

## **PROCEDURE FOR THE ORDERLY CLOSURE OF A LICENSED HEALTH FACILITY/AGENCY**

A licensed health facility or agency must notify the Bureau of Health Care Services prior to closure. The written notification must include the following information:

- Facility name and address
- Target closure date
- Current patient census as of the date of the notice
- Name, title, telephone # and email address of the individual(s) designated as the facility's contact person throughout the closure process
- Assurance that a closure plan exists that includes, but not limited to, the following:
  - A process to identify appropriate placement for current patients that includes:
    - Assessing patient needs,
    - Making determinations regarding availability at other area facilities/agencies,
    - Providing information about other facilities/agencies to patients/families, and
    - Insuring that concerns such as geographic location, public transportation, type of facility/agency, medical care, etc., are addressed when identifying future placement options for patients.
  - A referral package prepared for each patient that includes current assessments and medical evaluations, care plans, medication and treatment records, histories, discharge summaries, identifying information, etc. The referral package must be transferred to the new facility/agency in a secure manner with the patient who is being relocated.
  - A process to determine appropriate method of transportation utilized for patient relocations.
  - A plan to discontinue admissions, including the date new admissions will stop.
  - A plan to ensure adequate staffing throughout the closure process.
  - A provision for the maintenance, storage and safekeeping of patient records. The notice to the Bureau must also include the name of the organization,

address and contact information where medical records will be stored. Please see MCL 333.20175 and 20175a for specific requirements.

- A plan to identify and notify all necessary state, federal and local governmental authorities of the facility/agency closure, including the voluntary surrendering of any licenses and certifications.
- A plan to dispose of drugs, biologicals, chemicals, and radioactive materials.
- The closure plan should include sufficient detail to clearly identify the steps the facility/agency will take, and the individual(s) responsible for ensuring the steps are successfully carried out.

The facility/agency must submit this information to the Bureau as soon as a tentative closure date is determined by the provider. Send the notification to:

Hospitals, Hospices, and Surgery Centers

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
State Licensing Section  
PO Box 30664  
Lansing, MI 48909

Long Term Care Facilities (nursing homes, hospital long term care units)

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Long Term Care Division  
PO Box 30664  
Lansing, MI 48909

Health facilities that anticipate temporary closure are encouraged to use the same notification process, although some items above may not need to be addressed depending on the length of the temporary closure.

If you have questions, you can contact the State Licensing Section at (517) 241-1970 or Long Term Care Division at (517) 241-4712.