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6. Testimony: Testimony attached

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**Health Care Association of Michigan
Certificate of Need Comments
Nursing Facility and Hospital Long Term Care Units
Revisions to Proposed Standards**

The Health Care Association of Michigan would like to thank the CON staff for their efforts over the summer and fall to listen to provider concerns and incorporate them into the revised standards. HCAM is in agreement with the general direction of the standards to create a better comparative review process.

As we stated at the public hearing on October 26 we do have a few concerns with some of the language and would like to provide comments on them at this time.

Section 2 Definitions

Line 113 – (W) Occupancy rate – the definition seems to be missing one word available. It would read: “Occupancy rate” means the percentage which expresses the ratio of the actual number of patient days of care divided by the total number of **available** patient days.

Section 9 Requirements for approval to acquire.....

Line 538 1(f) The standard changes to “approved by the Department”, where and when will the criteria for approval, list of approved programs and how to get a program approved be provided to CON applicants or others interested parties?

Section 10 Review standards for comparative review

Lines 709 – 714 (5) The reference to approved program - where and when will the criteria for approval, list of approved programs and how to get a program approved be provided to CON applicants or others interested parties?

Lines 727 – 730 (9) some facilities are providing a greater convenience for residents by designs that incorporate showers in every room be they private or semi private. The table of points should be adjusted to include recognition for a facility that provides a shower in every room; at least 10 points could be awarded for this feature.

Line 735 – Audited financial statements will not assure the viability of a project, are costly and favors the large national organizations that need these types of statements for stockholders and other financial purposes. Due to the limited or no value these statements have in the CON process HCAM does not support this element of the standards. HCAM has consistently through out this process disagreed with any points given for audited statements.

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Line 741 – The elimination of all 3 and 4 bed wards is commendable and moves the profession in the direction to meeting consumer desires. How would a facility receive these points if they had eliminated all of their wards prior to filing for a CON? It seems that if that has occurred then they should also be entitled to the points.

Line 748 – HCAM would like to again express their appreciation of the department's recognition of technology innovations as part of the standards. The changes in technology that can enhance care and the quality of life for those individuals in need of 24 hour nursing care needs to be encouraged and value shown for these efforts. Many of these innovations are costly and the points awarded seem extremely small in comparison. HCAM would suggest that this area of innovation should receive equal recognition to culture change models. In fact the technology is part of that movement in creating a better environment for residents.

Thank you for providing HCAM with the opportunity to comment on the proposed standards. If you should have any questions please contact Pat Anderson at 627-1561 or email patanderson@hcam.org.

1. Name: Steven Szelag
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5. Standards: MRI
6. Testimony: My name is Steven Szelag and I am a Strategic Planner at the University of Michigan Health System (UMHS). UMHS wishes to take this opportunity today to offer comments pertaining to the Certificate of Need (CoN) review standards for Magnetic Resonance Imaging (MRI) Services.

UMHS strongly supports the continued regulation of MRI services, and has no objections to the proposed changes published for this public hearing. However, we do have some additional comments on issues identified only recently, during the writing of our pending CoN application for Intra-Operative MRI (IMRI) services. In 2008 the IMRI provisions were added to the standards as a pilot in Section 10. Section 10 governs the initiation, replacement, and acquisition of a hospital based IMRI service, but will expire and will not be applicable to any application which has not been submitted by December 31, 2010.

UMHS is concerned because IMRI is an essential technology in the surgical care of both children and adults, and once Section 10 expires, the MRI standards will again have no provisions setting appropriate volumes and conditions for the for the initiation, replacement, relocation, acquisition and expansion of an IMRI unit and/or service.

Even though we have yet to activate our IMRI unit, we feel that it is essential to have a continuing provision in place to govern IMRI services, both for pediatric and adult applications.

UMHS understands that the CoN Commission and Department are going to be extremely busy during calendar year 2011 with a multitude of other standards up for review. However, UMHS is requesting that the Commission convene a special workgroup for IMRI next year to consider the issues we have addressed in this testimony.

Thank you for according us the opportunity to make this statement today.

7. Testimony:

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Content-Length: 153830

Comments on Proposed Language for the NH/LTCU Standards
Susan Steinke
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Dear Members of the Certificate of Need Commission:

Thank you for the opportunity to comment on the proposed language for the NH/LTCU Standards. I think the Workgroup convened by the Department worked well together and significant progress has been made. Below are my comments on parts of the Comparative Review (Section 10).

Section 10 (2) (a)

While Medicaid certification is important and given appropriate points in 10 (3) (b), it is not a guarantee of access to beds by persons using Medicaid. I would like to see the original number of points restored (from the “Current” column) for actual Medicaid days.

Section 10 (4)

For me, this is probably the most exciting change to the Standards. I know that deductions are not the norm in these Standards but feel deducting points in this Section is an appropriate reflection of the values held in the advocacy community about quality. I would like to see the number of points deducted in this section equal the total amount of points a facility can receive for Medicaid certification and utilization.

Section 10 (5)

DCH just gets better and better about recognizing the need for culture change in LTC facilities. I like that this language was improved upon from the language in the current Standards and, in fact, strengthened.

Section 10 (6)

I was surprised to see the points for “Applicant's Cash” decreased after the amount of discussion we had about measuring financial viability of the applicant. While the amount of cash on hand is not the only indicator of viability, it is at least one indicator. I would like to see the points restored in this Section to the higher levels.

Sections 10 (7) and (8)

I am glad the Department retained the language about sprinklers and added the language on air conditioning.

Section 10 (9)

During workgroup discussions, I thought there had been agreement on the need to recognize the inclusion of a private shower in semi-private rooms. I am not sure what happened to the language but feel points should be awarded for efforts made in improving semi-private rooms as well.

Section 10 (10)

I would like to see the number of beds lowered to 120.

Section 10 (11)

I agree completely with this Section.

Section 10 (12)

No comment on this section.

Section 10 (13)

I love the intent of this Section and the rewarding of applicants who do not have 3 and/or 4 bed wards. The language needs to be broader and award points for both applicants that eliminate these wards as well as applicants who do not have these wards to eliminate. The goal is for there to be no 3 and/or 4 bed wards regardless of whether they are recently eliminated or had never existed.

The rest of the Sections

No additional comments on these except to say I feel they are at the appropriate number of points.

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6. Testimony:

Content-Length: 40279

November 2, 2010

Edward B. Goldman, Chair
Certificate of Need Commission
c/o Michigan Department of Community Health
Certificate of Need Policy Section
Capitol View Building, 201 Townsend Street
Lansing, MI 48913

Dear Commissioner Goldman,

This letter is written as formal testimony for the CON Review Standards for Nursing Home and HLTCU Beds Standards. Spectrum Health appreciates the opportunity to present our comment on the current CON Standards for Nursing Home and HLTCU Beds Standards.

Spectrum Health is appreciative of the hard work of the Nursing Home Standards work group however; we have some concerns about the provisions proposed to address the comparative review issues.

Percentage of Medicaid Days:

We recommend that the language in the Percentage of Medicaid Patient Days section stating:

(ii) “For a new nursing home/HLTCU, the proposed percentage of [the nursing home/HLTCU’s](#) patient days of care to be reimbursed by Medicaid in the second 12 months of operation following project completion, [and annually, thereafter, for at least seven years.](#)”

This language should be revised to say only “annually, thereafter.” This change would better ensure the applicant’s intention of future Medicaid participation, past the minimum requirement of seven years.

Compliance Action:

(5) “A qualifying project will be awarded 10 points if the applicant PROVIDES DOCUMENTATION THAT IT PARTICIPATES or FIVE (5) POINTS IF IT PROPOSES TO participate in a culture change model, which contains person centered care, ongoing staff training, and measurements of outcomes.”

We recommend that the word “participates” is replaced with “demonstrates”. This change will better reflect the intention of the applicant to provide actual documentation of participation in a culture change model and therefore worthy of the points associated with that participation.

Applicant’s Cash:

We are recommending that the original point allocation be reinstated. The applicant’s cash on hand normally is a good reflection of the level of care provided to the residents. Typically a nursing home with adequate cash reserves is able to provide consistently high quality, safe care because they have the cash required for the necessary resources.

Facility Design:

We are recommending the language requiring that the proposed project have:

“100% PRIVATE ROOMS WITH ADJOINING SINK, TOILET AND SHOWER”

This language should be changed from “100%” to 80%. It is very difficult for older, “land-locked” nursing homes to make a change to 100% private rooms and bathrooms and therefore would always be disadvantaged in the case of a comparative review.

Spectrum Health appreciates the opportunity to present our views on the proposed language for the CON Standards for nursing home beds, and we look forward to the opportunity to develop a fair and objective remedy to the concerns we have raised.