

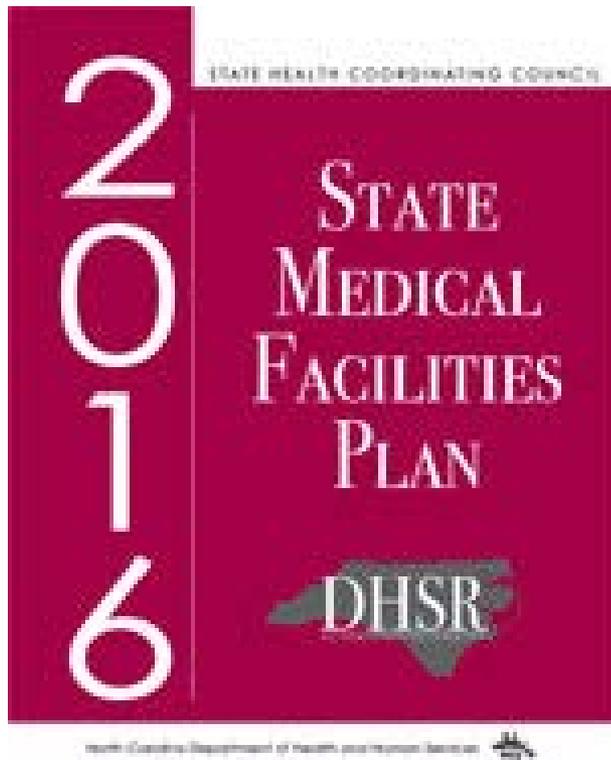


Joint Legislative Oversight Committee
on Health and Human Services
Feb. 9, 2016

*Department of Health and Human Services
2016 NC State Medical Facilities Plan
and Behavioral Health Beds*



What is the State Medical Facilities Plan?



The State Medical Facilities Plan (SMFP) provides 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.



Authority of DHHS

The N.C. Certificate of Need Statute (CON), G.S. 131E-175 -190, provides the legal authority for the Department of Health and Human Services to develop the State Medical Facilities Plan (SMFP) under the direction of the NC State Health Coordinating Council (SHCC).



Basic Principles Governing the Development



What Health Services are Covered by the SMFP

- Acute Care Hospital Beds
- Operating Rooms
- Other Acute Health Services:
 - Open Heart Surgery Services
 - Burn Intensive Care Services
 - Transplantation Services
- Inpatient Rehabilitation
- Technology and Equipment:
 - Lithotripsy
 - Gamma Knife
 - Linear Accelerators
 - Positron Emission Tomography Scanner (PET)
 - Magnetic Resonance Imaging (MRI)
 - Cardiac Catheterization Equipment
- Nursing Homes
- Adult Care Homes
- Home Health Services
- Hospice Services
- End-Stage Renal Disease Dialysis Facilities
- Psychiatric Inpatient Services
- Substance Abuse Inpatient and Residential Services
- Intermediate Care Facilities for Individuals with intellectual Disabilities (ICF/IID)



One Size Does Not Fit All

Need Determination Areas

- Statewide
- County
- LME-MCOs
- Health Service Areas
- Council of Government (COG)
- Or as defined in the SMFP

Methodologies Measure of Growth

- Population
- Utilization (e.g. Days of care, Number of Procedures)
- Prevalence Rates of disease

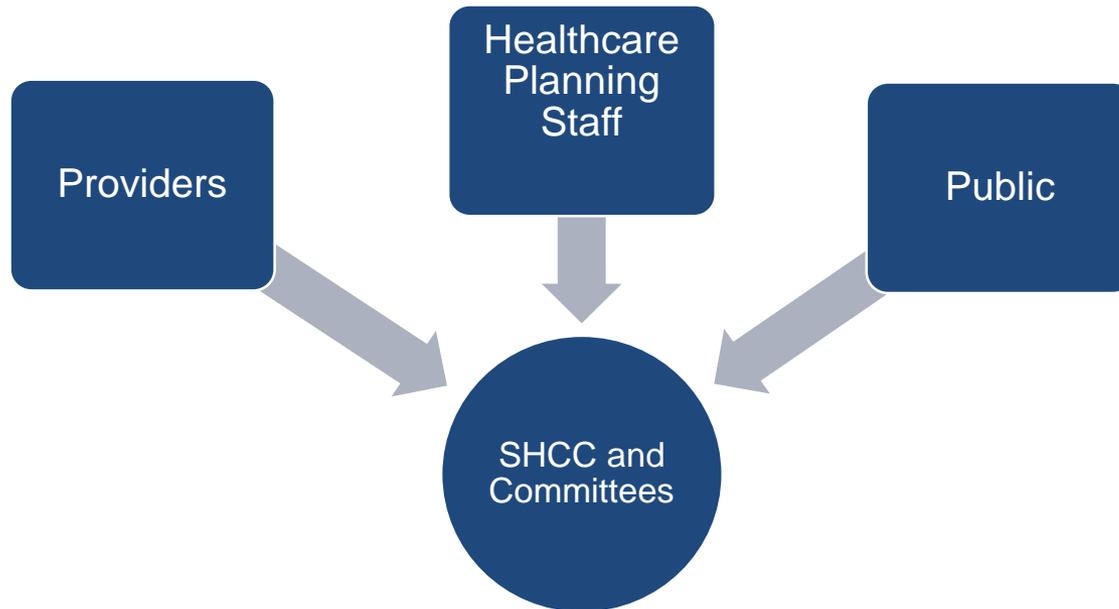


Identifying Need

- Need determination based on calculation of methodologies
- Exemptions outlined in the CON statute
- Conditions described in SMFP policies
- Adjusted need determinations
- Demonstration Projects



SMFP: Collaborative Process



2016 SMFP Need Determinations

- 84 Acute Care Hospital Beds
- 13 Operating Rooms (*8 for Demonstration Project)
- 1 Lithotripter
- 1 Magnetic Resonance Imaging (MRI)
- 2 Cardiac Catheterization Equipment
- 40 Nursing Home Beds **
- 150 Adult Care Homes
- 8 Hospice Inpatient Beds
- 36 Adult Psychiatric Inpatient Beds
- 35 Child/Adolescent Psychiatric Beds
- 45 Adult Chemical Dependency Residential Beds
- 28 Child/ Adolescent Dependency Residential Beds



CON Process

- Once the SMFP is published, the market responds to the identified needs through the CON and licensure and certification process
- While the SMFP for the following year is being developed, the CON staff receive applications and implement the SMFP developed the previous year



2016 Psychiatric and Substance Abuse Need Determinations

- Psychiatric Inpatient Services (LME-MCOs):
 - 35 Child/Adolescent
 - 36 Adult
- Substance Abuse Inpatient and Residential Services (Chemical Dependency/Treatment Beds) (Mental Health Planning Regions):
 - 28 Child/Adolescent
 - 45 Adult



2015 State Medical Facilities Plan Need Determinations for Inpatient Psychiatric and Substance Abuse Beds

	Psychiatric Beds			
	Adult		Child/Adolescent	
	Need Determination	Applied for & Approved	Need Determination	Applied for & Approved
Totals	69	63	46	0

	Substance Abuse Beds			
	Adult		Child/Adolescent	
	Need Determination	Applied for & Approved	Need Determination	Applied for & Approved
Totals	37	12	28	0



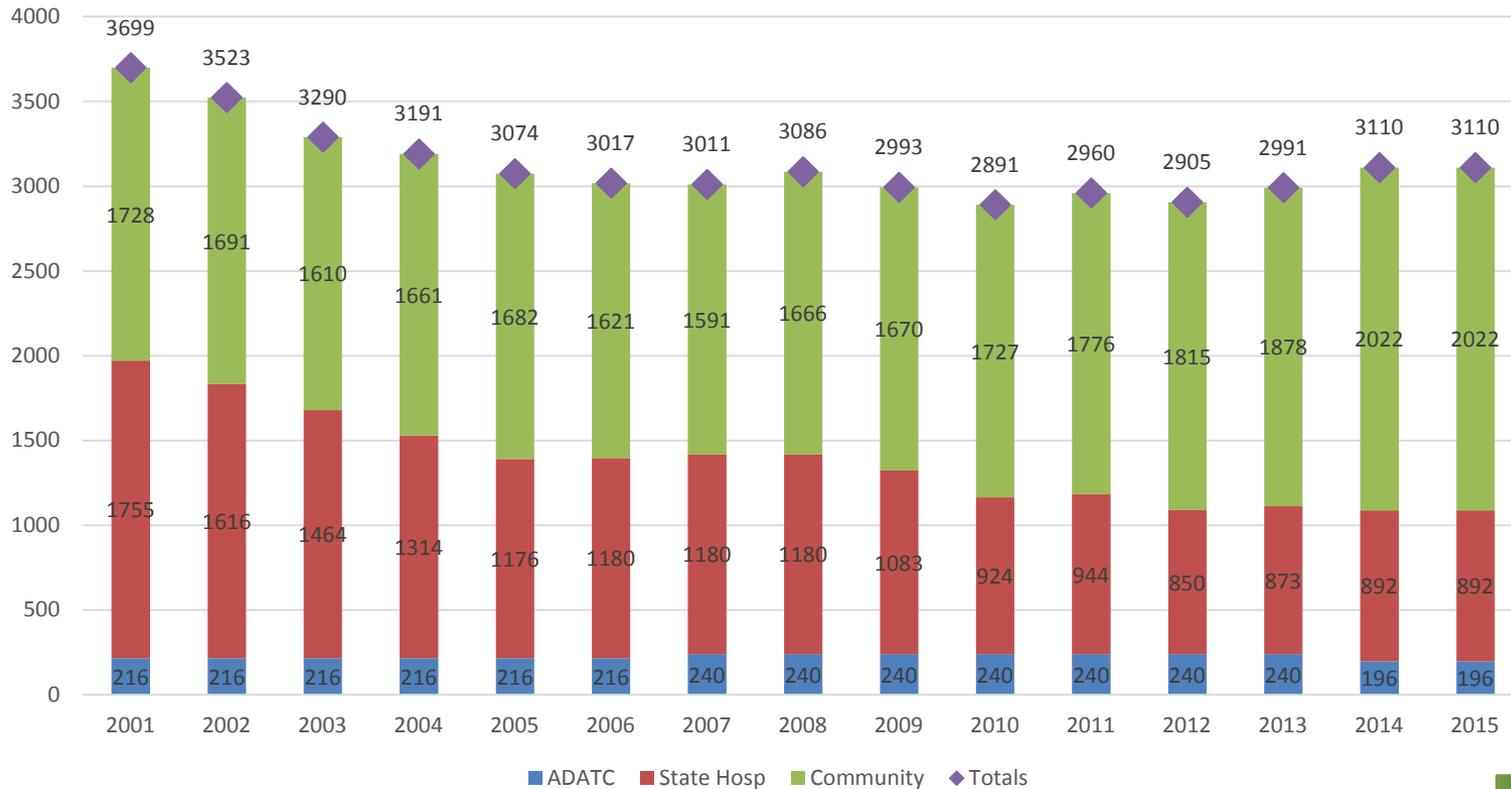
More information can be found about the SHCC, including the 2016 SMFP, from the Division of Health Services website at:
<http://www2.ncdhhs.gov/dhsr/hpcon/>

Psychiatric Inpatient Capacity (Historic and Current)



Total State and Community Inpatient Beds

Inpatient Beds: State Psychiatric and Chemical Dependency and Community Psychiatric



State Hospital Bed Transfers to Community Hospitals

- Policy PSY-1 in the State Medical Facility Plan (SMFP) allows the transfer of inpatient psychiatric beds from the state hospitals to community hospitals to serve individuals “...who are normally placed in psychiatric beds at the State psychiatric hospitals.”
- 326 beds have been transferred from state hospitals to community providers since 2004
- 290 beds currently available for transfer



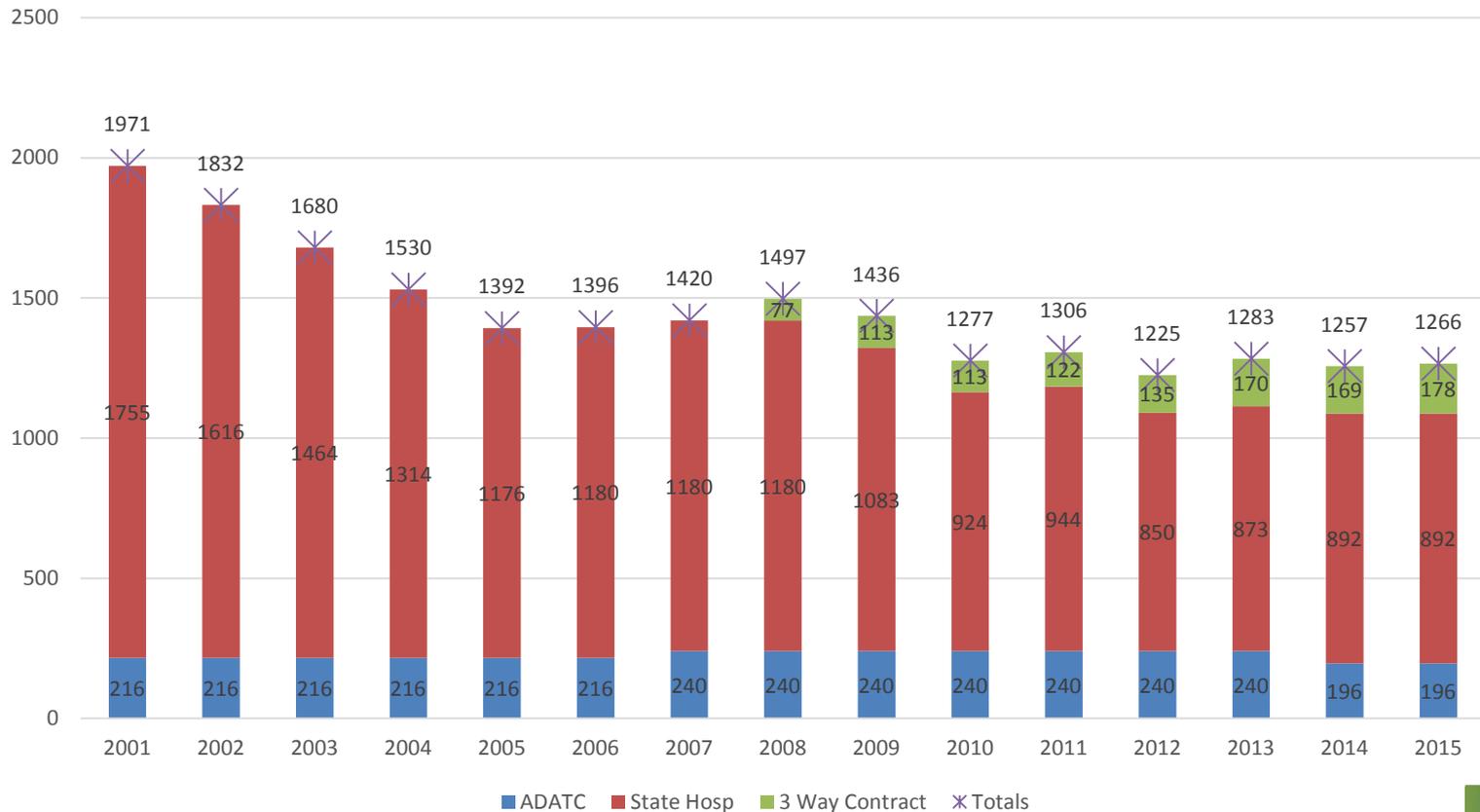
State Beds Transferred to Community

Hospital	Number of Beds	Hospital	Number of Beds
Carolinas Healthcare System Behavioral Health	66	Strategic Behavioral Center – Leland	20
Old Vineyard Behavioral Health	50	Haywood Regional Medical Center	16
Holly Hill	44	Presbyterian Hospital	15
Strategic Behavioral Center – Garner	32	Novant Health/ Thomasville Medical Center	12
Brynn Marr	30	Pioneer Comm Hospital of Stokes	8
UNC Hospitals at Wakebrook	28	St Joseph’s /Copestone Center	5



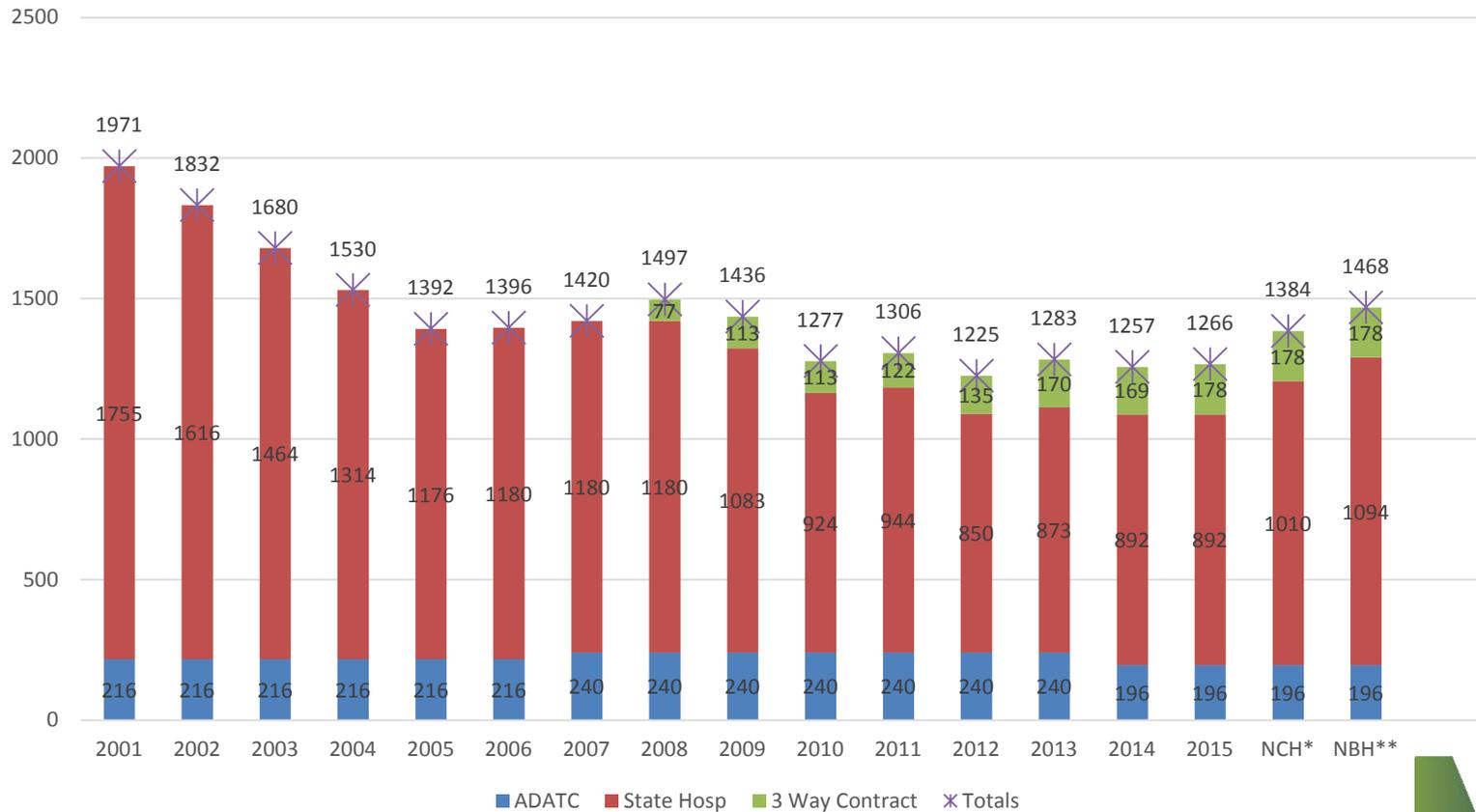
State Funded Inpatient Beds

Inpatient Beds: State Funded Psychiatric and Chemical Dependency



Future Inpatient Beds

Future Inpatient Beds: State Funded Psychiatric and Chemical Dependency



NCH* New Cherry Hospital - Funds Allocated
 NBH** New Broughton Hospital - Funds Not Yet Requested/Allocated



Are Additional Beds Needed?

- *No Room at the Inn* by The Treatment Advocacy Center (2012) stated the national average number of public (civil) psychiatric beds is **14.1 per 100,000**
- NC currently has **11.76 beds/100,000**
- NC will have **13.28 beds/100,000** when new Broughton and Cherry Hospitals open and are fully staffed

