

1 | MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

2 |
3 | **CERTIFICATE OF NEED REVIEW (CON) STANDARDS FOR**
4 | **NEONATAL INTENSIVE CARE SERVICES/BEDS AND SPECIAL NEWBORN NURSING SERVICES**

5 |
6 | (By authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of
7 | 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being
8 | sections 333.22215, 24.207 and 24.208 of the Michigan Compiled Laws.)
9 |

10 | **Section 1. Applicability**

11 |
12 | Sec. 1. (1) These standards are requirements for the approval of the initiation, replacement,
13 | relocation, expansion, ~~relocation,~~ or acquisition replacement of neonatal intensive care services/beds and
14 | the delivery of neonatal intensive care services/beds under Part 222 of the Code. FURTHER, THESE
15 | STANDARDS ARE REQUIREMENTS FOR THE APPROVAL OF THE INITIATION OR ACQUISITION OF
16 | SPECIAL CARE NURSERY (SCN) SERVICES. Pursuant to Part 222 of the Code, neonatal intensive
17 | care services/beds AND SPECIAL NEWBORN NURSING SERVICES ~~is-ARE a~~ covered clinical services.
18 | The Department shall use these standards in applying Section 22225(1) of the Code, being Section
19 | 333.22225(1) of the Michigan Compiled Laws and Section 22225(2)(c) of the Code, being Section
20 | 333.22225(2)(c) of the Michigan Compiled Laws.
21 |

22 | **Section 2. Definitions**

23 |
24 | Sec. 2. (1) As used in these standards:

25 |
26 | ~~—(a) "Acquisition of a NICU" means obtaining possession and control of existing licensed hospital beds~~
27 | ~~designated for NICU services by contract, ownership, lease or other comparable arrangement.~~

28 | ~~(ba) "Bassinet" means an unlicensed bassinet in the obstetrical or newborn service that provides care~~
29 | ~~for the uncomplicated newborn.~~

30 | ~~-(eba) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to~~
31 | ~~Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.~~

32 | ~~(eb) "Code" means Act No. 368 of the Public Acts of 1978 as amended, being Section 333.1101 et~~
33 | ~~seg. of the Michigan Compiled Laws.~~

34 | ~~(ec) "Comparative group" means the applications which have been grouped for the same type of~~
35 | ~~project in the same planning area and are being reviewed comparatively in accordance with the CON~~
36 | ~~rules.~~

37 | ~~(fd) "Department" means the Michigan Department of Community Health (MDCH).~~

38 | ~~(ge) "Department inventory of beds" means the current list for each planning area maintained on a~~
39 | ~~continuous basis by the Department of licensed hospital beds designated for NICU services and NICU~~
40 | ~~beds with valid CON approval but not yet licensed or designated.~~

41 | ~~(hf) "Existing NICU beds" means the total number of all of the following:~~

42 | ~~(i) licensed hospital beds designated for NICU services;~~

43 | ~~(ii) NICU beds with valid CON approval but not yet licensed or designated;~~

44 | ~~(ii) NICU beds under appeal from a final decision of the Department; and~~

45 | ~~(iii) proposed NICU beds that are part of an application for which a proposed decision has been~~
46 | ~~issued, but is pending final Department decision. The term includes those beds designated by the~~
47 | ~~Department as special newborn nursery unit (SNNU) beds.~~

48 | ~~—(h) "Expansion of NICU services" means increasing the number of hospital beds designated for NICU~~
49 | ~~services at a licensed site.~~

50 | ~~(ig) "Hospital" means a health facility licensed under Part 215 of the Code.~~

51 | ~~—(j) "Initiation of NICU services" means the establishment of a NICU at a licensed site that has not~~
52 | ~~had in the previous 12 months a licensed and designated NICU or does not have a valid CON to initiate a~~

53 | ~~NICU. The relocation of the designation of beds for NICU services meeting the applicable requirements of~~
54 | ~~Section 6 shall not be considered as the initiation of NICU services/beds.~~

55 |
56 | (h) "Infant" means an individual up to 1 year of age.

57 | (m) "Licensed site" means in the case of a single site hospital, the location of the facility authorized by
58 | license and listed on that licensee's certificate of licensure; or in the case of a hospital with multiple sites,
59 | the location of each separate and distinct inpatient unit of the health facility as authorized by license and
60 | listed on that licensee's certificate of licensure.

61 | (n) "Live birth" means a birth for which a birth certificate for a live birth has been prepared and filed
62 | pursuant to Section 333.2821(2) of the Michigan Compiled Laws.

63 | (o) "Maternal referral service" means having a consultative and patient referral service staffed by a
64 | physician(s), on the active medical staff, that is board certified, or eligible to be board certified, in
65 | maternal/fetal medicine.

66 | (p) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and 1396r-
67 | 8 to 1396v1396w-5.

68 | ~~(q) "Metropolitan statistical area county" means a county located in a metropolitan statistical area as~~
69 | ~~that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by~~
70 | ~~the statistical policy office of the office of information and regulatory affairs of the United States office of~~
71 | ~~management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix A.~~

72 | ~~(r) "Micropolitan statistical area county" means a county located in a micropolitan statistical area as~~
73 | ~~that term is defined under the "standards for defining metropolitan and micropolitan statistical areas" by~~
74 | ~~the statistical policy office of the office of information and regulatory affairs of the United States office of~~
75 | ~~management and budget, 65 F.R. p. 82238 (December 27, 2000) and as shown in Appendix A.~~

76 | (s) "Neonatal intensive care services" or "NICU services" means the provision of any of the following
77 | services:

78 | (i) constant nursing care and continuous cardiopulmonary and other support services for severely ill
79 | infants;

80 | (ii) care for neonates weighing less than 1,500 grams at birth, AND/OR LESS THAN 32 WEEKS
81 | GESTATION;

82 | (iii) ventilatory support beyond that needed for immediate ventilatory stabilization;

83 | (iv) surgery and post-operative care during the neonatal period;

84 | (v) pharmacologic stabilization of heart rate and blood pressure; or

85 | (vi) TOTAL parenteral nutrition.

86 | (t) "Neonatal intensive care unit" or "NICU" means a specially designed, equipped, and staffed unit of
87 | a hospital which is both capable of providing neonatal intensive care services and is composed of licensed
88 | hospital beds designated as NICU. This term does not include UNLICENSED SCN BEDS bassinets or
89 | special newborn care bassinets.

90 | (u) "Neonatal transport system" means a specialized transfer program for neonates by means of an
91 | ambulance licensed pursuant to Part 209 of the Code, being Section 333.20901 et seq.

92 | (v) "Neonate" means an individual up to 28 days of age.

93 | (w) "Perinatal care network," means the providers and facilities within a planning area that provide
94 | basic, specialty, and sub-specialty obstetric, pediatric and neonatal intensive care services.

95 | (x) "Planning area" means the groups of counties shown in Section 12 APPENDIX B.

96 | (y) "Planning year" means the most recent continuous 12 month period for which birth data is
97 | available from the Vital Records and Health Data Development Section.

98 | (z) "Qualifying project" means each application in a comparative group which has been reviewed
99 | individually and has been determined by the Department to have satisfied all of the requirements of
100 | Section 22225 of the Code, being Section 333.22225 of the Michigan Compiled Laws, and all other
101 | applicable requirements for approval in the Code and these standards.

102 | (aa) "Relocation of the designation of beds for NICU services" means a change within the same
103 | planning area in the licensed site at which existing licensed hospital beds are designated for NICU
104 | services.

105 ~~—(bb) "Replacement of NICU beds" means new physical plant space being developed through new~~
106 ~~construction or newly acquired space (purchase, lease or donation), to house existing licensed and~~
107 ~~designated NICU beds.~~

108 ~~—(cc) "Replacement zone" means a proposed licensed site which is in the same planning area as the~~
109 ~~existing licensed site and in the area set forth in Section 22229 of the Code, being Section 333.22229 of~~
110 ~~the Michigan Compiled Laws, in which replacement beds in a hospital are not subject to comparative~~
111 ~~review.~~

112 ~~(ddv) "Special newborn care NURSERY bassinetSERVICES" OR "SCN SERVICES" means an~~
113 ~~unlicensed bassinet identified within the hospital obstetrical or newborn service which provides~~
114 ~~PROVISIONS OF the services identified in subsections (i) through (vi) for infants WITH PROBLEMS~~
115 ~~THAT ARE EXPECTED TO RESOLVE RAPIDLY AND who WOULD NOT BE ANTICIPATED TO NEED~~
116 ~~SUBSPECIALTY SERVICES ON AN URGENT BASIS require minimal care that goes beyond that of the~~
117 ~~uncomplicated newborn, or transitional care or developmental maturation in preparation for discharge~~
118 ~~home. REFERRAL TO A HIGHER LEVEL OF CARE SHOULD OCCUR FOR ALL INFANTS WHO NEED~~
119 ~~PEDIATRIC SURGICAL OR MEDICAL SUBSPECIALTY INTERVENTION. Infants receiving transitional~~
120 ~~care or being treated for developmental maturation may have formerly been treated in a neonatal~~
121 ~~intensive care unit in the same hospital or another hospital. FOR PURPOSES OF THESE STANDARDS,~~
122 ~~SCN SERVICES ARE SPECIAL NEWBORN NURSING SERVICES.~~

123 ~~(i) Care for low birth weight infants between weighing 1,500 and 2,499 grams or more; AND/OR~~
124 ~~GREATER THAN OR EQUAL TO 32 WEEKS GESTATION;~~

125 ~~(ii) enteral tube feedings;~~

126 ~~(iii) cardio-respiratory monitoring to document maturity of respiratory control or treatment of apnea;~~

127 ~~(iv) antibiotic therapy in an infant not needing ventilatory support or pressor support;~~

128 ~~(v) extended care following an admission to a neonatal intensive care unit for an infant not requiring~~
129 ~~ventilatory support; or~~

130 ~~(vi) the administration of oxygen by hood or nasal canula PROVIDE MECHANICAL VENTILATION~~
131 ~~FOR BRIEF DURATION (LESS THAN 24 HOURS) OR CONTINUOUS POSITIVE AIRWAY PRESSURE~~
132 ~~OR BOTH FOR A BRIEF DURATION (NOT TO EXCEED 24 HOURS COMBINED).~~

134 ~~—(ee) "Rural county" means a county not located in a metropolitan statistical area or micropolitan~~
135 ~~statistical areas as these terms are defined under the "standards for defining metropolitan and~~
136 ~~micropolitan statistical areas" by the statistical policy office of the office of information regulatory affairs of~~
137 ~~the United States office of management and budget, 65 F.R. p. 82238 (December 27, 2000) and as~~
138 ~~shown in Appendix A.~~

140 (2) The definitions in Part 222 shall apply to these standards.

142 Section 3. Bed need methodology

144 Sec. 3. (1) The number of NICU beds needed in a planning area shall be determined by the following
145 formula:

146 (a) Determine, using data obtained from the Vital Records and Health Data Development Section, the
147 total number of live births which occurred in the planning year at all hospitals geographically located within
148 the planning area.

149 (b) Determine, using data obtained from the Vital Records and Health Data Development Section, the
150 percent of live births in each planning area and the state that were less than 1,500 grams. The result is
151 the very low birth weight rate for each planning area and the state, respectively.

152 (c) Divide the very low birth weight rate for each planning area by the statewide very low birth weight
153 rate. The result is the very low birth weight rate adjustment factor for each planning area.

154 (d) Multiply the very low birth weight rate adjustment factor for each planning area by 0.0045. The
155 result is the bed need formula for each planning area adjusted for the very low birth weight rate.

156 (e) Multiply the total number of live births determined in subsection (1)(a) by the bed need formula for
157 the applicable planning area adjusted for the very low birth weight adjustment factor as determined in
158 subsection (1)(d).

159
160 (2) The result of subsection (1) is the number of NICU beds needed in the planning area for the
161 planning year.

162
163 **Section 4. Requirements ~~for applicants proposing~~ to initiate NICU services**

164
165 Sec. 4. Initiation of NICU services means the establishment of a NICU at a licensed site that has not
166 had in the previous 12 months a licensed and designated NICU or does not have a valid CON to initiate a
167 NICU. The relocation of the designation of beds for NICU services meeting the applicable requirements of
168 Section 6 shall not be considered as the initiation of NICU services/beds.

169
170 (1) An applicant proposing to initiate NICU services by designating hospital beds as NICU beds shall
171 demonstrate each of the following:

172
173 (4a) There is an unmet bed need of at least 15 NICU beds based on the difference between the
174 number of existing NICU beds in the planning area and the number of beds needed for the planning year
175 as a result of application of the methodology set forth in Section 3.

176 (2b) Approval of the proposed NICU will not result in a surplus of NICU beds in the planning area
177 based on the difference between the number of existing NICU beds in the planning area and the number
178 of beds needed for the planning year resulting from application of the methodology set forth in Section 3.

179 (3c) A unit of at least 15 beds will be developed and operated.

180 (4d) For each of the 3 most recent years for which birth data are available from the Vital Records and
181 Health Data Development Section, the licensed site at which the NICU is proposed had either: (i) 2,000 or
182 more live births, if the licensed site is located in a metropolitan statistical area county; or (ii) 600 or more
183 live births, if the licensed site is located in a rural or micropolitan statistical area county and is located
184 more than 100 miles (surface travel) from the nearest licensed site that operates or has valid CON
185 approval to operate NICU services.

186
187 **Section 5. Requirements ~~for applicants proposing to expand~~ REPLACE NICU services**

188
189 Sec. 5. Replacement of NICU beds means new physical plant space being developed through new
190 construction or newly acquired space (purchase, lease or donation), to house existing licensed and
191 designated NICU beds.

192
193 (1) An applicant proposing replacement beds shall not be required to be in compliance with the
194 needed NICU bed supply determined pursuant to Section 3 if an applicant demonstrates all of the
195 following:

196 (a) the project proposes to replace an equal or lesser number of beds designated by an applicant for
197 NICU services at the licensed site operated by the same applicant at which the proposed replacement
198 beds are currently located; and

199 (b) the proposed licensed site is in the same planning area as the existing licensed site and in the
200 area set forth in Section 22229 of the Code, being Section 333.22229 of the Michigan Compiled Laws, in
201 which replacement beds in a hospital are not subject to comparative review. ~~replacement zone.~~

202
203 **Section 6. Requirements for approval to relocate NICU beds**

204
205 Sec. 6. An applicant proposing to relocate the designation for NICU services shall demonstrate
206 compliance with all of the following:

- 208 (1) The applicant is the licensed site to which the relocation of the designation of beds for NICU
209 services is proposed.
- 210
- 211 (2) The applicant shall provide a signed written agreement that provides for the proposed increase,
212 and concomitant decrease, in the number of beds designated for NICU services at the 2 licensed sites
213 involved in the proposed relocation. A copy of the agreement shall be provided in the application.
- 214
- 215 (3) The existing licensed site from which the designation of beds for NICU services proposed to be
216 relocated is currently licensed and designated for NICU services.
- 217
- 218 (4) The proposed project does not result in an increase in the number of beds designated for NICU
219 services in the planning area unless the applicable requirements of Section 4 or 5 have also been met.
- 220
- 221 (5) The proposed project does not result in an increase in the number of licensed hospital beds at the
222 applicant licensed site unless the applicable requirements of the CON Review Standards for Hospital
223 Beds have also been met.
- 224
- 225 (6) The proposed project does not result in the operation of a NICU of less than 15 beds at the
226 existing licensed site from which the designation of beds for NICU services are proposed to be relocated.
- 227
- 228 (7) If the applicant licensed site does not currently provide NICU services, an applicant shall
229 demonstrate both of the following:
- 230 (a) the proposed project involves the establishment of a NICU of at least 15 beds; and
231 (b) for each of the 3 most recent years for which birth data are available from the Vital Records and
232 Health Data Development Section, the applicant licensed site had either: (i) 2,000 or more live births, if the
233 licensed site is located in a metropolitan statistical area county; or (ii) 600 or more live births, if the
234 licensed site is located in a rural or micropolitan statistical area county and is located more than 100 miles
235 from the nearest licensed site that operates or has valid CON approval to operate NICU services/beds. If
236 the applicant licensed site has not been in operation for at least 3 years and the obstetrical unit at the
237 applicant licensed site was established as the result of the consolidation and closure of 2 or more
238 obstetrical units, the combined number of live births from the obstetrical units that were closed and
239 relocated to the applicant licensed site may be used to evaluate compliance with this requirement for
240 those years when the applicant licensed site was not in operation.
- 241
- 242 (8) If the applicant licensed site does not currently provide NICU services or obstetrical services, an
243 applicant shall demonstrate both of the following:
- 244 (a) the proposed project involves the establishment of a NICU of at least 15 beds; and
245 (b) the applicant has a valid CON to establish an obstetrical unit at the licensed site at which the
246 NICU is proposed. The obstetrical unit to be established shall be the result of the relocation of an existing
247 obstetrical unit that for each of the 3 most recent years for which birth data are available from the Vital
248 Records and Health Data Development Section, the obstetrical unit to be relocated had either: (i) 2,000 or
249 more live births, if the obstetrical unit to be relocated is located in a metropolitan statistical area county; or
250 (ii) 600 or more live births, if the obstetrical unit to be relocated is located in a rural or micropolitan
251 statistical area county and is located more than 100 miles from the nearest licensed site that operates or
252 has valid CON approval to operate NICU services.
- 253
- 254 (9) The project results in a decrease in the number of licensed hospital beds that are designated for
255 NICU services at the licensed site at which beds are currently designated for NICU services. The
256 decrease in the number of beds designated for NICU services shall be equal to or greater than the
257 number of beds designated for NICU services proposed to be increased at the applicant's licensed site
258 pursuant to the agreement required by this subsection. This subsection requires a decrease in the
259 number of licensed hospital beds that are designated for NICU services, but does not require a decrease
260 in the number of licensed hospital beds.

261 (10) Beds approved pursuant to Section 57(2) shall not be relocated pursuant to this section, unless
262 the proposed project involves the relocation of all beds designated for NICU services at the applicant's
263 licensed site.
264
265

266
267 ~~—Sec. 5. (1) An applicant proposing to expand NICU services by designating additional hospital beds as~~
268 ~~NICU beds in a planning area shall demonstrate that the proposed increase will not result in a surplus of~~
269 ~~NICU beds based on the difference between the number of existing NICU beds in the planning area and~~
270 ~~the number of beds needed for the planning year resulting from application of the methodology set forth in~~
271 ~~Section 3.~~
272

273 ~~—(2) An applicant may apply and be approved for NICU beds in excess of the number determined as~~
274 ~~needed for the planning year in accordance with Section 3 if an applicant can demonstrate that it provides~~
275 ~~NICU services to patients transferred from another licensed and designated NICU. The maximum~~
276 ~~number of NICU beds that may be approved pursuant to this subsection shall be determined in~~
277 ~~accordance with the following:~~

278 ~~—(a) An applicant shall document the average annual number of patient days provided to neonates or~~
279 ~~infants transferred from another licensed and designated NICU, for the 2 most recent years for which~~
280 ~~verifiable data are available to the Department.~~

281 ~~—(b) The average annual number of patient days determined in accordance with subsection (a) shall~~
282 ~~be divided by 365 (or 366 for a leap year). The result is the average daily census (ADC) for NICU services~~
283 ~~provided to patients transferred from another licensed and designated NICU.~~

284 ~~—(c) Apply the ADC determined in accordance with subsection (b) in the following formula: $ADC +$~~
285 ~~$2.06 \sqrt{ADC}$. The result is the maximum number of beds that may be approved pursuant to this subsection~~
286 ~~up to 5 beds at each licensed site.~~
287

288 **Section 6. Requirements for approval to relocate NICU beds**

289
290 ~~—Sec. 6. An applicant proposing to relocate the designation for NICU services shall demonstrate~~
291 ~~compliance with all of the following:~~
292

293 ~~—(1) The applicant is the licensed site to which the relocation of the designation of beds for NICU~~
294 ~~services is proposed.~~
295

296 ~~—(2) The applicant shall provide a signed written agreement that provides for the proposed increase,~~
297 ~~and concomitant decrease, in the number of beds designated for NICU services at the 2 licensed sites~~
298 ~~involved in the proposed relocation. A copy of the agreement shall be provided in the application.~~
299

300 ~~—(3) The existing licensed site from which the designation of beds for NICU services proposed to be~~
301 ~~relocated is currently licensed and designated for NICU services.~~
302

303 ~~—(4) The proposed project does not result in an increase in the number of beds designated for NICU~~
304 ~~services in the planning area unless the applicable requirements of Section 4 or 5 have also been met.~~
305

306 ~~—(5) The proposed project does not result in an increase in the number of licensed hospital beds at the~~
307 ~~applicant licensed site unless the applicable requirements of the CON Review Standards for Hospital~~
308 ~~Beds have also been met.~~
309

310 ~~—(6) The proposed project does not result in the operation of a NICU of less than 15 beds at the~~
311 ~~existing licensed site from which the designation of beds for NICU services are proposed to be relocated.~~
312

313 ~~—(7) If the applicant licensed site does not currently provide NICU services, an applicant shall~~
314 ~~demonstrate both of the following:~~
315 ~~—(a) the proposed project involves the establishment of a NICU of at least 15 beds; and~~
316 ~~—(b) for each of the 3 most recent years for which birth data are available from the Vital Records and~~
317 ~~Health Data Development Section, the applicant licensed site had either: (i) 2,000 or more live births, if the~~
318 ~~licensed site is located in a metropolitan statistical area county; or (ii) 600 or more live births, if the~~
319 ~~licensed site is located in a rural or micropolitan statistical area county and is located more than 100 miles~~
320 ~~from the nearest licensed site that operates or has valid CON approval to operate NICU services/beds. If~~
321 ~~the applicant licensed site has not been in operation for at least 3 years and the obstetrical unit at the~~
322 ~~applicant licensed site was established as the result of the consolidation and closure of 2 or more~~
323 ~~obstetrical units, the combined number of live births from the obstetrical units that were closed and~~
324 ~~relocated to the applicant licensed site may be used to evaluate compliance with this requirement for~~
325 ~~those years when the applicant licensed site was not in operation.~~

326
327 ~~—(8) If the applicant licensed site does not currently provide NICU services or obstetrical services, an~~
328 ~~applicant shall demonstrate both of the following:~~
329 ~~—(a) the proposed project involves the establishment of a NICU of at least 15 beds; and~~
330 ~~—(b) the applicant has a valid CON to establish an obstetrical unit at the licensed site at which the~~
331 ~~NICU is proposed. The obstetrical unit to be established shall be the result of the relocation of an existing~~
332 ~~obstetrical unit that for each of the 3 most recent years for which birth data are available from the Vital~~
333 ~~Records and Health Data Development Section, the obstetrical unit to be relocated had either: (i) 2,000 or~~
334 ~~more live births, if the obstetrical unit to be relocated is located in a metropolitan statistical area county; or~~
335 ~~(ii) 600 or more live births, if the obstetrical unit to be relocated is located in a rural or micropolitan~~
336 ~~statistical area county and is located more than 100 miles from the nearest licensed site that operates or~~
337 ~~has valid CON approval to operate NICU services.~~

338
339 ~~—(9) The project results in a decrease in the number of licensed hospital beds that are designated for~~
340 ~~NICU services at the licensed site at which beds are currently designated for NICU services. The~~
341 ~~decrease in the number of beds designated for NICU services shall be equal to or greater than the~~
342 ~~number of beds designated for NICU services proposed to be increased at the applicant's licensed site~~
343 ~~pursuant to the agreement required by this subsection. This subsection requires a decrease in the~~
344 ~~number of licensed hospital beds that are designated for NICU services, but does not require a decrease~~
345 ~~in the number of licensed hospital beds.~~

346
347 ~~—(10) Beds approved pursuant to Section 5(2) shall not be relocated pursuant to this section, unless the~~
348 ~~proposed project involves the relocation of all beds designated for NICU services at the applicant's~~
349 ~~licensed site.~~

350
351
352 **Section 7. Requirements for approval for replacement of NICU beds REQUIREMENTS FOR**
353 **APPROVAL TO EXPAND NICU SERVICES**

354
355 Sec. 7. (1) An applicant proposing to expand NICU services AT A LICENSED SITE by designating
356 additional hospital beds as NICU beds in a planning area shall demonstrate that the proposed increase
357 will not result in a surplus of NICU beds based on the difference between the number of existing NICU
358 beds in the planning area and the number of beds needed for the planning year resulting from application
359 of the methodology set forth in Section 3.

360
361 (2) An applicant may apply and be approved for NICU beds in excess of the number determined as
362 needed for the planning year in accordance with Section 3 if an applicant can demonstrate that it provides
363 NICU services to patients transferred from another licensed and designated NICU. The maximum
364 number of NICU beds that may be approved pursuant to this subsection shall be determined in
365 accordance with the following:

366 (a) An applicant shall document the average annual number of patient days provided to neonates or
367 infants transferred from another licensed and designated NICU, for the 2 most recent years for which
368 verifiable data are available to the Department.

369 (b) The average annual number of patient days determined in accordance with subsection (a) shall
370 be divided by 365 (or 366 for a leap year). The result is the average daily census (ADC) for NICU services
371 provided to patients transferred from another licensed and designated NICU.

372 (c) Apply the ADC determined in accordance with subsection (b) in the following formula: $ADC +$
373 $2.06 \sqrt{ADC}$. The result is the maximum number of beds that may be approved pursuant to this subsection
374 up to 5 beds at each licensed site.

375
376 ~~— Sec. 7. (1) An applicant proposing replacement beds shall not be required to be in compliance with~~
377 ~~the needed NICU bed supply determined pursuant to Section 3 if an applicant demonstrates all of the~~
378 ~~following:~~

379 ~~— (a) the project proposes to replace an equal or lesser number of beds designated by an applicant for~~
380 ~~NICU services at the licensed site operated by the same applicant at which the proposed replacement~~
381 ~~beds are currently located; and~~

382 ~~— (b) the proposed licensed site is in the replacement zone.~~

383 384 **Section 8. Requirements for approval to acquire a NICU service**

385
386 Sec. 8. Acquisition of a NICU means obtaining possession and control of existing licensed hospital
387 beds designated for NICU services by contract, ownership, lease or other comparable arrangement.

388
389 (1) An applicant proposing to acquire a NICU shall not be required to be in compliance with the
390 needed NICU bed supply determined pursuant to Section 3 for the planning area in which the NICU
391 subject to the proposed acquisition is located, if the applicant demonstrates that all of the following are
392 met:

393 (a) the acquisition will not result in an increase in the number of hospital beds, or hospital beds
394 designated for NICU services, at the licensed site to be acquired;

395 (b) the licensed site does not change as a result of the acquisition, unless the applicant meets
396 Section 6; and,

397 (c) the project does not involve the initiation, expansion or replacement of a covered clinical service,
398 a covered capital expenditure for other than the proposed acquisition or a change in bed capacity at the
399 applicant facility, unless the applicant meets other applicable sections.

400 401 **SECTION 9. REQUIREMENTS TO INITIATE, ACQUIRE, OR REPLACE, SCN SERVICES**

402
403 SEC. 9. AN APPLICANT PROPOSING SCN SERVICES SHALL DEMONSTRATE EACH OF THE
404 FOLLOWING, AS APPLICABLE, BY VERIFIABLE DOCUMENTATION:

405
406 (1) ALL APPLICANTS SHALL DEMONSTRATE THE FOLLOWING:

407
408 (a) A BOARD CERTIFIED NEONATOLOGIST SERVING AS THE PROGRAM DIRECTOR

409 (b) THE HOSPITAL HAS THE FOLLOWING CAPABILITIES AND PERSONNEL CONTINUOUSLY
410 AVAILABLE AND ON-SITE:

411 (i) THE ABILITY TO PROVIDE MECHANICAL VENTILATION AND/OR CONTINUOUS POSITIVE
412 AIRWAY PRESSURE FOR UP TO 24 HOURS;

413 (ii) PORTABLE X-RAY EQUIPMENT AND BLOOD GAS ANALYZER;

414 (iii) PEDIATRIC PHYSICIANS AND/OR NEONATAL NURSE PRACTITIONERS; AND

415 (iv) RESPIRATORY THERAPISTS, RADIOLOGY TECHNICIANS, LABORATORY TECHNICIANS
416 AND SPECIALIZED NURSES WITH EXPERIENCE CARING FOR PREMATURE INFANTS.

418 (2) INITIATION OF SCN SERVICES MEANS THE ESTABLISHMENT OF AN SCN AT A LICENSED
419 SITE THAT HAS NOT HAD IN THE PREVIOUS 12 MONTHS A DESIGNATED SCN OR DOES NOT
420 HAVE A VALID CON TO INITIATE AN SCN.

421 (a) IN ADDITION TO THE REQUIREMENTS OF SECTION 9(1), AN APPLICANT PROPOSING TO
422 INITIATE AN SCN SERVICE SHALL HAVE A WRITTEN CONSULTING AGREEMENT WITH A
423 HOSPITAL WHICH HAS AN EXISTING, OPERATIONAL NICU. THE AGREEMENT MUST SPECIFY
424 THAT THE EXISTING SERVICE SHALL, FOR THE FIRST TWO YEARS OF OPERATION OF THE NEW
425 SERVICE, PROVIDE THE FOLLOWING SERVICES TO THE APPLICANT HOSPITAL:

426 (i) RECEIVE AND MAKE RECOMMENDATIONS ON THE PROPOSED DESIGN OF SCN AND
427 SUPPORT AREAS THAT MAY BE REQUIRED;

428 (ii) PROVIDE STAFF TRAINING RECOMMENDATIONS FOR ALL PERSONNEL ASSOCIATED
429 WITH THE NEW PROPOSED SERVICE;

430 (iii) ASSIST IN DEVELOPING APPROPRIATE PROTOCOLS FOR THE CARE AND TRANSFER, IF
431 NECESSARY, OF PREMATURE INFANTS;

432 (iv) PROVIDE RECOMMENDATIONS ON STAFFING NEEDS FOR THE PROPOSED SERVICE;
433 AND

434 (v) WORK WITH THE MEDICAL STAFF AND GOVERNING BODY TO DESIGN AND IMPLEMENT
435 A PROCESS THAT WILL ANNUALLY MEASURE, EVALUATE, AND REPORT TO THE MEDICAL
436 STAFF AND GOVERNING BODY THE CLINICAL OUTCOMES OF THE NEW SERVICE, INCLUDING:

437 (A) MORTALITY RATES;

438 (B) MORBIDITY RATES INCLUDING INTRAVENTRICULAR HEMORRHAGE (GRADE 3 AND 4),
439 RETINOPATHY OF PREMATURITY (STAGE 3 AND 4), CHRONIC LUNG DISEASE (OXYGEN
440 DEPENDENCY AT 36 WEEKS GESTATION), NECROTIZING ENTEROCOLITIS, PNEUMOTHORAX,
441 NEONATAL DEPRESSION (APGAR SCORE OF LESS THAN 5 AT FIVE MINUTES); AND

442 (C) INFECTION RATES.

443
444 (b) SCN SERVICES SHALL BE PROVIDED IN UNLICENSED SCN BEDS LOCATED WITHIN THE
445 HOSPITAL OBSTETRICAL DEPARTMENT OR NICU SERVICE. UNLICENSED SCN BEDS ARE NOT
446 INCLUDED IN THE NICU BED NEED.

447
448 (3) REPLACEMENT OF SCN SERVICES MEANS NEW PHYSICAL PLANT SPACE BEING
449 DEVELOPED THROUGH NEW CONSTRUCTION OR NEWLY ACQUIRED SPACE (PURCHASE,
450 LEASE OR DONATION), TO HOUSE AN EXISTING SCN SERVICE.

451 (a) IN ADDITION TO THE REQUIREMENTS OF SECTION 9(1), AN APPLICANT PROPOSING A
452 REPLACEMENT SCN SERVICE SHALL DEMONSTRATE ALL OF THE FOLLOWING:

453 (i) THE PROPOSED PROJECT IS PART OF AN APPLICATION TO REPLACE THE ENTIRE
454 HOSPITAL.

455 (ii) THE APPLICANT CURRENTLY OPERATES THE SCN SERVICE AT THE CURRENT
456 LICENSED SITE.

457 (iii) THE PROPOSED LICENSED SITE IS IN THE SAME PLANNING AREA AS THE EXISTING
458 LICENSED SITE.

459
460 (4) ACQUISITION OF AN SCN SERVICE MEANS OBTAINING POSSESSION AND CONTROL OF
461 AN EXISTING SCN SERVICE BY CONTRACT, OWNERSHIP, LEASE OR OTHER COMPARABLE
462 ARRANGEMENT.

463 (ia) IN ADDITION TO THE REQUIREMENTS OF SECTION 9(1), AN APPLICANT PROPOSING TO
464 ACQUIRE AN SCN SERVICE SHALL DEMONSTRATE ALL OF THE FOLLOWING:

465 (iii) THE PROPOSED PROJECT IS PART OF AN APPLICATION TO ACQUIRE THE ENTIRE
466 HOSPITAL.

467 (iii) THE LICENSED SITE DOES NOT CHANGE AS A RESULT OF THE ACQUISITION, UNLESS
468 THE APPLICANT MEETS SUBSECTION 3.

469
470 **Section 910. Additional requirements for applications included in comparative reviews.**

471
472 | Sec. 109. (1) Any application subject to comparative review under Section 22229 of the Code, being
473 Section 333.22229 of the Michigan Compiled Laws, or under these standards, shall be grouped and
474 reviewed comparatively with other applications in accordance with the CON rules.
475

476 (2) Each application in a comparative review group shall be individually reviewed to determine
477 whether the application has satisfied all the requirements of Section 22225 of the Code, being Section
478 333.22225(1) of the Michigan Compiled Laws, and all other applicable requirements for approval in the
479 Code and these standards. If the Department determines that one or more of the competing applications
480 satisfies all of the requirements for approval, these projects shall be considered qualifying projects. The
481 Department shall approve those qualifying projects which, taken together, do not exceed the need, as
482 defined in Section 22225(1), and which have the highest number of points when the results of subsection
483 (2) are totaled. If 2 or more qualifying projects are determined to have an identical number of points, the
484 Department shall approve those qualifying projects which, taken together, do not exceed the need, as
485 defined in Section 22225(1), which are proposed by an applicant that operates a NICU at the time an
486 application is submitted to the Department. If 2 or more qualifying projects are determined to have an
487 identical number of points and each operates a NICU at the time an application is submitted to the
488 Department, the Department shall approve those qualifying projects which, taken together, do not exceed
489 the need, as defined in Section 22225(1), in the order in which the applications were received by the
490 Department, based on the submission date and time, as determined by the Department when submitted.

491 (a) A qualifying project will have points awarded based on the geographic proximity to NICU services,
492 both operating and CON approved but not yet operational, in accordance with the following schedule:
493

<u>Proximity</u>	<u>Points Awarded</u>
Less than 50 Miles to NICU service	0
Between 50-99 miles to NICU service	1
100+ Miles to NICU service	2

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505 (b) A qualifying project will have points awarded based on the number of very low birth weight infants
506 delivered at the applicant hospital or the number of very low birth weight infants admitted or refused
507 admission due to the lack of an available bed to an applicant's NICU, and the number of very low birth
508 weight infants delivered at another hospital subsequent to the transfer of an expectant mother from an
509 applicant hospital to a hospital with a NICU. The total number of points to be awarded shall be the
510 number of qualifying projects. The number of points to be awarded to each qualifying project shall be
511 calculated as follows:

512 (i) Each qualifying project shall document, for the 2 most recent years for which verifiable data are
513 available, the number of very low birth weight infants delivered at an applicant hospital, or admitted to an
514 applicant's NICU, if an applicant operates a NICU, the number of very low birth weight infants delivered to
515 expectant mothers transferred from an applicant's hospital to a hospital with a NICU, and the number of
516 very low birth weight infants referred to an applicant's NICU who were refused admission due to the lack
517 of an available NICU bed and were subsequently admitted to another NICU.

518 (ii) Total the number of very low birth weight births and admissions documented in subdivision (i) for
519 all qualifying projects.

520 (iii) Calculate the fraction (rounded to 3 decimal points) of very low birth weight births and admissions
521 that each qualifying project's volume represents of the total calculated in subdivision (ii).

522 (iv) For each qualifying project, multiply the applicable fraction determined in subdivision (iii) by the
523 total possible number of points.

524 (v) Each qualifying project shall be awarded the applicable number of points calculated in subdivision
525 (iv).

526 (c) An applicant shall have 1 point awarded if it can be demonstrated that on the date an application
527 is submitted to the Department, the licensed site at which NICU services/beds are proposed has on its
528 active medical staff a physician(s) board certified, or eligible to be certified, in maternal/fetal medicine.

529 (d) A qualifying project will have points awarded based on the percentage of the hospital's indigent
530 volume as set forth in the following table.

531	Hospital	Points
532	Indigent	Awarded
533	<u>Volume</u>	
534		
535		
536	0 - <6%	0.2
537	6 - <11%	0.4
538	11 - <16%	0.6
539	16 - <21%	0.8
540	21 - <26%	1.0
541	26 - <31%	1.2
542	31 - <36%	1.4
543	36 - <41%	1.6
544	41 - <46%	1.8
545	46% +	2.0
546		

547 For purposes of this subsection, indigent volume means the ratio of a hospital's indigent charges to its
548 total charges expressed as a percentage as determined by the Hospital and Health Plan Reimbursement
549 Division pursuant to Section 7 of the Medical Provider manual. The indigent volume data being used for
550 rates in effect at the time the application is deemed submitted will be used by the Department in
551 determining the number of points awarded to each qualifying project.

552
553 (3) Submission of conflicting information in this section may result in a lower point reward. If an
554 application contains conflicting information which could result in a different point value being awarded in
555 this section, the Department will award points based on the lower point value that could be awarded from
556 conflicting information. For example, if submitted information would result in 6 points being awarded, but
557 other conflicting information would result in 12 points being awarded, then 6 points will be awarded. If the
558 conflicting information does not affect the point value, the Department will award points accordingly. For
559 example, if submitted information would result in 12 points being awarded and other conflicting information
560 would also result in 12 points being awarded, then 12 points will be awarded.

561
562 | **Section ~~4011~~. Requirements for ~~approval for all applicants~~ MEDICAID PARTICIPATION**

563
564 | Sec. ~~4011~~. An applicant for NICU SERVICES AND SCN SERVICES shall provide verification of
565 Medicaid participation. An applicant that is a new provider not currently enrolled in Medicaid shall certify
566 that proof of Medicaid participation will be provided to the Department within six (6) months from the
567 offering of services if a CON is approved.

568
569 | **Section ~~4112~~. Project delivery requirements --AND terms of approval ~~for all applicants~~**

570
571 | Sec. ~~4112~~. ~~(4)~~ An applicant shall agree that, if approved, the project-NICU AND SCN SERVICES shall
572 be delivered in compliance with the following terms of ~~CON~~ approval:

573 | ~~(a1)~~ Compliance with these standards.

574 | ~~(b)~~ ~~Compliance with applicable operating standards.~~

575 | ~~(e2)~~ Compliance with the following applicable quality assurance standards FOR NICU SERVICES:

- 576 (a) An applicant shall coordinate its services with other providers of obstetrical, perinatal, neonatal
577 and pediatric care in its planning area, and other planning areas in the case of highly specialized services.
578 (b) An applicant shall develop and maintain a follow-up program for NICU graduates and other infants
579 with complex problems. An applicant shall also develop linkages to a range of pediatric care for high-risk
580 infants to ensure comprehensive and early intervention services.
581 (c) If an applicant operates a NICU that admits infants that are born at a hospital other than the
582 applicant hospital, an applicant shall develop and maintain an outreach program that includes both case-
583 finding and social support which is integrated into perinatal care networks, as appropriate.
584 (d) If an applicant operates a NICU that admits infants that are born at a hospital other than the
585 applicant hospital, an applicant shall develop and maintain a neonatal transport system.
586 (e) An applicant shall coordinate and participate in professional education for perinatal and pediatric
587 providers in the planning area.
588 (f) An applicant shall develop and implement a system for discharge planning.
589 (g) A board certified neonatologist shall serve as the director of neonatal services.
590 (h) An applicant shall make provisions for on-site physician consultation services in at least the
591 following neonatal/pediatric specialties: cardiology, ophthalmology, surgery and neurosurgery.
592 (i) An applicant shall develop and maintain plans for the provision of highly specialized
593 neonatal/pediatric services, such as cardiac surgery, cardiovascular surgery, neurology, hematology,
594 orthopedics, urology, otolaryngology and genetics.
595 (j) An applicant shall develop and maintain plans for the provision of transferring infants discharged
596 from its NICU to another hospital, as necessary for the care of an infant no longer requiring NICU services
597 but unable to be discharged home.

598
599 (3) COMPLIANCE WITH THE FOLLOWING APPLICABLE QUALITY ASSURANCE FOR SCN
600 SERVICES:

- 601 (a) AN APPLICANT SHALL COORDINATE ITS SERVICES WITH OTHER PROVIDERS OF
602 OBSTETRICAL, PERINATAL, NEONATAL AND PEDIATRIC CARE IN ITS PLANNING AREA, AND
603 OTHER PLANNING AREAS IN THE CASE OF HIGHLY SPECIALIZED SERVICES.
604 (b) AN APPLICANT SHALL DEVELOP AND IMPLEMENT A SYSTEM FOR DISCHARGE
605 PLANNING.
606 (c) A BOARD CERTIFIED NEONATOLOGIST SHALL SERVE AS THE SCN PROGRAM
607 DIRECTOR.
608 (d) THE HOSPITAL CONTINUES TO HAVE THE FOLLOWING CAPABILITIES AND PERSONNEL
609 CONTINUOUSLY AVAILABLE AND ON-SITE:
610 (i) THE ABILITY TO PROVIDE MECHANICAL VENTILATION AND/OR CONTINUOUS POSITIVE
611 AIRWAY PRESSURE FOR UP TO 24 HOURS.
612 (ii) PORTABLE X-RAY EQUIPMENT AND BLOOD GAS ANALYZER;
613 (iii) PEDIATRIC PHYSICIANS AND/OR NEONATAL NURSE PRACTITIONERS; AND
614 (iv) RESPIRATORY THERAPISTS, RADIOLOGY TECHNICIANS, LABORATORY TECHNICIANS
615 AND SPECIALIZED NURSES WITH EXPERIENCE CARING FOR PREMATURE INFANTS.

616
617 (4) COMPLIANCE WITH THE FOLLOWING ACCESS TO CARE REQUIREMENTS:

- 618 An applicant, to assure appropriate utilization by all segments of the Michigan population, shall:
619 (Aa) THE NICU AND SCN SERVICES shall participate in Medicaid at least 12 consecutive months
620 within the first two years of operation and continue to participate annually thereafter.
621 (Bb) THE NICU AND SCN SERVICES SHALL not deny NICU and SCN services to any individual
622 based on ability to pay or source of payment.;
623 (Bc) THE NICU AND SCN SERVICES SHALL provide NICU and SCN services to any individual based
624 on clinical indications of need for the services.;
625 (Cd) THE NICU AND SCN SERVICES SHALL maintain information by payor and non-paying sources
626 to indicate the volume of care from each source provided annually.
627 (Ee) Compliance with selective contracting requirements shall not be construed as a violation of this
628 term.

- 629 ~~(ii) An applicant shall coordinate its services with other providers of obstetrical, perinatal, neonatal~~
630 ~~and pediatric care in its planning area, and other planning areas in the case of highly specialized services.~~
631 ~~—(iii) An applicant shall develop and maintain a follow-up program for NICU graduates and other infants~~
632 ~~with complex problems. An applicant shall also develop linkages to a range of pediatric care for high-risk~~
633 ~~infants to ensure comprehensive and early intervention services.~~
634 ~~—(iv) If an applicant operates a NICU that admits infants that are born at a hospital other than the~~
635 ~~applicant hospital, an applicant shall develop and maintain an outreach program that includes both case-~~
636 ~~finding and social support which is integrated into perinatal care networks, as appropriate.~~
637 ~~—(v) If an applicant operates a NICU that admits infants that are born at a hospital other than the~~
638 ~~applicant hospital, an applicant shall develop and maintain a neonatal transport system.~~
639 ~~—(vi) An applicant shall coordinate and participate in professional education for perinatal and pediatric~~
640 ~~providers in the planning area.~~
641 ~~—(vii) An applicant shall develop and implement a system for discharge planning.~~
642 ~~—(viii) A board certified neonatologist shall serve as the director of neonatal services.~~
643 ~~—(ix) An applicant shall make provisions for on-site physician consultation services in at least the~~
644 ~~following neonatal/pediatric specialties: cardiology, ophthalmology, surgery and neurosurgery.~~
645 ~~—(x) An applicant shall develop and maintain plans for the provision of highly specialized~~
646 ~~neonatal/pediatric services, such as cardiac surgery, cardiovascular surgery, neurology, hematology,~~
647 ~~orthopedics, urology, otolaryngology and genetics.~~
648 ~~—(xi) An applicant shall develop and maintain plans for the provision of transferring infants discharged~~
649 ~~from its NICU to another hospital, as necessary for the care of an infant no longer requiring NICU services~~
650 ~~but unable to be discharged home.~~

651 (5) COMPLIANCE WITH THE FOLLOWING MONITORING AND REPORTING REQUIREMENTS:

652 ~~(xiiia) The applicant NICU AND SCN SERVICES shall participate in a data collection network~~
653 ~~established and administered by the Department or its designee. The data may include, but is not limited~~
654 ~~to, annual budget and cost information, operating schedules, THROUGH-PUT SCHEDULES, and~~
655 ~~demographic, diagnostic, morbidity and mortality information, as well as the volume of care provided to~~
656 ~~patients from all payor sources. The applicant shall provide the required data on a separate basis for~~
657 ~~each licensed site; in a format established by the Department; and in a mutually agreed upon media. The~~
658 ~~Department may elect to verify the data through on-site review of appropriate records.~~

659 (i) THE SCN SERVICES SHALL PROVIDE DATA FOR THE PERCENTAGE OF TRANSFERS TO A
660 HIGHER LEVEL OF CARE, HOURS OF LIFE AT THE TIME OF TRANSFER TO A HIGHER LEVEL OF
661 CARE, ADMISSIONS TO THE SCN AT LESS THAN 32 WEEKS GESTATION, NUMBER OF
662 ADMISSIONS REQUIRING RESPIRATORY SUPPORT GREATER THAN 24 HOURS IN DURATION,
663 NUMBER OF ADMISSIONS TO SCN, AND RATES OF MORBIDITY INCLUDING:
664 INTRAVENTRICULAR HEMORRHAGE (GRADE 3 AND 4), RETINOPATHY OF PREMATURITY (STAGE
665 3 AND 4), CHRONIC LUNG DISEASE (OXYGEN DEPENDENCY AT 36 WEEKS GESTATION),
666 NECROTIZING ENTEROCOLITIS, AND PNEUMOTHORAX.

667 ~~(xiiib) The applicant NICU AND SCN SERVICES shall provide the Department with a TIMELY notice~~
668 ~~stating the date the initiation, expansion, replacement or relocation of the NICU service is placed in~~
669 ~~operation and such notice shall be submitted to the Department OF THE PROPOSED PROJECT~~
670 ~~IMPLEMENTATION consistent with applicable statute and promulgated rules.~~

671 ~~(xivC) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years~~
672 ~~of operation and continue to participate annually thereafter.~~

673
674 (6) The agreements and assurances required by this section shall be in the form of a certification
675 agreed to by the applicant or its authorized agent.

676
677 **Section 12. Planning areas**

678
679 ~~—Sec. 12. The planning areas for neonatal intensive care services/beds are the geographic boundaries~~
680 ~~of the group of counties as follows:~~

681

682	Planning
683	<u>Areas</u> <u>Counties</u>
684	1 Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne
685	
686	2 Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee
687	
688	3 Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
689	
690	4 Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo, Oceana, Ottawa
691	
692	5 Genesee, Lapeer, Shiawassee
693	
694	6 Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland, Mecosta, Ogemaw,
695	Osceola, Oscoda, Saginaw, Sanilac, Tuscola
696	
697	7 Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand
698	Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle,
699	Rescommon, Wexford
700	
701	8 Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce,
702	Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

704 **Section 13. Department inventory of beds**

705
706 Sec. 13. The Department shall maintain a listing of the Department inventory of beds for each planning
707 area.

708
709 **Section 14. Effect on prior CON review standards; comparative reviews**

710
711 Sec. 14. (1) These CON review standards supercede and replace the CON Review Standards for
712 Neonatal Intensive Care ~~and Special Newborn Nursery~~ Services/Beds approved by the Commission on
713 ~~September 18, 2007~~ JUNE 10, 2010 and effective on ~~November 13, 2007~~ AUGUST 12, 2010.

- 714
715 (2) Projects reviewed under these standards shall be subject to comparative review except for:
716 (a) Replacement beds meeting the requirements of Section 22229(3) of the Code, being Section
717 333.22229(3) of the Michigan Compiled Laws;
718 (b) The designation of beds for NICU services being relocated pursuant to Section 6 of these
719 standards; or
720 (c) Beds requested under Section ~~57~~(2).
721 (d) SCN SERVICES REQUESTED UNDER SECTION 9.

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**CON REVIEW STANDARDS
FOR NEONATAL INTENSIVE CARE SERVICES/BEDS**

Rural Michigan counties are as follows:

Alcona	Hillsdale	Ogemaw
Alger	Huron	Ontonagon
Antrim	Iosco	Osceola
Arenac	Iron	Oscoda
Baraga	Lake	Otsego
Charlevoix	Luce	Presque Isle
Cheboygan	Mackinac	Roscommon
Clare	Manistee	Sanilac
Crawford	Mason	Schoolcraft
Emmet	Montcalm	Tuscola
Gladwin	Montmorency	
Gogebic	Oceana	

Micropolitan statistical area Michigan counties are as follows:

Allegan	Gratiot	Mecosta
Alpena	Houghton	Menominee
Benzie	Isabella	Midland
Branch	Kalkaska	Missaukee
Chippewa	Keweenaw	St. Joseph
Delta	Leelanau	Shiawassee
Dickinson	Lenawee	Wexford
Grand Traverse	Marquette	

Metropolitan statistical area Michigan counties are as follows:

Barry	Ionia	Newaygo
Bay	Jackson	Oakland
Berrien	Kalamazoo	Ottawa
Calhoun	Kent	Saginaw
Cass	Lapeer	St. Clair
Clinton	Livingston	Van Buren
Eaton	Macomb	Washtenaw
Genesee	Monroe	Wayne
Ingham	Muskegon	

Source:

65 F.R., p. 82238 (December 27, 2000)
Statistical Policy Office
Office of Information and Regulatory Affairs
United States Office of Management and Budget

The planning areas for neonatal intensive care services/beds are the geographic boundaries of the group of counties as follows:

Planning

Areas	Counties
1	<u>Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne</u>
2	<u>Clinton, Eaton, Hillsdale, Ingham, Jackson, Lenawee</u>
3	<u>Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren</u>
4	<u>Allegan, Ionia, Kent, Lake, Mason, Montcalm, Muskegon, Newaygo, Oceana, Ottawa</u>
5	<u>Genesee, Lapeer, Shiawassee</u>
6	<u>Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Iosco, Isabella, Midland, Mecosta, Ogemaw, Osceola, Oscoda, Saginaw, Sanilac, Tuscola</u>
7	<u>Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Otsego, Presque Isle, Roscommon, Wexford</u>
8	<u>Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft</u>