3,031	1,041	1	26	31	58	79	195	350	0	0	350	155			0
Mecklenburg	540,313	465,992	84,376	37,082	14,562	42	668	466	713	1,105	2,994	3,081	273	49	3,305	311			0
Mitchell	5,920	6,253	2,118	1,335	448	0	9	12	26	34	81	80	0	0	80	-1	-1.23%		0
Montgomery	11,851	10,154	3,473	1,807	661	1	15	19	35	50	120	180	0	0	180	60			0
Moore *	36,819	35,584	13,691	8,805	4,066	3	51	76	169	308	607	637	10	18	629	22			0
Nash	38,402	36,611	11,282	5,234	1,851	3	53	62	101	140	359	522	0	0	522	163			0
New Hanover	104,213	89,356	24,717	12,654	4,926	8	128	137	243	374	890	1,105	0	9	1,096	206			0
Northampton	7,920	7,558	2,617	1,607	714	1	11	14	31	54	111	242	0	0	242	131			0
Onslow *	98,066	56,656	12,059	6,027	1,975	8	81	67	116	150	422	438	0	0	438	16			0
Orange	73,193	54,274	14,250	6,065	2,140	6	78	79	117	162	442	490	0	0	490	48			0
Pamlico	4,282	5,056	2,168	1,286	501	0	7	12	25	38	82	48	30	0	78	-4	-4.88%		0
Pasquotank	18,894	14,809	3,891	2,002	735	1	21	22	38	56	138	266	0	0	266	128			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
Pender	26,146	25,159	7,268	3,589	1,201	2	36	40	69	91	238	202	0	0	202	-36	-15.13%	70.79%	0
Perquimans	5,049	4,824	1,971	1,394	460	0	7	11	27	35	80	24	50	0	74	-6	-7.50%		0
Person	15,999	15,671	4,697	2,393	828	1	22	26	46	63	158	214	0	0	214	56			0
Pitt	93,352	61,706	15,214	6,833	2,673	7	89	84	131	203	514	609	0	6	603	89			0
Polk	7,078	7,814	3,425	2,063	956	1	11	19	40	73	144	146	0	0	146	2			0
Randolph	62,958	56,978	15,681	8,236	2,753	5	82	87	158	209	541	583	0	0	583	42			0
Richmond	19,888	17,185	5,072	2,456	730	2	25	28	47	55	157	199	0	0	199	42			0
Robeson	63,494	47,662	12,951	5,848	1,755	5	68	72	112	133	390	579	0	0	579	189			0
Rockingham	36,722	36,683	11,229	5,865	2,045	3	53	62	113	155	386	419	0	0	419	33			0
Rowan	60,482	53,349	14,841	7,436	2,602	5	77	82	143	197	504	906	0	3	903	399			0
Rutherford	26,915	25,745	8,263	4,620	1,503	2	37	46	89	114	288	518	0	0	518	230			0
Sampson	29,085	24,184	6,896	3,630	1,313	2	35	38	70	100	245	282	0	0	282	37			0
Scotland	15,204	12,730	4,096	1,856	596	1	18	23	36	45	123	206	0	0	206	83			0
Stanly	26,274	23,884	7,216	3,849	1,271	2	34	40	74	96	246	231	0	0	231	-15	-6.10%		0
Stokes	17,778	19,100	5,742	3,161	1,005	1	27	32	61	76	197	300	0	0	300	103			0
Surry	30,733	28,114	8,596	4,736	1,656	2	40	48	91	126	307	460	0	0	460	153			0
Swain	6,879	5,803	1,812	987	277	1	8	10	19	21	59	50	0	0	50	-9	-15.25%	0.00%	0
Transylvania	11,512	12,618	5,521	3,959	1,674	1	18	31	76	127	253	134	0	0	134	-119	-47.04%	64.93%	0
Union	112,194	98,875	19,868	9,873	2,810	9	142	110	190	213	664	596	0	0	596	-68	-10.24%	71.31%	0
Vance	20,461	16,084	4,920	2,476	926	2	23	27	48	70	170	218	0	0	218	48			0
Wake *	506,378	461,312	85,353	37,994	14,153	39	662	472	730	1,074	2,977	3,164	149	27	3,286	309			0
Warren	7,773	7,623	2,793	1,623	703	1	11	15	31	53	111	116	0	0	116	5			0
Washington	4,878	4,388	1,734	927	386	0	6	10	18	29	63	49	0	0	49	-14	-22.22%	87.76%	10
Watauga	30,297	15,515	5,409	2,932	1,111	2	22	30	56	84	194	176	0	0	176	-18	-9.28%		0
Wayne *	57,643	47,479	12,543	6,433	2,355	4	68	69	124	179	444	745	0	0	745	301			0
Wilkes	27,617	27,440	8,821	5,031	1,677	2	39	49	97	127	314	290	0	0	290	-24	-7.64%		0
Wilson	36,808	31,709	9,401	4,620	1,660	3	45	52	89	126	315	466	0	0	466	151			0
Yadkin	15,159	14,330	4,111	2,379	847	1	21	23	46	64	155	189	0	0	189	34			0
Yancey	6,658	6,743	2,492	1,520	533	1	10	14	29	40	94	99	0	0	99	5			0

Table 11B: Adult Care Home Need Projections for 2020

Service Areas	Projected 2020 Population					Projected 2020 Bed Utilization (Rounded)					Projected Bed Utilization Summary	Currently Licensed	# License Pending	Exclu-sions	Planning Inventory	Surplus /"-" = Deficit	Deficit Index	Occu-pancy Rate	Beds Needed
	Under Age 35	Age 35-64	Age 65-74	Age 75-84	Age 85 and up	<35	35-64	65-74	75-84	85+									
State Total	4,658,533	4,073,811	1,056,828	530,540	191,439	361	5,842	5,851	10,201	14,520	36,775	42,981	1,295	237	44,039				110

Average Combined Ratios for Beds per 1000 derived based on reported number of patients based on 2012 through 2016 License Renewal Applications.

0.08 Beds/1000 Under Age 35
1.43 Beds/1000 Age 35-64
5.53 Beds/1000 Age 65-74
19.22 Beds/1000 Age 75-84
75.87 Beds/1000 Age 85 and over

* Projections for under age 35 were adjusted to exclude active duty military personnel.

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for 126 adult care home beds. There is no need anywhere else in the state and no other reviews are scheduled. However, in response to a petition from Montgomery County, the State Health Coordinating Council approved an adjusted need determination for 16 adult care home beds with a preference for CON applicants who are proposing the addition of special care unit beds.

Table 11C: Adult Care Home Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional adult care home beds as specified.

County	HSA	Adult Care Home Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Ashe	I	30	February 15, 2017	March 1, 2017
Graham	I	20	February 15, 2017	March 1, 2017
Greene	VI	20	February 15, 2017	March 1, 2017
Jones	VI	30	July 17, 2017	August 1, 2017
Montgomery***	V	16	April 17, 2017	May 1, 2017
Washington	VI	10	July 17, 2017	August 1, 2017
It is determined that there is no need for additional adult care home beds anywhere else in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

***In response to a petition from Montgomery County, the State Health Coordinating Council approved an adjusted need determination for 16 adult care home beds with a preference for CON applicants who are proposing the addition of special care unit beds.

Table 11D: Inventory of Nursing Homes With Six or Less Adult Care Home Beds

County	License Number	Name	Adult Care Home Beds
Alamance	NH0351	Twin Lakes Community	4
Buncombe	NH0463	The Laurels of GreenTree Ridge	2
Buncombe	NH0235	Mountain Ridge Health and Rehab	3
Burke	NH0553	College Pines Health and Rehab Center	4
Cabarrus	NH0453	Transitional Health Services of Kannapolis	5
Cumberland	NH0001	Whispering Pines Nursing & Rehabilitation Center	2
Durham	NH0615	The Cedars of Chapel Hill	4
Haywood	NH0520	Brian Center Health and Rehabilitation/Waynesville	5
Mecklenburg	NH0584	The Stewart Health Center	4
Mecklenburg	NH0573	Asbury Care Center	5
Mecklenburg	NH0574	Brookdale Carriage Club Providence	2
Mitchell	NH0433	Brian Center Health & Rehabilitation/Spruce Pine	6
Orange	NH0093	PruittHealth-Carolina Point	2
Person	NH0265	Roxboro Healthcare & Rehabilitation Center	5
Robeson	NH0472	Highland Acres Nursing and Rehabilitation Center	5
Rowan	NH0424	Autumn Care of Salisbury	3
Union	NH0310	Monroe Rehabilitation Center	5
Wake	NH0622	The Rosewood Health Center	4
Wake	NH0354	Tower Nursing and Rehabilitation Center	6

Chapter 14:

End-Stage Renal Disease Dialysis Facilities

CHAPTER 14
END-STAGE RENAL DISEASE DIALYSIS FACILITIES

Summary of Dialysis Station Supply and Utilization
Inventories of dialysis facilities and current utilization rates are presented twice a year in "Semiannual Dialysis Reports" required by this chapter. According to the "July 2016 North Carolina Semiannual Dialysis Report," there were 196 End-Stage Renal Disease (ESRD) dialysis facilities certified and operating in North Carolina providing a total of 4,801 dialysis stations. Certificates of need had been issued for an additional 196 dialysis stations, but the stations were not yet certified. Another 86 dialysis stations had been requested, but had not completed the certificate of need review and appeals process. The number of facilities per county ranged from zero to 16.

For the July 2016 North Carolina Semiannual Dialysis Report, utilization data were based on reported numbers of patients obtained from certified dialysis providers. Of the 193 certified facilities operational on December 31, 2015, 93 were at or above 80 percent utilization (*i.e., operating with at least 3.2 patients per station*).

Changes from the Previous Plan
No substantive changes to the dialysis need methodology have been incorporated into the North Carolina 2017 State Medical Facilities Plan. Dates have been advanced by one year, as needed to represent the time period for the 2017 Plan.

Basic Principles
The principles underlying projection of need for additional dialysis stations are as follows:

1. Increases in the number of facilities or stations should be done to meet the specific need for either a new facility or an expansion.

2. New facilities must have a projected need for at least 10 stations (or 32 patients at 3.2 patients per station) to be cost effective and to assure quality of care.

3. Healthcare Planning will maintain a list of existing facilities and stations, utilization rates, and projected need by county that is updated semiannually. Updated projections will be available two times a year on a published schedule. Existing or potential providers interested in expanding in any area of the state may contact Healthcare Planning for projected need in the area of interest. (*Note: A dialysis station's service area is the dialysis station planning area in which the dialysis station is located. Except for the Cherokee-Clay-Graham Multicounty Planning Area and the Avery-Mitchell-Yancey Multicounty Planning Area, each of the 94 remaining counties is a separate dialysis station planning area.)*

4. Updates of the projections may target counties that have developed sufficient need to warrant consideration for facility expansion or for establishment of a new facility. Actual numbers are not published in the Plan so they can be updated as appropriate by Healthcare Planning.

5. Home patients will not be included in the determination of need for new stations. Home patients include those that receive hemodialysis or peritoneal dialysis in their home.

6. No existing facility may expand unless its utilization is 80 percent or greater. Any facility at 80 percent utilization or greater may apply to expand.

7. Facilities reporting no patients to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section for four consecutive Semiannual Dialysis Reports will be excluded from future inventories.

8. Quality of Care: All facilities should comply with Medicare and Medicaid regulations relating to the delivery and certification of ESRD services and with relevant North Carolina statutory provisions. An applicant already involved in the provision of end-stage renal disease services should provide evidence that care of high quality has been provided in the past.

   The following are considered indicators of quality of care and existing providers proposing to expand their operations should include in their applications data which include, but are not limited to, the following:

   a. utilization rates;
   b. morbidity and mortality rates;
   c. number of patients that are home trained and patients on home dialysis;
   d. number of patients receiving transplants;
   e. number of patients currently on the transplant waiting list;
   f. hospital admission rates; and
   g. conversion rates for patients who have acquired hepatitis or AIDS.

9. Availability of Manpower and Ancillary/Support Services: The applicant should show evidence of the availability of qualified staff and other health manpower and management for the provision of quality ESRD services as well as the availability of a safe and adequate water supply, provision for treatment of wastewater discharge, and a standing electrical service with backup capabilities.

10. Patient Access to In-Center ESRD Services: As a means of making ESRD services more accessible to patients, one of the goals of the N.C. Department of Health and Human Services is to minimize patient travel time to and from the center.

    Therefore,

    a. End-stage renal disease treatment should be provided in North Carolina such that patients who require renal dialysis are able to be served in a facility no farther than 30 miles from the patients' homes.

    b. In areas where it is apparent that patients are currently traveling more than 30 miles for in-center dialysis, favorable consideration should be given to proposed new facilities which would serve patients who are farthest away from existing, operational or approved facilities.

11. Transplantation Services: Transplantation services should be available to, and a priority for, all ESRD patients whose conditions make them suitable candidates for this treatment. New enrollees should meet with and have access to a transplantation representative to provide patient education and evaluation for transplantation.

12. Availability of Dialysis Care: The North Carolina State Health Coordinating Council encourages applicants for dialysis stations to provide or arrange for:

    a. Home training and backup for patients suitable for home dialysis in the ESRD dialysis facility or in a facility that is a reasonable distance from the patient's residence;

    b. ESRD dialysis service availability at times that do not interfere with ESRD patients' work schedules;

    c. Services in rural, remote areas.

Sources of Data

Inventory Data:

Data on the current number of dialysis facilities and stations shall be obtained from Certificate of Need and from the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, N. C. Department of Health and Human Services.

Dialysis Patient Data:

Data on the dialysis population by county and by facility as of June 30, 2016 and as of December 31, 2016 shall be provided by End-Stage Renal Disease providers operating certified dialysis facilities to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

Method for Projecting New Dialysis Station Need

Healthcare Planning shall determine need for new dialysis stations two times each calendar year, and shall make a report of such determinations available to all who request it. This report shall be called the North Carolina Semiannual Dialysis Report (SDR). Relocations of existing dialysis stations within a county shall be reviewed independently (*see Chapter 3, Category D*). The Semiannual Dialysis Reports will use facility, station and active patient data as of June 30, 2016 for the "January 2017 SDR" and as of December 31, 2016 for the "July 2017 SDR." A new five-year trend line will be established in the "July 2017 SDR" based on data as reported to the Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section for the time period ending December 31, 2016. Need for new dialysis stations shall be determined as follows:

1. County Need *(for the January 2017 SDR – Using the trend line ending with 12/31/2015 data)*

    a. The average annual rate (percent) of change in total number of dialysis patients resident in each county from the end of 2011 to the end of 2015 is multiplied by the county's June 30, 2016 total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total June 30, 2017 patients.

    b. The percent of each county's total patients who were home dialysis patients on June 30, 2016 is multiplied by the county's projected total June 30, 2017 patients, and the product is subtracted from the county's projected total June 30,

2017 patients. The remainder is the county's projected June 30, 2017 in-center dialysis patients.

c. The projected number of each county's June 30, 2017 in-center patients is divided by 3.2. The quotient is the projection of the county's June 30, 2017 in-center dialysis stations.

d. From each county's projected number of June 30, 2017 in-center stations is subtracted the county's number of stations certified for Medicare, certificate of need-approved and awaiting certification, awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which certificate of need decisions have not been made. The remainder is the county's June 30, 2017 projected station surplus or deficit.

e. If a county's June 30, 2017 projected station deficit is 10 or greater and the January SDR shows that utilization of each dialysis facility in the county is 80 percent or greater, the June 30, 2017 county station need determination is the same as the June 30, 2017 projected station deficit. If a county's June 30, 2017 projected station deficit is 10 or greater and the January SDR shows the county has no dialysis facility located in the county, then the June 30, 2017 county station need determination is the same as the June 30, 2017 projected station deficit. If a county's June 30, 2017 projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80 percent, the county's June 30, 2017 station need determination is zero.

2. County Need *(for the July 2017 SDR – Using a new trend line based on 12/31/2016 data)*

a. The average annual rate (percent) of change in total number of dialysis patients resident in each county from the end of 2012 to the end of 2016 is multiplied by the county's December 31, 2016 total number of patients in the SDR, and the product is added to each county's most recent total number of patients reported in the SDR. The sum is the county's projected total December 31, 2017 patients.

b. The percent of each county's total patients who were home dialysis patients on December 31, 2016 is multiplied by the county's projected total December 31, 2017 patients, and the product is subtracted from the county's projected total December 31, 2017 patients. The remainder is the county's projected December 31, 2017 in-center dialysis patients.

c. The projected number of each county's December 31, 2017 in-center patients is divided by 3.2. The quotient is the projection of the county's December 31, 2017 in-center dialysis stations.

d. From each county's projected number of December 31, 2017 in-center stations is subtracted the county's number of stations certified for Medicare, certificate of need-approved and awaiting certification, awaiting resolution of certificate of need appeals, and the number represented by need determinations in previous State Medical Facilities Plans or Semiannual Dialysis Reports for which

certificate of need decisions have not been made. The remainder is the county's December 31, 2017 projected station surplus or deficit.

e. If a county's December 31, 2017 projected station deficit is 10 or greater and the July SDR shows that utilization of each dialysis facility in the county is 80 percent or greater, the December 31, 2017 county station need determination is the same as the December 31, 2017 projected station deficit. If a county's December 31, 2017 projected station deficit is 10 or greater and the July SDR shows the county has no dialysis facility located in the county, then the December 31, 2017 county station need determination is the same as the December 31, 2017 projected station deficit. If a county's December 31, 2017 projected station deficit is less than 10 or if the utilization of any dialysis facility in the county is less than 80 percent, the county's December 31, 2017 station need determination is zero.

3. Facility Need

A dialysis facility located in a county for which the result of the County Need methodology is zero in the current Semiannual Dialysis Report is determined to need additional stations to the extent that:

a. Its utilization, reported in the current SDR, is 3.2 patients per station or greater.

b. Such need, calculated as follows, is reported in an application for a certificate of need:

i. The facility's number of in-center dialysis patients reported in the previous Dialysis Report (SDR_1) is subtracted from the number of in-center dialysis patients reported in the current SDR (SDR_2). The difference is multiplied by 2 to project the net in-center change for one year. Divide the projected net in-center change for the year by the number of in-center patients from SDR_1 to determine the projected annual growth rate.

ii. The quotient from 3.B.i is divided by 12.

iii. The quotient from 3.B.ii is multiplied by 6 *(the number of months from June 30, 2016 until December 31, 2016)* for the January 2, 2017 SDR and by 12 *(the number of months from December 31, 2015 until December 31, 2016)* for the July 1, 2017 SDR.

iv. The product from 3.B.iii is multiplied by the number of the facility's in-center patients reported in the current SDR and that product is added to such reported number of in-center patients.

v. The sum from 3.B.iv is divided by 3.2, and from the quotient is subtracted the facility's current number of certified stations as recorded in the current SDR and the number of pending new stations for which a

certificate of need application has been approved. The remainder is the number of stations needed.

c. The facility may apply to expand to meet the need established in 3.B.v, up to a maximum of 10 stations.

[NOTE: "Rounding" to the nearest whole number is allowed only in Step 1(C), Step 2(C) and Step 3(B)(v). In these instances, fractions of 0.5000 or greater shall be rounded to the next higher whole number.]

Unless specific adjusted need determinations are recommended by the North Carolina State Health Coordinating Council, an application for a certificate of need for additional dialysis stations can be considered consistent with the need determinations of this Plan only if it demonstrates a need by utilizing one of the methods of determining need outlined in this chapter.

Timeline

The schedule for publication of the North Carolina Semiannual Dialysis Reports and for receipt of certificate of need applications based on each issue of that report in 2017 shall be as follows:

Data for Period Ending	Publication of Semi-annual Dialysis Report	Certificate of Need Application Due Dates	Certificate of Need Beginning Review Dates
June 30, 2016	January 2, 2017	March 15, 2017	April 1, 2017
December 31, 2016	July 3, 2017	September 15, 2017	October 1, 2017

Please be advised that 5:30 p.m. on the specified application due date is the filing deadline for any certificate of need application in response to these dialysis reports. The filing deadline is absolute.

Need Determination

Application of the county need methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional dialysis stations anywhere in the state. However, in response to a petition from Graham County Commissioners, the State Health Coordinating Council approved an adjusted need determination for a minimum of five dialysis stations and a maximum projected as needed stations for Graham County in the Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. Graham County will remain in the Cherokee-Graham-Clay service area.

Table 14A: Dialysis Station Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the county listed in the table below needs additional dialysis stations as specified.

County	HSA	Number of Dialysis Stations, Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Graham***	I	Minimum 5 stations; Maximum as projected stations in the January 2017 SDR	March 15, 2017	April 1, 2017
It is determined, based on the County Need portion of the methodology, that there is no need for dialysis stations anywhere else in the state.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

*** In response to a petition, the State Health Coordinating Council approved an adjusted need determination for a minimum of five dialysis stations and a maximum projected as needed stations for Graham County in the Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) year from the effective date on the certificate of need. Graham County will remain in the Cherokee-Graham-Clay service area.

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Chapter 15:

Psychiatric Inpatient Services

CHAPTER 15
PSYCHIATRIC INPATIENT SERVICES

Background Information
Certificates of need are required prior to the development of inpatient psychiatric beds identified as needed in the North Carolina 2017 State Medical Facilities Plan. In addition, community hospitals wishing to transfer beds from state psychiatric facilities must obtain a certificate of need prior to establishing these beds pursuant to Policy PSY-1. Further, community hospitals may develop psychiatric beds by converting acute care beds to psychiatric beds through a contract with the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services or one or more of the local management entities-managed care organizations (LME-MCOs) (Area Mental Health, Developmental Disabilities and Substance Abuse Authorities) in accordance with G.S. §131E-184. If the hospital has executed such a contract, the conversion will be exempt from certificate of need requirements.

Changes from the Previous Plan
One substantive change to the methodology has been incorporated into the North Carolina 2017 State Medical Facilities Plan. Part 1, Step 2 of the methodology has been eliminated. Days of care for children/adolescents are no longer adjusted downward by 20 percent. The Basic Assumptions of the Methodology were updated to reflect LME-MCO coverage area changes due to a merger in 2016. CenterPoint Human Services merged with Cardinal Innovations Healthcare Solutions, resulting in a reduction from eight LME-MCOs to seven LME-MCOs.

Throughout the chapter, data have been revised to reflect services provided during FY 2014-2015, and dates have been advanced by one year, where appropriate. The base year is changed to 2015 and the base year utilization data is applied to Year 2019 population estimates.

Basic Principles
Services for people with a mental disorder should be organized in such a way that a continuum of care is available. Because needs of people with a mental disorder vary greatly, they require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization of individuals in acute distress, and relocating people from state facilities to community programs to the extent appropriate services are developed in the community.

Inpatient psychiatric treatment of children and adolescents (which is more extensive than stabilization) shall occur in units which are separate and distinct from both adult psychiatric units and general pediatric units. In order to maximize efficiency and ensure the availability of a continuum of care, psychiatric beds for children and adolescents shall be developed in conjunction with outpatient treatment programs.

Summary of Bed Supply and Utilization
Psychiatric inpatient services are provided by four state-owned regional hospitals, by specialty hospitals and by general acute care hospitals with designated psychiatric units. The non-state hospitals have 2,060 licensed beds and provided a total of 586,587 days of care during the 12-month period ending September 30, 2015 – 22.6 percent of which were provided to patients younger than 18 years of age.

Methodology for Determining Psychiatric Bed Need
The methodology used to project need for psychiatric beds focuses on short-term psychiatric beds only, i.e., those beds used primarily by patients with lengths of stay of 60 days or fewer. The methodology is based on Year 2015 utilization data obtained from Truven Health Analytics, a collector of hospital patient discharge information. The data were gathered from all acute care hospitals and specialty psychiatric hospitals in North Carolina. State hospital data are excluded because these hospitals are not subject to the certificate of need law. The data include discharges, days of care, and average lengths of stay for all psychiatric patients by their county of residence and age group. ICD-9-CM diagnosis codes used in the survey were 290, 293-302 and 306-314. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2016 "Mental Health/Substance Abuse Hospital License Renewal Application" submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Basic Assumptions of the Methodology

1. A psychiatric inpatient bed's service area is the catchment area for the LME-MCO for mental health, developmental disabilities and substance use disorder services in which the bed is located. The counties comprising each of the seven LME-MCO catchment areas for mental health, developmental disabilities and substance use disorder services are listed in Table 15B.

2. Children and adolescents require psychiatric treatment in units that are programmatically and physically distinct from adult patient units.

3. Short-term psychiatric beds in the state psychiatric hospitals being used by residents of each psychiatric planning area program may be relocated to community facilities in accordance with Policy PSY-1.

4. Optimum occupancy of freestanding psychiatric hospitals and designated psychiatric units in acute care hospitals is considered to be 75 percent.

5. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. Need in the North Carolina 2017 State Medical Facilities Plan is projected for Year 2019.

Sources of Data
Inventory Data:
North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; Certificate of Need; and the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Population Data:
North Carolina Office of State Budget and Management (OSBM).

Utilization Data:
Truven Health Analytics collected data for the period from October 2014 through September 2015 from the providers of psychiatric inpatient services and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill distilled the data down to the individual counties. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2016 "Mental Health/Substance Abuse Hospital License Renewal Application" submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Application of the Methodology
Each step explained below is applied to the seven LME-MCOs to arrive at bed surpluses/deficits in each LME-MCO.

Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents

Step 1: The estimated Year 2019 days of care for children/adolescents is determined by taking the actual 2015 days of care for the age group birth through 17, multiplying that number by the projected Year 2019 child/adolescent population and then dividing by the Year 2015 child/adolescent population.

Step 2: The adjusted Year 2019 days of care is divided by 365 and then by 75 percent to arrive at the child/adolescent bed need in Year 2019, assuming 75 percent occupancy.

Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing child/adolescent beds in the planning inventory is then subtracted from the bed need (from Step 2) in order to arrive at the Year 2019 unmet bed need for children and adolescents.

Part 2: Determining Projected Patient Days of Care and Bed Need for Adults

Step 1: The estimated Year 2019 days of care for adults is determined by taking the actual Year 2015 days of care for the age group 18 and over, multiplying that number by the projected Year 2019 adult population and then dividing by the Year 2015 adult population.

Step 2: The projected Year 2019 days of care is divided by 365 and then divided by 75 percent to arrive at the adult bed need in Year 2019, assuming 75 percent occupancy.

Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing adult beds in the planning inventory is then subtracted from the bed need (from Step 2) in order to arrive at the Year 2019 unmet bed need for adults.

Table 15A: Inventory of Psychiatric Beds, Excluding State Hospitals
By Local Management Entity-Managed Care Organization (LME-MCO)

Local Management Entity-Managed Care Organization	Hospital	County	Licensed Adult Beds	Licensed Child/Adol Beds	Total Licensed Beds	License Pending		Available in SMFP Adult	Available in SMFP Child/Adol	Total Adult Inventory	Total Child/Adol Inventory	Total All Beds
						CON Adult	CON Child/Adol					
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center	Cumberland	28	0	28	0	0	0	0	28	0	28
	Duke Regional Hospital	Durham	23	0	23	0	0	0	0	23	0	23
	Duke University Medical Center	Durham	19	0	19	0	0	0	0	19	0	19
	Veritas Collaborative *	Durham	0	6	6	0	0	0	0	0	6	6
	Johnston Health	Johnston	20	0	20	0	0	0	0	20	0	20
	Holly Hill Hospital	Wake	117	60	177	55	0	0	0	172	60	232
	Strategic Behavioral Center-Garner **	Wake	0	32	32	24	0	0	0	24	32	56
	Triangle Springs	Wake	0	0	0	43	0	0	0	43	0	43
	UNC Hospitals at WakeBrook **	Wake	16	0	16	12	0	0	0	28	0	28
Alliance Behavioral Healthcare Totals			**223**	**98**	**321**	**134**	**0**	**0**	**0**	**357**	**98**	**455**
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	Alamance	36	8	44	0	0	0	0	36	8	44
	Carolinas Medical Center - Northeast	Cabarrus	10	0	10	0	0	0	0	10	0	10
	Novant Health Thomasville Medical Center	Davidson	45	0	45	0	0	0	0	45	0	45
	North Carolina Baptist Hospital	Forsyth	24	20	44	0	0	0	0	24	20	44
	Novant Health Forsyth Medical Center	Forsyth	80	0	80	0	0	0	0	80	0	80
	Old Vineyard Youth Services**	Forsyth	78	18	96	26	34	0	0	104	52	156
	Novant Health Franklin Medical Center (closed)	Franklin	13	0	13	0	0	0	0	13	0	13
	Halifax Regional Medical Center	Halifax	20	0	20	0	0	0	0	20	0	20
	Carolinas Medical Center (Behavioral Health)	Mecklenburg	110	22	132	0	0	0	0	110	22	132
	Novant Health Presbyterian Medical Center	Mecklenburg	55	20	75	0	0	0	0	55	20	75
	SBH-Charlotte**	Mecklenburg	0	0	0	0	24	0	0	0	24	24
	University of North Carolina Hospitals	Orange	58	18	76	0	0	0	0	58	18	76
	Novant Health Rowan Medical Center (Lifeworks Behavioral Health Unit)	Rowan	40	0	40	0	0	0	0	40	0	40
	Carolinas HealthCare System - Stanly	Stanly	12	0	12	0	0	0	0	12	0	12
	Pioneer Community Hospital of Stokes	Stokes	6	0	6	0	0	0	0	6	0	6
Cardinal Innovations Healthcare Solutions			**587**	**106**	**693**	**26**	**58**	**0**	**0**	**613**	**164**	**777**
Eastpointe	Vidant Duplin Hospital	Duplin	25	0	25	0	0	0	0	25	0	25
	Nash General Hospital	Nash	44	0	44	0	0	0	0	44	0	44
	Southeastern Regional Medical Center	Robeson	33	0	33	0	0	0	0	33	0	33
	Wayne Memorial Hospital	Wayne	61	0	61	0	0	0	0	61	0	61
	Wilson Medical Center	Wilson	23	0	23	0	0	0	0	23	0	23
Eastpointe Totals			**186**	**0**	**186**	**0**	**0**	**0**	**0**	**186**	**0**	**186**
Partners Behavioral Health Management	Carolinas HealthCare System - Blue Ridge	Burke	22	0	22	0	0	0	0	22	0	22
	Catawba Valley Medical Center	Catawba	38	0	38	0	0	0	0	38	0	38
	Frye Regional Medical Center	Catawba	84	0	84	0	0	0	0	84	0	84
	Carolinas HealthCare System Kings Mountain	Cleveland	14	0	14	0	0	0	0	14	0	14
	CaroMont Regional Medical Center	Gaston	36	27	63	0	0	0	0	36	27	63
	Davis Regional Medical Center	Iredell	28	0	28	0	0	0	0	28	0	28
Partners Behavioral Health Management Totals			**222**	**27**	**249**	**0**	**0**	**0**	**0**	**222**	**27**	**249**

Table 15A: Inventory of Psychiatric Beds, Excluding State Hospitals
By Local Management Entity-Managed Care Organization (LME-MCO)

Local Management Entity-Managed Care Organization	Hospital	County	Licensed Adult Beds	Licensed Child/Adol Beds	Total Licensed Beds	License Pending		Available in SMFP Adult	Available in SMFP Child/Adol	Total Adult Inventory	Total Child/Adol Inventory	Total All Beds
						CON Adult	CON Child/Adol					
Sandhills Center	Cone Health (Behavioral Health Center)	Guilford	50	30	80	0	0	0	0	50	30	80
	High Point Regional Health System	Guilford	24	0	24	0	0	0	0	24	0	24
	Good Hope Hospital	Harnett	16	0	16	0	0	0	0	16	0	16
	Central Carolina Hospital	Lee	10	0	10	0	0	0	0	10	0	10
	FirstHealth Moore Regional Hospital	Moore	36	0	36	0	0	0	0	36	0	36
	Sandhills Regional Medical Center	Richmond	10	0	10	0	0	0	0	10	0	10
Sandhills Center Totals			**146**	**30**	**176**	**0**	**0**	**0**	**0**	**146**	**30**	**176**
Smoky Mountain Center	Alexander Hospital***	Alexander	0	0	0	25	0	0	0	25	0	25
	Charles A. Cannon Memorial Hospital (Appalachian Behavioral Healthcare)	Avery	10	0	10	0	0	0	0	10	0	10
	Mission Hospital/Copestone Center	Buncombe	45	17	62	0	0	0	0	45	17	62
	Caldwell Memorial Hospital	Caldwell	0	0	0	27	0	0	0	27	0	27
	Haywood Regional Medical Center ***	Haywood	16	0	16	17	0	0	0	33	0	33
	Margaret R. Pardee Memorial Hospital	Henderson	21	0	21	0	0	0	0	21	0	21
	Park Ridge Health	Henderson	41	0	41	0	0	0	0	41	0	41
	St. Luke's Hospital	Polk	10	0	10	0	0	0	0	10	0	10
	Rutherford Regional Medical Center	Rutherford	14	0	14	0	0	0	0	14	0	14
Smoky Mountain Center Totals			**157**	**17**	**174**	**69**	**0**	**0**	**0**	**226**	**17**	**243**
Trilliium	Vidant Beaufort Hospital	Beaufort	22	0	22	0	0	0	0	22	0	22
	Strategic Behavioral Center - Leland	Brunswick	0	20	20	20	0	0	0	20	20	40
	CarolinaEast Medical Center	Craven	23	0	23	0	0	0	0	23	0	23
	Vidant Roanoke-Chowan Hospital	Hertford	28	0	28	0	0	0	0	28	0	28
	New Hanover Regional Medical Center	New Hanover	62	0	62	0	0	0	0	62	0	62
	Brynn Marr Behavioral Health System**	Onslow	12	42	54	0	18	0	0	12	60	72
	Vidant Medical Center	Pitt	52	0	52	0	0	0	0	52	0	52
Trillium Totals			**199**	**62**	**261**	**20**	**18**	**0**	**0**	**219**	**80**	**299**
		State Totals	**1,720**	**340**	**2,060**	**249**	**76**	**0**	**0**	**1,969**	**416**	**2,385**

* Excludes 25 adult CON-approved beds for eating disorder patients, approved pursuant to a special need determination in the 2014 SMFP. These beds are not included in the inventory used to project need for adult psychiatric inpatient beds.

** CON-approved projects which are Policy PSY-1 bed transfers from State Psychiatric Hospitals.

*** Adult beds are to be converted from acute care beds to inpatient psychiatric beds. This conversion is exempt from certificate of need review, pursuant to G.S. 131E-184(c).

Table 15B: 2019 Projections of Psychiatric Bed Need
By Local Management Entity-Managed Care Organization (LME-MCO)
Part 1. Projection of Child/Adolescent Psychiatric Bed Need for 2019

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I
Local Management Entity-Managed Care Organization	**2015 <18 Days of Care**	**2015 <18 Population Projected**	**2019 <18 Population Projected**	**2019 <18 Projected Days of Care**	**<18 Number of Beds Needed**	**<18 Total Beds Needed**	**Child/Adol Inventory**	**Child/Adol Need (Surplus or Deficit) Deficits are "-"**
Formula				(Column B x Column D) / Column C	Column E / 365	Column F / 75%		Column H - Column G
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	35,607	454,335	466,675	36,574	100	134	98	**-36**
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	35,209	707,556	712,534	35,457	97	130	164	34
Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	10,146	194,529	186,619	9,733	27	36	0	**-36**
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	8,023	204,517	197,662	7,754	21	28	27	-1
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	13,178	256,492	254,503	13,076	36	48	30	**-18**
Smoky Mountain Center: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	8,787	208,409	205,110	8,648	24	32	17	**-15**
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Onslow, Tyrrell, Washington	21,545	276,341	282,039	21,989	60	80	80	0
Child/Adolescent Grand Totals	**132,495**	**2,302,179**	**2,305,142**	**133,231**	**365**	**487**	**416**	

Table 15B: 2019 Projections of Psychiatric Bed Need
By Local Management Entity-Managed Care Organization (LME-MCO)
Part 2. Projection of Adult Psychiatric Bed Need for 2019

Column A	Column K	Column L	Column M	Column N	Column O	Column P	Column Q	Column R
Local Management Entity-Managed Care Organization	**2015 18+ Days of Care**	**2015 18+ Population Projected**	**2019 18+ Population Projected**	**2019 18+ Projected Days of Care**	**Number of Beds Adults Needed**	**Total Beds Needed**	**Adult Inventory**	**Adult Bed Need (Surplus or Deficit) Deficits are "-"**
Formula				(Column K x Column M) / Column L	Column N / 365	Column O / 75%		Column Q - Column P
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	96,630	1,363,386	1,475,694	104,590	287	382	357	**-25**
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	121,886	2,327,738	2,485,674	130,156	357	475	613	138
Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	42,278	629,628	639,845	42,964	118	157	186	29
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	40,182	712,625	737,848	41,604	114	152	222	70
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	42,195	836,395	873,819	44,083	121	161	146	**-15**
Smoky Mountain Center: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	54,954	880,060	911,244	56,901	156	208	226	18
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	55,967	1,002,711	1,041,020	58,105	159	212	219	7
Adult Grand Totals	**454,092**	**7,752,543**	**8,165,144**	**478,403**	**1,311**	**1,748**	**1,969**	

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for 106 child/adolescent psychiatric inpatient beds, as shown in Table 15C (1). There is no need anywhere else in the state and no other reviews are scheduled.

Table 15C (1): Child/Adolescent Psychiatric Inpatient Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional child/adolescent psychiatric inpatient beds as specified.

Local Management Entity-Managed Care Organization (LME-MCO) and Counties	HSA	Child/ Adolescent Psychiatric Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	IV, V	36	May 15, 2017	June 1, 2017
Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	V, VI	36	August 15, 2017	September 1, 2017
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	I, II, III	1	March 15, 2017	April 1, 2017
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	II, IV, V	18	July 17, 2017	August 1, 2017
Smoky Mountain Center: Alleghany, Alexander, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	I	15	August 15, 2017	September 1, 2017
It is determined that there is no need for additional child/adolescent psychiatric inpatient beds anywhere else in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for 40 adult psychiatric inpatient beds, as shown in Table 15C (2). There is no need anywhere else in the state and no other reviews are scheduled.

Table 15C (2): Adult Psychiatric Inpatient Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional adult psychiatric inpatient beds as specified.

Local Management Entity-Managed Care Organization (LME-MCO) and Counties	HSA	Adult Psychiatric Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	IV, V	25	May 15, 2017	June 1, 2017
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	II, IV, V	15	July 17, 2017	August 1, 2017
It is determined that there is no need for additional adult psychiatric inpatient beds anywhere else in the state and no other reviews are scheduled.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the Application due date. The filing deadline is absolute (see Chapter 3).

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Chapter 16:

Substance Use Disorder Inpatient and Residential Services (Chemical Dependency Treatment Beds)

CHAPTER 16
SUBSTANCE USE DISORDER INPATIENT AND RESIDENTIAL SERVICES (CHEMICAL DEPENDENCY TREATMENT BEDS)

Summary of Bed Supply and Utilization
Three state-operated Alcohol and Drug Abuse Treatment Centers are certified by the Centers for Medicare & Medicaid Services as acute inpatient psychiatric hospitals and provide substance use disorder/psychiatric stabilization and treatment.

Changes from the Previous Plan
No substantive changes have been incorporated into the North Carolina 2017 State Medical Facilities Plan. The Basic Assumptions of the Methodology were updated to reflect LME-MCO coverage area changes due to a merger in 2016. CenterPoint Human Services merged with Cardinal Innovations Healthcare Solutions, resulting in a reduction from eight LME-MCOs to seven LME-MCOs.

Throughout the chapter, data have been revised to reflect services provided during fiscal year 2014-2015, and dates have been advanced by one year, where appropriate. The base year is changed to 2015 and the base year utilization data is applied to Year 2019 population estimates.

Basic Principles
Services for people with a substance use disorder should be organized in such a way that a continuum of care is available. Because their needs vary greatly, people with a substance use disorder require access to a wide array of services including outpatient treatment, housing resources, day treatment services, residential treatment services and hospitalization. For most individuals in acute distress, admission to a community-based facility is preferable to admission to a regional, state-operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community. This avoids institutionalization of individuals in acute distress and allows relocating people from state facilities to community programs to the extent appropriate services are developed in the community. Adolescents should receive substance use disorder treatment services that are distinct from services provided to adults.

It is essential that a continuum of services be available for the treatment of substance use disorders. Physical withdrawal from addicting substance(s) is accomplished through detoxification services. Hospitalization shall be considered the most restrictive form of therapeutic intervention or treatment and shall be used only when this level of 24-hour care and supervision is required to meet the patient's health care needs. Following detoxification, the individual should receive substance use disorder-related services addressing his/her physical, emotional, psychological and social needs.

In addition, individuals should have access to a continuum of appropriate services including periodic, day/night and residential/inpatient services. Support services (e.g., Alcoholics and Narcotics Anonymous, vocational rehabilitation) that help the individual remain in control of his/her life and prevent the possibility of relapse should also be available.

The 2003 Session of the General Assembly of North Carolina approved Session Law 2003-390, House Bill 815, which stated that it was:

> "An act to amend the definition of chemical dependency treatment facility to provide that social setting detoxification facilities and medical detoxification facilities are not chemical dependency treatment facilities for the purposes of Certificate of Need requirements and to amend the definition of chemical dependency treatment bed to provide that beds licensed for detoxification are not chemical dependency treatment beds for the purposes of Certificate of Need requirements; and to provide that social setting detoxification facilities and medical detoxification facilities shall not deny admission or treatment to an individual on the basis of the individual's inability to pay."

In response to House Bill 815, the detoxification-only beds for residential facilities were removed from the inventory in this chapter. Licenses for acute care hospitals were revised to change the existing licensed medical detoxification beds to licensed chemical dependency/substance use disorder treatment beds. See DFS Advisory in Appendix E.

Basic Assumptions of the Methodology

1. Children and adolescents require treatment in units that are programmatically and physically distinct from adult patient units.

2. Target occupancy of substance use disorder treatment units in hospitals and residential facilities is considered to be 85 percent.

3. Bed need is projected two years in advance because that amount of time may be required to bring a needed facility or expansion into service. Need in the North Carolina 2017 State Medical Facilities Plan is projected for Year 2019.

Inventory Data:
North Carolina Department of Health and Human Services, Division of Health Service Regulation, Mental Health Licensure and Certification Section; Acute and Home Care Licensure and Certification Section; Certificate of Need; and Division of State Operated Healthcare Facilities.

Population Data:
North Carolina Office of State Budget and Management.

Utilization Data:
Truven Health Analytics collected data for the period from October 2014 through September 2015 from hospital providers, and the Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill distilled the data down to the individual counties. Where data from Truven Health Analytics were not available, utilization data were obtained from the 2016 "Mental Health/Substance Abuse Hospital License Renewal Application" and the "Substance Abuse Residential Treatment Data Collection Form," as attached to the 2016 "Renewal License Application for MH/DD/SAS Facilities," submitted to the North Carolina Department of Health and Human Services, Division of Health Service Regulation.

Methodology for Determining Chemical Dependency (Substance Use Disorder) Treatment Bed Need
The methodology is based on 2015 hospital utilization data obtained from Truven Health Analytics, a collector of hospital patient discharge information. Data reflecting utilization of chemical dependency (substance use disorder) residential treatment facilities and mental health hospitals who did not submit data to Truven Health Analytics in 2015 were derived from the 2016 "Substance Abuse Residential Treatment Data Collection Form" and the 2016 "Mental Health/Substance Abuse Hospital License Renewal

Application," as submitted to the North Carolina Division of Health Service Regulation. The data collected and calculated include the number of discharges, days of care, and average lengths of stay for all substance use disorder patients by their county of residence and age group, for a one-year time period.

Application of the Methodology

A chemical dependency treatment bed's service area is the mental health planning region in which the bed is located. The LME-MCOs comprising the three mental health planning regions are listed in Table 16B. The counties comprising each of the seven LME-MCO catchment areas for mental health, developmental disabilities and substance use disorder services are listed in Table 15 B Part 1 & Part 2. Each step explained below is applied individually to the seven mental health LME-MCOs, and then bed surpluses/deficits in the LME-MCOs are combined to arrive at the total surpluses/deficits for the three mental health planning regions. Treatment utilization data from acute care and specialty hospitals and from residential treatment facilities were incorporated into the methodology.

Part 1: Determining Projected Patient Days of Care and Total Bed Need

Step 1: The estimated Year 2019 days of care for all age groups is determined by taking the actual Year 2015 days of care, multiplying that number by the projected Year 2019 population and then dividing by the Year 2015 population.

Step 2: The Year 2019 days of care is divided by 365 and then by 85 percent to arrive at the total bed need in Year 2019, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance use disorder) treatment beds in hospitals and residential treatment facilities.

Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults

Step 1: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) in order to arrive at the Year 2019 *unmet* bed need for all age groups ("total bed surplus/deficit").

Step 2: Nine percent of the total bed need is subtracted as the estimated Year 2019 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents).

Step 3: The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2019 child/adolescent unmet bed need.

Step 4: The adult bed need is then calculated by subtracting the child/adolescent bed "surplus/deficit" from the total bed "surplus/deficit."

Table 16A: Inventory of Chemical Dependency (Substance Use Disorder) Beds, Excluding State Facilities
By Local Management Entity-Managed Care Organization (LME-MCO) & Mental Health Planning Region

Local Management Entity-Managed Care Organization	Facility Name	Type	HSA	County	Total All Beds	Detox/Treatment Beds: Total				Detox/Treatment Beds: Adult				Detox/Treatment Beds: Child/Adolescent				Detox Only Beds **
						Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Planning Inventory	Total Licensed Beds	CON Not Yet Licensed	Available in SMFP	Total Licensed Beds
Eastpointe	Nash General Hospital	H	VI	Nash	16	16	16	0	0	16	16	0	0	0	0	0	0	0
	Community Outreach Youth Services	R	V	Robeson	8	8	0	8	0	0	0	0	0	8	0	8	0	0
EASTPOINTE TOTALS					**24**	**24**	**16**	**8**	**0**	**16**	**16**	**0**	**0**	**8**	**0**	**8**	**0**	**0**
Trillium	The Wilmington Treatment Center	H	V	New Hanover	44	44	44	0	0	44	44	0	0	0	0	0	0	0
	Brynn Marr Behavioral Health System	H	VI	Onslow	12	12	12	0	0	12	12	0	0	0	0	0	0	0
TRILLIUM TOTALS					**56**	**56**	**56**	**0**	**0**	**56**	**56**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Eastern Region Totals					**80**	**80**	**72**	**8**	**0**	**72**	**72**	**0**	**0**	**8**	**0**	**8**	**0**	**0**
Alliance Behavioral Healthcare	Cape Fear Valley Medical Center *	H	V	Cumberland	11	4	4	0	0	4	4	0	0	0	0	0	0	7
	Holly Hill Hospital	H	IV	Wake	28	28	28	0	0	28	28	0	0	0	0	0	0	0
	Triangle Springs	R	IV	Wake	34	34	0	34	0	34	0	34	0	0	0	0	0	0
ALLIANCE BEHAVIORAL HEALTHCARE TOTALS					**73**	**66**	**32**	**34**	**0**	**66**	**32**	**34**	**0**	**0**	**0**	**0**	**0**	**7**
Cardinal Innovations Healthcare Solutions	Alamance Regional Medical Center	H	II	Alamance	12	12	12	0	0	0	0	0	0	12	12	0	0	0
	Path of Hope, Men	R	II	Davidson	12	12	12	0	0	12	12	0	0	0	0	0	0	0
	Path of Hope, Women	R	II	Davidson	6	6	6	0	0	6	6	0	0	0	0	0	0	0
	Addiction Recovery Care Association *	R	II	Forsyth	48	36	36	0	0	36	36	0	0	0	0	0	0	12
	Old Vineyard Youth Services	H	II	Forsyth	8	8	8	0	0	4	4	0	0	4	4	0	0	0
	McLeod Addictive Disease Center */***	R	III	Mecklenburg	36	30	30	0	0	30	30	0	0	0	0	0	0	6
	Anuvia Prevention & Recovery Center *	R	III	Mecklenburg	41	32	32	0	0	32	32	0	0	0	0	0	0	9
	Carolinas Med Ctr (Behavioral Health)	H	III	Mecklenburg	11	11	11	0	0	11	11	0	0	0	0	0	0	0
	UNC Hospitals	H	IV	Orange	16	0	0	0	0	0	0	0	0	0	0	0	0	16
	Novant Health Rowan Medical Center	H	III	Rowan	15	15	15	0	0	15	15	0	0	0	0	0	0	0
	CHS Behavioral Health - First Step **	R	III	Union	0	0	16	-16	0	0	16	-16	0	0	0	0	0	0
CARDINAL INNOVATIONS HEALTHCARE SOLUTIONS					**205**	**162**	**178**	**-16**	**0**	**146**	**162**	**-16**	**0**	**16**	**16**	**0**	**0**	**43**
Sandhills Center	Daymark Guilford Co Treatment Facility *	R	II	Guilford	51	40	40	0	0	40	40	0	0	0	0	0	0	11
	Fellowship Hall	H	II	Guilford	99	99	60	39	0	99	60	39	0	0	0	0	0	0
	High Point Regional Hospital	H	II	Guilford	4	4	4	0	0	4	4	0	0	0	0	0	0	0
	Mose Kiser, Jr. Lodge (of Fellowship Hall)	R	II	Guilford	24	24	24	0	0	24	24	0	0	0	0	0	0	0
	FirstHealth Moore Regional Hospital	H	V	Moore	14	14	14	0	0	14	14	0	0	0	0	0	0	0
	Samaritan Colony	R	V	Richmond	12	12	12	0	0	12	12	0	0	0	0	0	0	0
SANDHILLS CENTER TOTALS					**204**	**193**	**154**	**39**	**0**	**193**	**154**	**39**	**0**	**0**	**0**	**0**	**0**	**11**
Central Region Totals					**482**	**421**	**364**	**57**	**0**	**405**	**348**	**57**	**0**	**16**	**16**	**0**	**0**	**61**
Partners Behavioral Health Management	Frye Regional Medical Center	H	I	Catawba	16	16	16	0	0	16	16	0	0	0	0	0	0	0
	Carolinas HealthCare System Kings Mountain*	H	I	Cleveland	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Phoenix Counseling Center *	R	III	Gaston	11	6	6	0	0	6	6	0	0	0	0	0	0	5
	Hope Valley, Men *	R	II	Surry	30	22	22	0	0	22	22	0	0	0	0	0	0	8
	Hope Valley, Women	R	II	Surry	8	8	8	0	0	8	8	0	0	0	0	0	0	0
PARTNERS BEHAVIORAL HEALTH MANAGEMENT TOTALS					**65**	**52**	**52**	**0**	**0**	**52**	**52**	**0**	**0**	**0**	**0**	**0**	**0**	**13**
Smoky Mountain Center	Alexander Youth Services	R	I	Alexander	15	15	0	15	0	0	0	0	0	15	0	15	0	0
	Robert Swain Recovery Center	R	I	Buncombe	22	22	22	0	0	16	16	0	0	6	6	0	0	0
	Pavillon International *	R	I	Polk	51	46	46	0	0	46	46	0	0	0	0	0	0	5
	Transylvania Regional Hospital	H	I	Transylvania	40	40	40	0	0	40	40	0	0	0	0	0	0	0
	Synergy Recovery at the Bundy Center *	R	I	Wilkes	10	4	4	0	0	4	4	0	0	0	0	0	0	6
SMOKY MOUNTAIN CENTER TOTALS					**138**	**127**	**112**	**15**	**0**	**106**	**106**	**0**	**0**	**21**	**6**	**15**	**0**	**11**
Western Region Totals					**203**	**179**	**164**	**15**	**0**	**158**	**158**	**0**	**0**	**21**	**6**	**15**	**0**	**24**
State Totals					**765**	**680**	**600**	**80**	**0**	**635**	**578**	**57**	**0**	**45**	**22**	**23**	**0**	**85**

* Detox Only Beds are not part of the Planning Inventory per Appendix E of the State Medical Facilities Plan. The data are provided for information purposes only.

** On 12/17/2015, CHS Behavioral Health-First Step delicensed all 16 beds under licensure category 10A NCAC 27G.3400. The facility reported days of care for 2014-2015, but this action removed the 16 adult substance use beds from the planning inventory.

*** On 2/11/2015, McLeod Addictive Disease Center delicensed 6 beds under licensure category 10A NCAC 27G.3400.

Table 16B: 2019 Projection of Chemical Dependency (Substance Use Disorder) Treatment Bed Need By Mental Health Planning Region

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	Column M	Column N	
Local Management Entity Managed Care Organization (LME-MCO) by Mental Health Planning Region Totals	**2015 Days of Care**	**2015 Population**	**Projected 2019 Population**	**2019 Projected Days of Care**	**Number of Beds**	**Total Beds Needed**	**Total Planning Inventory**	**Total Bed (Surplus/Deficit) (H - G) Deficits are "-"**	**Child/Adol. Bed %**	**Child/Adol. Planning Inventory**	**Child/Adol. Bed Need (Surplus/Deficit)**	**Adult Bed Need (Surplus/Deficit)**	**2017 Treatment Bed Need Determination**	
											Deficits are "-"		**Child/Adol.**	**Adult**
Formula				(Column B x Column D) / Column C	Column E / 365	Column F / 85%		Column H - Column G	Column G x 9%		Column K - Column J	Column I - Column L [Rounded]		
Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	7,247	824,157	826,464	7,267	20	23	24	1	2	8	6	-5		
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	16,380	1,279,052	1,323,059	16,944	46	55	56	1	5	0	-5	6		
Eastern Region Totals	**23,627**	**2,103,209**	**2,149,523**	**24,211**	**66**	**78**	**80**	**2**	**7**	**8**	**1**	**1**	**0**	**0**
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	19,905	1,817,721	1,942,369	21,270	58	69	66	-3	6	0	-6	3		
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	54,661	3,035,294	3,198,208	57,595	158	186	162	-24	17	16	-1	-23		
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	33,481	1,092,887	1,128,322	34,567	95	111	193	82	10	0	-10	92		
Central Region Totals	**108,047**	**5,945,902**	**6,268,899**	**113,431**	**311**	**366**	**421**	**55**	**33**	**16**	**-17**	**72**	**17**	**0**
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	13,894	917,142	935,510	14,172	39	46	52	6	4	0	-4	10		
Smoky Mountain Center: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	17,042	1,088,469	1,116,354	17,479	48	56	127	71	5	21	16	55		
Western Region Totals	**30,936**	**2,005,611**	**2,051,864**	**31,651**	**87**	**102**	**179**	**77**	**9**	**21**	**12**	**65**	**0**	**0**
							680	**< Grand Totals >**		**45**				

Note: When calculating with a computer versus manually, rounding differences can occur. If calculating manually, the recommendation is to carry the rate out to at least four decimal points, recognizing that computer programs may use fractions with many more decimal points, which may result in slightly different projections. Table 16B was created using Microsoft Excel.

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined there is no need for additional adult chemical dependency (substance use disorder) treatment beds anywhere else in the state and no other reviews are scheduled as shown in Table 16C.

Table 16C: Adult Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the mental health planning regions listed in the table below need additional adult chemical dependency treatment beds as specified.

Mental Health Planning Region	HSA	Adult Chemical Dependency Treatment Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional adult chemical dependency (substance use disorder) treatment beds anywhere in the state and no other reviews are scheduled.				
Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Need Determination

Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined the need for 17 child/adolescent chemical dependency (substance use disorder) treatment beds, as shown in Table 16D. There is no need anywhere else in the state and no other reviews are scheduled.

Table 16D: Child/Adolescent Chemical Dependency (Substance Use Disorder) Treatment Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the mental health planning regions listed in the table below need additional child/adolescent chemical dependency treatment beds as specified.

Mental Health Planning Region	HSA	Child/Adolescent Chemical Dependency Treatment Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
Central Region	II, III, IV,V	17	March 15, 2017	April 1, 2017
It is determined that there is no need for additional child/adolescent chemical dependency (substance abuse) treatment beds anywhere else in the state and no other reviews are scheduled.				
Note: Initial need determinations are residential, unless reallocated at which time the need would be either for residential or inpatient treatment beds.				

* Need determinations shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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Chapter 17:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

CHAPTER 17
INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES

Background Information

Area mental health, developmental disability and substance use disorder authorities (G.S. 122C-117(a)(2)) have responsibility by law to ensure provision of services to people in need within their catchment areas. A certificate of need application for a new or expanded Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) should contain written comments from the Local Management Entity/Managed Care Organization (LME-MCO) of the area authority relative to its endorsement of the project and involvement in the development of a client admission/discharge agreement. The LME-MCOs shall serve as the portals of entry and exit for the admission and discharge of clients in ICF/IID facilities (G.S. 122C-115.4) within the applicable Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) catchment areas. This involvement is essential to ensure that only clients in need of the intensive array of services provided in an ICF/IID program are admitted and served as close as possible to their own homes, and ensured coordination with services outside the facility.

The North Carolina Department of Health and Human Services is committed to the integration of people with intellectual disabilities/developmental disabilities into community living to the fullest extent possible. Community-based alternatives are encouraged, particularly through the transfer of ICF/IID beds from state developmental centers. Other alternatives may include small, community-based, non-ICF/IID residential options as well as other sites through the Medicaid Waiver Community Alternatives Program (CAP)-MR/DD Program.

Facilities proposing to transfer ICF/IID beds from state developmental centers to communities shall demonstrate that they are committed to serving the same type of residents normally served in state operated developmental centers. To ensure that relocated beds will serve those people, any certificate of need application for beds allocated under the above policy must meet the requirements of Chapter 858 of the 1983 Session Laws. The application for transferred beds shall include a written agreement by the applicant with the following representatives which outlines the operational aspects of the bed transfers: director of the LME-MCO serving the county where the program is to be located; the director of the applicable state developmental center; the director of the North Carolina Division of State Operated Healthcare Facilities; and the Secretary of the North Carolina Department of Health and Human Services.

Alternatively, notwithstanding the requirements of Chapter 858 of the 1983 Session Laws, facilities proposing to operate transferred beds shall submit an application to Certificate of Need demonstrating a commitment to serve children ages birth through six years who have severe to profound developmental disabilities and are medically fragile. To help ensure the relocated beds will serve these residents, such proposal shall include a written agreement with the following representatives: director of the LME-MCO serving the county where the program is to be located; the director of the applicable state developmental center; the director of the North Carolina Division of State Operated Healthcare Facilities; and the secretary of the North Carolina Department of Health and Human Services.

Changes from the Previous Plan

One substantive change to the ICF/IID methodology has been incorporated into the 2017 State Medical Facilities Plan. Service areas for need determination were updated to reflect LME-MCO coverage area

changes due to a merger in 2016. CenterPoint Human Services merged with Cardinal Innovations Healthcare Solutions, resulting in a reduction from eight LME-MCOs to seven LME-MCOs.

Basic Principles
People with conditions other than an intellectual disability (such as autism, cerebral palsy, epilepsy or related conditions) may be appropriate for placement in an ICF/IID setting if they are in need of the services the program is certified to provide. In the development of services for this population, the full continuum of services should be explored to determine the most appropriate level of care for their needs.

Services for people with a developmental disability should be organized in such a way that a continuum of care is available. For most individuals, admission to a community-based facility is preferable to admission to a regional, state operated facility because community-based treatment provides greater potential for reintegration into the community. The role of state facilities is to complement and supplement the community mental health system. State facilities should be the treatment setting of last resort and should provide services that cannot be economically provided in the community. Development of community programs may be accomplished through establishing appropriate treatment programs and support services in the community to avoid institutionalization of individuals with a developmental disability, and relocating people from state facilities to community programs to the extent appropriate services are developed in the community.

Summary of ICF/IID Bed Supply and Utilization
Intermediate Care Facilities for Individuals with Intellectual Disabilities or developmental disabilities is a category of group home care designated by the federal-state Medicaid program. A total of 5,107 certified ICF/IID beds are in operation. This total includes four state facilities and their 2,320 beds. The beds located in state facilities are excluded from the regular bed inventory because such facilities are not subject to the state's certificate of need law.

Other States' ICF/IID Bed Totals
The agency has surveyed the southeastern states that cover ICF/IID beds under their certificate of need statutes. The research found:

In the state of Tennessee, the legislature has capped the number of beds at 668. If the ratio of beds to population is calculated, it is the following:

$$5{,}368{,}198 \div 668 = 8{,}036 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7{,}425{,}183 \div 8{,}036 = 924 \text{ beds instead of } 5{,}107 \text{ beds}$$

In the state of Kentucky, the number of beds is capped at 1,208. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$3{,}908{,}124 \div 1{,}208 = 3{,}235 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7{,}425{,}183 \div 3{,}235 = 2{,}295 \text{ beds instead of } 5{,}107 \text{ beds}$$

In the state of South Carolina, the number of beds is 2,714. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$3,760,181 \div 2,714 = 1,385 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 1,385 = 5,361 \text{ beds instead of } 5,107 \text{ beds}$$

In the state of Virginia, the number of beds is 2,090. There are not any plans to increase the number of beds. If the ratio of beds to population is calculated, it is the following:

$$6,733,996 \div 2,090 = 3,222 \text{ people per bed}$$

If North Carolina used the above methodology and used the same year population, it would be the following:

$$7,425,183 \div 3,222 = 2,305 \text{ beds instead of } 5,107 \text{ beds}$$

Comparison of North Carolina to Other States and Need Determination Methodology
If North Carolina used any of the individual state's ratios above or need methodologies (except for South Carolina's), the need for ICF/IID beds would indicate that the present number of 5,107 beds providing service in the state is an adequate number of beds.

If North Carolina used the average of the ratios for people per bed from the above four states, the need for ICF/IID beds would equal to 1,870 beds:

$$7,425,183 \div 3,970 = 1,870 \text{ beds instead of } 5,107 \text{ beds}$$

In the publication State of Tennessee's Health Guidelines for Growth, it is stated that

> "the population-based estimate of the total need for ICF/MR facilities is .05 percent of the general population. This estimate is based on the estimate for all mental retardation of 1 percent. Of the 1 percent estimate, 5 percent of those are estimated to meet level 1 criteria and be appropriate for ICF/MR services."

If North Carolina used the .05 percent of its general Year 2015 population, the need for ICF/IID beds would equal to 5,027 beds:

$$10,054,722 \times .01 = 100,547 \times .05 = 5,027 \text{ beds instead of } 5,107 \text{ beds}$$

The North Carolina Division of Health Service Regulation's basic position continues to be that additional ICF/IID beds in North Carolina are in conflict with the experience and practice of surrounding states that indicate that North Carolina has a more than adequate number of ICF/IID beds in comparison to other southeastern states.

Need Determination for ICF/IID Beds
The service area for an ICF/IID bed is the catchment area for the LME-MCO for developmental disability and substance use disorder services in which the bed is located. LME-MCO catchment areas for mental health, developmental disability and substance use disorder services are listed in Table 17A: Inventory of ICF/IID Facilities and Beds.

In accordance with the policy titled: POLICY ICF/IID-2: TRANSFER OF ICF/IID BEDS FROM STATE OPERATED DEVELOPMENTAL CENTERS TO COMMUNITY FACILITIES FOR INDIVIDUALS WHO CURRENTLY OCCUPY THE BEDS, a proposal was submitted by the North Carolina Division of MH/DD/SAS to facilitate the downsizing of the state operated developmental centers.

The proposal indicated that the North Carolina Division of MH/DD/SAS will transfer existing adult certified ICF/IID beds in state operated developmental centers through the certificate of need process to establish ICF/IID group homes in the community to serve people with complex behavioral challenges and/or medical conditions for whom a community ICF/IID placement is appropriate, as determined by the individual's treatment team and with the individual/guardian being in favor of the placement.

Sources of Data
North Carolina Department of Health and Human Services, Division of State Operated Healthcare Facilities; Division of Health Service Regulation, Mental Health Licensure and Certification Section and Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section.

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	Extra Special Care	Cumberland	0	0		6	6
	Holliday's Place Group Home	Cumberland	0	0		6	6
	Hope Mills Home	Cumberland	0	0		6	6
	My Place	Cumberland	0	0		6	6
	No Place Like Home	Cumberland	0	0		5	5
	Northside Group Home	Cumberland	0	0		6	6
	Southern Avenue Home	Cumberland	0	0		6	6
	Strickland Bridge Homes A & B	Cumberland	0	0		12	12
	Thomas S. Decatur Home	Cumberland	0	0		6	6
	The Carter Clinic Residential Home	Cumberland	0	0		6	6
	Wilmington Road Group Home	Cumberland	0	0		6	6
	Chandler Road	Durham	0	0		6	6
	Holloway Street Home	Durham	0	0		6	6
	Kenwood Drive Home	Durham	0	0		6	6
	Keywest Center	Durham	0	0		6	6
	Lynn Road	Durham	0	0		6	6
	Mineral Springs I	Durham	0	0		6	6
	Mineral Springs II	Durham	0	0		6	6
	SCI-Triangle House I	Durham	0	0		6	6
	SCI-Triangle House II	Durham	0	0		6	6
	Seven Oaks Road-Durham	Durham	0	0		5	5
	VOCA-Gentry	Durham	0	0		6	6
	VOCA-Obie	Durham	0	0		6	6
	Voca-Otis Street Home	Durham	0	0		6	6
	Canterbury Road Home	Johnston	0	0		6	6
	Country Manor Group Home	Johnston	0	0		6	6
	Heath Avenue Home	Johnston	0	0		6	6
	VOCA-Greenwood Group Home	Johnston	0	0		6	6
	VOCA-Laurelwood	Johnston	0	0		6	6
	Avent Ferry Home	Wake	0	0		6	6
	Bass Lake	Wake	0	0		6	6
	Blanche Drive	Wake	0	0		6	6
	Country Lane	Wake	0	0		6	6
	Dartmouth Road Group Home	Wake	0	0		6	6
	Dickens Drive Home	Wake	0	0		6	6
	Forest Creek Group Home	Wake	0	0		6	6
	Georgia Court	Wake	0	0		6	6
	Helmsdale Group Home	Wake	0	0		6	6
	Hickory Avenue Home	Wake	0	0		6	6
	Hilltop Home	Wake	0	0		22	22
	Huntleigh	Wake	0	0		6	6
	Jade Tree	Wake	0	0		6	6
	Lockley Road	Wake	0	0		6	6
	Mason Street	Wake	0	0		6	6
	Rockwood	Wake	0	0		6	6

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Alliance Behavioral Healthcare: Cumberland, Durham, Johnston, Wake	Rolling Meadows	Wake	0	0		6	6
	Stonegate	Wake	0	0		6	6
	Tammy Lynn Center for Developmental Disabilities	Wake	0	0		30	30
	Trotters Bluff	Wake	0	0		6	6
	VOCA - Creekway	Wake	0	0		6	6
	VOCA - Olive Home	Wake	0	0		6	6
Totals for Alliance Behavioral Healthcare			**0**	**0**		**350**	**350**
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Poplar Street Group Home	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc /Rosemont Street	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc /Veterans Drive	Alamance	0	0		6	6
	Ralph Scott Lifeservices, Inc.-Laramie Drive Group Home	Alamance	0	0		6	6
	Bost Children's Center	Cabarrus	0	0		10	10
	Christy Woods Group Home	Cabarrus	0	0		5	5
	Michigan Street Home	Cabarrus	0	0		5	5
	RHA/Howell Care Centers/Clear Creek	Cabarrus	0	0		120	120
	Wilhelm Place Home	Cabarrus	0	0		5	5
	CLLC (Carolina Living & Learning Center)	Chatham	0	0		15	15
	Scotthurst I & II	Davidson	0	0		12	12
	Boxwood Acres	Davie	0	0		6	6
	Pleasant Acres	Davie	0	0		6	6
	Twinbrooks	Davie	0	0		6	6
	Forsyth Group Home #1	Forsyth	0	0		6	6
	Forsyth Group Home #2	Forsyth	0	0		6	6
	Konnoak Group Home	Forsyth	0	0		6	6
	Pineview	Forsyth	0	0		5	5
	The Arches-Horizons Residential Care Center	Forsyth	0	0		10	10
	The Atrium/The Respite Center	Forsyth	0	0		30	30
	Wilson Smith Cottage	Forsyth	0	0		6	6
	Dove Road Home	Granville	0	0		6	6
	Granville ICF/MR Group Home	Granville	0	0		5	5
	Park Avenue Home	Granville	0	0		6	6
	Stem Road Home	Granville	0	0		6	6
	Idlewood Group Home	Halifax	0	0		6	6
	LIFE, Inc./ Lakeview	Halifax	0	0		6	6
	LIFE, Inc./King Street Group Home	Halifax	0	0		6	6
	McFarland Road	Halifax	0	0		6	6
	SCI-Roanoke House	Halifax	0	0		12	12
	Bon Rea Drive Group Home	Mecklenburg	0	0		6	6
	Dalmoor Drive Group Home	Mecklenburg	0	0		6	6
	Flowe Drive Group Home	Mecklenburg	0	0		6	6
	Gail B. Hanks Group Home	Mecklenburg	0	0		6	6
	Heathcroft	Mecklenburg	0	0		6	6
	Leaves	Mecklenburg	0	0		6	6
	Mantle Court Group Home	Mecklenburg	0	0		6	6

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Oak Street Group Home-St. Mark	Mecklenburg	0	0		6	6
	Ravendale Drive Group Home	Mecklenburg	0	0		6	6
	RHA/Howell Care Center, Inc - Monroe Rd.	Mecklenburg	0	0		6	6
	RHA/Howell Care Centers /Shelburne Place	Mecklenburg	0	0		6	6
	RHA/Howell Care Centers/Burtonwood Circle Home	Mecklenburg	0	0		6	6
	RHA/Howell Care Centers/Lakeview	Mecklenburg	0	0		6	6
	Starnes Group Home	Mecklenburg	0	0		6	6
	Tuckaseegee Group Home	Mecklenburg	0	0		6	6
	VOCA-Denbur Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Freedom Group Home	Mecklenburg	0	0		6	6
	VOCA-Harrisburg Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Mallard Drive	Mecklenburg	0	0		6	6
	VOCA-Enoch Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Norwich Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Oak Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Oakhaven Drive Group Home	Mecklenburg	0	0		6	6
	VOCA-Purser Group Home	Mecklenburg	0	0		6	6
	VOCA-Sandburg Group Home	Mecklenburg	0	0		6	6
	VOCA-Simpson Group Home	Mecklenburg	0	0		6	6
	VOCA-St. John's Church Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Toddville Road Group Home	Mecklenburg	0	0		6	6
	VOCA-Wilson Avenue Group Home	Mecklenburg	0	0		6	6
	VOCA-Woodbridge Road Group Home	Mecklenburg	0	0		6	6
	Browne Group Home	Mecklenburg	0	0		6	6
	Christopher Road	Orange	0	0		6	6
	Quail Roost Group Home (ICF/MR)	Orange	0	0		6	6
	Residential Services, Inc. Retirement Center	Orange	0	0		15	15
	Shadylawn	Orange	0	0		6	6
	Silo Drive Facility-Chapel Hill	Orange	0	0		6	6
	West Main Street Facility-Carrboro	Orange	0	0		6	6
	Cates Street ICF/MR	Person	0	0		6	6
	Frank Street ICF/MR	Person	0	0		6	6
	Rouse's Group Home #6	Rockingham	0	0		6	6
	Rouse's Group Homes	Rockingham	0	0		30	30
	Laura Springs Road Home	Rowan	0	0		6	6
	Myron Place	Rowan	0	0		6	6
	Rockwell 1 & 2	Rowan	0	0		12	12
	Smith Street Home	Rowan	0	0		6	6
	Stoneridge	Rowan	0	0		6	6
	A. Jack Wall Group Home	Stanly	0	0		6	6
	Carolina Farms Group Home #1	Stanly	0	1	F-11071-15	5	6
	Carolina Farms Group Home #2	Stanly	0	1	F-11072-15	5	6
	Carolina Farms Group Home #3	Stanly	0	1	F-11073-15	5	6
	Marie G. Smith Group Home	Stanly	0	0		6	6
	Moss I Group Home	Stanly	0	0		5	5

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Cardinal Innovations Healthcare Solutions: Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren	Moss II Group Home	Stanly	0	0		6	6
	Robert W. Thompson Group Home	Stanly	0	0		6	6
	Pilotview	Stokes	0	0		5	5
	Karen Lane Home	Union	0	0		6	6
	Meadowview Home	Union	0	0		6	6
	Ridgefield Home	Union	0	0		6	6
Totals for Cardinal Innovations			**0**	**3**		**730**	**733**
Eastpointe: Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne, Wilson	Midlake Residential	Bladen	0	0		6	6
	Northridge Residential	Bladen	0	0		6	6
	Riverside Residential	Columbus	0	0		6	6
	Strawberry House	Columbus	0	0		6	6
	SCI-Duplin House	Duplin	0	0		6	6
	Skill Creations of Kenansville	Duplin	0	0		15	15
	Skill Creations of Tarboro	Edgecombe	0	0		15	15
	Fox Run Group Home	Lenoir	0	0		6	6
	LaGrange Home	Lenoir	0	0		6	6
	RHA/Howell Care Centers/Bear Creek	Lenoir	0	0		113	113
	Robin's Nest Group Home	Lenoir	0	0		6	6
	Roseanne Group Home	Lenoir	0	0		5	5
	Skill Creations of Kinston	Lenoir	0	0		15	15
	Washington Street East Group Home	Lenoir	0	0		6	6
	LIFE, Inc./ Green Tee Lane	Nash	0	0		6	6
	SCI Nash House I	Nash	0	0		6	6
	SCI Nash House II	Nash	0	0		6	6
	Corbel Residential	Robeson	0	0		6	6
	Eastbrook	Robeson	0	0		6	6
	Wakulla I & II	Robeson	0	0		12	12
	Westside Residential	Robeson	0	0		6	6
	Skill Creations of Clinton	Sampson	0	0		15	15
	College Park	Scotland	0	0		6	6
	Lee Forest Home	Scotland	0	0		6	6
	Scotland Forest Home	Scotland	0	0		6	6
	Airport Road Group Home	Wayne	0	0		6	6
	Daughtry Field Road Group Home	Wayne	0	0		6	6
	Highway 117 Group Home	Wayne	0	0		6	6
	Holly Street Home	Wayne	0	0		6	6
	LIFE, Inc./Walnut Street Group Home	Wayne	0	0		6	6
	LIFE, Inc./William Street Home	Wayne	0	0		6	6
	North Drive Group Home	Wayne	0	0		6	6
	Norwood Avenue Home	Wayne	0	0		6	6
	RHA/Howell Care Centers/Walnut Creek	Wayne	0	0		37	37
	Skill Creations	Wayne	0	0		15	15
	LIFE, Inc./Raven Ridge Group Home	Wilson	0	0		6	6
	McKeel Loop Road Home	Wilson	0	0		6	6
	Skill Creations of Wilson	Wilson	0	0		15	15

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Totals for Eastpointe			**0**	**0**		**425**	**425**
Partners Behavioral Health Management: Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, Yadkin	Chesterfield Group Home	Burke	0	0		6	6
	Hartland Group Home	Burke	0	0		6	6
	SCI-Burke ICF/MR Group Home	Burke	0	0		5	5
	23rd Street Home	Catawba	0	0		6	6
	Penny Lane #1	Catawba	0	0		6	6
	Penny Lane II	Catawba	0	0		6	6
	Shannonbrook Home	Catawba	0	0		6	6
	Wendover Home	Catawba	0	0		6	6
	VOCA-Young Group Home	Cleveland	0	0		6	6
	Wooding Place Group Home	Cleveland	0	0		6	6
	Belmont Group Home	Gaston	0	0		5	5
	Cherryville ICF/MR Group Home	Gaston	0	0		5	5
	Franklin Group Home	Gaston	0	0		5	5
	Holy Angels Services-McAuley Residences	Gaston	0	0		48	48
	Meek Road Group Home	Gaston	0	0		5	5
	Mountain Ridge Group Home	Gaston	0	0		6	6
	Springdale Lane Group Home	Gaston	0	0		5	5
	Bonnie Lane Group Home	Iredell	0	0		6	6
	Dal-Wan Heights Group Home	Iredell	0	0		6	6
	Fanjoy Home #1	Iredell	0	0		6	6
	Fanjoy Home #2	Iredell	0	0		6	6
	Hollingswood Group Home	Iredell	0	0		6	6
	Oakdale Group Home	Iredell	0	0		6	6
	Pinewood Group Home	Iredell	0	0		6	6
	Brookwood Home	Lincoln	0	0		6	6
	Linoak Group Home	Lincoln	0	0		6	6
	Riverview Home	Lincoln	0	0		6	6
	Sunny Hill Group Home #1	Lincoln	0	0		6	6
	Sunny Hill II	Lincoln	0	0		6	6
	Park Drive Group Home	Surry	0	0		6	6
	Sydnor Street Group Home	Surry	0	0		6	6
	Yadkin I	Yadkin	0	0		6	6
	Yadkin II & III	Yadkin	0	0		12	12
Totals for Partners Behavioral Health			**0**	**0**		**240**	**240**
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	Ansonville Group Home	Anson	0	0		6	6
	Friendway Group Home	Guilford	0	0		6	6
	Guilford #1	Guilford	0	0		6	6
	Guilford #2	Guilford	0	0		6	6
	Guilford #3	Guilford	0	0		6	6
	RHA/Howell Care Centers/Gatewood	Guilford	0	0		15	15
	RHA/Howell Care Centers/Guilford IV	Guilford	0	0		6	6
	RHA/Howell Care Centers/Holden Group Home	Guilford	0	0		6	6
	RHA/Howell Care Centers/Ridgely Oak	Guilford	0	0		6	6
	RHA/Howell Care Centers/Rollingwood	Guilford	0	0		6	6

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Sandhills Center: Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond	RHA/Howell Care Centers/West Friendly	Guilford	0	0		6	6
	RHA/Howell Care Centers/Westminister	Guilford	0	0		6	6
	Southridge Road	Guilford	0	0		5	5
	Summerlyn	Guilford	0	0		6	6
	VOCA-Meadowood Drive Group Home	Guilford	0	0		6	6
	Watson's Group Home	Guilford	0	0		6	6
	Westridge (908 Westridge Road)	Guilford	0	0		5	5
	Westridge (1609 Westridge Road)	Guilford	0	0		6	6
	Erwin #2 Group Home	Harnett	0	0		6	6
	Erwin Avenue Home	Harnett	0	0		6	6
	Lillington Group Home	Harnett	0	0		6	6
	Ashley Heights Home	Hoke	0	0		6	6
	Old Farm Road	Hoke	0	0		6	6
	Hickory II Group Home	Lee	0	0		6	6
	Pine Ridge Group Home	Lee	0	0		6	6
	Skill Creations of Sanford	Lee	0	0		15	15
	T.L.C Home, Inc.	Lee	0	0		10	10
	VOCA-Sixth Street Group Home	Lee	0	0		6	6
	Mt. Gilead Children's Home	Montgomery	0	0		6	6
	Myrtlewood Group Home	Montgomery	0	0		6	6
	Crest Road Group Home	Moore	0	0		6	6
	Magnolia Group Home	Moore	0	0		6	6
	Moore County Home For Autistic Adults	Moore	0	0		6	6
	Sherwood Park Home	Moore	0	0		15	15
	Brookwood	Randolph	0	0		6	6
	Timberlea Group Home	Randolph	0	0		6	6
	Hoffman Group Home	Richmond	0	0		6	6
	Mallard Lane Center	Richmond	0	0		5	5
	Pence Place	Richmond	0	0		9	9
Totals for Sandhills Center			**0**	**0**		**265**	**265**
Smoky Mountain Center: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	Ellendale Group Home	Alexander	0	0		6	6
	Little River Group Home	Alexander	0	0		6	6
	VOCA-Second Avenue Group Home	Alexander	0	0		6	6
	New River Cottage, Inc.	Alleghany	0	0		5	5
	Ridgecrest I	Ashe	0	0		6	6
	Ridgecrest II	Ashe	0	0		6	6
	Thomas Street Home	Ashe	0	0		6	6
	Blue Ridge Homes-Swannanoa	Buncombe	0	0		32	32
	Chiles Avenue Group Home	Buncombe	0	0		6	6
	Irene Wortham Residential Center-Azalea	Buncombe	0	0		6	6
	IWRC-Dogwood	Buncombe	0	0		6	6
	IWRC-Rose Street Home	Buncombe	0	0		12	12
	New Stock Road Group Home	Buncombe	0	0		6	6
	Pisgah Group Home	Buncombe	0	0		6	6
	Emory Road	Buncombe	0	0		6	6

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Smoky Mountain Center: Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey	WNC Group Home - Kenmore	Buncombe	0	0		6	6
	WNC Group Home - Montford	Buncombe	0	0		5	5
	WNC Group Home - Ora	Buncombe	0	0		6	6
	Creekside Group Home	Caldwell	0	0		6	6
	Lower Creek Group Home	Caldwell	0	0		6	6
	Playmore Group Home	Caldwell	0	0		6	6
	VOCA-Laurel Group Home	Caldwell	0	0		6	6
	Haywood County Group Home #3	Haywood	0	0		5	5
	Country Cove Group Home	Henderson	0	0		6	6
	Pinebrook Group Home	Henderson	0	0		6	6
	Rayside A	Henderson	0	0		4	4
	Rayside B	Henderson	0	0		4	4
	Smoky ICF/MR Group Home	Jackson	0	0		6	6
	Webster Group Home	Jackson	0	0		6	6
	Iotla Street Group Home	Macon	0	0		6	6
	Macon County Group Home	Macon	0	0		6	6
	Blue Ridge Homes-Madison	Madison	0	0		32	32
	Laurelwood Group Home	McDowell	0	0		6	6
	VOCA-Rollins Group Home	Rutherford	0	0		6	6
	VOCA-Woodland	Rutherford	0	0		6	6
	Forest Bend Group Home	Transylvania	0	0		6	6
	Wildcat Group Home	Watauga	0	0		15	15
	Lakewood	Wilkes	0	0		6	6
	Lewis Fork Homes I & II	Wilkes	0	0		12	12
	VOCA-Apple Valley	Wilkes	0	0		6	6
	VOCA-Blairfield	Wilkes	0	0		6	6
	VOCA-College Street	Wilkes	0	0		6	6
	VOCA-Kimsey	Wilkes	0	0		6	6
	VOCA-Welborn Ave.	Wilkes	0	0		6	6
Totals for Smoky Mountain Center			**0**	**0**		**330**	**330**
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	LIFE, Inc /Beaufort Heights Group Home	Beaufort	0	0		6	6
	LIFE, Inc /Dixon Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc /Edgewood Group Home	Beaufort	0	0		6	6
	LIFE, Inc /Minute Man Group Home	Beaufort	0	0		6	6
	LIFE, Inc /Slatestone Road Group Home	Beaufort	0	0		6	6
	LIFE, Inc /Folly Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc /Lockwood Street Group Home	Brunswick	0	0		6	6
	LIFE, Inc /Grey Fox Run Group Home	Carteret	0	0		6	6
	LIFE, Inc /Nine Foot Road Group Home	Carteret	0	0		6	6
	LIFE, Inc /Albemarle Group Home	Chowan	0	0		6	6
	LIFE, Inc /Chowan Group Home	Chowan	0	0		6	6
	LIFE, Inc /Coke Avenue Group Home	Chowan	0	0		6	6
	Luke Street	Chowan	0	0		6	6
	Brices Creek Road Home	Craven	0	0		6	6
	Dogwood House	Craven	0	0		5	5

Table 17A: Inventory of ICF/IID Facilities and Beds

Local Management Entity-Managed Care Organization (LME-MCO)	Provider Name	County	CON Approved		CON Project Number	Total Licensed Beds	Total Beds (Approved + Licensed)
			Child Beds	Adult Beds			
Trillium: Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington	Kimberly Road	Craven	0	0		6	6
	LIFE, Inc./Cherry Lane	Craven	0	0		6	6
	LIFE, Inc./Lavenham Group Home	Craven	0	0		6	6
	LIFE, Inc./Oakdale Home	Craven	0	0		6	6
	RHA/Howell's Child Care Center/Riverbend	Craven	0	0		125	125
	Roanoke Place	Hertford	0	0		6	6
	LIFE, Inc./Twin Acres Group Home	Martin	0	0		6	6
	Greenville Loop Group Home	New Hanover	0	0		6	6
	LIFE, Inc./Cherokee Trail Group Home	New Hanover	0	0		6	6
	Lifetime Resources, Inc. Echo Farms Group Home	New Hanover	0	0		6	6
	Myrtle Grove Group Home	New Hanover	0	0		6	6
	Robert E. Lee Group Home	New Hanover	0	0		6	6
	Robin Hood Group Home	New Hanover	0	0		6	6
	SCI-Coastal House I and II	New Hanover	0	0		12	12
	Countryview Residential	Onslow	0	0		6	6
	Queen's Pond	Onslow	0	0		14	14
	Sandridge	Onslow	0	0		24	24
	Curry House	Pitt	0	0		6	6
	Pitt County Group Home #1	Pitt	0	0		6	6
	Pitt County Group Home #2	Pitt	0	0		6	6
	Pitt County Group Home #3	Pitt	0	0		6	6
	RHA/Howell Care Centers/Forest Hills Group Home	Pitt	0	0		6	6
	RHA/Howell Care Centers/King George Group Home	Pitt	0	0		6	6
	RHA/Howell Care Centers/Tar River	Pitt	0	0		30	30
	SCI-East	Pitt	0	0		12	12
	Skill Creations of Greenville	Pitt	0	0		15	15
	LIFE, Inc./Old Roper Road Group Home	Washington	0	0		6	6
	LIFE, Inc/ Wilson Street Group Home	Washington	0	0		6	6
Totals for Trillium			**0**	**0**		**447**	**447**
		Cumulative Totals:	**0**	**3**	**0**	**2,787**	**2,790**

Table 17B: State Facility Beds Excluded from ICF/IID Inventory By Local Management Entity-Managed Care Organization (LME-MCO)

Local Management Entity – Managed Care Organization (LME-MCO)	Facility Name	HSA	Number of Certified Beds	Reason for Exclusion
Cardinal Innovations Healthcare Solutions	Murdoch Center	IV	643	State Facility
Eastpointe	Caswell Center	VI	807	State Facility
Eastpointe	O'Berry Center	VI	389*	State Facility
Partners Behavioral Health Management	J. Iverson Riddle Developmental Center	I	481	State Facility
		Total	**2,320**	

* As a neuro-medical treatment center, O'Berry Center has certified nursing facility beds in addition to the 389 ICF/IID beds.

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined that there is no need for additional adult ICF/IID beds in the state and no other reviews are scheduled as shown in Table 17C.

Table 17C: Adult ICF/IID Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional adult ICF/IID beds as specified.

LME-MCO by Planning Region	Adult ICF/IID Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional adult ICF/IID beds anywhere in the state and no other reviews are scheduled.			

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

Need Determination
Application of the standard methodology for the North Carolina 2017 State Medical Facilities Plan determined that there is no need for additional child ICF/IID beds in the state and no other reviews are scheduled as shown in Table 17D.

Table 17D: Child ICF/IID Bed Need Determination

(Scheduled for Certificate of Need Review Commencing in 2017)

It is determined that the counties listed in the table below need additional child ICF/IID beds as specified.

LME-MCO by Planning Region	Child ICF/IID Bed Need Determination*	Certificate of Need Application Due Date**	Certificate of Need Beginning Review Date
It is determined that there is no need for additional child ICF/IID beds anywhere in the state and no other reviews are scheduled.			

* Need determinations as shown in this document may be increased or decreased during the year pursuant to Policy GEN-2 (see Chapter 4).

** Application due dates are absolute deadlines. The filing deadline is 5:30 p.m. on the application due date. The filing deadline is absolute (see Chapter 3).

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Appendix A:

North Carolina Health Service Areas

Appendix B:

Partial Listing of Healthcare Planning Acronyms/Terms

Appendix C:

List of Contiguous Counties

Appendix D:

North Carolina's Certificate of Need Statute

Appendix E:

Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes

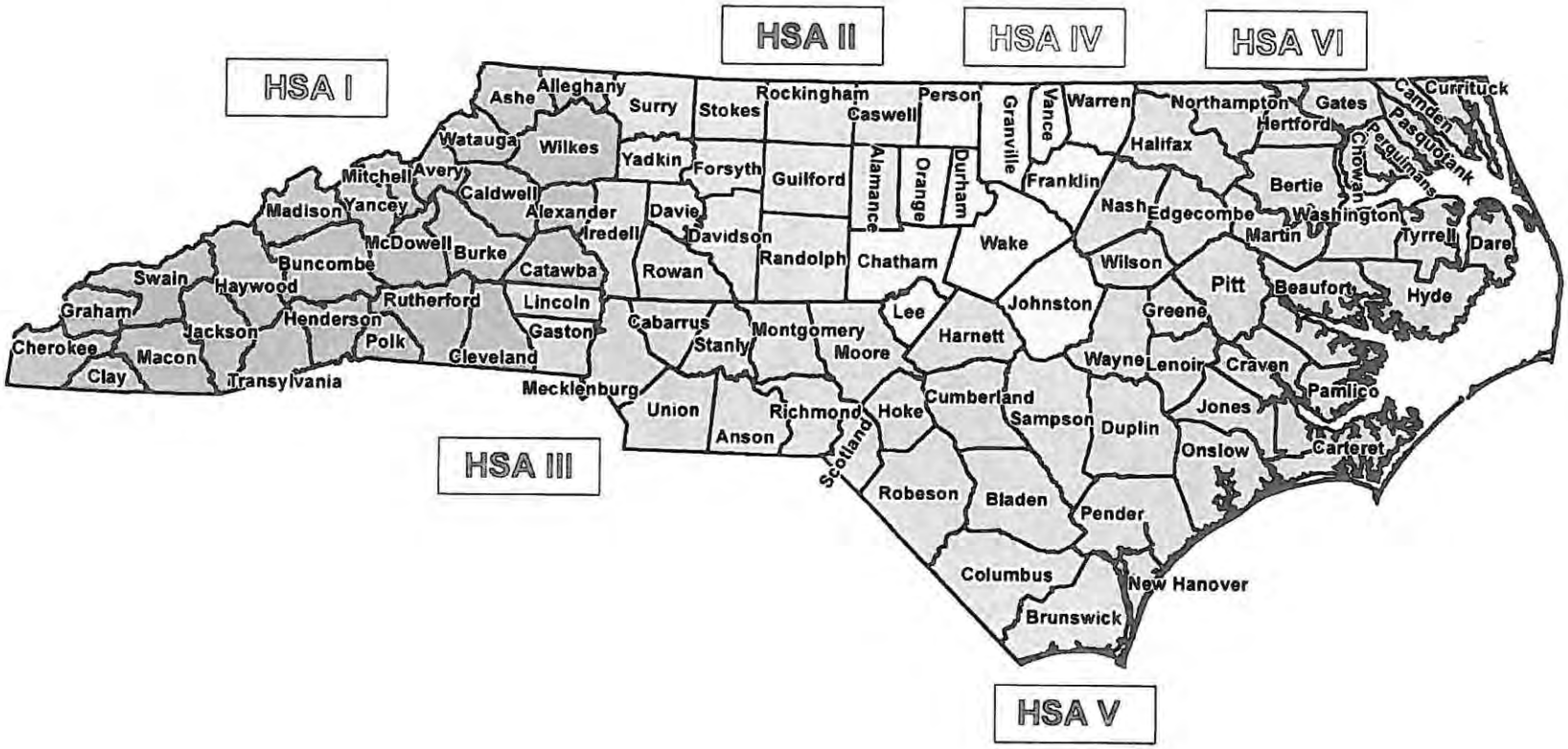
Appendix F:

Academic Medical Center Teaching Hospitals

Appendix G:

Critical Access Hospitals

Appendix A: North Carolina Health Service Areas



Appendix B: Partial Listing of Healthcare Planning Acronyms/Terms

Statute 131 E – 175 et. seq. – Certificate of Need Law

Acronym / Term	*Refers to / Meaning*
AC	Acute Care
ACH	Adult Care Home
ACS	Acute Care Services
AIDS	Acquired Immune Deficiency Syndrome
APA	Administrative Procedures Act
ASC	Ambulatory Surgery Center
CAP MR/DD	Community Alternatives Program for Mentally Retarded/Developmentally Disabled Persons (same as CAP/MR Waiver Program)
CCRC	Continuing Care Retirement Community
CD	Chemical Dependency
CMS	Centers for Medicare & Medicaid Services (Federal Agency)
COG	Council of Governments
CON	Certificate of Need
CPT	Current Procedural Terminology (code set maintained by the American Medical Association)
C-Section	Cesarean Section
DD	Developmental Disability
DFS	Division of Facility Services which has become the DHSR
DHSR	Division of Health Service Regulation
DHHS	Department of Health and Human Services
DMA	Division of Medical Assistance
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities and Substance Abuse Services
DRG	Diagnosis Related Group
DSM III R	Diagnostic and Statistical Manual of Mental Disorders (revised)
Endo	Endoscopy
ESRD	End-Stage Renal Disease
ESTV	Equivalent Simple Treatment Visits
ESWL	Extracorporeal Shock Wave Lithotripsy
GS	General Statute(s)
HCUP	Healthcare Cost and Utilization Project
HPCON	Healthcare Planning and Certificate of Need Section (A section within DHSR that reviews applications and awards Certificates of Need)
HIV+	Infection with Human Immunodeficiency Virus
HH	Home Health
HSA	Health Service Area
HUD	Housing and Urban Development (Federal Agency)
ICD	International Classification of Diseases
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities (new name for Intermediate Care Facility for the Mentally Retarded based on 2010 Rosa's Law)
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICU	Intensive Care Unit
IP	Inpatient
LME	Local Management Entity

LRA	License Renewal Application
LTC	Long-Term Care
LTCH	Long Term Care Hospital
MCO	Managed Care Organization
MDC	Major Diagnostic Category
MH	Mental Health
MRI	Magnetic Resonance Imaging Scanner
NCAC	North Carolina Administrative Code (also known as: Rules)
NH	Nursing Home and Nursing Care Facilities
OP	Outpatient
OR	Operating Room
PET	Positron Emission Tomography Scanner
Plan	North Carolina State Medical Facilities Plan
PSY	Psychiatric
QAV	Quality, Access and Value
SA	Substance Abuse
SDR	Semiannual Dialysis Report (prepared by Healthcare Planning)
SHCC	State Health Coordinating Council (Official Title: North Carolina State Health Coordinating Council)
SMFP	State Medical Facilities Plan

Appendix C: List of "Contiguous Counties"

For purposes of the State Medical Facilities Plan, Healthcare Planning defines contiguous groupings in relation to a base county and includes any North Carolina county that touches that base county.

ALAMANCE	ALEXANDER	ALLEGHANY	ANSON	ASHE	AVERY
Caswell	Caldwell	Ashe	Montgomery	Alleghany	Burke
Chatham	Catawba	Surry	Richmond	Watauga	Caldwell
Guilford	Iredell	Wilkes	Stanly	Wilkes	McDowell
Orange	Wilkes		Union		Mitchell
Randolph					Watauga
Rockingham					

BEAUFORT	BERTIE	BLADEN	BRUNSWICK	BUNCOMBE	BURKE
Craven	Chowan	Columbus	Columbus	Haywood	Avery
Hyde	Halifax	Cumberland	New Hanover	Henderson	Caldwell
Martin	Hertford	Pender	Pender	Madison	Catawba
Pamlico	Martin	Robeson		McDowell	Cleveland
Pitt	Northampton	Sampson		Rutherford	Lincoln
Washington	Washington			Yancey	McDowell
					Rutherford

CABARRUS	CALDWELL	CAMDEN	CARTERET	CASWELL	CATAWBA
Iredell	Alexander	Currituck	Craven	Alamance	Alexander
Mecklenburg	Avery	Gates	Jones	Orange	Burke
Rowan	Burke	Pasquotank	Onslow	Person	Caldwell
Stanly	Catawba			Rockingham	Cleveland
Union	Watauga				Iredell
	Wilkes				Lincoln

CHATHAM	CHEROKEE	CHOWAN	CLAY	CLEVELAND	COLUMBUS
Alamance	Clay	Bertie	Cherokee	Burke	Bladen
Durham	Graham	Gates	Macon	Catawba	Brunswick
Harnett	Macon	Hertford		Gaston	Pender
Lee		Perquimans		Lincoln	Robeson
Moore				Rutherford	
Orange					
Randolph					
Wake					

CRAVEN	CUMBERLAND	CURRITUCK	DARE	DAVIDSON	DAVIE
Beaufort	Bladen	Camden	Currituck	Davie	Davidson
Carteret	Harnett	Dare	Hyde	Forsyth	Forsyth
Jones	Hoke		Tyrrell	Guilford	Iredell
Lenoir	Moore			Montgomery	Rowan
Pamlico	Robeson			Randolph	Yadkin
Pitt	Sampson			Rowan	
				Stanly	

DUPLIN	DURHAM	EDGECOMBE	FORSYTH	FRANKLIN	GASTON
Jones	Chatham	Halifax	Davidson	Granville	Cleveland
Lenoir	Granville	Martin	Davie	Halifax	Lincoln
Onslow	Orange	Nash	Guilford	Johnston	Mecklenburg
Pender	Person	Pitt	Rockingham	Nash	
Sampson	Wake	Wilson	Stokes	Vance	
Wayne			Surry	Wake	
			Yadkin	Warren	

GATES	GRAHAM	GRANVILLE	GREENE	GUILFORD	HALIFAX
Camden	Cherokee	Durham	Lenoir	Alamance	Bertie
Chowan	Macon	Franklin	Pitt	Davidson	Edgecombe
Hertford	Swain	Person	Wayne	Forsyth	Franklin
Pasquotank		Vance	Wilson	Randolph	Martin
Perquimans		Wake		Rockingham	Nash
				Stokes	Northampton
					Warren

HARNETT	HAYWOOD	HENDERSON	HERTFORD	HOKE	HYDE
Chatham	Buncombe	Buncombe	Bertie	Cumberland	Beaufort
Cumberland	Henderson	Haywood	Chowan	Moore	Dare
Johnston	Jackson	Polk	Gates	Richmond	Tyrrell
Lee	Madison	Rutherford	Northampton	Robeson	Washington
Moore	Swain	Transylvania		Scotland	
Sampson	Transylvania				
Wake					

IREDELL	JACKSON	JOHNSTON	JONES	LEE	LENOIR
Alexander	Haywood	Franklin	Carteret	Chatham	Craven
Cabarrus	Macon	Harnett	Craven	Harnett	Duplin
Catawba	Swain	Nash	Duplin	Moore	Greene
Davie	Transylvania	Sampson	Lenoir		Jones
Lincoln		Wake	Onslow		Pitt
Mecklenburg		Wayne			Wayne
Rowan		Wilson			
Wilkes					
Yadkin					

LINCOLN	McDOWELL	MACON	MADISON	MARTIN	MECKLENBURG
Burke	Avery	Cherokee	Buncombe	Beaufort	Cabarrus
Catawba	Buncombe	Clay	Haywood	Bertie	Gaston
Cleveland	Burke	Graham	Yancey	Edgecombe	Lincoln
Gaston	Mitchell	Jackson		Halifax	Iredell
Iredell	Rutherford	Swain		Pitt	Union
Mecklenburg	Yancey			Washington	

MITCHELL	MONTGOMERY	MOORE	NASH	NEW HANOVER	NORTHAMPTON
Avery	Anson	Chatham	Edgecombe	Brunswick	Bertie
McDowell	Davidson	Cumberland	Franklin	Pender	Halifax
Yancey	Moore	Harnett	Halifax		Hertford
	Randolph	Hoke	Johnston		Warren
	Richmond	Lee	Wake		
	Rowan	Montgomery	Warren		
	Stanly	Randolph	Wilson		
		Richmond			
		Scotland			

ONSLOW	ORANGE	PAMLICO	PASQUOTANK	PENDER	PERQUIMANS
Carteret	Alamance	Beaufort	Camden	Bladen	Chowan
Duplin	Caswell	Craven	Gates	Brunswick	Gates
Jones	Chatham		Perquimans	Columbus	Pasquotank
Pender	Durham			Duplin	
	Person			New Hanover	
				Onslow	
				Sampson	

PERSON	PITT	POLK	RANDOLPH	RICHMOND	ROBESON
Caswell	Beaufort	Henderson	Alamance	Anson	Bladen
Durham	Craven	Rutherford	Chatham	Hoke	Columbus
Granville	Edgecombe		Davidson	Montgomery	Cumberland
Orange	Greene		Guilford	Moore	Hoke
	Lenoir		Montgomery	Scotland	Scotland
	Martin		Moore	Stanly	
	Wilson				

ROCKINGHAM	ROWAN	RUTHERFORD	SAMPSON	SCOTLAND	STANLY
Alamance	Cabarrus	Buncombe	Bladen	Hoke	Anson
Caswell	Davidson	Burke	Cumberland	Moore	Cabarrus
Forsyth	Davie	Cleveland	Duplin	Richmond	Davidson
Guilford	Iredell	Henderson	Harnett	Robeson	Montgomery
Stokes	Montgomery	McDowell	Johnston		Richmond
	Stanly	Polk	Pender		Rowan
			Wayne		Union

STOKES	SURRY	SWAIN	TRANSYLVANIA	TYRRELL	UNION
Forsyth	Alleghany	Graham	Haywood	Dare	Anson
Guilford	Forsyth	Haywood	Henderson	Hyde	Cabarrus
Rockingham	Stokes	Jackson	Jackson	Washington	Mecklenburg
Surry	Wilkes	Macon			Stanly
Yadkin	Yadkin				

VANCE	WAKE	WARREN	WASHINGTON	WATAUGA	WAYNE
Franklin	Chatham	Franklin	Beaufort	Ashe	Duplin
Granville	Durham	Halifax	Bertie	Avery	Greene
Warren	Franklin	Nash	Hyde	Caldwell	Johnston
	Granville	Northampton	Martin	Wilkes	Lenoir
	Harnett	Vance	Tyrrell		Sampson
	Johnston				Wilson
	Nash				

WILKES	WILSON	YADKIN	YANCEY
Alexander	Edgecombe	Davie	Buncombe
Alleghany	Greene	Forsyth	Madison
Ashe	Johnston	Iredell	McDowell
Caldwell	Nash	Stokes	Mitchell
Iredell	Pitt	Surry	
Surry	Wayne	Wilkes	
Watauga			
Yadkin			

Appendix D: North Carolina Certificate of Need Statute

Article 9

Certificate of Need

§ 131E-175. Findings of fact.

The General Assembly of North Carolina makes the following findings:

(1) That the financing of health care, particularly the reimbursement of health services rendered by health service facilities, limits the effect of free market competition and government regulation is therefore necessary to control costs, utilization, and distribution of new health service facilities and the bed complements of these health service facilities.

(2) That the increasing cost of health care services offered through health service facilities threatens the health and welfare of the citizens of this State in that citizens need assurance of economical and readily available health care.

(3) That, if left to the market place to allocate health service facilities and health care services, geographical maldistribution of these facilities and services would occur and, further, less than equal access to all population groups, especially those that have traditionally been medically underserved, would result.

(3a) That access to health care services and health care facilities is critical to the welfare of rural North Carolinians, and to the continued viability of rural communities, and that the needs of rural North Carolinians should be considered in the certificate of need review process.

(4) That the proliferation of unnecessary health service facilities results in costly duplication and underuse of facilities, with the availability of excess capacity leading to unnecessary use of expensive resources and overutilization of health care services.

(5) Repealed.

(6) That excess capacity of health service facilities places an enormous economic burden on the public who pay for the construction and operation of these facilities as patients, health insurance subscribers, health plan contributors, and taxpayers.

(7) That the general welfare and protection of lives, health, and property of the people of this State require that new institutional health services to be offered within this State be subject to review and evaluation as to need, cost of service, accessibility to services, quality of care, feasibility, and other criteria as determined by provisions of this Article or by the North Carolina Department of Health and Human Services pursuant to provisions of this Article prior to such services being offered or developed in order that only appropriate and needed institutional health services are made available in the area to be served.

(8) That because persons who have received exemptions under Section 11.9(a) of S.L. 2000-67, as amended, and under Section 11.69(b) of S.L. 1997-443, as amended by Section 12.16C(a) of S.L. 1998-212, and as amended by Section 1 of S.L. 1999-135, have had sufficient time to complete development plans and initiate construction of beds in adult care homes.

(9) That because with the enactment of this legislation, beds allowed under the exemptions noted above and pending development will count in the inventory of adult care home beds available to provide care to residents in the State Medical Facilities Plan.

(10) That because State and county expenditures provide support for nearly three-quarters of the residents in adult care homes through the State County Special Assistance program, and excess bed capacity increases costs per resident day, it is in the public interest to promote efficiencies in delivering care in those facilities by controlling and directing their growth in an effort to prevent underutilization and higher costs and provide appropriate geographical distribution.

(11) That physicians providing gastrointestinal endoscopy services in unlicensed settings should be given an opportunity to obtain a license to provide those services to ensure the safety of patients and the provision of quality care.

(12) That demand for gastrointestinal endoscopy services is increasing at a substantially faster rate than the general population given the procedure is recognized as a highly effective means to diagnose and prevent cancer.

§ 131E-176. Definitions.

As used in this Article, unless the context clearly requires otherwise, the following terms have the meanings specified:

(1) "Adult care home" means a facility with seven or more beds licensed under G.S. 131D-2 or Chapter 131E of the General Statutes that provides residential care for aged or disabled persons whose principal need is a home which provides the supervision and personal care appropriate to their age and disability and for whom medical care is only occasional or incidental.

(1a) "Air ambulance" means aircraft used to provide air transport of sick or injured persons between destinations within the State.

(1b) "Ambulatory surgical facility" means a facility designed for the provision of a specialty ambulatory surgical program or a multispecialty ambulatory surgical program. An ambulatory surgical facility serves patients who require local, regional or general anesthesia and a period of post-operative observation. An ambulatory surgical facility may only admit patients for a period of less than 24 hours and must provide at least one designated operating room or gastrointestinal endoscopy room, as defined in Article 5 Part 1 and Article 6, Part 4 of this Chapter, and at least one designated recovery room, have available the necessary equipment and trained personnel to handle emergencies, provide adequate quality assurance and assessment by an evaluation and review committee, and maintain adequate medical records for each patient. An ambulatory surgical facility may be operated as a part of a physician or dentist's office, provided the facility is licensed under G.S. Chapter 131E, Article 6, Part D, but the performance of incidental, limited ambulatory surgical procedures which do not constitute an ambulatory surgical program as defined in subdivision (1c) of this section and which are performed in a physician's or dentist's office does not make that office an ambulatory surgical facility.

(1c) "Ambulatory surgical program" means a formal program for providing on a same-day basis those surgical procedures which require local, regional or general anesthesia and a period of post-operative observation to patients whose admission for more than 24 hours is determined, prior to surgery or gastrointestinal endoscopy, to be medically unnecessary.

(2) "Bed capacity" means space used exclusively for inpatient care, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. The term "bed capacity" also refers to

the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

(2a) "Bone marrow transplantation services" means the process of infusing bone marrow into persons with diseases to stimulate the production of blood cells.

(2b) "Burn intensive care services" means services provided in a unit designed to care for patients who have been severely burned.

(2c) "Campus" means the adjacent grounds and buildings, or grounds and buildings not separated by more than a public right-of-way, of a health service facility and related health care entities.

(2d) "Capital expenditure" means an expenditure for a project, including but not limited to the cost of construction, engineering, and equipment which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance. Capital expenditure includes, in addition, the fair market value of an acquisition made by donation, lease, or comparable arrangement by which a person obtains equipment, the expenditure for which would have been considered a capital expenditure under this Article if the person had acquired it by purchase.

(2e) Repealed.

(2f) "Cardiac catheterization equipment" means the equipment used to provide cardiac catheterization services.

(2g) "Cardiac catheterization services" means those procedures, excluding pulmonary angiography procedures, in which a catheter is introduced into a vein or artery and threaded through the circulatory system into the heart specifically to diagnose abnormalities in the motion, contraction, and blood flow of the moving heart or to perform surgical therapeutic interventions to restore, repair, or reconstruct the coronary blood vessels of the heart.

(3) "Certificate of need" means a written order which affords the person so designated as the legal proponent of the proposed project the opportunity to proceed with the development of such project.

(4) Repealed.

(5) "Change in bed capacity" means (i) any relocation of health service facility beds, or dialysis stations from one licensed facility or campus to another, or (ii) any redistribution of health service facility bed capacity among the categories of health service facility bed as defined in G.S. 131E-176(9c), or (iii) any increase in the number of health service facility beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.

(5a) "Chemical dependency treatment facility" means a public or private facility, or unit in a facility, which is engaged in providing 24-hour a day treatment for chemical dependency or substance abuse. This treatment may include detoxification, administration of a therapeutic regimen for the treatment of chemically dependent or substance abusing persons and related services. The facility or unit may be:

a. A unit within a general hospital or an attached or freestanding unit of a general hospital licensed under Article 5, Chapter 131E, of the General Statutes,

b. A unit within a psychiatric hospital or an attached or freestanding unit of a psychiatric hospital licensed under Article 1A of General Statutes Chapter 122 or Article 2 of General Statutes Chapter 122C,

c. A freestanding facility specializing in treatment of persons who are substance abusers or chemically dependent licensed under Article 1A of General Statutes Chapter 122 or Article 2 of General Statutes Chapter 122C; and may be identified as "chemical dependency, substance abuse, alcoholism, or drug abuse treatment units," "residential chemical dependency, substance abuse, alcoholism or drug abuse facilities," or by other names if the purpose is to provide treatment

of chemically dependent or substance abusing persons, but shall not include social setting detoxification facilities, medical detoxification facilities, halfway houses or recovery farms.

(5b) "Chemical dependency treatment beds" means beds that are licensed for the inpatient treatment of chemical dependency. Residential treatment beds for the treatment of chemical dependency or substance abuse are chemical dependency treatment beds. Chemical dependency treatment beds shall not include beds licensed for detoxification.

(6) "Department" means the North Carolina Department of Health and Human Services.

(7) To "develop" when used in connection with health services, means to undertake those activities which will result in the offering of institutional health service or the incurring of a financial obligation in relation to the offering of such a service.

(7a) "Diagnostic center" means a freestanding facility, program, or provider, including but not limited to, physicians' offices, clinical laboratories, radiology centers, and mobile diagnostic programs, in which the total cost of all the medical diagnostic equipment utilized by the facility which cost ten thousand dollars ($10,000) or more exceeds five hundred thousand dollars ($500,000). In determining whether the medical diagnostic equipment in a diagnostic center costs more than five hundred thousand dollars ($500,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.

(7b) "Expedited review" means the status given to an application's review process when the applicant petitions for the review and the Department approves the request based on findings that all of the following are met:

a. The review is not competitive.
b. The proposed capital expenditure is less than five million dollars ($5,000,000).
c. A request for a public hearing is not received within the time frame defined in G.S. 131E-185.
d. The agency has not determined that a public hearing is in the public interest.

(7c) "Gamma knife" means equipment which emits photon beams from a stationary radioactive cobalt source to treat lesions deep within the brain and is one type of stereotactic radiosurgery.

(7d) "Gastrointestinal endoscopy room" means a room used for the performance of procedures that require the insertion of a flexible endoscope into a gastrointestinal orifice to visualize the gastrointestinal lining and adjacent organs for diagnostic or therapeutic purposes.

(8),(9) Repealed.

(9a) "Health service" means an organized, interrelated medical, diagnostic, therapeutic, and/or rehabilitative activity that is integral to the prevention of disease or the clinical management of a sick, injured, or disabled person. "Health service" does not include administrative and other activities that are not integral to clinical management.

(9b) "Health service facility" means a hospital; long-term care hospital; psychiatric facility; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for the mentally retarded; home health agency office; chemical dependency treatment facility; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.

(9c) "Health service facility bed" means a bed licensed for use in a health service facility in the categories of (i) acute care beds; (ii) psychiatric beds; (iii) rehabilitation beds;

(iv) nursing home beds; (v) intermediate care beds for the mentally retarded; (vi) chemical dependency treatment beds; (vii) hospice inpatient facility beds; (viii) hospice residential care facility beds; (ix) adult care home beds; and (x) long-term care hospital beds.

(10) "Health maintenance organization (HMO)" means a public or private organization which has received its certificate of authority under Article 67 of Chapter 58 of the General Statutes and which either is a qualified health maintenance organization under Section 1310(d) of the Public Health Service Act or:

a. Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: usual physician services, hospitalization, laboratory, X ray, emergency and preventive services, and out-of-area coverage;
b. Is compensated, except for copayments, for the provision of the basic health care services listed above to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and
c. Provides physicians' services primarily (i) directly through physicians who are either employees or partners of such organizations, or (ii) through arrangements with individual physicians or one or more groups of physicians organized on a group practice or individual practice basis.

(10a) "Heart-lung bypass machine" means the equipment used to perform extra-corporeal circulation and oxygenation during surgical procedures.

(11) Repealed

(12) "Home health agency" means a private organization or public agency, whether owned or operated by one or more persons or legal entities, which furnishes or offers to furnish home health services.

"Home health services" means items and services furnished to an individual by a home health agency, or by others under arrangements with such others made by the agency, on a visiting basis, and except for paragraph e. of this subdivision, in a place of temporary or permanent residence used as the individual's home as follows:

a. Part-time or intermittent nursing care provided by or under the supervision of a registered nurse;
b. Physical, occupational or speech therapy;
c. Medical social services, home health aid services, and other therapeutic services;
d. Medical supplies, other than drugs and biologicals and the use of medical appliances;
e. Any of the foregoing items and services which are provided on an outpatient basis under arrangements made by the home health agency at a hospital or nursing home facility or rehabilitation center and the furnishing of which involves the use of equipment of such a nature that the items and services cannot readily be made available to the individual in his home, or which are furnished at such facility while he is there to receive any such item or service, but not including transportation of the individual in connection with any such item or service.

(13) "Hospital" means a public or private institution which is primarily engaged in providing to inpatients, by or under supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons, or rehabilitation services for the rehabilitation of injured, disabled, or sick persons. The term includes all facilities licensed pursuant to G.S. 131E-77 of the General Statutes, except long-term care hospitals.

(13a) "Hospice" means any coordinated program of home care with provision for inpatient care for terminally ill patients and their families. This care is provided by a medically directed interdisciplinary team, directly or through an agreement under the direction of an identifiable hospice administration. A hospice program of care provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual and special needs of patients and their families, which are experienced during the final stages of terminal illness and during dying and bereavement.

(13b) "Hospice inpatient facility" means a freestanding licensed hospice facility or a designated inpatient unit in an existing health service facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in an inpatient setting. For purposes of this Article only, a hospital which has a contractual agreement with a licensed hospice to provide inpatient services to a hospice patient as defined in G.S. 131E-201(4) and provides those services in a licensed acute care bed is not a hospice inpatient facility and is not subject to the requirements in G.S. 131E-176(5)(ii) for hospice inpatient beds.

(13c) "Hospice residential care facility" means a freestanding licensed hospice facility which provides palliative and supportive medical and other health services to meet the physical, psychological, social, spiritual, and special needs of terminally ill patients and their families in a group residential setting.

(14) Repealed.

(14a) "Intermediate care facility for the mentally retarded" means facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for persons with mental retardation, autism, cerebral palsy, epilepsy or related conditions.

(14b) Repealed.

(14c) Reserved for future codification.

(14d) Repealed.

(14e) "Kidney disease treatment center" means a facility that is certified as an end-stage renal disease facility by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 405.

(14f) "Legacy Medical Care Facility" means an institution that meets all of the following requirements:

a. Is not presently operating.
b. Has not continuously operated for at least the past six months.
c. Within the last 24 months:
    1. Was operated by a person holding a license under G.S. 131E-77; and
    2. Was primarily engaged in providing to inpatients, by or under supervision of physicians, (i) diagnostic services and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons or (ii) rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

(14g) "Linear accelerator" means a machine used to produce ionizing radiation in excess of 1,000,000 electron volts in the form of a beam of electrons or photons to treat cancer patients.

(14h) Reserved for future codification.

(14i) "Lithotriptor" means extra-corporeal shock wave technology used to treat persons with kidney stones and gallstones.

(14j) Reserved for future codification.

(14k) "Long-term care hospital" means a hospital that has been classified and designated as a long-term care hospital by the Centers for Medicare and Medicaid Services, Department of Health and Human Services, pursuant to 42 C.F.R. § 412.

(14l) Reserved for future codification.

(14m) "Magnetic resonance imaging scanner" means medical imaging equipment that uses nuclear magnetic resonance.

(14n) "Main campus" means all of the following for the purposes of G.S. 131E-184(f) and (g) only:

a. The site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building.

b. Other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building.

(14o) "Major medical equipment" means a single unit or single system of components with related functions which is used to provide medical and other health services and which costs more than seven hundred fifty thousand dollars ($750,000). In determining whether the major medical equipment costs more than seven hundred fifty thousand dollars ($750,000), the costs of the equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the major medical equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater. Major medical equipment does not include replacement equipment as defined in this section.

(15) Repealed.

(15a) "Multispecialty ambulatory surgical program" means a formal program for providing on a same-day basis surgical procedures for at least three of the following specialty areas: gynecology, otolaryngology, plastic surgery, general surgery, ophthalmology, orthopedic, or oral surgery.

(15b) "Neonatal intensive care services" means those services provided by a health service facility to high-risk newborn infants who require constant nursing care, including but not limited to continuous cardiopulmonary and other supportive care.

(16) "New institutional health services" means any of the following:

a. The construction, development, or other establishment of a new health service facility.

b. Except as otherwise provided in G.S. 131E-184(e), the obligation by any person of a capital expenditure exceeding two million dollars ($2,000,000) to develop or expand a health service or a health service facility, or which relates to the provision of a health service. The cost of any studies, surveys, designs, plans, working drawings, specifications, and other activities, including staff effort and consulting and other services, essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which an expenditure is made shall be included in determining if the expenditure exceeds two million dollars ($2,000,000).

c. Any change in bed capacity as defined in G.S. 131E-176(5).

d. The offering of dialysis services or home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.

e. A change in a project that was subject to certificate of need review and for which a certificate of need was issued, if the change is proposed during the development

of the project or within one year after the project was completed. For purposes of this subdivision, a change in a project is a change of more than fifteen percent (15%) of the approved capital expenditure amount or the addition of a health service that is to be located in the facility, or portion thereof, that was constructed or developed in the project.

f. The development or offering of a health service as listed in this subdivision by or on behalf of any person:
   1. Bone marrow transplantation services.
   2. Burn intensive care services.
   2a. Cardiac catheterization services, except cardiac catheterization services provided on equipment furnished by a person authorized to operate such equipment in North Carolina pursuant to either a certificate of need issued for mobile cardiac catheterization equipment or a settlement agreement executed by the Department for provision of cardiac catheterization services.
   3. Neonatal intensive care services.
   4. Open-heart surgery services.
   5. Solid organ transplantation services.

f1. The acquisition by purchase, donation, lease, transfer, or comparable arrangement of any of the following equipment by or on behalf of any person:
   1. Air ambulance.[1]
   2. Repealed.
   3. Cardiac catheterization equipment.
   4. Gamma knife.
   5. Heart-lung bypass machine.
   5a. Linear accelerator.
   6. Lithotriptor.
   7. Magnetic resonance imaging scanner.
   8. Positron emission tomography scanner.
   9. Simulator.

g.to k. Repealed.

l. The purchase, lease, or acquisition of any health service facility, or portion thereof, or a controlling interest in the health service facility or portion thereof, if the health service facility was developed under a certificate of need issued pursuant to G.S. 131E-180.

m. Any conversion of nonhealth service facility beds to health service facility beds.

n. The construction, development or other establishment of a hospice, hospice inpatient facility, or hospice residential care facility;

o. The opening of an additional office by an existing home health agency or hospice within its service area as defined by rules adopted by the Department; or the opening of any office by an existing home health agency or hospice outside its service area as defined by rules adopted by the Department.

p. The acquisition by purchase, donation, lease, transfer, or comparable arrangement by any person of major medical equipment.

q. The relocation of a health service facility from one service area to another.

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[1] Pursuant to an Order of Permanent Injunction issued by the United States District Court for the Eastern District of North Carolina Western Division on October 15, 2008, the North Carolina Department of Health and Human Services is prohibited from requiring that any person obtain a certificate of need before acquiring an air ambulance.

r. The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.

s. The furnishing of mobile medical equipment to any person to provide health services in North Carolina, which was not in use in North Carolina prior to the adoption of this provision, if such equipment would otherwise be subject to review in accordance with G.S. 131E-176(16)(f1.) or G.S. 131E-176(16)(p) if it had been acquired in North Carolina.

t. Repealed.

u. The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room is or gastrointestinal endoscopy room is currently located.

v. The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.

(17) "North Carolina State Health Coordinating Council" means the Council that prepares, with the Department of Health and Human Services, the State Medical Facilities Plan.

(17a) "Nursing care" means:

a. Skilled nursing care and related services for residents who require medical or nursing care;

b. Rehabilitation services for the rehabilitation of injured, disabled, or sick persons; or

c. Health-related care and services provided on a regular basis to individuals who because of their mental or physical condition require care and services above the level of room and board, which can be made available to them only through institutional facilities.

These are services which are not primarily for the care and treatment of mental diseases.

(17b) "Nursing home facility" means a health service facility whose bed complement of health service facility beds is composed principally of nursing home facility beds.

(18) To "offer," when used in connection with health services, means that the person holds himself out as capable of providing, or as having the means for the provision of, specified health services.

(18a) Repealed. 8-26-05

(18b) "Open-heart surgery services" means the provision of surgical procedures that utilize a heart-lung bypass machine during surgery to correct cardiac and coronary artery disease or defects.

(18c) "Operating room" means a room used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room.

(19) "Person" means an individual, a trust or estate, a partnership, a corporation, including associations, joint stock companies, and insurance companies; the State, or a political subdivision or agency or instrumentality of the State.

(19a) "Positron emission tomography scanner" means equipment that utilizes a computerized radiographic technique that employs radioactive substances to examine the metabolic activity of various body structures.

(20) "Project" or "capital expenditure project" means a proposal to undertake a capital expenditure that results in the offering of a new institutional health service as defined by this Article. A project, or capital expenditure project, or proposed project may refer to the project from its earliest planning stages up through the point at which the specified new institutional health service may be offered. In the case of facility construction, the point at which the new institutional health service may be offered must take place after the facility is capable of being fully licensed and operated for its intended use, and at that time it shall be considered a health service facility.

(21) "Psychiatric facility" means a public or private facility licensed pursuant to Article 2 of Chapter 122C of the General Statutes and which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons.

(22) "Rehabilitation facility" means a public or private inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other services which are provided under competent, professional supervision.

(22a) "Replacement equipment" means equipment that costs less than two million dollars ($2,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than two million dollars ($2,000,000), the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included. The capital expenditure for the equipment shall be deemed to be the fair market value of the equipment or the cost of the equipment, whichever is greater.

(23) Repealed.

(24) Repealed.

(24a) "Service area" means the area of the State, as defined in the State Medical Facilities Plan or in rules adopted by the Department, which receives services from a health service facility.

(24b) "Simulator" means a machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient.

(24c) Reserved for future codification.

(24d) "Solid organ transplantation services" means the provision of surgical procedures and the interrelated medical services that accompany the surgery to remove an organ from a patient and surgically implant an organ from a donor.

(24e) Reserved for future codification.

(24f) "Specialty ambulatory surgical program" means a formal program for providing on a same-day basis surgical procedures for only the specialty areas identified on the ambulatory surgical facility's 1993 Application for Licensure as an Ambulatory Surgical Center and authorized by its certificate of need.

(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.

(26) Repealed.

(27) Repealed.

§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.

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:

(1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this Article;

(2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid;

(3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this Article;

(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;

(5) Implement, by rule, criteria for project review;

(6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this Article;

(7) Solicit, accept, hold and administer on behalf of the State any grants or bequests of money, securities or property to the Department for use by the Department in the administration of this Article; and

(8) Repealed.

(9) Collect fees for submitting applications for certificates of need.

(10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section.

§ 131E-178. Activities requiring certificate of need.

(a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:

(1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;

(2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;

(3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and

(4) The license application includes a commitment and plan for serving indigent and medically underserved populations.

All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.

(b) No person shall make an acquisition by donation, lease, transfer, or comparable arrangement without first obtaining a certificate of need from the Department, if the acquisition would have been a new institutional health service if it had been made by purchase. In determining whether an acquisition would have been a new institutional health service, the capital expenditure for the asset shall be deemed to be the fair market value of the asset or the cost of the asset, whichever is greater.

(c) No person shall incur an obligation for a capital expenditure which is a new institutional health service without first obtaining a certificate of need from the Department. An obligation for a capital expenditure is incurred when:

(1) An enforceable contract, excepting contracts which are expressly contingent upon issuance of a certificate of need, is entered into by a person for the construction, acquisition, lease or financing of a capital asset;

(2) A person takes formal action to commit funds for a construction project undertaken as his own contractor; or

(3) In the case of donated property, the date on which the gift is completed.

(d) Where the estimated cost of a proposed capital expenditure, including the fair market value of equipment acquired by purchase, lease, transfer, or other comparable arrangement, is certified by a licensed architect or engineer to be equal to or less than the expenditure minimum for capital expenditure for new institutional health services, such expenditure shall be deemed not to exceed the amount for new institutional health services regardless of the actual amount expended, provided that the following conditions are met:

(1) The certified estimated cost is prepared in writing 60 days or more before the obligation for the capital expenditure is incurred. Certified cost estimates shall be available for inspection at the facility and sent to the Department upon its request.

(2) The facility on whose behalf the expenditure was made notifies the Department in writing within 30 days of the date on which such expenditure is made if the expenditure exceeds the expenditure minimum for capital expenditures. The notice shall include a copy of the certified cost estimate.

(e) The Department may grant certificates of need which permit capital expenditures only for predevelopment activities. Predevelopment activities include the preparation of architectural designs, plans, working drawings, or specifications, the preparation of studies and surveys, and the acquisition of a potential site.

§ 131E-179. Research activities.

(a) Notwithstanding any other provisions of this Article, a health service facility may offer new institutional health services to be used solely for research, or incur the obligation of a capital expenditure solely for research, without a certificate of need, if the Department grants an exemption. The Department shall grant an exemption if the health service facility files a notice of intent with the Department in accordance with rules promulgated by the Department and if the Department finds that the offering or obligation will not:

(1) Affect the charges of the health service facility for the provision of medical or other patient care services other than services which are included in the research;
(2) Substantially change the bed capacity of the facility; or
(3) Substantially change the medical or other patient care services of the facility.

(b) After a health service facility has received an exemption pursuant to subsection (a) of this section, it shall not offer the new institutional health services, or use a facility acquired through the capital expenditure, in a manner which affects the charges of the facility for the provision of medical or other patient care services, other than the services which are included in the research and shall not charge patients for the use of the service for which an exemption has been granted, without first obtaining a certificate of need from the Department; provided, however, that any facility or service acquired or developed under the exemption provided by this section shall not be subject to the foregoing restrictions on its use if the facility or service could otherwise be offered or developed without a certificate of need.

(c) Any of the activities described in subsection (a) of this section shall be deemed to be solely for research even if they include patient care provided on an occasional and irregular basis and not as a part of the research program.

§ 131E-180. Repealed.

§ 131E-181. Nature of certificate of need.

(a) A certificate of need shall be valid only for the defined scope, physical location, and person named in the application. A certificate of need shall not be transferred or assigned except as provided in G.S. 131E-189(c).

(b) A recipient of a certificate of need, or any person who may subsequently acquire, in any manner whatsoever permitted by law, the service for which that certificate of need was issued, is required to materially comply with the representations made in its application for that certificate of need. The Department shall require any recipient of a certificate of need, or its successor, whose service is in operation to submit to the Department evidence that the recipient, or its successor, is in material compliance with the representations made in its application for the certificate of need which granted the recipient the right to operate that service. In determining whether the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department shall consider cost increases to the recipient, or its successor, including, but not limited to, the following:

(1) Any increase in the consumer price index;
(2) Any increased cost incurred because of Government requirements, including federal, State, or any political subdivision thereof; and
(3) Any increase in cost due to professional fees or the purchase of services and supplies.

(c) Whenever a certificate of need is issued more than 12 months after the application for the certificate of need began review, the Department shall adjust the capital expenditure amount proposed by increasing it to reflect any inflation in the Department of Commerce's Construction Cost Index that has occurred since the date when the application began review; and the Department shall use this recalculated capital expenditure amount in the certificate of need issued for the project.

(d) A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

§ 131E-182. Application.

(a) The Department in its rules shall establish schedules for submission and review of completed applications. The schedules shall provide that applications for similar proposals in the same service area will be reviewed together. However, there shall not be a review schedule prior to February 1, 2006, for submission and review of certificate of need applications that propose an increase in the number of licensed gastrointestinal endoscopy rooms. An applicant for a certificate of need to establish a licensed gastrointestinal endoscopy room shall show that it is performing or reasonably projects to perform at least 1,500 gastrointestinal endoscopy procedures per gastrointestinal endoscopy room per year.

(b) An application for a certificate of need shall be made on forms provided by the Department. The application forms, which may vary according to the type of proposal, shall require such information as the Department, by its rules deems necessary to conduct the review. An applicant shall be required to furnish only that information necessary to determine whether the proposed new institutional health service is consistent with the review criteria implemented under G.S. 131E-183 and with duly adopted standards, plans and criteria.

(c) An application fee is imposed on an applicant for a certificate of need. An applicant must submit the fee with the application. The fee is not refundable, regardless of whether a certificate of need is issued. Fees collected under this section shall be credited to the General Fund as nontax revenue. The application fee is five thousand dollars ($5,000) plus an amount equal to three-tenths of one percent (.3%) of the amount of the capital expenditure proposed in the application that exceeds one million dollars ($1,000,000). In no event may the fee exceed fifty thousand dollars ($50,000).

§ 131E-183. Review criteria.

(a) The Department shall review all applications utilizing the criteria outlined in this subsection and shall determine that an application is either consistent with or not in conflict with these criteria before a certificate of need for the proposed project shall be issued.

(1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, dialysis stations, operating rooms, or home health offices that may be approved.

(2) Repealed.

(3) The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

(3a) In the case of a reduction or elimination of a service, including the relocation of a facility or a service, the applicant shall demonstrate that the needs of the population presently served will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service

on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care.

(4) Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

(5) Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

(6) The applicant shall demonstrate that the proposed project will not result in unnecessary duplication of existing or approved health service capabilities or facilities.

(7) The applicant shall show evidence of the availability of resources, including health manpower and management personnel, for the provision of the services proposed to be provided.

(8) The applicant shall demonstrate that the provider of the proposed services will make available, or otherwise make arrangements for, the provision of the necessary ancillary and support services. The applicant shall also demonstrate that the proposed service will be coordinated with the existing health care system.

(9) An applicant proposing to provide a substantial portion of the project's services to individuals not residing in the health service area in which the project is located, or in adjacent health service areas, shall document the special needs and circumstances that warrant service to these individuals.

(10) When applicable, the applicant shall show that the special needs of health maintenance organizations will be fulfilled by the project. Specifically, the applicant shall show that the project accommodates:

a. The needs of enrolled members and reasonably anticipated new members of the HMO for the health service to be provided by the organization; and

b. The availability of new health services from non-HMO providers or other HMOs in a reasonable and cost-effective manner which is consistent with the basic method of operation of the HMO. In assessing the availability of these health services from these providers, the applicant shall consider only whether the services from these providers:

1. Would be available under a contract of at least five years' duration;
2. Would be available and conveniently accessible through physicians and other health professionals associated with the HMO;
3. Would cost no more than if the services were provided by the HMO; and
4. Would be available in a manner which is administratively feasible to the HMO.

(11) Repealed

(12) Applications involving construction shall demonstrate that the cost, design, and means of construction proposed represent the most reasonable alternative, and that the construction project will not unduly increase the costs of providing health services by the person proposing the construction project or the costs and charges to the public of providing health services by other persons, and that applicable energy saving features have been incorporated into the construction plans.

(13) The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons,

which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

a. The extent to which medically underserved populations currently use the applicant's existing services in comparison to the percentage of the population in the applicant's service area which is medically underserved;
b. Its past performance in meeting its obligation, if any, under any applicable regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal assistance, including the existence of any civil rights access complaints against the applicant;
c. That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and
d. That the applicant offers a range of means by which a person will have access to its services. Examples of a range of means are outpatient services, admission by house staff, and admission by personal physicians.

(14) The applicant shall demonstrate that the proposed health services accommodate the clinical needs of health professional training programs in the area, as applicable.

(15) through (18) Repealed.

(18a) The applicant shall demonstrate the expected effects of the proposed services on competition in the proposed service area, including how any enhanced competition will have a positive impact upon the cost effectiveness, quality, and access to the services proposed; and in the case of applications for services where competition between providers will not have a favorable impact on cost effectiveness, quality, and access to the services proposed, the applicant shall demonstrate that its application is for a service on which competition will not have a favorable impact.

(19) Repealed.

(20) An applicant already involved in the provision of health services shall provide evidence that quality care has been provided in the past.

(21) Repealed.

(b) The Department is authorized to adopt rules for the review of particular types of applications that will be used in addition to those criteria outlined in subsection (a) of this section and may vary according to the purpose for which a particular review is being conducted or the type of health service reviewed. No such rule adopted by the Department shall require an academic medical center teaching hospital, as defined by the State Medical Facilities Plan, to demonstrate that any facility or service at another hospital is being appropriately utilized in order for that academic medical center teaching hospital to be approved for the issuance of a certificate of need to develop any similar facility or service.

(c) Repealed.

§ 131E-184. Exemptions from review.

(a) Except as provided in subsection (b), the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:

(1) To eliminate or prevent imminent safety hazards as defined in federal, State, or local fire, building, or life safety codes or regulations.

(1a)To comply with State licensure standards.

(1b) To comply with accreditation or certification standards which must be met to receive reimbursement under Title XVIII of the Social Security Act or payments under a State plan for medical assistance approved under Title XIX of that act.

(2) Repealed.

(3) To provide data processing equipment.

(4) To provide parking, heating or cooling systems, elevators, or other basic plant or mechanical improvements, unless these activities are integral portions of a project that involves the construction of a new health service facility or portion thereof and that is subject to certificate of need review.

(5) To replace or repair facilities destroyed or damaged by accident or natural disaster.

(6) To provide any nonhealth service facility or service.

(7) To provide replacement equipment.

(8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition.

(9) To develop or acquire a physician office building regardless of cost, unless a new institutional health service other than defined in G.S. 131E-176(16)b. is offered or developed in the building.

(b) Those portions of a proposed project which are not proposed for one or more of the purposes under subsection (a) of this section are subject to certificate of need review, if these non-exempt portions of the project are new institutional health services under G.S. 131E-176(16).

(c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric beds provided:

(1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and/or one or more of the Area Mental Health, Developmental Disabilities, and Substance Abuse Authorities to provide psychiatric beds to patients referred by the contracting agency or agencies; and

(2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.

(d) In accordance with, and subject to the limitations of G.S. 148-19.1, the Department shall exempt from certificate of need review the construction and operation of a new chemical dependency or substance abuse facility for the purpose of providing inpatient chemical dependency or substance abuse services solely to inmates of the Department of Correction. If an inpatient chemical dependency or substance abuse facility provides services both to inmates of the Department of Correction and to members of the general public, only the portion of the facility that serves inmates shall be exempt from certificate of need review.

(e) The Department shall exempt from certificate of need review a capital expenditure that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

(1) The proposed capital expenditure would:

a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:

1. Nursing home facility,
2. Adult care home facility, or
3. Intermediate care facility for the mentally retarded; and

b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional

health service other than that allowed in G.S. 131E-176(16)b.

(2) The entity proposing to incur the capital expenditure provides prior written notice to the Department, which notice includes documentation that demonstrates that the proposed capital expenditure would be used for one or more of the following purposes:

a. Conversion of semiprivate resident rooms to private rooms.

b. Providing innovative, homelike residential dining spaces, such as cafes, kitchenettes, or private dining areas to accommodate residents and their families or visitors.

c. Renovating, replacing, or expanding residential living or common areas to improve the quality of life of residents.

(f) The Department shall exempt from certificate of need review the purchase of any replacement equipment that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(22) [sic, should be (22a)] if all of the following conditions are met:

(1) The equipment being replaced is located on the main campus.

(2) The Department has previously issued a certificate of need for the equipment being replaced. This subdivision does not apply if a certificate of need was not required at the time the equipment being replaced was initially purchased by the licensed health service facility.

(3) The licensed health service facility proposing to purchase the replacement equipment shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(g) The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar ($2,000,000) threshold set forth in G.S. 131E-176(16)b. if all of the following conditions are met:

(1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.

(2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.

(3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

(h) The Department shall exempt from certificate of need review the acquisition or reopening of a Legacy Medical Care Facility. The person seeking to operate a Legacy Medical Care Facility must give the Department written notice (i) of its intention to acquire or reopen a Legacy Medical Care Facility and (ii) that the hospital will be operational within 36 months of the notice.

§ 131E-185. Review process.

(a) Repealed.

(a1)Except as provided in subsection (c) of this section, there shall be a time limit of 90 days for review of the applications, beginning on the day established by rule as the day on which applications for the particular service in the service area shall begin review.

(1) Any person may file written comments and exhibits concerning a proposal under review with the Department, not later than 30 days after the date on which the application begins review. These written comments may include:

a. Facts relating to the service area proposed in the application;
b. Facts relating to the representations made by the applicant in its application, and its ability to perform or fulfill the representations made;
c. Discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with relevant review criteria, plans, and standards.

(2) No more than 20 days from the conclusion of the written comment period, the Department shall ensure that a public hearing is conducted at a place within the appropriate service area if one or more of the following circumstances apply; the review to be conducted is competitive; the proponent proposes to spend five million dollars ($5,000,000) or more; a written request for a public hearing is received before the end of the written comment period from an affected party as defined in G.S. 131E-188(c); or the agency determines that a hearing is in the public interest. At such public hearing oral arguments may be made regarding the application or applications under review; and this public hearing shall include the following:
a. An opportunity for the proponent of each application under review to respond to the written comments submitted to the Department about its application;
b. An opportunity for any person, except one of the proponents, to comment on the applications under review;
c. An opportunity for a representative of the Department, or such other person or persons who are designated by the Department to conduct the hearing, to question each proponent of applications under review with regard to the contents of the application;

The Department shall maintain a recording of any required public hearing on an application until such time as the Department's final decision is issued, or until a final agency decision is issued pursuant to a contested case hearing, whichever is later; and any person may submit a written synopsis or verbatim statement that contains the oral presentation made at the hearing.

(3) The Department may contract or make arrangements with a person or persons located within each service area for the conduct of such public hearings as may be necessary. The Department shall publish, in each service area, notice of the contracts that it executes for the conduct of those hearings.

(4) Within 15 days from the beginning of the review of an application or applications proposing the same service within the same service area, the Department shall publish notice of the deadline for receipt of written comments, of the time and place scheduled for the public hearing regarding the application or applications under review, and of the name and address of the person or agency that will preside.

(5) The Department shall maintain all written comments submitted to it during the written comment stage and any written submissions received at the public hearing as part of the Department's file respecting each application or group of applications under review by it. The application, written comments, and public hearing comments, together with all documents that the Department used in arriving at its decision, from whatever source, and any documents that reflect or set out the Department's final analysis of the application or applications under review, shall constitute the Department's record for the application or applications under review.

(a2)When an expedited review has been approved by the Department, no public hearing shall be held. The Department may contact the applicant and request additional or clarifying information, amendments to, or substitutions for portions of the application. The Department may negotiate conditions to be imposed on the certificate of need with the applicant.

(b) Repealed.

(c) The Department may extend the review period for a period not to exceed 60 days and provide notice of such extension to all applicants. For expedited reviews, the Department may extend the review period only if it has requested additional substantive information from the applicant.

§ 131E-186. Decision.

(a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. Approvals involving new or expanded nursing care or intermediate care for the mentally retarded bed capacity shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.

(b) Within five business days after it makes a decision on an application, the Department shall provide written notice of all the findings and conclusions upon which it based its decision, including the criteria used by the Department in making its decision, to the applicant.

§ 131E-187. Issuance of a certificate of need.

(a) Deleted. See Session Law 2009-373; SB 804.

(b) Deleted. See Session Law 2009-373; SB 804.

(c) The Department shall issue a certificate of need in accordance with the time line requirements of this section but only after all applicable conditions of approval that can be satisfied before issuance of the certificate of need have been met. The Department shall issue a certificate of need within:

(1) Thirty-five days of the date of the decision referenced in G.S. 131E-186, when no request for a contested case hearing has been filed in accordance with G.S. 131E-188.

(2) Five business days after it receives a file-stamped copy of the notice of voluntary dismissal, unless the voluntary dismissal is a stipulation of dismissal without prejudice.

(3) Thirty-five days of the date of the written notice of the final agency decision affirming or approving the issuance, unless a notice of appeal to the North Carolina Court of Appeals is timely filed.

(4) Twenty days after a mandate is issued by the North Carolina Court of Appeals affirming the issuance of a certificate of need, unless a notice of appeal or petition for discretionary review to the North Carolina Supreme Court is timely filed.

(5) Five business days after the North Carolina Supreme Court issues a mandate affirming the issuance of a certificate of need or an order declining to certify the case for discretionary review if the order declining to certify the case disposes of the appeal in its entirety.

§ 131E-188. Administrative and judicial review.

(a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any affected person, as defined in subsection (c) of this section, shall be entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. Any affected person shall be entitled to intervene in a contested case.

A contested case shall be conducted in accordance with the following timetable:

(1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.

(2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.

(3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.

(4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

(a1) On or before the date of filing a petition for a contested case hearing on the approval of an applicant for a certificate of need, the petitioner shall deposit a bond with the clerk of superior court where the new institutional health service that is the subject of the petition is proposed to be located. The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the petition, but may not be less than five thousand dollars ($5,000) and may not exceed fifty thousand dollars ($50,000). A petitioner who received approval for a certificate of need and is contesting only a condition in the certificate is not required to file a bond under this subsection.

The applicant who received approval for the new institutional health service that is the subject of the petition may bring an action against a bond filed under this subsection in the superior court of the county where the bond was filed. Upon finding that the petition for a contested case was frivolous or filed to delay the applicant, the court may award the applicant part or all of the bond filed under this subsection. At the conclusion of the contested case, if the court does not find that the petition for a contested case was frivolous or filed to delay the applicant, the petitioner shall be entitled to the return of the bond deposited with the superior court upon demonstrating to the clerk of superior court where the bond was filed that the contested case hearing is concluded.

(b) Any affected person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with the Office of Administrative Hearings and served on the Department and all other affected persons who were parties to the contested hearing.

(b1) Before filing an appeal of a final decision granting a certificate of need, the affected person shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

(1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars ($5,000) and may not exceed fifty thousand dollars ($50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed three hundred thousand dollars ($300,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

(2) If the Court of Appeals finds that the appeal was frivolous or filed to delay the applicant, the court shall remand the case to the superior court of the county where a bond was filed for the contested case hearing on the certificate of need. The superior court may award

the holder of the certificate of need part or all of the bond. The court shall award the holder of the certificate of need reasonable attorney fees and costs incurred in the appeal to the Court of Appeals. If the Court of Appeals does not find that the appeal was frivolous or filed to delay the applicant and does not remand the case to superior court for a possible award of all or part of the bond to the holder of the certificate of need, the person originally filing the bond shall be entitled to a return of the bond.

(c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.

§ 131E-189. Withdrawal of a certificate of need.

(a) The Department shall specify in each certificate of need the time the holder has to make the service or equipment available or to complete the project and the timetable to be followed. The timetable shall be the one proposed by the holder of the certificate of need unless the Department specifies a different timetable in its decision letter. The holder of the certificate shall submit such periodic reports on his progress in meeting the timetable as may be required by the Department. If no progress report is provided or, after reviewing the progress, the Department determines that the holder of the certificate is not meeting the timetable and the holder cannot demonstrate that it is making good faith efforts to meet the timetable, the Department may withdraw the certificate. If the Department determines that the holder of the certificate is making a good faith effort to meet the timetable, the Department may, at the request of the holder, extend the timetable for a specified period.

(b) The Department may withdraw any certificate of need, if the holder of the certificate fails to develop the service in a manner consistent with the representations made in the application or with any condition or conditions the Department placed on the certificate of need.

(c) The Department may immediately withdraw any certificate of need if the holder of the certificate, before completion of the project or operation of the facility, transfers ownership or control of the facility, the project, or the certificate of need. Any transfer after that time will be subject to the requirement that the service be provided consistent with the representations made in the application and any applicable conditions the Department placed on the certificate of need. Transfers resulting from death or personal illness or other good cause, as determined by the Department, shall not result in withdrawal if the Department receives prior written notice of the transfer and finds good cause. Transfers resulting from death shall not result in withdrawal.

§ 131E-190. Enforcement and sanctions.

(a) Only those new institutional health services which are found by the Department to be needed as provided in this Article and granted certificates of need shall be offered or developed within the State.

(b) No formal commitments made for financing, construction, or acquisition regarding the offering or development of a new institutional health service shall be made by any person unless a certificate of need for such service or activities has been granted.

(c) Repealed.

(d) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the penalty for such violation of this Article and rules

hereunder may include the withholding of federal and State funds under Titles V, XVIII, and XIX of the Social Security Act for reimbursement of capital and operating expenses related to the provision of the new institutional health service.

(e) The Department may revoke or suspend the license of any person who proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services.

(f) The Department may assess a civil penalty of not more than twenty thousand dollars ($20,000) against any person who knowingly offers or develops any new institutional health service within the meaning of this Article without a certificate of need issued under this Article and the rules pertaining thereto, or in violation of the terms or conditions of such a certificate, whenever it determines a violation has occurred and each time the service is provided in violation of this provision. In determining the amount of the penalty the Department shall consider the degree and extent of harm caused by the violation and the cost of rectifying the damage. A person who is assessed a penalty shall be notified of the penalty by registered or certified mail. The notice shall state the reasons for the penalty. If a person fails to pay a penalty, the Department shall refer the matter to the Attorney General for collection. For the purpose of this subsection, the word "person" shall not include an individual in his capacity as an officer, director, or employee of a person as otherwise defined in this Article.

(g) No agency of the State or any of its political subdivisions may appropriate or grant funds or financially assist in any way a person, applicant, or facility which is or whose project is in violation of this Article.

(h) If any person proceeds to offer or develop a new institutional health service without having first obtained a certificate of need for such services, the Secretary of Health and Human Services or any person aggrieved, as defined by G.S. 150B-2(6), may bring a civil action for injunctive relief, temporary or permanent, against the person offering, developing or operating any new institutional health service. The action may be brought in the superior court of any county in which the health service facility is located or in the superior court of Wake County.

(i) If the Department determines that the recipient of a certificate of need, or its successor, is operating a service which materially differs from the representations made in its application for that certificate of need, the Department may bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized for injunctive relief, temporary or permanent, requiring the recipient, or its successor, to materially comply with the representations in its application. The Department may also bring an action in Wake County Superior Court or the superior court of any county in which the certificate of need is to be utilized to enforce the provisions of this subsection and G.S. 131E-181(b) and the rules adopted in accordance with this subsection and G.S. 131E-181(b).

Appendix E

North Carolina Department of Health and Human Services
Division of Facility Services
Certificate of Need Section
2704 Mail Service Center ▪ Raleigh, North Carolina 27699-2704

Michael F. Easley, Governor
Carmen Hooker Odom., Secretary

http://facility-services.state.nc.us

Lee Hoffman, Section Chief
Phone: 919-855-3873
Fax: 919-733-8139

DFS ADVISORY

Title: Regulation of Detoxification Services Provided in Hospitals Licensed under Article 5, Chapter 131E, of the General Statutes

Date: October 22, 2003

Purpose

The purpose of this Advisory is to provide The Agency's interpretation of the certificate of need requirements for acute care hospitals to develop new or expanded detoxification services and interpretation of hospital licensing requirements for beds used for detoxification services.

Background

House Bill 815, which revised Article 9, Chapter 131E, the Certificate of Need Law, was approved August 7, 2003, and excludes "social setting detoxification" and "medical detoxification" facilities from the definition of chemical treatment facilities licensed under Chapter 122C. Consequently, the Certificate of Need Law no longer regulates the development of facilities licensed as "non-hospital medical detoxification for individuals who are substance abusers" or "social setting detoxification for substance abuse."

Policy

The change in the law did not revise the definition of a "chemical treatment facility" for detoxification units in an acute care hospital licensed under Article 5, Chapter 131E. Pursuant to enactment of House Bill 815, the Agency recently reviewed the licensure regulations for acute care hospitals and determined there is no licensure category for medical detoxification services that is separate from the licensure categories for psychiatric, substance abuse or acute care beds. In other words, medical detoxification services may be a component of licensed psychiatric, substance abuse and acute care services in acute care hospitals. Therefore, acute care hospitals may provide medical detoxification services in existing licensed psychiatric, substance abuse/chemical dependency treatment or acute care beds without a certificate of need. As a result of this interpretation, the Agency will revise current licenses for acute care hospitals to change the existing licensed medical detoxification beds to licensed chemical dependency/substance abuse treatment beds given that, to date, detoxification beds have been recognized by the Agency as one type of substance abuse bed.

In summary, if an acute care hospital wants to develop new or expanded detoxification services at this time, it may do so without a certificate of need, as long as the services are provided in an existing licensed acute care, psychiatric or substance abuse bed. However, if an acute care hospital wants to increase the bed capacity in its facility to develop or expand detoxification services, it must first obtain a certificate of need to add either licensed acute care, psychiatric or substance abuse beds for that purpose.

Robert J. Fitzgerald
Director

Location: 701 Barbour Drive ▪ Dorothea Dix Hospital Campus ▪ Raleigh, N.C. 27603
An Equal Opportunity / Affirmative Action Employer

Appendix F: Academic Medical Center Teaching Hospitals

Academic Medical Center Teaching Hospital	Medical School Affiliation	Year Designated
North Carolina Baptist Hospital Medical Center Boulevard Winston-Salem, North Carolina 27157 Telephone: (336) 716-2011	Wake Forest University School of Medicine	February 16, 1983
Duke University Health System d/b/a Duke University Hospital 2301 Erwin Road Durham, North Carolina 27710 Telephone: (919) 684-8111	Duke University School of Medicine	July 21, 1983
University of North Carolina Hospitals 101 Manning Drive Chapel Hill, North Carolina 27514 Telephone: (919) 966-4131	University of North Carolina at Chapel Hill School of Medicine	August 8, 1983
Vidant Medical Center 2100 Stantonsburg Road Greenville, North Carolina 27834 Telephone: (252) 847-4451	Brody School of Medicine at East Carolina University	August 8, 1983
Carolinas Medical Center/Center for Mental Health 1000 Blythe Boulevard Charlotte, North Carolina 28203 Telephone: (704) 355-2000		After January 1, 1990

Appendix G: Critical Access Hospitals

County	Facility Name, Address and Telephone Number
Alleghany	Alleghany Memorial Hospital 233 Doctors Street Sparta, North Carolina 28675 (336) 372-5511
Ashe	Ashe Memorial Hospital 200 Hospital Avenue Jefferson, North Carolina 28640 (336) 846-7101
Avery	Charles A. Cannon, Jr. Memorial Hospital 434 Hospital Drive Linville, North Carolina 28646 (828) 737-7000
Bertie	Vidant Bertie Hospital 1403 South King Street Windsor, North Carolina 27983 (252) 794-6600
Bladen	Cape Fear Valley-Bladen County Hospital 501 South Poplar Street Elizabethtown, North Carolina 28337 (910) 862-5179
Brunswick	J. Arthur Dosher Memorial Hospital 924 North Howe Street Southport, North Carolina 28461 (910) 457-3800
Chatham	Chatham Hospital 475 Progress Boulevard Siler City, North Carolina 27344 (919) 799-4000
Cherokee	Murphy Medical Center 3990 East US Hwy 64 ALT Murphy, North Caroilna 28906 (818) 837-8161

Appendix G: Critical Access Hospitals

County	Facility Name, Address and Telephone Number
Chowan	Vidant Chowan Hospital 211 Virginia Road Edenton, North Carolina 27932 (252) 482-8451
Dare	The Outer Banks Hospital. 4800 South Croatan Highway Nags Head, North Carolina 27959 (252) 449-4500
Halifax	Our Community Hospital 921 Junior High School Road Scotland Neck, North Carolina 27874 (252) 826-4144
Macon	Angel Medical Center 120 Riverview Street Franklin, North Carolina 28734 (828) 524-8411
Macon	Highlands-Cashiers Hospital 190 Hospital Drive Highlands, North Carolina 28741 (828) 526-1200
Montgomery	FirstHealth Montgomery Memorial Hospital 520 Allen Street Troy, North Carolina 27371 (910) 571-5000
Pender	Pender Memorial Hospital. 507 E Fremont Street Burgaw, North Carolina 28425 (910) 259-5451
Polk	St. Luke's Hospital 101 Hospital Drive Columbus, North Carolina 28722 (828) 894-3311

Appendix G: Critical Access Hospitals

County	Facility Name, Address and Telephone Number
Stokes	Pioneer Community Hospital of Stokes 1570 NC 8 & 89 Hwy N Danbury, North Carolina 27016 (336) 593-2831
Swain	Swain Community Hospital 45 Plateau Street Bryson City, North Carolina 28713 (828) 488-2155
Transylvania	Transylvania Regional Hospital, Inc. and Bridgeway 260 Hospital Drive Brevard, North Carolina 28712 (828) 884-9111
Washington	Washington County Hospital 958 US Hwy 64 East Plymouth, North Carolina 27962 (252) 793-4135
Yadkin	Yadkin Valley Community Hospital 624 West Main Street Yadkinville, North Carolina 27055 (336) 679-2041

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Health Service Regulation

State Medical Facilities Plan

SHCC
Meeting Minutes

Healthcare Planning & Certificate of Need

State Health Coordinating Council Meeting and Public Hearing Minutes

March 2, 2016
10:00 a.m. – 12:00 p.m.
Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman, Mr. Trey Adams, Mr. Peter Brunnick, Mr. Stephen DeBiasi, Dr. Mark Ellis, Dr. Sandra Greene, Mr. Kurt Jakusz, Ms. Valarie Jarvis, Mr. Stephen Lawler, Mr. Kenneth Lewis, Mr. Bryan Lucas, Dr. Robert McBride, Ms. Denise Michaud, Dr. Jeffrey Moore, Dr. Prashant Patel, Dr. T.J. Pulliam
Members Absent: Mr. Donald Beaver, Dr. Richard Akers, Ms. Christina Apperson, Senator Ralph Hise, Ms. Kelly Hollis, Representative Donny Lambeth, Dr. Jaylan Parikh, Mr. Jim Burgin
Healthcare Planning and Certificate of Need Section Staff Present: Elizabeth Brown, Paige Bennett, Shelley Carraway, Tom Dickson, Amy Craddock, Martha Frisone, Lisa Pittman, Jane Rhoe-Jones, Mike McKillip. Bernetta Thorne-Williams, Fatimah Wilson, Julie Halatek **DHSR Staff Present**: Mark Payne **AG's**: Bethany Burgon, Derek Hunter

Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed Council members, staff and visitors to the first meeting of the planning cycle for the 2017 State Medical Facilities Plan (SMFP). 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 held this year with the other six to be held this summer, following the adoption of the Proposed 2017 SMFP. All Council members introduced themselves, stating their workplace and position on the council. Mr. Mark Payne thanked all the Council members for serving on the SHCC and thanked Chairman Ullrich and the Chairs of the three standing committees for their leadership. Mark stated he is the Assistant Secretary for Audit and Health Service Regulation. Mr. Payne stated he looked forward to working with the Council. Mr. Payne ask that staff and the Attorney General's staff to introduce themselves.		
Review of E.O. No. 46, Reauthorization of State Health Coordinating Council	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		

Agenda	Discussion	Motions	Recommendations/ Actions
	affirmed having a conflict of interest, potentially deriving a financial 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 7, 2015	A motion for approval of the October 7, 2015 minutes presented and second for approval.	Mr. Lawler Dr. Greene	Motion approved
Agency Recommendations for 2016 SMFP: Operating Room Need Determinations	Dr. Craddock reviewed the agency recommendation regarding the 2016 Operating Room Need Determinations. On February 17, 2016, Novant Health notified the Division of Health Service Regulation's Acute and Home Care Licensure and Certification Section that Novant Health Rowan Medical Center's 2015 License Renewal Application (LRA) included inaccurate data. Specifically, Cardiac Catheterizations and Special Procedures/Angiography Equipment procedures were included as surgical procedures. Novant Health submitted a corrected LRA that removed these non-surgical procedures from the count of inpatient and ambulatory surgical cases and adjusted the counts to include only surgical procedures. Novant Health Rowan Medical Center is the only facility in the Rowan County service area that provides surgical services. Because of the corrections to the LRA, the Rowan County service area now has a surplus of 2.78 operating rooms rather than a need for one operating room. Dr. Craddock shared Table 1 that showed the original figures from Table 6B of the 2016 SMFP as well as the corrected figures submitted by Novant Health. Dr. Craddock noted, for ease of presentation, columns M through R from Table 6B have been removed. These columns show the number of each type of operating room in the planning inventory. The total planning inventory is in column S. Chapter 2 of the 2016 SMFP describes the process for Amendment of Approved Plans to correct errors. Pursuant thereto, the agency recommends that the SHCC conduct a public hearing and consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 2016 SMFP. Dr. Ullrich provided details on the process and timeframes of the special public hearing and a subsequent SHCC meeting if the Council voted to conduct the hearing. The Council discussed the various options available, including voting to keep the need in the 2016 SMFP and removing the need. Members also discussed the effect of erroneous data and setting future precedent. **Council Recommendation**		

Agenda	Discussion	Motions	Recommendations/ Actions
	A motion made and second that the SHCC conduct a public hearing and consider recommending to the Governor removal of the need determination for the Rowan County operating room service area in the approved 2016 SMFP.	Mr. Lawler Dr. Pulliam	Motion approved
Nursing Home Methodology Workgroup Report	Dr. Pulliam provided a follow up report on the Long Term Behavioral Health Committee Report on the Nursing Home Methodology Workgroup. Dr. Pulliam reported: The Nursing Home Methodology Workgroup met once after the October Council meeting, on November 4, 2015 with preceding meeting dates of April 10th, May 1, July 29, and September 4th. There was one Data Subgroup meeting on April 22nd. The following is an overview of the Committee's recommendations for the nursing home policies and methodology, Chapters 4 and 10, of the 2017 State Medical Facilities Plan (SMFP). **The workgroup's proposed changes include:** • 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 all exclusions for beds and occupancy • One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds. • Maximum bed need for each service area of 150 beds. • Policies (Chapter 4) -Elimination of NH-1, NH-3, NH-4, and NH-7 -Wording changes to NH-2, NH-6, and NH-8		
Update on Joint Legislative Oversight Committee on Health and Human Services	Mr. Mark Payne provided an update to the SHCC on the Joint Legislative Oversight Committee on Health and Human Services. In his summary, he indicated Ms. Shelley Carraway provided a presentation on the overview of the 2016 SMFP to the Committee on February 9, 2016. Mr. Payne stated the Committee's focus in relation to DHSR was the need determination in the SMFP for Adult and Child Adolescent Psychiatric and Substance Abuse Beds. Ms. Carraway's presentation included the need determinations for 2015 and 2016 and noted the		

Agenda	Discussion	Motions	Recommendations/ Actions
	applications for adult beds were less than the determined need and there were no applications received for the child and adolescent beds. Mr. Payne stated the General Assembly is concerned about the care of mental health patients in the emergency departments and hospitals, along with the impact the CON process might have on this.		
Recess Business Meeting	A motion made and second to recess the business meeting and convene the public hearing.	Mr. Jakusz Mr. Adams	Motion approved
Convening of the Public Hearing Regarding the Proposed 2017 SMFP	Dr. Ullrich called the public hearing to order. Two speakers signed up to speak. **Dr. Jim Zidar – UNC Rex Healthcare** Rex requested to change the cardiac catheterization need determination methodology. The proposed change would extend the facility-specific approach to cardiac catheterization need determinations to the entire state, rather than just to the majority of providers, and ensure the need determination is generated when additional capacity is needed. **Dr. Jamie Jollis – UNC Rex Healthcare** Rex requested to change the cardiac catheterization need determination methodology. The Council discussed the request with the presenters. Topics covered in the discussion include: the changing nature of healthcare; physician association with health systems; physician privileges and call; and scrutiny of procedures and appropriate use of care (AUC). The presenters also acknowledged a meeting with WakeMed, another healthcare system in the county, that was to take place in the coming weeks.		
Recess Public Hearing	Dr. Ullrich concluded the public meeting.		
Reconvening of the Business Meeting	Dr. Ullrich called the Council Meeting back to order. Dr. Ullrich noted the deadline for petitions to be received is March 2, 2016, by 5:00 p.m.		
Adjournment	With no other business, Dr. Ullrich adjourned the business meeting.		

Healthcare Planning and Certificate of Need

State Health Coordinating Council Special Called Meeting Minutes

April 8, 2016
12:00 p.m. – 12:30 p.m.
Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman, Mr. Trey Adams, Ms. Christina Apperson, Mr. Peter Brunnick, Dr. Sandra Greene, Ms. Kelly Hollis, Mr. Kurt Jakusz, Ms. Valarie Jarvis, Mr. Stephen Lawler, Mr. Kenneth Lewis, Mr. Bryan Lucas, Ms. Denise Michaud, Dr. Jaylan Parikh, Dr. T.J. Pulliam
Members Absent: Mr. Jim Burgin, Mr. Stephen DeBiasi, Senator Ralph Hise, Dr. Prashant Patel, Dr. Jeffrey Moore, Dr. Robert McBride, Representative Donny Lambeth, Dr. Mark Ellis
Healthcare Planning and Certificate of Need Section Staff Present: Shelley Carraway, Paige Bennett, Elizabeth Brown, Amy Craddock, Kelli Fisk, Tom Dickson, Martha Frisone, Lisa Pittman, Jane Rhoe-Jones, Mike McKillip **DHSR Staff Present**: **AG's:** Derek Hunter

Agenda	Discussion	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Pulliam welcomed Council members, staff and visitors to the special called SHCC meeting. Dr. Pulliam was asked by Dr. Ullrich to chair the meeting since he was attending in person.		
Introductions	All Council members introduced themselves, stating their workplace and position on the council. Dr. Pulliam ask that staff and the Attorney General's staff to introduce themselves.		
Review of E.O. No. 46, Reauthorization of the State Health Coordinating Council	Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Pulliam inquired if any member had a conflict of interest, needed to declare if they were deriving a financial benefit, or if any members intended to recuse themselves from voting. No member affirmed having a conflict of interest, potentially deriving a financial benefit and no member recused himself or herself from voting.		
Vote to Consider Recommending to the Governor Removal of the Need Determination for the Rowan County Operating Room in the Approved 2016 State Medical Facilities Plan	Dr. Pulliam stated the purpose of this meeting is to take a vote on whether to recommend to the Governor the removal of the need determination for one operating room in Rowan County in the approved 2016 State Medical Facilities Plan. A public hearing, presided over by Dr. Sandra Greene, was held on March 22, 2016. Dr. Pulliam asked Dr. Greene to recap the Public Hearing. Dr. Greene stated there were three speakers asking for removal of the need determination in Rowan County. Copies of their comments were shared with all Council members. **Committee Recommendation** A motion was made and second to forward the recommendation to the Governor to remove the need determination for one Operating Room in the Rowan County Service Area in the 2016 SMFP.	Dr. Greene Mr. Lewis	Motion approved

	Dr. Pulliam stated a vote would be taken. He asked Ms. Bennett to do so by roll call.		Vote 14 - 0
Old Business	Dr. Pulliam ask if there was any old business. There was none.		
Adjournment	With no other business, Dr. Pulliam asked for a motion to adjourn the business meeting.	Mr. Lawler Kurt Jakusz	Motion approved

Healthcare Planning and Certificate of Need Section

State Health Coordinating Council Minutes
May 25, 2016
10:00 a.m. – 12 Noon
Brown Building Room 104, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich; Trey Adams; Christina Apperson; Peter Brunnick; Jim Burgin; Stephen DeBiasi; Dr. Mark Ellis; Dr. Sandra Greene; Kurt Jakusz; Valarie Jarvis; Dr. Lyndon Jordan; Stephen Lawler; Ken Lewis; James Martin, Jr.; Dr. Robert McBride; Denise Michaud; Dr. Jeffrey Moore; Dr. Prashant Patel; Dr. T.J. Pulliam
Members Absent: Senator Ralph Hise; Kelly Hollis; Representative Donny Lambeth; Brian Lucas; Dr. Jaylan Parikh;
Healthcare Planning Staff Present: Shelley Carraway; Paige Bennett; Elizabeth Brown; Amy Craddock; Patrick Curry; Tom Dickson; Kelli Fisk **DHSR Staff Present:** Mark Payne; Martha Frisone; Julie Halatek; Gloria Hale; Celia Inman; Mike McKillip; Fatima Wilson
Attorney General's Office: June Ferrell; Derrick Hunter; Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Dr. Ullrich welcomed council members, staff and visitors to the second meeting of the planning cycle for the *N.C. 2017 State Medical Facilities Plan (SMFP)*. 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 *Proposed 2017 State Medical Facilities Plan*.		
Introductions	Dr. Ullrich asked the council members and staff for a brief introduction.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	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.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Approval of Minutes from March 2, 2016	A motion was made and seconded to approve the minutes of March 2, 2016 as presented.	Dr. Pulliam Mr. Adams	Motion approved
Approval of Minutes from April 8, 2016	A motion was made and second to approve the minutes of April 8, 2016 as presented.	Dr. Pulliam Dr. Greene	Motion approved
Recommendations from Acute Care Services Committee	Dr. Greene provided the report for the Acute Care Services Committee. Dr. Greene noted the Committee met twice after the March Council meeting, first on April 12th and again on May 3rd. Topics reviewed and discussed at the April 12th meeting included: • Current Acute Care Services policies and methodologies; and • Clarification of wording in the operating room methodology. Topics reviewed and discussed at the May 3th meeting included: • Preliminary drafts of need projections generated by the standard methodologies in the Acute Care Services chapters; • A comparison between Licensure and Truven Health Analytics data; and • Presentation of new acute care bed and operating room service areas. There were no petitions or comments related to any of the Acute Care Services chapters. In all chapters, inventories have been updated based on available information and include placeholders where applicable. All inventories and need determinations are subject to change. The Committee authorized staff to update narratives, tables, and need determinations for the Proposed 2017 Plan, as updates are received. The following is an overview of the Committee's recommendations for Acute Care Services (Chapters 5 through 8) for the Proposed 2017 State Medical Facilities Plan:		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 5: Acute Care Hospital Beds • 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 a total of 196 acute care beds: ▪ 71 additional acute care beds in the Durham County service area ▪ 80 additional acute care beds in the Mecklenburg County service area ▪ 45 additional acute care beds in the Orange County service area **Chapter 6: Operating Rooms** • The Committee reviewed and discussed the methodology and assumptions for operating rooms. • The Committee proposed clarifying the wording of the methodology, such that both the operating rooms and number of procedures in underutilized facilities will be removed from the planning inventory when calculating need determinations. • The Committee was also informed that the Governor approved the SHCC's recommendation to remove from the 2016 SMFP the need for one OR in Rowan County. This information also was provided to the full SHCC. As a result, the placeholder for this need determination has been removed from the planning inventory presented in Table 6A.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• The Committee reviewed Tables 6A, 6B, and 6C. At the time of the May 3rd Acute Care Services Committee meeting, application of the methodology resulted in need determinations for four ORs. Since the meeting, data updates and corrections have resulted in current need determinations for **three** ORs in the following Service Areas: ▪ 1 OR in Davie County ▪ 1 OR in Moore County ▪ 1 OR in New Hanover County • The Committee also reviewed the Endoscopy Room Inventory in Table 6E. The updated table has been posted for this meeting. **Chapter 7: Other Acute Care Services** • 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. There are no need determinations for these services at this time. **Chapter 8: Inpatient Rehabilitation Services** • 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. **Committee Recommendation Regarding Acute Care Services:** The Committee recommends acceptance of the Acute Care Bed Services policies, service areas, methodology and assumptions, and draft tables, with the understanding that staff will make updates as needed. In addition, references to dates will be advanced one year, as appropriate.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	A motion was made and second to accept the Acute Care Services report as presented.	Dr. Pulliam Mr. Lewis	Motion approved
Recommendations from Long-Term & Behavioral Health Committee	Dr. Pulliam provided the report for the Long-Term and Behavioral Health Committee. The Long-Term and Behavioral Health (LTBH) Committee met twice after the March Council meeting, first on April 8th and again on May 6th. The topics reviewed and discussed at the April 8th meeting included: • Current Long-Term and Behavioral Health policies and methodologies. • A proposed nursing home need methodology and changes to nursing home policies. • The inclusion of 150 Behavioral Health inpatient beds. • An agency recommendation for a methodology change in psychiatric inpatient services. • Proposed language changes in Chapters 15, 16 and 17. The topics reviewed and discussed at the May 6th meeting included: • Preliminary drafts of need projections generated by the standard methodologies in the LTBH chapters. • A new inventory table for Chapter 11. The following is an overview of the Committee's recommendations for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, of the Proposed 2017 State Medical Facilities Plan (SMFP). There were no petitions and no comments received related to any of the chapters. The committee authorized staff to update narratives, tables, and need determinations for the Proposed 2017 Plan, as updates are received.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions

	Chapter 10: Nursing Care Facilities
	A summary of the proposed changes from the Nursing Home Workgroup and supporting documentation were presented and shared with the full SHCC at the March 2nd, 2016 meeting. At the LTBH Committee meeting on April 8th, 2016 the Committee unanimously voted to make the following changes to the nursing home need methodology:
	
	• 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; and
	• Alignment of all exclusions for beds and occupancy.
	• One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds.
	• Maximum bed need for each service area of 150 beds.
	• Policies (Chapter 4)
	  ○ Elimination of NH-1, NH-3, NH-4, and NH-7
	  ○ Wording changes to NH-2, NH-6, and NH-8
	
	Application of the new methodology *initially resulted in a draft need determination for Washington County of 20 nursing care beds.* However, this need determination is the result of beds in Washington County being excluded from the inventory because they were originally moved from Tyrrell County. Despite the beds being transferred and licensed for many years, the placeholders have never been removed. Removing them eliminates the need in Washington County. There is a similar placeholder in Camden County affecting Pasquotank and Currituck Counties. The Committee voted unanimously to remove all bed transfer placeholders, thus resulting in no draft need determination for additional nursing care beds, at this time.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 11: Adult Care Homes Application of the methodology based on data and information currently available results in the following draft need determinations: ▪ Greene County, 20 Adult Care Home beds; ▪ Jones County, 30 Adult Care Home beds; and ▪ Washington, 10 Adult Care Beds. The Committee voted and approved a new table entitled Table 11D: Inventory of Nursing Homes with Six or Less Licensed Adult Care Beds. **Chapter 12: Home Health Services** Application of the methodology based on data and information currently available results in a draft need determination for Mecklenburg County for one new Medicare-certified Home Health Agency or Office at this time. **Chapter 13: Hospice Services** Application of the methodologies based on data and information currently available results in the following draft need determinations. ▪ **Hospice Home Care** Application of the methodology based on data and information currently results in two draft need determinations at this time; one need determination for Cumberland County and one need determination for Durham County for a new home hospice office. Need determinations are subject to change. ▪ **Hospice Inpatient Bed** Application of the proposed revised methodology based on data and information currently available results no draft need determinations at this time. Need determinations are subject to change.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 14: End-Stage Renal Disease Dialysis Facilities Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for July 2016 on July 1st. This report will be available on the DHSR website. **Chapter 15: Psychiatric Inpatient Services** The Committee voted to recommend a change to the methodology. This change removes the 20% reduction in projected days of care for child/adolescent beds from the need determination calculations. Application of the revised methodology based on data and information currently available results in the following draft need determinations: ▪ Child Psychiatric Inpatient Beds – a total of 125 beds; o Alliance Behavioral Healthcare LME-MCO, 36 beds; o Cardinal Innovations Healthcare Solutions LME-MCO, 19 beds; o Eastpointe LME-MCO, 36 beds; o Partners Behavioral Health Management LME-MCO, 1 bed; o Sandhills Center LME-MCO, 18 beds; and o Smoky Mountain Center LME-MCO, 15 beds. ▪ Adult Psychiatric Inpatient Beds – a total of 38 beds; o Alliance Behavioral Healthcare LME-MCO, 23 beds; and o Sandhills Center LME-MCO, 15 beds. **Recommendations Related to Psychiatric Inpatient Services:** The Committee recommends eliminating Step 2 of the need determination methodology for inpatient psychiatric beds for children and adolescents. The proposed change eliminates the 20% reduction in projected days of care used when calculating unmet bed need.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The Committee also recommends changes to the language throughout the SMFP, where appropriate, to reflect consistent usage of "people first" terminology. For example, rather than using the term "mentally ill," the text would use the term "people with a mental disorder." Finally, the committee has a recommendation regarding the inclusion of behavioral health inpatient beds authorized under Session Law 2015-241. This recommendation pertains to both Chapters 15 and 16. The General Assembly authorized $25 million for the creation of up to 150 new behavioral health inpatient treatment beds. This funding represents a portion of the proceeds of the sale of the Dorothea Dix Hospital property. Development of these beds will not require a Certificate of Need, but the beds will be required to adhere to all licensure rules and procedures, during and after development. Therefore, the Committee recommends that all beds created under S.L. 2015-241 that become licensed under categories currently covered by the CON Law be included in the inventory and in the need determination methodology in the same manner as other beds in Chapters 15 and 16 of the SMFP. **Chapter 16: Substance Abuse Inpatient & Residential Services (Chemical Dependency Treatment Beds)** Application of the methodology based on data and information currently available results in the following draft need determinations: ▪ **Child/Adolescent Chemical Dependency Treatment Beds;** o Central Region, 17 beds. There was no need determination for adult beds anywhere in the state. **Recommendations Related to Substance Abuse Inpatient & Residential Services:** Like Chapter 15, the Committee recommends proposed changes throughout the SMFP to reflect consistent usage of "people first" terminology. In addition, the committee recommends incorporation of terminology from the DSM-5, whereby the term "substance use disorder" is used instead of other terms, such as "substance abuse" or "addiction."		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities Application of the methodology based on data and information currently available results in **no draft need determinations** at this time. **Recommendations Related to ICF/IID Facilities** As with Chapters 15 and 16, the Committee recommends making language changes to the text throughout the SMFP to reflect consistent usage of "people first" terminology. **Recommendation for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17 for the Proposed 2017 SMFP:** The Committee recommends that the current assumptions and methodology be accepted as presented for the Long-Term and Behavioral Health Services Chapters, Chapters 10-17, for the Proposed 2017 Plan, and that references to dates be advanced one year, as appropriate. Also, staff is authorized to update narratives tables and need determinations as new and corrected data are received The Committee recommended that the current assumptions and methodology be accepted for the *Proposed 2017 Plan*. 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. A motion was made and second to approve the Long Term-Behavioral Health Committee report.	Mr. Brunnick Dr. McBride	Motion approved
Recommendations from Technology & Equipment Committee	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 *Proposed 2017 State Medical Facilities Plan (SMFP)*. The Technology and Equipment Committee met on March 30, 2016 and April 27, 2016. Topics reviewed and discussed included: • Current policies, assumptions, and methodologies for Lithotripsy, Gamma Knife, Linear Accelerators, Positron Emission Tomography (PET) Scanners, Magnetic		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Resonance Imaging (MRI) Scanners and Cardiac Catheterization Equipment for the Proposed 2017 State Medical Facilities Plan (SMFP); • Preliminary drafts of need projections generated by the standard methodologies; • One petition requesting a new policy for MRI Scanners; • One petition requesting changes to the methodology for Cardiac Catheterization; • One petition requesting changes to the methodology for Lithotripsy; and • Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Scanners. 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 Proposed 2017 Plan. The report is organized by equipment section of Chapter 9 of the SMFP. **Chapter 9: Lithotripsy** There was one petition and three comments on this Section of this Chapter. ***Petitioner:*** Hampton Roads Lithotripsy, LLC ***Request:*** Hampton Roads Lithotripsy, LLC requests that the *North Carolina 2017 State Medical Facilities Plan (SMFP)* include a new policy regarding lithotripsy. ***Comments:*** Three comments were received which were in opposition. ***Committee Recommendation:*** The discussion during the Committee meeting included lithotripter inventory, capacity, and this year's need determination as detailed in the 2016 State Medical Facilities Plan. The members also discussed geographical distribution of sites as outlined in the agency's report. The Committee voted unanimously to recommend denying the petition.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• Application of the methodology based on data and information currently available results in no need determination for lithotripsy services in the statewide service area at this time. **Chapter 9: Gamma Knife** There were no petitions or comments on this Section of this Chapter. • Based on data and information currently available, no draft need determinations have been identified at this time. **Chapter 9: Linear Accelerators** There were no petitions or comments on this Section of this Chapter. • Application of the methodology based on data and information currently available results in no draft need determinations at this time. **Chapter 9: Positron Emission Tomography (PET) Scanners** There were no petitions or comments on this Section of this Chapter. • Application of the methodology based on data and information currently available results in one draft need determination for HSA IV. This is an update from the information initially presented at the April 27th Committee meeting. Duke Raleigh Hospital, with 4 linear accelerators exceeding 12,500 ESTV procedures, generated a need through the Methodology Part 2. **Chapter 9: Magnetic Resonance Imaging (MRI) Scanners:** There was one petition on this Section of this Chapter. ***Petitioner:*** Cape Fear Valley Health System ***Request:*** [Cape Fear Valley Health System] CFVHS requests the SHCC continue its discussion regarding fixed MRI in community hospitals and requests that a new policy,		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Policy TE-3: Fixed MRI Scanners in Community Hospitals be included in the 2017 *State Medical Facilities Plan.* ***Comments:*** Four comments were received on this petition. ***Committee Recommendation:*** Members of the Committee acknowledged the recent history of petitions related to MRI capacity for small hospitals located in counties without fixed MRI scanners. Discussions included the number of procedures required to break even on a machine, the need for MRI capabilities for emergency services, and the development of additional services lines requiring MRI scans. There was consensus that the methodology provided a barrier to obtaining MRI scanners. Members suggested the threshold may be too high for small counties. The Committee voted unanimously to recommend to deny the petition. Dr. Ullrich, Chair, requested staff develop a policy to present at the second committee meeting in April (see Policy TE-3 below). Policy TE-3. Plan Exemption for Fixed Magnetic Resonance Imaging Scanners: *Qualified applicants may apply for a fixed magnetic resonance imaging scanner (MRI).* *To qualify, the health service facility proposing to acquire the fixed MRI scanner shall demonstrate in its certificate of need application that it is a licensed North Carolina acute care hospital with emergency care coverage 24 hours a day, seven days a week and is located in a county that does not currently have an existing or approved fixed MRI scanner, as reflected in the inventory in the applicable State Medical Facilities Plan.* *The applicant shall demonstrate that the proposed fixed MRI scanner will perform at least 850 weighted MRI procedures during the third full operating year.* *The performance standards in 10A NCAC 14C .2703 would not be applicable.* *The fixed MRI scanner must be located on the hospital's "main campus" as defined in 131E-176-(14n)a.*		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	This policy was developed by staff at the request of the Technology and Equipment Committee and was presented at the April 27th Committee meeting. ***Committee Recommendation:*** The Committee discussed the 850 threshold and had further conversation about the breakeven for a machine. Members expressed support of counties with no fixed MRI scanner obtaining the equipment through a policy. The committee recommends including Policy TE-3 in the Proposed 2017 Plan. • Application of the methodology based on data and information currently available, results in two need determination for fixed MRI scanners in Lincoln and Mecklenburg Counties at this time. **Chapter 9: Cardiac Catheterization Equipment** There was one petition with two comments to this petition received on this Section of this Chapter. ***Petitioner:*** UNC Rex Healthcare ***Request:*** The petitioner requests that the methodology for determining need for cardiac catheterization equipment in North Carolina be revised for the 2017 State Medical Facilities Plan. Specifically, the petitioner requests changes to steps 5 and 6 of the Cardiac Catheterization Methodology 1 so that "The number of units of fixed cardiac catheterization equipment needed is calculated for each hospital, and a need determination is generated irrespective of surpluses at other hospitals in the service area" with the exception of hospitals under common ownership, where the "surpluses and deficits would be totaled." ***Comments:*** Two comments were received about this petition – both were in opposition. ***Committee Recommendation:*** The Committee discussed the recent history of the petitions for both methodology changes and adjusted need determinations. Using data from the most recent SMFP, changes to the methodology, as outlined in the petition, would impact only Rex Healthcare, the petitioner. Since the current methodology produces very few need determinations and over the years the adjusted need		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	determination process has been used successfully in special situations, the committee recommended denying the petition. • Application of the methodology based on data and information currently available, results in one need determination for fixed cardiac catheterization equipment in Cumberland County at this time. **Recommendations:** The Committee recommends the current assumptions, methodologies and draft tables for lithotripsy, gamma knife, linear accelerators, PET scanners, MRI Scanners, and cardiac catheterization equipment be accepted for the Proposed 2017 Plan. References to dates will be advanced one year, as appropriate. Also, the Committee authorized staff to update all narratives, tables and need determinations for the Proposed 2017 Plan as new and corrected data are received. Need determinations are subject to change. **Other Recommendations** The Committee authorized staff to update all narratives, tables and need determinations for the *Proposed 2017Plan* as new and corrected data are received. **Committee Recommendations** The Committee recommended that the current assumptions and methodology and draft tables be accepted for the *Proposed 2017 Plan*. Dr. Ullrich stated that the committee authorized staff to update all narratives, tables and need determinations for the *Proposed 2017 SMFP* as new and corrected data are received. In addition, references to dates would be advanced one year, as appropriate. After the report presentation, Council members discussed the proposed policy TE-3. One discussion topic included the number of eligible counties. Dr. Ullrich indicated using this policy was a voluntary business decision and he did not expect many applicants. Other topics included the ability for a lower cost entrant to use the policy. Dr. Ullrich explained		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	the committee's concerns with patients having access to MRI for acute evaluations and inpatient access. A motion was made and seconded to approve the Technology & Equipment Committee report.	 Mr. Lawler Ms. Apperson	 Motion approved
Adoption of the N.C. Proposed 2017 State Medical Facilities Plan	Dr. Ullrich asked for a motion to adopt the *Proposed 2017 State Medical Facilities Plan*, and authorize staff to update narrative, tables, data changes and results or effects of such changes in the *Plan.* 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.	Dr. Patel Mr. Adams Mr. Burgin Dr. Greene	Motion approved Motion approved
Review of Public Hearing Schedule	Mr. Payne reviewed the six public hearings, dates and locations that they would take place beginning on July 12, 2016 with the final public hearing on July 28, 2016. Mr. Payne stated the July 28, 2016 public hearing would take place in the same room as this meeting of the SHCC.		
Review of Remaining SHCC Meeting Schedule	Dr. Ullrich reviewed the dates for the upcoming committee meetings. He stated the Technology and Equipment Committee will meet on September 14th, Long-Term-Behavioral Health will meet on September 9th, and Acute Care will meet on September 13th. 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 7nd beginning at 10:00 am and the last SHCC meeting for 2015 will be on October 5th beginning at 10:00 am in the Brown Building.		
Adjournment	There being no further business, Dr. Ullrich asked for a motion to adjourn the meeting.	Dr. McBride Mr. Burgin	Motion approved

Healthcare Planning & Certificate of Need Section

State Health Coordinating Council Minutes
September 7, 2016
10:00 a.m. – 12 Noon
Brown Building Room 104, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich - Chair; Trey Adams; Christina Apperson; Peter Brunnick; Stephen DeBiasi; Dr. Sandra Greene; Kelly Hollis; Kurt Jakusz; Valerie Jarvis, Dr. Lyndon Jordan; Stephen Lawler; Kenneth Lewis; Brian Lucas; James Martin; Dr. Robert McBride; Denise Michaud; Dr. Jeffrey Moore; Dr. Jaylan Parikh
Members Absent: James Burgin; Dr. Mark Ellis; Senator Ralph Hise; Representative Donny Lambeth; Dr. Prashant Patel; Dr. T.J. Pulliam
Healthcare Planning Staff Present: Paige Bennett; Elizabeth Brown; Amy Craddock; Tom Dickson; Andrea Emanuel **DHSR Staff Present:** Mark Payne; Martha Frisone; Lisa Pittman; Fatima Wilson; Celia Inman; Michael McKillip; Bernetta Thorne-Williams; Jane Rhoe-Jones
Attorney General's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
Welcome & Announcements **Introductions**	Dr. Ullrich welcomed council members, staff and visitors to the third meeting of the planning cycle for the *NC 2017 State Medical Facilities Plan*. He acknowledged this meeting was open to the public but was not a public hearing. Dr. Ullrich stated that the focus of the meeting was an overview of the public hearings and statements from each committee chair on petitions and comments received during the public hearings. Dr. Ullrich asked the council members and staff for a brief introduction.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	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. Dr. Ullrich asked members to declare conflicts as agenda items came up. There were no recusals.		
Approval of Minutes from May 25, 2016	A motion made and seconded to approve the minutes of May 25, 2016.		Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
Overview of Public Hearings	Ms. Bennett gave a brief overview of the public hearings that took place in July. There were six public hearings across the state. Each were attended by Ms. Bennett and various staff of the Healthcare Planning and Certificate of Need Section. July 12, 2016: Greensboro, Greensboro Area Health Education Center • 4 SHCC members attended; Ms. Michaud presided • 10 members of the public attended; 3 speakers July 15, 2016: Asheville, Mountain Area Health Education Center • 3 SHCC members attended; Ms. Michaud presided • 2 members of the public attended; no speakers July 19, 2016: Greenville, Pitt County Office Building • 2 SHCC members attended; Dr. Parikh presided • 6 members of the public attended; 3 speakers July 22, 2016: Wilmington, New Hanover County Public Library • 3 SHCC members attended; Mr. Lewis presided • 8 members of the public attended; 3 speakers July 25, 2016: Concord, Carolinas HealthCare System Northeast • 5 SHCC members attended; Dr. Ullrich presided • 8 members of the public attended; 3 speakers July 28, 2016: Raleigh, Brown Building – Dorothea Dix Campus • 7 SHCC members attended; Dr. Greene presided • 32 members of the public attended; 11 speakers		
Acute Care Services Committee Statement of Petitions and Comments	Dr. Greene provided a brief summary of the petitions and comments the Acute Care Committee received. The following was a brief rundown of the petitions and comments received during the public hearings in July 2016, and the comments received by the August 12 deadline.		

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
	CHAPTER 5: ACUTE CARE HOSPITAL BEDS No petitions or comments were received. **CHAPTER 6: OPERATING ROOMS** Healthcare Planning received one petition. Graystone Ophthalmology Associates submitted a petition for an adjusted need determination for one operating room in Catawba County. Twenty-one (21) documents were submitted in support of this petition. Among these, 11 were either from the petitioner or physicians in the practice. One document was submitted in opposition to the petition. **CHAPTER 7: OTHER ACUTE CARE SERVICES** No petitions or comments were received. **CHAPTER 8: INPATIENT REHABILITATION SERVICES** No petitions or comments were received. The committee will provide recommendations to the SHCC in preparation for the *2017 SMFP* at the October 5, 2016 meeting.		
Long-Term & Behavioral Health Committee Statement of Petitions and Comments	Mr. Ken Lewis provided a brief summary of the petitions and comments the Long-Term & Behavioral Health Committee received. The Long-Term and Behavioral Health Committee will meet on September 9, 2016. The committee will review and discuss several petitions for adjusted need determinations at this meeting. Materials related to this report are posted online on the Healthcare Planning's website. The following is a brief rundown of the petitions and comment. The committee will provide recommendations to the State Health Coordination Council in preparation for the *2017 State Medical Facilities Plan (SMFP)*. **CHAPTER 10, NURSING CARE FACILITIES:** No petitions or comments were received. **CHAPTER 11, ADULT CARE HOMES:** Three Petitions related to adult care homes were received. The first Petition from Artis Senior Living requests a special need adjustment to the *2017 SMFP* for Alzheimer's Special Care Unit		

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
	Beds in Stand-Alone facilities in Buncombe (331 Beds) and Cabarrus counties (79 beds). One document was received from the Petitioner. The second Petition is from Singh Development regarding a special need determination for transfer of up to 100 adult care home beds from Harnett County to Wake County. One document in support of the Petition was received. The final Petition is from Sandy Ridge Assisted Living requesting an adjusted need determination for 16 adult care home beds in Montgomery County. Fifty-five (55) documents in support of the Petition were received, including one from the Petitioner. **CHAPTER 12, HOME HEALTH SERVICES:** One Petition related to home health services was received. Mother's Helper Home Healthcare, Inc. of Wake County requests an adjusted need determination be included for one Medicare-certified home health agency or office in Wake County to address a special segment of the population. Four documents in support of the Petition were received, including two from Mother's Helper. Four documents in opposition to the Petition were also received. **CHAPTER 13, HOSPICE SERVICES:** One Petition related to hospice services was received. Transitions LifeCare requests the removal of the need determination for seven hospice inpatient beds in Wake County. One document in support of the Petition was received from the Petitioner. **CHAPTER 14, END-STAGE RENAL DISEASE DIALYSIS FACILITIES:** One Petition related to End-Stage Renal Disease Dialysis was received. Graham County Commissioners requests an adjusted need determination for a new ESRD facility for Graham County. 1,243 documents in support of the Petition were received, including three from the Petitioner. One document received in support of the Petition indicated potential barriers to development. Two documents in opposition of the Petition were received. Also, there was one document regarding aligning certificate of need (CON) application language in Chapter 3 of the SMFP. Bio-Medical Applications of North Carolina, Inc., and Fresenius Kidney Care made the following observation in regards to the *2017 SMFP*: • It has modified the categories for CON applications (Chapter 3) and now includes all ESRD CON applications, except Cost Overrun CON applications, as Category D.		

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
	• It further modifies the CON application schedule and batches all Category D applications into six reviews throughout the year. **WITH REGARD TO CHAPTER 15, PSYCHIATRIC INPATIENT SERVICES:** No petitions or comments were received. **FOR CHAPTER 16, SUBSTANCE ABUSE SERVICES** No petitions or comments were received. **REGARDING CHAPTER 17, ICF/IID:** No petitions or comments were received. The committee will provide recommendations to the State Health Coordination Council in preparation for the *2017 SMFP* at the October 5, 2016 meeting.		
Technology and Equipment Committee Statement of Petitions and Comments	Dr. Ullrich provided a brief summary of the petitions and comments the Technology and Equipment Committee received. The Technology and Equipment Committee will meet next on Wednesday, September 14, 2016. The committee will review and discuss several petitions for adjusted need determinations at this meeting. Materials related to this report will be posted online on the Healthcare Planning and Certificate of Need Section's website. The following is a brief rundown of the petitions and comments received during the public hearings in July 2016. **CHAPTER 9, POSITRON EMISSION TOMOGRAPGY SCANNER (PET):** One comment was received from Duke University Health system in support of the PET need determination in the *2017 SMFP*. A public hearing comment also in support was received from Duke Raleigh Hospital. **CHAPTER 9, MAGNETIC RESONANCE IMAGING (MRI):** Two petitions were received on this section. One petition was received from Carolinas HealthCare System requesting the need determination for one fixed MRI Scanner in Lincoln County be removed from the *2017 SMFP*. One comment in opposition was received from Novant Health.		

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
	The second petition received was regarding *Policy TE-3: Plan Exemption for Fixed Magnetic Resonance Imaging Scanners*. The petitioner, Cape Fear Valley Health System, requests the following two changes: 1. *The policy should be amended to allow an individual community hospital with a 24-hour emergency department to apply for a CON for a fixed MRI.* 2. *The threshold in the policy should be changed to 500 weighted MRI procedures.* Two documents were received regarding this petition, one in support by the petitioner, CFVHS, and one in opposition. In addition to the documents submitted for the petition two comments were received regarding *Policy TE-3*. The North Carolina Hospital Association submitted a comment in support of TE-3, but requested that the policy be used in a county where a fixed MRI has already been approved. Alliance Healthcare submitted a comment in opposition to *Policy TE-3* expressing concerns regarding limiting the type of qualified applicant, the potential for underutilized MRI scanners in community hospitals, and the level of the proposed threshold. **CHAPTER 9, CARDIAC CATHETERIZATION:** Two petitions were received on this section. The first was from Rex Healthcare requesting an adjusted need determination in Wake County for two fixed cardiac catheterization machines. One letter of support and two letters of opposition were received. The petitioner, Rex Healthcare, also submitted two comments. The second petition was from Cape Fear Valley Health System for an adjusted need determination to remove the need for fixed cardiac catheterization equipment in Cumberland County. One document was received and that was from the petitioner, CFVHS. **CHAPTER 9, LITHOTRIPSY:** We received one petition from Triangle Lithotripsy Corporation (TLC) for a special need for one additional mobile lithotripter statewide. One letter of support and one comment from TLC were received. Three documents of opposition were received. **CHAPTER 9, GAMMA KNIFE:** No petitions or comments were received.		

Agenda Items	Discussion/Action	Motions	Recommendations / Actions
	CHAPTER 9, LINEAR ACCELERATORS: No petitions or comments were received.		
Other Business	Ms. Frisone reviewed the updates to the certificate of need application schedule presented in Chapter 3. The Agency received one written and several verbal comments regarding the schedule. Certificate of Need clarified the application schedule in Chapter 3. Dr. Ullrich announced plans to form an Operating Room Workgroup with the goal of having recommendations in time to include in the *2018 SMFP*. Dr. Greene and Dr. Ullrich will co-chair the workgroup. Meetings will occur in Brown 104 at 10:00 AM on October 11, November 10, December 13, January 11, and February 15. Additional information will be available on the Healthcare Planning website. Volunteers and nominations will be accepted in writing to Paige Bennett. Dr. Ullrich indicated that he would like to receive nominations and volunteers by the end of September so that the membership can be announced at the next SHCC meeting. Dr. Ullrich reviewed the remaining meetings for 2016: • Long Term and Behavioral Health Committee, Friday, September 9, 2016 • Acute Care Services Committee, Tuesday, September 13, 2016 • Technology and Equipment Committee, Wednesday, September 14, 2016 Dr. Ullrich reminded everyone these meeting will be held in the Brown Building in conference room 104, beginning at 10:00 am. The next full SHCC meeting is Wednesday, October 5 at 10:00 a.m. There was no other business.		
Adjournment	Dr. Ullrich asked for a motion to adjourn the meeting.		Motion Approved

Healthcare Planning & Certificate of Need Section

State Health Coordinating Council Meeting – D R A F T
Minutes
October 5, 2016
Brown Building, Raleigh, North Carolina

Members Present: Dr. Christopher Ullrich, Chairman; Trey Adams, Christina Apperson, Peter Brunnick, James Burgin, Dr. Mark Ellis, Kurt Jakusz, Valarie Jarvis, Dr. Lyndon Jordan, Representative Donny Lambeth, Stephen Lawler, Kenneth Lewis, Brian Lucas, Dr. Robert McBride, Denise Michaud, Dr. Jeffrey Moore, Dr. Jaylan Parikh, Dr. Prashant Patel, Dr. T. J. Pulliam
Members Absent: Don Beaver, Stephen DeBiasi, Dr. Sandra Greene, Senator Ralph Hise, Kelly Hollis, James Martin
Healthcare Planning Staff Present: Paige, Bennett, Elizabeth Brown, Amy Craddock, Patrick Curry, Tom Dickson, Andrea Emanuel **DHSR Staff Present:** Mark Payne, Martha Frisone, Lisa Pittman, Fatima Wilson, Mike McKillip **Attorney General's Office:** June Ferrell, Derick Hunter, Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Dr. Ullrich welcomed Council members, staff and visitors to the fourth meeting of the planning cycle for the N.C. 2017 State Medical Facilities Plan (SMFP). 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. Dr. Ullrich stated the purpose of the meeting was to receive recommendations from the standing committees regarding changes to the Proposed 2017 SMFP in response to the public hearings conducted across the state this summer. He stated action would be taken on updated tables and need projections. He noted following the meeting, staff would incorporate SHCC actions into a final set of recommendations, which would be submitted to the Governor for review and approval. The members introduced themselves by stating their name, affiliation, and SHCC appointment type, followed by staff introductions.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to declare conflicts as agenda items came up. In the event there are portions extracted from the committee report for a separate vote, Dr. Jordan recused from voting on the Wake County fixed Cardiac Catheterization Equipment petition and fixed PET. Dr. Ullrich recused from voting on the Lincoln County fixed MRI petition if it too, was extracted from the committee report as a separate item.		
Approval of Minutes from September 7, 2016	A motion was made and seconded to accept the minutes of September 7, 2016.	Mr. Lawler Dr. Jordan	Motion approved
Recommendations from the Acute Care Services Committee	Mr. Lawler presented the report from the Acute Care Services Committee and stated the Committee met once after the May Council meeting, on September 13, 2016. Following is an overview of the Committee's recommendations for the Acute Care Services, Chapters 5-8, of the Proposed 2017 SMFP. **<u>Chapter 5: Acute Care Hospital Beds</u>** No petitions were received for this chapter. ***Data Discrepancy Report*** Data provided to Truven Health Analytics for 2015 was compared to data from the Division of Health Services Regulation Hospital License Renewal Applications to examine discrepancies between the two data sources. The Committee originally reviewed a list of 27 hospitals with acute days of care discrepancies between the two data sources that exceed plus-or-minus 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 11 hospitals that have a greater than plus-or-minus five percent discrepancy. Two of these are closed facilities. The changes in Truven data for those facilities with discrepancies did not affect need determinations.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	In calculating the acute care bed need determination for Durham County, Duke University Health System contacted the Agency to request that the Committee substitute data supplied by Duke rather than use the refreshed Truven data supplied by the Sheps Center. In the request, Duke outlined that Truven may be using the patient's entry into the system rather than the inpatient order, which may inflate the days of care total. The Committee decided to err on the side of caution and determined that this substitution was appropriate. The Committee discussed the more general issue of how hospitals report days of care and data collection methods, and agreed there is a need for further understanding of this process. Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable. Application of the methodology, based on data and information currently available, results in the following draft need determinations: • Durham County, 96 Acute Care Beds • Mecklenburg County, 60 Acute Care Beds • Orange County, 41 Acute Care Beds The inventory and need determinations are subject to change. **Chapter 6: Operating Rooms** One petition was received for this chapter. **Petitioner:** Graystone Ophthalmology Associates **Request:** The Petitioner requests an adjusted need determination for one operating room in Catawba County. Twenty-one documents were submitted in support of the petition. Among these, eleven were from either the Petitioner or physicians in the practice. One document was submitted in opposition to the petition. **Committee Recommendation:** The Agency recommended approval of the Petition. The Committee discussed the Petition and the Agency report. Based on the data presented		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	by the Petitioner and in the Agency report, the Committee determined that the Petitioner did not demonstrate a situation that warranted an adjusted need determination. Sufficient operating room capacity exists in the service area, and the Committee concluded that these available resources were not being accessed. Therefore, the Committee recommends denial of the petition for one operating room in Catawba County. The inventory has been updated to reflect any changes, and includes placeholders where applicable. Based on data and information currently available, application of the methodology results in the following draft need determinations: • Davie County, 1 OR • Moore County, 1 OR • New Hanover County, 1 OR • Union County, 1 OR The inventory and need determinations are subject to change. **Chapter 7: Other Acute Care Services** There were no petitions or comments related to this chapter. Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable. Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventories and need determinations are subject to change. **Chapter 8: Inpatient Rehabilitation** There were no petitions or comments related to this chapter. Based on available information, the inventory has been updated to reflect any changes, and includes placeholders where applicable.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Application of the methodology based on data and information currently available results in no draft need determinations at this time. The inventory and need determinations are subject to change. **Recommendations Related to All Chapters** The Committee recommends that the SHCC approve of Chapters 5 through 8, Acute 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. Rep. Lambeth asked for clarification of the discrepancy between the Agency's recommendation to approve the Petition from Graystone Ophthalmology Associates in light of the Committee's recommendation to deny the petition. Mr. Lawler explained that the Committee discussed the fact that adequate resources appeared to be available in the county in the hospital community. The Committee concluded that if Graystone feels that additional capacity is needed, it should work with existing facilities to access that capacity.		Motion approved
Recommendations from the Long-Term and Behavioral Health Committee	Dr. Pulliam stated that the Long-Term and Behavioral Health (LTBH) Committee met once after the May Council meeting, on September 9, 2016. Following is an overview of the Committee's recommendations for the Long-Term Care Facilities and Services, Chapters 10-17, of the *2017 SMFP*. **Chapter 10: Nursing Care Facilities** There were no petitions or comments on this chapter. 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. The application of the methodology based on data and information currently available results in no draft need determinations. Need determinations are subject to change.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Chapter 11: Adult Care Homes There were three petitions related to this chapter. ***Petition 1*** **Request:** Sandy Ridge Homes Holding, Corporation requests an adjusted need determination for 16 adult care home (ACH) beds in Montgomery County be included in the *2017 SMFP*. There were 55 documents received in support of this Petition. **Committee Recommendation:** The standard methodology has identified that there is no need for new ACH beds in Montgomery County. However, Agency review of the utilization and occupancy rates specific to Montgomery County shows that applying the standard methodology may under-estimate the need for individuals who require the level of care provided by special care unit (SCU) beds. Therefore, the Agency has recommended approval of this Petition, with a preference for the addition of SCU beds. After review of the Agency report and opportunity for discussion, the Committee advanced the recommendation to the SHCC to also approve the Petition with a preference for the addition of SCU beds. ***Petition 2*** **Request:** Artis Senior Living, LLC requests an adjusted need determination for 331 adult care home (ACH) beds, all of which would be part of a special care unit (SCU) bed in Buncombe County, and an adjusted need determination for 79 ACH beds, all of which would be part of a SCU in Cabarrus County, in *2017 SMFP*. One document was submitted by the Petitioner in support of this petition. **Committee Recommendation:** The Petitioner has based its request for an adjusted need determination for special care unit beds on a methodology developed by Sloane and Zimmerman (2016). As explained in the *2016 SMFP*, "people who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	submit petitions no later than March 2, 2016." In this instance, the agency determined that if the suggested methodology were used, it would have a statewide effect. Thus, the Petition does not comply with the standards of the petition process as outlined in the *SMFP*. Therefore, the Agency has recommended denial of this Petition. After review of the Agency report and opportunity for discussion, the Committee advanced the recommendation to the SHCC to deny the Petition. ***Petition 3*** **Request:** Singh Development, LLC requests an adjusted need determination for transfer of up to 100 adult care home (ACH) beds from Harnett to Wake County in the *2017 SMFP*. One document was received in support of this petition. **Committee Recommendation:** The Petitioner has based this request on a methodology that uses facility-level data from Wake County Department of Health and Human Services that are not vetted by our agency. As explained in the *2016 SMFP*, "people who wish to recommend changes that may have a statewide effect are asked to contact Healthcare Planning and Certificate of Need Section staff as early in the year as possible, and to submit petitions no later than March 2, 2016." In this instance, the Petitioner has suggested a methodology that, if applied, likely would have inconsistent impacts on planning areas across the state. Thus, the Petition does not comply with the standards of the petition process as outlined in the *SMFP*. For these reasons, the Agency recommended denial of this Petition. After review of the Agency report and opportunity for discussion, the Committee voted four in favor and one in opposition to the recommendation presented by the Agency. As such, the Committee recommends that the SHCC deny the Petition. 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.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The application of the methodology based on data and information currently available results in no draft need determinations. Need determinations are subject to change. In the final *2017 SMFP*, Table 11D will be included to show the nursing facilities that have six or fewer adult care home beds. **Chapter 12: Home Health Services** There was one petition related to this chapter. **Request:** Mother's Helper Home Healthcare, Inc. requests an adjusted need determination be included in the *2017 SMFP* for one Medicare-certified home health agency or office for Wake County to address a special segment of the population identified as high-risk mothers and babies. Four documents were received in support of this petition, including two from Mother's Helper. Four documents were also received in opposition to the Petition. **Committee Recommendation:** The standard methodology has determined there is no need for a new Medicare-certified home health agency or office in Wake County. The Petitioner provides various types of information regarding high-risk pregnancies. However, no specific data is provided to demonstrate the size of the population that needs these services or to demonstrate that the population is not currently being served by existing licensed Medicare-certified home health providers. Wake county residents are well served by 76 Medicare-certified home health providers who are eligible to provide services to this high-risk population and therefore, the Agency recommended not approving the Petition's request for an adjusted need determination for a Medicare-certified home health agency or office in Wake County in the 2017 SMFP. The committee concurred with the Agency's recommendation to deny this Petition. 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.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The application of the methodology based on data and information currently available results in the following need determination: • Mecklenburg County – one new Medicare-certified home health agency or office Need determinations are subject to change. **Chapter 13: Hospice Services** One petition was received related to this chapter. **Request:** Transitions LifeCare (TL) requests the removal of a need determination for seven hospice inpatient beds for Wake County from the *2017 SMFP*. **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended denial of the Petition request. The concurrence was that the additional 10 hospice inpatient beds currently under development by TL should be brought on-line and the bed utilization reassessed before more hospice inpatient beds are released for Wake County. Mr. Brunnick shared a report issued by the US Department of Health and Human Services Office of Inspector General from March 2016 titled, "Hospices Inappropriately Billed Medicare Over $250 Million for General Inpatient Care" with the committee. North Carolina may see hospice inpatient bed utilization patterns shift in the future based on the report and continued CMS audits of inpatient facilities. The Committee recommends to the SHCC that the Petition request be approved to remove the need determination for seven hospice inpatient beds for Wake County from the *2017 SMFP*. 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. Application of the methodologies based on data and information currently available results in the following draft need determinations:		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	▫ Hospice Home Care Office ▪ Cumberland County – one need determination for a new hospice home care office ▫ Hospice Inpatient Beds ▪ It is determined that there is no draft need for additional hospice inpatient beds anywhere else in the state. Need determinations are subject to change. **Chapter 14: End-Stage Renal Disease Dialysis Facilities** There was one petition related to this chapter. **Request:** Graham County Commissioners requests an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum number of "projected as needed" [stations] in the most recent "*Semiannual Dialysis Report*" available prior to the certificate of need application due date in the *2017 SMFP*. **Committee Recommendation:** The Petition cities long and sometimes dangerous commutes for in-center dialysis treatments over treacherous mountain roads, often in adverse weather conditions, as a principle reason for the request. In addition, most of the Petitioner's cited travel distances exceed the goal of "Basic Principle" # 10a, which encourages the provision of End-Stage Renal Disease treatment, "...in a facility no farther than 30 miles from the patient's homes..." Data from *The North Carolina Semiannual Dialysis Report-July 2016* indicates 10 residents of Graham County were receiving chronic outpatient dialysis services and five were receiving "home dialysis" as of December 31, 2015. Based on the most recent patient origin data, 65% of the residents receiving in-center dialysis travel 46.6 miles one-way (93.2 miles round trip) to Swain County three times a week . Based on these factors, the Agency recommends approval of the Petitioner's request for a new dialysis facility in Graham County. The Committee		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	agreed with the Agency's recommendation for an adjusted need determination for a minimum of five dialysis stations and a maximum projected as needed for Graham County in the Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. Application of the County Need methodology for the *2017 SMFP* determined there is no need for additional dialysis stations anywhere in the state. The need for additional new dialysis stations is determined two times each calendar year. Determinations are made available in the *North Carolina Semiannual Dialysis Report (SDR)*. **Chapter 15: Psychiatric Inpatient Services** There is an update that applies to Chapters 15, 16, and 17. Cardinal Innovations Healthcare Solutions and CenterPoint Human Services merged on July 1. The new LME-MCO retains the Cardinal name. There were no petitions or comments for Chapter 15. The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable. The application of the methodology based on data and information currently available results in 106 draft need determinations for child/adolescent beds psychiatric inpatient beds and 40 draft need determinations for adult beds in the following LME-MCOs: • Child/Adolescent Psychiatric Inpatient Beds ▪ Alliance Behavioral Healthcare – 36 beds ▪ Eastpointe – 36 beds ▪ Partners Behavioral Health Management – 1 bed ▪ Sandhills Center – 18 beds ▪ Smoky Mountain Center – 15 beds		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions

	• Adult Psychiatric Inpatient Beds:
	  ▪ Alliance Behavioral Healthcare – 25 beds
	  ▪ Sandhills Center – 15 beds
	
	The inventory and need determinations are subject to change.
	
	Chapter 16: Substance Use Disorder Inpatient & Residential Services (Chemical Dependency Treatment Beds)
	There were no petitions or comments for this chapter.
	
	The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable.
	
	The application of the methodology based on data and information currently available results in the following draft need determinations:
	
	• Child/Adolescent Substance Use Disorder Inpatient & Residential Service Beds:
	  ▪ Central Region – 17 beds
	• Adult Substance Use Disorder Inpatient & Residential Service Beds:
	  ▪ None
	
	The inventory and need determinations are subject to change.
	
	Chapter 17: Intermediate Care Facilities for Individuals with Intellectual Disabilities
	There were no petitions or comments related to this chapter.
	
	The inventory has been updated based on available information to reflect any changes, and includes placeholders where applicable.
	
	The application of the methodology based on data and information currently available results in no draft need determinations. The inventory and need determinations are subject to change.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Recommendations Related to All Chapters 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. Rep. Lambeth noted that the patterns of inpatient hospice utilization may change in the near future. These changes may affect need for inpatient hospice beds.		Motion approved
Recommendations from the Technology and Equipment Committee	Dr. Ullrich stated that on September 14, 2016, the Technology and Equipment Committee met to consider petitions and comments in response to Chapter 9 of the North Carolina Proposed 2017 SMFP. The Committee makes the following recommendations for consideration by the North Carolina State Health Coordinating Council in preparation for the Technology and Equipment chapter of the 2017 SMFP. **Chapter 9: Technology and Equipment** **Magnetic Resonance Imaging (MRI) Section** The Proposed 2017 SMFP showed two need determinations for additional fixed MRI scanners in Lincoln and Mecklenburg counties. There were two comments regarding the MRI section and Policy TE-3. The Committee received two petitions over the summer in the MRI Scanner section of the 2017 SMFP. *Petition 1* **Request:** Carolinas Healthcare System requested an adjusted need determination to remove the need for one fixed MRI scanner in Lincoln County. One comment was received for this Petition.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: The Committee discussed the petition and Agency Report, which recommended denial of the Petition request. The Committee concurred with the Agency's Report that the growth of MRI procedures and migration of patients could allow an existing or new provider to meet the CON standards for a qualified applicant in the third operating year of a proposed scanner. The Committee recommends to the SHCC that the Petition request be denied for an adjusted need determination. ***Petition/Comment 2:*** **Request:** Cape Fear Valley Health System (CFVHS) requests the following two changes be made to the Proposed Policy TE-3 in the 2017 SMFP: (1.) The policy should be amended to allow an individual community hospital with a 24-hour emergency department to apply for a CON for a fixed MRI. (2.) The threshold in the policy should be changed to 500 weighted MRI procedures. One public hearing comment from the Petitioner, one letter of opposition, and one general letter were received. **Committee Recommendation**: The Committee discussed the Petition and Agency Report, which recommended responding to the request as a comment, removing "is located in a county that" from Policy TE-3 policy language, and retaining the 850 weighted procedure threshold. The Committee concurred that a facility-based policy instead of the existing county-based policy would be ideal for consumer access. The Committee took a vote to lower the threshold from 850 weighted procedures to 500; this vote resulted in a tie and the motion did not carry. The Committee then voted and approved the motion to adopt the Agency-recommended language removing "is located in a county that" from Policy TE-3. The Committee recommends to the SHCC to amend Policy TE-3 by removing "is located in a county that" from the language and retain the 850 weighted procedure threshold. **Cardiac Catheterization Equipment Section** Since the Proposed 2017 SMFP, there have been no changes in need projections for cardiac catheterization equipment. The Proposed 2017 SMFP showed one need determination for fixed cardiac catheterization equipment in Cumberland		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	County. There were no need determinations for shared fixed cardiac catheterization or mobile cardiac catheterization equipment anywhere in the state. During the summer, two petitions were received for adjusted need determinations in the cardiac catheterization section in the 2017 SMFP. ***Petition 1:*** **Request:** Rex Healthcare requested an adjusted need determination for two additional units of fixed cardiac catheterization equipment in Wake County in the 2017 SMFP. There were two letters from the Petitioner, one public hearing comment, and two letters in opposition received for this Petition. **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended approval of the request. The Committee concurred that this is a unique issue for Wake County versus the rest of the state. The Committee discussed either approving the petition, denying the petition, or amending the Agency recommendation to adjust the need determination to one additional unit of fixed cardiac catheterization equipment in Wake County. Another issue discussed by the Committee is state and countywide utilization, both historical and future projections. Based on the data presented in the Agency Report and its discussion of how to meet patient needs in Wake County, the Committee recommends to the SHCC that the need determination be adjusted for one additional unit of fixed cardiac catheterization equipment in Wake County. The Chair asked Mr. Lawler to summarize the issue further. He expressed that this is a very complicated business issue, and the Committee strongly recommended the parties to work together to better utilize the resources in the county to make sure that patients are getting the care they need. ***Petition 2:*** **Request:** Cape Fear Valley Health System (CFVHS) requests an adjusted need determination to remove the need determination for one additional unit of fixed		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	cardiac catheterization equipment in Cumberland County in the 2017 SMFP. One public hearing comment from the Petitioner was received. **Committee Recommendation:** 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 the unique situation of increased need determinations and cardiac catheterization equipment along with patient migration between Cumberland County and Harnett County demonstrates that a need determination in the 2017 SMFP would not be necessary. The Committee recommends to the SHCC that the petition requesting to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP be approved. **Positron Emission Tomography (PET) Scanners Section** Since the Proposed 2017 SMFP, there have been no changes in need projections for positron emission tomography. The Proposed 2017 SMFP showed a need determination for one additional fixed PET scanner in Health Service Area (HSA) IV. The Committee received no petitions and two comments regarding the positron emission tomography section of the Proposed 2017 SMFP. **Lithotripsy Section** Since the Proposed 2017 SMFP, there have been no changes in the need projections for lithotripsy. During the Summer, one petition was received for lithotripsy services. **Request:** Triangle Lithotripsy requests an adjusted need for one additional mobile lithotripter statewide to serve North Carolina sites only. One letter of support, one comment from the Petitioner, and three documents opposed to the petition were received. **Committee Recommendation:** The Committee discussed the Petition and Agency Report, which recommended denial of the request. Based on the information presented in the Agency Report, the Committee		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	concurred that the SHCC cannot require a lithotripter owner to limit its services to North Carolina sites as requested in the Petition, and that the Petitioner has not demonstrated that the methodology suppresses the need nor that access to lithotripsy services is unsatisfactory. The Committee recommends to the SHCC that the Petition requesting an adjusted need for one additional mobile lithotripter statewide be denied. **Linear Accelerator Section** Since the Proposed 2017 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 no comments over the summer regarding the linear accelerator section of the Proposed 2017 SMFP. **Gamma Knife Section** Since the Proposed 2017 SMFP, there have been no changes in the need projections for gamma knife. There was no need for gamma knives anywhere in the state. The Committee received no petitions or comments over the summer regarding the gamma knife section of the Proposed 2017 SMFP. **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.		Motion approved
SHCC's Recommendation to the Governor	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. 2017 SMFP 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.	Dr. Pulliam Mr. Burgin	Motion approved
Operating Room Methodology Workgroup	Dr. Ullrich announced the formation of an Operating Room Methodology Workgroup. The workgroup will meet in the Brown Building, Conference Room 104 at 10:00 AM. The following meetings have been scheduled:		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Tuesday, October 11, 2016 Thursday, November 10, 2016 Tuesday, December 13, 2016 Wednesday, January 11, 2017 Wednesday, February 15, 2017 Information will be posted on the DHSR website. The first meeting will serve as an organizing meeting. While meetings are not public hearings, there will the opportunity for verbal comments to be heard. Dr. Ullrich suggested that it would be more effective to submit ideas in writing to Paige Bennett before the meeting, however. Written comments will be received throughout the process, but there may or may not be oral comments at every meeting. For a comment to become part of the workgroup record, it is necessary to submit the comment in writing. The final work product will be recommendations that will then go through the standard SHCC methodology review and public comment process. Dr. Ullrich and Dr. Greene will co-chair the workgroup. Dr. Ullrich read the names of the appointed members.		
Other Business	Dr. Ullrich thanked all the Council members for sharing their time with us this year. He gave a special thanks to those who have played leadership roles as Committee Chairs. In addition, he thanked staff for their support. He thanked the audience today's participation and throughout the year at Council meetings, committee meetings, and public hearings. He noted that everyone is a valuable part of this process Dr. Ullrich noted that for those who need to prepare Certificate of Need Applications in response to need determinations in the Plan, staff will be making the recommended need determinations and Certificate of Need review dates available for work planning purposes only. They will be posted on the Healthcare Planning website the first week of November. These recommended need determinations and dates will be accompanied by a disclaimer, which will advise everyone that nothing is final until the 2017 SMFP is signed by the Governor.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	He announced the dates for the State Health Coordinating Council meetings next year, as follows: Wednesday – March 1, 2017 Wednesday – June 7, 2017 Wednesday – September 6, 2017 (Teleconference Meeting) Wednesday – October 4, 2017		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.	Mr. Lawler Dr. Parikh	Motion approved

Acute Care Services Committee Meeting Minutes

Healthcare Planning & Certificate of Need

Acute Care Services Committee Minutes

April 12, 2016
10:00 AM – 12:00 PM
Brown Bldg. Room 104

MEMBERS PRESENT: Dr. Sandra Greene; Kenneth Lewis, Dr. Robert McBride, Stephen Lawler, Dr. Christopher Ullrich
MEMBERS ABSENT: Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth,
HPCON Staff Present: Dr. Amy Craddock, Paige Bennett, Tom Dickson, Elizabeth Brown, Kelli Fisk, Shelley Carraway, Martha Frisone, Lisa Pittman, Fatimah Wilson, Mike McKillip
DHSR Staff Present: Mark Payne
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Greene welcomed members, staff, and the public to the first Acute Care Services Committee meeting of 2016. Dr. Greene asked Committee members and staff in attendance to introduce themselves. Dr. Greene explained that the meeting was open to the public, but discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff. Dr. Greene stated that the purpose of this meeting was to review the policies and methodologies for the Proposed 2017 State Medical Facilities Plan (SMFP).		
Review of Executive Order No. 46, Reauthorizing the State Health Coordinating Council	Dr. Greene reviewed Executive Order 46, Reauthorizing the State Health Coordinating Council, with committee members and explained procedures to observe before taking action at the meeting. Dr. Greene inquired whether any member had a conflict of interest or needed to declare that they would derive a financial benefit from any matter on the agenda. She asked if any member intended to recuse himself or herself from voting on any agenda item. There were no recusals. Dr. Greene requested members to make a declaration of the conflict if a conflict of arose for a member during the meeting.		
Approval of minutes from the September 8, 2015 Meeting	A motion was made and seconded to approve the September 8, 2015 minutes.	Mr. Lewis Dr. McBride	Minutes approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Acute Care Hospital Beds – Chapter 5	**Policies and Need Methodology Review** No petitions or comments were received pertaining to Chapter 5. Dr. Craddock reviewed the GEN policies in Chapter 4 of the SMFP. They apply to all Health Services. Dr. Craddock reviewed Policy AC-1 (Use of Licensed Bed Capacity for Data Planning Purposes), AC-3 (Exemption from Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects), AC-4 (Reconversion to Acute Care) and AC-5 (Replacement of Acute Care Bed Capacity). Dr. Craddock reviewed the methodology for Chapter 5. 1. Determine acute care bed service areas 2. Determine number of beds in inventory (licensed, CONs, prior year need determinations) 3. Enter total inpatient days of care for current reporting, as provided to Truven Health Analytics 4. Calculate the growth rate multiplier by using the average change in days of care over the past four years. 5. Calculate projected census for 2019. 6. Multiply projected census by target occupancy factor. 7. Determine the surplus or deficit of beds for each facility or owner (for facilities under common ownership). 8. Sum the surplusses and deficits for each service area/owner to determine the number of beds needed. **Committee Recommendations** A motion was made and seconded to carry forward the Acute Care Bed policies and need determination methodology without changes.	Dr. McBride Mr. Lewis	Motion approved
Operating Rooms – Chapter 6	**Need Methodology Review** No petitions or comments were received pertaining to Chapter 6.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	There being no operating room policies in Chapter 4, Dr. Craddock reviewed the operating rooms need determination methodology. 1. Determine operating room (OR) service areas 2. Estimate total surgery hours for previous year, based on standard number of hours for inpatient and ambulatory procedures. 3. Project future OR requirements based on growth of OR hours over past four years. Calculate the growth rate multiplier by using the average change in days of care over the past four years. 4. Determine current adjusted planning inventory for ORs (licensed ORs, ORs approved by CON, ORs from previous need determinations that are pending, exclusions). Exclude ORs from chronically underutilized facilities. 5. Calculate number of ORs needed in the service area. Dr. Craddock noted a clarification of wording in Step 4m of the methodology for the committee's consideration. Determine the utilization rate for each licensed facility providing surgical services and exclude from Step 5 – "Determination of Need" the operating rooms and corresponding procedures in chronically underutilized licensed facilities located in operating room service areas with more than one licensed facility. Currently, only the ORs in underutilized facilities are excluded from the adjusted planning inventory in the need determination calculations shown in Table 6B. This clarification indicates that both the ORs and the number of procedures conducted in those ORs would be excluded from the need determination calculations. The clarification serves to make explicit the intent of the workgroup that developed the methodology regarding underutilized facilities. **Committee Recommendation:** A motion was made and seconded to approve the wording change in Step 4m of the Chapter 6 (Operating Room) methodology.	Mr. Lewis Dr. McBride	Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: A motion was made and seconded to carry forward the policies and current methodology (as changed) for Operating Rooms. Dr. Craddock provided the following update regarding the Multi-County Service Areas. Acute care bed and OR service areas are reviewed every three years, and they are up for review this year. The bed service areas also are used in the calculation of MRI need determinations, so the service areas will be reviewed by the Technology and Equipment Committee as well, before going to the full SHCC. The new service areas will be presented at the second Acute Care Services Committee meeting on May 3. There is a somewhat different situation this year. Three counties that had one hospital each in 2014 – and were single county service areas – have closed their hospitals: Alexander, Franklin, and Yadkin. In two of these counties, Alexander and Yadkin, the hospital also was the only surgical facility. In Franklin County, there is a CON to build a new AMSU. As a result, Franklin County would remain a single county OR service area. The methodology states that a single county service area is created when a new facility becomes licensed in a county that had previously been part of a multi-county service area. It does not, however, address how to handle the opposite situation – the closure of a facility when it is the only facility in a county. We need to consider how to include such counties in the delineation of bed and OR service areas. A couple of important points to consider: • None of these facilities in the three counties has relinquished their licenses for either acute care beds or operating rooms. Alexander Hospital, however, has a written agreement with its LME-MCO to convert all of its acute care beds to psychiatric beds. • In 2015, the General Assembly passed SL 2015-288 to define a legacy medical care facility. In essence, this law enables a hospital that has not	Dr. McBride Mr. Lawler	Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	operated continuously for at least the past six months to give notice that it intends to become operational within 36 months of giving notice. A Certificate of Need is not required to reopen this type of facility. Yadkin Valley Hospital gave official notice to DHSR in January 2016 that that it intends to reopen. The Agency has received no word from Novant Franklin Hospital. **Committee Recommendation:** A motion was made and seconded that Alexander, Franklin, and Yadkin counties remain as single county service areas – for acute care beds and ORs.	Dr. McBride Mr. Lewis	Motion approved
Other Acute Care Services - Chapter 7	**Policies and Need Methodology Review** There were no petitions or comments received regarding the policies and methodology for Chapter 7. Dr. Craddock reviewed the Acute Care policy pertaining to this chapter. **Policy AC-6 Heart-Lung Bypass Machines for Emergency Coverage** A need is determined for one additional heart lung bypass machine whenever a hospital is operating an open heart surgery program with only 1 heart-lung bypass machine. This is to protect cardiac surgery patients who may require emergency procedures while scheduled procedures are underway. A CON for a machine covered under this policy is exempt from the performance standards in 10A NCAC 14C.1703. **Methodology** **Open Heart Surgery Services** This need determination methodology was eliminated beginning with the 2012 SMFP. However, a CON is required to obtain heart-lung bypass equipment. **Burn Intensive Care Services** There will be a need for new burn ICU beds when both of the existing services have an average annual occupancy rate of at least 80% for the immediate two		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	reporting years. If this occurs, then calculations are performed to determine the number of beds needed. To determine need: 1. Calculate 4-year average annual growth rate for burn unit days of care, using the 5 most recent years of data from Table 7C. 2. Add 1.00 to the growth rate from Step 1 to calculate projected days of care for 1 year. 3. Determine the number of beds needed such that the total projected utilization (of existing and CON-approved beds) would be 80%. 4. To arrive at the need determination, subtract the total existing beds from number of beds generated by the projected utilization for 2019. **Transplantation Services** **Bone Marrow Transplantation Services** The need determination is based solely on the number of allogeneic bone marrow transplants performed. These are performed only Academic Medical Center Teaching Hospitals. A need is determined when each of the existing services has performed at least 20 allogeneic bone marrow transplants during the fiscal year just prior to the development of the current SMFP. **Solid Organ Transplantation Services** Solid organ transplantation services are limited to Academic Medical Center Teaching Hospitals and availability of solid organs. There is no mathematically-based methodology for calculating need. **Committee Recommendation:** A motion was made and seconded to carry forward the current methodology for the Other Acute Care Services.	Mr. Lewis Dr. McBride	Motion approved
Inpatient Rehabilitation Services – Chapter 8	**Need Methodology Review** Dr. Craddock reviewed the Inpatient Rehabilitation Services methodology steps, and explained that need determination was calculated by Health Service Area (HSA).		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	1. Calculate 3-year average annual rate of change for inpatient rehabilitation days of care, using the 4 most recent years of data for each HSA. 2. Determine the number of beds needed in 2019 such that the total utilization (of existing and additional beds) would be 80%. 3. To arrive at the need determination, subtract the total existing beds from number of beds generated by the projected utilization for 2019. There were no petitions or comments received regarding the policies and methodology for Chapter 8. **Committee Recommendation:** A motion was made and seconded to carry forward the current methodology for Inpatient Rehabilitation Services.	Dr. McBride Mr. Lewis	Motion approved
Other Business	A motion was made and seconded for staff to make necessary updates and corrections to narratives, tables and need determinations for the Proposed 2017 SMFP as new and updated data is received. There was no other business brought before the Committee. The next meeting of the Committee is Tuesday, May 3, 2016 at 10:00 am.	Mr. Lewis Dr. McBride	Motion approved
Adjournment	Dr. Greene adjourned the meeting.	Mr. Lewis Dr. McBride	

Healthcare Planning & Certificate of Need Section

Acute Care Services Committee Minutes
May 3, 2016
10:00 AM-12:00 PM
Brown Building Room 104

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth, Stephen Lawler, Kenneth Lewis, Robert McBride
Members Absent:
Healthcare Planning Staff: Amy Craddock, Paige Bennett, Elizabeth Brown, Patrick Curry, Tom Dickson, Kelli Fisk
DHSR Staff: Mark Payne, Martha Frisone, Fatimah Wilson
Attorney General's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Announcements	Dr. Greene welcomed members, staff and visitors to the meeting. She stated that the purpose of the meeting was to review preliminary drafts of need projections generated by the standard methodologies in the acute care services chapters; consider recommendations for clarifying language in the operating room methodology; review the comparison of licensure and Truven Health Analytics acute care days of care data. Dr. Greene stated that following this meeting, the Acute Care Services Committee's recommendations would be forwarded to all members of the State Health Coordinating Council (SHCC) for their consideration at the May 25, 2016 SHCC meeting. Dr. Greene announced throughout July, a series of six public hearings on the Proposed Plan will be held. The dates and locations of those hearings are on page 13 of the 2016 SMFP. Also, during July and August Healthcare will be accepting petitions and comments on the Proposed 2017 plan. The deadlines for those petitions and comments are also listed on page 13 of the 2016 SMFP. Dr. Greene acknowledged that today's meeting was open to the public; however, discussions, deliberations and recommendations would be limited to the members of the Acute Care Services Committee. Dr. Greene announced that after holding a public hearing in March, the SHCC recommended to the Governor that he remove from the 2016 SMFP the need for 1 Operating Room in the Rowan County service area. Governor McCrory approved		

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	this recommendation on Friday, April 29. The 2016 SMFP will be amended to reflect this change. Pertinent documents will be posted on the website and an email will go out when this is done.		
Review of Executive Order No. 46 Reauthorizing the State Health Coordinating Council **Recusals**	Dr. Greene reviewed Executive Order 46, Reauthorizing the State Health Coordinating Council, with committee members and explained procedures to observe before taking action at the meeting. There were no recusals.		
Approval of minutes from the April 12, 2016	A motion was made and seconded to approve the April 12, 2016 minutes.	Dr. McBride Mr. Lewis	Minutes approved
Acute Care Hospital Beds – Chapter 5	**<u>Acute Care Hospital Beds – Chapter 5</u>** Dr. Craddock reviewed Chapter 5. **Licensure/Truven Data Comparison** This report is a table that is not printed in the SMFP. The agency reconciles the Acute Days of care between the Hospital License Renewal Application (submitted to DHSR) and the data submitted to Truven Health Analytics. This table lists facilities that show a greater than 5% discrepancy between the two data sources. Currently, 27 facilities are on this list (including two closed facilities). The agency will be working closely with the NC Hospital Association to notify facilities and request that they correct their data with the agency and/or with Truven. An updated Discrepancy Report will be presented at the September 13 Acute Care Services committee meeting, after receipt of the "refreshed" Truven data and any corrections submitted to the agency. **Acute Care Bed Service Areas** Dr. Craddock pointed out the changes to the acute care bed service areas. Hyde County is no longer split between Pitt and Beaufort, but is now assigned only to Pitt County. This leaves intact the Pitt/Greene/Hyde/Tyrrell service area, but eliminates the Beaufort/Hyde service area. Beaufort is now a single county service area. Tyrrell County is now split between both Pitt and Chowan Counties. As before, Tyrrell is in the Pitt/Greene/Hyde/Tyrrell service area. It is also in the new multicounty service area – Chowan/Tyrrell.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	All other service areas remain the same. These changes will be reflected on updated maps in the Proposed 2017 SMFP. **Data Tables** Table 5A shows the inventory, along with the bed surplus and deficit numbers for Acute Care Beds. Table 5A and all analyses reflect the new service areas. Based on the draft Table 5A, there was a 2.4% increase in days of care from last year. For 2017, three service areas have draft bed need determination at this point (Table 5B): Durham County – 71 beds Mecklenburg County – 80 beds Orange County – 45 beds When Truven data is refreshed later in the year and if any corrections are made to the data, the need determinations may change. Table 5C is an inventory of beds in Long-Term Care Hospitals. There are no changes from last year (421 licensed beds). There is no need determination methodology for Long-Term Care Hospitals. **Committee Recommendations** A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds to the full SHCC for approval.	Dr. McBride Ms. Apperson	Motion approved
Operating Rooms – Chapter 6	**Operating Rooms – Chapter 6** Dr. Craddock reviewed Chapter 6. The new Operating Room (OR) services areas for the 2017 SMFP are as follows: Caswell County is now paired with Guilford County rather than Durham County. This creates the new Guilford/Caswell multi-county service area. Hyde County is no longer split between Pitt and Beaufort. It is now assigned only to Pitt County. This assignment creates the new Pitt/Greene/Hyde/Tyrrell OR service area. Tyrrell County is now paired with Pitt County rather than Chowan County, making Tyrrell also part of the new Pitt/Greene/Hyde/Tyrrell OR service area.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	All other service areas remain the same. These changes will be reflected on updated maps in the Proposed 2017 SMFP. **Data Tables** Table 6A presents the inventory of ORs and Table 6B shows the Projected OR need. There was a 1.3% increase in the number of inpatient surgical cases from last year and a 1.9% increase in ambulatory cases. Table 6C shows that there are currently 4 draft need determinations: for ORs. Davie: 1 Moore: 1 New Hanover: 1 Union: 1 As data are updated, these need determinations are subject to change. **Committee Recommendation** A motion was made and seconded to forward the Operating Room data and need projections to the full SHCC for approval.	Rep. Lambeth Mr. Lawler	Motion approved
Other Acute Care Services - Chapter 7	**Other Acute Care Services – Chapter 7** Dr. Craddock reviewed Chapter 7. Chapter 7 covers several areas of acute care services. Table 7A and graph: Open-Heart Surgery Procedures. This table shows the number of procedures, but there is no need determination methodology for this service. Table 7C and graph: Burn ICU Services. Utilization is slightly up from last year. There is no need determination for the 2017 Proposed SMFP. Table 7E and graph: Bone Marrow Transplants. There is no need determination for this service in the 2017 Proposed SMFP. Table 7G and graph: Solid Organ Transplants. There is no need determination for this service in the 2017 Proposed SMFP.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation A motion was made and seconded to forward the Other Acute Care bed data and need projections to the full SHCC for approval.	Mr. Lewis Ms. Apperson	Motion approved
Inpatient Rehabilitation Services – Chapter 8	**Inpatient Rehabilitation Services – Chapter 8** Dr. Craddock reviewed Chapter 8. Table 8A shows the inventory and utilization of Inpatient Rehabilitation Beds. Utilization is at 62.1%, which is a slight increase from last year (60.3%). There is no need determination for inpatient rehabilitation beds in the Proposed 2017 SMFP. **Charts for Chapter 8 Narrative** The first accompanying chart (which appears on the first page of the Chapter 8 narrative) shows slight variation in days of care since 2009. The next chart reflects this trend and shows that utilization has ranged from 60.8% to 62.1% since 2009. The low point was 58% in 2013. The scale of the percentage-based chart has been changed to reflect a range of 0-100%. **Committee Recommendation** A motion was made and seconded to forward the Inpatient Rehabilitation Services bed data and need projections to the full SHCC for approval.	Ms. Apperson Dr. McBride	Motion approved
Committee Recommendation	A motion was made and seconded to accept the data and need projections for Chapters 5, 6, 7, and 8, with the understanding that staff will make necessary corrections and changes, and to authorize staff to make updates to all tables and narratives as needed.	Mr. Lewis Ms. Apperson	Motion approved
Other Business	There was no other business. Dr. Greene noted the next Acute Care Services Committee meeting is Tuesday, September 13 at 10:00 a.m. The next full SHCC meeting is Wednesday, October 5 at 10:00 a.m. Both meetings are in this room.	Dr. McBride Mr. Lawler	Motion approved
Adjournment	Dr. Greene called for a motion to adjourn. Hearing no response, Dr. Greene adjourned the meeting.		

Healthcare Planning and Certificate of Need Section

Acute Care Services Committee Minutes - DRAFT

September 13, 2016
10:00a.m. – 12 Noon
Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth, Stephen Lawler, Dr. Christopher Ullrich
Members Absent: Kenneth Lewis, Dr. Robert McBride
Healthcare Planning Staff Present: Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Andrea Emanuel
DHSR Staff Present: Mark Payne, Martha Frisone, Lisa Pittman, Fatima Wilson
Attorney General's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Greene welcomed members, staff and visitors to the meeting. She acknowledged that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to members of the Acute Care Services Committee and staff.		
Review of Executive Order No. 46 Ethical Standards for the State Health Coordinating Council	Dr. Greene reviewed Executive Order No. 46 Reauthorizing the State Health Coordinating Council (SHCC) with committee members and explained procedures to observe before taking action at the meeting. Each member of the committee commented on his or her professional and institutional interests.		
Approval of May 3, 2016 Minutes	A motion was made and seconded to approve the May 3, 2016 minutes.	Ms. Apperson Mr. Lawler	Motion approved
Acute Care Hospital Beds – Chapter 5	**Chapter 5 - Acute Care Hospital Beds** Dr. Greene asked Dr. Craddock to provide an update and review of the hospitals with Truven data discrepancies **<u>Truven Data Discrepancy Report</u>** The agency reconciles the acute days of care reported on the Hospital License Renewal Applications (LRA) submitted to DHSR with the data submitted to Truven Health Analytics. This comparison report is provided for committee review and comment, but it is not included in Chapter 5 of the SMFP. The agency receives Truven data twice		

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	during the year. The initial data is received in the spring, and a preliminary Data Discrepancy report reflecting that information was presented at the May 3rd meeting. The current table uses the "refreshed" Truven data, which was received in August; it incorporates all data changes made by the hospitals, including corrections to Truven and LRA data as a result of the draft discrepancy report. The table presented lists the facilities that still have a greater than ±5% discrepancy between the License Renewal Applications and data submitted to Truven. The preliminary report contained 27 facilities. After corrections and revisions, the current report contains 11, two of which are closed facilities. Dr. Craddock stated there were no petitions for Chapter 5. Dr. Craddock announced that the Agency received notice from two different buyers on two different dates regarding Vidant Pungo Hospital. The Agency determined that each prospective buyer met the requirements for Vidant Pungo Hospital to be designated as a legacy medical care facility. The two prospective buyers have 36 months from the date of their respective notices to acquire and reopen the hospital. One notice was effective May 16, 2016 and the other was effective June 14, 2016. Dr. Craddock noted that Truven data was refreshed and incorporated into Table 5A (Acute Care Bed Need Projections). Refreshed Truven data resulted in two changes to the need determinations presented in the *2017 Proposed SMFP*. First, refreshed Truven data initially increased the need determination in Durham County from 71 beds in the *Proposed SMFP* to 135 beds. This change was triggered due to updated data from Duke University Medical Center. Upon notification of this large increase, Duke University Health System staff examined the data further and provided additional input to the Agency. The Agency substituted Duke's data rather than using the reported days of care by Truven for Duke University Medical Center. As a result, the need determination was recalculated as 96 beds. The Committee expressed support in that they would rather err on putting fewer beds in rather than too many. Second, refreshed Truven data reduced the need determination in Mecklenburg County from 80 beds to 60 beds. The need determination in Orange County remained at 41.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds, to the SHCC, with approved changes.	Mr. Lawler Ms. Apperson	Motion Approved
Operating Rooms – Chapter 6	**Chapter 6 - Operating Rooms** Dr. Craddock provided the following updates on the Single Specialty Ambulatory Surgery Facility Demonstration Project. **Single Specialty Ambulatory Surgery Facility Demonstration Project.** The three facilities participating in this demonstration project provided annual reports. **Piedmont Outpatient Surgery Center in Forsyth County submitted its Year 4 report.** Piedmont Outpatient Surgery Center received a license in February 2012. The report covers the period, January 1, 2015-December 31, 2015. The facility reported that of the 12 physicians practicing at the facility, three are not owners of the practice. Eleven physicians both maintained privileges and took ER call at local hospitals. Based on the facility's information related to the number and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent. The documentation included in the report revealed that 8.41% of the facility's revenue was attributed to self-pay and Medicaid. Since initial licensure, the facility has used a surgical safety checklist. This electronic checklist has Pre-OP, Post-OP and Post-anesthesia care unit sections. Staff completed these sections 99%, 98%, and 99% of the time, respectively. In accordance with the Condition 8 of the certificate of need, the facility tracks the four required patient outcome measures. The report contained information showing negative results in less than 0.1% of cases; these cases experienced post-operative infections. An electronic health record (EHR) interface exists between the facility and physicians' offices.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP. Based on the review of the annual report, the agency determined that Piedmont Outpatient Surgery Center materially complies with the demonstration project criteria outlined in the Plan and conditions on the certificate of need. **Triangle Orthopaedics Surgery Center in Wake County submitted its Year 3 report.** Triangle Orthopaedics Surgery Center received a license in February 2013. The agency received the facility's report for the time period March 1, 2015 to February 29, 2016. The facility reported that of the 14 physicians practicing at the facility, three are not owners of the practice. All physicians maintained privileges and took ER call at local hospitals. Due to staff turnover and lack of data for March 1, 2015 to July 31, 2015, financial information was provided for August 1, 2015 to July 31, 2016. Based on the facility's information related to the number and payor source of the patients served, the facility's total revenue attributed to self-pay and Medicaid was less than the seven percent required by the demonstration project criteria. Documentation showed that 5.12% of revenue was attributed to self-pay and Medicaid patients. Since initial licensure, the facility has used a surgical safety checklist. Daily chart audits verified that 100% of the surgeries used this checklist. In accordance with Condition 8 on the certificate of need, the facility addressed the four required measures for tracking quality assurance and also tracks several additional measures. The report contained information showing overall negative results in less than 0.4% of cases. Issues were noted in the areas of post-operative infections and patient transfer. An EHR interface exists between the facility and physicians' offices. An additional interface is under development to facilitate coordination of surgery scheduling requests.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the Plan. Based on the review of the annual report, the Agency determined that Triangle Orthopaedics Surgery Center materially complies with all but one of the demonstration project criteria in Table 6D of the *2010 Plan* and Condition 8 on the certificate of need. The facility did not meet the requirement that at least 7% revenue would be attributed to self-pay and Medicaid patients. **Mallard Creek Surgery Center in Mecklenburg County submitted its Year 2 report.** Mallard Creek Surgery Center received a license in May of 2014. The agency received the project report for the time period May 7, 2015 to May 6, 2016. The facility reported that of the 63 physicians practicing at the facility, 29 are non-owners of the practice. All physicians maintained privileges at area hospitals and 51 took ER call at local hospitals. Based on the facility's information regarding the number of and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent in its second year of operation. The percentage was 7.0%. Mallard Creek Surgery Center uses a hard-copy surgical safety checklist. The facility reported 100% completion. In accordance with Condition 8 on the certificate of need, the facility tracks the four required patient outcome measures. The report contained information showing negative results on the required measures in approximately 0.3% of cases. Issues were noted in the areas of medication errors and surgical site infections. Mallard Creek Surgery Center does not have electronic health records (EHR). It does, however, use an electronic scheduling system, and scans chart audits to an electronic system daily to back up health records. The facility is in the process of developing an EHR system, but no target date is available.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP. Based on the review of the annual report, the agency determined that Mallard Creek Surgery Center materially complies with the demonstration project criteria in Table 6D in the *2010 Plan* and the conditions on the certificate of need. Dr. Craddock provided additional charts and figures regarding the breakdown of payor sources for the Single Specialty Ambulatory Surgery Facility Demonstration Project. The Committee discussed the accountability of the facilities regarding the requirement of the 7% threshold for self-pay and Medicaid revenue. **Motion:** Before the next annual evaluation reports are submitted, ask for follow up and more frequent monitoring for those areas that are not in compliance with the expectation. Facilities must submit a written plan to the Healthcare Planning and Certificate of Need Section. Ms. Apperson asked for an amendment to the motion to ask facility representatives to come to the first Acute Care Committee meeting of 2017 to explain their plan of remediation.	Rep. Lambeth Mr. Lawler	Motion approved unanimously, as amended
	One petition was received regarding operating rooms. Dr. Craddock reviewed this petition: **Petitioner: Graystone Ophthalmology Associates** Graystone Ophthalmology Associates submitted a petition for an adjusted need determination for one operating room (OR) in Catawba County; 21 documents were submitted in support of this petition. Among these, 11 were from either the petitioner or physicians in the practice. One document was submitted in opposition to the petition. The petition discusses several special circumstances in Catawba County to support an adjusted need determination. 1. Per Capita Ambulatory Surgery Use in Catawba County. The petitioner points out that in 2015, 81% of surgeries performed in Catawba County were ambulatory, compared to 72.3% statewide. The 2015 per capita ambulatory surgery utilization rate for Catawba County was 120.72 per 1,000 population, compared the statewide rate of 64.9 per 1,000. Additional analysis indicates that 23.8% of ambulatory surgeries		

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	statewide were performed in ambulatory surgery centers (ASCs) versus hospitals in 2015, compared to 47.6% in Catawba County. This difference is partially an artifact of the existence of an eye surgery center in a county with only three other providers. Because eye surgery centers often have much higher surgical volumes than other types of facilities, they tend to have a much larger share of total procedures in a county with only a few providers. 2. Catawba County as Regional Hub for Ambulatory Surgery. The petition also provides evidence that a substantial proportion of patients from most of the six contiguous counties go to Catawba County for ambulatory surgical services. The petition also notes that the practice will add four new physicians to the staff by 2017. Annually, Graystone physicians perform an average of 552 procedures each. Under the current methodology, which allows 1.5 hours per ambulatory procedure, this additional number of physicians would require approximately 1.6 ORs. Thus, the petition represents a proactive approach to meeting future needs. 3. Growth and Aging of Population in Catawba County. The petitioner argued that the growth and aging of the population in Catawba County will require additional surgical capacity. However, the Census data from the State Office of Budget and Management (OSBM) projects that Catawba's overall population will grow at a slower rate than the state as a whole. 4. Increase in Ambulatory Surgery Utilization. The Agency report included a comparison of utilization for 2009 (the reporting year for the previous Graystone petition) to the current reporting year (2015). Based on the parameters in the methodology, overall OR utilization at Catawba Valley Medical Center decreased, while utilization at Viewmont Surgery Center increased. (Data for Graystone is not comparable over this period because of the difference in the number of licensed ORs in 2009 and 2015.) Frye Regional Medical Center is an underutilized facility, and as such, is excluded from need determination calculations. Addressing ambulatory utilization only is not straightforward. It is not possible to calculate ambulatory surgery utilization rates for hospitals because these procedures may be performed in shared ORs, where both inpatient and ambulatory procedures may be performed. However, the number of ambulatory procedures at Catawba Valley decreased 21% from 2009 to 2015. The Agency determined that the petitioner presented evidence of continued relatively high utilization, based on the parameters used in the methodology. In addition, new physicians may result in procedures sufficient to require 1.6 ORs. In sum, the petition		

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	demonstrates that Catawba County's OR utilization patterns may be sufficiently different from the state as a whole to warrant an adjusted need determination. Given available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments, and in consideration of factors discussed in the agency report, the agency recommends approval of the petition The committee discussed the petition and Agency report. Based on the data presented by the petitioner and in the Agency report, the committee determined that the petitioner did not demonstrate a situation that warranted an adjusted need determination. Sufficient operating room capacity exists in the service area, and the Committee concluded that these resources were not being accessed. Therefore, the committee recommends denial of the petition for one operating room in Catawba County. Committee Recommendation: A motion was made and seconded to deny the petition.	Mr. Lawler Ms. Apperson	Motion approved
	Dr. Greene announced the formation of an Operating Room Methodology Workgroup. She and Dr. Ullrich will co-chair the workgroup. Those wishing to volunteer or nominate someone for workgroup membership should submit this information in writing (via email) to Ms. Paige Bennett by September 30, 2016. The scheduled dates for the workgroup meetings were provided at the meeting and will be posted on the Healthcare Planning website. Dr. Craddock reported that updates to data since the release of the *2017 Proposed SMFP* yielded no changes to need determinations. Committee Recommendation: A motion was made and seconded to forward Chapter 6, Operating Rooms	Ms. Apperson Mr. Lawler	Motion approved
Other Acute Care Services - Chapter 7	**Chapter 7 - Other Acute Care Services** Dr. Craddock stated that Chapter 7 covers Open-Heart Surgery Services, Burn Intensive Care Services, and Transplantation Services. No petitions or comments were received in any of these areas. Updates to data did not result in changes to need determinations.		

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	Committee Recommendation: A motion was made and seconded to forward Chapter 7, Other Acute Care Services to the SHCC.	Mr. Lawler Ms. Apperson	Motion approved
Inpatient Rehabilitation Services – Chapter 8	**Chapter 8 - Inpatient Rehabilitation Services** No petitions or comments were received regarding inpatient rehabilitation services. Updates to data did not result in changes to need determinations. Committee Recommendation: A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services to the SHCC.	Ms. Apperson Mr. Lawler	Motion approved
Other Business	Committee Recommendation: A motion was made and seconded to authorize staff to update tables and narratives as indicated. Dr. Greene reminded everyone that the next SHCC meeting would be held October 5, 2016 at 10:00 a.m. in Conference Room 104 of the Brown Building.	Rep. Lambeth Ms. Apperson	Motion approved
Adjournment	There being no further business, Dr. Greene called for adjournment.	Ms. Apperson Mr. Lawler	Motion approved

Healthcare Planning and Certificate of Need Section

Acute Care Services Committee Minutes - DRAFT

September 13, 2016
10:00a.m. – 12 Noon
Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. Sandra Greene, Christina Apperson, Dr. Mark Ellis, Representative Donny Lambeth, Stephen Lawler, Dr. Christopher Ullrich
Members Absent: Kenneth Lewis, Dr. Robert McBride
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Approval of May 3, 2016 Minutes	A motion was made and seconded to approve the May 3, 2016 minutes.	Ms. Apperson Mr. Lawler	Motion approved
Acute Care Hospital Beds – Chapter 5	**Chapter 5 - Acute Care Hospital Beds** Dr. Greene asked Dr. Craddock to provide an update and review of the hospitals with Truven data discrepancies **<u>Truven Data Discrepancy Report</u>** The agency reconciles the acute days of care reported on the Hospital License Renewal Applications (LRA) submitted to DHSR with the data submitted to Truven Health Analytics. This comparison report is provided for committee review and comment, but it is not included in Chapter 5 of the SMFP. The agency receives Truven data twice		

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	Committee Recommendation: A motion was made and seconded to forward Chapter 5, Acute Care Hospital Beds, to the SHCC, with approved changes.	Mr. Lawler Ms. Apperson	Motion Approved
Operating Rooms – Chapter 6	**Chapter 6 - Operating Rooms** Dr. Craddock provided the following updates on the Single Specialty Ambulatory Surgery Facility Demonstration Project. **Single Specialty Ambulatory Surgery Facility Demonstration Project.** The three facilities participating in this demonstration project provided annual reports. **Piedmont Outpatient Surgery Center in Forsyth County submitted its Year 4 report.** Piedmont Outpatient Surgery Center received a license in February 2012. The report covers the period, January 1, 2015-December 31, 2015. The facility reported that of the 12 physicians practicing at the facility, three are not owners of the practice. Eleven physicians both maintained privileges and took ER call at local hospitals. Based on the facility's information related to the number and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent. The documentation included in the report revealed that 8.41% of the facility's revenue was attributed to self-pay and Medicaid. Since initial licensure, the facility has used a surgical safety checklist. This electronic checklist has Pre-OP, Post-OP and Post-anesthesia care unit sections. Staff completed these sections 99%, 98%, and 99% of the time, respectively. In accordance with the Condition 8 of the certificate of need, the facility tracks the four required patient outcome measures. The report contained information showing negative results in less than 0.1% of cases; these cases experienced post-operative infections. An electronic health record (EHR) interface exists between the facility and physicians' offices.		

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	The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the Plan. Based on the review of the annual report, the Agency determined that Triangle Orthopaedics Surgery Center materially complies with all but one of the demonstration project criteria in Table 6D of the *2010 Plan* and Condition 8 on the certificate of need. The facility did not meet the requirement that at least 7% revenue would be attributed to self-pay and Medicaid patients. **Mallard Creek Surgery Center in Mecklenburg County submitted its Year 2 report.** Mallard Creek Surgery Center received a license in May of 2014. The agency received the project report for the time period May 7, 2015 to May 6, 2016. The facility reported that of the 63 physicians practicing at the facility, 29 are non-owners of the practice. All physicians maintained privileges at area hospitals and 51 took ER call at local hospitals. Based on the facility's information regarding the number of and payor source of the patients served, the agency was able to verify that the facility's total revenue attributed to self-pay and Medicaid was at least seven percent in its second year of operation. The percentage was 7.0%. Mallard Creek Surgery Center uses a hard-copy surgical safety checklist. The facility reported 100% completion. In accordance with Condition 8 on the certificate of need, the facility tracks the four required patient outcome measures. The report contained information showing negative results on the required measures in approximately 0.3% of cases. Issues were noted in the areas of medication errors and surgical site infections. Mallard Creek Surgery Center does not have electronic health records (EHR). It does, however, use an electronic scheduling system, and scans chart audits to an electronic system daily to back up health records. The facility is in the process of developing an EHR system, but no target date is available.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The facility supplied evidence that it reported utilization and payment data to the statewide data processor, as required by G.S. 131E-214.2 and as a criterion of the 2010 SMFP. Based on the review of the annual report, the agency determined that Mallard Creek Surgery Center materially complies with the demonstration project criteria in Table 6D in the *2010 Plan* and the conditions on the certificate of need. Dr. Craddock provided additional charts and figures regarding the breakdown of payor sources for the Single Specialty Ambulatory Surgery Facility Demonstration Project. The Committee discussed the accountability of the facilities regarding the requirement of the 7% threshold for self-pay and Medicaid revenue. **Motion:** Before the next annual evaluation reports are submitted, ask for follow up and more frequent monitoring for those areas that are not in compliance with the expectation. Facilities must submit a written plan to the Healthcare Planning and Certificate of Need Section. Ms. Apperson asked for an amendment to the motion to ask facility representatives to come to the first Acute Care Committee meeting of 2017 to explain their plan of remediation.	Rep. Lambeth Mr. Lawler	Motion approved unanimously, as amended
	One petition was received regarding operating rooms. Dr. Craddock reviewed this petition: **Petitioner: Graystone Ophthalmology Associates** Graystone Ophthalmology Associates submitted a petition for an adjusted need determination for one operating room (OR) in Catawba County; 21 documents were submitted in support of this petition. Among these, 11 were from either the petitioner or physicians in the practice. One document was submitted in opposition to the petition. The petition discusses several special circumstances in Catawba County to support an adjusted need determination. 1. Per Capita Ambulatory Surgery Use in Catawba County. The petitioner points out that in 2015, 81% of surgeries performed in Catawba County were ambulatory, compared to 72.3% statewide. The 2015 per capita ambulatory surgery utilization rate for Catawba County was 120.72 per 1,000 population, compared the statewide rate of 64.9 per 1,000. Additional analysis indicates that 23.8% of ambulatory surgeries		

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	statewide were performed in ambulatory surgery centers (ASCs) versus hospitals in 2015, compared to 47.6% in Catawba County. This difference is partially an artifact of the existence of an eye surgery center in a county with only three other providers. Because eye surgery centers often have much higher surgical volumes than other types of facilities, they tend to have a much larger share of total procedures in a county with only a few providers. 2. Catawba County as Regional Hub for Ambulatory Surgery. The petition also provides evidence that a substantial proportion of patients from most of the six contiguous counties go to Catawba County for ambulatory surgical services. The petition also notes that the practice will add four new physicians to the staff by 2017. Annually, Graystone physicians perform an average of 552 procedures each. Under the current methodology, which allows 1.5 hours per ambulatory procedure, this additional number of physicians would require approximately 1.6 ORs. Thus, the petition represents a proactive approach to meeting future needs. 3. Growth and Aging of Population in Catawba County. The petitioner argued that the growth and aging of the population in Catawba County will require additional surgical capacity. However, the Census data from the State Office of Budget and Management (OSBM) projects that Catawba's overall population will grow at a slower rate than the state as a whole. 4. Increase in Ambulatory Surgery Utilization. The Agency report included a comparison of utilization for 2009 (the reporting year for the previous Graystone petition) to the current reporting year (2015). Based on the parameters in the methodology, overall OR utilization at Catawba Valley Medical Center decreased, while utilization at Viewmont Surgery Center increased. (Data for Graystone is not comparable over this period because of the difference in the number of licensed ORs in 2009 and 2015.) Frye Regional Medical Center is an underutilized facility, and as such, is excluded from need determination calculations. Addressing ambulatory utilization only is not straightforward. It is not possible to calculate ambulatory surgery utilization rates for hospitals because these procedures may be performed in shared ORs, where both inpatient and ambulatory procedures may be performed. However, the number of ambulatory procedures at Catawba Valley decreased 21% from 2009 to 2015. The Agency determined that the petitioner presented evidence of continued relatively high utilization, based on the parameters used in the methodology. In addition, new physicians may result in procedures sufficient to require 1.6 ORs. In sum, the petition		

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	demonstrates that Catawba County's OR utilization patterns may be sufficiently different from the state as a whole to warrant an adjusted need determination. Given available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments, and in consideration of factors discussed in the agency report, the agency recommends approval of the petition The committee discussed the petition and Agency report. Based on the data presented by the petitioner and in the Agency report, the committee determined that the petitioner did not demonstrate a situation that warranted an adjusted need determination. Sufficient operating room capacity exists in the service area, and the Committee concluded that these resources were not being accessed. Therefore, the committee recommends denial of the petition for one operating room in Catawba County. Committee Recommendation: A motion was made and seconded to deny the petition.	Mr. Lawler Ms. Apperson	Motion approved
	Dr. Greene announced the formation of an Operating Room Methodology Workgroup. She and Dr. Ullrich will co-chair the workgroup. Those wishing to volunteer or nominate someone for workgroup membership should submit this information in writing (via email) to Ms. Paige Bennett by September 30, 2016. The scheduled dates for the workgroup meetings were provided at the meeting and will be posted on the Healthcare Planning website. Dr. Craddock reported that updates to data since the release of the *2017 Proposed SMFP* yielded no changes to need determinations. Committee Recommendation: A motion was made and seconded to forward Chapter 6, Operating Rooms	Ms. Apperson Mr. Lawler	Motion approved
Other Acute Care Services - Chapter 7	**Chapter 7 - Other Acute Care Services** Dr. Craddock stated that Chapter 7 covers Open-Heart Surgery Services, Burn Intensive Care Services, and Transplantation Services. No petitions or comments were received in any of these areas. Updates to data did not result in changes to need determinations.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: A motion was made and seconded to forward Chapter 7, Other Acute Care Services to the SHCC.	Mr. Lawler Ms. Apperson	Motion approved
Inpatient Rehabilitation Services – Chapter 8	**Chapter 8 - Inpatient Rehabilitation Services** No petitions or comments were received regarding inpatient rehabilitation services. Updates to data did not result in changes to need determinations. Committee Recommendation: A motion was made and seconded to forward Chapter 8, Inpatient Rehabilitation Services to the SHCC.	Ms. Apperson Mr. Lawler	Motion approved
Other Business	Committee Recommendation: A motion was made and seconded to authorize staff to update tables and narratives as indicated. Dr. Greene reminded everyone that the next SHCC meeting would be held October 5, 2016 at 10:00 a.m. in Conference Room 104 of the Brown Building.	Rep. Lambeth Ms. Apperson	Motion approved
Adjournment	There being no further business, Dr. Greene called for adjournment.	Ms. Apperson Mr. Lawler	Motion approved

Long-Term Care
And
Behavioral Health
Committee
Meeting Minutes

DHSR

Healthcare Planning and Certificate of Need

Long-Term and Behavioral Health Committee Minutes

April 8, 2016
10:00 – 12:00 p.m.
Brown Bldg. Room 104

MEMBERS PRESENT: Dr. T.J. Pulliam, Chair, Mr. Peter Brunnick, Mr. Stephen DeBiasi, Mr. Kurt Jakusz, Ms. Denise Michaud, Dr. Jaylan Parikh
MEMBERS ABSENT: James Burgin
HEALTHCARE PLANNING AND CERTIFICATE OF NEED STAFF PRESENT: Elizabeth Brown, Paige Bennett, Amy Craddock, Tom Dickson, Kelli Fisk, Shelley Carraway, Martha Frisone, Lisa Pittman, Fatimah Wilson, Celia Inman, Gloria Hale
DHSR STAFF PRESENT: Mark Payne
AG'S OFFICE: Derrick Hunter

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
Welcome & Announcements	Dr. Pulliam welcomed members, staff and guests to the first Long-Term and Behavioral Health (LTBH) Committee meeting of 2016. He stated the purpose of this meeting was to review the policies, methodologies and petitions requesting changes in basic policies and methodologies for the Proposed 2017 Plan (SMFP). Dr. Pulliam stated the meeting was open to the public, but deliberations and recommendations were limited to the members of the LTBH Committee and staff, in order to respect the process of the State Health Coordinating Council (SHCC). Dr. Pulliam asked the committee members and staff seated at the table to introduce themselves.		
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting. Dr. Pulliam inquired if anyone had conflicts or if there items or matters on the agenda, they wished to declare that they would derive a benefit from or intended to recuse themselves from voting on the matter. Dr. Pulliam asked members to review the agenda and declare any conflicts.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
(Continued)	There were no recusals. Dr. Pulliam stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict would make a declaration of the conflict.		
Approval of the September 4, 2015 Committee Meeting Minutes	A motion made and second to accept the September 4, 2015 LTBH Committee meeting minutes.	Mr. Jakusz Mr. Brunnick	Approved
Nursing Care Facilities - Chapter 10	Ms. Bennett provided the following report on policies for Chapter 10. o There are eight policies in Chapter 4 related to Nursing Homes. ▪ **NH1: Provision of Hospital-Based Nursing Care** o This policy allows a hospital to convert up to 10 beds from its license acute care bed capacity for use as hospital-based nursing care beds without regard to need determinations in Chapter 10 of the SMFP. o Conversion is contingent on two criteria: ▪ The hospital is in a rural area ▪ It is a small (<150 bed) facility ▪ **NH2: Plan Exemption for Continuing Care Retirement Communities** o This policy allows qualified continuing care retirement communities to include, from the outset, or add or convert bed capacity for nursing care without regard to the nursing care bed need shown in Chapter 10. o The purpose of this exemption is to meet the needs of residents who have signed continuing care contracts. ▪ **NH-3: Determination of Need for Additional Nursing Care Beds in Single Provider Counties** o This policy allows a nursing care facility with fewer than 80 nursing care beds to apply for a CON for additional beds in order to bring the minimum number of beds in the county to no more than 80 without regard to need determinations in Chapter 10 when that facility is the on nursing care facility in the county.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	• **NH-4: Relocation of Certain Nursing Facility Beds** o This policy sets criteria for relocating existing licensed nursing facility beds to another county when the facility is supported by and directly affiliated with a particular religion. • **NH-5: Transfer of Nursing Facility Beds from State Psychiatric Hospital Nursing Facilities to Community Facilities** o This policy sets criteria for the transfer of state psychiatric hospital nursing beds to community nursing facilities, provided that services are available in the communities receiving the beds. • **NH-6: Relocation of Nursing Facility Beds** o This policy sets conditions for relocating nursing facility beds to contiguous counties served by the facility in order to avoid or create a deficit in the county losing beds and avoid or create a surplus in the county gaining beds. • **NH-7: Transfer of Continuing Care Retirement Community Beds** o This policy sets criteria for the transfer of CCRC beds without regard to nursing bed need determinations in Chapter 10. • **NH-8: Innovation in Nursing Facility Design** o This policy mandates that new nursing facilities applying for a CON, along with those facilities requesting expansion or renovation, pursue approaches, practices and designs that address quality of care and quality of life needs of the residents.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	Nursing Care Facilities Methodology- Chapter 10 • The proximate determinant of nursing home utilization is the age of the population. • Steps: o Currently, each of North Carolina's 100 counties is considered a separate service area when determining NH utilization. o Need is determined by calculating the statewide five-year average use rate per 1,000 population for each of four age groups based on data from annual license renewal applications. o These use rates, or "beds per 1,000 population," are applied to the projected population going forward three years for each service area. o The amount of need per service area is then established based on the size of the service area's projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds. o Page 199 details how deficit size is used to determine the county's bed need. **Committee Recommendation** A motion made and second to recommend acceptance of nursing care facilities policies, assumptions and methodology and advancing years by one for inclusion in the Proposed 2017 SMFP. Next, Ms. Bennett provided an update on the Nursing Home Methodology Workgroup. The Long Term Behavioral Health Committee unanimously voted for all final changes to the nursing home methodology go through the entire planning cycle for the 2017 SMFP. The State Health Coordinating Council received a summary report and draft copies of the proposed changes from Chapter 4 and Chapter 10 at the last meeting on March 2, 2016. The following is an overview of the Workgroup's recommendations for the nursing home policies and methodology, Chapters 4 and 10, for the *2017 State Medical Facilities Plan (SMFP)*.	Mr. Brunnick Ms. Michaud	Approved

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions

	The proposed changes include:
	• 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-wide occupancy.
	• Alignment of all exclusions for beds and occupancy
	• One hundred percent exclusion for Continuing Care Retirement Communities (NH-2) beds.
	• Maximum bed need for each service area of 150 beds.
	• Policies (Chapter 4)
	  • Elimination of NH-1, NH-3, NH-4, and NH-7
	  • Wording changes to NH-2, NH-6, and NH-8
	
	Provided to the Committee in the documents posted are the draft proposed changes to both Chapter 4 and Chapter 10.
	
	The agency received only one comment since posting the documents.
	
	If the committee approves the methodology changes, tables using the new methodology will be presented at the next LTBH meeting.
	
	Committee Recommendation
	A motion made and second to approve changes to the methodology and policies from the Nursing Home Workgroup.
		Mr. Jakusz
		Mr. Brunnick
			Approved

Adult Care Homes - Chapter 11	Ms. Bennett provided the review of the policies and need methodology for Chapter 11. There are two policies in Chapter 4 related to Adult Care Homes.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions

	• **LTC-1: Plan Exemption for Continuing Care Retirement Communities- Adult Care Home Beds**
	  o This policy sets criteria for adding or converting adult care beds in CCRCs without regard for need determinations in Chapter 11.
	  o The policy also provides an exclusion from the SMFP inventory for 50% of the adult care beds in CCRCs developed under this policy.
	• **LTC-2: Relocation of Adult Care Home Beds**
	  o This policy sets conditions for relocating adult care home beds to contiguous counties served by the facility in order to avoid or create a deficit in the county losing beds and avoid or create a surplus in the county gaining beds.
	
	Adult Care Homes Methodology- Chapter 11
	The proximate determinant of adult care home utilization is the age of the population.
	
	Steps:
	• Currently, each of North Carolina's 100 counties is considered a separate service area when determining ACH utilization.
	• Need is determined by calculating the statewide five-year average use rate per 1,000 population for each of five age groups based on data from annual license renewal applications.
	• These use rates, or "beds per 1,000 population," are applied to the projected population going forward three years for each service area.
	• The amount of need per service area is then established based on the size of the service area's projected surplus or deficit when the projected utilization is compared to the inventory of existing and approved beds.
	
	Page 217 details how deficit size is used to determine the county's bed need.		

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	No petitions were received for Chapter 11. **Committee Recommendations** A motion made and second to recommend acceptance of adult care homes policies, assumptions and methodology and to advance years by one for inclusion in the Proposed 2017 SMFP.	Ms. Michaud Mr. Jakusz	Approved
Medicare Certified Home Health Services - Chapter 12	Ms. Brown provided the following report: There was one policy related to Chapter 12, located in Chapter 4 of the 2016 SMFP. **Policy HH-3: Need Determination for Medicare-Certified Home Health Agency in a County** *Establishes a need for a new home health office when there is no existing office located in a county with a population of 20,000 people or more; or if the county population is less than 20,000 people and there is no home health office located in a North Carolina county within 20 miles.* *[Except Granville County that has been served by Granville Vance District Health Department and recognized by DHSR as a single geographic entity for purposes of location of a home health agency office.]* **Standard Methodology [Steps 1-14]** A quick review of the standard methodology used to project need for new home health offices… • Through the use of four different age groups, the utilization patterns of young and old patients are assessed. The standard methodology looks at growth in the number of patients and at growth in the existing agencies' ability to serve future patients. Historically, this is done county by county and averaged at the Council of Government region's level annual rate of change. The threshold continues to be an issue because of changing circumstances in Washington regarding reimbursement patterns. Ms. Brown noted no petitions or comments were received for this chapter.		

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	Committee Recommendations A motion made and second to recommend acceptance of home health services policy, assumptions and methodology and to advance years by one for inclusion in the Proposed 2017 SMFP.	Mr. Brunnick Ms. Michaud	Approved
Hospice Services - Chapter 13	Next, Ms. Brown reviewed the methodologies in Chapter 13, Hospice Services. Ms. Brown noted no petitions or comments were received for this chapter. There are no applicable policies to hospice services. **Standard Methodology** **Hospice Home Care [Steps 1-14] (p. 323-324)** A brief summary of the standard methodology used to project need for new hospice home care offices… • The hospice home care standard methodology uses county mortality rates for the most recent five years as the basis for hospice patient need projection. A two-year trailing average growth rate in statewide number of deaths served is used over the previous three years. This projects changes in the capacity of existing agencies to serve deaths from each county by the target year. Median projected hospice deaths is done by applying the projected statewide median percent of deaths served by hospice to projected deaths in each county. An additional home care office is needed if the county's deficit is 90 or more and the number of licensed offices in the county per 100,000 is 3 or less. **Hospice Inpatient Beds [Steps 1-12] (p. 325-326)** To briefly summarize the standard methodology used to project need for new hospices inpatient beds… • The methodology uses total projected admissions, statewide median average length of stay per admission and each county's average length of stay per admission and each county's average length of stay per admission for projecting estimated inpatient days for each county. Similar to the hospice home care methodology, previous years' data is used, so a two-year trailing average growth rate in statewide hospice admissions is done over the previous three years. Total projected admissions and the lower of the statewide median average length of stay per admission and each		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	county's average length of stay per admission are used as the basis for projecting estimated inpatient days for each county. A two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county is used as a basis for estimating days of care in licensed inpatient hospice facility beds. **Hospice Residential Beds (p. 316)** There is no need methodology for hospice residential beds. **Committee Recommendation** A motion made and second to recommend acceptance of hospice services assumptions and methodologies and to advance years by one for inclusion in the Proposed 2017 SMFP.	Mr. Jakusz Ms. Michaud	Approved
End-Stage Renal Disease Dialysis Facilities - Chapter 14	Ms. Brown provided the following report: Ms. Brown noted there were no petitions or comments were received regarding this chapter. **2016 SMFP** **Chapter 4: Statement of Policies** **Polices Applicable to End-Stage Renal Disease Dialysis Services (p. 33)** **Policy ESRD-2: Relocation of Dialysis Stations** *This policy notes that stations can be relocated only within the host county and to contiguous counties. Certificate of need applicants proposing to relocate stations to a contiguous county shall demonstrate that the facility currently serving patients of that contiguous county. Even then, the relocation must not create a "surplus" in the receiving county or a "deficit" in the donor county.* **Standard Methodology (p. 371-374)** Provide a short summary of the standard methodology used to project need for new dialysis stations… The need for new dialysis stations is determined two times each calendar year. Determinations are made available in the North Carolina Semiannual Dialysis Report (SDR).		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	◦ **County Need:** Is based on all residents of North Carolina, regardless of where they are currently receiving services. Future patient counts are projected for 6 to 12 months into the future based on a five-year trend line. Need is based on 80 percent utilization of existing stations, at 3.2 patients per station. The threshold for need is a projected deficit of 10 stations. ◦ **Facility Need:** Is a permissive methodology, which allows an existing provider located in a county where the projected County Need is zero, to apply for additional stations if that facility is operating at or above 80 percent utilization and feels it needs additional capacity. (Because patients can chose to cross county lines, this allows a facility in "high demand" to apply for expansion even if the host county has sufficient stations based on local county residents.) Ms. Brown provides a brief overview of the 2016 Spring ESRD Provider meeting that DHSR hosted on February 2 here in Raleigh on the Dix Campus. Items covered included changes in the Certificate of Need administrative rules for dialysis; future review of the dialysis methodologies; and the possibility of transitioning from semiannual reporting to annual report of data and need determinations. It was a very productive meeting. **Committee Recommendations** A motion made and second to recommend acceptance of End-Stage Renal Disease dialysis policies, assumptions and methodology and the suggested language to advance years by one for inclusion in the Proposed 2017 SMFP.	Mr. Brunnick Dr. Parikh	Approved

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
Psychiatric Inpatient Services - Chapter 15	**LME-MCO Mergers** Before discussing the chapters individually, Dr. Craddock mentioned that DHHS has announced that it is continuing with its plan to merge the eight LME-MCOs into four. The CenterPoint and Cardinal merger may occur within the next month or so, but there is no timeframe for the other mergers. Dr. Craddock provided the following report. **Policies** **MH-1. Linkages between treatment Settings -- Applies to Chapters 15, 16, and 17** CON applicant shall document that the affected LME-MCO has been contacted and invited to comment on proposed services described in the CON application. One Policy applies specifically to Chapter 15. **PSY-1. Transfer of Beds from State Psychiatric Hospitals to Community Facilities** Beds may be relocated from state facilities through the CON process, provided services and programs shall be available in the community. Beds transferred from state facilities shall be closed within 90 days after the date that the community beds become operational. CON applicants must commit to serve the type of short-term patients normally placed in the state facility beds. To help ensure that this occurs, there must be a written Memorandum of Agreement between LME-MCO, Secretary of DHHS, and the CON applicant. No petitions or comments were received for Chapter 15. **Methodology** Basic assumptions of the methodology include identification of the bed service area as the LME-MCO in which the beds are located, that treatment settings for adults should be separate from those for children and adolescents, and that the optimum occupancy to be 75%. Days of care are projected two years beyond the SMFP publication year (2019).		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	Part 1: Determining Projected Patient Days of Care and Bed Need for Children and Adolescents Step 1: The estimated Year 2019 days of care for children/adolescents are determined by taking the current (2015) days of care for patients up through 17 years of age, multiplying that number by the projected Year 2019 child/adolescent population and then dividing by the Year 2015 child/adolescent population. Step 2: The projected Year 2019 days of care is then adjusted downward by 20 percent to take into account the projected continued decrease in utilization by this age group. Step 3: The adjusted Year 2019 days of care is divided by 365 and then by 75 percent to arrive at the child/adolescent bed need for 75 percent occupancy. Step 4: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing child/adolescent beds in the planning inventory is then subtracted from the bed need (from Step 3) to arrive at the Year 2019 unmet bed need for children and adolescents. **Part 2: Determining Projected Patient Days of Care and Bed Need for Adults** The methodology is identical to the child/adolescent methodology, except that the projected bed need is not reduced by 20%. Step 1: The estimated Year 2019 days of care for adults is determined by taking the actual Year 2015 days of care for the age group 18 and over, multiplying that number by the projected Year 2019 adult population and then dividing by the Year 2015 adult population. Step 2: The projected Year 2019 days of care is divided by 365 and then divided by 75 percent to arrive at the adult bed need in Year 2019 for 75 percent occupancy. Step 3: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing adult beds in the planning inventory		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	is then subtracted from the bed need (from Step 2) in order to arrive at the Year 2019 unmet bed need for adults. **Committee Recommendation** A motion made and second to recommend acceptance of psychiatric inpatient services policies, assumptions and methodology, and to advance years by one for inclusion in the Proposed 2017 SMFP. **Inclusion of 150 Behavioral Health Inpatient Beds** Dr. Craddock presented the agency's recommendation regarding the inclusion of the 150 behavioral health inpatient beds authorized under Session Law 2015-241. The document was posted on the website. This applies to both Chapter 15 and Chapter 16. The General Assembly authorized $25 million for the creation of up to 150 new behavioral health inpatient treatment beds. This funding represents a portion of the proceeds of the sale of the Dorothea Dix Hospital property, and beds will be named in honor of Dorothea Dix. The Session Law included a charge the Department of Health and Human Services (DHHS) to submit a plan, by April 1, 2016, for the development of these beds. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH) prepared this plan in consultation with other DHHS divisions, including the Division of Health Service Regulation (DHSR). No timeframe is available for the development of these beds, but they can be developed in acute care hospitals, mental health hospitals, or any other facility licensed to provide inpatient/residential treatment for mental and/or substance use disorders. Development of these beds will not require a Certificate of Need (CON), but they will be required to adhere to all licensure rules and procedures during and after development. Beds will be licensed according to the type of facility in which they are to be located and the type of services they will provide. Some beds will fall under licensure categories covered by the CON law, but some may fall under different categories. Once licensed, these beds will be indistinguishable from any other bed in the designated licensure category – except that they will not have been developed by means of the CON process.	Dr. Parikh Mr. Brunnick	Motion approved

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	The Session Law is silent regarding whether, and if so how, the SHCC should incorporate these beds into the SMFP. A decision needs to be made on this issue. **Committee Recommendation** A motion made and second that all beds created under S.L. 2015-241 that become licensed under categories currently covered by the CON Law (10A NCAC 27G .5200, .6000, and .3400) be included in the inventory and in the need determination methodology will be done in the same manner as other beds in the behavioral health chapters of the SMFP. **Proposed Methodology Change for Child/Adolescent Beds** The Agency proposes eliminating Step 2 of the need determination methodology for inpatient psychiatric beds for children and adolescents. A major redesign of the psychiatric bed need methodology became effective in the 1993 SMFP. The 1993 SMFP Chapter 15 narrative noted that national trend data showed that the average length of stay for adolescents was decreasing. The new methodology instituted the 20% reduction in projected DOC in the child/adolescent section of the methodology. Recent data from the SMFP, however, shows that the utilization of child/adolescent psychiatric inpatient beds has increased consistently. The black line in the figure shows the projected in DOC based on the current methodology. This is the projected DOC, reduced by 20%. The green line shows reported DOC for the same years. Changes to data collection methods between 2011 and 2012 resulted in a significant increase in the reported DOC. The time of the change is indicated on the chart by dashed line. Before 2012, acute care hospitals were the only data source for DOC, but the inventory in the need determination calculations included beds in both acute care hospitals and mental health hospitals. To improve the accuracy of the methodology, beginning in 2012, the SMFP began including DOC data from both acute care hospitals and mental health hospitals. Beginning at this point, the trend continues to show increasing utilization, especially after inclusion of DOC in mental health hospitals. It is also clear that the methodology as currently written projects utilization that is substantially	Mr. Brunnick Mr. Jakusz	Motion approved

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	lower than actual utilization. **Committee Recommendation** A motion made and second to remove of Step 2 of the child/adolescent bed need methodology, which would eliminate the 20% reduction in projected days of care.	Ms. Michaud Mr. Jakusz	Motion approved
	<u>**Proposed Wording Change to Chapter 15**</u> The proposed changes reflect usage of "people first" terminology. This terminology has been preferred for roughly the past 15 years by The Americans with Disabilities Act Network (funded by the U.S. Department of Health and Human Services), the American Psychological Association, and the American Psychiatric Association, among others. For example, language referring to "the mentally ill," would instead refer to "people with a mental disorder." The "people first" terminology is used in some places in Chapter 15, but not in all places. The agency is recommending changes to make the usage consistent throughout Chapter 15 and the remainder of the SMFP. There are exceptions. Where the language refers to the DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), its programs, policies, or facilities, however, the text will use the term used by that division. Another exception would be where material is quoted from, or reflects required language in, another source or for some other reason cannot be changed (e.g., the CON law). Before making any changes, staff will confer with the cognizant authority to verify the appropriateness of the language change. **Committee Recommendations** A motion was made and seconded to make the language changes wherever the terms may appear in the SMFP - where it is appropriate to do so.	Mr. Jakusz Dr. Parikh	Motion approved
Substance Abuse/Chemical Dependency - Chapter 16	**Policies and Need Methodology Review** Dr. Craddock provided the following report:		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	Policies MH-1 covers Chapter 16. No policies specific to Chapter 16. No petitions or comments were received for Chapter 16. **Methodology** Basic assumptions of the methodology note that treatment units for the adult and the child/adolescent population should be physically and programmatically separate. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency treatment beds in hospitals and residential treatment facilities. Days of care and bed need are projected two years beyond the current SMFP publication year (2019). **Part 1: Determining Projected Patient Days of Care and Total Bed Need** Step 1: The estimated Year 2019 days of care for all age groups is determined by taking the current reporting year (2015) days of care, multiplying that number by the projected Year 2019 population and then dividing by the Year 2015 population. Step 2: The Year 2019 days of care figure is divided by 365 and then by 85 percent to arrive at the total bed need in Year 2019, assuming an 85 percent occupancy. Eighty-five percent has been determined to be the target occupancy rate for chemical dependency (substance abuse) treatment beds in hospitals and residential treatment facilities. **Part 2: Determining Projected Unmet Bed Need for Children and Adolescents and for Adults** Step 1: The planning inventory is determined based on licensed beds, adjusted for CON-Approved/License Pending beds and beds available in prior Plans that have not been CON-approved. The number of existing beds in the planning inventory is then subtracted from the total bed need (from Part 1, Step 2) to arrive at the Year 2019 *unmet* bed need for all age groups ("total bed surplus/deficit"). Step 2: Nine percent of the total bed need is subtracted as the		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	estimated Year 2019 bed need for children and adolescents, based on utilization patterns reflected in past data (nine percent of the days of stay were for children and adolescents). Step 3: The child/adolescent planning inventory is subtracted from the child/adolescent bed need (from Part 2, Step 2) to arrive at the Year 2019 child/adolescent unmet bed need. Step 4: The adult bed need is then calculated by subtracting the child/adolescent bed "surplus/deficit" from the total bed "surplus/deficit." **Committee Recommendation** A motion made and second to recommend acceptance of substance abuse/ chemical dependency policy, assumptions and methodology and to advance years by one for inclusion in the Proposed 2017 SMFP. **<u>Proposed Wording Change to Chapter 16</u>** The agency recommends wording changes to the Chapter 16 narrative to assure consistent usage of "people first" terminology. In addition, the agency recommends incorporation of the term "substance use disorder" rather than "substance abuse" to align with usage in the DSM-5. The exceptions discussed for Chapter 15 would also apply. Before making changes, staff will confer with the cognizant authority to verify the appropriateness of the language change. **Committee Recommendations** A motion made and second for the term "substance use disorder" replaced other terms such as "substance abuse, and recommended that this term be changed to "substance use disorder." The exceptions noted for Chapter 15 would also apply. Before making changes, staff will confer with the cognizant authority to verify the appropriateness of the language change.	Mr. Brunnick Dr. Parikh Mr. Jakusz Ms. Michaud	Approved Approved
Intermediate Care Facilities Chapter 17	**Policies and Need Methodology Review** Dr. Craddock provided the following report. Three polices address Chapter 17.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	ICF/IID-1: Transfer of Beds from State Operated Developmental Centers to Community Facilities for Medically Fragile Children Beds in state operated development centers may be relocated to community facilities via the CON process to serve children age birth through six years who have severe to profound developmental/intellectual disabilities and are medically fragile. Pertains to transfer of beds only, not patients. Once licensed in the community, the state operated beds shall be closed. **ICF/IID-2: Transfer of Beds from State Operated Developmental Centers to Community Facilities for Individuals Who Currently Occupy the Beds** Existing beds in state facilities may be transferred via the CON process to establish group homes in the community to serve people with complex behavioral challenges and/or medical conditions for whom such a community placement is appropriate. Once licensed in the community, the state operated beds shall be closed. **ICF/IID-3: Transfer of Beds of State Operated Developmental Centers to Community Facilities for Adults with Severe to Profound Developmental Disabilities** Existing ICF/IID beds in state facilities may be transferred to the community via the CON process to replace Community Alternatives Program for Individuals with Intellectual and Developmental Disabilities (CAP I/DD) waiver slots lost as a result of the Centers for Medicaid and Medicare Services (CMS) policy designed to prohibit CAP I/DD waiver and ICF/IID beds from being located on the same campus. This policy applies to transfer of beds only, not patients. Once licensed in the community, the state operated beds shall be closed. Applies only to facilities that have lost waiver slots as a result of this CMS policy. No petitions or comments were received for Chapter 17. **Methodology** Beds are created in ICF/IID facilities by issuance of a CON to transfer beds from State Operated developmental centers. There is no calculation of bed need for ICF/IID facilities.		

Agenda Items	Discussion/Action	Motion/ Second	Recommendations/ Actions
	Committee Recommendation A motion made and second to recommend acceptance of intermediate care facilities policies, assumptions and methodology to advance years by one for inclusion in the Proposed 2017 SMFP. **<u>Terminology Changes to Chapter 17</u>** The agency recommends wording changes to the Chapter 17 narrative to assure consistent usage of "people first" terminology and consistent usage of "intellectual disabilities." The exceptions discussed for Chapter 15 would also apply. Before making changes, staff will confer with the cognizant authority to verify the appropriateness of the language change. **Committee Recommendations** A motion made and second to make the language changes wherever the terms may appear in the SMFP - where it is appropriate to do so. **Committee Recommendations** A motion made and second to allow staff to update narratives, tables and need determinations for the Proposed 2017 Plan as new and corrected data is received.	Ms. Michaud Dr. Parikh Mr. Jakusz Ms. Michaud Mr. Brunnick Mr. Jakusz	Approved Approved Approved
Other Business	Mr. Jakusz made the suggestion that he would like to see a member on the SHCC who has expertise in dialysis. Dr. Pulliam noted the next Committee meeting is May 6th and a Special Called SHCC meeting held today immediately following the LTBH meeting. Dr. Pulliam encouraged each member to stay for this meeting. Dr. Pulliam also stated the next SHCC meeting is May 25th. He then thanked the members and staff.		
Adjournment	Dr. Pulliam asked for a motion to adjourned the meeting. A motion made and second to adjourn the meeting.	Mr. Brunnick Mr. Jakusz	Approved

Healthcare Planning and Certificate of Need Section

Long-Term and Behavioral Health Committee Minutes
Tuesday, May 6, 2016
Brown Building
Dorothea Dix Campus, Raleigh, NC

Members Present: Dr. T.J. Pulliam - Chair, Peter Brunnick, Stephen DeBiasi, Kurt Jakusz, Denise Michaud, Dr. Jay Parikh
Members Absent: Jim Burgin
Healthcare Planning: Shelley Carraway, Paige Bennett, Elizabeth Brown, Amy Craddock PhD, Patrick Curry, Tom Dickson PhD, Kelli Fisk
DHSR Staff: Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson
AG's Office: Bethany Burgon

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
Welcome & Announcements	Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting. He stated that the purpose of this meeting was to conduct a preliminary review of the data reports produced from the methodology for the Proposed 2017 State Plan. Dr. Pulliam stated the meeting was open to the public, but deliberations and recommendations were limited to the members of the LTBH Committee and staff, in order to respect the process of the State Health Coordinating Council (SHCC). Dr. Pulliam noted this was the second of three Long-Term & Behavioral Health Committee meetings scheduled for this year. The next meeting will be on September 9, 2016 at this location. The meeting in September will follow a series of public hearings scheduled from July 12, 2016 to July 28, 2016. This will allow the public to review and comment on projections in the Proposed 2017 Plan and petition for adjustments through July 28, 2016. Dr. Pulliam asked the committee members and staff to introduce themselves.		

<table>
<tr><th>Agenda Items</th><th>Discussion/Action</th><th>Motion/
Seconded</th><th>Recommendations/
Actions</th></tr>
<tr><td>Review of Executive Order No. 46: Ethical Standards for the State Health Coordinating Council</td><td>Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting. Dr. Pulliam inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Pulliam asked members to review the agenda and declare any conflicts on today's agenda. There were no recusals.

Dr. Pulliam stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict of interest would make a declaration of the conflict.</td><td></td><td></td></tr>
<tr><td>Approval of April 8, 2016, Minutes</td><td>A motion made and second to accept the April 8, 2016, LTBH meeting minutes.</td><td>Dr. Parikh
Ms. Michaud</td><td>Motion approved</td></tr>
<tr><td>Nursing Care Facilities - Chapter 10</td><td>Review of Data
Ms. Bennett reviewed Chapter 10.

Table 10A
<table>
<tr><th></th><th>2016 SMFP</th><th>2017 DRAFT</th><th>DIFFERENCE</th></tr>
<tr><td>Total Available Beds</td><td>46,424</td><td>46,440</td><td>16</td></tr>
<tr><td>Exclusions</td><td>2,094</td><td>3,011 (2,072)</td><td>917 (22)</td></tr>
<tr><td>Total Planning Inventory</td><td>44,330</td><td>43,429 (44,368)</td><td>-901 (68)</td></tr>
</table>
Old methodology data is in parentheses.

The difference in exclusions totals with this year's data when comparing the new methodology to old methodology is an increase of 939 excluded beds, thus decreasing the total planning inventory by 939 as well.

The old methodology does not produce any need determinations anywhere in the state.

Table 10B is new and calculates the county rates according to the new methodology.

Tables 10C & 10D
The new methodology does calculate one need determination in Washington County for 20 nursing care beds. However, this need is because of excluded beds that have been in the inventory for over two decades (1991 and 1992-first year that references) that were moved from Washington to Tyrrell. The inventory in Washington County is listed as 84, but it is really 114 as shown on Table 10A. Once this exclusion is moved, the need disappears.</td><td></td><td></td></tr>
</table>

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations/ Actions
	Note: There is a similar placeholder situation between Camden, Pasquotank and Currituck. Removing the beds from Camden and Tyrrell does not create a need since the current methodology is based on county rate. These two counties would need to petition for nursing care beds. **Committee Recommendation** A motion made and second to remove the placeholder. **Committee Recommendation** A motion made and second to recommend acceptance of Nursing Home data and draft need projections for the *Proposed 2017 SMFP*.	Ms. Michaud Dr. Parikh Ms. Michaud Dr. Parikh	Motion approved Motion approved

Adult Care Homes – Chapter 11

Review of Data
Ms. Bennett reviewed Chapter 11.

Table 11A

	2016 SMFP	2017 DRAFT	DIFFERENCE
Total Available Beds	44073	44255	182
Exclusions	204	234	30
Total Planning Inventory	43869	44021	152

Tables 11B & 11C

There were 3 need determinations in the draft tables:

Greene, HSA VI, 20 Beds

Jones, HSA VI, 30 Beds (Had 10 bed need in 2016 SMFP but no CON applications this year)
Washington, HSA VI, 10 Beds (Had 20 bed need in 2016 SMFP, but no CON apps this year.

It should be noted that the due dates for applications have not passed for some need determinations in the 2016 plan. Ashe County and Graham County have CON due dates May 16th.

Table 11D:
This is a new table. A consultant asked staff to investigate a nursing home with adult care beds that was not showing in the adult care inventory. What was discovered was nursing care facilities with 6 or less adult care beds were being excluded in the table and the need determination calculation. No documentation could be located that can explain why this decision was made. However, we presume the reason is facilities with 6 or less adult care beds are not regulated by CON and are not included in the SMFP. These facilities are licensed as family care homes rather than adult care homes. Therefore, rather than the facilities being listed in table 11A, it was decided to present the committee with the option of listing them as a separate inventory as seen in Table 11D. The committee will need to decide if this is preferred.

	Committee Recommendation A motion was made and seconded to accept the new Table 11-D.	Mr. Brunnick Dr. Parikh	Motion approved
	Committee Recommendation A motion was made and seconded to recommend acceptance of the adult care home data and draft need projections for the *Proposed 2017 Plan*.	Mr. Burgin Ms. Michaud	Motion approved

Medicare Certified Home Health Services – Chapter 12

Dr. Craddock reviewed Chapter 12.

No petitions or comments were received for Home Health Services.

Utilization Data:

Patient origin data were compiled from the Home Health Agency 2016 Annual Data Supplement to the License Application with a data reporting period of October 1, 2014 to September 30, 2015. It is provider self-reported data.

Today's reports are preliminary. Numbers and need projections are subject to change as we continue to review, clean and receive refreshed data.

Table 12A: Home Health Data by County of Patient Origin – 2015 Data Draft

	2016 SMFP	Proposed 2017 SMFP - Draft	DIFFERENCE
Total Patients Served (All Counties)	219,415	230,063	10,648 (+5%)

Table 12B: Average Annual Rates of Change in Patients and Use Rates per 1,000 Population

2014 Use Rates	2015 Use Rates
01.97 Patients/1000 Under Age 18	**01.76** Patients/1000 Under Age 18
10.97 Patients/1000 Age 18-64	**11.17** Patients/1000 Age 18-64
61.16 Patients/1000 Age 65-74	**63.10** Patients/1000 Age 65-74
160.29 Patients/1000 Age 75 & Over	**165.06** Patients/1000 Age 75 & Over

Compared to 2014 data, the average "State Use Rates per 1, 000 Population" increased in all but one age group; the Under Age 18 category incurred a decrease of .21.

Table 12C – Need Projections Draft

- Four Placeholders from previous SMFPs:
  1) Brunswick County 1 office:

	2) Forsyth County 1 office : 3) Mecklenburg County 1 office: 4) Wake County 1 office: **Table 12C – 2018 Need Projections for Medicare-certified Home Health Agencies or Offices and Table 12D – Need Determination Draft** ▪ There is a need determination in Mecklenburg County for one new Medicare-certified home health agency or office NC Proposed 2017 SMFP – Draft 5-6-2016. *(There were zero need determinations in the NC 2016 SMFP.)* **Committee Recommendation:** A motion was made and seconded to recommend acceptance of the home health data and draft need projections for the *Proposed 2017 Plan*.	Dr. Parikh Ms. Michaud	Motion approved
Hospice Services – Chapter 13	**Chapter 13: Hospice Services** **Review of Data** Dr. Craddock reviewed the hospice data by county of patient origin. No petitions or comments were received for Hospice Services. **Utilization Data:** Patient origin data were compiled from the Hospice Agency 2016 Annual Data Supplement to the License Application with a data reporting period of October 1, 2014 to September 30, 2015. It is provider self-reported data. Today's reports are preliminary. Numbers and need projections are subject to change as we continue to review, clean and receive refreshed data. **Table 13A: Hospice data by County of Patient Origin – 2015 Data Draft**		

	2016 SMFP	Proposed 2017 Draft	DIFFERENCE
Total Admissions	41,391	43,727	+2,336 (+5.6%)
Total Days of Care	3,056,017	3,217,102	+161,085 (+5%)
Total Deaths	36,596	38,337	+1,741 (+4.8%)

Table 13B: Year 2017 Hospice Home Care Office Need Projections Draft

- Cumberland County 1 office:
  - 2013 Need Determination – Placeholder = 53
- Granville County 1 office:
  - 2013 Need Determination – Placeholder 88

Table 13C: Hospice Inpatient Bed Need Projections – Draft

- Based on the newly revised standard methodology that uses a two-year trailing average statewide inpatient utilization rate of the total estimated days of care in each county (instead of a static 6 percent) to project hospice days of care and inpatient days of care for each county.

- This generated a hospice inpatient bed need determination for 8 beds in Cumberland County last year. This is represented by an 8 bed placeholder in Column L under Cumberland County.

Table 13D (1): Hospice Inpatient Facilities Inventory

- Total number of licensed Beds: **440**
- Number of CON Approved/Licensed Pending Beds: **54**
  - *2016: Native Angels Hospice (HOS2861) in Robeson County had their CON withdrawn by the agency.*

Table 13D (2): Hospice Inpatient Facilities Occupancy Rate for FY2015 Draft

- Number of Hospice Inpatient Facilities with Occupancy Rates at or above 85%: 6 (Compared to 9 this time last year)

Table 13E & 13F: Hospice Residential Facilities/Residential Bed Inventory Draft

- Number of Licensed Beds: 167
- Number of Beds CON Approved/License Pending: 6

	Table 13G: Hospice Home Care Office Need Determination Draft • There are two Hospice Home Care Office need determinations at this time based on current data in the proposed draft tables: o Cumberland County: one new hospice home agency or office o Durham County: one new hospice home agency or office **Committee Recommendation:** A motion was made and seconded to recommend acceptance of the hospice services and draft need projections for the *Proposed 2017 Plan*.	Ms. Michaud Dr. Parikh	Motion approved
End-Stage Renal Disease Dialysis Facilities – Chapter 14	**Preview of Draft Narrative** There were no petitions or comments regarding Chapter 14. Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for July 2016 on July 1st. This report will be available on the DHSR website. The Agency recommends updating the dialysis inventory, utilization data and advancing dates by one year, as appropriate, for the Proposed 2017 SMFP. **Committee Recommendation** A motion was made and seconded to recommend acceptance of the materials provided by staff regarding dialysis services for the *Proposed 2016 Plan*.	Ms. Michaud Dr. Parikh	Motion approved

Psychiatric Inpatient Services - Chapter 15

Table 15A – Inventory of Beds

There is a total of 2,385 beds in the planning inventory, which includes licensed, CON-approved, and beds from the 2016 SMFP need determinations (1,969 adult, 416 child/adolescent). This reflects an increase of 49 beds from last year (37 adult, 12 child/adolescent).

Days of care increased by 4.5% for adults and 14.2% for children/adolescents.

	2016 SMFP	2017 Draft	Difference	% Difference
Total Adult DoC	434,709	454,243	19,534	4.5%
Total Child/Adol DoC	116,043	132,607	16,564	14.2%

Table 15B Part 1 and 15C(1): Child/Adolescent Need Projections and Draft Bed Need Determinations

Current data shows a draft need determination for 125 child/adolescent beds in 6 of the 8 LME-MCOs:

Alliance Behavioral Healthcare	36
Cardinal Innovations Healthcare Solutions	19
Eastpointe	36
Partners Behavioral Health Management	1
Sandhills Center	18
Smoky Mountain Center	15

These draft need determinations reflect the change to the methodology approved at the April LTBH meeting, and pending final SHCC approval at the meeting in May (removal of the 20% reduction in projected days of care for child/adolescent beds). Using the old methodology, there would have been a 57-bed need. This observation is consistent with the 81 vs 36 bed need using the 2016 SMFP data.

The due date for CON applications has passed for the 35 child/adolescent bed need determination in the 2016 SMFP. No applications were received.

Table 15B Part 2 and 15C(2): Adult Bed Need Projections and Draft Need Determinations

There were 38 draft need determinations in 2 LME-MCOs:

	Alliance Behavioral Healthcare 23 Sandhills Center 15 All due dates have passed for CON applications for the need determinations for adult beds in the 2016 SMFP. Applications were received for 32 of the 36 beds. Data is still under revision and Truven days of care data will be refreshed later in the year. These activities may impact need determinations for both adult and child/adolescent beds. **Committee Recommendation:** A motion was made and seconded to recommend acceptance of the psychiatric inpatient services, data and draft need determinations for the *Proposed 2016 Plan.*	Dr. Parikh Ms. Michaud	Motion approved
Substance Abuse/Chemical Dependency - Chapter 16	**Review of Data** **Table 16A** Dr. Craddock reviewed Chapter 16. **Table 16A – Inventory of Beds** Total planning inventory is 634 beds - 584 licensed beds, 22 of which are child/adolescent beds and the remaining 562 are adult beds. The total planning inventory includes 50 CON-approved beds. Taken together, this is a net decrease of 8 beds from the 2016 SMFP planning inventory. **Table 16B – Projection of Chemical Dependency Treatment Bed Need** There were 162,605 days of care statewide. This is a 15.5% decrease from last year. There were no need determination for adult beds anywhere in the state. Table 16D shows a need determination for 17 child/adolescent beds, all of which are in the Central Region. All due dates have passed for CON applications for the need determinations in the 2016 SMFP. CON received applications for 22 of the 45 need determinations for adult beds (applications were in Central Region). No applications were received for the 28 child/adolescent bed need determinations. As with Chapter 15, data is still under revision and Truven days of care data will be refreshed later in the year. So, these activities may impact need determination for both adult and child/adolescent beds		

	Committee Recommendation A motion was made and seconded to recommend acceptance of substance abuse/chemical dependency data and draft need determinations for the *Proposed 2017 SMFP*.	Mr. Brunnick Dr. Parikh	Motion approved
Intermediate Care Facilities - Chapter 17	Dr. Craddock reviewed Chapter 17. **Table 17A and 17B** Table 17A shows a total of 2,787 licensed beds in community-based facilities. The inventory of licensed beds is unchanged from last year. There are CONs to develop 3 additional beds, bringing the total inventory to 2,790. Table 17B shows 2,320 beds in state developmental centers. These numbers also are unchanged from last year. There is no need determination for either adult or child ICF/IID beds. **Committee Recommendation:** A motion was made and seconded to recommend acceptance of the ICF/IID data and draft need determinations for the *Proposed 2016 Plan*.	Dr. Parikh Ms. Michaud	Motion approved

Other Business	Dr. Pulliam noted the next LTBH meeting will be on September 9, 2016 at this location. The next full SHCC meeting is May 25th beginning at 10:00am. Dr. Pulliam thanked the members and staff.		
Adjournment	Dr. Pulliam called for adjournment. A motion was made and seconded to adjourn the meeting.	Ms. Michaud Dr. Parikh	Motion approved

Healthcare Planning and Certificate of Need Section

Long-Term and Behavioral Health Committee Minutes- *DRAFT*

September 9, 2016
10:00 a.m. – 12 Noon
Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. T.J. Pulliam-Chair; Peter Brunnick; Stephen DeBiasi; Denise Michaud; Kurt Jakusz; Dr. Jaylan Parikh
Members Absent: Jim Burgin
Healthcare Planning Staff: Paige Bennett; Elizabeth Brown; Amy Craddock; Patrick Curry; Tom Dickson; Andrea Emanuel; Tom Dickson; **DHSR Staff Present:** Mark Payne; Martha Frisone; Lisa Pittman; Fatima Wilson; Gloria Hale;
Attorney General's Office: Derek Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Welcome & Announcements **Introductions**	Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting. Dr. Pulliam stated the purpose of this meeting was to review petitions and comments received in response to the *Proposed 2017 State Medical Facilities Plan (SMFP)*. He stated the Committee would also review updated tables, reflecting changes since the *Proposed Plan* was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the *2017 State Medical Facilities Plan*. Dr. Pulliam noted this meeting is open to the public. However, discussions, deliberations and recommendations are limited to the members of the Long-Term & Behavioral Health Committee. Dr. Pulliam stated this was the third and final Long-Term & Behavioral Health Committee meeting scheduled for this year. Dr. Pulliam asked the committee members and staff to introduce themselves.		
Review of Executive Order No. 46: Reauthorizing the	Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Pulliam inquired if any member had a conflict of interest, needed to declare if they were deriving a		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
State Health Coordinating Council	financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. There were no recusals.		
Approval of May 6, 2016 Minutes	A motion made and seconded to accept the May 6, 2016 minutes.	Mr. Brunnick Mr. Parikh	Motion approved
Nursing Care Facilities – Chapter 10	**Chapter 10 - Nursing Care Facilities** Dr. Pulliam stated there were no petitions or comments submitted related to Chapter 10, Nursing Care Facilities. He asked Dr. Andrea Emanuel if there were any updates for this chapter. Dr. Emanuel noted that data was updated for Tables 10A and 10C, but the need determinations did not change. **Committee Recommendation for Chapter 10:** A motion made and seconded to forward Chapter 10, Nursing Care Facilities, with approved changes to the SHCC.	Ms. Michaud Mr. Brunnick	Motion approved
Adult Care Homes - Chapter 11	**Chapter 11 - Adult Care Homes** Dr. Pulliam stated there were three petitions submitted for Chapter 11, Adult Care Homes. **Petition 1:** The first is for an adjusted need determination for adult care home beds in Montgomery County. Dr. Emanuel presented the agency report on this petition. ***Request:*** Sandy Ridge Homes Holding Corporation has petitioned the State Health Coordinating Council (SHCC) to include an adjusted need determination for 16 adult care home beds in Montgomery County in the *2017 State Medical Facilities Plan*. The agency received 55 documents in support of this petition.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Agency Response: The petitioner presents three primary reasons to support the licensing of additional adult care home beds in Montgomery County. Dr. Emanuel noted that special care unit beds are a specific type of adult care home or nursing home bed usually designated for residents with Alzheimer's disease or other dementia, or a mental health disability. First, the petitioner posits that the adult care home bed occupancy rate in Montgomery County is associated with special care unit bed occupancy rates in nearby counties. The petitioner demonstrates that more than a third of all of Montgomery County's adult care home beds are occupied by individuals originating from its contiguous counties. The agency does not collect data on patient origin for special care unit beds specifically. However, the agency has compared special care unit occupancy rates for Montgomery County and its six contiguous counties. Montgomery County's special care unit bed occupancy rates tend to be higher or mid-rank when compared to rates of its contiguous counties. Thus, results of the Agency's analysis support the belief that the Montgomery County may be serving individuals originating from nearby counties who are in need of special care unit beds. Secondly, the petitioner argues that high occupancy rates for Montgomery County are skewed because of consistent low occupancy of one of the county's adult care home facilities. The Agency examined adult care home bed occupancy rates of Brookstone Haven of Star Assisted Living, which is one of the adult care homes in Montgomery County. In 2013, this facility closed in order to add 13 special care unit beds. Montgomery County's adult care home bed occupancy rate also dropped during that time. Since 2013, as Brookstone Haven's adult care home bed occupancy rate has increased, so has the county's. We expect this trend will continue and Montgomery County soon will have occupancy rates that are again 85% or greater as they were in 2012. At that rate, the County would meet the minimum average adult care home bed occupancy threshold of 85%. Finally, the petitioner asserts that Montgomery County's adult care home bed use rate is consistent with the population most affected by Alzheimer's and dementia.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	The Agency compared the bed use rates for individuals 65 and older in Montgomery County to the same age cohort in the State. Based on bed use rates averaged out over 2012 through 2015, Montgomery County serves almost 50% more of its segment of the population aged 65-84 than does the State. The petitioner has confirmed that their assertion that there is a need for additional adult care home beds is specifically associated with a perceived need for special care unit beds. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends approval of this request for an adjusted need determination for 16 adult care home beds in Montgomery County, with a preference for the addition of special care unit beds. **Committee Recommendation for Petition 1:** A motion made and seconded to approve the Petitioner's request for an adjusted need determination for adult care home beds with a preference for the addition of special care unit beds for Montgomery County in the *2017 SMFP*. **Petition 2:** ***Request:*** Artis Senior Living has submitted a petition requesting the 2017 SMFP show a need determination for 331 adult care home beds that would be a part of a special care unit in Buncombe County and 79 adult care home beds in Cabarrus County to also be a part of a special care unit. The Agency received one document in support of the petition by the petitioner. Again, I would like to point out that special care unit beds are a specific type of adult care home or nursing home bed typically designated for residents with Alzheimer's disease or other dementia, or a mental health disability.	Mr. DeBiasi Ms. Michaud	Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Agency Response: The petitioner posits that the current methodology incorrectly determines the actual special care unit bed need for Buncombe and Cabarrus Counties. Despite the distinction that can be made between special care unit beds and adult care home and nursing home beds, in actuality, the current adult care home bed methodology does not separately determine special care unit bed need. To this end, the petitioners have commissioned Drs. Sloane and Zimmerman of the Sheps Center for Health Services Research at UNC-Chapel Hill to develop a special care unit bed need methodology. Calculations based on this methodology project a need for 331 special care unit beds in Buncombe County and 79 in Cabarrus County. To consider this request, the agency reviewed the petitioner's suggested methodology for determining special care unit bed need. When we applied the methodology to each county in the state, it resulted in a special care unit bed need in 77 counties and many of them would need at least 50 special care unit beds. This means that applying the suggested methodology would have a statewide impact rather than only affect Cabarrus and Buncombe Counties. Our plan process requires that the SHCC be able to begin considering such impactful methodology changes earlier in the year. Thus, in order to be in compliance with our plan process as noted in the *2017 Proposed State Medical Facilities Plan*, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denying this petition to adjust the need determination to show a 331 adult care home bed need in Buncombe County and a 79 adult care home bed need in Cabarrus County.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Discussion Points*:** • Noah Hoffstetler asserted that the petition is posited as a pilot program in two counties rather than a suggestion for a methodology to be applied statewide. • Luke Price emphasized that the suggested methodology was developed with a focus on a need for SCUs in adult care homes, and this is a methodology that the agency currently does not have. He also noted that the suggested methodology was validated with data from Wake and Mecklenburg Counties. **<u>Committee Recommendation for Petition 2</u>:** A motion was made and seconded to deny the Petitioner's request for an adjusted need determination for adult care home beds for Cabarrus County and Buncombe County in the *2017 SMFP*. **Petition 3:** ***Request: Singh Development has submitted a petition to move 100 adult care home beds from Harnett County to Wake County. One comment was received in support of this petition. ***Agency Response:*** The petitioner believes that the standard methodology for adult care home beds does not adequately project bed need for Wake County because it uses statewide rates for its projections. The petitioner describes a different methodology. This methodology makes use of data from the Wake County Department of Social Services to classify certain adult care home beds as unavailable. According to the petitioner, there are 92 Wake County beds unavailable for public use, and according to the petitioner's calculations, when these are taken out of the inventory; it results in a 187 adult care home bed deficit. The petitioner believes this is an issue that could be resolved by transferring beds from Harnett County. To establish a 234 adult care home bed surplus in Harnett County, the petitioner	Dr. Parikh Mr. Brunnick	Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	applied a similar, but not identical, methodology. This is because there is no data to determine the number of unavailable beds in Harnett County in the same way the petitioner did for Wake County. The agency finds that the petitioner is presenting a new methodology to determine adult care home bed need. One concern is the data the petitioner used to determine unavailable beds in Wake County is not vetted by the Agency. A second concern is, to adopt the suggested methodology, the criteria for determining the number of unavailable beds would need to be the same for all counties across the state. The Agency's plan process requires that the SHCC be able to begin considering methodology changes that would have a statewide impact earlier in the year. Thus, in order to be in compliance with our plan process as noted in the 2017 Proposed State Medical Facilities Plan, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the agency recommends denying this petition to transfer 100 adult care home beds from Harnett to Wake County. ***Discussion Points:*** • Michael Kahm, Vice-President of Singh Development Company, spoke about the unique circumstances of Harnett and Wake Counties even though the ACH bed surpluses are similar for both counties. He notes a higher demand in Wake County due to population growth and older facilities in Harnett County that have a high population of mental health patients.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Committee Recommendation for Petition 3: A motion was made and seconded to deny the Petitioner's request to transfer adult care home beds from Harnett to Wake County in the *2017 SMFP*. Dr. Pulliam asked Dr. Emanuel if there were any updates related to Chapter 11. Dr. Emanuel noted that data was updated for Tables 11A and 11B, but the need determination did not change. She presented Table 11D as a new table which was inadvertently left out of the proposed 2017 SMFP but will be included in the final 2017 SMFP. **Committee Recommendation for Chapter 11:** A motion was made and seconded to forward Chapter 11, Adult Care Homes, with approved changes to the SHCC.	Dr. Parikh Mr. Brunnick Mr. DeBiasi Mr. Brunnick	Split vote: *In favor: Brunnick, Michaud, Jakusz, Parikh *Opposed: DeBiasi Motion approved Motion approved
Home Health Services - Chapter 12	**Chapter 12 - Home Health Services** Dr. Pulliam stated there was one petition related to Medicare-certified home health agency or office submitted for consideration. Ms. Brown will present the agency report on this petition. ***Request:*** The Petitioner, Mother's Helper requests an adjusted need determination be included in the *North Carolina 2017 State Medical Facilities Plan (SMFP)* for one Medicare-certified home health agency or office for Wake County to address a special segment of the population identified as high-risk mothers and babies, a segment that the Petitioner believes to be underserved in the county. Mother's		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Helper operates a home care business in Wake County (Raleigh) that are licensed to provide companion, sitter, respite, nursing care, infusion nursing and in-home aide services. ***Agency Response:*** Wake County residents are well served by home health providers. Based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, 29 agencies reported serving 16,013 patients residing in Wake County. While the Petitioner provides various types of information regarding high-risk pregnancies the mother-baby dyad; preterm deliveries; postpartum depression; ineffective bonding and breastfeeding; and the cost of NICU/PICU admissions in Wake County. There is no specific data provided to demonstrate the size of the population that needs these services or to demonstrate that the population is not currently receiving services from existing licensed Medicare-certified home health providers. The Agency does not collect data specific to the "high-risk mother and baby" population. However, based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, five agencies reported serving a total of 76 patients in the "under 18" age group who were residing in Wake County. *(This information is shown in Table 2 of the agency report.)* One of the agencies, Pediatric Services of America, Inc., provides home health services to only to pediatric patients. In addition to the 5 agencies that reported serving patients under 18 in Wake County, there are 24 other licensed Medicare-certified home health agencies eligible to provide services to all age groups: under age 18, 18-64, 65-74 and over 75. Neither Healthcare Planning and CON section nor the SHCC have the		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	authority to impose limits on what patient groups an agency may or may not serve. The Home Health Data by County of Patient Origin – 2015 Data report provides information that 16,013 Wake County residents were recipients in 2015 and of those residents 76 *(or 0.5% of Wake County residents that received home health services)* were pediatric home health users. *(This information was noted in Table 3 of the agency report.)* However, what cannot be determined is whether any residents in Wake County are high-risk pregnant mothers or pediatric patients and who need home health services but are not receiving them. Additionally, the Petitioner states, "the intent and spirit of this proposal is not to duplicate existing services provided by the Pregnancy Medical Home and our health departments. To our knowledge there are no existing resources to supply in-home personal care service such as ours." The Agency found Community Care of North Carolina (CCNC) – Pregnancy Care Management Program is serving Medicaid and non-Medicaid eligible women in state. This statewide, population-based program services pregnant women and their infants. Baby Love is another program available to pregnant women that promotes a healthy pregnancy and positive birth outcomes. However, it is only available to citizens enrolled in Medicaid. And finally, Wake County Human Services participates in the Nurse – Family Partnership (NFP), a nationally recognized evidence-based nurse home visitation program for first-time, low-income mothers. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday." The services the Petitioner proposes to provide to the high-risk mother and baby population may to be a duplication of the services currently being provided by the various programs offered by the state and local government agencies.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	The Agency and the State Health Coordinating Council (SHCC) acknowledges the importance of reducing barriers and making healthcare more accessible to all citizens. Furthermore, they both support local community efforts to provide healthcare services to individuals identified as members of this "high-risk" population. ***Agency Recommendation:*** The Agency supports the standard methodology for Medicare-certified home health agencies or offices as presented in the *Proposed 2017 SMFP*. Given available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denial of this petition. ***Discussion Points*:** • Ms. Foley, President of Mother's Helper, spoke about the unique services her company has been providing to the high-risk mother and baby population in Wake and Cumberland counties. She also mentioned the recently announced freeze on CAP-C funds and the adverse effect that will have on this underserved population. **Committee Recommendation for the Petition 4:** A motion made and seconded to deny the Petitioner's request for an adjusted need determination for Medicare-certified home health agency or office for Wake County in the *Proposed 2017 SMFP*. Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 12. Ms. Brown stated there were no updates for this chapter. **Committee Recommendation for Chapter 12:** A motion made and seconded to forward Chapter 12, Home Health Services, with approved changes to the SHCC.	Mr. Brunnick Dr. Parikh Ms. Michaud Mr. DeBiasi	Motion approved Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Hospices Services – Chapter 13	**Chapter 13: Hospice Services** Dr. Pulliam stated one petition pertaining to hospice inpatient beds was submitted for consideration. Ms. Brown will review the agency report on this petition. ***Request:*** Transitions LifeCare (TL) requests the removal of a need determination for seven additional hospice inpatient beds for Wake County from the *North Carolina 2017 State Medical Facilities Plan (SMFP)*. Ms. Brown provided some history regarding the petition. TL applied and was granted a certificate of need (CON) on May 11, 2010 for 10 additional hospice inpatient beds based on a need determination for Wake County that appeared in the *2009 SMFP*. The development of these 10 additional hospice inpatient beds would bring the facility to a total of 24 hospice inpatient beds and 30 total beds overall. However, the additional 10 beds are still under development. The standard methodology does account for the 10 beds under development. The primary reason provided by the petitioner is that Wake County hospice inpatient utilization is lower than the statewide utilization rate. This is an accurate statement. For FY2014-2015 Wake County's 2-year trailing average inpatient utilization rate was 2.66%, which is slightly smaller than the statewide 2-year trailing average inpatient utilization rate of 3.78%. She noted in an original version of the report posted on-line and sent to the committee, this number was erroneously reported as 2.78, but has been corrected. The standard methodology for determining the projected need for hospice inpatient beds is comprised of 12-Steps and is multifactorial. One key component of the methodology is admissions. Hospice admissions have steadily increased over the last 5-years. Wake County's admissions have increased at a faster rate than the statewide average. Table 1 in the agency report shows a 5-year compound annual growth rate of Wake County admissions of 6.4% compared to statewide rate of 3.4%.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Days of Care (DOC) is another key component of the standard methodology. Wake County has seen a rising trend in the number of DOC in the past 5-years. Wake County's 5-year rate is double that of the statewide average rate, as depicted in Table 2 of the agency report. Wake County's five-year average annual growth rate for DOC is 5.2% compared to the statewide rate of 2.6%. Wake County is the second most populous county in the state with approximately 1,005,367 residents. Table 3 in the Agency report shows the difference between Wake County's 5-year annual average growth rate and the statewide average. It is anticipated that Wake County will continue to add 25,000 residents annually. TL operates the William M. Dunlap Center. Based on the Hospice 2016 Annual Data Supplement to the License Renewal Application information (FY2015), the inpatient facility occupancy rate is 94.46 percent. ***Agency Recommendation:*** The Agency supports the standard methodology for hospice inpatient beds as presented in the *Proposed 2017 Plan*. The Agency considered the available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments and, in consideration of factors discussed above, recommends denial of this petition. ***Discussion Points*:** • Cooper Linton, Vice-President of Marketing and Business Development at Transitions LifeCare (TL), spoke about the 10 hospice inpatient beds currently under development that are scheduled to come on-line in late 2017. Mr. Linton believes the addition of these beds will reduce TL's occupancy rate far below the current rate of 94%. He advised the Council it would be in everyone's best interest to remove the need until the utilization of the 10 new beds are realized.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Committee Recommendation for the Petition 5: A motion was made and seconded to approve the Petitioner's request to remove the need determination of seven hospice inpatient beds for Wake County from the *Proposed 2017 SMFP*. Mr. Brunnick shared a report issued by the US Department of Health and Human Services Office of Inspector General from March 2016 titled, "Hospices Inappropriately Billed Medicare Over $250 Million for General Inpatient Care" with the committee. North Carolina may see hospice inpatient bed utilization patterns shift in the future based on the report and continued CMS audits of inpatient facilities. Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 13. Ms. Brown stated the Agency received revised data from providers that resulted in changes to Tables 13A, 13B and 13C. However, changes in the data had no impact on the existing hospice inpatient bed need determination until the prior vote taken by the Committee. **Committee Recommendation for Chapter 13:** A motion made and seconded to forward Chapter 13, Hospice Services, with approved changes to the SHCC.	Mr. DeBiasi Dr. Parikh Ms. Michaud Dr. Parikh	Motion approved Motion approved
ESRD Dialysis Services – Chapter 14	**Chapter 14 - ESRD Dialysis Services** Dr. Pulliam stated there was one petition pertaining to end-stage renal disease dialysis facility submitted for consideration. Ms. Brown will present the agency report on this petition. **Request:** The Petition requests an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum number of "projected as needed" [stations] in the most recent "Semiannual Dialysis Report" available prior to the certificate of need application due date in the *North Carolina 2017 State Medical Facilities Plan (SMFP)*.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Analysis/Implications: The *North Carolina Semiannual Dialysis Report – July 2016* indicates 10 residents of Graham County were receiving chronic outpatient dialysis services as of December 31, 2015 (based on data providers self-report to NC Division of Health Service Regulation). The reported number of patients from Graham County has varied from 2013 to 2016, ranging from a low of 10 to a high of 15 patients. The average annual rate of change in the total number of Graham County dialysis patients over the past four years indicates a small growth of 0.11% per year. This is not surprising considering Graham County's population. Of the 15 Graham County patients reported on December 31, 2015, a total of five (33.3%) were receiving "home dialysis" rather than "in-center dialysis." Data are not available to determine whether patient choice of treatment location was based on issues related to travel for in-center service, as opposed to patient preference or medical necessity/preference. Based on a projected December 31, 2016 total of 10.4 in-center patients, an application of the standard dialysis methodology to the December 31, 2015 patient data projects a deficit of 3 dialysis stations for Graham County. The standard methodology also projects 5.2 home-based patients for December 31, 2016. The Petition cites long and sometimes dangerous commutes for in-center dialysis treatments over treacherous mountain roads, often in adverse weather conditions, as the principal basis for its request. Early start times for first shift patients exacerbate these issues. According to Graham County transportation officials, the van used to transport dialysis patients has been diverted to Asheville's Mission Hospital and 911 has been called due to a patient medical emergency occurring on the long ride back to Graham. In addition, most of the Petitioner's cited travel distances exceed the goal of "Basic Principle" #10a, which encourages the provision of End-Stage Renal		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Disease treatment "...in a facility no farther than 30 miles from the patient's homes...." Based on the most recent patient origin data, 65% of the residents receiving in-center dialysis travel 46.6 miles one-way (93.2 miles round-trip) to Swain County three times a week, as shown in Table 1 in the agency report. Swain County is not part of the multi-county dialysis planning area of Cherokee-Clay-Graham. It is a single county planning area. Of the 10 Graham County residents receiving in-center dialysis, the majority of them are traveling outside of the planning area. The SHCC has previously made exceptions to the minimum facility size to address similar concerns in response to previous petitions (Dare County - Adjusted Need Determination for 4 stations, *1996 SMFP*; Macon County – Adjusted Need Determination for 5 Stations, *2012 SMFP*). **Agency Recommendation:** The Agency supports the standard methodology for determining need for new dialysis stations as presented in the *Proposed 2017 Plan*. The Agency recognizes and supports the state health planning process and policies as identified in the *2016 SMFP* and approved by the SHCC and the Governor. Given available information submitted by the August 12, 2016 deadline and in consideration of factors discussed above, the Agency recommends approval of the request for an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent *Semiannual Dialysis Report* available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. **Committee Recommendation for the Petition 6:**		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	A motion made and seconded to approve the Petitioner's request for an adjusted need determination for one new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. Dr. Pulliam asked Ms. Brown if there were any updates related to Chapter 14. Ms. Brown stated there was one comment submitted during the summer related to end-stage renal disease dialysis. Ms. Frisone provided an update to the Committee. Ms. Frisone there few minor revisions Certificate of Need made to Chapter 3 of the SMFP for 2017 as it relates to Chapter 14, ESRD and ESRD providers. Fresenius submitted comments during the summer pointing out there was some ambiguity in the language regarding the due dates for ESRD applications for both county need determinations and facility need determinations. The newly revised language resolves any prior confusion. Ms. Brown reminded Committee members dialysis patient data are supplied by ESRD providers bi-annually. Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for January 2017 on January 1, 2017. This report will be available on the DHSR website. **Committee Recommendation for Chapter 14:** A motion made and seconded to forward Chapter 14, End-Stage Renal Disease Dialysis, with approved changes to the SHCC.	Ms. Michaud Mr. Brunnick Mr. Brunnick Mr. DeBiasi	Motion approved Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Psychiatric Inpatient Services – Chapter 15	Dr. Craddock announced that Cardinal Innovations Healthcare Solutions and CenterPoint Human Services merged on July 1, 2016, reducing the number of LME-MCOs from eight to seven. The new LME-MCO retains the Cardinal name. The merger affects the inventory and need determination calculations for Chapters 15 and 16, and the inventory for Chapter 17. **Chapter 15 - Psychiatric Inpatient Services** Dr. Craddock reported there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services. Dr. Craddock reviewed the updated inventory based on all available information. The LME-MCO merger reduced the child/adolescent psychiatric inpatient bed need from 125 (in the Proposed SMFP) to 106. Updates to data and increased the adult bed need determination from 38 to 40. The inventory and need determinations are subject to change. Dr. Craddock also provided an update to the information presented at the April LTBH meeting regarding beds to be developed because of the sale of the Dorothea Dix Hospital property. **<u>Committee Recommendation for Chapter 15</u>:** A motion made and seconded to forward Chapter 15, Psychiatric Inpatient Services, with approved changes to the SHCC.	Mr. Brunnick Ms. Michaud	Motion approved
Substance Abuse Inpatient and Residential Services – Chapter 16	**Chapter 16 - Substance Abuse Inpatient and Residential Services** Dr. Craddock reported that there were no petitions or comments regarding Chapter 16, Substance Abuse Inpatient and Residential Services. Dr. Craddock reviewed the updated inventory based on all available information. Updates to data did not change the need determinations from those presented in the Proposed SMFP.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	The inventory and need determinations are subject to change. **Committee Recommendation for Chapter 16:** A motion made and seconded to forward Chapter 16, Substance Abuse Inpatient and Residential Services, with approved changes to the SHCC.	Ms. Michaud Mr. DeBiasi	Motion approved
Intermediate Care Facilities for Individuals with Intellectual Disabilities – Chapter 17	**Chapter 17 - Intermediate Care Facilities for Individuals with Intellectual Disabilities** Dr. Craddock reported Chapter 17 had no petitions or comments. **Committee Recommendation for Chapter 17:** A motion made and seconded to forward Chapter 17, Intermediate Care Facilities for Individuals with Intellectual Disabilities, with approved changes to the SHCC.	Ms. Michaud Dr. Parikh	Motion approved
Other Business **Adjournment**	**Committee Recommendation to Staff for Chapters 10- 17:** A motion made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended *Proposed 2017 State Medical Facilities Plan* as new and corrected data is received. Dr. Pulliam reminded members the last full SHCC meeting for 2016 will be held on October 5th beginning at 10:00 am in this room. Dr. Pulliam asked for a motion to adjourn the meeting. **Committee Recommendation for Adjournment:** A motion made and seconded to adjourn the meeting.	Dr. Parikh Mr. Brunnick Mr. Brunnick Dr. Parikh	Motion approved Motion approved

Healthcare Planning and Certificate of Need Section

Long-Term and Behavioral Health Committee Minutes- *DRAFT*

September 9, 2016
10:00 a.m. – 12 Noon
Brown Bldg. Room 104, Raleigh, N.C.

Members Present: Dr. T.J. Pulliam-Chair; Peter Brunnick; Stephen DeBiasi; Denise Michaud; Kurt Jakusz; Dr. Jaylan Parikh
Members Absent: Jim Burgin
Healthcare Planning Staff: Paige Bennett; Elizabeth Brown; Amy Craddock; Patrick Curry; Tom Dickson; Andrea Emanuel; Tom Dickson;
DHSR Staff Present: Mark Payne; Martha Frisone; Lisa Pittman; Fatima Wilson; Gloria Hale;
Attorney General's Office: Derek Hunter

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Welcome & Announcements	Dr. Pulliam welcomed members, staff and guests to the Long-Term and Behavioral Health (LTBH) Committee meeting. Dr. Pulliam stated the purpose of this meeting was to review petitions and comments received in response to the *Proposed 2017 State Medical Facilities Plan (SMFP)*. He stated the Committee would also review updated tables, reflecting changes since the *Proposed Plan* was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the *2017 State Medical Facilities Plan*. Dr. Pulliam noted this meeting is open to the public. However, discussions, deliberations and recommendations are limited to the members of the Long-Term & Behavioral Health Committee. Dr. Pulliam stated this was the third and final Long-Term & Behavioral Health Committee meeting scheduled for this year.		
Introductions	Dr. Pulliam asked the committee members and staff to introduce themselves.		
Review of Executive Order No. 46: Reauthorizing the	Dr. Pulliam gave an overview of the procedures to observe before taking action at the meeting, as outlined in Executive Order 46. Dr. Pulliam inquired if any member had a conflict of interest, needed to declare if they were deriving a		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
State Health Coordinating Council	financial benefit from any agenda matter, or if any members intended to recuse themselves from voting on any agenda item. There were no recusals.		
Approval of May 6, 2016 Minutes	A motion made and seconded to accept the May 6, 2016 minutes.	Mr. Brunnick Mr. Parikh	Motion approved
Nursing Care Facilities – Chapter 10	**Chapter 10 - Nursing Care Facilities** Dr. Pulliam stated there were no petitions or comments submitted related to Chapter 10, Nursing Care Facilities. He asked Dr. Andrea Emanuel if there were any updates for this chapter. Dr. Emanuel noted that data was updated for Tables 10A and 10C, but the need determinations did not change. **<u>Committee Recommendation for Chapter 10</u>:** A motion made and seconded to forward Chapter 10, Nursing Care Facilities, with approved changes to the SHCC.	Ms. Michaud Mr. Brunnick	Motion approved
Adult Care Homes - Chapter 11	**Chapter 11 - Adult Care Homes** Dr. Pulliam stated there were three petitions submitted for Chapter 11, Adult Care Homes. **Petition 1:** The first is for an adjusted need determination for adult care home beds in Montgomery County. Dr. Emanuel presented the agency report on this petition. ***Request:*** Sandy Ridge Homes Holding Corporation has petitioned the State Health Coordinating Council (SHCC) to include an adjusted need determination for 16 adult care home beds in Montgomery County in the *2017 State Medical Facilities Plan*. The agency received 55 documents in support of this petition.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Agency Response: The petitioner presents three primary reasons to support the licensing of additional adult care home beds in Montgomery County. Dr. Emanuel noted that special care unit beds are a specific type of adult care home or nursing home bed usually designated for residents with Alzheimer's disease or other dementia, or a mental health disability. First, the petitioner posits that the adult care home bed occupancy rate in Montgomery County is associated with special care unit bed occupancy rates in nearby counties. The petitioner demonstrates that more than a third of all of Montgomery County's adult care home beds are occupied by individuals originating from its contiguous counties. The agency does not collect data on patient origin for special care unit beds specifically. However, the agency has compared special care unit occupancy rates for Montgomery County and its six contiguous counties. Montgomery County's special care unit bed occupancy rates tend to be higher or mid-rank when compared to rates of its contiguous counties. Thus, results of the Agency's analysis support the belief that the Montgomery County may be serving individuals originating from nearby counties who are in need of special care unit beds. Secondly, the petitioner argues that high occupancy rates for Montgomery County are skewed because of consistent low occupancy of one of the county's adult care home facilities. The Agency examined adult care home bed occupancy rates of Brookstone Haven of Star Assisted Living, which is one of the adult care homes in Montgomery County. In 2013, this facility closed in order to add 13 special care unit beds. Montgomery County's adult care home bed occupancy rate also dropped during that time. Since 2013, as Brookstone Haven's adult care home bed occupancy rate has increased, so has the county's. We expect this trend will continue and Montgomery County soon will have occupancy rates that are again 85% or greater as they were in 2012. At that rate, the County would meet the minimum average adult care home bed occupancy threshold of 85%. Finally, the petitioner asserts that Montgomery County's adult care home bed use rate is consistent with the population most affected by Alzheimer's and dementia.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	The Agency compared the bed use rates for individuals 65 and older in Montgomery County to the same age cohort in the State. Based on bed use rates averaged out over 2012 through 2015, Montgomery County serves almost 50% more of its segment of the population aged 65-84 than does the State. The petitioner has confirmed that their assertion that there is a need for additional adult care home beds is specifically associated with a perceived need for special care unit beds. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends approval of this request for an adjusted need determination for 16 adult care home beds in Montgomery County, with a preference for the addition of special care unit beds. **<u>Committee Recommendation for Petition 1</u>:** A motion made and seconded to approve the Petitioner's request for an adjusted need determination for adult care home beds with a preference for the addition of special care unit beds for Montgomery County in the *2017 SMFP*. **Petition 2:** ***Request:*** Artis Senior Living has submitted a petition requesting the 2017 SMFP show a need determination for 331 adult care home beds that would be a part of a special care unit in Buncombe County and 79 adult care home beds in Cabarrus County to also be a part of a special care unit. The Agency received one document in support of the petition by the petitioner. Again, I would like to point out that special care unit beds are a specific type of adult care home or nursing home bed typically designated for residents with Alzheimer's disease or other dementia, or a mental health disability.	Mr. DeBiasi Ms. Michaud	Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Agency Response: The petitioner posits that the current methodology incorrectly determines the actual special care unit bed need for Buncombe and Cabarrus Counties. Despite the distinction that can be made between special care unit beds and adult care home and nursing home beds, in actuality, the current adult care home bed methodology does not separately determine special care unit bed need. To this end, the petitioners have commissioned Drs. Sloane and Zimmerman of the Sheps Center for Health Services Research at UNC-Chapel Hill to develop a special care unit bed need methodology. Calculations based on this methodology project a need for 331 special care unit beds in Buncombe County and 79 in Cabarrus County. To consider this request, the agency reviewed the petitioner's suggested methodology for determining special care unit bed need. When we applied the methodology to each county in the state, it resulted in a special care unit bed need in 77 counties and many of them would need at least 50 special care unit beds. This means that applying the suggested methodology would have a statewide impact rather than only affect Cabarrus and Buncombe Counties. Our plan process requires that the SHCC be able to begin considering such impactful methodology changes earlier in the year. Thus, in order to be in compliance with our plan process as noted in the *2017 Proposed State Medical Facilities Plan*, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denying this petition to adjust the need determination to show a 331 adult care home bed need in Buncombe County and a 79 adult care home bed need in Cabarrus County.		

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	Discussion Points*:** • Noah Hoffstetler asserted that the petition is posited as a pilot program in two counties rather than a suggestion for a methodology to be applied statewide. • Luke Price emphasized that the suggested methodology was developed with a focus on a need for SCUs in adult care homes, and this is a methodology that the agency currently does not have. He also noted that the suggested methodology was validated with data from Wake and Mecklenburg Counties. **<u>Committee Recommendation for Petition 2</u>:** A motion was made and seconded to deny the Petitioner's request for an adjusted need determination for adult care home beds for Cabarrus County and Buncombe County in the *2017 SMFP*. **Petition 3:** ***Request: Singh Development has submitted a petition to move 100 adult care home beds from Harnett County to Wake County. One comment was received in support of this petition. ***Agency Response:*** The petitioner believes that the standard methodology for adult care home beds does not adequately project bed need for Wake County because it uses statewide rates for its projections. The petitioner describes a different methodology. This methodology makes use of data from the Wake County Department of Social Services to classify certain adult care home beds as unavailable. According to the petitioner, there are 92 Wake County beds unavailable for public use, and according to the petitioner's calculations, when these are taken out of the inventory; it results in a 187 adult care home bed deficit. The petitioner believes this is an issue that could be resolved by transferring beds from Harnett County. To establish a 234 adult care home bed surplus in Harnett County, the petitioner	Dr. Parikh Mr. Brunnick	Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
	applied a similar, but not identical, methodology. This is because there is no data to determine the number of unavailable beds in Harnett County in the same way the petitioner did for Wake County. The agency finds that the petitioner is presenting a new methodology to determine adult care home bed need. One concern is the data the petitioner used to determine unavailable beds in Wake County is not vetted by the Agency. A second concern is, to adopt the suggested methodology, the criteria for determining the number of unavailable beds would need to be the same for all counties across the state. The Agency's plan process requires that the SHCC be able to begin considering methodology changes that would have a statewide impact earlier in the year. Thus, in order to be in compliance with our plan process as noted in the 2017 Proposed State Medical Facilities Plan, this type of petition should be submitted in the spring. ***Agency Recommendation:*** Given the available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the agency recommends denying this petition to transfer 100 adult care home beds from Harnett to Wake County. ***Discussion Points:*** • Michael Kahm, Vice-President of Singh Development Company, spoke about the unique circumstances of Harnett and Wake Counties even though the ACH bed surpluses are similar for both counties. He notes a higher demand in Wake County due to population growth and older facilities in Harnett County that have a high population of mental health patients.		

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	Committee Recommendation for Petition 3: A motion was made and seconded to deny the Petitioner's request to transfer adult care home beds from Harnett to Wake County in the *2017 SMFP*. Dr. Pulliam asked Dr. Emanuel if there were any updates related to Chapter 11. Dr. Emanuel noted that data was updated for Tables 11A and 11B, but the need determination did not change. She presented Table 11D as a new table which was inadvertently left out of the proposed 2017 SMFP but will be included in the final 2017 SMFP. **Committee Recommendation for Chapter 11:** A motion was made and seconded to forward Chapter 11, Adult Care Homes, with approved changes to the SHCC.	Dr. Parikh Mr. Brunnick Mr. DeBiasi Mr. Brunnick	Split vote: *In favor: Brunnick, Michaud, Jakusz, Parikh *Opposed: DeBiasi Motion approved Motion approved
Home Health Services - Chapter 12	**Chapter 12 - Home Health Services** Dr. Pulliam stated there was one petition related to Medicare-certified home health agency or office submitted for consideration. Ms. Brown will present the agency report on this petition. ***Request:*** The Petitioner, Mother's Helper requests an adjusted need determination be included in the *North Carolina 2017 State Medical Facilities Plan (SMFP)* for one Medicare-certified home health agency or office for Wake County to address a special segment of the population identified as high-risk mothers and babies, a segment that the Petitioner believes to be underserved in the county. Mother's		

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	Helper operates a home care business in Wake County (Raleigh) that are licensed to provide companion, sitter, respite, nursing care, infusion nursing and in-home aide services. ***Agency Response:*** Wake County residents are well served by home health providers. Based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, 29 agencies reported serving 16,013 patients residing in Wake County. While the Petitioner provides various types of information regarding high-risk pregnancies the mother-baby dyad; preterm deliveries; postpartum depression; ineffective bonding and breastfeeding; and the cost of NICU/PICU admissions in Wake County. There is no specific data provided to demonstrate the size of the population that needs these services or to demonstrate that the population is not currently receiving services from existing licensed Medicare-certified home health providers. The Agency does not collect data specific to the "high-risk mother and baby" population. However, based on information reported on Home Health 2016 Annual Data Supplement to the License Renewal Applications, five agencies reported serving a total of 76 patients in the "under 18" age group who were residing in Wake County. *(This information is shown in Table 2 of the agency report.)* One of the agencies, Pediatric Services of America, Inc., provides home health services to only to pediatric patients. In addition to the 5 agencies that reported serving patients under 18 in Wake County, there are 24 other licensed Medicare-certified home health agencies eligible to provide services to all age groups: under age 18, 18-64, 65-74 and over 75. Neither Healthcare Planning and CON section nor the SHCC have the		

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	authority to impose limits on what patient groups an agency may or may not serve. The Home Health Data by County of Patient Origin – 2015 Data report provides information that 16,013 Wake County residents were recipients in 2015 and of those residents 76 *(or 0.5% of Wake County residents that received home health services)* were pediatric home health users. *(This information was noted in Table 3 of the agency report.)* However, what cannot be determined is whether any residents in Wake County are high-risk pregnant mothers or pediatric patients and who need home health services but are not receiving them. Additionally, the Petitioner states, "the intent and spirit of this proposal is not to duplicate existing services provided by the Pregnancy Medical Home and our health departments. To our knowledge there are no existing resources to supply in-home personal care service such as ours." The Agency found Community Care of North Carolina (CCNC) – Pregnancy Care Management Program is serving Medicaid and non-Medicaid eligible women in state. This statewide, population-based program services pregnant women and their infants. Baby Love is another program available to pregnant women that promotes a healthy pregnancy and positive birth outcomes. However, it is only available to citizens enrolled in Medicaid. And finally, Wake County Human Services participates in the Nurse – Family Partnership (NFP), a nationally recognized evidence-based nurse home visitation program for first-time, low-income mothers. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday." The services the Petitioner proposes to provide to the high-risk mother and baby population may to be a duplication of the services currently being provided by the various programs offered by the state and local government agencies.		

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	The Agency and the State Health Coordinating Council (SHCC) acknowledges the importance of reducing barriers and making healthcare more accessible to all citizens. Furthermore, they both support local community efforts to provide healthcare services to individuals identified as members of this "high-risk" population. ***Agency Recommendation:*** The Agency supports the standard methodology for Medicare-certified home health agencies or offices as presented in the *Proposed 2017 SMFP*. Given available information and comments submitted by the August 12, 2016 deadline, and in consideration of factors discussed above, the Agency recommends denial of this petition. ***Discussion Points:*** • Ms. Foley, President of Mother's Helper, spoke about the unique services her company has been providing to the high-risk mother and baby population in Wake and Cumberland counties. She also mentioned the recently announced freeze on CAP-C funds and the adverse effect that will have on this underserved population. **Committee Recommendation for the Petition 4:** A motion made and seconded to deny the Petitioner's request for an adjusted need determination for Medicare-certified home health agency or office for Wake County in the *Proposed 2017 SMFP*. Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 12. Ms. Brown stated there were no updates for this chapter. **Committee Recommendation for Chapter 12:** A motion made and seconded to forward Chapter 12, Home Health Services, with approved changes to the SHCC.	Mr. Brunnick Dr. Parikh Ms. Michaud Mr. DeBiasi	Motion approved Motion approved

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Hospices Services – Chapter 13	**Chapter 13: Hospice Services** Dr. Pulliam stated one petition pertaining to hospice inpatient beds was submitted for consideration. Ms. Brown will review the agency report on this petition. ***Request:*** Transitions LifeCare (TL) requests the removal of a need determination for seven additional hospice inpatient beds for Wake County from the *North Carolina 2017 State Medical Facilities Plan (SMFP).* Ms. Brown provided some history regarding the petition. TL applied and was granted a certificate of need (CON) on May 11, 2010 for 10 additional hospice inpatient beds based on a need determination for Wake County that appeared in the *2009 SMFP*. The development of these 10 additional hospice inpatient beds would bring the facility to a total of 24 hospice inpatient beds and 30 total beds overall. However, the additional 10 beds are still under development. The standard methodology does account for the 10 beds under development. The primary reason provided by the petitioner is that Wake County hospice inpatient utilization is lower than the statewide utilization rate. This is an accurate statement. For FY2014-2015 Wake County's 2-year trailing average inpatient utilization rate was 2.66%, which is slightly smaller than the statewide 2-year trailing average inpatient utilization rate of 3.78%. She noted in an original version of the report posted on-line and sent to the committee, this number was erroneously reported as 2.78, but has been corrected. The standard methodology for determining the projected need for hospice inpatient beds is comprised of 12-Steps and is multifactorial. One key component of the methodology is admissions. Hospice admissions have steadily increased over the last 5-years. Wake County's admissions have increased at a faster rate than the statewide average. Table 1 in the agency report shows a 5-year compound annual growth rate of Wake County admissions of 6.4% compared to statewide rate of 3.4%.		

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	Days of Care (DOC) is another key component of the standard methodology. Wake County has seen a rising trend in the number of DOC in the past 5-years. Wake County's 5-year rate is double that of the statewide average rate, as depicted in Table 2 of the agency report. Wake County's five-year average annual growth rate for DOC is 5.2% compared to the statewide rate of 2.6%. Wake County is the second most populous county in the state with approximately 1,005,367 residents. Table 3 in the Agency report shows the difference between Wake County's 5-year annual average growth rate and the statewide average. It is anticipated that Wake County will continue to add 25,000 residents annually. TL operates the William M. Dunlap Center. Based on the Hospice 2016 Annual Data Supplement to the License Renewal Application information (FY2015), the inpatient facility occupancy rate is 94.46 percent. ***Agency Recommendation:*** The Agency supports the standard methodology for hospice inpatient beds as presented in the *Proposed 2017 Plan*. The Agency considered the available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments and, in consideration of factors discussed above, recommends denial of this petition. ***Discussion Points:*** • Cooper Linton, Vice-President of Marketing and Business Development at Transitions LifeCare (TL), spoke about the 10 hospice inpatient beds currently under development that are scheduled to come on-line in late 2017. Mr. Linton believes the addition of these beds will reduce TL's occupancy rate far below the current rate of 94%. He advised the Council it would be in everyone's best interest to remove the need until the utilization of the 10 new beds are realized.		

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	Committee Recommendation for the Petition 5: A motion was made and seconded to approve the Petitioner's request to remove the need determination of seven hospice inpatient beds for Wake County from the *Proposed 2017 SMFP*. Mr. Brunnick shared a report issued by the US Department of Health and Human Services Office of Inspector General from March 2016 titled, "Hospices Inappropriately Billed Medicare Over $250 Million for General Inpatient Care" with the committee. North Carolina may see hospice inpatient bed utilization patterns shift in the future based on the report and continued CMS audits of inpatient facilities. Dr. Pulliam asked Ms. Brown if there were any updates for Chapter 13. Ms. Brown stated the Agency received revised data from providers that resulted in changes to Tables 13A, 13B and 13C. However, changes in the data had no impact on the existing hospice inpatient bed need determination until the prior vote taken by the Committee. **Committee Recommendation for Chapter 13:** A motion made and seconded to forward Chapter 13, Hospice Services, with approved changes to the SHCC.	Mr. DeBiasi Dr. Parikh Ms. Michaud Dr. Parikh	Motion approved Motion approved
ESRD Dialysis Services – Chapter 14	**Chapter 14 - ESRD Dialysis Services** Dr. Pulliam stated there was one petition pertaining to end-stage renal disease dialysis facility submitted for consideration. Ms. Brown will present the agency report on this petition. **Request:** The Petition requests an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum number of "projected as needed" [stations] in the most recent "Semiannual Dialysis Report" available prior to the certificate of need application due date in the *North Carolina 2017 State Medical Facilities Plan (SMFP)*.		

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	Analysis/Implications: The *North Carolina Semiannual Dialysis Report – July 2016* indicates 10 residents of Graham County were receiving chronic outpatient dialysis services as of December 31, 2015 (based on data providers self-report to NC Division of Health Service Regulation). The reported number of patients from Graham County has varied from 2013 to 2016, ranging from a low of 10 to a high of 15 patients. The average annual rate of change in the total number of Graham County dialysis patients over the past four years indicates a small growth of 0.11% per year. This is not surprising considering Graham County's population. Of the 15 Graham County patients reported on December 31, 2015, a total of five (33.3%) were receiving "home dialysis" rather than "in-center dialysis." Data are not available to determine whether patient choice of treatment location was based on issues related to travel for in-center service, as opposed to patient preference or medical necessity/preference. Based on a projected December 31, 2016 total of 10.4 in-center patients, an application of the standard dialysis methodology to the December 31, 2015 patient data projects a deficit of 3 dialysis stations for Graham County. The standard methodology also projects 5.2 home-based patients for December 31, 2016. The Petition cites long and sometimes dangerous commutes for in-center dialysis treatments over treacherous mountain roads, often in adverse weather conditions, as the principal basis for its request. Early start times for first shift patients exacerbate these issues. According to Graham County transportation officials, the van used to transport dialysis patients has been diverted to Asheville's Mission Hospital and 911 has been called due to a patient medical emergency occurring on the long ride back to Graham. In addition, most of the Petitioner's cited travel distances exceed the goal of "Basic Principle" #10a, which encourages the provision of End-Stage Renal		

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	Disease treatment "...in a facility no farther than 30 miles from the patient's homes..." Based on the most recent patient origin data, 65% of the residents receiving in-center dialysis travel 46.6 miles one-way (93.2 miles round-trip) to Swain County three times a week, as shown in Table 1 in the agency report. Swain County is not part of the multi-county dialysis planning area of Cherokee-Clay-Graham. It is a single county planning area. Of the 10 Graham County residents receiving in-center dialysis, the majority of them are traveling outside of the planning area. The SHCC has previously made exceptions to the minimum facility size to address similar concerns in response to previous petitions (Dare County - Adjusted Need Determination for 4 stations, *1996 SMFP*; Macon County – Adjusted Need Determination for 5 Stations, *2012 SMFP*). **Agency Recommendation:** The Agency supports the standard methodology for determining need for new dialysis stations as presented in the *Proposed 2017 Plan*. The Agency recognizes and supports the state health planning process and policies as identified in the *2016 SMFP* and approved by the SHCC and the Governor. Given available information submitted by the August 12, 2016 deadline and in consideration of factors discussed above, the Agency recommends approval of the request for an adjusted need determination for a new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent *Semiannual Dialysis Report* available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. **Committee Recommendation for the Petition 6:**		

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	A motion made and seconded to approve the Petitioner's request for an adjusted need determination for one new dialysis facility in Graham County, with a minimum of five dialysis stations, and a maximum of the number "projected as needed for Graham County" in the most recent Semiannual Dialysis Report available prior to the certificate of need application due date. Certificate of Need shall impose a condition requiring the approved applicant to document that it has applied for Medicare certification no later than three (3) years from the effective date on the certificate of need. Dr. Pulliam asked Ms. Brown if there were any updates related to Chapter 14. Ms. Brown stated there was one comment submitted during the summer related to end-stage renal disease dialysis. Ms. Frisone provided an update to the Committee. Ms. Frisone there few minor revisions Certificate of Need made to Chapter 3 of the SMFP for 2017 as it relates to Chapter 14, ESRD and ESRD providers. Fresenius submitted comments during the summer pointing out there was some ambiguity in the language regarding the due dates for ESRD applications for both county need determinations and facility need determinations. The newly revised language resolves any prior confusion. Ms. Brown reminded Committee members dialysis patient data are supplied by ESRD providers bi-annually. Inventories of dialysis facilities and current utilization rates along with need determinations for new dialysis facilities will be presented in the North Carolina Semiannual Dialysis Report (SDR) for January 2017 on January 1, 2017. This report will be available on the DHSR website. **Committee Recommendation for Chapter 14:** A motion made and seconded to forward Chapter 14, End-Stage Renal Disease Dialysis, with approved changes to the SHCC.	Ms. Michaud Mr. Brunnick Mr. Brunnick Mr. DeBiasi	Motion approved Motion approved

Agenda Items	Discussion/Action	Motion/ Seconded	Recommendations / Actions
Psychiatric Inpatient Services – Chapter 15	Dr. Craddock announced that Cardinal Innovations Healthcare Solutions and CenterPoint Human Services merged on July 1, 2016, reducing the number of LME-MCOs from eight to seven. The new LME-MCO retains the Cardinal name. The merger affects the inventory and need determination calculations for Chapters 15 and 16, and the inventory for Chapter 17. **Chapter 15 - Psychiatric Inpatient Services** Dr. Craddock reported there were no petitions or comments received for Chapter 15, Psychiatric Inpatient Services. Dr. Craddock reviewed the updated inventory based on all available information. The LME-MCO merger reduced the child/adolescent psychiatric inpatient bed need from 125 (in the Proposed SMFP) to 106. Updates to data and increased the adult bed need determination from 38 to 40. The inventory and need determinations are subject to change. Dr. Craddock also provided an update to the information presented at the April LTBH meeting regarding beds to be developed because of the sale of the Dorothea Dix Hospital property. **<u>Committee Recommendation for Chapter 15</u>:** A motion made and seconded to forward Chapter 15, Psychiatric Inpatient Services, with approved changes to the SHCC.	Mr. Brunnick Ms. Michaud	Motion approved
Substance Abuse Inpatient and Residential Services – Chapter 16	**Chapter 16 - Substance Abuse Inpatient and Residential Services** Dr. Craddock reported that there were no petitions or comments regarding Chapter 16, Substance Abuse Inpatient and Residential Services. Dr. Craddock reviewed the updated inventory based on all available information. Updates to data did not change the need determinations from those presented in the Proposed SMFP.		

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	The inventory and need determinations are subject to change. **<u>Committee Recommendation for Chapter 16</u>:** A motion made and seconded to forward Chapter 16, Substance Abuse Inpatient and Residential Services, with approved changes to the SHCC.	Ms. Michaud Mr. DeBiasi	Motion approved
Intermediate Care Facilities for Individuals with Intellectual Disabilities – Chapter 17	**Chapter 17 - Intermediate Care Facilities for Individuals with Intellectual Disabilities** Dr. Craddock reported Chapter 17 had no petitions or comments. **<u>Committee Recommendation for Chapter 17</u>:** A motion made and seconded to forward Chapter 17, Intermediate Care Facilities for Individuals with Intellectual Disabilities, with approved changes to the SHCC.	Ms. Michaud Dr. Parikh	Motion approved
Other Business **Adjournment**	**<u>Committee Recommendation to Staff for Chapters 10- 17</u>:** A motion made and seconded to allow staff to update narratives, tables and need determinations for the publication of the recommended *Proposed 2017 State Medical Facilities Plan* as new and corrected data is received. Dr. Pulliam reminded members the last full SHCC meeting for 2016 will be held on October 5th beginning at 10:00 am in this room. Dr. Pulliam asked for a motion to adjourn the meeting. **<u>Committee Recommendation for Adjournment</u>:** A motion made and seconded to adjourn the meeting.	Dr. Parikh Mr. Brunnick Mr. Brunnick Dr. Parikh	Motion approved Motion approved

Technology
And
Equipment
Committee
Meeting Minutes

DHSR

Healthcare Planning
and Certificate of Need

Technology & Equipment Committee Minutes

March 30, 2016
10:00 am
Brown Bldg Room 104

Members Present: Dr. Christopher Ullrich, Trey Adams, Kelly Hollis, Valarie Jarvis, Brian Lucas, Dr. Jeffrey Moore, Dr. Prashant Patel
Members Absent: Senator Ralph Hise
Staff Present: Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Kelli Fisk, Shelley Carraway, Martha Frisone, Fatima Wilson, Mike McKillip
DHSR Staff Present: Mark Payne
AG's Office: Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff, and the public to the first Technology and Equipment Committee meeting of 2016. Dr. Ullrich asked that Committee members and staff in attendance to introduce themselves. Dr. Ullrich explained that the meeting was open to the public; however, discussions, deliberations and recommendations would be limited to members of the Technology and Equipment Committee and staff. Dr. Ullrich stated that the purpose of this meeting was to review the policies, methodologies for the Proposed 2017 State Medical Facilities Plan (SMFP), review and vote on three petitions.		
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Ullrich gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to review the agenda and declare any conflicts on today's agenda.		

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	Dr. Ullrich stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict of interest would make a declaration of the conflict. There were no recusals.		
Approval of September 16, 2015 Minutes	A motion made and seconded to approve the minutes.	Dr. Moore Mr. Adams	Minutes approved
Cardiac Catheterization Equipment – Chapter 9	Ms. Bennett provided a review of the General Need Methodology. **Review of need methodology** The cardiac catheterization equipment planning areas are the same as the Acute Care Bed Service Areas defined in Chapter 5, Acute Care Beds, and shown in Figure 5.1. The cardiac catheterization equipment's service area is a single county unless there is no licensed acute care hospital located within the county and those counties are grouped with the single county where the largest proportion of patients received inpatient acute care services. These service areas are reviewed every three years. This year they will reviewed again and preliminary data analysis indicates there will be minor changes. • There are two standard need determination methodologies for cardiac catheterization equipment. Methodology One is the standard methodology for determining need for additional fixed cardiac catheterization equipment and Methodology Two is for shared fixed cardiac catheterization equipment. • Steps: Methodology Part 1 o For fixed cardiac catheterization equipment, procedures are weighted based upon complexity as described on page 179. o The SHCC defines capacity as 1,500 diagnostic-equivalent procedures per year.		

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	The number of fixed cardiac catheterization equipment required is determined by dividing the number of weighted o or diagnostic-equivalent procedures performed at each facility by 1200 procedures (80% 0f 1500 capacity). o The calculated number of required units of equipment is compared with the current inventory to determine if there is a need. • Steps: Methodology Part 2 o If no unit of fixed cardiac catheterization equipment is located in a service area, a need exists for one shared fixed cardiac catheterization equipment when the number of mobile procedures done in this service area exceeds 240 (80% of 300 capacity) per year for each 8 hours per week in operation at that site. Ms. Bennett noted one petition was received: **Petitioner:** Rex Hospital **Comments:** Received two comments; both opposed. **Request Petition 1:** The petitioner requests that the methodology for determining need for cardiac catheterization equipment in North Carolina be revised for the 2017 State Medical Facilities Plan. Specifically, the petitioner requests changes to steps 5 and 6 of the Cardiac Catheterization Methodology 1 so that "The number of units of fixed cardiac catheterization equipment needed is calculated for each hospital, and a need determination is generated irrespective of surpluses at other hospitals in the service area" with the exception of hospitals under common ownership, where the "surpluses and deficits would be totaled." In Table 1 in the agency, report is a review of the statewide data. It indicates a continued decrease in the number of procedures into 2014, the data year of the 2016 SMFP.		

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	The current methodology along with the declining procedure volumes are currently generating very few need determinations across the state. This year there was one need determination, in Cumberland County, generated by the standard methodology for fixed cardiac catheterization equipment. Applying the proposed methodology to data drawn from the 2016 SMFP (the most recent dataset available) generates need determinations in Cumberland and Wake Counties. Under the proposed methodology, Wake County would be the only affected county since the existing approved methodology generated a need in Cumberland County. In addition, the petitioner mentioned in the current written request and at the March 2, 2016 SHCC public hearing, that a meeting between WakeMed and Rex Hospital would take place in the coming weeks, "to discuss collaboration on these issues" and "determine a positive solution." The agency is interested to see if a mutually agreeable resolution maybe reached. The limitations of the methodology as cited in the petitioner's request and the outcome of the proposed methodology are evident only in Wake County. Data shows a continued decline in cardiac catheterization procedures and relatively few need determinations generated by the current methodology. In the future, any broad examination of the cardiac catheterization methodology should include questions brought forth in this petition. Given available information and comments submitted by the March 18, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of the petition. After the agency presentation, committee members had a discussion regarding the topics brought forth in the petition. The committee discussed the issue as a local rather than statewide issue and stated it may be more suitable for review during the adjusted needs petition process. Members		

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	asked if an update from the scheduled meeting between Rex and WakeMed could be provided. No one at the meeting had received an update, but members voiced support for a mutually agreeable solution. Broader discourse around the issues included changes in the landscape of medicine; decreases nationwide in cases; and consideration of a facility based model in any future reviews of the methodology. **Committee Recommendation** A motion made and vote taken to deny the petition. **Committee Recommendation** A motion made and seconded to accept the Cardiac Catheterization assumptions and methodologies, data, draft need projections and advance references to years by one as appropriate.	 Mr. Adams Mr. Lucas	 **6-0** **Petition denied.** **Motion approved**
Magnetic Resonance Imaging (MRI) – Chapter 9	Ms. Bennett provided a review of the General Need Methodology **<u>Magnetic Resonance Imaging (MRI) Scanners Section of Chapter 9</u>** There is one Policy TE-2: Intraoperative MRI scanners qualified applicants can apply for an intraoperative MRI scanner to be used in an operating suite. Page 25 **Review of MRI Need Methodology (page 153 in 2016 SMFP)** Just like cardiac catheterization services, the Acute Care Bed Service Area as defined in Chapter 5 of the 2015 SMFP continues to be the service area for the fixed MRI scanners. ▫ The methodology for MRI scanners is a bit more intricate as there are tiers of need thresholds based on the number of scanners and, weighting of procedures based on complexity. ▫ Steps:		

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	○ The current inventory of 1 fixed and mobile MRI scanners in each MRI service area by site are converted to fixed equivalent magnets. ▪ A value of one fixed equivalent magnet will be assigned for each existing and approved fixed MRI scanner. ▪ The number of MRI scans performed at each mobile site are divided by the threshold for the service area to determine the mobile site fixed equivalent ○ Using the weighting value chart on page 156, we multiply the number of MRI scans by type (i.e. inpatient, outpatient, with or without contrast or sedation) according to their weighting adjustment value in order to determine adjusted total MRI procedures for all sites in each MRI service area and then calculate the average of those procedures. ○ Utilization thresholds are listed on page 157 and are used to compare the average procedures per fixed equivalent magnet, with the threshold, to determine if there is a need ▪ There is an exception in the methodology that there will be no more than one MRI scanner need determination in any one service area per year unless there is an approved adjusted need determination Ms. Bennett noted one petition received for the MRI section. **Petitioner:** Cape Fear Valley Health System **Comments:** Fifteen comments received 12 comments in support, two against, and one neutral comment. **Request:** Cape Fear Valley Health System] (CFVHS) requests the State Health Coordinating Council (SHCC) continue its discussion regarding fixed MRI in community hospitals and requests that a new policy, Policy TE-3: Fixed MRI Scanners in Community Hospitals be included in the *2017 State*		

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	Medical Facilities Plan. The proposed wording can be found in the agency report or the petition. The agency analysis shows twelve counties would potentially be eligible to apply for a fixed MRI machine through the proposed Policy TE-3. The counties are Allegheny, Anson, Avery, Bladen, Chatham, Duplin, Hoke, Martin, Montgomery, Pender and Polk. Davie County was not included in the petition, but appears to meet the criteria. Table 1 in the agency report, shows that the number of procedures performed in those counties varies widely, ranging from a low of 45 weighted procedures to a high of 1,038. Using the current methodology a need is triggered in a service area without a fixed scanner at 1,716 weighted scans. In addition, just under half of the counties demonstrate negative growth and several counties show fluctuations in the number of procedures from year to year. According to the wording of the proposed policy, applicants would be able to apply without a need determination in the service area, but would still be required to meet the performance standards of 1,716 weighted scans after three years of service. Based on the data, it appears only Duplin; Hoke and Polk counties have the potential to demonstrate the growth to reach this performance standard since they are all above 1,000 weighted procedures. Another important consideration is that Duplin and Polk only have one hospital, but Hoke has two hospitals in the service area. They are Cape Fear Valley Hoke Hospital, a newly licensed facility, and FirstHealth Moore Regional Hospital – Hoke Campus. The intent of the policy appears to provide community hospitals with the ability to apply for a CON for a fixed MRI scanner regardless of their resources. However, applications from Hoke County may still be competitive if they are filed during the same review cycle. Overall, it appears only a select few hospitals would benefit from the policy change in the near term. It is possible, with the fluctuations in the number of procedures, that the policy will only benefit one or two facilities in the		

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	coming years. Given available information submitted by the March 18, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the Agency recommends that the petition for a policy for fixed MRI scanners in community hospitals be denied. The proposed changes affect a limited number of health service areas. After the agency presentation, committee members had a discussion regarding MRI for hospitals in counties without a fixed machine. There was consensus that the methodology provided a barrier to obtaining MRI scanners. Members suggested the threshold may be too high. Other issues discussed during the conversation included the use of MRI for emergency care and concerns regarding the cost of the equipment. **Committee Recommendation** A vote taken to deny the petition, with the understanding the issue is not dead. Dr. Ullrich asked that staff develop a proposal to bring to the next meeting for consideration by the committee. **Committee Recommendation** A motion made and second to accept the assumptions and methodologies, data, draft need projections and advance references to years by one as appropriate.	Dr. Moore Mr. Lucas	6-0 Petition denied Motion approved
Lithotripsy Section Chapter 9	Ms. Bennett provided a review of the General Need Methodology **<u>Lithotripsy Section of Chapter 9</u>** **Review of Need Methodology** • The lithotripter planning area is the entire state so this is a statewide determination.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• Steps: o First, using the July 1, 2017 estimated population from the North Carolina Office of State Budget and Management and the incidence of urinary stone disease of 16 cases per 10,000 population, the estimate of urinary disease cases is calculated. o Based on the assumption that 90% of patients could be treated with lithotripsy, we use the estimate number of cases to calculate the number of patients in the state who have the potential to be treated by lithotripsy. o The low range of annual treatment capacity is 1000. This is used to determine the number of lithotripters needed based upon the projected number of patients. o The need will be identified when comparing the number of lithotripters in inventory to the number needed based upon projected incidence of urinary stone disease. Ms. Bennett noted there was one petition. **Comments:** Received three comments; all opposed. **Petitioner: Hampton Roads Lithotripsy** **Request:** Hampton Roads Lithotripsy, LLC requests that the *North Carolina 2017 State Medical Facilities Plan (SMFP)* include a new policy regarding lithotripsy. The proposed wording can be found in the agency report or the petition. A primary rationale for the proposed policy expresses the concern that the current complement of lithotripsy equipment in North Carolina may not meet the needs of patients in rural areas. To solve this problem, the		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	petitioner recommends a new policy that limits a mobile lithotripsy unit to rural areas. Because these mobile units would serve patients in sparsely populated areas, the petitioner proposed that they should be exempt from the applicable performance standards (10A NCAC 14C .3203 - 1000 per year in third year). To determine whether the procedures were performed in a rural area, the agency's analysis used the definition and website proposed by the petitioner – the U.S. Department of Agriculture's (USDA) Business and Industry Guaranteed Loan program. The analysis of access (i.e. urban or rural) to lithotripsy services used the street address of the hospital where the mobile lithotripsy unit operated during 2013-2014. Table 1 in the agency report summarizes the number of procedures and identifies the areas as either rural or urban. An analysis of lithotripsy procedures in the 2016 SMFP shows that of the 10,164 procedures performed on mobile equipment 8,833 were performed in North Carolina. In addition, it shows that 39.4% of the procedures were performed in rural areas and 60.6% were performed in urban areas. Attachment A in the agency report shows the number of procedures for each facility, by provider. The petitioner claims that rural areas are not well served by lithotripters. Since the lithotripter service area is the entire state, procedures performed in rural versus urban areas should be proportional to the population in rural and urban areas of the state. The data from the 2010 census, which uses a slightly different definition of urban and rural than the USDA, shows that 66.1 percent of North Carolina's population resides in urban areas and 33.9 percent resides in rural areas as summarized in the agency report in Table 2. On a statewide basis, there does not appear to be a substantial disproportion in procedures performed in rural versus urban areas. Therefore, an access issue suggested by the petitioner does not appear to exist. Moreover, the 2016 SMFP reports a statewide need determination for one lithotripter, bringing the projected inventory to 15 machines. Finally, the petitioner may apply for the 2016 statewide need determination.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation A vote taken to deny the petition. **Committee Recommendation** A motion made and seconded to recommend acceptance of the Lithotripsy assumptions and methodology for the Proposed 2017 SMFP, and to advance references to years by one as appropriate.	 Dr. Moore Mr. Adams	6-0 Petition denied Motion approved
Positron Emission Tomography (PET) – Chapter 9	Ms. Bennett provided the review for Chapter 9 – PET: **<u>Positron Emission Tomography (PET) Scanner Methodology- Chapter 9 (page 137)</u>** There is one Policy TE1: Conversion of Fixed PET Scanners to Mobile. This policy allows an applicant to convert a fixed PET under specific conditions. (Page 24) 1 applicant has received CON to convert: **Review of Need Methodology** • The Service areas for PET scanners are defined in the SMFP as follows: o *There are six multi-county groupings called Health Service Area (HSA). A fixed PET scanner's service area is the HSA in which the scanner is located.* o *The two mobile PET scanner planning regions have been defined as the west region (HSAs II, III, and I) and the east region (HSAs IV, V, and VI).* • Steps: Methodology Part 1 o For PET scanners, we determine current inventory and multiply the number of fixed PET scanners at each facility by 3,000 procedures to determine capacity at each facility. o A need is determined for an additional fixed PET scanner if the utilization percentage is 80 percent or greater at a facility.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	• Steps: Methodology Part 2 o This part of the methodology provides a condition to determine a need for one additional fixed PET scanner if a hospital based major cancer treatment facility program or provider does not own or operate a fixed dedicated PET scanner. • The exception to this is that for both parts of the methodology combined, the maximum need determination for a single HSA in any one year will be no more than two additional fixed PET scanners regardless of the numbers generated individually by each part of the methodology. • No distinct methodology has been developed specifically for mobile PET scanners. Mobile capacity has been described in the SMFP as 2,600 procedures.		
Linear Accelerator – Chapter 9	Ms. Bennett provided the review for Chapter 9 – Linear Accelerator **<u>Linear Accelerators Section of Chapter 9 (page 132)</u>** **Review of Need Methodology** • Linear accelerator planning areas are the 28 multi-county groupings shown in Table 9I (page 137). • The methodology to determine a need for an additional linear accelerator in a service area must look at three criterion: efficiency, geographic accessibility and patient origin. • For the Accessibility Criterion 1 o The area population (based on the 2016 population estimate from the North Carolina Office of Budget and Management)		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions

	is divided by the inventory to determine the population per linear accelerator. If the result is greater than or equal to 120,000 per linear accelerator, Criterion 1 is satisfied.
	
	• For Patient Origin Criteria 2
	  o The number of patients served from outside the service area, based on reported patient origin data, is divided by the total number of patients served. If more than 45% of total patients served reside outside the service area, Criterion 2 is satisfied.
	
	• For Efficiency Criterion 3
	  o The average number of Equivalent Simple Treatment Visits (ESTV) per linear accelerator are calculated in each service area and divided by 6,750 ESTVs to determine how many are needed. If the difference between the number needed and the current inventory is greater than or equal to a positive 0.25, Criterion 3 is satisfied.
	• If any two of the three criterion are satisfied in a linear accelerator service area, a need is determined for one additional linear accelerator in that service area.
	• To complete the methodology, Criterion 4 provides an exception for counties who reach a population of 120,000 or more and do not have a linear accelerator in inventory for that county.		

Gamma Knife - Chapter 9	Ms. Bennett provided the review for Chapter 9 – Gamma Knife **Review of Need Methodology** 1. There are two gamma knife-planning regions, the west region (HSAs II, III, and I) and the east region (HSAs IV, V, and VI). The gamma knife located at Wake Forest University Baptist Medical Center in HSA II serves the western portion of the state. The gamma knife located at Vidant Medical Center in HSA VI serves the eastern		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	portion of the state. There are no tables for data, but data is updated in the verbiage in the plan. 2. Unlike the other sections of Chapter 9, I do have the data for gamma knife for the proposed 2017 SMFP. During 2014-2015 as reported on the 2016 Hospital License Renewal applications 439 gamma knife procedures were reported by NC Baptist Hospital and 123 procedures were reported by Vidant Medical Center. • The two gamma knives assure that the western and eastern portions of the state have equal access to gamma knife services. There is adequate capacity and geographical accessibility for gamma knife services in the state. **Committee Recommendation** A vote taken to adopt the PET, Linear Accelerator, and Gamma Knife assumptions and methodologies.	Dr. Patel Mr. Adams	6-0 Approved
Other Business	A motion made and seconded for staff to make necessary updates and corrections to all narratives, tables and need determinations for the Proposed 2017 SMFP as new and updated data is received. There was no other business brought before the Committee.	Dr. Moore Mr. Adams	Motion approved
Adjournment	The next meeting of the Committee is Wednesday, April 27, 2016 at 10:00 am. A motion made and seconded to adjourn the meeting. There being no further business, the meeting adjourned.		Motion approved

DHSR

Healthcare Planning & Certificate of Need Section

Technology & Equipment Committee Minutes

April 27, 2016

10:00 am

Brown Bldg Room 104

Members Present: Dr. Christopher Ullrich, Trey Adams, Kelly Hollis, Valarie Jarvis, Dr. Lyndon Jordan III, Dr. Jeffrey Moore, Dr. Prashant Patel
Members Absent: Senator Ralph Hise, Brian Lucas
Healthcare Planning Staff: Shelley Carraway, Paige Bennett, Elizabeth Brown, Amy Craddock, Tom Dickson, Kelli Fisk
DHSR Staff: Mark Payne, Martha Frisone, Lisa Pittman, Fatimah Wilson, Mike McKillip
AG's Office: Bethany Burgon, Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and visitors to the meeting and asked members and staff to introduce themselves. He noted the meeting was open to the public, but that the meeting did not include a public hearing. Therefore, discussion would be limited to members of the committee and staff.		
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Ullrich reviewed the Executive Order 46 Reauthorizing the State Health Coordinating Council and gave an overview of the procedures to observe before taking action at the meeting. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Dr. Ullrich asked members to review the agenda and declare any conflicts on today's agenda. Mr. Adams recused from voting on the Proposed Policy: TE-3. Dr. Ullrich stated that if a conflict of interest, not on the agenda, came up during the meeting that the member with the conflict of interest would make a declaration of the conflict.		
Approval of March 30, 2016 Minutes	A motion was made and seconded to approve the minutes.	Mr. Adams Ms. Jarvis	Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Magnetic Resonance Imaging (MRI) – Chapter 9	Ms. Bennett reviewed the data from Table 9P and the need determinations for MRI. -New Tables reviewed by Ms. Bennett *Ms. Bennett pointed out that data for the 2017 SMFP is compiled from 2016 Registration and Inventory forms and 2016 Hospital License Renewal Applications with a data reporting period of October 1, 2014 - September 30, 2015.* *MRI and Cardiac Cath both use the service areas from Chapter 5. Acute Care Beds. These are reviewed every three years as part of the methodology. They were last reviewed in 2014 SMFP so they have been reviewed this year. There were two changes. Hyde which was in both the multi-county service areas with Pitt and Beaufort County will only be in the grouping with Pitt. Tyrrell County which was previously in a multicounty service area with Pitt will now be split between Pitt County and Chowan County. These changes have been made in the MRI database. The service area changes had no impact on tables in the cardiac catheterization Table 9W.* *Table 9P shows increases in MRI scans statewide with an increase of almost 5%. However, data is still being cleaned and reviewed. There are also a few facilities that haven't yet reported.* *Need determinations so far in MRI are 1 MRI scanner in Lincoln County and 1 MRI scanner in Mecklenburg County.* *Duke University has only iMRI in state: reported on 2016 Hospital LRA a total of 109 procedures. No applicants for Policy TE-2.* Dr. Ullrich noted that Duke System only does intraoperative procedures and not in-patient imaging, and that in the policy there is an option to do in-patient procedures if applied.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Ms. Bennett reviewed the Proposed Policy: TE-3 developed by agency staff. *Proposed Policy TE-3 was developed based on conversation from the previous T&E committee meeting. This was a result from a petition submitted by CFVMC. Staff met and discussed the issue at length. A data analysis was conducted by using the ratio of weighted scans to population for counties with one fixed scanner. This average was applied to the counties in agency report.. The assumption was that with a full time fixed scanner the number of procedures would increase. Data showed the policy would need to have a lower threshold than the current threshold of 1,716 weighted scans. A threshold of 850 would capture most, but not all of those counties.* **Committee Recommendation** A motion was made and seconded for approval of the Proposed Policy TE-3 as proposed by staff.	Dr. Moore Dr. Patel	Motion approved (Unanimous) Adams recused
Cardiac Catheterization – Chapter 9	Ms. Bennett reviewed the data from Tables 9W and the need determinations for cardiac catheterization. -New Tables reviewed by Ms. Bennett *Ms. Bennett stated the current data in draft table 9S shows that adult diagnostic catheterization procedures have again decreased statewide.* *Conversely, Table 9V shows an increase in percutaneous coronary interventional (PCI) procedures. Ms. Bennett stated there might be some data that has been erroneously reported, that she would follow up with facilities. However, even with corrections, Ms. Bennett stated the final totals will be increased from last year.*		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Need determinations so far are 1 cardiac catheterization equipment in Cumberland County. Again data is still being cleaned and there are outstanding forms.		
Linear Accelerators – Chapter 9	Ms. Bennett reviewed the data for linear accelerators. -New Tables reviewed by Ms. Bennett *Ms. Bennett stated there was a slight increase in the number of procedures as converted to ESTVs for linear accelerators, Table 9G. However, the number of procedures averaged per LA remains about the same. There are some procedures that are missing which will need to be followed up.* *Ms. Bennett stated there were no need determinations although Area 19 is very close to triggering need.*		
Lithotripsy – Chapter 9	Ms. Bennett reviewed the data for lithotripsy. -New Tables reviewed by Ms. Bennett *Ms. Bennett stated the number of procedures for lithotripsy decreased from last year as did the average number of procedures by unit. (Last year was 10,459, this year is 10,019)* *Ms. Bennett stated there were no need determinations.*		
Gamma Knife – Chapter 9	Ms. Bennett reviewed the data for gamma knife. *Ms. Bennett stated that there are no tables for gamma knife and that the data is included in the SMFP. There were 439 procedures were reported by Baptist Hospital and 123 were reported by Vidant Medical Center. These were similar to the number of procedures last year.*		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Positron Tomography Scanners (PET) – Chapter 9	Ms. Bennett reviewed the data for PET scanners -New Tables reviewed by Ms. Bennett *Ms. Bennett stated the number of PET scans on fixed scanners rose from 32,381 to 34,135 for an increase of 1,745 procedures even with one machine not yet reporting.* *Ms. Bennett noted the number of scans on mobile provides increased as well. Last year 5,870 this year the reported total is 6,505 on two scanners. Both scanners are operating at over 120% capacity using 2600 threshold. There is a third mobile scanner in development through Policy TE-1.* **Committee Recommendation** Motion with second and vote to authorize staff to make updates and corrections to all tables and narratives as needed. Including updates to the preambles.	Dr. Patel Ms. Jarvis	Motion approved (Unanimous)
Other Business	Dr. Ullrich stated the next Technology and Equipment Committee meeting is Wednesday, September 14th at 10:00 a.m. and the next full SHCC meeting is Wednesday, May 27th, 2016 at 10:00 a.m. Both meetings are in this room.		
Adjournment	There being no further business, Dr. Ullrich adjourned the meeting.		

Technology & Equipment Committee - Draft Minutes

September 14, 2016
10:00 am – 12 Noon
Brown Building, Room 104, Raleigh, N.C.

Members Present: Dr. Christopher Ullrich, Trey Adams, Dr. Prashant Patel, Dr. Jeffrey Moore, Brian Lucas, Dr. Lyndon Jordan III, Kelly Hollis
Members Absent: Valarie Jarvis, Senator Ralph Hise
Healthcare Planning Staff: Patrick Curry, Amy Craddock, Andrea Emanuel, Paige Bennett, Tom Dickson, Elizabeth Brown
DHSR Staff Present: Mark Payne, Martha Frisone, Fatima Wilson, Lisa Pittman, Gloria Hale, Mike McKillip
Attorney General's Office: Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and guests to the third and final Technology and Equipment Committee meeting scheduled for this year. Dr. Ullrich stated the purpose of this meeting was to review petitions and comments received in response to the *Proposed 2017 State Medical Facilities Plan*. He stated the Committee would also review updated tables, reflecting changes since the *Proposed Plan* was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the *Proposed 2017 State Medical Facilities Plan*. Dr. Ullrich noted this meeting was open to the public. However, discussions, deliberations and recommendations are limited to the members of the Technology and Equipment Committee. He noted following the meeting, the Committee's recommendations would be forwarded to the State Health Coordinating Council for consideration at the October 5, 2016 meeting.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	moved from WakeMed to UNC Rex in the last few years. The Committee also expressed uncertainty as to whether the upward trend would continue in coming years. Dr. Patel made a motion to amend the Agency recommendation to adjust the need determination to one additional unit instead of two units. The committee voted to approve this amendment to the petition. Dr. Ullrich then called a vote to approve the amended petition for one additional unit of cardiac catheterization equipment in Wake County. The committee approved. ***Request:*** Cape Fear Valley Health System (CFVHS) requests an adjusted need determination to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP. One public hearing comment from the petitioner was received. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. As noted in the petition, the 2016 SMFP identified a need for a new shared fixed cardiac catheterization unit in Harnett County and a fixed cardiac catheterization unit in Cumberland County. The Harnett County need determination resulted from an approved adjusted need petition. The Cumberland County need was generated by the standard methodology. Harnett Health submitted a Certificate of Need (CON) application for the unit in Harnett County for the May 1, 2016 CON application review cycle and was approved. CFVHS is also an applicant for an additional unit of cardiac catheterization equipment in Cumberland County. The standard methodology generated an additional need in the Proposed 2017 SMFP for one fixed cardiac catheterization equipment in Cumberland County. In Cumberland County, the last 5 years of data shows an average annual CAGR of 4.64% while the NC CAGR over the same time period shows an average annual decline of -2.02%. This analysis indicates that Cumberland County is having an increase in procedures even as the State is experiencing an overall decline.	Dr. Patel Dr. Moore	Motion approved to amend (Unanimous, 4-0.) Motion approved (Unanimous, 4-0.) (Mr. Adams, and Dr. Jordan recused themselves from voting.)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	However, a key issue in this Petition is not just Cumberland County's growth and subsequent need determination. It is also the pending cardiac catheterization services in neighboring Harnett County and what that could mean for the demand for services in Cumberland County. Patient origin numbers for cardiac catheterization procedures are not collected by the Agency in the License Renewal Applications. But as previously mentioned, Harnett Health petitioned for an additional fixed cardiac catheterization unit in summer of 2015; and, that Petition included Truven data on use rates with patient origin. According to Step 4 of Methodology 1, a need is triggered by 1,200 annual procedures. Truven's data indicates that 24% of Harnett residents are going to Cumberland County and that Harnett had 1,482 projected diagnostic catheterizations procedures in 2015. Multiplying the 24% by 1,482 gives an estimated 359 procedures performed on Harnett County residents at CFVHS in Cumberland County. This 359 is subtracted from the 5,494 Cumberland County 2015 procedures (weighted totals) in the Proposed 2017 SMFP for an adjusted total of 5,135. Dividing this figure by the 1,200 procedure threshold per the methodology leaves a quotient of 4.28, and by subtracting the current planning inventory of 4 machines (per the methodology) this leaves 0.28, which is rounded to zero. ***Agency Recommendation:*** The Agency supports the standard methodology for fixed cardiac catheterization equipment. The unique situation of increased need determinations and cardiac catheterization equipment along with patient migration between Cumberland County and Harnett County demonstrates that a need determination in the 2017 SMFP would not be necessary. Given available information and comments submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the Agency recommends approval of the Petition to adjust the need determination the 2017 SMFP to zero. The Agency recommended approving the petition.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: The Committee concurred with the Agency Report and had no questions to ask. Dr. Ullrich made a motion to approve the petition. The committee voted to approve the petition. **Data Updates to Table 9W** Mr. Curry noted there were updates to data in Harnett County, which can be seen in Table 9W. Dr. Ullrich recommended that the Committee adopt Chapter 9 as a whole at the end of the meeting rather than in individual sections.	Dr. Ullrich	Motion approved (Unanimous, 6-0.)
Magnetic Resonance Imaging	Mr. Curry stated that the agency received one petition regarding the Magnetic Resonance Imaging section of Chapter 9. ***Request:*** Carolinas HealthCare System (CHS) requests the need for an additional fixed MRI scanner in Lincoln County be removed from the North Carolina 2017 SMFP. Similar to the past two years, the application of the methodology in the Proposed 2017 SMFP generated a need determination for one additional fixed MRI scanner in Lincoln County. One letter of opposition to this petition was received. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. The need determination in Lincoln County is driven by CHS Lincoln's MRI utilization of 4,952 MRI weighted procedures reported for the Proposed 2017 SMFP. The threshold for a service area with one fixed machine is an average of 3,775 scans per machine. Therefore, the service area surpassed the threshold for a need determination by 1,177 weighted scans. In the last six years, Lincoln County has demonstrated a relatively quick growth rate in MRI procedures as compared to the growth statewide. The county had a 10.38% compound annual growth rate (CAGR). If the 10.38% CAGR were used to project the number of procedures one would expect in Lincoln County after		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	five years, the total number of projected procedures would be 8,114. Hypothetically, a Certificate of Need (CON) application would be prepared and approved during 2017. If development of the approved project is completed by the end of 2018 (Year 2 of the process) then 2019 would be the first year of operation of the new scanner. Under this scenario, the anticipated procedures in the third year of operation nearly reach the 7,550 threshold (Year 5 of the process). If development requires another year, then the third year of operation would be Year 6 of the process. Unless the CAGR drops significantly next year, the anticipated growth shows this threshold being crossed during an applicant's third operating year of a proposed scanner. ***Agency Recommendation:*** The agency supports the standard methodology for fixed MRI equipment in the Proposed 2017 SMFP. In consideration of the above, the agency recognizes procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner. Given available information submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of the Petition to adjust the projected need determination for an additional unit of fixed MRI equipment to zero (0) in Lincoln County in the 2017 SMFP. The Agency determined that procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner, thus the need determination should remain. The Agency recommended denying the petition. **Committee Recommendation:** The Committee discussed how the trend in total procedure volumes and migration of patients supported the Agency Report. The Committee also noted uncertainty as to whether the trend would continue and that this upward trend was not as high as in the case of Rex cardiac catheterization, and that rural areas may benefit having additional resources. Dr. Ullrich		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	called for a vote to deny the petition. Dr. Ullrich abstained from voting. The motion was approved. Mr. Curry noted two general comments were received regarding Policy TE-3. The North Carolina Hospital Association submitted a comment in support of Policy TE-3, but requesting that the policy may be used in a county where a fixed MRI has already been approved. Alliance Healthcare submitted a comment in opposition to *Policy TE-3* expressing concerns regarding limiting the type of qualified applicant, the potential for underutilized MRI scanners in community hospitals, and the level of the proposed threshold. ***Request:*** Cape Fear Valley Health System (CFVHS) requests the following two changes be made to the Proposed Policy TE-3 in the 2017 SMFP. 1. The policy should be amended to allow an individual community hospital with a 24- hour emergency department to apply for a CON for a fixed MRI. 2. The threshold in the policy should be changed to 500 weighted MRI procedures. One public hearing comment from the petitioner, one letter of opposition, and one general letter were received. Mr. Curry noted that the Agency would be responding to this request as a comment rather than a petition. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. The Agency recommended removing "is located in a county that" from Policy TE-3 policy language but retaining the 850 weighted procedure threshold. The need determination in Lincoln County is driven by CHS Lincoln's MRI utilization of 4,952 MRI weighted procedures reported for the Proposed 2017 SMFP. The threshold for a service area with one fixed machine is an average of 3,775 scans per machine. Therefore, the service area surpassed the threshold for a need determination by 1,177 weighted scans.	Dr. Ullrich	Motion approved (Unanimous, 6-0.) (Dr. Ullrich recused himself from voting)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	In the last six years, Lincoln County has demonstrated a relatively quick growth rate in MRI procedures as compared to the growth statewide. The county had a 10.38% compound annual growth rate (CAGR). If the 10.38% CAGR were used to project the number of procedures one would expect in Lincoln County after five years, the total number of projected procedures would be 8,114. Hypothetically, a Certificate of Need (CON) application would be prepared and approved during 2017. If development of the approved project is completed by the end of 2018 (Year 2 of the process) then 2019 would be the first year of operation of the new scanner. Under this scenario, the anticipated procedures in the third year of operation nearly reach the 7,550 threshold (Year 5 of the process). If development requires another year, then the third year of operation would be Year 6 of the process. Unless the CAGR drops significantly next year, the anticipated growth shows this threshold being crossed during an applicant's third operating year of a proposed scanner. ***Agency Recommendation:*** The agency supports the standard methodology for fixed MRI equipment in the Proposed 2017 SMFP. In consideration of the above, the agency recognizes procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner. Given available information submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of the Petition to adjust the projected need determination for an additional unit of fixed MRI equipment to zero (0) in Lincoln County in the 2017 SMFP. **Committee Recommendation:** The Committee disagreed as to whether the threshold was too high or too low, but agreed on access to MRI being important. Dr. Ullrich called for a vote to amend the 850 threshold to 500. The Committee voted 3-3 to deny this amendment.	Dr. Ullrich	Motion is lost (3-3 tie. Majority needed for motion to carry.)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The Committee agreed that moving to a hospital-based model was preferable to a county-based model as it may benefit rural communities. Dr. Ullrich called for a vote to adopt the language as recommended by the Agency. The Committee voted to adopt the Agency's recommendation. **Data Updates to Table 9P** Mr. Curry noted there were updates to data in Brunswick and New Hanover counties, which can be seen in Table 9P.	Dr. Ullrich	Motion approved (Unanimous, 6-0.)
Lithotripsy	***Request:*** Triangle Lithotripsy requests an adjusted need for one additional mobile lithotripter statewide. One letter of support, one comment from the petitioner, and three documents opposed to the petition were received. ***Agency Report Summary:*** The Agency Report was summarized by Dr. Craddock. Although the state population has increased by 29% since 1998 (the implementation of the Lithotripsy methodology), the 2016 SMFP represents the first time that the methodology has calculated a need for a lithotripter. Certificate of Need applications are currently under review for the need for one lithotripter in the 2016 SMFP. The petitioner proposes a threefold rationale for the adjusted need determination. 1. Out of State Lithotripsy Sites cause NC to have less than full use of its available lithotripters According to the Proposed 2017 SMFP, 17.5% of sites are located and 14.0% of procedures are performed in either South Carolina or Virginia. Just as with other health services, it is likely that some proportion of ESWL patients served in NC are residents of other states. Likewise, some NC residents probably receive ESWL in other states. However, no patient origin data is available to test the accuracy of either this proposition or the petitioner's assertion.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	2. Distribution of Lithotripsy Services is uneven The petition correctly notes that several lithotripters have low use rates. It asserts that these low use rates are related to uneven access, primarily because 55 counties don't provide lithotripsy services. Although this number is accurate, it is also accurate that all but three counties have a lithotripsy site either in the county or in a contiguous county. Figure 1 (at the end of the agency report) illustrates this point. The methodology assumes an annual incidence of 16 cases of urinary stone disease per 10,000 population, with 85-90% of cases appropriate for lithotripsy. Therefore the methodology uses a standard use rate of 14.4 per 10,000 as full utilization (90% of 16 per 10,000 population). The petitioner points out that the average calculated use rate is only 8.77 cases per 10,000 population and contends that the low use rate as well as the uneven use rates statewide are related to access limitations. However, this may be spurious relationship because other factors may influence both use rates and access. Possible factors include, e.g., actual need for ESWL, physician practice patterns, business decisions of lithotripter owners and/or sites, reimbursement models, and patient preference – to name a few. Moreover, to assure an adequate inventory statewide, the standard methodology would be expected to reflect a use rate that is higher than the average. That being said, the Agency acknowledges that because the methodology is statewide, we would expect variation in use rates across counties and would expect that the use rate in some areas may exceed the use rate assumed in the methodology. 3. Finally, petitioner claims that the Need Determination Methodology underestimates need The need determination methodology is based on the annual incidence of kidney stones (i.e., newly diagnosed cases) rather than on the proportion of the population that reports ever having a kidney stone (i.e., lifetime prevalence). Data suggests		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	that the incidence has decreased over time, but that prevalence has increased. This observation is common in epidemiological data. As the population ages, a larger proportion will have had a kidney stone at least once in their lives. Along with the increase in the prevalence of kidney stones, North Carolina has increased lithotripter services. The number of lithotripter sites in NC has increased from 76 in 2008 (when most recent lithotripter came online) to 80 in 2015. Also, 19.5% of procedures were at South Carolina or Virginia sites in 2008 compared to 13.1% in 2015. Our data also shows that the statewide ESWL use rate has declined 11% in the past 10 years, even though the population has increased about 16%. There is some evidence in the literature that the decrease in utilization is a larger trend. ***Agency Recommendation:*** The Agency supports the standard methodology for lithotripsy services. In addition, the SHCC cannot require a lithotripter owner to limit its services to North Carolina sites, as requested in the petition. Given available information and comments submitted by the August 12, 2016 deadline for comments on petitions and comments, and in consideration of factors discussed in the agency report, the Agency recommends denial of the petition. The Agency determined that petitioner did not demonstrate that the methodology suppresses the need nor that access to lithotripsy services is limited, as claimed in the petition. Further, the *2016 SMFP* contained a need determination for one lithotripter, which will increase inventory. The Agency recommended denying the petition. Dr. Ullrich allotted three minutes for David Driggs of Triangle Lithotripsy to respond to the Agency Report. **Committee Recommendation:** The Committee concurred with the Agency Report. The Committee expressed that need was being met by the inventory, particularly with another coming. Dr. Ullrich made a motion to accept the Agency	Dr. Moore Dr. Patel	Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	recommendation to deny the petition. The committee voted to deny the petition.		
Linear Accelerator	Mr. Curry stated no petitions or comments were received regarding the Linear Accelerator section. **<u>The Prostate Health Center Demonstration Project</u>** Mr. Curry provided an update on the demonstration project. In the 2009 SMFP, there was a statewide need determination for one dedicated linear accelerator that shall be part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer particularly in African American (AA) men. The CON was awarded to The Prostate Health Center in Wake County. The CON was issued 2/23/11 and the project was complete 5/1/13. The applicant, as one of the conditions on the CON, is to provide annual reports for the first three years that includes data on the number of patients treated, the number of African Americans treated; the number of other minorities treated; and the number of insured, underinsured and uninsured patients served by payment category. 2013: 227 Total; 83 AA; 8 other minority; 206 insured; 46 underinsured; 3 uninsured. 2014: 339 Total; 95 AA; 19 other minority; 306 insured; 18 underinsured; 15 uninsured; 2015: 269 Total; 81 AA; 6 other minority; 256 insured; 7 underinsured; 6 uninsured. The three-year trend indicates that total numbers treated in 2013 and 2015 were comparable, but 2014 featured an approximately 30% increase versus the other years. The number of AA has remained somewhat stable and the number of underinsured has dropped each year, but other minority and insurance figures also increased considerably in 2014 versus 2013 and 2015 figures. This is the third and final year of data reporting. A condition of the Certificate of Need states the applicant shall make arrangements with a third party researcher		

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	(preferably a historically black university) to evaluate the efficacy of the model during the fourth operating year of the Center and develop recommendations whether or not the model should be replicated in other parts of the State. The report and recommendations of the researcher shall be provided to the Healthcare Planning and Certificate of Need Section in the first quarter of the fifth operating year of the project. This information will be shared with the SHCC and the T&E Committee.		
Positron Emission Tomography (PET) Scanner	Mr. Curry stated no petitions and two comments were received regarding the Positron Emission Tomography (PET) section.		
Gamma Knife	Mr. Curry stated no petitions or comments were received regarding the Gamma Knife section.		
Other Business	**Committee Recommendation:** A motion was made and seconded to allow staff to continue to make necessary updates to narratives, tables and need determinations in the 2017 SMFP as new and corrected data is received. A motion was made to forward Committee recommendations to the October 5th meeting of the SHCC regarding Chapter 9 data and need determinations. Dr. Ullrich asked if there was any old business, concerns or comments. He reminded those present of the Operating Room Workgroup which will begin meeting in October. The dates are posted on the website. Any Committee members who are interested should contact Paige Bennett by email. Those interested must commit to the five meetings. Individuals can also nominate another individual. The list of all members of this Workgroup is due by September 30th. Regarding Mr. Adams question of review of the methodology, Dr. Ullrich said staff will review the methodology as staff time allows. Mark Payne and the staff will give priority to the methodologies with the most urgency. Dr. Ullrich reminded all members of the October 5, 2016, SHCC meeting.	Dr. Patel Mr. Lucas Dr. Patel Dr. Jordan	Motion approved Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Adjournment	Dr. Ullrich requested a motion to adjourn. The Committee voted to adjourn.	Mr. Adams Mr. Lucas	Motion approved

Healthcare Planning and Certificate of Need Section

Technology & Equipment Committee - Draft Minutes

September 14, 2016
10:00 am – 12 Noon
Brown Building, Room 104, Raleigh, N.C.

Members Present: Dr. Christopher Ullrich, Trey Adams, Dr. Prashant Patel, Dr. Jeffrey Moore, Brian Lucas, Dr. Lyndon Jordan III, Kelly Hollis
Members Absent: Valarie Jarvis, Senator Ralph Hise
Healthcare Planning Staff: Patrick Curry, Amy Craddock, Andrea Emanuel, Paige Bennett, Tom Dickson, Elizabeth Brown
DHSR Staff Present: Mark Payne, Martha Frisone, Fatima Wilson, Lisa Pittman, Gloria Hale, Mike McKillip
Attorney General's Office: Jill Bryan

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Welcome & Introductions	Dr. Ullrich welcomed members, staff and guests to the third and final Technology and Equipment Committee meeting scheduled for this year. Dr. Ullrich stated the purpose of this meeting was to review petitions and comments received in response to the *Proposed 2017 State Medical Facilities Plan*. He stated the Committee would also review updated tables, reflecting changes since the *Proposed Plan* was published, in order to make the Committee's recommendation to the State Health Coordinating Council for the *Proposed 2017 State Medical Facilities Plan*. Dr. Ullrich noted this meeting was open to the public. However, discussions, deliberations and recommendations are limited to the members of the Technology and Equipment Committee. He noted following the meeting, the Committee's recommendations would be forwarded to the State Health Coordinating Council for consideration at the October 5, 2016 meeting.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Review of Executive Order No. 46: Reauthorizing the State Health Coordinating Council	Dr. Ullrich reviewed Executive Order No. 46: Reauthorizing the State Health Coordinating Council. Dr. Ullrich inquired if anyone had a conflict or needed to declare that they would derive a benefit from any matter on the agenda or intended to recuse themselves from voting on the matter. Mr. Adams recused himself from voting on the Wake County petition, Dr. Jordan also recused himself from voting on the Wake County petition. Dr. Ullrich recused himself from voting on the Lincoln County petition. No other members recused themselves from voting on any matter coming before the committee at the meeting. Dr. Ullrich asked members to declare conflicts as agenda items came up.		
Approval of minutes from May 13, 2015	A motion was made to approve the minutes.	Mr. Adams Mr. Lucas	Minutes approved
Cardiac Catheterization	Mr. Curry stated that the agency received two petitions regarding the Cardiac Catheterization section of Chapter 9. ***Request:*** UNC REX Healthcare (Rex) petitions the SHCC to create an adjusted need determination for two additional units of fixed cardiac catheterization equipment in Wake County in the 2017 SMFP. Rex is requesting the adjusted need determination based on "the unique utilization trends faced by Rex". Mr. Curry stated that two letters from the petitioner, one public hearing comment and two letters in opposition were received for this petition. ***Agency Report Summary:*** Mr. Curry summarized the Agency Report. Wake County has a total of 17 cardiac catheterization machines. Of those, Rex has a total current inventory of four machines. Using the standard methodology of 80% utilization, the number of machines for Wake County and Rex is 12.64 and 5.78, respectively. Thus, Rex has a 1.78 machine deficit and Wake County has a 4.36 machine surplus. Wake County's surplus has remained relatively consistent in the last four years while Rex's deficit has increased each year. In the face of steady increases and aging of the population in North Carolina, the number of cardiac catheterizations has remained fairly stable over the last decade.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	In Wake County, the last 10 years of data shows an average annual CAGR of -0.81% (a decline) while the NC CAGR over the same time period had an average annual decline of -1.08%. This data indicates an overall decline in the number of procedures for both the County and the State, with Wake County experiencing a slower decline than the State overall. Rex is the only provider in Wake County that has shown a consistent increase in the number of procedures over the last five years. More notably, in the most recent three years, Rex has demonstrated utilization greater than 80% – the utilization threshold for determining a need in the health service area. Application of the methodology does generate deficits for this facility. However, the standard methodology considers procedure volume and number of machines in the entire service area. Thus, Rex's deficit is offset by a surplus of machines in Wake County as a whole. Finally, Rex's utilization has increased from 84% two years ago to 116% in the most current year of data, which exceeds the need for one additional machine. ***Agency Recommendation:*** The Agency supports the standard methodology for fixed cardiac catheterization equipment. The current methodology calculates a 1.78 machine deficit for Rex. As discussed above, the deficits at Rex in the last three years have been offset by the surpluses at other facilities in Wake County. Wake County, and in particular Rex, are experiencing increases in the utilization of cardiac catheterization laboratories. Given available information and comments submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends approval of the Petition. Dr. Ullrich allotted three minutes for Dr. Ravish Sachar of Rex to respond to the Agency Report. Dr. Ullrich then allotted three minutes for Donald Gintzig, Chairman and CEO of WakeMed, to respond to the Agency Report. **Committee Recommendation:** The Committee also discussed how part of why the surplus at Rex is uniquely high is because of the heart and vascular physicians group who	Dr. Patel Dr. Moore	Motion approved to amend

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	moved from WakeMed to UNC Rex in the last few years. The Committee also expressed uncertainty as to whether the upward trend would continue in coming years. Dr. Patel made a motion to amend the Agency recommendation to adjust the need determination to one additional unit instead of two units. The committee voted to approve this amendment to the petition. Dr. Ullrich then called a vote to approve the amended petition for one additional unit of cardiac catheterization equipment in Wake County. The committee approved. ***Request:*** Cape Fear Valley Health System (CFVHS) requests an adjusted need determination to remove the need determination for one additional unit of fixed cardiac catheterization equipment in Cumberland County in the 2017 SMFP. One public hearing comment from the petitioner was received. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. As noted in the petition, the 2016 SMFP identified a need for a new shared fixed cardiac catheterization unit in Harnett County and a fixed cardiac catheterization unit in Cumberland County. The Harnett County need determination resulted from an approved adjusted need petition. The Cumberland County need was generated by the standard methodology. Harnett Health submitted a Certificate of Need (CON) application for the unit in Harnett County for the May 1, 2016 CON application review cycle and was approved. CFVHS is also an applicant for an additional unit of cardiac catheterization equipment in Cumberland County. The standard methodology generated an additional need in the Proposed 2017 SMFP for one fixed cardiac catheterization equipment in Cumberland County. In Cumberland County, the last 5 years of data shows an average annual CAGR of 4.64% while the NC CAGR over the same time period shows an average annual decline of -2.02%. This analysis indicates that Cumberland County is having an increase in procedures even as the State is experiencing an overall decline.	Dr. Ullrich	(Unanimous, 4-0.) Motion approved (Unanimous, 4-0.) (Mr. Adams, and Dr. Jordan recused themselves from voting.)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	However, a key issue in this Petition is not just Cumberland County's growth and subsequent need determination. It is also the pending cardiac catheterization services in neighboring Harnett County and what that could mean for the demand for services in Cumberland County. Patient origin numbers for cardiac catheterization procedures are not collected by the Agency in the License Renewal Applications. But as previously mentioned, Harnett Health petitioned for an additional fixed cardiac catheterization unit in summer of 2015; and, that Petition included Truven data on use rates with patient origin. According to Step 4 of Methodology 1, a need is triggered by 1,200 annual procedures. Truven's data indicates that 24% of Harnett residents are going to Cumberland County and that Harnett had 1,482 projected diagnostic catheterizations procedures in 2015. Multiplying the 24% by 1,482 gives an estimated 359 procedures performed on Harnett County residents at CFVHS in Cumberland County. This 359 is subtracted from the 5,494 Cumberland County 2015 procedures (weighted totals) in the Proposed 2017 SMFP for an adjusted total of 5,135. Dividing this figure by the 1,200 procedure threshold per the methodology leaves a quotient of 4.28, and by subtracting the current planning inventory of 4 machines (per the methodology) this leaves 0.28, which is rounded to zero. ***Agency Recommendation:*** The Agency supports the standard methodology for fixed cardiac catheterization equipment. The unique situation of increased need determinations and cardiac catheterization equipment along with patient migration between Cumberland County and Harnett County demonstrates that a need determination in the 2017 SMFP would not be necessary. Given available information and comments submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the Agency recommends approval of the Petition to adjust the need determination the 2017 SMFP to zero. The Agency recommended approving the petition.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	Committee Recommendation: The Committee concurred with the Agency Report and had no questions to ask. Dr. Ullrich made a motion to approve the petition. The committee voted to approve the petition. **Data Updates to Table 9W** Mr. Curry noted there were updates to data in Harnett County, which can be seen in Table 9W. Dr. Ullrich recommended that the Committee adopt Chapter 9 as a whole at the end of the meeting rather than in individual sections.	Dr. Ullrich	Motion approved (Unanimous, 6-0.)
Magnetic Resonance Imaging	Mr. Curry stated that the agency received one petition regarding the Magnetic Resonance Imaging section of Chapter 9. ***Request:*** Carolinas HealthCare System (CHS) requests the need for an additional fixed MRI scanner in Lincoln County be removed from the North Carolina 2017 SMFP. Similar to the past two years, the application of the methodology in the Proposed 2017 SMFP generated a need determination for one additional fixed MRI scanner in Lincoln County. One letter of opposition to this petition was received. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. The need determination in Lincoln County is driven by CHS Lincoln's MRI utilization of 4,952 MRI weighted procedures reported for the Proposed 2017 SMFP. The threshold for a service area with one fixed machine is an average of 3,775 scans per machine. Therefore, the service area surpassed the threshold for a need determination by 1,177 weighted scans. In the last six years, Lincoln County has demonstrated a relatively quick growth rate in MRI procedures as compared to the growth statewide. The county had a 10.38% compound annual growth rate (CAGR). If the 10.38% CAGR were used to project the number of procedures one would expect in Lincoln County after		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	five years, the total number of projected procedures would be 8,114. Hypothetically, a Certificate of Need (CON) application would be prepared and approved during 2017. If development of the approved project is completed by the end of 2018 (Year 2 of the process) then 2019 would be the first year of operation of the new scanner. Under this scenario, the anticipated procedures in the third year of operation nearly reach the 7,550 threshold (Year 5 of the process). If development requires another year, then the third year of operation would be Year 6 of the process. Unless the CAGR drops significantly next year, the anticipated growth shows this threshold being crossed during an applicant's third operating year of a proposed scanner. ***Agency Recommendation:*** The agency supports the standard methodology for fixed MRI equipment in the Proposed 2017 SMFP. In consideration of the above, the agency recognizes procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner. Given available information submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of the Petition to adjust the projected need determination for an additional unit of fixed MRI equipment to zero (0) in Lincoln County in the 2017 SMFP. The Agency determined that procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner, thus the need determination should remain. The Agency recommended denying the petition. **Committee Recommendation:** The Committee discussed how the trend in total procedure volumes and migration of patients supported the Agency Report. The Committee also noted uncertainty as to whether the trend would continue and that this upward trend was not as high as in the case of Rex cardiac catheterization, and that rural areas may benefit having additional resources. Dr. Ullrich	Dr. Ullrich	Motion approved (Unanimous, 6-0.) (Dr. Ullrich recused himself from voting.)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	called for a vote to deny the petition. Dr. Ullrich abstained from voting. The motion was approved. Mr. Curry noted two general comments were received regarding Policy TE-3. The North Carolina Hospital Association submitted a comment in support of Policy TE-3, but requesting that the policy may be used in a county where a fixed MRI has already been approved. Alliance Healthcare submitted a comment in opposition to *Policy TE-3* expressing concerns regarding limiting the type of qualified applicant, the potential for underutilized MRI scanners in community hospitals, and the level of the proposed threshold. ***Request:*** Cape Fear Valley Health System (CFVHS) requests the following two changes be made to the Proposed Policy TE-3 in the 2017 SMFP. 1. The policy should be amended to allow an individual community hospital with a 24- hour emergency department to apply for a CON for a fixed MRI. 2. The threshold in the policy should be changed to 500 weighted MRI procedures. One public hearing comment from the petitioner, one letter of opposition, and one general letter were received. Mr. Curry noted that the Agency would be responding to this request as a comment rather than a petition. ***Agency Report Summary:*** The Agency Report was summarized by Mr. Curry. The Agency recommended removing "is located in a county that" from Policy TE-3 policy language but retaining the 850 weighted procedure threshold. The need determination in Lincoln County is driven by CHS Lincoln's MRI utilization of 4,952 MRI weighted procedures reported for the Proposed 2017 SMFP. The threshold for a service area with one fixed machine is an average of 3,775 scans per machine. Therefore, the service area surpassed the threshold for a need determination by 1,177 weighted scans.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	In the last six years, Lincoln County has demonstrated a relatively quick growth rate in MRI procedures as compared to the growth statewide. The county had a 10.38% compound annual growth rate (CAGR). If the 10.38% CAGR were used to project the number of procedures one would expect in Lincoln County after five years, the total number of projected procedures would be 8,114. Hypothetically, a Certificate of Need (CON) application would be prepared and approved during 2017. If development of the approved project is completed by the end of 2018 (Year 2 of the process) then 2019 would be the first year of operation of the new scanner. Under this scenario, the anticipated procedures in the third year of operation nearly reach the 7,550 threshold (Year 5 of the process). If development requires another year, then the third year of operation would be Year 6 of the process. Unless the CAGR drops significantly next year, the anticipated growth shows this threshold being crossed during an applicant's third operating year of a proposed scanner. ***Agency Recommendation:*** The agency supports the standard methodology for fixed MRI equipment in the Proposed 2017 SMFP. In consideration of the above, the agency recognizes procedure volumes in Lincoln County could reasonably cross the threshold during an applicant's third operating year of a proposed scanner. Given available information submitted by the August 12, 2016 deadline date for comments on petitions and comments, and in consideration of factors discussed above, the agency recommends denial of the Petition to adjust the projected need determination for an additional unit of fixed MRI equipment to zero (0) in Lincoln County in the 2017 SMFP. **Committee Recommendation:** The Committee disagreed as to whether the threshold was too high or too low, but agreed on access to MRI being important. Dr. Ullrich called for a vote to amend the 850 threshold to 500. The Committee voted 3-3 to deny this amendment.	Dr. Ullrich Dr. Ullrich	Motion is lost (3-3 tie. Majority needed for motion to carry.) Motion approved

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	The Committee agreed that moving to a hospital-based model was preferable to a county-based model as it may benefit rural communities. Dr. Ullrich called for a vote to adopt the language as recommended by the Agency. The Committee voted to adopt the Agency's recommendation. **Data Updates to Table 9P** Mr. Curry noted there were updates to data in Brunswick and New Hanover counties, which can be seen in Table 9P.		(Unanimous, 6-0.)
Lithotripsy	***Request:*** Triangle Lithotripsy requests an adjusted need for one additional mobile lithotripter statewide. One letter of support, one comment from the petitioner, and three documents opposed to the petition were received. ***Agency Report Summary:*** The Agency Report was summarized by Dr. Craddock. Although the state population has increased by 29% since 1998 (the implementation of the Lithotripsy methodology), the 2016 SMFP represents the first time that the methodology has calculated a need for a lithotripter. Certificate of Need applications are currently under review for the need for one lithotripter in the 2016 SMFP. The petitioner proposes a threefold rationale for the adjusted need determination. 1. Out of State Lithotripsy Sites cause NC to have less than full use of its available lithotripters According to the Proposed 2017 SMFP, 17.5% of sites are located and 14.0% of procedures are performed in either South Carolina or Virginia. Just as with other health services, it is likely that some proportion of ESWL patients served in NC are residents of other states. Likewise, some NC residents probably receive ESWL in other states. However, no patient origin data is available to test the accuracy of either this proposition or the petitioner's assertion.		

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
	2. Distribution of Lithotripsy Services is uneven The petition correctly notes that several lithotripters have low use rates. It asserts that these low use rates are related to uneven access, primarily because 55 counties don't provide lithotripsy services. Although this number is accurate, it is also accurate that all but three counties have a lithotripsy site either in the county or in a contiguous county. Figure 1 (at the end of the agency report) illustrates this point. The methodology assumes an annual incidence of 16 cases of urinary stone disease per 10,000 population, with 85-90% of cases appropriate for lithotripsy. Therefore the methodology uses a standard use rate of 14.4 per 10,000 as full utilization (90% of 16 per 10,000 population). The petitioner points out that the average calculated use rate is only 8.77 cases per 10,000 population and contends that the low use rate as well as the uneven use rates statewide are related to access limitations. However, this may be spurious relationship because other factors may influence both use rates and access. Possible factors include, e.g., actual need for ESWL, physician practice patterns, business decisions of lithotripter owners and/or sites, reimbursement models, and patient preference – to name a few. Moreover, to assure an adequate inventory statewide, the standard methodology would be expected to reflect a use rate that is higher than the average. That being said, the Agency acknowledges that because the methodology is statewide, we would expect variation in use rates across counties and would expect that the use rate in some areas may exceed the use rate assumed in the methodology. 3. Finally, petitioner claims that the Need Determination Methodology underestimates need The need determination methodology is based on the annual incidence of kidney stones (i.e., newly diagnosed cases) rather than on the proportion of the population that reports ever having a kidney stone (i.e., lifetime prevalence). Data suggests		

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	recommendation to deny the petition. The committee voted to deny the petition.		
Linear Accelerator	Mr. Curry stated no petitions or comments were received regarding the Linear Accelerator section. **<u>The Prostate Health Center Demonstration Project</u>** Mr. Curry provided an update on the demonstration project. In the 2009 SMFP, there was a statewide need determination for one dedicated linear accelerator that shall be part of a demonstration project for a model multidisciplinary prostate health center focused on the treatment of prostate cancer particularly in African American (AA) men. The CON was awarded to The Prostate Health Center in Wake County. The CON was issued 2/23/11 and the project was complete 5/1/13. The applicant, as one of the conditions on the CON, is to provide annual reports for the first three years that includes data on the number of patients treated, the number of African Americans treated; the number of other minorities treated; and the number of insured, underinsured and uninsured patients served by payment category. 2013: 227 Total; 83 AA; 8 other minority; 206 insured; 46 underinsured; 3 uninsured. 2014: 339 Total; 95 AA; 19 other minority; 306 insured; 18 underinsured; 15 uninsured; 2015: 269 Total; 81 AA; 6 other minority; 256 insured; 7 underinsured; 6 uninsured. The three-year trend indicates that total numbers treated in 2013 and 2015 were comparable, but 2014 featured an approximately 30% increase versus the other years. The number of AA has remained somewhat stable and the number of underinsured has dropped each year, but other minority and insurance figures also increased considerably in 2014 versus 2013 and 2015 figures. This is the third and final year of data reporting. A condition of the Certificate of Need states the applicant shall make arrangements with a third party researcher		

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	(preferably a historically black university) to evaluate the efficacy of the model during the fourth operating year of the Center and develop recommendations whether or not the model should be replicated in other parts of the State. The report and recommendations of the researcher shall be provided to the Healthcare Planning and Certificate of Need Section in the first quarter of the fifth operating year of the project. This information will be shared with the SHCC and the T&E Committee.		
Positron Emission Tomography (PET) Scanner	Mr. Curry stated no petitions and two comments were received regarding the Positron Emission Tomography (PET) section.		
Gamma Knife	Mr. Curry stated no petitions or comments were received regarding the Gamma Knife section.		
Other Business	**Committee Recommendation:** A motion was made and seconded to allow staff to continue to make necessary updates to narratives, tables and need determinations in the 2017 SMFP as new and corrected data is received. A motion was made to forward Committee recommendations to the October 5th meeting of the SHCC regarding Chapter 9 data and need determinations. Dr. Ullrich asked if there was any old business, concerns or comments. He reminded those present of the Operating Room Workgroup which will begin meeting in October. The dates are posted on the website. Any Committee members who are interested should contact Paige Bennett by email. Those interested must commit to the five meetings. Individuals can also nominate another individual. The list of all members of this Workgroup is due by September 30th. Regarding Mr. Adams question of review of the methodology, Dr. Ullrich said staff will review the methodology as staff time allows. Mark Payne and the staff will give priority to the methodologies with the most urgency. Dr. Ullrich reminded all members of the October 5, 2016, SHCC meeting.	Dr. Patel Mr. Lucas Dr. Patel Dr. Jordan	Motion approved (Unanimous, 6-0.) Motion approved (Unanimous, 6-0.)

Agenda Items	Discussion/Action	Motions	Recommendations/ Actions
Adjournment	Dr. Ullrich requested a motion to adjourn. The Committee voted to adjourn.	Mr. Adams Mr. Lucas	Motion approved (Unanimous, 6-0.)

N.C. State Health Coordinating Council
Attendance - 2016

		SHCC Meetings (Full Council)						SHCC Committees (Acute Care Service, Long-Term and Behavioral Health, Technology and Equipment)				
Name	Term Expiration	03/02/2016	04/08/2016 Special Called Meeting	05/25/2016	09/07/2016	10/04/2016	Total Number of Council Meetings Missed	Committee Assignments	Meeting 1	Meeting 2	Meeting 3	Total Number of Committee Meetings Missed
Robert Adams	12/31/2017						0	TE				0
Christina Apperson	12/31/2019	1					1	ACS	1			1
Peter Brunnick	12/31/2017						0	LTBH				0
James Burgin	12/31/2017	1	1		1		3	LTBH	1		1	2
Stephen DeBiasi	12/31/2018		1			1	2	LTBH		1		1
Mark Ellis	12/31/2017		1		1		2	ACS	1	1		2
Sandra Greene	12/31/2017						0	ACS				0
Ralph Hise	12/31/2017	1	1	1	1	1	5	TE	1	1	1	3
Kelly Hollis	12/31/2018	1		1		1	3	TE			1	1
Kurt Jakusz	12/31/2018						0	LTBH				0
Valarie Jarvis	12/31/2019						0	TE			1	1
Lyndon Jordan	12/31/2017	N/A	N/A				0	TE	N/A			0
Donny Lambeth	12/31/2017	1	1	1	1		4	ACS	1	1		2
Stephen Lawler	12/31/2019						0	SHCC Vice-Chair/ACS		1		1
Kenneth Lewis	12/31/2016						0	ACS			1	1
Brian Lucas	12/31/2017	N/A	N/A	1			1	TE		1	1	2
James Martin	12/31/2018					1	1	LTBH	N/A			0
Robert McBride	12/31/2019		1				1	ACS			1	1
Denise Michaud	12/31/2017						0	LTBH				0
Jeffrey Moore	12/31/2019		1				1	TE				0
Jaylan Parikh	12/31/2018	1		1			2	LTBH				0
Prashant Patel	12/31/2018		1		1		2	TE				0
Thomas Pulliam	12/31/2018				1		1	LTBH				0
Christopher Ullrich	12/31/2019						0	SHCC Chair/TE				0

KEY:
ACS = Acute Care Services Committee
LTBH = Long-Term and Behavioral Health Committee
TE = Technology and Equipment Committee
N/A = Not appointed to the Council by meeting date