

Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Health and Human Services (MDHHS) will hold a hearing on Certificate of Need (CON) Review Standards.

Date: Thursday, July 14, 2016
Time: 9:30 a.m.
Location: South Grand Building
333 S. Grand Avenue, 1st floor
Conference Room 1A
Lansing, MI 48933



Computed Tomography (CT) Scanner Services

The proposed CON Review Standards for CT Scanner Services are being reviewed and modified to include the following:

1. Section 2: Definitions removed and/or updated, and the following definition has been modified as shown:
 - "CT scanner" means x-ray CT scanning systems capable of performing CT scans of the head, other body parts, or full body patient procedures including Positron Emission Tomography (PET)/CT scanner hybrids if used for CT only procedures. The term does not include emission-computed tomographic systems utilizing internally administered single-photon gamma ray emitters, positron annihilation CT systems, magnetic resonance, ultrasound computed tomographic systems, CT simulators used solely for treatment planning purposes in conjunction with an MRT unit, ~~and~~ non-diagnostic, intra-operative guidance tomographic units, AND DENTAL CT SCANNERS THAT generate a peak power of 5 kilowatts or less as certified by the manufacturer, AND specifically designed to generate CT images to facilitate dental procedures BY A LICENSED DENTIST UNDER THE PRACTICE OF DENTISTRY. Definitions removed and updated to de-regulate dental CT scanners used by dentists in the practice of dentistry. This will provide better access to the consumer and more flexibility to the provider in their practice.
2. Section 3: Removed reference to dental CT as it's no longer needed.
3. Section 4: Removed as it's no longer needed.
4. Section 5: Removed reference to dental CT.
5. Section 6: Removed as it's no longer needed.
6. Section 7: Removed reference to dental CT as it's no longer needed.
7. Section 7(2): The 36-month in operation requirement is waived if one of the following has been met. Reduced regulation allows for facilities to more easily replace an existing fixed CT scanner service to a new location in certain situations that are unforeseen to the applicant (same as MRI language).
 - (ii) THE OWNER OF THE BUILDING WHERE THE SITE IS LOCATED HAS INCURRED A FILING FOR BANKRUPTCY UNDER CHAPTER SEVEN (7) WITHIN THE LAST THREE YEARS;
 - (iii) THE OWNERSHIP OF THE BUILDING WHERE THE SITE IS LOCATED HAS CHANGED WITHIN 24 MONTHS OF THE DATE OF THE SERVICE BEING OPERATIONAL;

Removed volume requirements for replacement of an existing fixed MRI service and its unit(s) to a new site in certain situations that are unforeseen to the applicant (same as MRI language):

- (ii) THE OWNER OF THE BUILDING WHERE THE SITE IS LOCATED HAS INCURRED A FILING FOR BANKRUPTCY UNDER CHAPTER SEVEN (7) WITHIN THE LAST THREE YEARS;
 - (iii) THE OWNERSHIP OF THE BUILDING WHERE THE SITE IS LOCATED HAS CHANGED WITHIN 24 MONTHS OF THE DATE OF THE SERVICE BEING OPERATIONAL; OR
 - (iv) THE CT SERVICE BEING REPLACED IS PART OF THE REPLACEMENT OF AN ENTIRE HOSPITAL TO A NEW GEOGRAPHIC SITE AND HAS ONLY ONE (1) CT UNIT.
8. Section 8: Removed as it's no longer needed.
 9. Section 9: Modified to allow for the acquisition of a fixed or mobile CT scanner service not meeting volume requirements by an entity if the CT scanner service is 1) owned by the applicant, 2) is under common control by the applicant, or 3) has a common parent as the applicant. The acquisition of a CT scanner service does not change the location of the service. The service would have to meet all other applicable CT standards and project delivery requirements. Reduced regulation allows for facilities to more easily realign their assets when part of a larger health system (same as MRI language).
 10. Section 10: Removed as it's no longer needed.
 11. Section 12: Removed as it's no longer needed.
 12. Section 17: Removed as it's no longer needed.
 13. Section 20(2)(c): Modified - Through the CON Annual Survey, freestanding facilities are stating that they can't meet this because they are not open 24 hours. This is a requirement that goes back to the 1980's and the Planning Policies. At the time, only hospitals were eligible to provide CT services. Freestanding facilities were added in 1990, and this requirement was maintained. Striking "on a 24-hour basis," still ensures that there is a physician available to make the final interpretation and makes it easier for all facilities to comply with making it more of a technical edit for clarity.
 14. Section 20(2)(f): Through the CON Annual Survey, freestanding facilities are stating that they can't meet this because they are not open 24 hours. This is a requirement that goes back to the 1980's and the Planning Policies. At the time, only hospitals were eligible to provide CT services. Freestanding facilities were added in 1990, and this requirement was maintained. This is a technical clarification ensuring that the appropriate facilities are complying with the requirement.
 15. Section 20(5) & (6): Removed as it's no longer needed.
 16. Section 22: Removed reference to dental CT as it's no longer needed.
 17. Section 23(2): Removed as it's no longer needed.
 18. Section 23(3): Removed reference to dental CT as it's no longer needed.
 19. Other technical edits.

Neonatal Intensive Care Services/Beds & Special Newborn Nursing Services

The proposed CON Review Standards for Neonatal Intensive Care Services/Beds & Special Newborn Nursing Services are being reviewed and modified to include the following:

1. Section 2(1)(v): Definition for "special care nursery services" or "SCN services" has been modified for clarity and what types of services are provided in SCNs. This is a technical edit that does not make any programmatic changes in CON regulation.

2. Section 2(1)(w): Added a definition for “well newborn nursery services” and clarifying that well newborn nurseries do not require a CON. This is a technical edit that does not make any programmatic changes in CON regulation.
 - (w) “WELL NEWBORN NURSERY SERVICES” MEANS PROVIDING THE FOLLOWING SERVICES AND DOES NOT REQUIRE A CERTIFICATE OF NEED:
 - (i) THE CAPABILITY TO PERFORM NEONATAL RESUSCITATION AT EVERY DELIVERY;
 - (ii) EVALUATE AND PROVIDE POSTNATAL CARE FOR STABLE TERM NEWBORN INFANTS;
 - (iii) STABILIZE AND PROVIDE CARE FOR INFANTS BORN AT 35 TO 37 WEEKS’ GESTATION WHO REMAIN PHYSIOLOGICALLY STABLE; AND
 - (iv) STABILIZE NEWBORN INFANTS WHO ARE ILL AND THOSE BORN LESS THAN 35 WEEKS OF GESTATION UNTIL THEY CAN BE TRANSFERRED TO A HIGHER LEVEL OF CARE FACILITY.
3. Section 7(2)(c): Eliminated the language that limits the expansion of beds to no more than five. The current standard limits the expansion to no more than 5 beds even if the methodology calculation is higher. There is no need for this cap.
4. Other technical edits.

Psychiatric Beds and Services

The proposed CON Review Standards for Psychiatric Beds and Services are being reviewed and modified to include the following:

1. Section 2: Definition has been modified as follows:
 - "Comparative group" means the applications which have been grouped for the same type of project in the same planning area OR STATEWIDE SPECIAL POPULATION GROUP and are being reviewed comparatively in accordance with the CON rules. Definition updated to include special population groups covered under the new addendum.
2. Section 15(1)(d): Modified as follows:
 - There shall be the following minimum staff employed either on a full time basis or ACCESS TO on a consulting basis AS NEEDED. This will provide more flexibility to the provider.
3. Addendum for Special Population Groups is being added for specific needs, i.e., developmentally disabled, geriatrics, and medical psychiatric. This will provide more access to beds for these specific hard to place patients especially in overbedded areas.
4. Amendments to Addendum sections 4(1), 5(1), and 6(1) as approved at the 6/15/16 CON Commission meeting: The amendments allow for an applicant that does not currently provide adult or child/adolescent psychiatric services to begin operation of a new adult or child/adolescent psychiatric service for medical psychiatric patients, developmental disability psychiatric patients, as well as geriatric psychiatric patients utilizing applicable special population beds in an overbedded area to provide better access to care for these psychiatric patients. This will allow for both existing and new providers to potentially offer these services.
 - Section 4(1): AN APPLICANT PROPOSING TO BEGIN OPERATION OF A NEW ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE OR ADD BEDS TO AN EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:
 - Section 5(1): AN APPLICANT PROPOSING TO BEGIN OPERATION OF A NEW ADULT PSYCHIATRIC SERVICE OR ADD BEDS TO AN EXISTING ADULT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:

- Section 6(1): AN APPLICANT PROPOSING TO BEGIN OPERATION OF A NEW ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE OR ADD BEDS TO AN EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE WITH CREDIBLE DOCUMENTATION TO THE SATISFACTION OF THE DEPARTMENT EACH OF THE FOLLOWING:
5. Additional Proposed Amendments to Addendum Section 8(2)(e), (3)(e), & (4)(e) to administer amendments in Addendum sections 4(1), 5(1), and 6(1): Removing the geographic boundary language (it's not needed since it's no longer restricted to existing services utilizing the special population beds) and maintaining the volume language for existing providers who are adding a specialized program to their existing psychiatric service. Keeping the volume requirement in the project delivery requirements vs initiation, i.e., sections 4, 5, and 6 of the Addendum, makes it less restrictive up front, but at the back end, the applicant is agreeing to meet volume requirements of both the special population and general population beds.
 - Section 8(2)(e): IF THE SPECIALIZED PROGRAM IS BEING ADDED TO AN EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE AS APPLICABLE, THEN THE EXISTING SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT TO A LICENSED ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE AS APPLICABLE, THAT IS MEETING SHALL MAINTAIN THE VOLUME REQUIREMENTS OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.
 - Section 8(3)(e): IF THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT IS BEING ADDED TO AN EXISTING ADULT LICENSED PSYCHIATRIC SERVICE THEN THE EXISTING LICENSED PSYCHIATRIC SERVICE THAT IS MEETING SHALL MAINTAIN THE VOLUME REQUIREMENTS OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.
 - Section 8(4)(e): IF THE SPECIALIZED PROGRAM SHALL BE ATTACHED OR GEOGRAPHICALLY ADJACENT IS BEING ADDED TO AN EXISTING LICENSED ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE THEN THE EXISTING ADULT OR CHILD/ADOLESCENT PSYCHIATRIC SERVICE AS APPLICABLE THAT IS MEETING SHALL MAINTAIN THE VOLUME REQUIREMENTS OUTLINED IN SECTION 14 OF THE CON REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES.
 6. Other technical edits.



Oral or written comments may be presented in person at the hearing on Thursday, July 14, 2016, or submitted in writing by sending an email to the following email address:

MDHHS-ConWebTeam@michigan.gov

Please submit written comments no later than 5:00 p.m., Thursday, July 21, 2016.

If your comment is in written form at the hearing, please provide a copy of your testimony.

If you have any questions or concerns, please contact Tania Rodriguez at 517-335-6708.

Be sure all cellular telephones are turned off or set to vibrate during the hearing.

The hearing location is accessible for persons with physical disability. Interpreters will be available for the hearing impaired, if requested, seven days in advance.